Over the last two years the number of registered services has decreased by 3.1% - from 14,272 in 2008 to 13,829 services in 2010 (SSSC, 2011). The reason for this decrease could be seen in the economic downturn after 2007 which strengthened the competition between service providers and forced some small institutions to merge with large organisations or close down.

Based on estimations made in 2010, the aggregate number of employees in the social services sector in Scotland was 198,690 people (SSSC, 2011). Compared to the period of active workforce growth from the mid-90s to 2005/06 the current level of the workforce growth in the social services sector has slowed down and dropped to an annual rate of 0.5. Considering that the total population of Scotland is just above 5 million this aggregate estimation still remains at a quite high level. However a future staffing shortage in the social services sector, especially in elderly care, is recognised by the service providers as a topical issue due to the increasing rate of population ageing (Scottish Government, 2010).

Based on sectoral division, there are three large sub-sectors (by workforce) in social services. One-third of the workforce is employed in housing support and domiciliary care (32.5%). A little less works in care homes for adults (27.4%). Finally, the third largest sub-sector by workforce is the day care of children (15.9%). Each of the remaining sub-sectors employs less than 5% of total workforce (see Graph 2).

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87 This number doesn’t include personal assistants and individual care workers who were employed directly by the service users.
Graph 2 Social care workforce by sub-sectors (%)

Based on the differentiation of employers by type, the Scottish social services sector represents a composition of private (for-profit), voluntary (non-profit) and public organisations (NHS and Local Authorities). The distribution of workforce across service providers indicates the dominant position of the private sector. The share of workers employed in the private-sector is 39.9%, while the public sector employs 33.9% with the voluntary sector providing the remaining 26.0% of the total workforce in the social services sector (SSSC, 2011).

An aspect of interest is that in each group of social services there is a dominating type of service provider: either in public, voluntary or private sector. For instance, in childminding the absolute majority of staff (100%) is in the private sector. A similar tendency is observed in the sectors of care homes for adults, school care accommodation and nursing agencies, within which the share of private sector social workers stands at 69.5%, 78.5% and 75.8%, respectively. The voluntary organisations dominate (by the workforce share) in offender accommodation services (76.9%) and child care agencies (62.5%). The public sector workforce is predominantly represented in the adoption service (78.6%), adult placement service (76.9%) and adult day care (55.9%). The only exceptions are: residential child care, housing support and care at home and day care for children where no definite predominance is revealed. The dominance of a sector in a particular stream of provision is therefore also likely to impact upon the level of social dialogue engaged in.
In terms of the territorial distribution the largest share of social workers are employed in Glasgow (13.7%), Edinburgh (9.0%) and Fife (6.4%). The composition of public, private and voluntary providers varies across the 32 local authorities. The general trend reveals that the public sector remains the dominant employer only in less than 1/3 of local authorities. Among these the distinctive examples are island territories (Shetlands, Orkneys and Western Isles) where public social workers constitutes 2/3 of the total workforce. In the rest of the local authorities the leading position in terms of employed workforce is taken by the private sector. There is only one exception of Glasgow City Council where the voluntary sector is the largest service provider (SSSC, 2011).

Finally, the workforce socio-demographic profile is presented in relation to the type of employer. Employees in the public sector have the oldest age profile. The median age of public employees in social services is 46 years which is six and three years older compared to employees in the private and voluntary sectors, respectively. In terms of gender balance social service provision still remains predominantly a female profession with only 16% of the workforce being male. The latter are employed mainly in school care accommodation, offender accommodation services, fieldwork services (offenders) and residential child care.
The ethnic profile of social services workers is not diverse with only 4% of the total sector’s workforce representing ethnic minorities. There is a slightly higher share in the private sector – 6%[^88]. Taking into account that by ethnic composition the Scottish population is relatively homogeneous with only 2% of ethnic minority groups making up the total population (STUC, 2004), it is noteworthy that social services encompass a slightly higher share of persons from ethnic minority groups.

**Current agenda and key challenges**

Analysis of policy documents, academic articles and transcripts of the national meeting and individual interviews with stakeholders in the sector indicated a number of topical issues which are currently discussed at the policy level in relation to the future of the social services sector in Scotland.

Firstly, stakeholders expressed concerns with the competitive nature of (re)-tendering systems in social services provision in Scotland. The tendering process, particularly in the current climate of budget cuts, it is perceived, results in the worsening of both the quality of care delivery and employees’ work conditions. Voluntary service providers and the representative of the regulatory body all stressed that the public sector commissioners (local authorities) are putting pressure on the service costs which negatively affect working conditions in terms of delivery and reduce funds available for personnel training, development and support. As the SSSC officer highlighted:

> 'At the moment it is often the case that employers are not able to give enough support to the training of staff, with small organisations in particular having a lack of resources to do so. The long-term consequences of this is that trained and qualified professionals may not be able to sit further required CPD accreditation and therefore not be able to practice if the employer doesn’t sponsor these’ (SSSC officer).

The temporary contracting and sub-contracting which are the common features in social services delivery, alongside the frequent transition of contracts between service providers, curtail the value of the sector and provided services. The officer in the voluntary organisation providing housing services stressed that:

[^88]: But as noted in the SSSC report this data should be taken carefully as the ethnic-related information collected by the Care Inspectorate contains a high ‘non-response’ rate (SSSC, 2011).
'The temporary contracting is a quite typical feature of the sector and there is little recognition of the value and the nature of services provided. Another problem is the replacement of funds which regularly leaves gaps in funding in on-going projects’ (Voluntary service provider, Housing services).

Moreover sub-contracting creates uncertainty for employees fostering the practice of unstable pay and working conditions, insecure pensions and benefits with subsequent impact on morale, motivation, sickness levels and recruitment retention. The system of tendering in social services delivery, as expressed by the voluntary service provider, makes it difficult for employers to demonstrate a commitment to the staff in the long-term.

'[There is a] disappointment as an employer in the inability to honour the promises of quality standards previously attained’ (Voluntary service provider, Services for ex-offenders).

The absence of a universal regulatory framework in the tendering process and the lack of connection to the procurement were named as another problem in the sector. Diversity in conditions and rules for tendering applications across local authorities creates an additional barrier for the service providers operating in the field. Participants agreed that such barriers exclude small organisations from competition for the contracts and foster the domination of the large service providers:

'Now smaller organisations have to settle for smaller, sub-contracted portions with substantial contracts being given to large single organisations’ (Voluntary service provider, Services for ex-offenders).

This opinion was supported by another participant of the national meeting. He stated that budget cuts foster unhealthy competition in the sector which leads to low quality applications where some providers are not necessarily the experts in the field:

‘...people putting in for contracts not necessarily in their area of expertise or in geographical areas that are not known to them’ (Private sector, Recruitment service).

The service providers at the national meeting expressed concerns with the current ideological (as they perceived it), shift in service provision which promotes money saving and encourages provision of more services for less costs. In practice this results in reduced budgets for the training of personnel and impacts on quality of services and conditions for employees.
'Training budgets are nowhere near to what they were’ (Private sector, Recruitment service).

A related concern was expressed regarding the future of the social care workforce. Care providers, trade union officers and representatives of the regulatory bodies discussed the problem of the future staff shortage in the sector which is emerging due to the ‘greying’ of the social services workforce, especially in the public sector; and the growing demand for elderly care, as a consequence of population ageing. This ‘greying’ also equates to a ‘brain drain’ within the sector as it is the older, more experienced workers within social services who are taking the redundancy packages being offered as a result of the current economic restrictions and cuts. There was a concern amongst participants that the impact of this in terms of quality of services, and knowledge and experiential support for newer workers will be keenly felt in the years to come.

Another issue discussed by research participants was the integration of health and care services. Integration of adult health and social care services causes visible concerns among stakeholders. There is uncertainty about the rationale of this initiative as well as practical concerns relating to the technical co-existence of two quite different sectors. The common questions raised by the research participants were: the impact of the integration on the pay and work conditions in both health and care sectors; management and accountability of health and care partnerships; and finally which sector will take the leading role after integration. There was a fear expressed that the partnership will result in less financial resources assigned for the care sector with the latter moving to the backstage of the health agenda. As the employees’ representative stated:

'In the relationships between services e.g. NHS and 32 Scottish local authorities –the winner will be the NHS due to economy of scale. Co-practice will not be possible but the NHS will take over social care’ (Scottish Association of Social Workers officer).

Finally, stakeholders referred to personalisation and self-directed support as one of the key drivers in the coming years in the social services sector in Scotland. The rationale of self-directed support is to give an opportunity for service users to choose and control the service they may need. In summary,

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89 Self-Directed Support (SDS) is a term that describes the ways in which individuals and families can have informed choice about the way support is provided to them. Their choice may include taking a Direct Payment (DP), having a direct payment managed by a third party, or directing the individual budget to arrange support from the local authority or from a commissioned provider (Scottish Government, 2010b).
Scottish local authorities have a duty to offer a direct payment to eligible people assessed as needing community care services, which can be used to purchase all defined community care services and support, except long term residential accommodation (Scottish Government, 2010b). However the introduction of self-directed support raises a number of concerns about the impact of this policy initiative on the future workforce structure and the social services delivery pattern. In particular, concerns are expressed about the privatisation of the social workforce and an increase in the number of agency workers (who are often paid less and less unionised). This could be seen as an emerging challenge for the regulation of quality of services and professional qualifications of social workers.

3. Social dialogue in the social services sector in Scotland

3.1 Key characteristics

To begin with it is essential to note that social dialogue in Scotland reflects the model of industrial relations typical for Britain except for slightly higher trade union density and collective agreement coverage. The UK data shows that in 2011 the share of employees covered by collective agreements was 31.2% whereas in Scotland this indicator was slightly higher - 34.7%. Similar variance between Scottish and the UK data is observed in trade union density. The UK-wide trade union density stands at 26% which is lower than the Scottish indicator by almost 5% (BIS, 2012).

Outside the still highly organised public sector, the social dialogue in Britain is characterised as voluntary, to a certain extent decentralised and uncoordinated system which takes place primarily at the company level (Lawrence an Ishikawa, 2005). Various reasons account for the current status of social dialogue in the UK. It is a cumulative result of historical, political and normative factors. As Boyd (2002) argues, political values in Britain such as a liberal political culture, individual citizenship and an absence of heavy labour market regulation are not well connected with the principles of social dialogue. Moreover, historically government was relatively passive in investing political capital and putting emphasis on the national social dialogue. Meanwhile private business treated social dialogue with suspicion

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90 The term of social dialogue itself is not well established in the British and Scottish industrial relations but references to ‘social corporatism’ are more typical. ‘Social corporatism’, as some scholars argue, has a broader political meaning and relates to the system of group interest representation rather than exclusively industrial relations (Baccaro, 2003).
as a potential form of government interference to control the labour market (Boyd, 2002).

The public sector, despite the plans of the current government to implement a more decentralised approach to wage bargaining, still remains an exception from this picture described (Eurofound, 2011). Compared to the private sector, the social dialogue in the public sector takes a more institutionalised form revealing higher density in trade union membership and collective agreement coverage. As reported by the Department for Business Innovation and Skills, in 2011 the trade union density in the private sector reaches only 14.1% whereas in the public sector this estimate is 56.5%. A similar ratio is observed in relation to collective agreement coverage – 67.8% in public sector and 16.7% - private (BIS, 2012).

The data on the trade union density and collective agreement coverage in the social care services is also collected at the UK level, however it is presented jointly for health and social work without a separation between the two sectors. In fact the UK trade union density in health and social work sectors is 41.4%; and the collective agreement coverage is 43.8% (BIS, 2012). One needs to note that this data could not be taken as indicative for the social services sector as it is biased by the inclusion of the health sector which has a significant share of unionised public workers.91

There is no accurate number on the trade union density in the Scottish social services sector. The fragmental data is available from employees’ representing bodies such as Unison. For instance, based on the Unison estimations there is a high unionisation level (around 80%) among social workers in local authorities and the NHS personnel involved in social service provision. In the voluntary and private sectors the Trade Union membership is much lower than that of the public sector (UNISON officer).

3.1.1 Social partners’: employees’ and employers’ representation

There are three major trade unions which represent interests and negotiate terms and conditions of employment in social services in Scotland: UNISON Scotland, Unite Scotland and the GMB Scotland.

91 The British public sector is characterised by a high level of social dialogue and joint regulation, particularly in the public health – the NHS. Collective agreements in the public health sector are concluded on a multi-employer basis at the national level on issues of wages, working time and training. Certain provisions within the agreements and other topics are then negotiated on a single-employer basis at the level of individual NHS employers. It is estimated that the collective agreement coverage reaches 90% in the public health sector (Prosser, 2011).
Unison Scotland: is the largest public service union in Scotland which is the national branch of the UK-wide trade union. In relation to the social services sector it covers employees in local authorities and the NHS. It is reported that Unison supports more than 300,000 members in the social services sector across the UK and around 145,000 members in the whole public sector and related services across Scotland (Unison 2011 a, b). Based on the estimations given by research participants in the interviews the Unison membership in social care services across 32 local authorities is about 25,000. The Unison membership in the voluntary sector (community and housing) is roughly estimated around 7,000. UNISON positions itself as the largest union representing most of the social care staff in Scotland in the following sub-sectors: residential workers, social care workers, home care staff and professional, administrative and clerical support staff. Unison is involved at the national, local and company levels in collective bargaining as well as other forms of social dialogue (see section 3.1.2).

Unite Scotland is another trade union with a high share of members in the social services sector. It has cross-industry membership and positions itself as the biggest trade union in the private sector. The sub-sectors in social services, which are covered by this trade union, include: community, youth workers and employees working for non-profit organisations and local authorities. The union represents and bargains on behalf of 40,000 employees in the voluntary sector in Scotland (Unite, 2009).

GMB Scotland is a regional division of the UK-wide union which protects workers’ interests in several economic sectors. GMB frames its status as campaigning trade union with aims to protect workers at their workplaces. In relation to social services the GMB covers public employees in local authorities, the NHS, social care, voluntary organisations and private sector contractors engaged in publicly funded work.

The national body which coordinates activities and policies across different trade unions is the Scottish Trade Union Congress (STUC). It develops and articulates the views and policies of the trade union movement in Scotland and enhances the social partnership to promote principles of equality, social justice, and the creation and maintenance of high quality jobs. However, the STUC does not have collective bargaining rights.

The only professional association for social workers in Scotland is the Scottish Association of Social Workers. It is a devolved part of the British Association of Social Workers. The latter supports 13,640 members across UK and recently established an independent Social Worker Union (in 2011). However, the SASW is positioned as a professional association rather than a
trade union. The SAWS representative highlighted that there are very distinct differences between SAWS and trade unions which have social services workforce membership:

'Our membership is for those who work in the workforce who are registered with the regulatory body SSSC and we offer advice and representation for members who have issues relating to their professional practice. This is about 10% of the workforce. We are therefore much more heavily involved in issues around professional competence and practice governance. In this respect we are more like the medical colleges - like the College of GPs or the Law Society’ (SAWS officer).

Apart from bodies representing employees’ interests there are a number of associations which represent employers in the social services sector in Scotland. This report focuses on organisations in the target sectors identified in this research (see introduction). These are institutions representing service providers in the voluntary sector (Coalition of Care and Support Providers), employers’ organisations representing private sector organisations providing care for older people and people with disabilities (Scottish Care), the public sector employers organisations (the Convention of Scottish Local Authorities (COSLA), and organisations representing the child service providers (Scottish Childminding Association).

**Coalition of Care and Support Providers** (former Community Care Providers Scotland) is an association of employers in the voluntary sector. Its membership comprises over 70 care providers which employ approximately 45,000 staff. The organisation is not involved in collective bargaining. However they estimate that around 1/3 of their members takes part in company level collective bargaining.

**Scottish Care** represents the largest group of health and social care sector independent providers across Scotland delivering residential care, day care, care at home and housing support. It accounts for more than 370 members. Scottish Care is not involved in the collective bargaining however it is represented on key government and regulatory policy groups.

**Convention of Scottish Local Authorities (COSLA)** acts as employers’ organisation for all Scottish councils, and is involved in the national negotiation of salaries, wages and working conditions for local government employees. The Employers' Team develops the national strategic framework for pay, pensions and employment contract activity.
The Scottish Childminding Association (SCMA) includes 5000 members who are individual childminders as well as corporate members interested in promotion of quality childminding. The organisation provides childminding insurance services, and legal representation in the event of any serious dispute relating to childminding.

3.1.2 Types of social dialogue: levels and content

As stated above, the current status of social dialogue in Scotland to a large extent reflects the general picture of the British social dialogue given. The practice of social dialogue is not evenly developed across public and private sectors in terms of social service provision. In the private sector it is voluntary in nature and takes place primarily at the company level. However in the public sector social workers are covered by national collective agreements which are negotiated for public employees in local authorities and the NHS. It is noteworthy that in Scotland the level of involvement in social dialogue depends on public/private division among social services providers rather than on sub-sectoral categories such as identified in the research - care of older people, child care and support for people with disabilities. Therefore this section primarily focuses on the public/private division in social dialogue with some illustrations from the aforementioned sub-sectors.

Sector-level collective bargaining and consultations at the national level

There is no national collective bargaining platform for the social services sector as a separate entity. Collective bargaining in the social services sector primarily exists within a framework of the national sector-level collective bargaining which covers employees in public health institutions (NHS) and the workforce in the local government (including social services workforce).

The NHS staff base\(^ \text{92} \) is covered by collective agreements which are agreed at the national level on a multi-employer basis on topics such as pay, working time and training. Specific provisions are negotiated at the level of individual NHS employers. There are three partnership structures at the national level created to support social partnership in health sector. The Scottish Partnership Forum (SPF) discusses strategic issues related to service delivery and facilitates joint problem solving. The Scottish Workforce and

\(^ {92} \) The description of the social dialogue in the public health sector is relevant here as some of the NHS employees are involved in the provision of social services.
Staff Government Committee develops workforce policies. And, finally, the outstanding issues are negotiated at the Scottish Terms and Conditions Committee (Bacon and Samuel, 2012).

The pay and employment conditions for local government employees (including social services workers) are determined at the national level as well. The involved partners are COSLA and employees’ representatives - trade unions. The issues discussed include primarily pay and working conditions. The National agreement on pay and conditions of service for local government services (the result of these negotiations) is also known as the Single Status Agreement\(^93\) which leaves space for modifications at the level of local authorities to suit the regional needs.

Apart from collective bargaining taking place at the national level trade unions are invited to take part in consultations at the national level on employment-related issues. For instance the Scottish Parliament’s committee system gives UNISON the opportunity to provide formal evidence on legislative proposals and committee inquiries. The Scottish Parliament’s petitions committee allows individuals, community groups and organisations to participate in the policy scrutiny process by raising issues of concern with the parliament (UNISON, 2010). A recent example of such dialogue at the national level was consultations between the Scottish Government, COSLA representatives and trade unions in relation to pensions in the public sector (Unison officer, Social Work Team).

**Local level**

Negotiations at the local (regional) level take place between individual local authorities (as service providers) and trade unions representing workers in the public sector. The payment conditions for public employees are nationally set up and are not included in negotiations at the level of local authorities. At this level the key issues in negotiations are: service structuring and working patterns. Negotiations at the local level are led by the unions’ local branch stewards and senior managers in the local authority. The regularity and the set up of these negotiations depend on each local authority. One of the problems that was reported by the trade union officer is that there is a lack of information from LAs on how this process is organised in each case.

\(^{93}\)This agreement is often used as an orienteer in the voluntary sector.
Organisational (company) level

Voluntary organisations and for-profit service providers are mainly involved (if at all) in collective bargaining at the company level. At this level the key issues discussed are: vacancies, absences and working practices. In these negotiations unions are represented by the stewards who are elected by trade union members. In the private and voluntary sectors there is no nationally set up pay and conditions, therefore the latter often becomes a matter of negotiations at the company level. Apart from the practice of collective bargaining the research participants referred to consultation processes which take place at the company level and the practice of joint meetings between employers, employees and employment lawyers. The latter signifies steps towards formalisation of employer-employee relations in the voluntary and private sector organisations.

'[Now with] employment lawyers there is a script for serious conversations with employees in order to remain compliant, whereas ten years ago it would have just been a conversation based on instinct’ (Private sector provider, Recruitment service).

There were two types of involvement in social dialogue identified based on experiences of voluntary organisations which took part in this research. Type One represents the best practices whereas Type Two indicate the challenges in developing social dialogue in voluntary and private sectors.

**Type One: Well-established practice of company-level social dialogue**

This type is distinguished based on the description of social dialogue practices at three large and medium size voluntary organisations in Scotland which provide a broad spectrum of services from support to homeless people, disadvantaged children, people with mental and learning disabilities and those with alcohol issues.

One of these organisations has been involved in company level collective bargaining for about 10 years. The collective agreement is negotiated at the company level and revised every 2-3 years. However, the company is not involved in any sectoral or national level negotiations. There is a joint negotiation committee at the enterprise which meets regularly (every 6 weeks) and discusses employment-related issues. This committee consists of six members: chief executive, human resources officer, operations manager, full-time trade union officer and two shop stewards. The typical issues discussed at this committee are: redundancy policy, health and safety, working conditions, new employment contracts and revision of occupational
sick leaves. Apart from the collective bargaining there is another instrument at the company level which represents employees’ interests. This is a Staff Forum which also deals with employment related issues. But it is not based on the trade union membership and the members of this Forum are not involved in the negotiation of collective agreements. The purpose for this institution is to represent interests of all employees even if they are not trade union members.

The other large service provider in the voluntary sector also has a quite established practice of company-level collective bargaining. Around 50% of employees are trade union members. The Joint Committee is regularly organised between senior management and trade union representatives. Among issues that are typically discussed are: changes in services due to external pressures (such as budget cuts), tendering and personnel related transfers. The collective agreement consists of traditional blocks such as wages, health and safety, staff benefits, pensions but also includes additional issues such as service change management.

Finally, the third case in this category of voluntary providers which demonstrate the positive experience in social dialogue is a medium size organisation which focuses on support to vulnerable groups such as people with mental disabilities. There is a collective agreement which is negotiated between senior management and trade union representatives. There is a regular revision of issues set in collective agreements which takes place approximately every three years. Apart from negotiation of collective agreement there are regular consultations between trade unions and senior managers. The most recent one was about the inflation-related payment increase and working schedule over the Christmas period.

*Type two: “Not big enough to be involved in the collective bargaining”*

The second type was identified based on the experience of a small-size organisation which employs only two people and attracts about 30 volunteers annually. The practice of social dialogue is not well established and, as the interviewee (company manager) indicated, the main reason for this is: “We are not big enough to have collective bargaining”.

This example raises a question about how to facilitate the practice of social dialogue at small size companies which are reliant on volunteers and unpaid staff. Unite Scotland is currently running a campaign of Community Membership that offers support specifically for volunteers. The impact of this would be useful to assess.

Apart from the collective bargaining which takes place at the company level analysis of employers’ associations representing voluntary and private
service providers revealed that the former are involved in the national level consultation process on care-related issues. For instance, the Coalition of Care and Support Providers takes part in a number of the Scottish Government committees and advisory groups (National Social Work Services Forum, Integration of Health and Social Care Joint Commissioning Sub-Group and others). Organisations also collaborate with other stakeholders – the Care Inspectorate and care related networks – the Scottish Child Care and Protection Network (SCCPN), National Development Group for Older People's Care (CCSP, 2012).

3.3 Social partners’ reflections

3.3.1 Understanding of social dialogue

The research participants, when asked about their understanding of social dialogue, acknowledged diversity of meanings of this term. Moreover they applied this term in a context which is broader than industrial relations, with descriptions such as the following:

'Social Dialogue means different things to different people... discourse around how society is structured and how people interact at different levels, within organisations and within the media';

'Exchange of ideas and good practice, dilemmas and how to solve them. Collective issues to campaign about and take forward... Twitter and Facebook would be some people’s view of social dialogue';

Discussing the social dialogue in the context of industrial relations the stakeholders raised a number of issues. One of them concerned the type of social partners involved in social dialogue. For instance it was a general agreement that service users are an important voice which should be heard in social dialogue.

Taking into account that the tendering process as well as sub-contracting are common features in the sector, stakeholders questioned whether social dialogue should not limit a number of social partners to employers and employees’ representatives but also include: 'those designing the contracts as well as those procuring them' (Voluntary Service Provider, services for homeless people).

Service providers discussed weaknesses and threats to social dialogue in the sector of social services. First, of all stakeholders agreed that there is lack of information sharing and exchange of best practices in the sector in relation to social dialogue practices. Moreover the sector suffers from bad marketing and stigma which points that social investments are not valued and social
returns on investments are not well articulated. Among threats they stressed two related issues of the budget cuts and increased competition among service providers which does not encourage a healthy climate for social dialogue.

3.3.2 Involvement at the EU level

The concluding section of this report discusses the engagement of stakeholders in the social dialogue at the EU level. There are a few observations in relation to the social partners’ engagement in the social dialogue at the EU level. Firstly, it is noteworthy that the institutionalised forms of participation correlate with the public/private division in the sector. The representation of public employers’ organisations is more structured compared to service providers in the voluntary and private sectors. For instance, COSLA – the employers’ association representing the local authorities in Scotland is a member of the Council of European Municipalities and Regions (CEMR). It has an established unit in Brussels (COSLA Brussels Office). The aim of this unit is to advise Scottish MEPs on legislation affecting local government and support the work of the Scottish councillors who are members of the EU Committee of the Regions. The European office of the NHS Confederation is another example of the institutionalised involvement of public sector employers in social dialogue at the EU level. The Office covers a wide range of EU policy and legislative developments which have implications for the NHS.

The engagement of voluntary and private service providers is less institutionalised. In some cases this engagement has appeared to be at a fairly removed level, i.e. membership is kept on but meetings aren’t attended. These observations were revealed during the individual interviews and at the national meeting with care providers.

To begin with service providers in the voluntary and private sectors revealed their involvement in a number of EU based organisations. Among these organisations are: European Offender Employment Forum, European Federation of National Organisations Working with the Homeless, International Federation of Social Workers and the European Association of Service Providers for persons with disabilities (EASPD). However the research participants indicated a relatively passive level of involvement in the social dialogue at the EU level. Their engagement could be characterised as accepting and taking into account regulations and recommendations on generic issues (such as procurement and European Employment Law) rather than proactive involvement in social dialogue at the EU level.
Some stakeholders noted that partially the reason for the lack of their EU participation is linked to the UK set up. Many providers, employees’ and employers’ organisations have headquarters in London therefore the Scottish departments have no direct link to the EU level. For instance, Unison Scotland is not directly involved in social dialogue at the EU level. This is due to Unison’s organisation structure where Unison Scotland is a regional office. Although it has distinctive status to reflect devolution and the particular Scottish context, European matters still remain the prerogative of Unison’s head office in London. The latter represents the organisation at the EU level. The potential involvement of Unison-Scotland in the EU social dialogue will depend on the results of debates around Scottish independence and future organisational arrangements of UNISON. As defined by the Unison-Scotland officer the current state of policy affairs in this trade union is that it is more focussed on national priorities as opposed to looking at the European perspective. However, there is a clear intention to have a stronger voice in Europe and to learn from other EU countries experiences (in particular there is an interest in gaining understanding of the experiences of the Scandinavian countries in social dialogue).

Also stakeholders expressed other challenges which hamper successful cooperation between social partners at the national and European levels. Among these challenges are:

- confusing interpretation of the EU regulations circulating at the national level. In particular the service providers referred to procurement rules and the European Law on competition and social benefits;
- stakeholders perceive some EU regulations as a burden for social services delivery at the local level; for instance as the representative of the private sector service providers expressed:

  'All the restrictive practices that take away the flexibility of the workforce come from EU regulation - working time directive, agency worker directive etc. These have direct negative impacts on the workforce, and our economy, and make us less able to provide effective solutions that help employers and employees. The EU should be lifting the bureaucratic burdens we are under, not increasing them!’ (Private service provider, Recruitment service);

- concerns about applicability of the EU regulations across diverse EU members and within single countries;
- excessive proliferation of EU-level networks. One of the participants stated:
'There are enough representative bodies at the EU level and there is no need for a new one. There is a need for better co-ordination between already existing structures and social partners’ (Private sector provider, recruiting service);

- finally, a number of research participants revealed that their future engagement in the European social dialogue will depend on the results of the Scottish independence debate.

Although stakeholders (primarily service providers in private and voluntary sectors) indicated that at the moment they are not actively involved in social dialogue at the EU level they expressed positive expectations regarding their future practice. They perceived engagement at the EU level as an opportunity for peer reviews and replication of good practices between European social partners. Involvement in the EU institutions was also seen as an effective tool to address issues emerging in the social services sector at the national and international levels. Among such issues stakeholders listed the following:
  - Agency worker regulation;
  - Procurement rules;
  - Consequences of the Working Time Directive;
  - Provision of financial support and information advice to small and medium size social service providers in order to enhance their competitiveness in the sector as well as their ability to provide personnel training;
  - Cross-border mobility of care workers and recognition of professional qualifications.

4. **Conclusion and recommendations**

Industrial relations in the social services sector in Scotland are characterised with a voluntary and, to a certain extent, decentralised model of social dialogue. However, this description would not be complete without a distinction between public and private sectors.

Social dialogue is well established in the public sector with collective bargaining and consultations taking place at the national, local and organisational levels. The picture is quite different in the voluntary and private sectors. These are characterised with lower levels of trade union density and collective agreement coverage. Based on stakeholders’ estimations the private sector is poorly represented in terms of social dialogue especially in relation to small size service providers such as private care homes. Compared to private sector employers, the voluntary sector has
relatively better engagement in social dialogue. A few examples of social dialogue were revealed mainly at large and medium size voluntary service providers.

On the whole the social dialogue as such is not on the top agenda of social services providers. They are rather involved in discussion of the current developments which take place in the sector such as: financial constraints, tendering rules, personalisation of social services and integration of health and care services. Although research participants did not directly relate these issues to the social dialogue, the potential effect of these changes needs to be considered in terms of future employer-employee relations in the social services sector.

Finally, in terms of facilitating the social dialogue in social services one needs to pay a particular attention to private sector providers and their motivation in taking part in the social dialogue at the national and the EU levels. Perhaps the first step to begin with would be the systematic collection of comprehensive data about the type of private service providers, their trade union membership and existing practices of social dialogue. This could facilitate the development of an adequate tool for the involvement of private sector providers in social dialogue at both national and EU levels. This national research points towards the following recommendations if social dialogue is to be strengthened within Scotland and at European level:

1. There needs to be a systematic promotion and awareness raising campaign at national level of what social dialogue is and who the partners may be;
2. A focusing of awareness raising resources and dissemination of information across the private sector as it is currently least engaged in social dialogue;
3. Systematic data collection of who the private sector providers are, who they employ, and what terms and conditions are in place;
4. Data collection on trade union density and collective agreement coverage specifically within the private and voluntary sectors;
5. A sector specific positive promotion of the benefits of EU engagement and the benefits of social dialogue at European level;
6. Widening of social dialogue to include not just economic factors such as pay and conditions but also the issues relating to impact of these on the quality of services. It would be useful to have a dialogue that looked also at innovative practice and at good practice in terms of professional development and training across Europe;
7. Social dialogue could be incorporated as a contractual requirement within tendering agreements to raise standards in employment conditions and stimulates the responsibility of contracting parties;
8. Widening of social partners to include service users as an important voice in strengthening the quality of services and subsequent employer/employee relationships;
9. Enhance the representation of unpaid workers (volunteers) within the sector.
References


Annexes

Annex 1 List of participants in the National Meeting, 13th of March, 2012

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmony</td>
<td>Employment agency supplies staff to work in the social care sector;</td>
</tr>
<tr>
<td>Apex Trust</td>
<td>Voluntary organisation provides services to ex-offenders;</td>
</tr>
<tr>
<td>Quarriers</td>
<td>Voluntary organisation provides services to homeless people, persons with disabilities and young people (looked after children);</td>
</tr>
<tr>
<td>Scottish Association of Social Workers</td>
<td>Professional organisation representing social workers in Scotland;</td>
</tr>
</tbody>
</table>

Annex 2 Interviews with stakeholder organisations
1. Scottish Trade Union Congress
2. Turning Point Scotland
3. Link Group Ltd (housing support service provider, with a strand focusing on care for the elderly)
4. Scottish Social Services Council
5. Barnado’s
6. Learning Disability Alliance Scotland
7. Unison (3 interviews)
8. Community Care Providers Scotland
9. NHS GG&C Mental Health Services
10. Harmony, private recruitment agency

Annex 3 Categories in social services (adopted from SSSC, 2010)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption Services</td>
<td>A service that makes arrangements in connection with the adoption of children. This does not include services in which the proposed adopter is a relative of the child.</td>
</tr>
<tr>
<td>Adult Day Care</td>
<td>Day care services can be provided from registered premises in a variety of settings.</td>
</tr>
<tr>
<td>Adult Placement Services</td>
<td>Adult placement services provide or arrange accommodation for vulnerable adults (aged 18 or over) in the homes of families or individuals, together with personal care; personal support; or counselling or other help, provided other than as part of a planned programme of care.</td>
</tr>
<tr>
<td>Care Homes for Adults</td>
<td>Care Homes relating to, for example, Alcohol &amp; Drug Misuse, Learning Disabilities, Mental Health Problems, Older People, Physical</td>
</tr>
<tr>
<td>Service Type</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Central and Strategic (LAs)</td>
<td>Staff with a strategic and/or central role, including senior management, administrators and support staff</td>
</tr>
<tr>
<td>Child Care Agencies</td>
<td>Childcare agencies supply or introduce to parents a childcare who looks after a child or young person up to the age of 16, wholly or mainly in the home of that child's parent or parents. They could include for example: nanny agencies; and home-based childcare services or sitter services.</td>
</tr>
<tr>
<td>Child minding</td>
<td>A child minder is a person that looks after at least one child (up to the age of 16 years) for more than a total of two hours per day. The child minder looks after the child on domestic premises for reward but not in the home of the child's parent(s). A parent/relative/foster carer of the child cannot be regarded as his/her child minder.</td>
</tr>
<tr>
<td>Day Care of Children</td>
<td>A service which provides care for children on non-domestic premises for a total of more than two hours per day and on at least six days per year. It includes nursery classes, crèches, after school clubs and play groups. The definition does not include services which are part of school activities. Nor does it include activities where care is not provided such as sports clubs or uniformed activities such as Scouts or Guides.</td>
</tr>
<tr>
<td>Fieldwork Services (LAs staff)</td>
<td>Fieldwork staff in divisional and area offices</td>
</tr>
<tr>
<td>Fostering Services</td>
<td>Fostering agencies may provide substitute care where a child's family is unable to provide care. They may provide complementary care to provide additional opportunities for a child or to give parents a break. These carers are sometimes called respite or family placement carers. The term foster care is used to describe all these situations.</td>
</tr>
<tr>
<td>Housing Support</td>
<td>A service which provides support, assistance, advice or counseling to enable an individual to maintain their</td>
</tr>
</tbody>
</table>
Housing support may be provided to people living in ordinary homes, sheltered housing, hostels for the homeless, accommodation for the learning disabled, women’s refuges, and shared dwellings.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Agencies</td>
<td>Nurse agencies introduce and supply registered nurses to independent and voluntary sector healthcare providers and to the NHS in Scotland.</td>
</tr>
<tr>
<td>Care at Home</td>
<td>A service which delivers assessed and planned personal care and support which enables the person to stay in their own home.</td>
</tr>
<tr>
<td>Offender Accommodation Services</td>
<td>A service which provides advice, guidance or assistance to people such as ex-offenders, people on probation or those released from prison, that have been provided accommodation by a local authority.</td>
</tr>
<tr>
<td>Residential Child Care</td>
<td>These services are Care Homes, Special School Accommodation Services and Secure Accommodation Services for children who are looked after away from home.</td>
</tr>
<tr>
<td>School-Care Accommodation</td>
<td>This includes Boarding Schools and School Hostels (but does not include services for children looked after away from home).</td>
</tr>
</tbody>
</table>
National Report
SLOVENIA

UNIVERSITY REHABILITATION INSTITUTE, REPUBLIC OF SLOVENIA

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CVETO URŠIČ, M.SC.
ALEKSANDRA TABAJ, M.SC.
BARBARA KOBAL TOMC, M.SC.
DOROTEJA JURETIČ

Supported by: DG Employment, Social Affairs and Inclusion
Introduction

The report is divided into four parts. In the first thematic chapters (chapter two and three) we present the main characteristics of the social welfare system in Slovenia. These characteristics are important for understanding of the role of social services sector and its placement within the social dialogue. Here we focus on historic and socio-economic features of the development of the social welfare system and its impact on the characteristics of social services sector (especially along the public/private/non-profit lines). We do not present the whole system into great detail but instead limit our findings to the key groups of social services such as:

- NGO’s social protection programmes co-financed by the state,
- long-term care for older people,
- social services for children and youth with special needs,
- social services for disabled people.

The size of the service sector, its logic of functioning, number of users, employers, workers and volunteers are presented in these two chapters. The fourth chapter of the report deals with the social dialogue and viewpoints of social services providers, state actors and other important stakeholders such as unions. In order to present all the relevant information, the desk search on social dialogue and the position of social services providers within the dialogue has been done as a basis for the interviews with the stakeholders. As the social dialogue has been at its peak (the government presented the measures to tackle the ongoing economic crisis) it has been impossible to organise an event where all the relevant stakeholders would take part. Therefore we opted for individual interviews which were held in April and May 2012. Following stakeholders have participated in the interviews: the Association of Social Institutions of Slovenia, Slovenian Community of
associations for Special Education Needs, Centre for Information Service, Co-operation and Development of NGOs (CNVOS), government representatives, The Confederation of Trade Unions of Slovenia PERGAM, Centre for Vocational Rehabilitation, and National Council of Disabled People’s Organisations of Slovenia. The conclusions from the interviews are presented in the light of previous findings from the desk search in the concluding chapter.

1. The main characteristics of the welfare system and the profile of the social services sector

Slovenia has seen one of the most successful transitions from a socialist to a market economy. The first cluster of reasons for this can be found in relatively high level of development even before the independence in 1991. The second cluster constitute the rejection of so called ‘shock therapy’ or ‘big bang’ approach in (de)regulation of social and economic subsystems that was made possible by a stable centre-left government(s) that have been in power until EU accession. Slovenia opted for slower and gradual transformation that resulted in retainment of generous social policies, avoidance of quick liberalisation of the financial markets and capital flows, in its own concept of privatisation with a limited role for foreign capital, in relatively rigid but (at least up to the economic crisis) secure labour market and in relatively all encompassing and publicly dominated social services (Boljka 2009, 11). The same can be said for the welfare system as an integral part of the broader socio-economic system. Here the Slovene socialist history played an essential part resulting in the prevalence of a social welfare system where the state was the owner, financer and the

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94 Several others stakeholders have been contacted but due to the intense social dialogue (on the topic of measures to deal with the economic crisis) decided not to participate in the interviews.
dominant actor in the social services provision. However; the services ensured by the state haven’t been sufficient to satisfy all the needs of individuals ‘forcing’ the informal social networks (mainly family) to provide additional social protection. The civil society (private, non-profit voluntary organisations) before the transition to the market economy was weak and the same can be claimed for the market as a social services provider (Kolarič, Kopač Mrak, Rakar 2011, 288).

2. Provision of social services

NGO’s social protection programmes co-financed by the state

The NGOs in the area of social services are relatively well represented in terms of share of all employees in the NGO sector. Even though these NGOs represent just 3.6% of the so-called third sector, they present 26.7% of all employed in the whole sector. These numbers lead us to believe that the NGOs that are active in the social services provision are relatively professionalised and that they have assured the continued financial support from the state (Črnak-Meglič and Rakar 2009, 241-242). “The state was extensively financially supporting them (especially through a lottery fund, today’s FIHO) throughout. In these organisations, besides a well-developed voluntary structure, a relatively strong professional structure also developed which is growing stronger today” (Črnak-Meglič and Rakar 2009, 241-242). Before the transition, social services were almost exclusively performed by public institutions. Now, the state recognises the importance of other actors in the provision of social services and their ability to identify the needs of users (Črnak-Meglič 2006, 34-35). In accordance with that MOLFSA has since the beginning of the 1990s encouraged and supported the development of non-governmental sector and the pluralisation of social protection
programmes. There is also an evident trend in increasing the co-financing of the social protection programmes (see Table 1).

Table 1: Funds (€) of MOLFSA aimed for co-financing of social protection programmes

<table>
<thead>
<tr>
<th>Year</th>
<th>Funds (€)</th>
<th>Source: SPIRS 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>9,681,463.35</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>9,068,265.30</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>7,742,820.00</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>6,890,140.00</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>5,243,210.65</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>5,298,852.45</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>3,641,333.73</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>2,093,557.00</td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td>1,036,972.13</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>567,935.24</td>
<td></td>
</tr>
</tbody>
</table>

The social protection programmes which have been co-financed by MOLFSA managed to get their funding from different sources. 25,727,797.94 € have been allocated to these programmes in 2010 which is an 14 % increase from the 2009. The main sources of financing has been MOLFSA amounting on average to 37,5 % in 2010. Other important financers are presented in the Table 2 (Smolej et al 2011).
Table 2: Percentage of sources from different financers of social protection programmes

Source: SPIRS 2011

The MOLFSA allocated to social protection programmes 9.681.463,35 € in 2010. The most funds went to group homes for people with long term mental health problems, programmes of day centres and to centres for counselling for people with long-term mental health problems (PSPP 2) (Smolej et al 2011).

Table 3: Financing of social protection programmes from MOLFSA open call (2010)

<table>
<thead>
<tr>
<th>Fields of co-financing of social protection programmes in 2010</th>
<th>MOLFSA funds (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public social protection programmes – PSPP</strong></td>
<td></td>
</tr>
<tr>
<td>Programmes of maternity homes and shelters for women (PSPP 1)</td>
<td>1.458.265,66</td>
</tr>
<tr>
<td>Programmes for people with long term mental health problems (PSPP 2)</td>
<td>2.195.665,27</td>
</tr>
<tr>
<td>Programmes for the disabled (PSPP 3)</td>
<td>668.018,90</td>
</tr>
<tr>
<td>Programmes for drug users (PSPP 4)</td>
<td>1.575.993,26</td>
</tr>
<tr>
<td>Therapeutic programs for social distress due to alcoholism and other forms of addiction (PSPP 5)</td>
<td>252.381,66</td>
</tr>
<tr>
<td>Admission programs and shelters for the homeless (PSPP 6)</td>
<td>547.484,50</td>
</tr>
<tr>
<td>Intergenerational programs of regional centres with</td>
<td>34.552,72</td>
</tr>
</tbody>
</table>
a network of social programs for the quality of life in old age (PSPP 7)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized therapeutic programs of psychosocial support to children, adults and families, designed to resolve inter-personal problems (PSPP 8)</td>
<td>366.343,50</td>
</tr>
<tr>
<td>Admission programs and shelters for homeless drug addicts (PSPP 9)</td>
<td>123.124,94</td>
</tr>
</tbody>
</table>

**Developmental and experimental programmes – DEP**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for telephone counselling for children, adolescents and others in the personal distress (DEP 1)</td>
<td>152.890,72</td>
</tr>
<tr>
<td>Low-threshold programs for drug users (DEP 2)</td>
<td>587.876,52</td>
</tr>
<tr>
<td>Therapeutic programs and other programs for social distress due to alcoholism and other forms of addiction (DEP 3)</td>
<td>92.092,78</td>
</tr>
<tr>
<td>Programs to reduce social exclusion of old (DEP 4)</td>
<td>508.387,13</td>
</tr>
<tr>
<td>Programs of psychosocial assistance to victims of violence (DEP 5)</td>
<td>271.733,70</td>
</tr>
<tr>
<td>Programs aimed at children and adolescents (DEP 6)</td>
<td>557.675,88</td>
</tr>
<tr>
<td>Other programs focusing on minimizing the social problems that are not part of the open call of MOLFSA (DEP 7)</td>
<td>254.760,47</td>
</tr>
<tr>
<td>Slovenian Caritas: Care for victims of human trafficking - crisis accommodation</td>
<td>34.215,74</td>
</tr>
<tr>
<td><strong>Together</strong></td>
<td>9.681.463,35</td>
</tr>
</tbody>
</table>

Source: SPIRS 2011

**Human resources of the social protection programmes**

1,445 people were employed in 2010 in the co-financed social protection programmes. 65% of the employed were employed for the indefinite period of time. Employed service providers have been largely financed by MOLFSA (35%). Nearly a fifth of employment are financed by the municipalities, ESS has contributed funds for almost 18%. (Smolej et al 2011). There are significantly more people employed in the social protection programmes than in developmental and experimental programmes where the volunteering is more common – 75% of workers in these programmes are volunteers. There
were 10,860 volunteers in these programmes. They represent 81,9 % of all service providers in social protection programmes (Smolej et al 2011).

### Table 4: Human resources according to open call fields of MOLFSA

<table>
<thead>
<tr>
<th>field</th>
<th>Number of employed</th>
<th>Number of other paid service providers</th>
<th>Number of volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
<td>2010</td>
<td>2009</td>
</tr>
<tr>
<td><strong>Public social protection programmes – PSPP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSPP 1</td>
<td>98</td>
<td>111</td>
<td>45</td>
</tr>
<tr>
<td>PSPP 2</td>
<td>251</td>
<td>300</td>
<td>88</td>
</tr>
<tr>
<td>PSPP 3</td>
<td>310</td>
<td>354</td>
<td>169</td>
</tr>
<tr>
<td>PSPP 4</td>
<td>106</td>
<td>111</td>
<td>38</td>
</tr>
<tr>
<td>PSPP 5</td>
<td>28</td>
<td>24</td>
<td>34</td>
</tr>
<tr>
<td>PSPP 6</td>
<td>74</td>
<td>86</td>
<td>17</td>
</tr>
<tr>
<td>PSPP 7</td>
<td>6</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>PSPP 8</td>
<td>43</td>
<td>35</td>
<td>34</td>
</tr>
<tr>
<td>PSPP 9</td>
<td>12</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td><strong>Developmental and experimental programmes – DEP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP 1</td>
<td>22</td>
<td>29</td>
<td>22</td>
</tr>
<tr>
<td>DEP 2</td>
<td>59</td>
<td>59</td>
<td>101</td>
</tr>
<tr>
<td>DEP 3</td>
<td>15</td>
<td>21</td>
<td>68</td>
</tr>
<tr>
<td>DEP 4</td>
<td>34</td>
<td>48</td>
<td>41</td>
</tr>
<tr>
<td>DEP 5</td>
<td>46</td>
<td>43</td>
<td>20</td>
</tr>
<tr>
<td>DEP 6</td>
<td>108</td>
<td>112</td>
<td>80</td>
</tr>
<tr>
<td>DEP 7</td>
<td>77</td>
<td>87</td>
<td>72</td>
</tr>
<tr>
<td><strong>Together</strong></td>
<td>1,289</td>
<td>1,445</td>
<td>836</td>
</tr>
</tbody>
</table>

Source: SPIRS 2011
Table 5: Employments co-financed by MOLFSA

<table>
<thead>
<tr>
<th>Number in percentage (%) of employed persons, co-financed by MOLFSA</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time employments fully funded by MOLFSA (2088 hours)</td>
<td>160</td>
<td>23,32</td>
</tr>
<tr>
<td>Part time employments fully financed by MOLFSA; full time employments partly financed by MOLFSA (50%); co-financed employments (2/3) (from 1044 to 2000 hours)</td>
<td>162</td>
<td>23,62</td>
</tr>
<tr>
<td>Employments co-financed by MOLFSA at lower rates or the total hours worked by employees throughout the year which are paid from MLFSA, don’t amount to 1044 hours</td>
<td>364</td>
<td>53,06</td>
</tr>
<tr>
<td>Together</td>
<td>686</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: SPIRS 2011

Users of the social protection programmes

In 2010, there were 161,916 users and over 72,500 calls within the social protection programmes that were financed by MDDSZ. The most “popular” programmes were intergenerational and other self help groups and other residential programmes aimed at the reduction of social exclusion. (Smolej et al 2011).

Table 6: Number of social protection services users (2009 - 2010)

<table>
<thead>
<tr>
<th>Field</th>
<th>Number of users</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public social protection programmes – PSPP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSPP 1</td>
<td></td>
<td>1.138</td>
<td>815</td>
</tr>
<tr>
<td>PSPP 2</td>
<td></td>
<td>4.237</td>
<td>5.117</td>
</tr>
<tr>
<td>PSPP 3</td>
<td></td>
<td>9.772</td>
<td>10.920</td>
</tr>
<tr>
<td>PSPP 4</td>
<td></td>
<td>6.854</td>
<td>4.591</td>
</tr>
<tr>
<td>PSPP 5</td>
<td></td>
<td>1.890</td>
<td>2.323</td>
</tr>
<tr>
<td>PSPP 6</td>
<td></td>
<td>1.637</td>
<td>1.974</td>
</tr>
<tr>
<td>PSPP 7</td>
<td></td>
<td>555</td>
<td>1.260</td>
</tr>
<tr>
<td>PSPP 8</td>
<td></td>
<td>4.349</td>
<td>3.650</td>
</tr>
<tr>
<td>PSPP 9</td>
<td></td>
<td>72</td>
<td>104</td>
</tr>
<tr>
<td><strong>Developmental and experimental programmes – DEP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP 1</td>
<td></td>
<td>84.015</td>
<td>72.517</td>
</tr>
<tr>
<td>DEP 2</td>
<td></td>
<td>5.097</td>
<td>3.870</td>
</tr>
</tbody>
</table>
Long-term care for older people

Long-term care can be divided into 1. residential and 2. community care. They are still dominated by the public sector in Slovenia. Nevertheless NGOs do cover the so called grey spots in the state provision of services in this field. In Slovenia the following major forms of social services for older persons may be identified along the division lines of residential Vs community care.

Residential care

Services in residential care can be divided into:

- **Institutional homes** – public social-care homes for the elderly, which provide all the basic services such as accommodation, meals, health care and nursing. This type of housing for the elderly is predominant.
- **Individual homes** – fully furnished small-sized flats, planned for the accommodation of older people, within the framework of housing blocks. It is meant for those old people who wish to continue living independently.
- **Sheltered housing** – new housing systems for the elderly have emerged in recent years funded by public sector (municipal housing funds, Retirement and Disability Insurance Real Estate Fund by private investors or as public-private partnership ventures.
- **Day-care homes** – open social centres intended for the daytime accommodation of older persons still living in their own homes but who

<table>
<thead>
<tr>
<th>DEP 3</th>
<th>3.935</th>
<th>5.547</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEP 4</td>
<td>86.959</td>
<td>81.169</td>
</tr>
<tr>
<td>DEP 5</td>
<td>6.968</td>
<td>4.970</td>
</tr>
<tr>
<td>DEP 6</td>
<td>11.768</td>
<td>11.748</td>
</tr>
<tr>
<td>DEP 7</td>
<td>43.046</td>
<td>23.858</td>
</tr>
<tr>
<td>Together</td>
<td>188.277</td>
<td>161.916</td>
</tr>
</tbody>
</table>

Source: SPIRS 2011
cannot be left alone during the day or do not wish to spend the entire
day by themselves (Flaker et al. 2011, 194-196).

Residential care is still predominantly characterised by institutional care. It is
dominant in terms of being a well established system, comprising more than
one third of people estimated to be needing long term care, but also in terms
of cost being paid by the users, insurance system and the budget. Institutional care is mainly a public responsibility, in terms of the establishing
and maintaining facilities as well as in developing the network of social care
homes. The system of financing the institutional care is a combination of
public and private responsibility: people have to cover the expenses of
accommodation, food and social care services, but the state (municipality)
supplements the payment up to the entire price if their income is insufficient.

**In 2010 approximately 17,000 people older than 65 years lived in homes for
the elderly.** This number meets the goal stated in the national programme of
social care i.e. 5 % of all people older than 65 is included in this type of care.
Special social care homes and centres for care and training include adult
population (not only elderly) with disabilities (learning, physical or other
disabilities, mental health difficulties) (Flaker et al. 2011, 194-195).

Table 7: Number of employed persons providing health and social services in
institutional care

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employed - TOGETHER</strong></td>
<td>2979</td>
<td>2579</td>
<td>3353</td>
<td>3701</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>400</td>
<td>2926</td>
<td>3573</td>
<td>3701</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>257</td>
<td>4</td>
<td>4</td>
<td>310</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>257</td>
<td>4</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: SORS 2012
Community care

Services provided within the community care can be divided into:

- **Home nursing** – provided by community nurses, who perform preventive and health education services, health-related services at home and to a certain extent also home help services. They are one of the first professional workers to identify health and social hardship as well as the needs of individual insured persons and their families for home and long-term care. In the second half of the 1990s the promotion of non-institutional forms started, awarding concessions to private practitioners and promoting the activities of non-governmental organisations in this area (Flaker et al. 2011, 198).

- **Home help** – in the public sphere there are different institutions providing home help such as centres for social work and homes for the elderly and in the private sphere institutions with concessions and licensed institutions or individuals. There were 75 organisations providing home care in 2010, the providers are mainly public institutions (as homes for the elderly, centres for social work, institutions for the home care). In 2010 there were 6,575 people using home help (Nagode et al. 2011).

- **Personal assistant** – persons with disabilities that require long-term care may opt for institutional care or may select one of the forms of help at home. Therefore; in some parts of the country personal assistants are available. This programme is run by persons with disabilities themselves, and is financed by the state, local community and user funds (Flaker et al 2011, 198). By 2007 there were 24 organisations with 353 personal assistants (almost half of them working voluntarily) providing personal assistance for 705 people (Nagode and Smolej 2007).
• **Family assistant** – people who would otherwise be institutionalised have the right to choose a family assistant. The family assistant provides support for every-day living activities and enables the person to stay at home; the services of a family assistant are financed by a combination of public and private sources.

Community care is a relatively new phenomenon in Slovenia. The provision of long-term care in Slovenia was initially based on institutional care. Home care was only introduced in late 1980s and started to develop more intensively at the end of the 1990s. Before that, help at home was provided through the community nursing service within the primary health sector, but was only available to a limited extent. In the second half of the 1990s, non-institutional forms of long-term care were increasingly facilitated. Concessions were awarded to private practitioners and the activities of non-governmental organisations in the area were promoted (Flaker et al., 2011: 196-198). Community care is a mixed (public and private) responsibility with national and local responsibility. There is a more pronounced impact of NGOs in the field of disabilities and mental health, though in comparison to the amount of institutional care, community institutional care provided by NGOs is insufficient and marginal (ratio approximately 30:1). The funding is almost exclusively public. In the public sector, community care is provided by the centres for social work, home help organisations, homes for the elderly, day centres, (and family assistants); in the for-profit sector there are private institutions (organisers of private health care, meals delivery services) and in the non-profit sector there are organisations related to churches and other secular, specialised NGOs (mental health, disabilities) (Flaker et al., 2011: 196-198).
Child care services for children and youth with special needs

Slovenia has a strong network of institutions for children and youth. From the systemic point of view Slovenia’s social services in the field of disadvantaged children and youth can be divided into care for: 1. children and youth with moderate, severe and profound mental disabilities, 2. children and youth with functional disabilities and with mild or moderate mental disabilities, and 3. emotionally and behaviourally disturbed children and youth. Services vary according to the types of children and youth included. According to that the institutions and services differ in goals they want to achieve, levels of care provided to the children and youth, length of stay of children, stuff requirements, educational and qualifications options for youth and children, provision of full-time care or provision of daily care. Looking at the overall picture there were 1,400 children with special needs in centres, institutions and youth homes, of whom 1,260 in residential full-time care and 140 in daily care (Ložar 2011).

Out of them, 369 children and youth with moderate, severe and profound mental disabilities resided in centres for training, work and protection, while 143 only attended daily care activities in these institutions. Half of employees in centres were health and social care staff, while educational work represented only 21 % and was conducted by 134 special pedagogues-defectologists, who (Ložar 2011).

95 We did not include child care as it is not considered to be part of social services but part of educational policies.
Table 8: Children and youth with moderate, severe and profound mental disabilities in residential and daily care, Slovenia, 2010

<table>
<thead>
<tr>
<th></th>
<th>Centres for training, work and protection</th>
<th>Residential full-time care</th>
<th>Day care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children and youth - total</td>
<td>512</td>
<td>369</td>
<td>143</td>
</tr>
</tbody>
</table>

Source: SORS 2012

There were 258 children with functional disabilities and 233 children with mild or moderate mental disabilities in institutional care in 2010. These are children who are not in the position to be educated in the place of permanent residence and are incorporated in institutional care – blind and weak-sighted children, deaf and partially deaf, children with motive impediments and slightly or moderately mentally handicapped children. They reside in homes intended for such children or in special units in the scope of boarding homes. In 2010, 233 children with mild intellectual disabilities were included in institutional care (Ložar 2011). Looking at the human resources in these institutions the numbers reveal that the majority of professional staff was educators and special pedagogues-defectologists (39%) and other health professionals (25%) (Ložar 2011).
Table 9: Institutional placement of children and youth with functional disabilities and/or with mild or moderate mental disabilities, Slovenia, 2010

<table>
<thead>
<tr>
<th>Type of institutions</th>
<th>Number of institutions</th>
<th>Number of children</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>13</td>
<td>491</td>
<td>287</td>
</tr>
<tr>
<td>for blind and weak-sighted children and youth</td>
<td>1</td>
<td>22</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>for deaf and partially deaf children and youth</td>
<td>1</td>
<td>48</td>
<td>33</td>
<td>15</td>
</tr>
<tr>
<td>for children and youth with motive impediments</td>
<td>2</td>
<td>188</td>
<td>102</td>
<td>86</td>
</tr>
<tr>
<td>for children and youth with mild and moderate mental disabilities</td>
<td>9</td>
<td>233</td>
<td>135</td>
<td>98</td>
</tr>
</tbody>
</table>

Source: SORS 2012

Table 10: Institutions and homes for lodging and care of children and youth with functional disabilities and/or with mild or moderate mental disabilities, Slovenia, 2010

<table>
<thead>
<tr>
<th>Employees - total</th>
<th>for blind and weak-sighted children and youth</th>
<th>for deaf and partially deaf children and youth</th>
<th>for children and youth with physical disabilities</th>
<th>for slightly or moderately mentally disabled children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees - total</td>
<td>32</td>
<td>2</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>women</td>
<td>27</td>
<td>8</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>educators, assistant educators</td>
<td>10</td>
<td>0</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>medical staff</td>
<td>81</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>special pedagogues, defectologist</td>
<td>25</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Furthermore there were 398 persons in institutions for emotionally and behaviourally disturbed children and youth in 2010. They live in so called reformatory, re-education and youth homes with the aim of better adaptation to problems of growing up and/or to have better conditions for living than at home. (Ložar 2011).

Table 11: Institutions and homes for emotionally and behaviorally disordered children and youth by organisation of educational work, Slovenia, 2010

<table>
<thead>
<tr>
<th>Number of institutions/homes</th>
<th>Total</th>
<th>Reformatory homes</th>
<th>Reeducation home</th>
<th>Youth homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children and youth</td>
<td>398</td>
<td>235</td>
<td>32</td>
<td>131</td>
</tr>
</tbody>
</table>

- no occurrence of event

Source: SORS 2012
Social services for disabled people

Institutional care for special categories of population

In 2008 there were 12 public institutions, including 6 special welfare institutions and 6 units for special care for adults inside the residential homes for elderly or as a separate unit in of the residential home. Table 14 shows that the number of applicants is on the rise (1,097 in 2004 to 1,377 in 2008). The number of all users is however in the decline, the number of employed on the increase (for the detailed info see Table 14 and 15).

Table 12: Users and employed in special welfare institutions and rejected applicants, 2004-2009

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of special welfare institutions</td>
<td>15</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>The number of applicants</td>
<td>1.097</td>
<td>1.424</td>
<td>1.303</td>
<td>1.417</td>
<td>1.377</td>
<td>1.160</td>
</tr>
<tr>
<td>Accepted applicants</td>
<td>354</td>
<td>(470)</td>
<td>(430)</td>
<td>488</td>
<td>400</td>
<td>339</td>
</tr>
<tr>
<td>Rejected applicants</td>
<td>355</td>
<td>698</td>
<td>651</td>
<td>626</td>
<td>748</td>
<td>619</td>
</tr>
<tr>
<td>Users (all)</td>
<td>2,746</td>
<td>2,674</td>
<td>2,590</td>
<td>2,531</td>
<td>2,478</td>
<td>2,500</td>
</tr>
<tr>
<td>Men</td>
<td>1,292</td>
<td>1,265</td>
<td>1,263</td>
<td>1,275</td>
<td>1,257</td>
<td>1,267</td>
</tr>
<tr>
<td>Women</td>
<td>1,454</td>
<td>1,409</td>
<td>1,327</td>
<td>1,256</td>
<td>1,221</td>
<td>1,233</td>
</tr>
</tbody>
</table>

Source: SORS 2012; () approximation

Table 13: Number of health care, social and welfare personnel in special social welfare institutions, Slovenia, annually

<table>
<thead>
<tr>
<th>Employed persons</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care personnel(^{96}) - TOTAL</td>
<td>832</td>
<td>741</td>
<td>722</td>
</tr>
</tbody>
</table>

\(^{96}\) Health care personnel is comprised of hospital nurses, physiotherapists, work therapists, guardians, nurses, attendants, others.
Centres for protection and training

According to SORS there have been 3077 users in centres for protection and training in 2010. The number is steadily increasing during the years as evident from the bellow data.

### Table 14: Number of proteges in centres for protection and training by sex and age groups, Slovenia, annually

<table>
<thead>
<tr>
<th>Year</th>
<th>TOTAL</th>
<th>Woman</th>
<th>Men</th>
<th>TOTAL</th>
<th>Woman</th>
<th>Men</th>
<th>TOTAL</th>
<th>Woman</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3016</td>
<td>1342</td>
<td>1674</td>
<td>3038</td>
<td>1351</td>
<td>1687</td>
<td>3077</td>
<td>1379</td>
<td>1698</td>
</tr>
<tr>
<td>2009</td>
<td>3038</td>
<td>1351</td>
<td>1687</td>
<td>3077</td>
<td>1379</td>
<td>1698</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>3077</td>
<td>1379</td>
<td>1698</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: SORS 2012

### Table 15: Numbers of centres for protection and training and the number of users (protégés) 2000, 2005 - 2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of centres</th>
<th>Number of users (protégés)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>40</td>
<td>1.976</td>
</tr>
<tr>
<td>2006</td>
<td>70</td>
<td>2.587</td>
</tr>
<tr>
<td>2007</td>
<td>71</td>
<td>2.621</td>
</tr>
<tr>
<td>2008</td>
<td>88</td>
<td>3.016</td>
</tr>
<tr>
<td>2009</td>
<td>99</td>
<td>3.038</td>
</tr>
<tr>
<td>2010</td>
<td>/</td>
<td>3.077</td>
</tr>
</tbody>
</table>

Source: SORS 2012

In the centres for protection and training there were 920 persons that have been providing different social care services in 2010. There has been a considerable increase from the year 2007 as then just 757 persons were employed.

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97 Social welfare personnel is comprised of attendants, teachers of practical lessons, social pedagogues, social workers, psychologists, receptionists, cooks, assistant cooks, servers, bursars, drivers, caretakers, dressmakers, pressers, launderers, cleaners, clerks and others.
Table 16: Number of employed in the centres for protection and training providing different social care services Slovenia, yearly

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>TOGETHER</td>
<td>757</td>
<td>556</td>
<td>893</td>
<td>642</td>
</tr>
<tr>
<td>Office officials</td>
<td>62</td>
<td>57</td>
<td>72</td>
<td>70</td>
</tr>
<tr>
<td>Others</td>
<td>24</td>
<td>19</td>
<td>30</td>
<td>22</td>
</tr>
</tbody>
</table>

Source: SORS 2012

Home care assistant

Persons entitled to institutional care can choose a home care assistant over the daily institutional care. The institute of home care assistant plays an important role in maintaining the quality life in advanced years of persons with disabilities. It is primarily intended to persons with disabilities who believe that institutions cannot offer adequate intimacy, individuality, solidarity, personal communication, homeliness and heartiness (MOLFSA 2012). A home care assistant contributes to the adequate care or appropriate satisfaction of the wishes and needs of a person with disability by carrying out the following tasks: personal care, medical care, social care and organization of leisure activities, housework assistance. According to MOLFSA there were 1.245 people entitled to the service of home assistant (as at 2 February 2007). Most of them being severely physically impaired 848 (68%). At the same time there were 1.349 home care assistants.
1.3.1 Vocational rehabilitation

“Vocational rehabilitation services are services implemented with a view to qualify the disabled for the appropriate line of work, employment, keeping of an employment, promotion or change of a professional career. Vocational rehabilitation constitutes a right of the disabled persons to individual services, such as counselling, encouraging and motivating the disabled for active participation, the drawing-up of an opinion on the level of working capacity, skills, working habits and occupational interests, provision of assistance in the area of acceptance of invalidity and acquaintance with the possibilities for the integration in training and work, provision of assistance in the area of selection of appropriate occupational objectives, development of social skills and provision of assistance in the area of finding appropriate work and employment, respectively. The disabled are eligible for the exercise of right to vocational rehabilitation provided that they do not have the right to equal services under other regulations” (State portal of the Republic of Slovenia 2012). The social services of vocational rehabilitation have been implemented by 17 institutions which provide a geographically impartial access to service. The field of vocational rehabilitation is dominated by employees who are aged between 26 and 45 years (72 %). Most are aged between 26 and 35 years. There is a significant proportion of people aged over 46 years (27,1 %). The field is dominated by women (85,6 %). Majority of them work for full time. Legal regulations state that the professional work in the field of vocational rehabilitation can be performed by workers with a university or higher education of psychological, sociological, social, pedagogical field or by workers with other appropriate knowledge in the field of rehabilitation, employment or disability, acquired through specialization, additional education or training.
Table 17: Vocational rehabilitation

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of disabled dealt with by the rehabilitation committees</td>
<td>653</td>
<td>720</td>
<td>954</td>
<td>1.066</td>
</tr>
<tr>
<td>The number of disabled included in the service of vocational rehabilitation</td>
<td>1.165</td>
<td>969</td>
<td>2.034</td>
<td>1.945</td>
</tr>
</tbody>
</table>

Source: Employment office of the Republic of Slovenia 2012
2. Social dialogue in the social services sector

The Economic and Social Council and stakeholders of social services sector

Social partners in Slovenia cooperate at national level in the Economic and Social Council (Ekonomsko Socialni Svet, ESS). ESS was established in April 1994 as a central body for tripartite cooperation in Slovenia. From then onwards, ESS has contributed to the successful implementation of basic economic and social reforms and the process of transition. The consultative function of ESS is realised through its activity in the preparation of legislation and other documents (such as social agreements and pay policy agreement) and giving opinions on working and draft documents that are relevant to the scope of ESS work: industrial relations; conditions of work; labour legislation etc. and broader issues affecting workers; employers and government policy. ESS discusses all reports or documents that in international/EU practice demand the opinion of the social partners. The ESS has 15 members (five representing each of the three parties) and adopts its decisions unanimously. In case of differences in opinions, these are reported. ESS has working groups (members are representatives of all three parties, and sometimes independent experts) that contribute to resolving of issues on the ESS’s agenda (e.g. drafting of law proposals, evaluating reforms of social security system and various tripartite agreements). Although ESS opinions and suggestions are not legally binding, they are taken into account in discussions and decision-making. The administrative costs of the work of ESS are covered from the state budget. The main social actors agreed that social dialogue is the precondition for successful joint and individual actions. Thus social partners conclude ‘social agreements’ that cover important social and economic topics such as employment and unemployment policies, income
Social partners who participated in the interviews and are active in the field of social services provision see the social dialogue (as it is defined through the Economic and Social Council) as an important tool for promotion of their interests. However; understanding of the social dialogue at a formal national level varies from one stakeholder to another. Not all of stakeholders are directly included in it. The unions representing the workers employed in the social services sector are part of the Economic and Social Council. The union’s representatives see the Economic and Social Council as a central point for negotiating the collective agreements that regulate the social services sector. The quality of the social dialogue depends on the topic which is being negotiated and the strength of the social partners.

The organisations representing the service providers in the social services sector are not considered to be directly involved as social partners in the Economic and Social Council. The same can be claimed for NGOs which are active in the field of social services provisions. They all express the view that it would be wise to consider some changes to the organisation of the Economic and Social Council – meaning to the organisation of the social dialogue. These changes would include broadening the composition of the Council adding NGOs and social services providers associations to the Council’s gatherings (at least when their interests are at stake). NGOs representatives Centre for Information Service, Co-operation and Development of NGOs (CNVOS) expressed that there is currently too much opposition to the inclusion of NGOs coming from other social partner in the Council. The lobbying to include them has so far proven to be unsuccessful.
Social dialogue in the social services sector

Understanding of the quality of the social dialogue in the social services sector varies from one stakeholder to another. However; they all recognise the social dialogue as an important tool for promotion of their interests and agree that the most important decisions in regard to provision of social services cannot be made without the social dialogue. The social dialogue is understood much broader than just collective agreements agreed upon within the scope of the negotiations within the Economic and Social Council. According to the interviewed stakeholders the social dialogue is viewed in the scope of their influence on the decision-makers and policy-makers in the policy process. Such a view of social dialogue can be understood in the light of the fact that social services providers (especially the non-governmental actors and representatives of the services providers) are not directly involved in the social dialogue at the highest level (Economic and Social Council). All stakeholders expressed the view that they would like to be more actively involved in the highest formally recognised form of social dialogue in Slovenia (tripartite Economic and Social Council) as well as more actively involved in all the phases of the policy process (especially early stages of policy design) which, according to them, influences the position of all stakeholders and quality of service provision in the long run.

There are several particularities of the social dialogue that can be ascribed to the characteristics of the social protection system in Slovenia. According to the representative of the Association of Social Institutions of Slovenia there is pending issue of unclear roles of the social partners in social services sector’s social dialogue. For instance: MOLFSA represents the interests of the employers and at the same time represents the interest of the users. There is a tendency that the interest and protection of the users prevails over the interest of the employers (public institution). Parallel to that, public social
institutions have to bear in mind the rights of the workers agreed in collective agreements which have been negotiated by the unions. In practice this means that public institutions need to maintain low prices for their services to ensure their provision and implementation of workers' rights. It turns out that this financial burden falls on the social services providers. There are many situations in which the negotiated rights of users and workers (from collective agreements) are not accompanied by suitable financial support by the state who is the ‘owner’ of the public institution, but has to come from the already existing financial sources. This is the direct result of the fact that the social services providers associations do not participate in the social dialogue at the highest level.

Similar attitude is expressed by the representative of the Slovenian Community of associations for Special Education Needs. The negotiated rights of workers are not always accompanied with new financial sources. This is the most evident in the wage policy when the services providers are faced with the pressure to increase the wages which proves to be problematic if this 'new' right is not accompanied by new financial sources. Furthermore he emphasizes that they sometimes as service providers do not feel like partners in social dialogue. For example: the state has been preparing the new policy package to tackle the economic crisis which will inevitably affect the quality and standards of social services in Slovenia. Nevertheless the service providers have not been consulted in this regard. Even when the services providers want to participate in the earlier policy designs they find it rather difficult to influence the policy designers and decision makers. Furthermore; there is no system in place how services providers would get involved in the ‘elite’ parts of the social dialogue and participate as full members in the Economic and Social Council. Again there is a problem with the representation of the social services provider’s interests
in the Economic and Social Council as their representatives feel more represented by the unions of the public sector than the representatives of employers (which is in the case of public sector the state). In this regard the social dialogue is lacking. It is not easy to protect the interest of the services providers within the existing arrangements of the social dialogue and show the decision makers that the professional discussion matter. Another problem is the lack of professionalization on behalf of social services social providers associations.

NGOs representatives Centre for Information Service, Co-operation and Development of NGOs (CNVOS) expressed the view that the NGOs are not part of the formal social dialogue. In their opinion, employed in NGOs, which are funded by MOLFSA to perform social services, do not have the same rights as do the employed in public institutions providing similar services. The solution could be (in their opinion) the long-term financing and equal treatment of employees in terms of their rights in the programmes which have been verified by MOLFSA and offer social services to users. Only then can the long term provision of quality social services be ensured also by NGO sector.

We can therefore conclude that not all of the stakeholders offering social services are appropriately represented in the social dialogue. For instance: in the private sector the workers are represented by the employers’ associations but in the public sector or in the social services sector the interests of the workers are represented by the state who should act as a regulator of the social dialogue system rather than (as it is the case in Slovenia) a negotiator.
General collective bargaining, the bargaining coverage rate and the quality of social dialogue

The present collective bargaining structure in Slovenia is highly centralised and inclusive. According to Stanojević (Kanjuo-Mrčela 2006, 211) “there are three levels of collective agreements in Slovenia: general agreements (for private and public sector); sectoral agreements and agreements for certain professions (e.g. doctors and journalists); and agreements at the level of company (except for micro employers – up to 10 employees). The two general agreements are the result of the bargaining of the main trade union confederations, the main employers’ organisations (two chambers and two associations) and the government for the public sector. The sectoral agreements are negotiated by sectoral trade union organisations and corresponding employers` associations”.

The bargaining coverage rate in Slovenia is extremely high. Almost the total labour force is ‘covered’ by the provisions of collective agreements. The only two categories of employees that are not covered by collective agreements in Slovenia are managers (who have individual contracts) and higher administrative employees in the state administration and the administration of municipalities (Skledar in Kanjuo-Mrčela 2006, 11). This coverage rate of collective agreements is therefore high also in the social services sector.

Social partners who participated in the interviews did not find the bargaining coverage rate to be problematic but firstly emphasized that their interests (especially stakeholders representing NGOs in the social services sector and the representatives of service providers associations) could not be expressed successfully at the highest level of the social dialogue – Economic and Social Council due to its composition, and secondly they questioned the results and the outcomes of the social dialogue in the form of collective agreements.
However; the social partners who participated in the interviews predominantly expressed the view that their interests are taken into consideration in the previous stages of policy design which is in their view also part of the broader social dialogue. Of course their opinions on how strong they can influence the policy process differ. This is also the opinion of the government representatives who participated in the interview. They think that the social dialogue should be defined in the broader sense (not just the ongoing in the Economic and social Council). The non-governmental stakeholders have the opportunity to express their opinions in the earlier stages of the policy process through their participation in different working bodies, projects councils and working groups established to enable their incorporation in the policy design as well as standards and normative of the social services determination. These are later formalised within the Economic and Social Council. The government representatives are exactly because of that convinced that the non-governmental stakeholders are not neglected and overlooked in the bargaining process. This is also the opinion of the representative of the National Council of Disabled People's Organisations of Slovenia and the representative of the state Centre for Vocational Rehabilitation (part of University Rehabilitation Institute of the Republic of Slovenia) Their view is that the social services sector is involved in the policy as well as bargaining process through formalised ways of cooperation with the government before the decisions are formalised through the Economic and Social Council. In spite of that different governments differ in their preparedness to cooperate and include the proposal coming from NGOs and services providers associations.

Key labour issues

The key labour issues discussed in the negotiations are working conditions, working time, absence arrangements, redundancy terms, training and a
range of procedural issues such as dispute resolution, trade union facilities and information arrangements etc. The collective agreement includes particularly the following topics: the employment contract, the probation work, internship, procedures for determination of ability to perform the job and the quality of work performance, distribution of workers, work from home, the rights of laid off workers, working time, annual leave, absence from work with compensation or without compensation earnings, training of employees, protection of workers' rights, termination of employment, safety at work, general provision, basic salary, evaluation of difficult working conditions, wage compensation, reimbursement of expenses related to work, innovations, salaries of trainees, salaries of trade union representatives etc.

The social partners who participated in the interviews focused mainly on the broader topic of representation in the social dialogue, especially on the lack of their representation in the Economic and Social Council. They did not problematize the content of collective agreement for the sector except of the social services providers associations which expressed the lack of government insight into the problems faced by services providers when they are faced with the obligation to fulfill the rights negotiated in the social dialogue with limited financial sources. They are faced with the strictly determined employment structure negotiated within the social dialogue which does not allow much flexibility when managing the human resources in the public institution. In their opinion the real quality of the social services should come from the assuring that users have the choice to choose whatever social services provider available therefore forcing the providers to offer quality services. In their opinion the quality of the services cannot be solely assured by the state prescribed human resources structure and standards of services especially when this is not followed by additional
financial sources by the owner of public institution offering services – the state.

**Social dialogue at European level**

Social dialogue at European level has not been ascribed too much importance by the stakeholders who participated in the interviews. The prevailing impression of the stakeholders is that the national level is where the real decisions influencing the social services sector are negotiated. However some social services providers as well as union representatives are part of the international associations which are part of the European social dialogue. The state representatives however do attach greater importance to the European level social dialogue than other stakeholders. They are convinced that the activities of the social dialogue at the European level influence the decisions of the stakeholders and their actions in the national social dialogue as well as the outcomes of the social dialogue which can be seen in the final decisions of public policies and collective agreements.

The social services providers associations are part of broader European initiatives in this field, the same can be said for NGOs providing social services. This cooperation is not seen as part of ‘official’ EU social dialogue and these stakeholders do not ascribe too much influence on the social dialogue on the national level. The union representatives however see the value of the social dialogue at the European level especially in the exchanging of the examples of best practices. They are not in favour of a more centralised European social dialogue extensively regulating labour issues on a national level. The government representatives do not share the same view. They see the social dialogue at the European level having indirectly positive effects on the social dialogue on a national level as it brings together many different state and non-state stakeholders representing
national level interest in the EU. Furthermore; they see the EU level social dialogue finalised in a European legislation having the direct effect on national policy making, legislation and social dialogue.

3. Conclusion

Slovenian social services sector is relatively diverse. The services are provided by public, non-governmental and private actors. Characterized by the unquestioned monopoly of the state in the social service provision in the socialist era, the public sector still holds to its dominant role. Nevertheless; more and more fields of social services are covered by the NGOs therefore addressing the so called grey spots in the coverage of the user’s needs. This is evident by the increasing funding of the NGOs in this field by MOLFSA, by good representation of employees in terms of share of all employees in the NGO sector (even though these NGOs represent just 3,6 % of the NGO sector, they present 26,7 % of all employed in the whole sector) as well as some social services appearing on the market.

The coverage of the workforce by collective agreements has never been an issue as practically all the Slovenian workforce is covered by them. The labour market is heavily regulated in these terms. Social partners in Slovenia cooperate in the Economic and Social Council which represents a central tripartite cooperation bringing together representatives of the state, employers and workers. The Economic and Social Council is an important factor in the social dialogue as it has a consultative function and deals with the preparation of legislation and other important documents such as social agreements and pay policy agreement. It represents social dialogue at the highest level. Our interviewed stakeholder, however do understand social dialogue in a much broader terms. The social dialogue is the whole process of influencing the policy making and not just the collective agreements which
are the results of the negotiations within the Economic and Social Council. Such a view of social dialogue can be understood in the light of the fact that social services providers (especially the non-governmental actors and representatives of services providers) are not directly involved in the social dialogue at the highest level – they do not take part in the Economic and Social Council. This is the issue that will need to be addressed in the future if we want to make social dialogue at the highest level more inclusive and to assure that the actors providing more and more social services will be better heard.

Interestingly; the stakeholders did not attach too much importance to the social dialogue at the EU level. They are aware of it, some (unions) are taking part in it, and other stakeholders are part of the international associations of the service providers associations and other NGOs associations that are active at the EU level. The national level social dialogue is ascribed relatively more weight in the final outcome of the public policies and especially collective agreements regulating the social services sector.
4. Literature


National Report
SPAIN

Cáritas Española

Claudia Carrasco Hernández

Supported by: DG Employment, Social Affairs and Inclusion
Introduction

The aim of the research project ‘Project PESSIS: Promoting employers’ social services in social dialogue’ is to provide a detailed understanding of how social dialogue is organised and structured (or not) in the social services sector in Europe. It aims to identify barriers to increased cooperation among employers in the sector. The term social dialogue is defined as ‘a dialogue between employers and employees’. Eleven national studies will contribute to an overall European perspective of social dialogue in the social services sector, outlined in the European summary report.

Each national report presents a ‘picture’ of how social dialogue is organised at local, regional and national levels and has addressed the following six research questions:

1. What is the size of the social services sector, both in terms of workforce and of employers in aggregated value?
2. How well represented is the sector in terms of number of employers and workers covered by collective agreements?
3. What are the types of social dialogue or collective agreements that exist?
4. How many employers of the sector are involved in social dialogue and at what level?
5. What are the key labour issues dealt with and at what level?
6. Are there any labour issues that could be dealt with at European Union (EU) level?

‘Social services’ is a term that can be interpreted in different ways across Europe but for the PESSIS project, the key groups included are:

- Long term elderly care
- Disability
- Childcare

A fourth variant (Social Exclusion) was added which, at least in Spain, has been one of the main objectives of the sector, therefore the focus of this national report is the exclusion sector and the three groups listed above. This fourth area takes on a significant importance, given the current economic environment since, only in the last few years in Spain, according to the CÁRITAS paper “Social Exclusion and Development in Spain. Analysis and Outlook 2012” (2012), living conditions in Spain have worsened for the population as a whole and, more specifically for 25.5%, or 11,675,000 citizens, were at poverty risk in 2010, latest data available in the abovementioned study.
Another significant fact the paper provides is that the number of people assisted in the Cáritas Shelters alone has doubled since 2007, which is why a large part of the Social Action Third Sector in Spain is focused on this group. The terms public, for-profit and not-for profit sectors are widely used across Europe. They are defined in this report as:

**Public sector** – Government departments, public sector agencies or municipal authorities commission social services in many countries and contract for-profit and / or not-for profit providers to deliver social services. In some countries, social services may still be delivered by municipal or regional government authorities. Public authorities (national, region or local government) may fund social services by providing money directly to individuals.

**For-profit sector** – Providers of social services which operate to make a profit. They may operate with shareholders or they may be private companies, owned by one or more individuals. In some countries, family businesses deliver social services. They may be large or small in size.

**Not-for-profit sector** – Providers of social services, which do not operate to make a profit. In some countries this sector may be called the voluntary or charitable sector. In some countries, volunteers deliver some of the services for the not-for-profit sector.

1.1 Methodology
The stages in the research for the creation of the report have been as follows:

**Documentation stage:**
The collective agreements for the social sector have been reviewed, as well as publications in the sector, in an effort to have a clearer picture of the structure in the sector.
The following table shows the relationship between the areas of the study, the structure of the social services sector in Spain and a list of the collective agreements signed.

**Table 1: Correspondence: Areas of the Study/Areas of the Study in Spain**

<table>
<thead>
<tr>
<th>EU Approach: Sector Study</th>
<th>Spanish Approach: Sectors of the Study</th>
<th>National Collective Agreements: Signed or Under Negotiation</th>
<th>CNAE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long term Elderly care.</td>
<td>Elderly people / Dependency</td>
<td>Assistance services to dependent people and the fostering of the development of personal</td>
<td>871, 873, 879, 881</td>
</tr>
</tbody>
</table>

There are others at the Autonomous and Provincial level.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence</td>
<td>People with Disabilities/Dependency</td>
<td>872, 873, 879, 881</td>
</tr>
<tr>
<td>Exclusion</td>
<td>Social Action and Intervention (under negotiation). Juvenile reform and Protection to Minors, Children, Youth and Family</td>
<td>87, 88</td>
</tr>
<tr>
<td>Infancy/Exclusion</td>
<td>Educational Sector</td>
<td>N/A</td>
</tr>
<tr>
<td>Infancy (Childcare)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Therefore, and given the present effort to establish the boundaries of the Third Sector in Spain, cited as examples in the introduction of this report, we have decided, on the one hand, to take into account the two most structured subsectors, the Dependency/Elderly and the Dependency/Disability and, on the other, to encompass the remaining activities in social services, to use the term they themselves use to define the sector: Social Action and Intervention.

The compiling of data regarding size, structure and economic data has been based on the CNAE (National Standings in Economic Activities 2009) and previous studies.

**Empirical and analytical stage:**
The study of the social dialogue/collective bargaining reality has been carried out through in-depth interviews of relevant actors in this field. This has been decisive to know the structuring of the sector in Spain, as mentioned in the documentary stage, which is what defines the functional areas of the existing collective agreements or those under negotiation.

We are grateful for the participation and the interest shown by all of the participants in this study.

Once the interviews were done, we have carried out a speech analysis in order to have a true picture of the sector regarding collective bargaining, followed by a feedback to all of the participants to check on the research, and, by enlarging the field, to have as many points of view as possible.
1. Profile of the social services sector.

Introduction

Social Services are dedicated to prevent, reduce or correct maladjustments between what individuals are able to do independently in their daily lives and the community or family networks to which they belong and which provide them with support.

Although there does seem to be a certain structure under the Economic Activities (Social Services fall under sections 87 and 88 of the CNAE in Spain) there is a certain ambiguity as to establishing the scope of the social services sector. What frequently identifies the sector is not so much the service in itself as the other more qualitative features, such as financing, the legal nature of the entity, the way of provisioning or qualitative features in the person who receives the attention. This brings about a certain overlapping with other sectors, such as health, education, hospitality or work at home.

On the other hand, subsectors which have strong economic and functional foundations, such as assistance to the elderly in retirement homes, coexist with others that are less consolidated and stable, such as care at home, or leisure activities for people with disabilities.

Day care, for children, activities are not regarded as social services as such, since they are culturally understood to be an integral part of the education system, between the ages of 0 – 6 schooling is not compulsory, i.e. Spain was the fourth EU country in rate of schooling of children aged three, with 96.2%, 22.3 points above the average for Europe.

In another order of things, in the sector coexists public entities, or those ascribed to them, private entities and what is known as the Social Action and Intervention Third Sector, composed of specific entities established by civil society under legal coverage that encompasses not-profit associations.

Background: defining the social sector

A review over the history of the Social Action Third Sector as we see it at present will show that it really did not come into being until Spain’s entry into the European Union, although organizations such as RED CROSS and CÁRITAS existed already, they did not talk about the Social Sector but rather of Charity with the aim of assisting those groups at risk of exclusion or in social exclusion.
Regarding the elderly people and the people with disabilities, assistance to these groups fell on their families, at home, where, strictly speaking, it was women who cared for them, and it was not considered a qualified activity. Severe mental disability was covered by health care and patients were hospitalized.

In the mid-eighties, Spain’s political and economic situation takes a drastic turn, politically, due to the strengthening of democracy and entry into the European Union, and economically, due to the flow of funds provided by the European Union and its convergence policy. This brought about high economic growth and state welfare and a government provision of social services that were unequalled.

Thus, tasks that had been in the field of the home started to become professionalized and women, with their entry into the labour market, filled most of the positions in the Third Sector, in all of the subgroups into which it is divided.

Once women join the labour market in a general way, assistance to these groups has to be outsourced, becoming part of the economy, through the public sector, through the market or through the Not-for-Profit sector, according to which type of entity provided the service.

The evolution in the provision of these services is linked to the evolution of civil society, with the appearance of social movements such as 0.7% in the nineties. This type of social movement is organized in entities which define themselves as Non-Governmental and Not-for-Profit, and they will be the main actors in the Social Action and Intervention sectors.

The most visible to the public are the NGO’s in Cooperation Development, but along with these there also appear, due to the outsourcing of the services in the Public Sector, those organizations which provide a service to risk groups within Spain.

It is worth pointing out that childcare for children until they go to school, legally required or not, falls in Spain to the Educational Sector. What is part of Social Action and Intervention is the assistance to minors and the specific laws relative to their protection and reform.
2. The largest groups inside the social sector. A brief.

Having made the introduction to the Third Sector and explained the methodology used, we will specify the three groups it is divided into in Spain:

- Elderly/Dependency
- Disability/Dependency
- Action and Social Intervention
  - Social Action and Intervention (including minors, in the regulated environment of negotiation, Minors and Reform or Infancy, Youth and Family)
  - Development Cooperation

There are other sectors, which indirectly, to the degree that their activity may be at times aimed at people under risk of exclusion, carry out activities in a social context. Due to this, the social sector in Spain would be defined as follows:

Source: Based on the graph: “The Social Action Third Sector” by Ricardo Molinera. Cáritas

All the informants questioned agree that the existence of specific laws which apply to the Elderly People and the people with Disabilities as well as to Minors are the main reason for the division of the social sector into subgroups, giving rise to the different collective agreements. The inclusion of Development Cooperation in the sector is one of the contributions of this research.

The different sectors have been defined based on the functional context as defined in the collective agreements, since these establish a consensus agreement between employers and worker representatives.
Elderly People/Dependency
Within the social sector, this group defines its functional sphere, and in accordance with the recently signed collective agreement (2012, pp1) at a national level as:
"The scope for the application of this collective agreement is made of the companies and enterprises which carry out their activities within the sector of assistance to dependent people and/or the development of the support for personal autonomy; homes for the elderly, day or night centres, sponsored homes, home assistance services or teleassistance. Any of these regardless of name and with the single exception of those whose management or ownership belong to a public administration.
Also covered by this collective agreement are the departments, lines of business, sections or independent units of production devoted to the provision of the service in a working context, even when the company to which they belong may have a different line of business or more than one line of business in different productive sectors.
Specifically excluded from the application of this collective agreement are those companies which carry out specific health care activities as their fundamental activity, understanding this exclusion, will not harm health care for people who may be residents or users of the above mentioned services, as these activities are a consequence of their age and/or dependency.”

According to the IMSERSO (2012) (Institute for the Elderly People and Social Services) there are around 4639 retirement homes, community and sponsored homes.

<table>
<thead>
<tr>
<th>Ownership</th>
<th>Amount</th>
<th>Sponsored[^99]</th>
<th>% according to ownership</th>
<th>% Chartered regarding the total amount</th>
<th>% Chartered in each subgroup of ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>3025</td>
<td>1215</td>
<td>65,21%</td>
<td>26,19%</td>
<td>40,17%</td>
</tr>
<tr>
<td>Not-for-profit private</td>
<td>510</td>
<td>19</td>
<td>10,99%</td>
<td>0,41%</td>
<td>3,73%</td>
</tr>
<tr>
<td>State</td>
<td>4</td>
<td>0</td>
<td>0,09%</td>
<td>0,00%</td>
<td>0,00%</td>
</tr>
<tr>
<td>Autonomous</td>
<td>335</td>
<td>92</td>
<td>7,22%</td>
<td>1,98%</td>
<td>27,46%</td>
</tr>
</tbody>
</table>

[^99]: By chartered we are referring to the fact that the competent public administration (State, Autonomous Community, Provincial or Town Hall) finances the residence interns but the management is private.
<table>
<thead>
<tr>
<th>Category</th>
<th>Value 1</th>
<th>Value 2</th>
<th>% Value 1</th>
<th>% Value 2</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial</td>
<td>61</td>
<td>13</td>
<td>1.31%</td>
<td>0.28%</td>
<td>21.31%</td>
</tr>
<tr>
<td>Local</td>
<td>622</td>
<td>363</td>
<td>13.41%</td>
<td>7.82%</td>
<td>58.36%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>4557</td>
<td>1702</td>
<td>98.23%</td>
<td>36.69%</td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>82</td>
<td></td>
<td>1.77%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4639</td>
<td></td>
<td>100.00%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
According to the same source (IMSERSO) but in the day centre category (depending on ownership) also applicable to the Elderly People subgroup we can see:

| TABLE 3: DAY CENTRES |
|----------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Ownership            | Amount          | Publicly Managed| % of Public Management | Private Management | % of Private Management | Mixed management |
| Private              | 1204            | 4               | 0.33%                | 970              | 80.56%            | 5               | 0.42%           |
| Not-for-profit private | 142            | 2               | 1.41%                | 128              | 90.14%            | 2               | 1.41%           |
| State                | 1               | 1               | 100.00%              | 0                | 0.00%             | 0               | 0.00%           |
| Autonomous           | 543             | 81              | 14.92%               | 99               | 18.23%            | 5               | 0.92%           |
| Provincial           | 37              | 6               | 16.22%               | 26               | 70.27%            | 0               | 0.00%           |
| Local                | 660             | 165             | 25.00%               | 141              | 21.36%            | 2               | 0.30%           |
| Subtotal             | 2587            | 259             | 10.01%               | 1364             | 52.73%            | 14              | 0.54%           |
| Unspecified          | 133             |                 |                      |                  |                  |                 |
| Total                | 2720            |                 |                      |                  |                  |                 |

The results obtained regarding day centres are cross referenced with the kind of management, be it public, private, or mixed. As may be observed, the majority are privately managed, although these data are not final because there are 1083 centres for which there is no information on the kind of management.

The fully public side of this sector, regarding the direct provision of services, is limited to those State Centres, they are Centres specializing in a certain type of case and there are four presently in operation.

However it can be observed, as was clearly established in the canvassing, that the different public administrations act mainly as a financer, not as a service provider.

Along these lines, it can also been seen that, within the sector, the mercantile/profit aspect is the most important. According to the collective agreement only a third of the sector is Not-for-profit.

**People with Disabilities/Dependency**
People with Disabilities, whether physical or mental, is traditionally ascribed to Dependency, however it is segregated from dependency as such, as it has its own social dialogue and collective agreements.

For a more precise approximation, we include the definition of the work environment functional sphere as set in the Collective Agreement (2010, pp72551-72552):

1. “The present Agreement shall include all companies and work places whose aim is the assistance, diagnosis, rehabilitation, training, education, promotion and work integration of people with physical, mental or sensorial disabilities as well as the associations and institutions set up to this purpose.
2. For the individual consideration of the different type of enterprise and centres object of this Agreement, requiring differentiating work conditions, the Agreement regards the following as applicable to each of the enterprises and centres according to the following types:
   A. Centres or enterprises with an assistance nature – For the purposes of this Agreement, we understand Centres of Assistance for people with disabilities those, regardless of the nature, kind or structure of the ownership, which have, as their aim the assistance, care, training, rehabilitation and promotion of people with physical, sensorial, character or personality challenges and alterations or social conduct disorders, as well as the institutions or associations set up with this aim...
   B. Educational Centres. Centres for Special Education
   C. Workplaces: Centres for Special Work.”

The structure of the subsector regarding the type of entities that are part of it profit and not-for-profit) is mainly organized through Not-for-profit organizations.

According to the approximate data give by the key informants there is approximately 9000 entities working in this subsector, both in terms of a welfare centers and in special employment centers. And the Centers for special education are tending to disappear, due to the policies of inclusive education.

There is a common trait that differentiates the Elderly People and People with Disabilities form from the Social Action and Intervention Sector, and that is their structure, being sectors with economic activity dating back to the nineties, for example: in People with Disabilities/Dependency they are presently negotiating the 14th Collective Agreement and in Elderly People/Dependency they have just signed the 6th, whereas in Social Intervention and Development Cooperation they are presently negotiating the first Collective Agreement of a National scope.

Social Action and Intervention
The establishing of the scope of Social Action and Intervention is one of the most complex issues in the report, as previously mentioned we shall include in this category, and for the reasons mentioned, the areas of intervention, based on the Collective Agreements, signed or under negotiation at a national scale.

- Juvenile Reform and Protection to Minors.
- Social Intervention and Development Cooperation.
Although there is a specific collective agreement for Infancy/Minors, they are included in the field of social action and Intervention in the current Colective bargainings, and as will be seen when defining their different work scopes, functional spheres, the above mentioned are included.

The debate at this point is whether the existing collective agreements should be included in the scope of Social Action, a debate which in the case of Minors is awaiting a court resolution.

In the absence of a National Collective Agreement in this area, the work scope has been taken from the current collective agreements, one Autonomous and two Provincial ones.

The Collective Agreement for the Catalonia Autonomy (2011, pp57625) defines the work scope functional sphere as follows:

"Included under the present collective Agreement, regardless of the ownership of the service, are all of the enterprises and/or entities which provide social action activities to children, youths, families and others in an at risk situation (...)

Services fighting social marginality and poverty: services which detect, assist and provide social treatment of people in a poverty and social exclusion. Treatment Centres, Homes and Shelters, Winter Shelters, Day Centres and Social Insertion teams and Food services.

Also under the cover of this Agreement shall be the lines of business, sections or any other productive unit of companies working in the provision of services in the wok environment of the present Agreement, belonging to any company regardless of their main activity. The above list is not intended to be final, therefore any other activity, prior ruling by the Commission created for this purpose, existing or to be created shall be included, should their functions be under the above-mentioned list..."

In the existing Provincial collective agreements (Bizkaia and Gipuzkoa, provinces in the Basque Country) the working environment is defined in a similar way, although, as the Gipuzkoa one (2011, pp50-51) came after the Bizkaia one, it is more specific and therefore used as a reference:

"The present collective agreement shall be applicable to all those enterprises, associations, foundations, centres, entities or similar organizations (herewith: organizations) whose main activity is the carrying out of Social Intervention activities, whose legal status is not publicly-owned, nor whose single or majority shareholder is a Public Administration.

Social Intervention is understood to be the set of activities or actions that are carried out in a formal or organized way in response to a social need and whose purpose may be to soften, prevent or correct social exclusion processes as well as the fostering of those of social inclusion or participation."
This Agreement shall include the areas of social action, as well as the socio-labour and social-health, and also those socio-cultural and socio-educational and sudden mental illnesses (…)
The target groups are equally diverse: minors and youth, women, the elderly, economically excluded people, the homeless, people with mental problems due to any type of addiction or former addiction, immigrants, the unemployed, convicts and ex-convicts; in any case, people or groups in exclusion, at risk of exclusion or who require a fostering of their social participation among others.

Also included in this Agreement are the divisions, business lines, sections or any other unit dedicated to the provision of services in the work environment even when they may be a part of an organization whose activity may be of a different nature or covers a range of sectors with its activities., with the exception of those whose agreed conditions are more beneficial than the ones included in this agreement, in which case the aforementioned shall be the guaranteed minimum.

Likewise, those organizations whose main activity is environmental, sports or culture, in the strictest sense and with reference to what is mentioned in the previous paragraph.

Expressly excluded are those organizations whose main activity is the assistance and care of people who are physically and/or mentally disabled as well as those whose activity is related to Development Cooperation.

Also excluded are employment workshops, retirement homes and residences and the home assistance services which have coverage of their own (…) Finally, excluded are the Lifeguard services in beaches and the people who receive the training and employment programs in the scope of this Agreement, even when provided by the entities within the scope if this Agreement.”

This Agreement has attached a consensus catalogue of non-excluding activities, which we will not include for concision purposes. They can be found in the published collective agreement.

As can be seen, both collective agreements include activities related to Infancy and the socio-educational ones in the functional sphere.

One peculiarity of the abovementioned provincial collective agreements is the non-inclusion of Development Cooperation activities in their functional sphere, whereas, it is included in the national one, which is presently under negotiation.

Therefore the projected scope to be signed in the framework of the national General Agreement (2012, p.8) in a consensus with employers is:

"The present collective agreement is applicable to employees of enterprises or entities which, regardless of their legal status, design and/or carry out programs and actions in Social Action and Intervention defined as follows: Under this Agreement shall be the activities carried out in Social Action and Intervention in the socio-labour, socio-health, socio-cultural and socio-
educational, psycho-social, assistance socio-communitary intervention, international cooperation, and any other field whose aim is to detect, prevent, soften or correct situations of vulnerability and social exclusion or foster processes of inclusion, insertion, dynamics, participation and social awareness processes in favour of those people in situation of exclusion or social vulnerability.

Also included in this collective agreement are the divisions, lines of business, sections or independent productive units devoted to the provision of services in the field, even when the main activity of the company to which they belong is different or the company participates in different sectors, unless the terms agreed to in these organizations are more beneficial than the ones in this Agreement, in which case the aforementioned shall be the guaranteed minimum.

Expressly excluded are the activities regulated by the following Collective Agreements:
National Collective Agreement for Dependent People and the Development of the Fostering of Personal Independence.
Collective Agreement for Centres and assistance to disabled people.
Collective Agreement for Education and Unregulated Education.
Collective Agreement for Juvenile Reform and Protection of Minors.
National Collective Agreement Framework for Educational Leisure and Socio-cultural animation.”

This subsector is mainly represented by not-for-profit management, with a 50% representation at a national level.

The employees of the social sector

This section will provide an approximation to the employees in the social services sector, divided by gender, age and type of social service (understood to be within the three main groups defined previously)
The existing data regarding the number of employees have been obtained from the latest Active Population Survey (EAPS) which the National Statistics Institute (INE) carries out, with data from the 2010, 2011 and the first quarter of 2012 surveys, although only specific as regards to gender.
According to the National Classification of Economic Activities (CNAE) social services are included under codes 87 and 88; Assistance in Residences and Social Service Activities without shelter respectively.
The data have to be taken as being an approximation, due to the fact that many Not-for-profit organizations listed themselves under another code when they started their activities, i.e. 94.Associatives activities.
Data from 2010 to 2012 have been chosen in order to obtain a multi-annual comparison.
According to INE data, the social sector in Spain regarding people working in it would look as follows:

<table>
<thead>
<tr>
<th>TABLE 4: EMPLOYEES</th>
<th>TOTAL</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>87 ASSISTANCE IN RESIDENCES</td>
<td></td>
<td>245.5</td>
<td>264</td>
<td>251.7</td>
</tr>
<tr>
<td>88 SOCIAL SERVICE ACTIVITIES WITHOUT SHELTER</td>
<td></td>
<td>226.5</td>
<td>218</td>
<td>211.2</td>
</tr>
<tr>
<td>94 ASSOCIATIVE ACTIVITIES</td>
<td></td>
<td>96</td>
<td>100</td>
<td>94.2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>568</td>
<td>583</td>
<td>557.19</td>
</tr>
</tbody>
</table>

Units: people per thousand

Stratification of employees according to gender would be as follows:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>87 ASSISTANCE IN RESIDENCES</td>
<td></td>
<td>37.9</td>
<td>37.1</td>
<td>34.9</td>
<td>207.9</td>
<td>226</td>
<td>216</td>
<td>9</td>
</tr>
<tr>
<td>88 SOCIAL SERVICE ACTIVITIES WITHOUT SHELTER</td>
<td></td>
<td>24.1</td>
<td>25.8</td>
<td>30.5</td>
<td>202.4</td>
<td>192</td>
<td>180</td>
<td>7</td>
</tr>
<tr>
<td>94 ASSOCIATIVE ACTIVITIES</td>
<td></td>
<td>38.1</td>
<td>39.8</td>
<td>37.2</td>
<td>57.9</td>
<td>60.9</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100.1</td>
<td>102.7</td>
<td>102</td>
<td>467.9</td>
<td>480</td>
<td>454</td>
<td>6</td>
</tr>
</tbody>
</table>

Units: people per thousand

The sector is predominantly female, as can be seen by an 87% representation of women in the sector.
Regarding the age groups, in the 87 and 88 codes of the CNAE for Social Services are as follows:

<table>
<thead>
<tr>
<th>TABLE 6: EMPLOYED BY AGE GROUP AND AREA OF ACTIVITY (2011)</th>
<th>87. Assistance in Residential Centres</th>
<th>88. Social Service Activities without shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 16 to 34</td>
<td>Units in thousands</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>72</td>
<td>27.51%</td>
</tr>
<tr>
<td>Category</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>Aged 35 to 44</td>
<td>68.5</td>
<td>26.18%</td>
</tr>
<tr>
<td>Aged 45 to 54</td>
<td>79.5</td>
<td>30.38%</td>
</tr>
<tr>
<td>Over 55</td>
<td>41.7</td>
<td>15.93%</td>
</tr>
<tr>
<td>Total</td>
<td>261.7</td>
<td>100%</td>
</tr>
</tbody>
</table>

For the Other Services group, the data are the following:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Units Thousands</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 16 to 29</td>
<td>89.6</td>
<td>23.14%</td>
</tr>
<tr>
<td>Aged 30 to 39</td>
<td>122.6</td>
<td>31.66%</td>
</tr>
<tr>
<td>Aged 40 to 49</td>
<td>95.9</td>
<td>24.77%</td>
</tr>
<tr>
<td>Aged 50 to 59</td>
<td>56.2</td>
<td>14.51%</td>
</tr>
<tr>
<td>60 and over</td>
<td>22.9</td>
<td>5.91%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>387.2</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Units: people per thousand

As can be observed, in the 87 and 88 code of activity, the weight of the employees is in the 45 to 55 age group, in Other Services it is in the 30 to 39 age group, with a highlight in the 16 to 29 and 40 to 49 age groups which make up close to 25% of the people employed.

The age groups are different. The data for the age groups in codes 87 and 88 have been supplied, upon request by the INE. The data for code S Activity are the ones published on the INE website; we have grouped age intervals so they were as similar as possible between them.

**Features of the social service sector organizations.**

This section attempts to define the social services sector regarding the entities which are part of it.

**a. Type of entity.**

The first stage of organization classification is: public, private for-profit and private not-for-profit:

Public organizations:

Public organizations are tending to disappear, as direct providers of services, and their role is becoming that of a financer of these services. The most relevant of these would be the services provided by Town Halls, although there is no data for the nation as a whole and they cannot be classified as a public organization.

Profit and Not-for-profit organizations

Before starting the breakdown of the profit and not-for-profit organizations in the sector, and taking into consideration the lack of specific data, we have taken the following approach: starting from INE data, from the tables called
Central Companies Directory, through the (NACE) mentioned in the methodology section, under which different organizations are registered, with code 87 (Assistance in Residential Centres), 88 (Social Service activities without shelter) and 94 (Associative Activities), we have obtained the sector’s total data for 2011.

### Table 8: Companies by Legal Status, Main Activity (NACE Groups 2009)

<table>
<thead>
<tr>
<th>Main Activity</th>
<th>Legal Person</th>
<th>Incorporated companies</th>
<th>Limited liability companies</th>
<th>Other legal status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>87. Assistance in Residential Centres</strong></td>
<td>407</td>
<td>230</td>
<td>2516</td>
<td>1891</td>
<td>5044</td>
</tr>
<tr>
<td>871. Assistance in Residential Centres with health care</td>
<td>152</td>
<td>32</td>
<td>644</td>
<td>326</td>
<td>1154</td>
</tr>
<tr>
<td>872. Assistance in Residential Centres for people with mental disability, illness and drug dependency</td>
<td>21</td>
<td>11</td>
<td>114</td>
<td>183</td>
<td>329</td>
</tr>
<tr>
<td>873. Assistance in Residential Centres for the Elderly or Disabled</td>
<td>229</td>
<td>184</td>
<td>1732</td>
<td>1186</td>
<td>3331</td>
</tr>
<tr>
<td>879. Other assistance activities in Residential Centres.</td>
<td>5</td>
<td>3</td>
<td>26</td>
<td>196</td>
<td>230</td>
</tr>
<tr>
<td><strong>88. Social Service Activities without shelter (Subtotal)</strong></td>
<td>778</td>
<td>48</td>
<td>1519</td>
<td>2443</td>
<td>4788</td>
</tr>
<tr>
<td>881. Social service activities without shelter for the elderly or Disabled</td>
<td>359</td>
<td>20</td>
<td>828</td>
<td>1141</td>
<td>2348</td>
</tr>
<tr>
<td>889. Other social service activities without shelter</td>
<td>419</td>
<td>28</td>
<td>691</td>
<td>1302</td>
<td>2440</td>
</tr>
<tr>
<td><strong>94. Associative Activities</strong></td>
<td>23</td>
<td>5</td>
<td>8</td>
<td>33669</td>
<td>33705</td>
</tr>
<tr>
<td>941. Company, professional or management organization activities</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>4533</td>
<td>4550</td>
</tr>
<tr>
<td>942. Union activities</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>346</td>
<td>346</td>
</tr>
<tr>
<td>949. Other associative activities</td>
<td>14</td>
<td>1</td>
<td>4</td>
<td>28790</td>
<td>28809</td>
</tr>
</tbody>
</table>

Source: Preparing by the author on the basis of INE data: Central Companies Directory
Private for-profit Organizations

Lacking more available broken-down data, we can estimate their size as the sum of the incorporated companies and legal person (employer’s also) giving us a sector total of 5534.

Although it is difficult to establish a correspondence between the NACE and the sector’s large groups, there is greater presence observed in the Elderly People sector and in the People with Disabilities one, in particular:

- 871 Assistance in Residential Centres with health care.
- 872 Assistance in Residential Centres for people with mental disability, illness and drug dependency.
- 873 Assistance in Residential Centres for the Elderly or Disabled.
- 881 Social service activities without shelter for the elderly or Disabled.
Whereas in the Social Action and Intervention, we can suppose there is a reasonable presence in these areas:

- 871 Assistance in Residential Centres with health care.
- 872 Assistance in Residential Centres for people with mental disability, illness and drug dependency.

Especially so in:

- 879 Other assistance activities in Residential Centres.
- 889 Other Social Services activities without shelter.
- 949 Other Associative activities.

Not-for-profit Organizations

Regarding the Social Action and Intervention Sector and according to the study by The Fundación Luis Vives (EIDS, 2010 P. 20), with data from 2008, there would be 28790 not-for-profit organizations, out of which approximately 19,000 would work in the Social Action and Intervention field, out of these 7223 (EIDS, 2010, p.52) would have direct intervention as their main activity.

The INE data for 2011 would yield 31,249 Organizations in the NACE which come close to the “other” status, if we were to apply the percentages used by the Fundación Luis Vives’ study (EDIS 2010, p.52) the number would be very similar: 7840. In any case the data must be handled with caution, since:

- Firstly, there are a variety of legal structures that groups the same type of organization: Collective Societies, Commandatory Societies, Communal Goods, Cooperatives, Associations and others, Autonomous bodies, Religious organizations and institutions.
- Many organizations working in the Third Sector may not be registered under the codes we have chosen, although these are the most specific.
- Maybe their main activity is not that of the code.
b. Professionals who work in these entities

According to INE data and following the tables of the General Company Directorate, specifically the table “Companies by legal framework, main activity (CNAE groups 2009) and employee stratum” the sector companies regarding the number of employees appears as follows:

<table>
<thead>
<tr>
<th>Size of Company</th>
<th>87 Assistance in Residential Centres</th>
<th>88 Social Service Activities without shelter</th>
<th>94 Associative Activities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No employees</td>
<td>690</td>
<td>1300</td>
<td>11949</td>
<td>13939</td>
</tr>
<tr>
<td>1 to 2 employees</td>
<td>409</td>
<td>932</td>
<td>12290</td>
<td>13631</td>
</tr>
<tr>
<td>3 to 5 employees</td>
<td>435</td>
<td>697</td>
<td>4193</td>
<td>5325</td>
</tr>
<tr>
<td>6 to 9 employees</td>
<td>521</td>
<td>530</td>
<td>2404</td>
<td>3455</td>
</tr>
<tr>
<td>10 to 19 employees</td>
<td>1101</td>
<td>526</td>
<td>1421</td>
<td>3048</td>
</tr>
<tr>
<td>20 to 49 employees</td>
<td>1218</td>
<td>435</td>
<td>876</td>
<td>2529</td>
</tr>
<tr>
<td>50 to 99 employees</td>
<td>445</td>
<td>185</td>
<td>302</td>
<td>932</td>
</tr>
<tr>
<td>100 to 199 employees</td>
<td>142</td>
<td>99</td>
<td>173</td>
<td>414</td>
</tr>
<tr>
<td>200 to 499 employees</td>
<td>53</td>
<td>59</td>
<td>78</td>
<td>190</td>
</tr>
<tr>
<td>500 to 999 employees</td>
<td>15</td>
<td>13</td>
<td>17</td>
<td>45</td>
</tr>
<tr>
<td>1000 to 4999 employees</td>
<td>14</td>
<td>9</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Over 5000 employees</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>5044</td>
<td>4788</td>
<td>33507</td>
<td>43537</td>
</tr>
</tbody>
</table>

Source: Preparing by the author on the basis of the data of the “Company by legal status, main activity, (NACE groups 2009) and employee strata” from INE

As can be seen in the table, entities with between 10 and 49 employees under code 87 are nearly 50% of the total; however for codes 88 and 94 nearly 73% of the ascribed companies have fewer than 10 employees, which may indicate two essential things: sector atomization and volunteer work.

Regarding the Elderly People, the FED (Business Federation for dependency assistance), the main management employer organization in the sector, including the Autonomies, quotes a figure of 5000 businesses, although the sector itself speaks of centres, not businesses, because there are large operators with many centres throughout the country in the Elderly People sector.
The presence of private mercantile initiatives is scarce in the remaining subsectors, although the tendency is rising, because other businesses are diversifying and are entering the sector, EULEN and CLECE for example, but they do not provide accounting in these areas because it is not their main activity.
Business volume/income and profits in the social sector.

There is a lack of reliable data, but one which offers very useful information to size up the social services sector is its share of the GDP. According to INE data (INE 2011, Rates of Domestic Accounting) the Social Services Sector (CNAE 87 and 88) has undergone continual growth, both in gross Added Value (with a total of 12.322 billion €) as well as its share of the Spanish GDP, representing 1.17% in the year 2010.

### Evolution of the variation of GDP and the gross added value for Social Services

If we look at the variations of the data through time, we can see that, apart from 2006, growth in the sector is higher than the economic growth, showing the delay of one year in the impact of the recession, largely due to the main financing patterns in the sector, dependent upon the public sector.

#### 4.3 Sources of financing for the suppliers of social services

The main sources of social services financing are the various public administrations, be they the State, Autonomous Communities, Provinces or Town Halls.

As has been mentioned in the Elderly People/Dependency section, of the Centres in all of the country, in the private mercantile case there is a 40% of direct public financing and for the not-for-profit, and according to the available data, 3.75% of direct public financing.
Of those of public ownership, a 21% of the total, nearly half have private management.
The remaining ways of financing, come, either through direct public administration aid (depending on the Autonomous Community, the amount varies) or through the fees of their users or their families.
According to the aforementioned Fundación Luis Vives study, over 60% of Social Action financing is of a public nature. 23% comes from private funding (savings and loans, companies, etc.) donations and member quotas, the rest, 14% is self-financing.
It also shows that the entities which work in the Third Sector have different financing according to their legal status. In this way, Associations are the ones which receive most money from the public sector, 65.4%, foundations 54.8% and the singular entities, (Red Cross, Cáritas, ONCE) 35.9 %.
Public financing is distributed through subventions, charters or tenders. Private financing comes from donations or quotas, and self-financing come from the sale of goods or services of the entities on the market.
It is the smaller organizations which, as a rule, have a greater dependence on public administration funds. According to the Social Action Third Sector Yearly, this type of organization has an income volume of up to 1,000,000 € and are mainly Associations.
One of the present debates in the Third Sector is the search for alternative financing, and the “Strategic Plan for the Social Action Third Sector. Proposals for the Improvement of Public Financing in the Social Action Third Sector”, by the Social Action NGO Platform 2011, is a good example. This strategic plan includes some proposals that, because of the economic crisis and the changes in the Spanish finance system, must be re-addressed, as an example the potential financing from the local savings banks which, due to the mergers recently carried out, has been brought to a halt.
3. Social dialogue in the social services sector

Social dialogue in Spain

Social dialogue is primarily understood as the dialogue between employers, unions and government or public administrations. In some cases it may also be extensive to Associations, Organizations or interest groups, depending on the matter to be dealt with.

One of the basic features of social dialogue is that it is not regulated and it is not binding, so the conclusions or agreements reached are simply recommendations. Along these lines, the State or corresponding Public Administration does not legislate; it rather tries to reach agreements with the main actors in these in the issue at hand.

Social dialogue in Spain takes place, mainly, among government, unions and employers, in all sectors and it is a part of Spanish political and social reality since the advent of democracy.

Attached, Annexe II, are some of the main agreements reached through social dialogue, in a labour environment, ranging from, on the one hand, 2004 to 2007 and 2008 to 2011 on the other.

Social dialogue in Spain, at present, has been affected by the economic crisis, bringing about losses in some areas, for example the freezing of pensions, cuts in dependency, etc...

With the current situation, unions feel that social dialogue has broken down. Along these lines, and up until mid-2011, social dialogue has been an essential part in the social and political spheres. From that time, the feeling in the unions, and our informants, is one of expectancy.

Social dialogue in the social services sector. Main features

As mentioned in the previous section, social dialogue in Spain is carried out among the government, unions and employers.

There is no social dialogue, as defined above, between social sector employers, unions and government.

The Third Sector Platform, created in early 2012, made up by 7 large Third Sector organizations and which includes a large part of the entities connected to Social Action and Intervention and People with Disabilities (The Social Action NGO Platform, The Spanish Volunteer Platform; PVE, EAPN Spain, Spanish Committee of Representatives of People with Disabilities, CERMI, Spanish Red Cross, Cáritas Spain and the National Spanish Organization of the Blind, ONCE) has this as one of its aims, the power to talk directly to the
government, although the Platform does not have the legal status of an employer’s organization, nor does it include any from the sector. In addition to this initiative we can mention different consulting committees in which specialized organizations take part. Regarding the Elderly People and People with Disabilities the “Dependency System Consulting Committee” was set up, although the organizations which are part of it are of a general nature and at national level, CEOE and CEPYME. In addition, registered in the Ministry of Health, Social Services and Equality, is the “Disability Patronage” (2012), a body which aims to:

- “Promote the application of human ideals, scientific knowledge and technical improvements to the perfectioning of public and private actions on disability in the areas of:
  - The prevention of deficiencies.
  - The disciplines and specialties related to the diagnosis, rehabilitation and social insertion.
  - Equaling opportunities.
  - Assistance and tutelage.
- Enabling, within the area defined in the above section, exchanges and cooperation among the different public administrations, as well as these with the private sector, both at a national and international level.
- Supporting bodies, entities, specialists and sponsors in the field of studies, research, information, documentation and training.
- Issuing technical reports and recommendations on the areas relevant to its field of work.”

At the Social Action level, and within the Ministry of Health, Social Services and Equality (2012) there is a “State Council of Non-Governmental Social action Organizations”, divided into the following workgroups:

- “Social Action Third Sector Strategic Plan (set up in three Commissions)
  - Commission for the Development of the Strategic Plan.
  - Quality Commission.
  - Communication Commission.
- Social Inclusion, Employment and Rural Group.
- Gender and Equality Group.
- Volunteer work Group.”

Third Sector organizations are partly represented in this Council, but individually, not associated to the employer organizations to which they belong. The main functions of these consultative councils are to improve the services provided to the people in these situations, as well as achieving visibility for
the groups which they assist. The will to make social dialogue extensive to other groups depends on the social agents that participate in the councils at this time.

Having reviewed social dialogue in Spain, with the definition of Social Dialogue previously put forth, we will now focus on collective bargaining within the Social Sector in Spain.

**Social Dialogue understood as collective bargaining in the social services sector. Spain**

Within the Social Services sector in Spain there are various collective bargaining processes taking place, or signed and into effect, in each of the areas previously mentioned.

Before going into the issue in question, and from the results obtained in our interviews, it is necessary to make a short reference to the recent reform to the Labour Market Law (Government, 2012, Official Gazette (BOE) 02/11/12) and the aspects which relate to collective bargaining.

Firstly, the labour reform states, regarding collective agreements, that it is possible to withdraw the terms of the agreement in effect, and fall back on the individual company collective agreement.

From now on the validity and application of the existing collective agreements at a national, autonomous and provincial level will depend on the individual entities, and according to key informants, we will have to wait and see how things develop, although they are all “optimistic” in the sense that General Collective Agreements will continue to be the basis of the sector’s structure. Although a very clear threat is the introduction of mercantile competition in the sector:

"*What does this reform do to the business side(...) introduces obvious competition between for-profit and not-for-profit organizations among all of the organizations in the sector,(...) and if competition is introduced we are ruining the most important part of this sector, which was not-for-profit and did not follow the rules of competition but those of social construction(...)*(informant 4)

Considering the Labour Reform, the negotiation which will be most sought after will be the one on a national level, for this report. However, the existing agreements, prior to the reform, as before, will be listed.

There is a regulation on collective bargaining as part of the Statute of Workers, with the adequate amendments, the last being from June 2011 (Government, 2011, Official Gazette (BOE) 06/11/2011)
The features of the agreements regarding the scope of applicability are set by the type of agreement:

- **National, Autonomous, Provincial or Company**

The agents in collective bargaining at the national, autonomous and provincial level, as well as those in different sectors and intersectorial agreements are:

- The most representative employers organizations in the Sector
- Most representative Unions

For company agreements, the actors in the negotiation are:

- Company
- Legal workers’ representation

Regarding duration, the very agreement establishes the length, although it usually goes from two to three years.

**Existing employer organizations in the social services sector.**

As can be observed, there are as many employer organizations as there are employers signing the agreements. There are even organizations which are left out of the signing because they do not have representation.

List of Employer’s Associations which have signed agreements or have the right to negotiate at a national level:

**Table 10: Employers’ Organizations signing collective agreements**

<table>
<thead>
<tr>
<th>Subsector</th>
<th>Employer</th>
<th>Type of Entities Represented</th>
<th>Subsector</th>
<th>Employer</th>
<th>Type of Entities Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly People/Dependency</td>
<td>FED</td>
<td>For-profit</td>
<td>Infancy/Minors and Reform</td>
<td>FEPJJ</td>
<td>Not-for-profit</td>
</tr>
<tr>
<td></td>
<td>LARES</td>
<td>Not-for-profit</td>
<td></td>
<td>AEEISSS</td>
<td>Not-for-profit</td>
</tr>
<tr>
<td></td>
<td>AESTE</td>
<td>For-profit</td>
<td></td>
<td>AEFYME</td>
<td>Not-for-profit</td>
</tr>
<tr>
<td>People with Disabilities/Dependency</td>
<td>AEDIS</td>
<td>Not-for-profit</td>
<td>Infancy/Minors and Reform</td>
<td>FAIS</td>
<td>For-profit</td>
</tr>
<tr>
<td></td>
<td>FEACEM</td>
<td>For-profit</td>
<td></td>
<td>OEIS</td>
<td>Not-for-profit</td>
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<tr>
<td></td>
<td>CONACEE</td>
<td>For-profit</td>
<td></td>
<td>AEEISSS</td>
<td>Not-for-profit</td>
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<tr>
<td></td>
<td>EyG</td>
<td>For-profit</td>
<td>Social Action and Intervention</td>
<td>AESAP</td>
<td>For-profit</td>
</tr>
<tr>
<td></td>
<td>CECE</td>
<td>For-profit</td>
<td></td>
<td>FAIS</td>
<td>For-profit</td>
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<td></td>
<td></td>
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<td></td>
<td>APAES</td>
<td>Not-for-profit</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AEFYME</td>
<td>Not-for-profit</td>
</tr>
</tbody>
</table>
There are territorial associations which negotiate and sign autonomous and provincial agreements, most of them are part of national organizations or are in some way linked to them through federations. Thus, the employers which have signed the existing Social Action and Intervention Agreements are:

<table>
<thead>
<tr>
<th>TABLE 11: EMPLOYERS’ ORGANIZATIONS SIGNING COLLECTIVE AGREEMENTS IN SOCIAL ACTION AND INTERVENTION, OTHER LEVELS.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOCIAL ACTION AND INTERVENTION</strong></td>
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<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>AEISC</td>
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<tr>
<td>AESAP</td>
</tr>
</tbody>
</table>

It is relevant to mention these three Agreements, especially the Catalonia one, as they are the reference for the present negotiation of the national one.
Issues dealt with in collective bargaining

Obviously the issues to be dealt with in collective bargaining are labour ones; the following is a list of all of the issues dealt with in collective bargaining:

1. The organization of work.
2. Personnel structuring.
3. Hiring.
4. Trial period, vacancies and personnel termination.
5. Subrogation.
6. Retribution system.
7. Work day, overtime, vacations, recycling and on-going training.
8. Time off, permits and leaves.
9. Travel and diets.
10. Absences and sanctions.
11. Union rights.
12. Social improvements.
13. Safety, Hygiene and work-related illnesses.

Within these categories there are more detailed issues, which vary depending on the agreement and its scope.

For example, the Social Action and Intervention provincial agreements in the Basque Country make reference to linguistic normalization, a clause that does not appear in any other social sector agreement included in the present report.

Regarding the Elderly People/Dependency, there is a special mention made in the agreement to the preservation of employment and development of personal autonomy,(2008, BOE number 79, 04/01/2008, p.18254)

"Measures against age discrimination. The signing parties commit themselves to supporting access and preservation of employment to those over the age of 45”

Strengths and weaknesses of the existing agreements

The present section will deal with the strengths and weaknesses of the existing agreements in each of the subsectors of the report.

The data on the strengths and weaknesses has been obtained through the analysis of the in-depth interviews made to the key informants and stakeholders.

Elderly/Dependency:

The greatest strength in collective bargaining in this subsector would be: "A collective agreement provides stability and provides a framework for actions which allows the organization to calculate costs.”(Informant 2)
The greatest weakness lies in the lack of flexibility within the bargaining itself, explained by the lack of trust on both sides.

In addition “the for-profit position of mercantile companies, which do not blend in well in this area” (Informant 2)

People with Disabilities/ Dependency
Within this subsector a strength in collective bargaining is "being a social entity gives a vision of the collective agreement more favourable to the social that it was just business ... right? " (informant 7)

Therefore all the different subsectors, which dominate the non-profit entities, are similar in this way.

Social Action and Intervention:
The lack of a collective agreement to provide the sector with a global framework has given rise to the breakdown into small collective agreements, which is considered a weakness, and, at the same time, a strength, since this part of the sector is regulated, defined and the organizations and workers protected by the existence of a basic standard.

One weakness, at a national level, comes about by the relatively recent start of this type of negotiation with employers and an incipient knowledge of the sector on the part of the Unions which sign.

Social Action and Intervention Collective Bargaining Nationwide:
The Social Action and Intervention Sector has no agreement signed on a national level, which is, in itself, the greatest weakness, according to our key informants. The issues that would be strengthened with the signing of a collective agreement would be:

- A specific framework of the sector: with all of the organizations providing the foundations of a structure through which to go by.
- A definition of the social intervention sector which will bring about a delimiting of the scope and functions of social intervention.

An “a priori” strength would be the sector’s own values.

The employers interviewed, representing not-for-profit and for-profit organizations, the approach to collective bargaining has the following features, depending on the type of employer:

1. Not-for-profit Organization employers:
   - All agree in avoiding the atomization of the sector into subsectors, but differ in the territorial area in which to start:
     i. From general to specific agreements: Starting with a national agreement and ending with specific ones.
     ii. From specific agreements to general ones: Start with the small agreements, the smaller the better, because negotiations are more direct, in order to reach agreements at higher levels.

2. For-profit Organization employers:
The priority is to provide the sector with a reference framework, regardless of the subsectors created, which are due to the existing regulations, and the territorial nature of the Agreement. The predominant opinion at present is for the subsectorization of the sector and to start by Agreements with a lower territorial scope. Analysis of the interviews with unions shows how one of the drawbacks they find for the signing of a National Collective Agreement is the difference in approach taken by the different employers when negotiating:

"Most of the problems we have faced when negotiating, because we the unions have not had any problem whatsoever, has been to get the employers to agree among themselves on their representativity." (Informant 5):

In addition to the present economic situation, this being a sector whose financing is largely dependent on public funds, which is reducing the funding. The union’s approach to collective bargaining, in Social Action and Intervention, is to unify, not divide, the sector. This is also seen as the greatest strength. However, at the union level, in the different unions, social services are associated to different federations; so even in the union sense, the situation is complex.

Another strength they see is that organizations previously did not belong to an employer’s organization (essential legal figure to sign a collective agreement) and now they are organizing themselves in employer’s associations specific to the sector.

"the fact that here was an agreement made the existing institutions group together in employer’s associations, which gave the sector some degree of organization, even if it was to challenge collective agreements." (Informant 5)

Regarding the territorial scope, the choice is from general, to specific. It is a low-unionized sector, according to the unions because it is a young one, in comparison to others.

The analysis of the interviews to unions sees as a drawback, when signing a national collective agreement, the different approach to negotiating from the different employer’s organizations in the sector. It is confirmed through all of the interviews, that although everyone agrees in not subsectoring the sector, in some areas, such as Minors, it has been subdivided.

Autonomous and provincial levels
The main strength found in these collective agreements is the involvement of workers from the sector in the negotiations themselves, Specially in the provincial ones.

In addition, the Autonomous one (Catalonia) is being used as a reference in the negotiation of the national one.
The strength of the signed collective agreement, for the unions, lies in "work conditions are regulated and dignified...for the workers in this sector where many...in other places are, I would say, at risk” (Informant 3)

The main weakness is the expectancy generated by the new labour reform, regarding the application of the collective agreements to those who haven’t signed them, the introduction of mercantile competition in the sector, and due to the fact that between 80 to 85 % of the expenses in these entities are for personnel, and employees can negotiate collective agreement downgrades for individual entities the services provided for these people might be compromised in terms of quality as in efficiency and effectiveness.

**Existing agreements which cover part of the sector**

Since the sector is so structured into subsectors there are no collective agreements which cover the whole of the sector. In fact the basic regulation covering the sector is the Labour Law exactly the same as the other sectors of economic activity. Listed in the following table Existing Agreements in the Sector, the main Collective Agreements for the sector:

<table>
<thead>
<tr>
<th>Table 12: Existing Agreements in the Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subsector</strong></td>
</tr>
<tr>
<td>Elderly People/ Dependency</td>
</tr>
<tr>
<td>People with Disabilities/ Dependency</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Social Action and Intervention</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
**Social Intervention and Development Cooperation**

### National:

For the Social Intervention collective agreement, at a national level, under negotiation at present, the negotiation process is being complex, as has been seen from the interviews with the stakeholders.

On the one side the negotiation has taken place within the sector employer’s organizations, or at least those present at the negotiations, and more representative, according to the setting up act of the negotiation.

The employers involved in the negotiation are:

- OEIS, AEEISSS and AESAP, with a representation percentage, admitted by them of 27.5% of the sector each.
- FAIS and APAES: with a 7% admitted representation.
- AEFYME: with a 3.5%.

The data regarding the number of entities present and the number of employees they represent is not very clear, as admitted by the entities themselves. Therefore this is the most reliable data of representation available.

One of the reasons for the lack of information is, in fact, the lack of structure in the sector. This is the great strength this collective agreement provides, a set of common rules to follow.

#### 3.1. Approach to the main labour issues in the social services sector.

Regarding the main labour issues or the most intense, in the negotiation, there are two main ones mentioned in all of the subsectors with whom we have talked:

- Salary.
- Work hours.

This are crucial points, both for the employers as for the unions, for opposite reasons, that is, employers want more hours for less pay and the unions want the opposite.

The work hours in this sector are peculiar; we are talking about assisting people 24 hours a day, so the work hours are divided into shifts.
At the same time there are significant differences, both in the salary and work schedules, depending on the territory one works in. Unions want a national minimum, but, for some employer’s organizations, this may lead to a loss in the rights of the collective agreements made in smaller territories, should the entity embrace the national one. In addition, the difference between Autonomous Communities is a key factor in this issue, for example: the per capita income in the Autonomous Community of the Basque Country is 31,288 Euros whereas in Extremadura it is 16,149 Euros.
In addition to these “to be expected” issues, other factors are mentioned:

- **Subrogation.**
- **Temporary Disability or Sick Leave (absenteeism)**

**Subrogation**

The legal definition of subrogation is “putting something or someone in the place occupied by another”\(^{100}\), for the purposes of this report the “thing” would be the entity which provides the service, but keeping all or part of the employees, according to the Labour Law, the existing collective agreement or the details of the contract or bid for tenders or subvention.

The reason for subrogation, mentioned by the union members interviewed, is to provide workers with stability, in an event they have no control over.

The main objection of the employers to this is that the intervention model chosen by each organization may differ, depending on the organization, therefore affecting the service provided, in addition to the investment required to have the workers adapt to their model.

Another point of disagreement between employers and unions regarding subrogation is primarily economic, very related to the organization in question, and whether it is for-profit or not-for-profit.

The current collectives bargaining stand for:

**Elderly People/ Dependency**

All workers shall be subrogated, regardless of the type of contract they have, with a seniority of at least three months in the company that leaves.

**People with Disabilities/Dependency**

Subrogation clause in the Labour Law, section 2 Guarantees due to a change in company, article 44.

**Social Action and Intervention**

**Juvenile Reform and Protection of Minors**

All workers shall be subrogated, regardless of the type of contract, with seniority of at least six months in the company that leaves.

**Social Action and Intervention**

**Autonomous: Catalonia**

Subrogation of all workers

**Provincial: Bizkaia and Gipuzkoa**

All steady workers

Gipuzkoa: all steady workers except partners, people in management positions and others who may represent the company.

**Educational Leisure and Sociocultural animation:**

Generally speaking all of the mentioned collective agreements have a 100% subrogation of steady workers, except management.

---

\(^{100}\) Trlated from http://lexjuridica.com/diccionario.php
Temporary disability
Temporary disability is another of the issues stemming from the analysis of the interviews, and is directly related to the salary perceived by workers at the time of a temporary disability or sick leave, since the State pays for part of this leave the collective agreements establish the percentage the company or the entity must cover.
Temporary disability is regulated by the General Social Security Law, with a minimum guarantee, that if not improved by the collective agreement, is usually not even mentioned.
Therefore, in national collective agreements the situation would be illustrated in the following table:

<table>
<thead>
<tr>
<th></th>
<th>Elderly People/ Dependency</th>
<th>People with Disabilities/ Dependency</th>
<th>Social and Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work accident or work-related illness</td>
<td>100 21</td>
<td>100 Full</td>
<td>100 Full</td>
</tr>
<tr>
<td>Non-work accident or common illness</td>
<td>100 30</td>
<td>60% 4-21</td>
<td></td>
</tr>
</tbody>
</table>

Conciliation and social benefits are considered a plus to compensate the not very high salaries in the sector.

Issues that would be better addressed at EU level
When discussing which issues would be better addressed at a European level, it is worth mentioning that none of the employers’ organizations have European links of any kind, and that at an internal level in the employer’s organizations it is something which has not even been discussed, since the priority is to provide a structure to the sector at a national level, above all in Social Action and Intervention.
Therefore the replies received in this area are of an individual nature, as experts in negotiations and not as representatives of their employers’ organizations.
The issues arising from the interviews are:
- Maximum work hours
- Maternity/Paternity leave
Stemming from a very sceptical position, there would be an interest in the fostering of a dialogue among employers’ organizations in the sector at a European level, starting from the recognition of the sector as such at an institutional level. Especially in the Social Action and Intervention Sector.

We must point that The FED (Federation of Assistance to Dependencies) is associated to E.C.H.O. (European Confederation of Care Home Organizations)

However if we mention specific legislation for all of the member countries, more specifically issues related to VAT, which in the case of the major not-for-profit organizations in the Social Action and Intervention Sector are exempt from charging it but do support it.

Another issue which can come from EU is that of developing a model of "European Social Institution." Applying this from Europe "with intensity of non-discrimination legislation" (Informant 7), will mean progress in this area, especially in the sense of actions that result in non-discriminatory.

Unions do have European level structures, but for them, any initiative should arise from the European Union and be financed by it. They feel that the ones that exist at present, since they are recommendations, are not very effective.

Another issue to safeguard activity, regulate it, in agreement with employers’ organizations: recognition of the sector

The unions see the “ideal” legal measures to be taken by the European Union:

- 35-hour work week
- Subrogation of all workers in all of the Public Services that are outsourced

This section attempts to address the following issues: Organizations which sign the agreements, issues covered, duration, when they have to be reviewed and the main terms included in the Agreements. As previously mentioned, regarding social dialogue specific to the sector, we can only refer to Consulting Committees which focus on issues of the groups which they assist, so we will focus on Collective Bargaining and the Agreements signed or in the process of signing. In this way, the issues dealt with as the main terms used in the Agreements, are given by the very nature of the collective bargaining and its formal structure, which is regulated.

With the other issues and for a more overall view we have drawn up the following table:

<table>
<thead>
<tr>
<th>TABLE 14: COLLECTIVE AGREEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUBSECTOR</strong></td>
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<tr>
<td>Elderly People/Dependency</td>
</tr>
<tr>
<td>People with Disabilities/Dependency</td>
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<tr>
<td>Infancy/Minor s and Reform</td>
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<tr>
<td>Social Action and Intervention</td>
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</table>
5. Conclusions.

Overall, the Social Services sector encompasses some 10,000 entities, for-profit and not-for-profit, and employs over 400,000 people in Spain. It assists over 1,000,000 people with needs of different nature and is 1.17% of Spain’s GDP, and rising.

- **Strengths:**
  - The structure of the Elderly People and People with Disabilities sectors.
  - Social Action and Intervention. The will by all parts, employers and unions to structure the sector within a legal framework to protect the entities as well as their workers.
  - The culture of participation and consensus among the not-for-profit sector organizations.

- **Weaknesses**
  - Division of the sector into subsectors or microsectors due to specific legislation.
  - The absence, for the time being, of speakers and interlocutors common to the State and the not-for-profit organizations in the Social Intervention Sector.

- **Opportunities**
  - The structuring of the Social Action and Intervention Third Sector, providing it with institutional visibility.

- **Threats**
  - The uncertainty in the current economic situation and the recent Labour Reform.

Issues to be dealt with at a European Union level:

- **Through Collective Bargaining:**
  - Maximum work hours
  - Maternity/paternity leave

- **Through legislation:**
  - A defining of the sector at EU level
    - "European Social Organization Status."
  - Active policies regarding taxes. Especially VAT.
  - Specific policies regarding work laws.
Annexes

Annex I. Bibliography


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10. García Delgado, José Luis (2009), The accounts of Social Economy: magnitudes and financing of the Third Sector in Spain, 2005. (on line) Editorial Aranzadi, SA, Navarra  AValaible from:  


13. Monzón Campos, José Luis (2010), The total economic figures of social economy in Spain. (on line) Madrid, © CIRIEC-España Centro Internacional de Investigación e Información sobre la Economía Pública, Social Cooperativa  AValaible from:  


15. Royall Patronage for Disability (2012) Functions.(on line) Available from  

Social Dialogue agreements\textsuperscript{101}, in the Labour sense of it, ranging from 2004-2007:

- Regularising of illegal immigration.
- Trade learning for work.
- The increase of minimum wage.
- Regulating self-employment
- Out-of court settlement of collective conflicts.
- The updating of minimum pensions.
- Strategic plan for work safety and health.
- Measures pertaining to Social Security.
- Agreement for the Improvement of Growth and Employment. (AMCE).
- Protective actions for dependency situations.
- Gender equality.

From 2008 to 2011, the social dialogue agreements reached have been varied, following is a list of them\textsuperscript{102}:

- Agreement among the Comisiones Obreras Union Confederation, CCOO, the General Worker’s Union (UGT) and the Spanish Government for the inclusion in the general regime of social security of the domestic help.
- Economic and Social Agreement for growth, employment and the guaranteeing of pensions.
- Agreements signed by the General Board for Social Dialogue in Galicia, 30 July 2010.
  1. Agreements pertaining to active employment policies.
  2. Agreements pertaining to the prevention of work hazards.
  3. Agreements pertaining to improvements in business competition.
  4. Agreements pertaining to infrastructures and sustainable growth.
  5. Agreements regarding social cohesion and welfare.
- Pact for the Fostering of Employment in Murcia.
- II Framework Agreement for Industrial Competitiveness and Innovation in Castilla y León.
- 30 Commitments for Social Employment, Economy and Unemployment in Catalonia.
- VII Agreement for Social Harmonization in Andalucía.

\textsuperscript{102} List obtained from the Comisiones Obreras website:http://www.ccoo.es/csccoo/menu.do?Areas:Accion_Sindical:Dialogo-social
PACT FOR CASTILLA-LA MANCHA. Unity, Efforts and Commitment.
Union Proposals towards an Agreement for employment and social protection.
Declaration for the Launching of the Economy, Employment, Competitiveness and Social Progress.
Annex III. List of Informants/Stakeholders/Collaborators

List of the Project’s Informants/Stakeholders and Collaborators

<table>
<thead>
<tr>
<th>ENTITY</th>
<th>INFORMANT/STAKEHOLDERS/COLLABORATORS</th>
<th>SUBSECTOR / AGENT</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>OEIS</td>
<td>Fernando Urgoiti Guijarro (Cruz Roja), AIS / Employers’ Organization</td>
<td>AIS / Employers’ Organization</td>
<td>Legal Advisor</td>
</tr>
<tr>
<td>FAIS</td>
<td>Carlos Cortés</td>
<td>AIS / Employers’ Organization</td>
<td>Collective Bargaining</td>
</tr>
<tr>
<td>CCOO</td>
<td>José Luis Rodríguez García</td>
<td>All/Unions</td>
<td>Secretary of Social Action and Collective Bargaining</td>
</tr>
<tr>
<td>AEEISS</td>
<td>Gonzalo Rodríguez Aguirregoitia (AEEISS – Gizardatz)</td>
<td>AIS / Employers’ Organization</td>
<td>Secretary</td>
</tr>
<tr>
<td>LARES</td>
<td>Antonio Molina</td>
<td>Elderly People/Dependency / Employers’ Organization</td>
<td>Legal Advisor</td>
</tr>
<tr>
<td>UGT</td>
<td>María del Carmen Barrera</td>
<td>All / Unions</td>
<td>Secretary of Social Action</td>
</tr>
<tr>
<td>CERMI</td>
<td>Luis Cayo</td>
<td>People with Disabilities / Organizations</td>
<td>President</td>
</tr>
<tr>
<td>Cáritas Española</td>
<td>Víctor Renes</td>
<td>Social Sector Expert</td>
<td>Volunteer</td>
</tr>
<tr>
<td>Fundación ONCE</td>
<td>Rafael de Lorenzo</td>
<td>General Board</td>
<td>Secretary General</td>
</tr>
</tbody>
</table>
National Report Ireland

DISABILITY FEDERATION OF IRELAND
DR PAULINE CONROY MAIRE MEAGHER M.SC.
Acknowledgements

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Siobhan Masterson of the Irish Business and Employer Confederation IBEC
Patricia Doherty of the National Federation of Voluntary Bodies
Tadhg Daly, CEO of Nursing Homes Ireland
Barbara Dempsey of Barnardos Ireland
Patricia Murray CEO of Childminding Ireland
Irene Gunning CEO of Early Childhood Ireland
Leon Ledwidge of the Irish Association of Social Care Workers
Ineke Durville, Irish Association of Social Workers
Gordon Jeyes, Children and Families Division of the Health Service Executive
Siobhan Mugan, Director of Alternative Care, Health Service Executive
John Dolan, CEO of Disability Federation of Ireland
Lorraine Dorgan of Age Action Ireland
Ray Lynch, Open Training College, Goatstown
Dave Connolly, Employers Forum – Voluntary and Community Sector
Louise O’Reilly, SIPTU Nursing Division
Paul Bell, SIPTU Health Division
Louise O’Donnell, IMPACT trade union
Peter Nolan IMPACT trade union
Clare Treacy, Policy Director Irish Nurses and Midwives Organisation
Declan Breen of the Psychiatric Nurses Association

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The views expressed in this report are those of the authors and should not be attributed to or cited as the views of any participant.
1. Summary of Findings PESSIS 2012 – Ireland

1.1. Background

The project, a preliminary mapping study of the extent of social dialogue in three social service areas, is funded by the Industrial Relations and Social Dialogue Programme of the European Commission and co-ordinated by the University of Greenwich, UK. It is supported by a broad partnership of European and National organisations representing health and social service providers in close cooperation with the European Trade Union Confederation. It is expected that the project will contribute towards enhanced cooperation within the sector and the promotion of a culture of inclusive social dialogue at national and European level.\textsuperscript{103}

The study focus in the eleven countries was on three sub-sectors of social services: services for children aged five or less, services for the long-term care of the elderly and services for and with people with disabilities. In each country, researchers conducted interviews and examined literature, data and reports including those of the not-for-profit, for profit and public sectors. In Ireland, 25 interviews were conducted between February and April 2012. The idea of a social services sector promoting social dialogue was received with interest and curiosity in Ireland among employers, employer bodies, trade unions and civil society representatives. Some of the principal findings of the study are presented below.

1.2. What are Social Services?

- The concept of ‘social services’ as a single and comprehensive sector is not in wide usage in Ireland. Most interviewees listed several types or categories of health or social services. Some saw value in using a more ‘sectoral’ approach to social services.

\textsuperscript{103} PESSIS Project Description Brussels, 2012.
There are considerable data gaps when it comes to measuring social services. The gaps are significant in the myriad of small, micro, medium-sized and community-based organisations which slip through the counting net and whose representatives, as a consequence, are less visible.

The estimated value of the three sub-sectors of social services is €5.2 billion, making social services a significant component of the Irish economy.

1.3. Are social service employers significant?

Social services in the study sub-sectors employ or engage an estimated 165,000 people. This is more than the employment in all Industrial Development Authority supported overseas companies in Ireland (2010), and considerably more than the construction industry at December 2011.

Several studies in the not-for-profit sector reveal large numbers of small-scale employers. Some of these are in the community, social and family economies. In addition to employment, many thousands of volunteers accompany or supplement paid employment.

The family or household is a growing and understudied location of service provision via independent living, assisted living, home care services, childminding, nurseries, infant palliative care and foster care. The move to person-centred and individualised services will change the configuration of many social services.

1.4. What about social dialogue?

A considerable number of public sector employees and employees of larger not-for-profit bodies delivering services under statute on behalf of the State are covered by single centralized collective agreements – *Towards 2016* (Department of the Taoiseach, 2006) and the *Croke Park Agreement* (Department of Public Expenditure and Reform, 2010).
The study identified several bodies representing employer’s perspectives, some of whom engage in representative collective bargaining: These were
- IBEC –Irish Business and Employer Confederation
- National Federation of Voluntary Bodies -62 member organisations
- Community Sector Employers Forum
- Not-for-Profit Business Association

Some representative bodies, such as the Disability Federation of Ireland – 127 member/associate members, are focussed on achieving better outcomes for end users through supports to their membership. The employer/employee structures vary across DFI’s member organisations.

Civil dialogue alongside or adjacent to social dialogue is regarded as important by not-for-profit, voluntary, and community based organisations.

1.5. Is unionisation high in social services?

The trade union density rate is 34% in Ireland. This encompasses an estimated rate of 70%-90% in not-for-profit service providers under the Health Act, 2004, in public Home Help, public Nursing Homes and child protection services. In private childcare, private nursing homes and medium to small voluntary bodies, the rate is very low, not known or not unionised.

However, large swathes of organisations reported being outside the ‘loop’ and do not see themselves represented at the social dialogue table.

The unions involved in the sub-sectors of social services are IMPACT, The Irish Nurses and Midwives Organisation (INMO) and SIPTU and to some extent UNITE.

1.6. Are there emerging issues?
There are concerns for the future of social services according to many interviewees. These are issues such as accelerated privatization of services, pressures on professionalization or deskilling at the lower end of the occupational spectrum and maintaining service standards and quality within a social model of services.

Being of service to people as opposed to being a provider or developing a wider view of where social services should be going, were themes which emerged in some discussions.

Social and civil dialogue should be more sharply differentiated from social partnership according to some employers so that dialogue can proceed even where no clear partnership outcome is envisaged.

Organisations within the three sectors whose employer/employee arrangements are not contained in the over-arching structures may nonetheless be affected by the negotiated terms and conditions. However the impact on the effectiveness and efficiency of their services is not known

2. Promoting Employers Social Services in Social Dialogue

Final Report

2.1. Introduction

2.1.1 Launch of the project PESSIS in Ireland

Ireland is one of 11 countries which engaged with the PESSIS project to undertake a mapping of the social dialogue in the sphere of social services in January 2012. The project is primarily funded by the Social Dialogue Unit of the Employment and Social Affairs Directorate of the European Commission. The Disability Federation of Ireland (DFI) is the host partner to the project in
Ireland. Following a competitive tendering process, the DFI invited Dr Pauline Conroy and colleague Maire Meagher to undertake the social dialogue mapping exercise for Ireland. The mapping is coordinated for PESSIS by Jane Lethbridge of the University of Greenwich in the UK.

2.1.2 Research method

The study was conducted over a seven week period from the 13.02.2012 to 10.04.2012. This exploratory study has three components:

- Delineating the scope of the study in the sub-sector domains of care provision for the elderly, for children under five years and for persons with disability, embracing the public, private and not-for-profit sectors. Identifying organisations and the key person therein for contact.
- Interviews with key actors among employers, trade unions and social service providers or advisors and experts. Twenty five interviews were undertaken face-to-face and by telephone from a list compiled by the researchers in conjunction with DFI and Public Service International – an EU partner to the project. Handwritten notes were taken of the interviews. A summary of the findings was circulated to the interviewees for feedback prior to finalising the report.
- Desk analysis of industrial relations and partnership in Ireland as it pertains to social services, estimation of the monetary value of the sector, the content of dialogue and issues arising for the future.
- The study focussed on three sub-sets of social services which were selected for the eleven countries and which would permit comparisons on a relatively transparent basis. The sub-sets represent the principal services over a person’s lifetime:
  - Long-term care for older persons
  - Services for people with disabilities
  - Services for children of five years and less outside education

In the case of Ireland the sub-sets of social services were measured using the following indicators:
Chart 1 Indicators of sub-sets of social services

<table>
<thead>
<tr>
<th>Sub-set of social service</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term care for older persons</td>
<td>Nursing Home residences</td>
</tr>
<tr>
<td></td>
<td>Home-care such as Home Helps/Elder Care</td>
</tr>
<tr>
<td></td>
<td>Remunerated carers</td>
</tr>
<tr>
<td>Services for people with disabilities</td>
<td>Day, residential and support services for/with people with disabilities</td>
</tr>
<tr>
<td></td>
<td>Mental Health services</td>
</tr>
<tr>
<td>Children aged 5 years and under</td>
<td>Child Welfare services including foster care</td>
</tr>
<tr>
<td></td>
<td>Child care services in nurseries/centres</td>
</tr>
<tr>
<td></td>
<td>Child care services in form of childminding</td>
</tr>
<tr>
<td></td>
<td>Remunerated care for children with disability in the home</td>
</tr>
</tbody>
</table>

2.1.3 The data

Data on ‘social services’ in Ireland is highly fragmented across a range of public bodies, private agencies, academic institutions, not-for-profit services and small-scale local community and voluntary organisations which can be funded by public or other not-for-profit bodies in Ireland or from overseas. Given the small size of the country, data is frequently aggregated at a very general and high level. Data sets do not always contain what their title depicts. Studies of services for people with disabilities frequently exclude those with mental health difficulties or expenditure on services may include supports to capital funding in housing. The fragmentation carries a risk of double counting.

Apart from the fragmentation of data, there are also large gaps in the data. The public reporting of staff numbers in the form of Whole-Time-Equivalents means that it is difficult to know how many actual staff are on a payroll since many part-timers are subsumed into equivalent full-time jobs. The public reporting of people with disabilities over the age of 65 years as in ‘older’
people categories frequently renders disability invisible after the age of 65 years. As a consequence, the study does not provide a comprehensive set of data.

2.1.4 Reception of the project in Ireland

The study was on the whole well and generously received in Ireland. Participants in the interviews spoke frankly and provided their time, knowledge, analysis, information, refreshments and documentation to the project and expressed interest in knowing of the PESSIS outcomes at national and European level. The discussion topics of the interviews were often observed to be interesting and different in an Irish context. The reception was the more remarkable in that Ireland’s social and public services are operating under the Financial Emergency Measures in the Public Interest Act, 2009 and 2010. This required substantial cuts in salaries, pensions and funding for private, public and not-for-profit services in accordance with the conditions established with the European Central Bank, International Monetary Fund and European Commission.

2.1.5 What are social services?

Social services are not a widely used term in Ireland and many interviewees were perplexed by being asked to ‘define’ social services. While social services certainly exist they are, for historical reasons, dispersed across a wide range of Departments of Government: Health, Education, Social Protection, and Justice. As such there is little popular perception of a set of clearly defined ‘social services.’ Local Government does not deliver social services such as education or personal social services. Combined with dispersion in delivery, there is considerable centralisation of control, planning and development.

104 A Department is the word used in Ireland for a Ministry.
Since the Health Act of 1970, a large number of personal services for children, the frail elderly and people with disabilities have been supported and delivered via the Department of Health along a somewhat medical model involving social assessment, diagnosis and social response. The Health Act, 2004 reaffirmed this approach. Section 38 of the Act allows the State to fund not-for-profit bodies both secular and faith-based - to provide services on behalf of the State. This confers on these charitable bodies the status of public sector bodies in terms of industrial relations, collective bargaining and pensions. Section 39 of the Act allows the State to fund other charitable or voluntary bodies at its discretion without conferring on them the status of public sector bodies.

The delivery of social services varies quite significantly in terms of whether the delivery and employers are predominantly in the private, public or not-for-profit sector. An increasing number of long stay residential places for the elderly are in private nursing homes. Care for the elderly at home is provided by public, private and not-for-profit bodies. In the future private bodies are likely to have a larger share of this social service ‘market.’ Delivery of disability services is mixed with all types of provider involved.

2.1.6 The structure and size of social services

Social services in Ireland can be divided into three overlapping segments: the public sector which includes private bodies delivering services on behalf of the State, the private sector, from whom the State also buys or outsources services and the voluntary, community and not-for-profit segment. The balance or strength of each segment varies considerably between different sub-sectors of social services. Given the size of the country, regional considerations play a minimal role in some public services. This is not the case in disability services. Behind the highly localised appearance of social services at the point of consumption, decision making is in fact quite centralised.

Using employment size as a measure of scale, the majority of social services in Ireland are delivered through small or micro units. For example the Disability Federation of Ireland found that the size of 67 of its member organisations in 2009 was predominantly small. Some 36% had 6-25 staff
and 33% had 0 to 5 staff (DFI, 2009, Table 3). A similar size pattern has been identified in other studies (Dublin Employment Pact, 2011). A very large proportion of bodies in a recent study of the not-for-profit sector of social services are in fact small scale with 41% having ten employees or less and 35% having no employees at all indicating that they are operating on a volunteer basis only outside of social dialogue (Irish Not-For-Profit, 2011) (see Table A2.2 Appendix 2 ). Those 463 non-profit bodies in social services with no employees suggest that a large number are operating with volunteers only.

The scale and approximate structure of social services in the three sub-sectors are indicated in Chart 2 below.
Chart 2  Employer scale in sub-sectors of social services

<table>
<thead>
<tr>
<th>Public</th>
<th>Children aged 5 and under</th>
<th>Elderly –long-term care</th>
<th>People with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With growing birth rate, ever larger school place demand but rising class size</td>
<td>State is largest supplier of in-home care with 5,276 employees (2007)</td>
<td>Most mental health services and community mental health teams</td>
</tr>
</tbody>
</table>

| Private | Mixture of minority of corporate day care (ex: 19 creches) and myriad of (3,000) micro-size play schools and tens of thousands of individual childminders. Some private children’s homes for children in care and for child palliative care. | About 25% of employers in nursing homes have 60+ employees 68% of nursing home beds in private sector. | Some home care and small number of private psychiatric hospitals |

| Not-for-profit | Small community nurseries employing less than 10 persons Childminders with three or more children other than their own | Unknown number of voluntary and community based groups as well as voluntary faith-based organisations at parish level | 20-40 Large scale employers of 1,000 employees or more under Health Act, 2004 and several hundred small and micro sized organisations at national and local level |


Chart 2 above illustrates the complexity of mapping within the social services sector and the fragmentation of delivery which varies by sub-sector and by whether the service is public, private or not-for-profit.
2.1.7 Estimating the value of social services

There is considerable movement between public/private and not-for-profit bodies, a part of which is due to current austerity measures and a part of which is due to a rearrangement of the mixed economy of welfare in Ireland, the main features of which are a system of funding and provision from private, public and not-for-profit-sources.

A number of attempts have been made in recent times to put a value on social services in the voluntary/local sector (ICTU, 2012), or in the form of surveys in the disability services sector (DFI, 2009) or the wider not-for-profit sector using company reporting (Not-For-Profit, 2011). Each approach has its own specific advantage. Table 1 below provides an estimate of the value of social services in the three sub sectors of social services using several sources: such as Service Plans, Government Audit, Parliament Votes, Private Consultancy Reports, Non-Profit bodies and interviews. A number of social services which previously were provided free or in a different format, have started charging service users since 2008. An example of a new charge is a nightly charge for Respite Care usage. Some services have shrunk the number of hours available for home care to the elderly or Personal Assistant hours for independent living. Some services have new subsidies such as the early childhood education year before school begins. These changes at the point of service consumption make the mapping of service value a complex process.
Table 1 Estimate of approximate value of three subsectors of social services - Ireland*

<table>
<thead>
<tr>
<th>Sub Sector</th>
<th>Service Area</th>
<th>Amount € mill</th>
<th>Totals €million</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s services - age 5 **</td>
<td>Child protection/Welfare</td>
<td>547 **</td>
<td></td>
<td>HSE Service Plan 2012</td>
</tr>
<tr>
<td></td>
<td>Childcare</td>
<td>232</td>
<td></td>
<td>Comptroller and Auditor General (2011) 2010 data</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>779</td>
<td></td>
</tr>
<tr>
<td>Long term care for older persons</td>
<td>Nursing Homes</td>
<td>1,041</td>
<td></td>
<td>C&amp;AG 2010-11, Nursing Homes Ireland 2011,(3)3</td>
</tr>
<tr>
<td></td>
<td>Home Helps/Care</td>
<td>340.27</td>
<td></td>
<td>PA Consulting, 2009</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,381.27 l</td>
<td></td>
</tr>
<tr>
<td>Disability Services</td>
<td>Public and Not for Profit</td>
<td>1,454</td>
<td></td>
<td>HSE Service Plan 2012, HSE Non-Capital Voted Expenditure (Table 6.2) 2010</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
<td>963</td>
<td></td>
<td>HSE Non-Capital Voted Expenditure (Table 6.2) 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2,348.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carers in the home, in receipt of Carers and Domiciliary Allowance and Foster Care payments</td>
<td>690.5</td>
<td></td>
<td>Department of Social Protection 2011 Foster Care Ireland 2011</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>€4,509.171</td>
<td></td>
</tr>
</tbody>
</table>
* Read with caution, measurements and years differ by sub-heading **
Excludes children at school

In 2004 €877 million of public funds went to not-for-profit disability services (Comptroller and Auditor General, No.52, Fig.A1).

***Alternative estimates were €555 or €633 mill in 2010.

In compiling Table 1, the cost of 4-5 year old children being at school was excluded. Strictly speaking, the provision of welfare services to children under five years at school should be included, but the data breakdown by age was not available at the National Education Welfare Board. About 3,000 children aged five or less with disabilities are presented for assessment of need each year. Supports to young children with disabilities in school should also be calculated but such a breakdown by age is not available. While a minority of about 5% of older persons are in nursing homes, long-stay care for the elderly outside their homes consumes a much larger share of expenditure than care in their own homes.

Not-for-profit and voluntary bodies typically receive income from a wide variety of sources. These may include public and private grants, corporate donations, fundraising, membership fees, tax relief, donations, legacies and bequests, income from deposits in the banks and unpaid volunteer labour. Good information on expenditure and staffing are still hard to obtain.

A minimum estimate of expenditure in social services in the three sub-sectors of social services is €4,509 billion. This €4.5 billion is an estimate since it combines expenditure planned, expenditure voted, and expenditure drawn down and expended. Using this conservative and very skeleton estimate, it can be stated that the scale of value of social services are an important component of the Irish economy.
Table 2 estimates the total numbers employed in the three social service sub sectors. It has not been possible to provide a breakdown by ethnicity, gender, part-time status or age.

Table 2  Estimate of employees and numbers engaged in sub sectors of social services*

<table>
<thead>
<tr>
<th>Sub Sector</th>
<th>Employer</th>
<th>Totals</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childrens services</td>
<td>Public</td>
<td>3,118</td>
<td>2011</td>
<td>Health Service Executive Service Plan 2012</td>
</tr>
<tr>
<td></td>
<td>Nurseries</td>
<td>21,226</td>
<td>2009</td>
<td>Department of Education and Skills, Study 2009, p.21</td>
</tr>
<tr>
<td>Health/social care</td>
<td>Health/social care</td>
<td>9,645</td>
<td>2010</td>
<td>Department of Health and Children Health Statistics 2011</td>
</tr>
<tr>
<td>professionals</td>
<td>professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long term care</td>
<td>Nursing Homes</td>
<td>30,000</td>
<td>2011</td>
<td>Nursing Homes Ireland data</td>
</tr>
<tr>
<td></td>
<td>Home Helps</td>
<td>9,620</td>
<td>2011</td>
<td>SIPTU</td>
</tr>
<tr>
<td></td>
<td>Paid carers in home</td>
<td>50,577</td>
<td>2010</td>
<td>Department of Social Protection CSO</td>
</tr>
<tr>
<td>Disability Services</td>
<td>Public and Not For Profit</td>
<td>16,333</td>
<td>2009</td>
<td>NDA (2010) Table 6 Public Sector bodies on behalf of State.</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
<td>9,207</td>
<td>2011</td>
<td>HSE Service Plan 2012</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>149,726</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Read with caution, measurements and years differ by sub heading

The calculations yield a conservative estimate of 149,726 employees and persons engaged (non employees but paid). This total is more than the employment in all Industrial Development Authority supported overseas companies in Ireland (2010), and considerably more than the construction industry at December 2011.
2.2 The PESSIS Sub-Sector Long-term Care for older persons

Services in the field of care of the elderly or older persons can be measured by two sets of information:

- Information on long-term residential care places in nursing homes
- Information on day support services to older people in their own homes

Both of these service segments are undergoing rapid restructuring. Care in public nursing homes is declining and care in private nursing homes is increasing. A new system of funding has been developed since 2011 involving the funding of nursing home beds. This involves both a needs assessment of the older person and a means test of their capacity to pay. This assessment generates an individual subsidy/subvention to their care/or not – depending on the outcome. The subsidy may be less than the costs of the place in the nursing home. A subsidy involves the transfer of most of the person’s State pension back to the State, and in some instances a charge (lien) is placed against their house (if any) which is recouped on their death. Where there is still a payment gap, relatives make a weekly or monthly contribution.

2.2.1 Home Help – Supports to Older Persons in their Homes

The majority of older persons in need of some or substantial amounts of care live in their own homes. However the greater part of the long-term care budget goes to residential nursing home care, the cost of which comes to €1,041 billion according to the Government Auditors. About one in five nursing home places are in public facilities and a number of these are in the process of being closed down (2012).

The majority of home helps are part-time and a majority - 90% are in public employment by the Health Service Executive. A majority are members of SIPU and a few of IMPACT. The estimated cost of this service is €340 million a year.

This is a rapidly changing service. The ‘home care market’ now contains a significant number of private firms offering ‘home care’ either directly and privately to individuals or under public procurement to the State. This is both a controversial and sensitive subject. It has significant cross over with
services to people with disabilities who also use a range of frequently trained Personal Assistants in order to lead more independent lives or to have independent living.

Table 3  Market composition of Home Care Provision

<table>
<thead>
<tr>
<th>Public - Health Service Executive</th>
<th>Non-Profit</th>
<th>Private</th>
<th>Informal</th>
<th>Grey/Casual market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home helps, nursing, multi disciplinary</td>
<td>41 non-profit providers in receipt of Section 38 grants</td>
<td>128 providers</td>
<td>161,000 carers</td>
<td>unknown</td>
</tr>
<tr>
<td>5,276 home helps Whole time equivalents 2007</td>
<td></td>
<td></td>
<td>35,000 full time/part time under Department of Social Protection</td>
<td>+27,000 get respite</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Carers Assoc</td>
<td>€2.1 billion</td>
</tr>
</tbody>
</table>

Source: Extracted from PA Consulting 2009

The home care ‘market’ of services has a considerable number of private providers present (Table 3). A restructuring in favour of private service providers functioning as a form of intermediary agency placing people in homes could cause displacement of staff from both the public and not-for-profit sectors. It would also displace a cohort of trade unionised employees into a less or not-unionised environment where they might be asked to work under different conditions, such as ‘on call’ as ‘self-employed’ or as part-time unemployed.
Table 4  Share of value of the market by provider of Home Care, Ireland

<table>
<thead>
<tr>
<th></th>
<th>HSE Public € million</th>
<th>Private € million</th>
<th>Value € million</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Help</td>
<td>Home Care packages</td>
<td></td>
</tr>
<tr>
<td>HSE-Public</td>
<td>162.47</td>
<td>75.48</td>
<td>237.95</td>
</tr>
<tr>
<td>Non Profit</td>
<td>48.53</td>
<td>30.62</td>
<td>79.15</td>
</tr>
<tr>
<td>Private</td>
<td></td>
<td>13.9</td>
<td>9.27</td>
</tr>
<tr>
<td>Total</td>
<td>211.0</td>
<td>120.0</td>
<td>9.27</td>
</tr>
</tbody>
</table>

Grand Total €340.27 million

Source: PA Consulting 2009, p.15

The opening up of the home care market through Public Procurement has raised questions over quality and the survival of some organisations competing with international care chains. There is a worry that some of the costs of employment currently carried by employers, such as FETAC accredited training, might be transferred to employees and in this fashion competition becomes an issue.

2.3 PESSIS Sub-sector - Social Services for people with disabilities

Expenditure on services for people with disabilities from public services amounts to an estimated 2.3 billion in 2011. This expenditure does not (paradoxically) usually include persons with disabilities over the age of 65 years. Table 5 includes expenditure on mental health services the vast majority of which are public or are provided by not-for-profit bodies on behalf of the State. Expenditure does not usually include all services for those using services for drug, alcohol and other substance abuse.
Table 5 Expenditure by Public Services on disability and mental health services

<table>
<thead>
<tr>
<th></th>
<th>2010 €</th>
<th>2011 Estimated €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care for persons with disabilities under the age of 66 years</td>
<td>1.5 bill.</td>
<td>1.4 bill.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>963mill.</td>
<td>920 mill.</td>
</tr>
<tr>
<td>Total</td>
<td>2,463 bill.</td>
<td>2,320 bill.</td>
</tr>
</tbody>
</table>


Between 2010 and 2011 the amount of expenditure on services for people with disabilities fell. However Table 4 only tells part of the story. A significant volume of funding has to be raised outside of the public purse from a shrinking pool of resources by non-profit, voluntary and community based organisations. With the onset of the 2008 financial crisis, some organisations have had to leave vacancies unfilled when staff depart, freeze development of existing services, delay new service programmes, delay projects and/or, reduce hours of Personal Assistants (DFI, 2009, Chart 11).

A myriad of services are provided in 2,500 locations which may be subsidiaries of national organisations, locally based services or be highly specialist services in just a few locations. The majority of services for people with intellectual disabilities are provided by not-for-profit service providers, some of whom are members of the National Federation of Voluntary Bodies, the Not-For-Profit Business Association, and/or the Disability Federation of Ireland. There are, for example, about 30 services providing respite care in 300 locations. Day services are offered in about 200 public locations and 800 not-for-profit locations (Comhairle, 2012)
Employment in this sub sector includes a wide range of rehabilitation professions, social care graduates, health care assistants, general and specialised nurses, Personal Assistants, administrative staff and coordinators, team leaders and management. Employment in smaller organisations can involve a single person holding several roles simultaneously.

2.4 PESSIS Sub sector - services to children aged five years and under

The compulsory age for starting school in Ireland is six years old. It has long been the practice of parents to enrol their children at four years old in what are called ‘infants classes’ in primary schools. Typically children spend a year in Junior infants class and a year in Senior infants before entering first class at the age of five to six years old. As a consequence the main focus of childcare provision is on children aged 0 to four years (Appendix 2 Table A2 5). However, since younger children come out of school at or after lunch time, they may then transfer to an after-school or play centre until a parent returns from work. Childcare services now include a one-year programme of pre-school supported by the Department of Education.

<table>
<thead>
<tr>
<th>Table 6</th>
<th>Selected occupations in Children’s Services Employment 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Numbers</td>
</tr>
<tr>
<td>2006</td>
<td>17,342</td>
</tr>
<tr>
<td>Education Assistants</td>
<td>2006</td>
</tr>
</tbody>
</table>

Source: Census of the Population 2006, Volume 8 Occupations Table 8

Public, private and not-for-profit providers deliver a huge range and diversity of formal childcare services which number almost 5,000. They differ from each other in pedagogy (Montessori) in language (Irish speaking) and in goal (minding, pre-school, play groups) staffing and quality of premises. Besides the diversity of provision, the State has intervened in the sector with many
and complex systems of support, subvention and subsidy, funded by a variety of sources (EU investment) and under a range of programme headings. A considerable capital investment in childcare was supported by the EU to facilitate increases in the labour force participation of women up to a target figure.

The childcare sector itself employs about 30,000 persons – a majority are women (Table 6). Census 2011 Volume on occupations will provide more detail on occupations when it is published in 2013-14. About 30% of children aged 0-2 years are enrolled in childcare and early childhood education in Ireland (OECD, 2011).

Table 7 Actual expenditure on Selected State Support to Childcare programmes
(outside education system) 2010 delivered by private, public and not-for-profit

<table>
<thead>
<tr>
<th>Programme</th>
<th>€ million 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare Education and Training Support (CETS)</td>
<td>232</td>
</tr>
<tr>
<td>Community Childcare Subvention (CCS)</td>
<td></td>
</tr>
<tr>
<td>‘Free’ Pre-School Year Scheme (ECCE)</td>
<td></td>
</tr>
</tbody>
</table>


Childminding as a form of childcare is a significant area of economic activity. In 2007 the Government introduced a tax relief on childminding. This permitted (mainly women) who were childminding three children to obtain tax relief on her earnings if they did not exceed €15,000. It has not been possible to ascertain the aggregate value of this relief. The public authorities
support the organisation *Childminding Ireland* which provides training, support, networking, seminars and advice to over 1,000 of the childminders in this sector.

Informal childcare such as grandparents and neighbours is used by the parents of 14% of children aged 0-2 and 17% of children aged 3-5 years.  

2.4.1 Employment and occupation in three sub-sectors of Social Services Ireland

Table 2 illustrated the significant scale of employment in the three social service sub-sectors of the PESSIS study. Estimating employment in social services is complex given the range of employers from 3,000 employees to the micro employment scale of local childcare centres or nursery with five part-time staff. The Irish Nurses and Midwives Organisation has pointed out that while employment of nurses, may for example, decline in a service sector, there may also be shortages in the same sector where staff turnover is high.

In addition to those employed in a 2011 study of non-profit bodies, an estimated 9,214 persons serve as voluntary directors on the boards of the 2,260 bodies in the field of social services.

Table 7 would indicate that the Health and Social Care Professionals category used by the Health Service Executive in its ‘Employment Control Framework’ may well underestimate numbers engaged in social service occupations as described in the Census. The numbers arising from line 1 of the table are considerably less than the numbers in lines 2, 3 and 4 using census categorisations of occupations. This is all the more surprising since the last survey of social workers identified the Health Service Executive as their biggest employer. The HSE estimates that it employs about 1,200 social workers in 2012.

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106 Interview 2012
107 National Social Work Qualifications Board now dissolved.
Table 8 estimates the total numbers of professionals employed in some of the social services. The data is six years old. Newer data will be available in July 2012. Whether the source is the Health Services data or the last Census of the Population, the estimates do not capture well the nature of employment in social services as it is confined to professional occupations as traditionally defined, and does not enable us to identify the growing numbers of care workers, personal assistants and other support and specialist workers in social services other than as a form of residual category (line 4).

Table 8 General Estimates of Employment in Social Services by occupation*selected years

<table>
<thead>
<tr>
<th>Year</th>
<th>Numbers</th>
<th>Of which female</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health and Social Care Professionals</td>
<td>2010</td>
<td>9,645</td>
</tr>
<tr>
<td>2</td>
<td>Social workers and probation officers</td>
<td>2006</td>
<td>4,324</td>
</tr>
<tr>
<td>3</td>
<td>Social work and related professions</td>
<td>2006</td>
<td>17,284</td>
</tr>
<tr>
<td>4</td>
<td>Matrons, houseparents, welfare, community and youth workers</td>
<td>2006</td>
<td>9,867</td>
</tr>
</tbody>
</table>

* Excluding housing

Data on the nationality of persons working in social services is not available. However a review of work permits issued in early 2012 suggests that about
9% of work permits issued by the Department of Jobs to non-EU nationals went to the nursing home care sector.

2.4.2 Carers in child care, disability care and in elder care recognised by the State

The care of persons in their own homes is part of public services in the form of the work of Public Health Nurses, Social Workers, Home Helps and Personal Care Assistants. They provide assisted living or support independent living to persons in their homes or palliative care to dying adults and children. This paid professional work is to be distinguished from care provided by family members. Care inside the family unit is increasingly part of the delivery of social services in the following scenarios in Ireland:

- Care in the home which is regulated by statute as it relates to vulnerable persons or children
- Care provided in the family as a public policy
- Care provided by families in the absence of collective public service

Table 9 Labour market replacement State payments for in-home care 2009-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Benefit claimed to care for a child (under 18) who needs full time care in the home</th>
<th>Benefit Claimed to care full time or part time for a person who is elderly or has a disability in their home</th>
<th>Persons approved to foster children in care of state in their own private homes</th>
<th>Total of Public Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Domiciliary Care Allowance persons Expenditure</td>
<td>Carers Allowance Persons Expenditure</td>
<td>Foster Carers Expenditure*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24,046</td>
<td>48,223</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>23,428 €95,710,000</td>
<td>50,577 €501.822,000</td>
<td>3,600 €93</td>
<td>€690.5 million</td>
</tr>
</tbody>
</table>
*calculated at lower payment of €325 x 52 weeks x 5,500 (2011) children

Distinguishing between informal and unpaid care, it has been possible to extract the numbers of persons who receive payments from the State to care for person in their homes or nearby. In 2010 there were 77,605 recipients, as shown in Table 9 above.

2.4.3 What is a social service according to PESSIS study participants?

A social service is not a well established concept in wide usage. Interviewees’ responses were quite different and diverse from each other.

- Some defined social services in a general or universal fashion, incorporating many public services
- Some defined social services in a particularistic way – naming specific service areas
- Some thought the question was not particularly helpful

Here is what some respondents said about defining social services:

'(they) start at maternity hospital and end at the grave’

'the protection and inclusion of everyone and not just people with disabilities’

'rights of everyone to social inclusion regardless of their competence – right to decent income, medical care and the right to live in one’s community’

'broad canvas of social and public services – state ensuring provision of these services, but not necessarily being the deliverer’

'health, housing and education and welfare of children in need’
'mental health, education, addiction, disability, homeless, primary care’

'all alternative forms of care for children (outside family) – foster care, justice and education welfare’
'not a term we use...as we don’t group our voluntary organisations within a social services sector – not a term we use in dialogue’

‘there are no boundaries – they’re school, health, social services, a full care model’

2.5 Social Dialogue and collective bargaining agreements

With its tradition of centralised collective bargaining, there is just one national level collective agreement in Ireland of significance in the social services sector since 2010 - *The Public Service Agreement 2010-2014*. This collective agreement is known as ‘*The Croke Park Agreement*.’ The Agreement applies to the public service and bodies designated to provide services on behalf of the State such as under the Health Act 2004. The Agreement arose following escalating industrial action arising from pay cuts consequent to the banking and economic crisis of 2008 (Implementation Body, 2011, 40). A very extensive and deep process of social dialogue between public employers, trade unions, and state authorities and facilitated by the State’s Labour Relations Commission preceded the Agreement. Labour Relations Commission, (2011). The Agreement covers the largest social service employer: the State. In the Health Sector, which includes a large proportion of social services, the Agreement applies to 105,000 persons (Implementation Body, 2011, 37). With very high levels of trade union membership in the public services, the Agreement is extremely important for the day to day functioning of public social services.

The Agreement was negotiated between the Public Services Committee (see Appendix for membership) of the Irish Congress of Trade Unions (ICTU) – the single trade union Congress for all of the island of Ireland and public service employers. Representative associations for An Garda Síochána (police) and the Defence Forces – not affiliated to Congress, following negotiation, also endorsed the Agreement, as did the Psychiatric Nurses Association and the Irish Hospital Consultants Association - neither being affiliated to the ICTU.

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108 The Agreement applies only to Ireland, not Northern Ireland (UK).
The Agreement has seven chapters or ‘sectoral’ agreements. These chapters cover Health, Education, Civil Service and State Sponsored Bodies, Irish Prison Service, Local Government, An Garda Síochána and Defence Sector Agreement. In the words of one stakeholder ‘the Croke Park Agreement is the only show in town.’ The Agreement applies only to the Public Sector but that includes those large Non-Profit bodies who are delivering services on behalf of the State under the Health Act. Organisations which deliver services with the support of some public funding are not directly covered by the Croke Park Agreement. Given its scale, the Agreement may also function as a type of benchmark for employers outside its remit, such as private and not-for-profit employers. This latter remains to be demonstrated by evidence.

The Agreement, in relation to the Health Sector provides for, amongst others: \(^{109}\)

- An Employment Control Framework which restricts the recruitment/replacement of staff
- Redeployment/reassignment of staff across the public service, outside town or place of work
- Changes to organisational structures including out-of-office locations
- Multi-disciplinary working and reporting arrangements in teams
- Measures to combat waste, inefficiencies and to provide value-for-money
- Reductions in ‘on-call’ working
- Adherence to risk, safety and quality standards
- Extended working day - services 8am to 8pm and/or 5/7 day week + 24 hour emergency service
- Changes to rostering and skill mixes
- Increased accountability of senior management
- Competitive and merit-based promotions
- Incentivised early retirement schemes, career break schemes

In return for the above measures, the Agreement guarantees:

\(^{109}\) The Public Service Agreement 2010-2014, pp 17-18.
• No further pay cuts in the public sector until 2014
• No compulsory redundancies
• Review of the implications of pay cuts for pension entitlements
• Outsourcing of services will only take place following consultation with trade unions

The Agreement is dynamic in its implementation. There are structures for employers and unions to refer a disputed matter for clarification or interpretation by the Implementation Body for the Agreement. The Agreement is monitored sector by sector with a synthesis Progress Report published at least once a year.
A Minister for Public Expenditure and Reform was appointed to a newly created Department in 2011 – this Department has an overview of the Agreement. Questions on the Agreement are answered by the Minister in the Dáil (House of Parliamentary Representatives).

Despite several difficulties, the Croke Park Agreement 2010-2014 has lasted for almost two of its five years duration. It has brought industrial peace to a workforce subdued and fearful in the midst of the uncertainty of an indebted economy in bankruptcy. For public sector employers it has provided some order in the short-term to the industrial relations environment.

Organisations which are Members of the Public Services Committee of the Irish Congress of Trade Unions and who have endorsed the Croke Park Agreement:

IMAPCT*
INTO Irish National Teachers Organisation*
SIPTU Services, Industrial and Professional and Technical Union*
PSEU Public Service Executive Union
VOA Veterinary Officers Association
MSLA Medical Laboratory Scientists Association
POA Prison Officers Association
INMO Irish Nurses and Midwives Organisation*
CPSU Civil Service Executive Union
IFUT Irish Federation of University Teachers
TUI Teachers Union of Ireland
UNITE (formerly T&GWU and - AMICUS UK and Ireland)
IMO Irish Medical Organisation
AHSPS Association of Higher Civil and Public Servants
ASTI Association of Secondary Teachers of Ireland

* indicate those unions with membership within the social services and in education for children aged 5 years old or less.

In addition to the Croke Park Agreement, The Irish Business and Employer Confederation and the Irish Congress of Trade Unions signed a *National Protocol for the Orderly Conduct of Industrial Relations and Local Bargaining in the Private Sector* in 2010. This short document provides for a method of approaching and handling of disputes at local and national level in the private sector. The Protocol does not address pay and working conditions.

Employment Regulation Orders (EROs) for specific lower paid sectors of industry are the outcomes of the negotiations between sectoral employers and unions for the sector meeting in Joint Labour Committees (JLCs). The negotiations strike a wage or other basic working conditions and this agreement becomes a Registered Agreement at the Labour Court. The entirety of this form of long standing collective bargaining is now under review following a legal challenge to the process. The consequences are relevant to those social services which buy-in outside services such as contract cleaners or security staff for their premises.

### 2.5.1 Previous Dialogue and Agreements

In 2006 and following a protracted period of dialogue between representatives of public and private employers, trade unions, farmers and non-profit (voluntary and community) bodies, an extensive and complex agreement was reached between the parties. The Agreement was to establish a comprehensive ten year framework for social partnership. The Agreement is entitled


The Agreement was negotiated between parties representing:

- The State
• Irish Congress of Trade Unions
• 6 Employer or Business Representative Bodies
• 4 Agricultural Representative bodies
• 15 Not-for-Profit social service, social development and social justice bodies in the field of children social housing, the aged, carers, poverty and unemployed and including the Disability Federation of Ireland (Community and Voluntary Pillar)

The parties to the Agreement are described as social partners. They committed themselves to an ambitious 100 page partnership agreement for the economic and social development of Irish society over a ten year period. Unions and Employers negotiated, within the process, a collective bargaining agreement of specific pay increases in return for industrial peace in both the public and private sectors. The agreement however remained a two part document, with the social policy commitments never integrated with the pay and conditions commitments, and the Community and Voluntary Pillar having no role in negotiating the latter. Croke Park was a retreat in terms of coverage because it only covered public sector employers and because the social policy element was dropped. The new Government elected in 2011 has not altered these fundamentals.

When it came time to review the Agreement in Summer-Autumn 2008, many of the suppositions on which it was based were faltering and uncertain. Full employment, a growing economy, fiscal policy with room to manoeuvre were under question. In 2008 the parties agreed:


This agreement reprioritised economic issues and pay for a period of less than two years. In September 2008, the Government announced it would guarantee banks which claimed to have a short-term liquidity crisis, but who subsequently turned out to be insolvent. With the banking crisis of autumn 2008, the Transitional Agreement began to unravel in terms of expected pay increases and pensions (Sheehan, 2009, Parliamentary Affairs, 2011). The Croke Park Agreement in 2010 attempted to restructure and remould a Collective Agreement for the public sector at least.
The collapse of long-standing partnership structures left a void for some. In a national survey of workplaces in the public and private sector (Watson, et al., 2010, 46) in 2009, the authors found that 96 per cent of public sector employers had formal partnership arrangements in place at that time and 69% had informal partnership style arrangements.

Those civil society parties who had participated in concluding the Towards 2016 parties are known as the Community and Voluntary Pillar. An Agreement was concluded between the Community and Voluntary Pillar and the State in 2011. The Framework provides for an outline of mutually agreed exchanges of information, reviews and to fostering co-operation as outlined in Towards 2016. The Community and Voluntary Pillar were and are not involved in negotiations concerning pay and conditions at work.

In 1999 Employers and Trade Unions in the Health Services established a Health Services National Partnership Forum to develop a shared vision of how modernisation of the services could be achieved. It contained equal numbers of employers and trade unions Executive with joint chairperson from each side. The Forum, amongst other activities, acted to verify progress under the various National Collective Bargaining Agreements. The Forum was dissolved in June 2011.

2.6 Trade Union representativity in social services

There is no consensus between commentators on Ireland’s trade union density. The Irish Congress of Trade Unions disputes the interpretation of membership data provided by the Central Statistics Office; data which is widely used by commentators in Ireland and Europe. Commentators argue that in 2009 Ireland had a trade union density of 34% - a rise of several points from 2007 when it was then recorded as only 31%. In 2009 there were approximately 535,000 trade union members according to commentators and 579,578 according to ICTU (Walsh and Strobl, 2009, 117-138). The density rate of 34% is greatly exceeded, if not double or triples, in some areas of public social services. Examples are provided in Table 17.

\(^{110}\) See pp 117-138.
### Table Estimates of levels of unionisation in sub sectors of social services

<table>
<thead>
<tr>
<th>Sub sector</th>
<th>Segment</th>
<th>Rate of unionisation estimate</th>
<th>Unions mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>Not for Profit Residential Service providers intellectual disabilities</td>
<td>90-95%</td>
<td>IMPACT SIPTU</td>
</tr>
<tr>
<td></td>
<td>Social Care Workers</td>
<td>70%</td>
<td>IMPACT SIPTU</td>
</tr>
<tr>
<td></td>
<td>Social Care Workers</td>
<td>70-80%</td>
<td>IMPACT</td>
</tr>
<tr>
<td>Children</td>
<td>Children’s Services -public</td>
<td>75%</td>
<td>IMPACT</td>
</tr>
<tr>
<td></td>
<td>Childcare services</td>
<td>Not known</td>
<td>IMPACT</td>
</tr>
<tr>
<td>Older Persons</td>
<td>Public Nursing Homes</td>
<td>85-90%</td>
<td>SIPTU INMO</td>
</tr>
<tr>
<td></td>
<td>Private Nursing Homes</td>
<td>Not known</td>
<td>INMO</td>
</tr>
<tr>
<td></td>
<td>Private home care</td>
<td>Very low</td>
<td>INMO</td>
</tr>
<tr>
<td></td>
<td>Public Home Care</td>
<td>70%</td>
<td>SIPTU</td>
</tr>
<tr>
<td>General</td>
<td>Local community/voluntary Group employees</td>
<td>10,000 members Unionisation rates unknown</td>
<td>SIPTU Joint actions with IMPACT on funding</td>
</tr>
</tbody>
</table>

Source: Interviews PESSIS

SIPTU and IMPACT have about 80,000 members in health and social services. IMPACT estimates trade unionisation levels at 70-80% in public services.

#### 2.6.1 Employer representative bodies

There is a diversity of employer bodies that perform different functions, some having no role in social dialogue.

- IBEC - Irish Business and Employer Confederation national body - represents larger not-for-profit bodies in industrial relations, Irish member of Businesseurope
• National Federation of Voluntary Bodies – advises, represents and lobbies the public authorities on behalf of 62 member organisations: not-for-profit bodies including larger bodies employing 1,000-3,000 employees - an Irish member of EASPD Europe
• Disability Federation of Ireland (DFI) - 127 members and associate members which, amongst others, represents disability issues within the social partnership arena as a civil society representative body – an Irish member of EASPD
• Community Sector Employers Forum (CSEF) represents, lobbies and advises its membership on working conditions and standards in local non-profit groups and associations and in social economy and engages with SIPTU, IMPACT, UNITE and the Irish Congress of Trade Unions
• Not-For-Profit Business Association represents the business interests of seven large service employers in the field of physical and sensory disability

2.7 Understanding of Social Dialogue in Ireland

The understanding of social dialogue in Ireland is shaped by experiences of the decades of voluntary social partnership agreements. This heritage impacts on the language, concepts and perhaps current expectations of engagement in use among representatives of employers, employees and social service and social care providers (Hastings et al., 2007, 191-211). The perspectives of interviewees on the topic can be viewed in three ranges of opinions:

• Those who see social dialogue as a form of valuable collective process between workplace parties which may or may not have an outcome in the form of a collective bargaining agreement or ‘partnership’ agreement
• Those who understood social dialogue as a wider form of consultation involving parties representing social services or service users in a form of consultation process with the public authorities, some of whom also favoured the first engagement approach as well
• Those who were disenchanted with social dialogue and/or partnership outcomes
2.7.1 Social Dialogue as a valued collective process

'Social dialogue is all the relevant partners engaged with one another – unions employers and user groups – social dialogue and social partnership are two different creatures – partnership of its time widened its ambit to deal with social dialogue.\[111\]

We strive to engage – use Croke Park (Agreement) as a framework for engagement – apart from Croke Park local members and managers have relationships...\[112\]

In the words of one stakeholder: ‘there is social and civil dialogue and engagement with the wider civil dialogue. Social dialogue is where employers and employees are engaging with government. There is no fourth side.’\[113\]

One employer put it like this: ‘we are under Croke Park (Agreement) and have also initiated in-house dialogue – a positive industrial culture (but) no formal partnerships...we have a local forum so local social dialogue is both formal and informal\[114\]

Another employer stated: ‘Unions are an integral part of change. (We have) a sharing and partnered approach – work with them to reach strategic agreement – we recognise power balance but work it out. We took Croke Park Agreement - extracted it all out, made a template and populated it out.\[115\]

Centralised collective bargaining – the Croke Park Agreement is very significant- it is the first comprehensive one for the delivery of social services it amounts to a text as a against a blank sheet in a free-for-all ..’

‘We are a representative body licensed to negotiate – we do a lot of dialogue around Croke Park (Agreement) these include negotiations within companies – work practices, rostering, flexibility, industrial relations machinery (like) Labour Relations Commission, Employment Appeals Tribunals..\[116\]
2.7.2 Social Dialogue as a wider form of engagement with civil society and/or social partners

A number of bodies would like to have been able to engage more fully and deeply as representatives of employer or employer type bodies in the field of social services, especially in relation to very small, small and medium size social or economic enterprises.

IMPACT and SIPTU are exploring with the Department of Finance the possibility of a new Forum to discuss the future of the Community and Voluntary Sector. This is supported by the Community Sector Employers Forum. The Community and Voluntary Pillar also have on-going discussions with the government.

‘We are a non-negotiating body in terms of pay but are part of a European dialogue (EAHSA) focussing on workforce planning, ageing population and projecting future demand’

‘The Tanaiste (Deputy Prime Minister) has said “social partnership is dead but social dialogue is in” the Community and Voluntary Sector is campaigning around social dialogue and the role of the state within a Tripartite structure of unions, employers and the Department of Finance’

A trade union remarked that they would like to see smaller employers in IBEC – it being ‘preferable to be in an established structured network of relations, especially in social services – some need professional assistance in Human Resource Management in industrial relations’

A non-profit association reported very good relations with trade unions like IMPACT and SIPTU and with employers in IBEC. They would like to have had dialogue with the Health Authorities but were ignored. They would like to have residents’ councils in centres of long-term care for the elderly.

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118 Interview 1
119 Interview 10
120 Interview 11
'Social Partnership in Ireland is dominated by the Trade Unions and dialogue by a more political wing – so broader than the Trade Unions - Social dialogue is more effective with all partners including civil society.'

Early Childhood Ireland with 3,200 members in the field of early childhood education and care in nurseries, crèches and playgroups would like more opportunities for formal dialogue, which would benefit their members as employers, some of whom have unionised employees. This view was shared by Childminding Ireland with a membership of 1,000 self-employed childminders whose members are regulated and inspected by public authorities and recognised by the State and Revenue Commissioners as making a contribution to social welfare.

A number of interviewees of all backgrounds were at pains to stress that change and modernisation in social services is needed and that ideally employees should be consulted and invited to participate in the construction and management of change. However, they were equally concerned to convey that efficiencies and different composition of social service delivery teams, for example should not be based on practices that undermine the quality of services to users/residents/clients and relationships between employees and service users. In this regard there was an indirectly articulated view that 'increased productivity’ in the social services’ sector must be cautioned or constrained by service user’s right to a decent service.

2.7.3 Social dialogue – the appearance of ‘uncertainty’

A number of interviewees were disenchanted with how Croke Park as a collective Agreement and the Health Service Executive as the largest employer were implementing the Agreement. They spoke for example of employees being ‘hugely disenfranchised and disempowered – fear and insecurity (in the workplace) and advocacy losing its voice...or ‘loss of faith’ in Trade Unions with declining memberships.

They described ‘consultation process’ as ‘tokenistic at best particularly with the HSE (Health Service Executive) but the same for Community and Voluntary Sector'.
Some employers were reported to be disengaging from Croke Park, with non-signatories emerging in the course of localised disputes.\textsuperscript{123} A trade union recounted being obliged to renegotiate an agreement which had redeployed staff to neighbourhood care; staff who were now being recalled back into hospitals where there was an urgent shortage of staff. ‘There is a disconnect between management and staff and some workers are worried – a ground level disconnect,’ said an expert.\textsuperscript{124}

A large employer noted that the industrial relations model was changing – that as the climate ‘hardens- good will diminishes’

In the following section, some themes which arose in discussions are briefly summarised.

2.8 Thinking of the future of social services

2.8.1 Emerging issues

The participants in the PESSIS study in Ireland had many insightful and reflective perspectives on the future, only a fraction of which can be addressed in this text. A number of bodies have already published their views on the future – in the case of the Irish Association of Social Workers (2011) and the Irish Nurses and Midwives Organisation (2010).

2.8.2 On the future structures of welfare and social services...

A large not-for-profit body suggested: ‘we need a different direction in the future – the sector is under threat – the market is going to change dramatically – in the US (the market has) a significant role for example in elderly services – it is dominant. (we need) to revisit our unique contribution to the fabric of Irish society our “added value” in terms of the future and how we uphold it into the future.’

A trade unionist spoke in a similar vein ‘...the outsourcing model – this is where the battlefield is being shaped – the home help sector - community home help services will lose due to the contract model.’ was equally

\textsuperscript{123} Interview 15
\textsuperscript{124} Interview 21
concerned ‘The issues surrounding public or private and also the community are uncertain.’ The Irish Association of Social Workers view was sharply to the point: ‘(the HSE) is introducing a semi-English system – commission officers who procure/buy-in services – privatisation really – not only privatisation but philanthropists – with a lack of policy esoteric groups jump in (to the void).’ Others wondered whether in the future their line managers would be social professionals or accountants – at present ‘accountants are running the show.’

2.8.3 On individualised services...

The restructuring of services away from segregated residential settings to individual independent or assisted living in mainstream society and citizen environments was a subject for speculation as well as concern. A not-for-profit body insisted on a person-centred approach within the community but added: ‘I see a push from Europe to go back to large congregated settings, for example nursing homes.’ ‘While individualised budgets or money-follows-the-person systems of delivery of social services were seen as desirable, they would have massive implications for employment and current employees. An interviewee put it like this: ‘The big issue for the future in disability (is) going beyond the service – being of service to people as against a service provider.’ An interviewee reported that some staff are terrified by changes in terms of their impact on social care workers. Many smaller scale service providers ‘outside the loop’ of mainstream services report a close identification with service users and are already working in a local and individualised context.

2.8.4 Professionalisation and deskilling

The themes of registration and regulation of professionals and simultaneously the up-skilling of some groups and the deskilling of others generated a number of remarks. Under the Health and Social Care Professionals Act, 2005 Social Workers and Social Care workers are among the professionals who will in the future have to be both registered as

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125 Interview 17
126 Interview 19
professionals and will become part of a regulated profession. There is concern that the free movement of professionals across Europe is exercising downward pressure on qualifications with more emphasis on competency than qualification. This is a complex issue with long-term implications.

An employer remarked that some qualified social care workers are being replaced by the equivalent of health care assistants/care assistants/less qualified carers in the private sector. The Irish Nurses and Midwives Organisation have analysed the ageing of the nursing workforce with an average age of a nurse or midwife now reaching 42 years and more than quarter of active nurses over 50 years old. Childminding Ireland observed on the inconsistency of policies. Those who are seeking state support to obtain formal qualifications in childcare will only get childcare subsidies if they use nurseries and not if they use childminders. A number of employers referred to the issue of ‘skill mix’ in the social service workforce. This could mean staff with a nursing background being replaced by staff with a ‘care’ background, in line, for example, with a social model of disability.

2.8.5 Impact of austerity measures on social services...

The term ‘race to the bottom’ cropped up in several discussions with representatives of employers and employees as well as other interviewees. This is a fear for the future- that standards of service and working conditions will crash as the State inexorably reduces public sector employment and minimum standards. For Early Childhood Ireland, it is a question of whether services are sustainable into the future – a view shared by some others. With an embargo on recruitment in the public sector and pay cuts/freezes some services are closing or emptying. The collective memory and collective intelligence of experienced staff is being abandoned by incentivised early retirements or squandered by exclusion from contribution and a failure to mobilise the available service leadership. Newly qualified social care and social work staff seek work anywhere they can find it.

2.8.6 A sense of uncertainty...

Health and social services are in the process of being reconfigured. A new Child and Family Services agency will be established in 2013. Health
services will be reorganised into seven ‘Directorates’ - a concept with a ring of Napoleonic France about it. The shape of these new ‘Directorates’ is unknown and adds to feelings of insecurity at both management and ground level. For some, this will be their third experience of restructuring.

2.8.7 The information base in Ireland

Throughout the paper many problems with data have been noted. Importantly, it was not possible in this study to gather much information about employer/employee relations in the case of employers who are not represented in Croke Park or other national social dialogue fora. Given the importance of non public (or quasi-public) employers in the three sectors, the mapping project cannot be presented as comprehensive. Any analysis of social dialogue in Ireland has to caution accordingly.
References


Irish Not for Profit Knowledge Index (2011) Non-Profits – What do we know, Dublin.

Irish Nurses and Midwives Organisation Discussion Paper – Does Age Matter?


Irish Nurses and Midwives Organisation – Submission to the Health Information and Quality Authority.


Appendix 1

Examples of Social Service Employers Ireland

St Michaels House: A Not-for-Profit Body grant-aided by the State

St Michaels House is a social service providing for people with disabilities, primarily for those with intellectual disabilities or other cognitive difficulties. The services include education, training, residential and respite services, clinical services as well as Alzheimer and social and recreational supports. The organisation has a specialised library and a training college used by organisations across Ireland. Under the Health Act, 2004 St Michaels House provides services on behalf of the State and is grant-aided to do so. About 1,602 adults and children use their services at over 170 centres in the Eastern Counties of Ireland. St Michael’s House employs 1,300 staff. The Board and management of the services are committed to the Collective Partnership Agreement Towards 2016 and to the current Public Service Agreement 2010-2014. The organisation has good working relationships with unions such as IMPACT.

Society of St Vincent de Paul: a faith-based international organisation

The Society of St Vincent de Paul was founded in Paris in 1833 after the Revolution and established in Ireland in 1844. It is now the largest voluntary organisation in Ireland with 9,500 volunteers. In 2010, the Society spent €74.3 million on its services, most of it coming from collections, legacies and corporate donations. The Society operates hostels for homeless people, holiday centres and nurseries for disadvantaged children as well as visiting prisoners and supporting the elderly in their homes. Of its 587 employees, 126 work in children’s nurseries and family resources services, 90 work in hostels and 70 in holiday homes. Staff at a number of its locations belong to the SIPTU trade union and in cases of industrial dispute, the Society has used the services of IBEC to represent it.
Nursing Homes Ireland: representing private care services

Nursing Homes Ireland is the public face of 354 nursing homes in Ireland employing 21,000+ employees. Their preference is to describe themselves as in the care sector rather than a care business. NHI advises and represents its members by making submissions to government on subjects such as elder care, the need for workforce planning and investment and the changing need complexity and demography of care home residents. Nursing Homes Ireland is not permitted to engage in collective bargaining with trade unions on behalf of its members. Each care home has to negotiate separately with the State on the one hand in relation to subsidies and the unions on the other. The organisation is a member of the European Association of Health Services for the Ageing (EAHSA) as well as an Ireland/UK association called the ‘Five Nations‘ which combines nursing home associations in Ireland, Northern Ireland, England Scotland and Wales. Nursing Homes Ireland values its cordial relationship with the trade union Irish Nurses and Midwives Organisation.
Appendix 2

Additional Tables

Chart A21 Public, Private and Not-for-Profit schematic indicative distribution of services

<table>
<thead>
<tr>
<th>Public</th>
<th>Children aged 5 and under</th>
<th>Elderly</th>
<th>People with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Majority of 4-5 year olds in public primary schools</td>
<td>Reducing volume of services</td>
<td>Large role of public funded bodies</td>
</tr>
<tr>
<td>Private</td>
<td>Children aged 0-4 years in private child care and some private schools + foster care</td>
<td>Growing residential and home care services by private agencies</td>
<td>Minority of services</td>
</tr>
<tr>
<td>Not-for-profit</td>
<td>Child care services and specialised services</td>
<td>Reducing services</td>
<td>Large role in delivery, especially for people with intellectual disabilities</td>
</tr>
</tbody>
</table>

Source: PESSIS study Ireland, 2012 and reports of interviewees.

Table A21  Sources of funding of 2,269 nonprofit social service bodies 2009-2010

<table>
<thead>
<tr>
<th>Resource Source</th>
<th>Share of income from source %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legacies</td>
<td>0.3</td>
</tr>
<tr>
<td>Donations + donations in kind</td>
<td>1.1</td>
</tr>
<tr>
<td>Tax Relief</td>
<td>NES</td>
</tr>
<tr>
<td>Grants –State Philanthropic</td>
<td>36.5</td>
</tr>
<tr>
<td>Corporate</td>
<td>0.1</td>
</tr>
<tr>
<td>Memberships/sponsorships</td>
<td>NES</td>
</tr>
<tr>
<td>Church collections</td>
<td>NES</td>
</tr>
<tr>
<td>Source of Income</td>
<td>Percentage</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Fundraising events/activities</td>
<td>4.3</td>
</tr>
<tr>
<td>Charity shops</td>
<td>0.8</td>
</tr>
<tr>
<td>Investment income including deposit interest</td>
<td>0.5</td>
</tr>
<tr>
<td>Fees/income from trading activities</td>
<td>21.5</td>
</tr>
<tr>
<td>Other, uncategorised, unspecified</td>
<td>34.7</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

NES = numbers especially small

In terms of sources of income, more than one third of income is not attributable to any category, is too vague to categorise or is from a miscellaneous source. In the bigger picture, some of the sources where the general public interact with non profit bodies in street collections, church collections, charity shops or door-to-door sponsorship are actually very small sources of income. They are small compared with grants from the State or Philanthropic/Humanitarian Foundations.

Table A2 2 Estimated numbers of nonprofits in social services by size of employment 2010

<table>
<thead>
<tr>
<th>Employment range</th>
<th>No employees</th>
<th>1-5</th>
<th>6-10</th>
<th>11-50</th>
<th>51-100</th>
<th>100+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers of organisations</td>
<td>463</td>
<td>343</td>
<td>203</td>
<td>251</td>
<td>28</td>
<td>32</td>
</tr>
</tbody>
</table>

n= 1,320 nonprofit service bodies which provided information on this subject.
Source: Irish Nonprofit Knowledge Exchange (2011)

About one third of nonprofits in the 2011 study provide childcare such as playgroups, crêches, play schools. About one third provide community services devoted often to particular groups such as young people, older people, family resource centres. The remainder support services such as adoption, child welfare, personal social services, bereavement, drug addiction, domestic violence, meals for the elderly, respite care for families with persons with disabilities, marriage counseling and asylum seekers. Disaggregated data by detailed sub-category is not available. This estimate does not include services to people with intellectual and physical disabilities, autism and mental health
difficulties, which were categorized in the study under the heading of health services.

Table A2.3 Nursing Home Places – Long Term Residential Care supported by State public + private facilities*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Numbers of beds</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Beds</td>
<td>11,458</td>
<td>51.8</td>
</tr>
<tr>
<td>Public Beds</td>
<td>6,446</td>
<td>29.1</td>
</tr>
<tr>
<td>Subvented beds</td>
<td>1,940</td>
<td>8.8</td>
</tr>
<tr>
<td>Contract beds</td>
<td>2,285</td>
<td>10.3</td>
</tr>
<tr>
<td>total</td>
<td>22,129</td>
<td>100</td>
</tr>
<tr>
<td>(beds in voluntary facilities)</td>
<td>(400)</td>
<td>-</td>
</tr>
<tr>
<td>(Grand total)</td>
<td>(22,529)</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Extracted from Comptroller and Auditor General, 2011, Figure 190 and notes, p.649, Data for March 2011.
* Excludes 400 beds in the voluntary not-for-profit facilities added in to the table by authors

Table A2.4 Numbers of Nursing Home

<table>
<thead>
<tr>
<th>Nursing homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
</tr>
<tr>
<td>Private</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

*Nursing Homes Ireland 2011*

Table A2.5 Children aged 4-5 years in national schools, private schools, special schools and as percentage of estimated child population

<table>
<thead>
<tr>
<th>Age by single year</th>
<th>Exclusions</th>
<th>period</th>
<th>Numbers in Junior Infants classes</th>
<th>Proportion of age group 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>2010-10</td>
<td>2010-11</td>
<td></td>
</tr>
<tr>
<td>Age 4 or less</td>
<td>Excludes centres for young children</td>
<td>2010-11</td>
<td>26,408*</td>
<td>39%</td>
</tr>
<tr>
<td>Age 5</td>
<td>Excludes centres for young children</td>
<td>2010-11</td>
<td>64,126</td>
<td>99%</td>
</tr>
<tr>
<td>Totals</td>
<td>2010-1</td>
<td>90,534</td>
<td>90,534</td>
<td></td>
</tr>
</tbody>
</table>

Source Department of Education, *Annual Statistical Reports, 2010-2011* Table 2.1

Table A2 6  Numbers of Home Helps - Ireland

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2011</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Help Numbers</td>
<td>12,356</td>
<td>9,620</td>
<td>2,736</td>
</tr>
</tbody>
</table>

Source SIPTU in 2011 *Irish Times* November 1st.

Table A2 7  Long Term Residential Care Costs – Actual State Expenditure Ireland 2010*

<table>
<thead>
<tr>
<th>Heading of expenditure</th>
<th>€million</th>
<th>€million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Homes Support Scheme</td>
<td>238</td>
<td>238</td>
</tr>
<tr>
<td>Subvention and contract beds</td>
<td>228</td>
<td>228</td>
</tr>
<tr>
<td>Public facilities</td>
<td>493</td>
<td>493</td>
</tr>
<tr>
<td>Total</td>
<td>€959</td>
<td>€959</td>
</tr>
<tr>
<td>5 voluntary nursing facilities under a separate vote</td>
<td></td>
<td>82.4</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>€1,041.4</td>
</tr>
</tbody>
</table>

Source: Extracted from Comptroller and Auditor General, 2011, Figure 189 and notes, p.649, Data for up to December 2010. See also Comptroller and Auditor General, 2011 *Appropriation Accounts*, Vote 40, sub head B12, p.561. *Excludes 5 voluntary facilities added into the table by authors*
National Report
Germany

INSTITUTE FOR WORK AND TECHNOLOGY, GELESENKIRCHEN

PD DR. JOSEF HILBERT
MICHAELA EVANS
WJATSCHESLAV GALTSCHENKO

Supported by: DG Employment, Social Affairs and Inclusion
“Sociosclerosis”: Employer-employee relations in German Social Services at the crossroads

1. Project PESSIS: Promoting employers’ social services in social dialogue

The aim of the research project ‘Project PESSIS: Promoting employers’ social services in social dialogue’ is to provide a detailed understanding of how social dialogue is organised and structured (or not) in the social services sector in Europe. It aims to identify barriers to increased cooperation among employers in the sector. The term social dialogue is defined as ‘a dialogue between employers and employees’. Eleven national studies will contribute to an overall European perspective of social dialogue in the social services sector, outlined in the European summary report.

Each national report presents a ‘picture’ of how social dialogue is organised at local, regional and national levels and has addressed the following six research questions:

- What is the size of the social services sector, both in terms of workforce and of employers in aggregated value?
- How well represented is the sector in terms of number of employers and workers covered by collective agreements?
- What are the types of social dialogue or collective agreements that exist?
- How many employers of the sector are involved in social dialogue and at what level?
- What are the key labour issues dealt with and at what level?
- Are there any labour issues that could be dealt with at European Union (EU) level?

‘Social services’ is a term that can be interpreted in different ways across Europe but for the PESSIS project, the key groups included are:
• Long-term care for older people;
• Care and rehabilitation for people with disabilities;
• Child care.

‘Social services’ may also cover a range of other services, for example, services for homeless people. These have been included only when they have particularly strong systems of social dialogue. The main focus of each national report is on the three key groups listed above.

The terms public, for-profit and not-for profit sectors are widely used across Europe. They are defined in this report as: Public sector – Government departments, public sector agencies or municipal authorities commission social services in many countries and contract for-profit and / or not-for profit providers to deliver social services. In some countries, social services may still be delivered by municipal or regional government authorities. Public authorities (national, region or local government) may fund social services by providing money directly to individuals. For-profit sector – Providers of social services which operate to make a profit. They may operate with shareholders or they may be private companies, owned by one or more individuals. In some countries, family businesses deliver social services. They may be large or small in size. Not-for-profit sector – Providers of social services, which do not operate to make a profit. In some countries this sector may be called the voluntary or charitable sector. In some countries, volunteers deliver some of the services for the not-for-profit sector.

2. Methodological approach of this study

To answer the previously stated research questions different sources were used:

• To represent the level of employment and employment trends in the social economy, the employment statistics of the Federal Agency for Work (BA) was applied. For the years 2008 and 2011 data on social insurance and marginal employment of the social economy sectors had been considered. This also includes information on women's employment and part-time employment in the social economy.

• To size the vendor landscape we had taken "Sales Tax Statistics", the "Nursing Statistics" and the "Children and Youth Services Statistics"
into account. The "Sales Tax Statistics" contains information on taxable businesses in the social economy, while the "nursing statistics" offers the numbers of outpatient and inpatient care. From the "children's and youth welfare statistic", information on facilities / providers for this area of social economy had been taken.

- To describe the collective agreements and their objects of regulation different sources had been considered. Firstly, relevant publications on this subject were sighted, for example studies by the Economic and Social Research Institute (WSI). Additionally the tariff registers of Verdi - The United Service Sector Trade Union had also been considered. It provides information on the number of completed collective bargaining agreements, the contract partners, the level of the collective agreement (federal, county-/regional, operational) and the control subjects. In dialogue with the experts on collective bargaining agreements and the responsible staff of the unions we also asked for additional information on the proportion of the facilities which are covered by tariff regulations. In addition information on wage settlements in the social economy was collected by internet research. This approach was chosen because of the separate labour law as a result of the Third Way in the social economy, which in its dimensions, structure and content cannot be adequately examined with the mentioned sources.

- The previously outlined steps were supplemented by in-depth interviews with ex-perts in the social economy. The interviews were used to provide detailed information on the structure, organization and content of social dialogue from the employer's perspective in particular. Furthermore, it was the aim of the interviews to obtain information on key obstacles to cooperation, its causes and future design challenges to the social dialogue in the social economy. Central guiding questions of the expert interviews were:

  ▪ How has the environment for organizations / social enterprises changed in the recent years?
  ▪ What impact did these changes have with regard to the design of employer-employee relations?
  ▪ What are the greatest challenges with regard to the design of employer-employee relations at present?
  ▪ What role is played by European directives / regulations?
  ▪ How to describe the current landscape of collective agreement / contractual arrangements in the social economy?
  ▪ Which objects of regulation are currently in the focus?
What are the expected objects of regulation to gain importance in the future?
Does the design of the social dialogue need special requirements from the employer's perspective?
Which topics of industrial relations should be addressed at European level?

The findings were subsequently summarized and condensed in a SWOT-analysis on social dialogue in the social economy in Germany. The works in the project were carried out in the period from February to May 2012. Included in the compilation of results was also a Skype conference on coordination of research strategies between the European partners and the results of a coordination meeting of project partners on 17/04/12 in Brussels.

3. Social Services and social economy in Germany – Basic information on the profile of the sector

3.1 Definition social services - Core elements of the social economy

In the understanding of the current discourse the core elements of the social economy are social services. Till now there is no obligatory, general definition for the idea of “social service” hence there is no generally binding delimitation of the social service sector in Germany either (Badura/Gross 1976, zit. by Heinze 2011). Primarily the "orientation at immaterial problem situations and special circumstances of the particular" is distinctive for the idea of the social service. Correspondingly the aims of social services are the restoration respectively the improvement of the physical or emotional life, the experience ability, the social ability and quality of life (Heinze 2011: 169; Grunow 2006: 805; Hartmann 2011: 76; Bauer 2001: 20). The core of social service work is the providing of help and welfare which is mainly offered and financed publicly by professional service providers (cf. Brinkmann 2010: 3).

3.2 Social Economy - Economy industry and stabilization element for societies in a change

If one speaks about "social services" in view of the economic meaning most people talk about "social economy". The term "social economy" can be understood as change of paradigm as public and social services are not only recognized as a social cost, but also a social productive force and stabilizing factor for other economic sectors. This becomes especially clear in the
biggest activity field of the social economy - the old people's welfare. The care, support and company of older people is a social task which contributes to the employment directly and indirectly, generates independently creation of value and altogether contributes to the growth of the national economy. Social services also have an important relief function for the acquisition system in the national economy as professionally rendered social services assign and create capacities for job performances in other economic sectors.

3.3 Economical delimitation of the social economy - Social concerns and Social pro-visioning

Till now there is no general understanding about how the social economy can be measured in view of its industry-specific delimitation. The social economy can be described as the economic sector in which directional behavior socially translates into services and is offered on the market. In comparison to other economic sectors it can be defined as an industry association with the aim to promote the common good and not to achieve private profits. Social services as constituting elements of the social economy work, stamp and programme social measures to secure one's livelihood primarily in the area of care, health, the integration of people with handicaps, education as well as youth welfare. Object of the social economy is particularly common and personal supply (social provisioning) as useful life maintenance. This is primarily the fulfillment of social requests (social concerns) like protection against risks of life, the mastering and solution of socially defined problems of single people or groups in the community and social problem situations. After the definition of Kramer (2006) supplier/protagonists of the social economy can be organized as both as a non-profit or as a private organization, crucial is the public welfare orientation (Kramer 2006: 12). The outlined definitions show clearly the difficulties in the delimitation of the social economy in comparison to other public welfare oriented service fields (e.g. the hospital sector).

3.4 Supplier landscape of the social economy – pluralism of carriers, welfare mix and heterogeneous financing bases

The supplier landscape of the social economy forms a pluralism of carriers and welfare mix with its public, freely charitable as well as private carriers. Furthermore it is task of the public authorities to guarantee, coordinate and control the delivery of free carriers (Brinkmann 2010: 60). Public carriers act predominantly at a urban level, while the European Union, the Federal Republic of germany and its states hardly offer social services of their own
themselves (Brinkmann 2010: 127). At the federal level, public carriers form a federation with the German Association of Cities, the German County Association of Towns and Municipalities with the top local organizations. The charitable area can associated with free non-statutory welfare. As the largest provider of non-statutory offers with a total of 100,000 establishments and more than 1.5 million employees the carrier of the non-profit voluntary welfare is of central importance (BAGFW 2009: 10). The most important actors in the field of welfare work are the Workers’s Welfare Service, (Arbeiterwohlfahrt, AWO), the German Caritas Association (Deutscher Caritas Verband, DCV), German Red Cross (Deutsches Rotes Kreuz, DRK), the Association of Non-affiliated Charities (Paritätische Wohlfahrtsverband, DPWV), the Welfare Service of the Protestant Church in Germany (Diakonisches Werk der Evangelischen Kirche in Deutschland) as well as the Central Welfare Agency of the Jews (Zentralwohlfahrstelle der Juden in Deutschland). Private carriers of social services differentiate themselves into private commercial as well as private freelance suppliers (Brinkmann 2010: 61). Private commercial suppliers are private led enterprises, which are administrated like a business management and orientate themselves at service achievement as well as at profit as main goals (Brinkmann 2010: 61). They do not get any public turnings to the financing of their offers but refinance themselves with state performance considerations as well as with direct payers (Brinkmann: 68). A variety of private suppliers of social services have placed themselves on the care market – particularly in the area of itinerant care – in the 1990s years, as a whole although they have moderate to minor quantitative meaning, with increasing relevance, however (Brinkmann: 60, 68).

3.5 Provider structures in the social economy at a glance - Many worlds shape the picture

In regard to the suppliers, the social economy is shape like the following:

- Altogether, there are 12.000 out-patient services and 11.600 services of the stationary old people's welfare in Germany.

- 62% of the 12.000 out-patient services are private carriers, 37 % on a free charitable ones and another 2% are public carriers. 55% of the stationary old people's welfare facilities are non-statutory carriers, 40% are private ones and 5% are public carriers.

- There are currently 51.484 day nursery facilities for children in Germany. About 33% of them are maintained publicly and another 67% of the facilities are operated by a non-statutory carrier.
Furthermore there are around further 32,676 facilities of the children and youth welfare, of which 23.7% are carried publicly and 76.3% non-statutorily.

No details on facilities of the out-patient services for handicapped people are available in Germany. Older studies estimate 5,000 facilities of the help for handicapped people in Germany (Pflegestatistik 2009; Statistische Ämter des Bundes und der Länder 2011 Statistiken der Kinder- und Jugendhilfe 2011; Care statistics 2009; Statistical offices of the federation and the countries 2011 statistics of the children and youth welfare 2011; own research).

3.6 Digression: Free-profit and social entrepreneurship

The German model of the welfare state is essentially characterized by the "free welfare". It summarizes the entirety of social assistance that is provided free or on non-profit basis in an organized form in the Federal Republic of Germany. Non-statutory welfare distinguishes itself from commercial - profit-oriented - offerings and from offerings of public institutions. The term "freigemeinnütziger Träger" (independent charitable organisations) focuses primarily on the large welfare associations in Germany (see above). A free non-profit organisation focuses primarily on promoting the common good. The welfare status of an institution in Germany is primarily a fiscal matter of fact and is defined by § 52 tax code. It reads:

"A corporate body pursues charitable purposes if its activities are aimed at encouraging the public to be selfless in material, spiritual or ethical terms. Funding for the general public is not given when the number of people, promoting the benefits, is delimited, e.g. belonging to a family or staff of a company, or as a result of his separation, especially for spatial or professional characteristics, is remaining narrow. Funding for the general public is not only given because a corporate body transfers its financial means to a statutory body."

The coexistence of public and non-statutory welfare work in the Federal Republic is unique in the world. More than 1.4 million people have a full-time employment, an estimated 2.5 to 3 million more people have a honorary appointment. The charities are federalist in structure, i.e. its member organisations are mostly legally independent. Basis of the work are different ideological or religious motives and goals. It is common for both associations that they are linked directly to the charity and solidarity of the population.
Much of the non-profit organisations in Germany are legally organized as a registered civil society, with addition of foundations, non-profit cooperations with limited liability (gGmbH), and - rare-social profit corporations. In recent years individuals have established more and more non-profit limited liability companies. These people are also known as social entrepreneurs, as they are targeting their work especially on finding solutions to pressing social problems and not pursue a motive of profit. Social entrepreneurs often cooperate closely with other non-profit organisations or institutions for large charities. In addition to the traditional institutions of the welfare organisations and the "honorary appointment" in the field of social services, they represent a little-known form of organisation of social services in the field of tension between government, business and civil society about the scope, relevance and effects for the social economy and for the economy in general.

3.7 Social economy in Germany - economy statistical approach and methodical notes

The social economy in Germany is not only a central field of public measures to secure one's livelihood, but it is also extremely important for the economy and employment. Depending on the economic sector of the "social economy" the number of employed persons and information on sales or gross value varies. The following report takes into account the sectors of the social economy that are shown in Table 1, which were also included in the calculation of the data on employment and revenue performance in the industry. As outlined, the social economy is linked closely with other sectors, particularly in the segments of public administration, education and health. To access these links in a first survey, the importance of some of the industries was weighted on the basis of existing studies and our own estimates. The basis was of industrial classification tool WZ 2008. The following industries have been drawn in by their respective weights in the analysis:
Table 1: Included economic sectors for the delimitation of "social economy" to WZ/Nace Code 2008

<table>
<thead>
<tr>
<th>WZ 84120</th>
<th>Regulation of activities of providing health care, education, cultural services and other social services, excluding social security [factor of weighting: 0.3]</th>
</tr>
</thead>
<tbody>
<tr>
<td>WZ 85101</td>
<td>Pre-primary education [factor of weighting: 1.0]</td>
</tr>
<tr>
<td>WZ 854</td>
<td>Higher education [factor of weighting: 0.1]</td>
</tr>
<tr>
<td>WZ 869</td>
<td>Other human health activities [factor of weighting: 0.8]</td>
</tr>
<tr>
<td>WZ 87</td>
<td>Residential care activities [factor of weighting: 1.0]</td>
</tr>
<tr>
<td>WZ 88</td>
<td>Social work activities without accommodation [factor of weighting: 1.0]</td>
</tr>
</tbody>
</table>

Source: WZ 2008; own representation; evaluation along similar lines to Karmann et.al (2011).

The economic sector 854 "Tertiary and post-secondary, non tertiary lessons" covers universities, general technological highschools, administration technological highschools as well as professional academies, special academies and schools of the health service. The economic sector 869 "health services not mentioned elsewhere of [n.a.g.]" consists of practices of psychological psychotherapists and therapists, massage practices, physiotherapy practices, practices of medical swimming-pool attendants and pool attendants, midwives and obstetricians as well as of related professions, non-medical practitioner practices as well as other independent activities in the health service. The economic sector 87 "homes" contains nursing homes, stationary facilities of the psychosocial support, facilities for drug-related problems, old people's homes and handicapped person hostels as well as other hostels. The economic sector 88 "welfare" covers the social support of older people and handicapped persons, itinerant social services, other social support of older people and handicapped persons and among others the daytime care of children.

The used weightings cannot claim any general validity. Unlike other economic sectors (e.g. health economy, motor industry, energy industry)
there is till now hardly any study on the social economy in Germany which quantitatively and qualitatively has a good look at the interweaving relations in this line of business, its value-added chains and relations. The weightings carried out in this respect are plausibility assumptions based on sources on hand and assessments of one's own. Altogether, a delimitation on basis of the economic sector statistics is useful to obtain the international comparability of the data. Basis for the composition of the data to the employment level and to the trend in employment was the employment statistics of the federal agency for work (BA). Employees (SvB) with social insurance were included as well as insignificantly employees of the years 2008 -2011.

3.8 Employment in the social economy in Germany - work among women, growth and precarious employment! - The partial industry makes the difference

In the following central results are introduced in regard to the social economy, to the employment level, to the trend in employment as well as to the economic relevance in Germany. Besides the data for the employment subject to social insurance (SvB), insignificant employment, the meaning of part-time job as well as to the woman employment in the social economy in Germany are treated as well. Currently round 28,61 million people (Federal agency for work 2012) are employed with a social insurance in Germany. Therefore every 14th employees in a social insurance in Germany currently is working in the social economy.

1. Development of the employment subject to social insurance (2008-2011):

If one takes all economic sectors mentioned above into account, 2.020.929 people were employed in the social economy in Germany (table 2) in the year 2011. The central pools of employment were the nursing homes (866.042; 43%), the social welfare (616.545; 30.5%) as well as the nursery schools (280.935; 13.9%). In the year 2008 the social economy in Germany did hold 1.739.570 employees with a social insurance. In 2008 the greatest employment shares were allotted to the old people's welfare (774.892), the welfare (496.593) as well as to the nursery schools (242.180). Thus in the time period 2008-2011 an increase of the employment subject to social insurance amounts to a total of + 16,2% in this line of business. The increases in the partial industries amounts +11,8% in the old people's welfare, +24.1% in the welfare
and +16.3% at the nursing schools and are therefore extremely dynamic.

Table 2: Employment subject to social insurance in the social economy in Germany (2008-2011)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>84120 Regulation of activities of providing health care, education, cultural services and other services, ex</td>
<td>25.134</td>
<td>25.055</td>
</tr>
<tr>
<td>85101 Pre-primary education</td>
<td>280.935</td>
<td>242.180</td>
</tr>
<tr>
<td>854 Higher education</td>
<td>29.339</td>
<td>25.564</td>
</tr>
<tr>
<td>869 Other human health activities</td>
<td>202.934</td>
<td>175.286</td>
</tr>
<tr>
<td>87 Residential care activities</td>
<td>866.042</td>
<td>774.892</td>
</tr>
<tr>
<td>88 Social work activities without accomodiation</td>
<td>616.545</td>
<td>496.593</td>
</tr>
<tr>
<td><strong>Employment (in total)</strong></td>
<td><strong>2.020.929</strong></td>
<td><strong>1.739.570</strong></td>
</tr>
</tbody>
</table>

Source: Beschäftigtenstatistik der Bundesagentur für Arbeit (2012); own calculation.


In the year 2011 altogether 292.147 people were marginal employed in Germany (table 3). Unlike the employment subject to social insurance there are other share distributions in the area of marginal employment. From all marginal employment relations there are 113.370 (38.8%) in the social welfare, 79.466 in the nursing homes (27.2%) and further 60.524 in the health service (20.7%). In the year 2008 the amount of insignificant employment relations in the social economy in Germany was about 270.181. Thus there was an increase of marginal employment relations by +8.1% in the time period 2008 -2011. The dynamics of each development were however quite different which shows table 3.

Table 3: Marginal employment in the social economy in Germany (2008-2011)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>84120 Regulation of activities of providing health care, education, cultural services and other services, ex</td>
<td>1.582</td>
<td>1.591</td>
</tr>
<tr>
<td>85101 Pre-primary education</td>
<td>28.955</td>
<td>26.665</td>
</tr>
<tr>
<td>854 Higher education</td>
<td>8.250</td>
<td>7.432</td>
</tr>
<tr>
<td>869 Other human health activities</td>
<td>60.524</td>
<td>58.265</td>
</tr>
<tr>
<td>87 Residential care activities</td>
<td>79.466</td>
<td>81.260</td>
</tr>
<tr>
<td>88 Social work activities without accomodiation</td>
<td>113.370</td>
<td>94.968</td>
</tr>
<tr>
<td><strong>Employment (in total)</strong></td>
<td><strong>292.147</strong></td>
<td><strong>270.181</strong></td>
</tr>
</tbody>
</table>

Source: Beschäftigtenstatistik der Bundesagentur für Arbeit (2012); own calculation.

In the welfare there was an increase of + 19.4% and in the health service of 3.9%. In the nursery homes there was even a decline of 2.2% in the insignificant employment. To insignificant employment is frequently referred
to as as precarious employment. In certain sections of the social economy there seems to be a different development. The development has been particularly dynamic in the welfare, the one section that in the past often has been considered to have as volatile and non-regulated trading conditions as well as to have a lasting trend towards privatization in Germany.

To show the employment dynamics in the German social economy another central indicator is the development of part-time employment (table 4). The following table on the one hand shows that between 2008 and 2011 the share in part-time employed has increased in all considered sections of the social economy. If the share of part-time employed 2008 still was 42.9%, it was already 45.4% in the year 2011. Altogether, the social economy employment profile is based on part-time employment to a high extent. On the other hand it shows that the meaning of part-time employment varies in the considered sections of this line of business.

Table 4: Part-time employment in the social economy in Germany (absolute and shares in per cent, 2008-2011)

<table>
<thead>
<tr>
<th>Economic sectors (WZ 2008)</th>
<th>2011</th>
<th>rates</th>
<th>2008</th>
<th>rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>8412 Regulation of activities of providing health care, education, cultural services and other services, excl.</td>
<td>9.810</td>
<td>39.0</td>
<td>9.431</td>
<td>37.6</td>
</tr>
<tr>
<td>85101 Pre-primary education</td>
<td>150.845</td>
<td>53.6</td>
<td>129.082</td>
<td>53.3</td>
</tr>
<tr>
<td>854 Higher education</td>
<td>13.814</td>
<td>47.1</td>
<td>11.399</td>
<td>44.6</td>
</tr>
<tr>
<td>869 Other human health activities</td>
<td>57.114</td>
<td>28.1</td>
<td>45.260</td>
<td>25.8</td>
</tr>
<tr>
<td>87 Residential care activities</td>
<td>403.138</td>
<td>46.5</td>
<td>333.715</td>
<td>43.1</td>
</tr>
<tr>
<td>88 Social work activities without accommodation</td>
<td>282.922</td>
<td>45.8</td>
<td>217.036</td>
<td>43.7</td>
</tr>
<tr>
<td>Employment (in total)</td>
<td>917.643</td>
<td>45.4</td>
<td>745.923</td>
<td>42.9</td>
</tr>
</tbody>
</table>

Source: Beschäftigtenstatistik der Bundesagentur für Arbeit (2012); own calculation.

While in kindergartens in 2011 the share of part-time employed was about 53.6% in the nursing schools, it is only 28.1% in the health service (not others mentioned). To which extend the high importance of part-time employment also effects the articulation of interests and organization of employees cannot be concluded at the moment.

The social and health service is a field which had has high share of female waged work. The following table (table 5) shows that the
part of female labour in the entire industry "social economy" can be estimated around 80.0%. Considerable differences are also recognizable if one compares the various lines of businesses: While a share of female labour of 95.2% is reached at the nursery schools, the share of women is considerably less with merely 49.6% in the area of "tertiary and post-secondary, non tertiary lessons". In the course of time a relatively constant development can be documented in the use of female labour. Furthermore table 6 shows that particularly the insignificant employment has an enormous importance for women in the social economy at present.

Table 5: Female labour employment in the social economy in Germany (employment subject to social insurance, absolute and shares in per cent, 2008-2011)

<table>
<thead>
<tr>
<th>Economic sectors (WZ 2008)</th>
<th>2011 rate</th>
<th>2008 rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>8412 Regulation of activities of providing health care, education, cultural services and other services, excl.</td>
<td>17.110</td>
<td>17.234</td>
</tr>
<tr>
<td>85101 Pre-primary education</td>
<td>267.966</td>
<td>232.538</td>
</tr>
<tr>
<td>854 Higher education</td>
<td>14.553</td>
<td>12.738</td>
</tr>
<tr>
<td>869 Other human health activities</td>
<td>148.575</td>
<td>129.566</td>
</tr>
<tr>
<td>87 Residential care activities</td>
<td>479.737</td>
<td>381.431</td>
</tr>
<tr>
<td>Employment (in total)</td>
<td>1.617.832</td>
<td>1.388.561</td>
</tr>
</tbody>
</table>

Source: Beschäftigtenstatistik der Bundesagentur für Arbeit (2012); own calculation.

Thus the share of marginal employed women in the social economy was 77,4% in the year 2011 and has increased by +59 percentage points if one compares it to the year 2008 (71,5%). It also becomes clear, that the realized shares in the certain sections of the line of business vary considerably. Particularly the nursery schools (83.1%), the health service (79.1%) and the nursery homes (78.2%) have high shares of marginal employed women. If one compares the various economic sectors, the future trends differentiate here, however: While the economic sector "tertiary and post secondary, not tertiary lessons" could record a decline in insignificant employment with women between 2008 and 2011, the other economic sectors had to record increases here.
Table 6: Development of female labour employment in the social economy (marginal employment, 2008-2011)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8412 Regulation of activities of providing health care, education, cultural services and other services, excl</td>
<td>1.066</td>
<td>67.3</td>
<td>1.094</td>
<td>68.8</td>
</tr>
<tr>
<td>85101 Pre-primary education</td>
<td>24.062</td>
<td>83.1</td>
<td>2.229</td>
<td>83.6</td>
</tr>
<tr>
<td>854 Higher education</td>
<td>3.893</td>
<td>47.2</td>
<td>3.464</td>
<td>46.6</td>
</tr>
<tr>
<td>869 Other human health activities</td>
<td>47.876</td>
<td>79.1</td>
<td>47.354</td>
<td>81.3</td>
</tr>
<tr>
<td>87 Residential care activities</td>
<td>62.176</td>
<td>78.2</td>
<td>64.957</td>
<td>79.9</td>
</tr>
<tr>
<td>88 Social work activities without accommodation</td>
<td>86.924</td>
<td>76.7</td>
<td>74.141</td>
<td>78.1</td>
</tr>
<tr>
<td>Employment (in total)</td>
<td>225.997</td>
<td>77.4</td>
<td>193.239</td>
<td>71.5</td>
</tr>
</tbody>
</table>

Source: Beschäftigtenstatistik der Bundesagentur für Arbeit (2012); own calculation.

3.9 Economic relevance of the social economy

Based on the sales tax statistics there are about 20.000 taxable facilities in the social economy in Germany. Here it must be taken into account that a large part of the facilities of the social economy are not subject to sales tax liability. Data on hand show (here: including the hospital sector) a gross creation of 151 bn € nationwide. This corresponds to a contribution to the complete gross value added of 6.7% (Karmann et al 2011).

3.10 Forecasts for the development of social economy – social economy also strengthens the national economy

Current forecasts on hand for the development of single sections of the social economy predict a growing demand for professional offers in Germany particularly in the fields health, care and education. The assumptions that it will come to an increase of people in need of care, of development of the children’s day support and to an expansion of offers in the area of the domestic services (primarily domestic helps) in future offer basis for this. It was the aim of a current study of the Prognos-Institute to forecast the effects of an expansion of the demand and the supply of social services in the time period 2007-2025 on growth and employment in Germany. The summarized results are: (Dauderstädt 2012):

- Between 2007 and 2025 there is going to be an increase in employment of around 667.000 jobs in the area of social services. Of this 436.000 jobs are allotted to the caring sector, 138.000 on the area of "education" and another 93.000 jobs on the area of the supporting domestic helps.

- In the course of this expansion of offers and employment it will come to an expansion of the costs and the pay in the social economy. The additional expenditure does not have to limit the national economy necessarily, but an expansion of the employment can contribute to
more growth according to larger incomes and thus will lead to more growth overall.

- An expansion of the social services can be growth effective for the whole national economy. Important factors are among others the transformation of housework (e.g. care and child care) into waged work, the generation of new income and higher output of social services also can contribute to a rise of the employment ability.

The area of the old people's welfare can be described as a central growth field of the social economy as the most dynamic and in view of forecasts on hand. The following current forecasts support this:

- The statistical Federal Office has presented a forecast of the manpower requirements and supply (Afentakis/Maier 2010) in care professions up to 2025. If one takes the employment structure 2005 of care professions in whole Germany (respectively the old federal states) as basis, the lack of trained nurses can be estimated as 193.000 or 214.000 health workers ("status quo scenario") and 135.000 or 157.000 health workers ("scenario dropping treatment quotas") up to the year 2025.

- The Institute for labour market and employmental research (IAB) forecasts for the years up to 2030 an increase of 550.000 employees (full time equivalents) (Pohl 2009) in the care sector alone in the scope of the long-term care for elderly people on 1.2 million.

- A forecast of the institute of the German economy (IW) also supports the increasing economic meaning of the care sector. The need for full time employees could triple (Enste/Pimpertz 2008) on about 1.6 million up to the year 2050.
4. Employers’ Associations, collective bargaining and social dialogue in Social Services in Germany: A profiling analysis of its systems, institutions and outcomes

4.1 Employer-employee relations in Germany: The general model in the summary

The system of the employer / employees relations is actually regulated quite openly in Germany:

- Employees assemble themselves voluntarily in trade unions. These are ordered by economic sectors and branches of industry. In general one trade union is respectively responsible for a line of business.

- Employers become a member of employers' associations which also are differentiated to economic sectors and branches of industry. In most cases one employer organisation is responsible for a line of business. The associations often fulfill the tasks of an employers' federation as well as the tasks of industry associations.

- Both together - trade unions and employers' associations – conclude collective wage agreements which determine the working conditions and the payment for the staff of the members of the employers' association.

- Central contents of wage agreements are pay and salaries, working times, holiday entitlements, working conditions and regularisations for conclusion and cancellation of employee-employer relationships.

- Basically one distinguishes between skeleton agreements, wage agreements and single issue arrangements. Skeleton agreements regulate the framework conditions of the labour deployment, wage agreements regulate the amount of the pay and salaries, general agreements on employment conditions. Single issue arrangements regulate e.g. gratifications, the holiday and the Christmas gratifications or sometimes also questions of education and further education.

- In the federal republic of Germany skeleton agreements are often concluded supra-regional on federal level. Wage agreements refer predominantly to specific sub-regions of the Federal Republic which for the most part embrace one or more federal states. Furthermore there
are also many company agreements, the most prominent in Germany is that one of the Volkswagen AG.

- A wage agreement can be declared as generally binding by the German Ministry of Economic Affairs when being a "public interest". It then applies to all enterprises and employees of a line of business and not only to the employees of enterprises which belong to the employers' association. Employers, bound to collective agreements, have to employ at least the half of the employees falling to the scope of the wage agreement (§ 5, para. 1 no. 1 TVG) as a prerequisite for a general declaration of obligation. Moreover, the employers have a de facto right of veto since the general obligation may be explained with the agreement of the top organisations of the employers and the employees (§ 5, para. 1 set of 1 TVG).

- Wage agreements are negotiated between employers' associations and trade unions. If one does not find any agreement, it comes to labour disputes which may also lead to strikes and lockouts.

- In the enterprises the interests of the employees can be represented by work councils. These are chosen by the employees and have codetermination rights protected legally in many questions, for e.g. the organisation of working time, the manpower planning or regarding the system of the assessments.

- The installation of works councils is often initiated and advocated by unions. Many works committees get furthermore support by officials from the trade unions.

- Beyond the acquirement of rates for pay and working conditions trade unions and employers' associations work together on equal terms in a number of committees, in which they are advising and deciding together with government institutions and further interest organisations about public and half public matters. The central fields of bargaining are: unemployment, retirement and health insurances and the system of control and regulation of the vocational training and education.

In the second half of the 20th century the outlined German system of employer-employee relations has contributed decisively to the high standards of payment and social security and services in Germany in international comparison; additionally there was a comparatively low number of strikes. However, since the middle of the 90s there are significant
changes, which reduce the clarity and relevance of the system of employer-employee relations system in Germany:

- An increasing importance of the decentralised level, i.e. the company level: During the 90s there were approximately 3000 company wage agreements, in 2011 there were almost 7500, that is an increase by 250%.

- There is a firm decline of the number of the employees, that are covered to collective bargaining agreements in the first decade of the 21st century: In 1998 the quota was 76% in Western Germany and 63% in Eastern Germany. The quota has sunk to 63% in the west and to 50% in the east in 2010.

- The implementation of minimum wages in selected lines of business: As a direct reaction to the increasing meaning of badly paid jobs and after controversial scientific and political discussions and changes of the legal conditions it came to the implementation of minimum wages which were passed by the government in agreement with the organized social parties. At the beginning of 2012 there are currently minimum wages for 11 lines of businesses altogether, one of them is the care industry, or being more precisely: The geriatric care and the out-patient care delivery.

- A decline in the importance of corporate participation and decision possibilities of the trade unions and employers' federations: While during the 70s and 80s many basic political decisions were prepared, accompanied and partly also implemented and governed by tripartite structured commissions, the governance structures have become more confusing and more volatile since then. This is especially predominant in the area of the vocational education and training. In the past the control and regulation of the complete system was characterized by trade unions, employers' federations and by the chambers of industry and commerce (or trade corporations) quite decisively; today, the newly developed bachelor and master degrees of the universities set the course, where hardly ever cooperation between trade unions and employers' federations takes place.

The outlined changes of the last 15 years have led to more fragility and partly to a subtle loss of importance of the trade unions and employers' federations in regard to design, control and regulation of economy and work landscape in Germany (cf. Bosch et al 2011, Heinze 2009). They are albeit still important protagonists in the fields of work and social policy as well as in
terms of con-arrangement of wages and working conditions. In future they will remain as such since they are backed up by a comprehensive net of legally secured institutions and routines as well.

4.2 Employer employee relations in the social economy: The peculiar sector-specific features

The system of the employee-employer relations in the social economy resembles the above described facts for the national economy in Germany in many aspects. In case of the change trends - more fragility and sneaking meaning losses - the pendulum swings in the same direction. But there are also some very unusual features, which stamp the change trends lastingly and strengthen them in direct comparison to the national economy. Particularly the following features have to be mentioned as specific to the social sector in Germany:

- A large part of the social economy - namely those that are bound to either the Catholic Church Caritas and the Protestant Diakonia - is subject to an independently defined employment and collective labour law, which is enshrined in the canon law. This has many things in common with the public law labour in Germany. As part of the canon law the churches and church organisations have individual labour law design options, backed up by ART. 140 GG (Grundgesetz). The industrial law of the churches brings about, however, serious deviations in view of the social dialog and finding of agreements on pay and working conditions opposite the other conditions in the German economy:

- With respect to collective bargaining - Caritas and Diakonia are talking about labour law agreements - strikes and lockouts are forbidden. Instead, there are exclusive negotiations on equal representation in committees, which can be terminated if no agreement can be found by (multi) arbitration proceedings.

- There are no worker’s councils but employee representations (Mitarbeitervertretungen - MAV) at the operational level. Participation rights are quite similar to the worker’s council representatives but there also are differences. One would not speak of an overall better or worse position in general, and systematic comparative research on this issue is generally non existend (cf. Jakobi 2007, 79f). Such employee representatives generally have little contact and cooperation relations with the service sector trade union ver.di.
In collective bargaining processes the employees’ side – Caritas and Diakonia often call them “institutionalised service community” (Dienstgemeinschaft) – is not represented by the trade union (service sector trade union ver.di) in the negotiations to 'wage determination', but rather by delegates from groups of employee representatives. These work at the different levels (in company networks, in regions or on the Federal level) and send their representatives to upper-level umbrella associations on the base of different regulatories.

Most other economic sectors in Germany have one employers association. The social economy sector has no less than eight employer associations, and accordingly, eight negotiating arenas in which bargaining contracts are sought and found.

The negotiation arenas have to be distinguished:

- the (non-statutory) Roman Catholic Caritas (holding organisation: German Caritas Association (Deutscher Caritas Verband, DCV.)
- the (non-statutory) Protestant Diakonie (holding organisation: Welfare Service of the Protestant Church in Germany)
- the (non-statutory) Central Welfare Agency of the Jews (ZWST)
- the (non-statutory) Workers’s Welfare Service (Arbeiterwohlfahrt, AWO) with its traditional anchorages in the labour movement,
- the (non-statutory) German Red Cross (DRK),
- the (non-statutory) Non-affiliated Charities (Paritätische Wohlfahrtswirtschaft, DPWV)
- Public providers, these primarily on the local one, are partly active also at the regional level, however, and the employer interests are represented by the association of the municipal employers - Verband der Kommunalen Arbeitgeber (VKA),
- Private provider with the federal association of private providers of social services (bpa).
Economical speaking it is a fact, that the free non-statutory welfare and private providers dominate the care sector (outpatient care, residential care activities) as the public (social and youth welfare departments, regional authority associations (Landschaftsverbände) with their special hospitals for handicapped persons and mentally ill persons) and confessional providers dominate clearly in the area of child and youth welfare (Kindergarten, leisure amenities etc.).

The mentioned collective bargaining arenas are structured very differently and are presently in transition. Thus the Caritas has succeeded at establishing an open and top-down structured negotiation system within the last few years. However, the world of the welfare and social work still is very strongly characterized by decentralised protagonists and seeks for new ways for more transparency and homogeneity seeks at present. The decentralised strengths, the level of the enterprises and sole proprietorships are very dominant in the DPWV and the private ones. The public ones adapt the results of the wage negotiations for the public service. The united service trade union ver.di represents the employees’ side in all non-christian negotiation arenas. In the world of the Caritas and Diakonie ver.di is looking till now for new ways to shape the representation of interests, however, with
only modest success. Merely in two rather smaller negotiation regions (Nordelbien, Berlin-Brandenburg-Oberlausitz) ver.di sits at the table as negotiation partner, but hast to accept the fact, that strikes are prohibited. The competition in social services has intensified considerably within the last two decades. A large part of the purchases for social services comes from public customers. There used to be refunds for the providers for their services based on confirmed service price catalogues. Meanwhile, the orders are put out to tender and awarded to the most reasonably priced provider. This award practice has increased the competition in the social economy considerably and contributed to a growing group of strong private providers (v. a. opposite the non-statutory sector) and has led to economic problem of the providers to the point of take-overs, insolvencies and bankruptcies.

4.3 The world of the wage rates, collective bargaining and agreements in the social economy

According to the findings of this study the outlined eight collective bargaining systems in the social economy produce a variety of collective agreements and labour law regulations on different levels (e.g. federation; federal states, corporations and enterprises). Neither the official collective bargaining archive of the Federal Ministry of Labour, the archive of the Economic and Social Research Institute (WSI), nor the collective bargaining register of the service sector trade union ver.di has a resilient overview. Up to now, this situation has not been adequately described and evaluated. The research for this project is based on the sources mentioned above. Supplementary research, interviews as well as internet search, has been done in cooperation with the respective institutional organisations (see above). Based on this work it has to be considered as facts,

- that there are approximately 1,430 wage settlements and agreements in the social service sector.
- that about 1,300 of them are assigned to the non-church arenas and approx. 130 are assigned to the church negotiation arenas.
- that of the 1,430 bargaining agreements 218 are skeleton agreements, 253 are wage agreements and 840 are single issue arrangements.
- that a lot of the agreements are emergency agreements due to the rescue of an enterprise which got into economic difficulties.
With regard to the adherence of collective bargaining agreements one can go back to the data of the business panel of the Institute for labour market and employment research (IAB) (see Bispinck among others 2012, Kap.1.7). The industry-specific definitions used there cannot be completely brought into congruence in terms of the definition of social economy in the present study and in the complete PESSIS project, though. Based on assessments from expert interviews we nevertheless assume that the IAB data to the lines of business health and education and teaching corresponds broadly with definition of PESSIS. Therefore:

- 32% of the enterprises and 52% of the employees are covered by industry-specific wage agreements,
- 5% of the enterprises and 11% of the employees are covered by house or company wage agreements,
- and 63% of the enterprises as well as 37% of the employees work without an involvement in collective bargaining agreements.

Thus the adherence of collective bargaining agreements in the social economy is tightly over the average of the German economy but also considerably lower compared to established lines of business such as the building and construction, trade or the finance and insurance services. In addition one has to say that the supplementary expert interviews pointed to great differences between the different negotiation systems of the social economy for the present project. So the Caritas and Diakonia refer to an adherence of collective bargaining agreements of over 90% (also see the statements on the Bundestag hearing 2012) while the private providers assume that far more than 80% of the employees is working without any collective bargaining agreement.

Data about the membership rate of facilities and enterprises in employer associations of the social economy are not available. However, one can assume that the membership density ratio corresponds roughly to the quota of tariff coverage for the enterprises. This means that approximately about one third of the enterprises belong to an employers' association. It is to assume that particularly smaller private enterprises do not belong to any employers' association. With the non-statutory providers however the membership density ratio is at almost 100%.

Details, how many per cent of the employees in the social economy are member of the responsible united service sector trade union ver.di are not available also. The estimates in the expert discussions reaches from 3 to
10%. On the employers' side the degree of organisation is clearly below the average of the German national economy of 14% (European Social Survey, http://www.iwkoeln.de/de/infodienste/gewerkschaftsspiegel).

To give a concise view of the income and working conditions is also difficult as there is no sufficient data, especially in comparison with other lines of businesses; when they are outlined they encounter methodological caveats. Thus the data which was presented by the Caritas and the Diakonie in the context of a hearing in the German Bundestag was critizised by the Workers' Welfare Service. However, an analysis of the LohnSpiegel, which recently has been presented by Evans u.a. (2012) can be used as rough orientation, as it was made for the lines of business health (inclusive of geriatric care), as well as for caring professions/educators. On its basis one can conclude that the average monthly income in the social economy is approx. 10 - 15 % below the average values of the national economy in Germany.
Figure 2: Average monthly earnings by occupation and age

- Gesundheitsberufe = Work in the health sector
- EDV/IT/Informatik = IT/Computer Science
- Handelsberufe = Trade business
- Metallberufe = Metal-working industry
- Techniker/in, gleichrangige nichttechnische Berufe = Technicians and jobs with equal rank
- Sozialberufe, Erzieher/innen = Social Work, kindergarten teacher
- Gesamt = All together

With regard to the working conditions the social economy stands obviously on the shady side of the business life as well (measured against the stress perception or the fear of losing the job).
There are albeit very great differences within the social economy. Incomes and working conditions in the field of the care for the elderly and that of the child care are especially tenous.

4.4 Topics of the regular social dialog

During the representative interviews as well as on the checking of central statements from the social economy a number of topics stood out and give an immediate reference to the employer-employee relations in this line of business. The following aspects played a important role in this:

- The social economy is already today a great economic factor and can be regarded as lines of business with great growth and employment potentials for the future. The line of business needs a self-confident and offensive representation of interests to be able to realize these future chances. The different worlds of the social economy should cooperate and also seek for the cooperation between employer associations and trade unions here. An aim will be that more remedies for social services should be called in by the public hand as well as from the national insurances.

- Unemployment has sunk considerably in Germany within the last few years. There is already a qualified employee deficit in some employment fields and regions. All interviewed experts agreed that
we have to find new ways to make the jobs more attractive in the social economy. Otherwise disadvantages could threaten the competition for workers with other lines of business in the future.

- It is uncontentious that the pay and working conditions are very bad in some areas - primarily in the old people's welfare and at the support of small children. The search for new ways to upgrading of the work is particularly high in these areas.

- Another answer to the threatening shortage of labour is to gain to new target groups for the work in the social economy, i.e. people who do not show interest in work in this line of business till now or do not have the appropriate knowledge or skills. Address, training and integration concepts must be developed - at the best for the entire line of business and in agreement with the trade unions and the other employee persons representing the interests for these new target groups.

- Some experts also pointed out new ways of the labour organisation and the technology use to search to make the deployment of labour both better and more efficient. The Diakonie had a special event in Berlin with the topic technology use in the geriatric care at the beginning of May 2012.

- At the search for workers but also at the development of new offers and business fields enterprises of the social economy get increasingly active abroad. The attention increases for inter- and supranational future trends and authorities corresponding for decisions through this. Refreshment and standardisation of the representation of interests are seen as particularly desirable in the EU.

- The education and further education for the professions of the social economy has got into movement within the last few years. Thus some professions of the social economy are meanwhile trained (as result of the Bologna process) as bachelor qualification at universities. More transparency and coordination was called in by several experts at the development of new job outlines.

- The service sector trade union ver.di as well as some political parties (Die Linke, SPD) have the opinion to check the special rights of church-near providers, if necessary even to abolish them. This discussion found its temporary highlight in a hearing in the German
Bundestag, as it was put on the agenda by the parliamentary group Die Linke. In connection with these debates it is questioned how to standardise the system of the employer-employee relations more strongly and to foster a social dialog about future questions of the social economy. In connection with this the AWO suggests the introduction of one uniform industry-specific wage agreement which then can be declared generally binding by the Federal Government.

Although the technical necessities of a Social Dialog are seen clearly in all 'worlds' of the social economy, there is (yet) no unified picture about the ways to procure it. Perhaps an external stimulus could be necessary to help along here. Some of the interviewed experts hoped, that the PESSIS project could work in this meaning.

4.5 Summarising complete interpretation

In the summarising complete interpretation it stands out that the system of the employee employer relations is very strongly fragmented, even rugged in the social economy. It probably is not even justified to speak about a "system". Figuratively speaking it rather consists of eight different partial worlds which form a confused, not yet completely mapped archipelago of systems isolated by each other, which then produces an atomistic landscape of bargains and agreements. A result of this various and little structured world is that pay and income conditions in this line of business could undermine their performance and competitiveness in the long run. It is recognized by many protagonists and responsibility carriers in the social economy that there is a large renewal need in terms of upgrading the work towards more homogeneity and transparency as well as in the direction of unity. However, this social dialog is not present sector wide, rather in some isolated worlds at coincidental meetings - any miracle therefore, that the effects fall flat largely.
5. Conclusions and Challenges: „Sociosclerosis“: Employer-employee relations in German Social Services at the crossroads

During the enquiries and expert interviews for the German country study PESSIS ("Promoting Employers ' of Social services Organisations in Social Dialogue") project it got bit by bit clear that the social economy in Germany is in a difficult situation, perhaps even in a crisis. Without a doubt it is an industry with crisp prospects on more growth and employment. However, it runs the risk of being not able to realize these great prospects.

Social economy has difficulties in lobbying itself uniformly and strongly and it is also having problems to appear as a line of business with attractive jobs. Because of this it must be afraid again and again that public and quasi-public funds are cut for the financing of the welfare state and hence for the financing of its offers; this means disadvantages in the competition for qualified employees in the long run.

It is reason for these difficulties that the line of business is organized badly both at the employers' side and on the part of the employees. Although at the employees' side it adds an industrywidely responsible trade union with ver.di, the degree of unionization, however, is (at the Caritas, the Diakonie and with large parts at the private providers) low and also the cooperation possibilities in large portions of this line of business is extremely restricted. At the employers' side there is no uniform organisation at all, eight different negotiation arenas search for bargains and agreements instead. Due to its organisational fragmentation in Germany the social economy can be described as “braked by its own bonds”.

In analogy to debates in Europe during the 70s and 80s about "Eurosclerose" - the European economy stagnated because its future abilities were stuck in a brushwood of non-compatible regulations – one could talk about "Sociosclerose" in the German social economy. Although the social economy has extremely high future potentials, it, however, cannot develop these due to its socio-institutional fundaments.

The "Eurosclerose" had been overcome with the "Single European Act" in 1986. This was a step which was conscious and planned by farsighted politicians towards the widening and deepening of the European integration. Will the responsible parties be able to comparably courageous steps in the German social economy? The goal can only be achieved through the
development and expansion of organized social dialogue at a national level. Impulses from a European social dialogue can thereby be orientation and encouragement.
6. SWOT-Analyses of Social Dialogue in Social Services in Germany

The following figure sums on the basis of the results described the strengths, weaknesses, opportunities and threats along the social economy with a view on the social dialogue and aggregates the results in two scenarios, as a "dialogical-representative modernization" (Scenario 1) and "Progressive Sociosclerosis" (Scenario 2) respectively. With regard to the “social dialogue” the social economy is particular strong with its positive growth prospects and the economic stability of the industry. The welfare mix of public, non-statutory and private providers have proven themselves as a stabilizing element in the German model of the welfare state.

Figure 4:
The importance of collective bargaining / labour agreements at company level is a strength of the social economy; in the sense that this way enables a high ability to response and to adapt at enterprise level. On the other hand, however, the fragmented landscape of negotiation, the variance of the high level of organization of employers and the low level of organization on the employee side will all nourish the problem of "Sociosclerosis "in the social economy. All protagonists are in the challenge for responsible modernization and the "social dialogue" is the key instrument for this purpose. As part of a dialogue-representative modernization, the basic positive growth prospects for the industry through sustainable collective bargaining agreements and working conditions will be supported.
7 Literature


Annex

List of Experts

- Mechtild Weickenmeier, DPWV Witten-Herdecke
- Karsten Gebhardt, Diakonie
- Thomas Sopp, Diakonie
- Joß Steinke, Arbeiterwohlfahrt Bundesverband e.V.
- Katharina Wiegmann, Arbeiterwohlfahrt Bundesverband e.V.
- Rifat Fersahoglu-Weber, Vorsitzender des Vorstandes, AWO-Bezirksverband Braunschweig e.V.
- Herbert Weisbrodt-Frey, ver.di Bundesverband
- Dr. Margret Steffen, ver.di, Bundesverband
- Matthias Voigt, Marien-Hospital Herten
- Armin Lang, Sozialverband Deutschland
National Report
Austria

CHRISTIAN PERL

BAWO

Supported by: DG Employment, Social Affairs and Inclusion
Social Dialogue in the Health and Social Service Sector
Austrian Report

1. Preface

2.1 Project PESSIS: Promoting Employers’ Social Services In Social Dialogue

The aim of the research project ‘Project PESSIS is to provide a detailed understanding of how social dialogue is organized and structured (or not) in the social services sector in Europe. It aims to identify barriers to increased cooperation among employers in the sector. The term social dialogue is defined as ‘a dialogue between employers and employees’. Eleven national studies will contribute to an overall European perspective of social dialogue in the social services sector, outlined in the European summary report. Each national report presents a ‘picture’ of how social dialogue is organized at local, regional and national levels and has addressed the following six research questions:

1. What is the size of the social services sector, both in terms of workforce and of employers in aggregated value?

2. How well represented is the sector in terms of number of employers and workers covered by collective agreements?

3. What are the types of social dialogue or collective agreements that exist?

4. How many employers of the sector are involved in social dialogue and at what level?

5. What are the key labour issues dealt with and at what level?

6. Are there any labour issues that could be dealt with at European Union (EU) level?

Social services’ is a term that can be interpreted in different ways across Europe but for the PESSIS project, the key groups included are:
• Long-term care for older people;
• Care and rehabilitation for people with disabilities;
Child care.

Social services’ may also cover a range of other services, for example, services for homeless people. These have been included only when they have particularly strong systems of social dialogue. The main focus of each national report is on the three key groups listed above.

The terms public, for-profit and not-for profit sectors are widely used across Europe. In the PESSIS project they are defined as:

Public sector – Government departments, public sector agencies or municipal authorities commission social services in many countries and contract for-profit and / or not-for profit providers to deliver social services. In some countries, social services may still be delivered by municipal or regional government authorities. Public authorities (national, region or local government) may fund social services by providing money directly to individuals. For the use of this Austrian report the term “public sector” applies to circumstances where social services are delivered by national, regional or municipal public authorities or public sector agencies themselves.

For-profit sector – Providers of social services which operate to make a profit. They may operate with shareholders or they may be private companies, owned by one or more individuals. In some countries, family businesses deliver social services. They may be large or small in size.

Not-for-profit sector – Providers of social services, which do not operate to make a profit. In some countries this sector may be called the voluntary or charitable sector. In some countries, volunteers deliver some of the services for the not-for-profit sector.

1.3 PESSIS in Austria

In Austria „BAWO – Bundesarbeitsgemeinschaft Wohnungslosenhilfe“ is the project partner for PESSIS and responsible for the country report. BAWO is the umbrella organization of Non Governmental social service providers working with the homeless in Austria. The association is independent of any political party or confession. BAWO has about 150 members, of which 50 are service providers offering emergency-, developmental- and long-term social services across all Austrian provinces. The aim is to acquire decent and affordable housing for everyone. BAWO members are active in social dialogue at national, regional and local level.
1.4 Methods and design

Firstly a survey of the legal and socio-political framework of the social dialog in Austria was carried out. Further more the dimension, in regard to the numbers of employees and employers and the economic importance were investigated. These numbers can be seen as an approximation, as there are not sufficient data available.

In addition to that and to find out about the most important aspects of social dialogue on national and for the European level, interviews with major stakeholders were carried out. These interviews were mostly done within a national workshop with a broad regional participation of representatives of BAWO. These findings were supplemented with individual interviews with leading representatives of big Austrian employers’ associations and one employees’ representative from the public sector. Because of this approach, a quite remarkable number of collective agreements in the social service sector could be included within the analysis. These interviews were carried out in the period from January to April 2012, subsequently transcribed and interpreted with the qualitative content analysis by Mayring (2008).

The report is structured into seven chapters. The preface gives some background information on the PESSIS project in Europe and Austria. This is followed by a brief overview on the economic importance of the health – and social service sector in Austria, a description of the Austrian model of the social partnership and the framework of social dialogue given by the Labour Constitution Act. Furthermore the report outlines the historical changes and the most important topics in regard to social dialog in the social service sector in Austria. The results of the national workshop with the discussion session and the expert interviews are described in chapter four and five. Last but not least a short good practice analysis and recommendations for the European level are summarized.

It gives me great pleasure in acknowledging the support and help of Mag. (FH) Andrea Viertelmayr for her detailed and thoughtful review of the report, the worth while feedback and comments on the form and content.
This report was originally written in German language and jointly translated into English by the author and Andrea Viertelmayr. All the direct citations in this report are free translations.
2. The Health and Social Service Sector in Austria – a Future Industry?

The health and social service sector in Europe is seen as future industry with “great growth dynamic and extraordinary job growth perspectives for future decades” (Hilbert et al 2012). In 2011 385,400 employees in Austria defined themselves as working in the public, for-profit or not-for-profit health and social service sector (Statistik Austria, 2012a, p.33). Gruber (2012) president of the largest Austrian employers’ association in the social service sector “Sozialwirtschaft Österreich” quantifies the average compound annual growth rate (CAGR) of employment in the sector (2004 – 2010) with 3,35 %. This rate is therefore 2 percentage points higher than the average CAGR of all the sectors together in the same period that amounts to 1,32 % (Gruber 2012).

In relation to the number of employees, the health and social service sector is the third largest sector in Austria, coming right after the production of goods with 653,900 employees and the sector commerce/maintenance and repair with 629,100 employees (Statistik Austria, 2012a, p.33). The proportion of female employees is the highest of all sectors (77,1 %) as is the proportion of part time employment (42,9 %). (Knittler 2011, p.1102) There is a high need of additional qualified personnel, especially in the field of long term care. In this sector the need for additional employees is estimated with around 20,000 until 2025 (Interview Harreither, 2012).

The figures specified above relate to health and social services’ employees in all of the sectors, be it public, for-profit or not-for-profit. Meyer et al (2010) specify the amount of workforce in the Austrian non-for-profit sector as follows:

„As a result in the Austrian not-for-profit sector there are 170,000 persons employed. Both the proportion of female workers and the proportion of part time employment are comparatively high. In the third sector social services in a broader sense (care, medical institutions, rescue services, welfare) are the largest services by far, covering around 60 % of all employees. Also the largest organisations of the sector mainly operate in this field: Caritas und the Red Cross, each with more than 10,000 employees and a multitude of voluntary workers.“
In relation to the gross value added, the health and social service sector is also accounting with increase in value above-average. Since 1995 the gross value added of the sector in basic prices increased from circ. 18,1 bn. EUR up to 30,6 bn. EUR. This is an increase of 70 % and therefore 5 percentage points higher than the accumulated increase of the gross value added of all the sectors together (Statistik Austria 2012b, p.313-314.)

The data available in Austria are dissatisfactory to this point as they do not separate the health and social service sector in a public part on the one hand and in a profit and a not-for-profit part on the other hand. A unitary definition of what is meant by the "health and social service sector” and which occupational groups are covered by this term seems to be missing. Reliable research on the size and importance of the health and social service sector could not be found. The cited data therefore can just be seen as guidance value and are not sufficient.

Meyer et al (2010) state in their article on the Austrian not-for-profit sector: „So important the not-for-profit sector is for the Austrian economy and society so fragmentary is the available information. There is still no "satellite account" for NPOs in the national accounts.“ For further information on the quantitative picture also see Badelt et al (2007, p 63-79). More key data and operating figures on the economic relevance and employment of the not-for-profit sector can be found in Meyer et al (2010).

Especially the high part time employment rate and the high need of additional qualified personnel in the care sector, show the challenges of the future. Nearly all of the interviewed employers state how important it is to succeed in the competition for qualified employees. It is of high importance to make the social sector attractive and to prove it as a valuable and worthy sector (Interviews Fenninger, Gruber, Necina 2012).

3. Social Dialogue in Austria

Social dialogue defined as a dialogue between employers and employees, in Austria mainly takes place at three different levels:
- Firstly the so called economic and social partners are being involved by the government in the origination process of labour laws in Austria and already therefore have a quite important role in the regulation of labour conditions.
Secondly, “in addition to the legal regulations essential fields of the working conditions (particularly payment, flexible organization of working time, supplementary premium) are regulated and negotiated through collective agreements between employers’ and employees’ associations.” (bmask 2010)

Thirdly “At company level, the interests of employed persons are represented by works councils or—in the public sector—by staff representatives... Under the collective agreements negotiated annually by individual industry unions, they conclude agreements with their companies which may exceed—but not fall short of—the levels laid down by collective bargaining” (Austrian Trade Union Federation 2010, p. 4)

3.1 The Austrian Model of Economic and Social Partnership

Social dialogue in Austria – seen as dialogue between employers and employees – is realized in the frame of an institutionalized system of close cooperation of the economic and social partners. This voluntary and informal system is called “social partnership”. The regulation of working relationships through collective agreements, issuing of a statute and minimum wage agreements all going beyond company level is one of the main tasks of the social partnership in Austria. “Austria has a collective agreement coverage of more than 95 %, which has contributed to considerable income security and to equal conditions for the competition of the businesses” (Austrian Trade Union Federation, 2010, p.6).

According to the self definition of the Austrian social partners (Die Sozialpartner Österreich, n.d.) the social partnership does not deal with industrial relations alone:

„What distinguishes the Austrian social partnership is that it extends to practically all areas of economic and social policy. For this reason Austria is considered an excellent example of corporatism, i.e., comprehensive and co-ordinated representation of group interests“. Social partnership is comprised of the following four associations:

- Austrian Trade Union Federation
Collective agreements are an important instrument in the Austrian system as here industrial relations are shaped more closely in a dialogue beyond company level. The ministry of labour, social affairs and consumer protection (bmask 2012) describes the nature of a collective agreement as follows:

„In Austria in addition to the legal regulations essential fields of the working conditions (particularly payment, flexible organization of working time, supplementary premium) are regulated and negotiated through collective agreements between employers’ and employees’ representatives. Thus certain minimum wages and minimum standards should be accomplished – without involving the state.

The Austrian Labour Relations Act defines the scope of areas to be negotiated and some of the basic conditions (e.g. collective bargaining ability). With regard to the content, the partners of a collective agreement are largely unbound in negotiating the area of wage policy. Some legal frameworks (e.g. principle of equal treatment) must be observed though. Collective agreements are contracts concluded by authorised corporate bodies of the employers’ side on the one hand and of the employees’ side on the other. For the main part collective agreements regulate mutual rights and obligations emanating from the employment“.

The Austrian system is characterized by the fact that only specified interest groups and professional organizations can be involved in social dialogue. Only those organizations are authorized to conclude collective agreements that have been recognized either directly by law or by the Federal Arbitration Office (Ministry of Labour, Social Affairs and Consumer Protection).

By law, employers’ and employees’ associations are then able to enter into collective agreements, "... if they meet the requirements of opponents-independency and the regulation of working conditions is one of their core responsibilities. These are the Federal Chamber of Labour on employees’
side, the Austrian Federal Economic Chamber and their professional sub-
organizations on employers' side as well as a series of chambers of the
independent professions." (BMASK, 2012)

Voluntary professional associations of employers and employees are then
able to enter into collective agreements if they meet certain criteria and the
Federal Arbitration Office adjudicates their collective negotiating powers. This
includes, amongst others, that the professional organization is operating in a
wider geographical and technical scope, and economic importance is
incumbent upon them on the basis of their broad membership and scope of
activity. Because of this restriction an inflation of the number of approved
professional bodies and therefore also collective agreements concluded, can
be prevented - as they are described for example for Germany (Hilbert et al
2012).

The most important voluntary professional organizations are Austrian Trade
Union Federation on the employees’ side and the Federation of Austrian
Industries on the employers’ side. In the health and social sector the
„Berufsvereinigung von Arbeitgebern für Gesundheits- und Sozialberufe“
(BAGS) has been approved an employers’ collective negotiating body in
1997. In 2012 BAGS has been renamed „Sozialwirtschaft Österreich“

3.3  Works Councils

“At company level, the interests of employed persons are represented by
works councils or— in the public sector— by staff representatives. For
companies having more than five employees the Labour Constitution Act
stipulates that a works council or staff representative be elected every four
years. All employees are entitled to vote, not just trade union members.
Works council members have special protection from dismissal. At company
level they have clearly defined participation, information,
intervention, and supervision rights. Under the collective agreements
negotiated annually by individual industry unions, they conclude agreements
with their companies which may exceed—but not fall short of—the levels laid
down by collective bargaining” (Austrian Trade Union Federation 2010, p. 4)
4. Social Dialogue in Austria

4.1 Unification of the Social Dialogue

The existence of a standard collective agreement that covers the whole profit- and not-for-profit health and social service sector in Austria is especially seen by the employer side as an important element to avoid wage – and salary dumping. Standardized regulations lead to fair and equal conditions of competition for all of the businesses and institutions involved (Interview Fenninger, Interview Gruber 2012).

In 1997 a voluntary professional association of employers, the BAGS, was founded mainly to unify the health and social service sector in Austria that was previously fragmented across multiple industries, and to negotiate one single collective agreement,. However, the final compromise for the collective agreement within the sector happened historically seen quite late, namely in 2003. BAGS was renamed “Sozialwirtschaft Österreich” in 2012.

Further important aims of the Sozialwirtschaft Österreich (2012) are:

- negotiations with the public authorities to represent the interests of the members,
- economic safety and the emancipation of the third sector,
- strengthening and better positioning of the professions in the health and social service sector,
- Quality management.

In October 1997 the Federal Arbitration Office adjudicated collective negotiating powers to BAGS that could conclude from that time on all collective agreements for all of the health and social service sectors. BAGS started negotiations with the trade union for the private employees (now GPA-DJP) and with the union Vida. The aim was to complete one single nationwide collective agreement for the full range of health and social services, including the disability sector, child and youth welfare and labour market policy services.

The complexity of the collective agreement unification, resulting from partly historically developed, industry-specific and regional differences can be seen in two different aspects: The first one is shown by the relatively long negotiation period until December 2003. The second one is shown by the "...
sophisticated system of transitional arrangements...until 2019" (Bödenauer et al 2009, p.7).

According to recent information from the website of Sozialwirtschaft Österreich (2012) „...the collective agreement is valid for more than 300 member organizations nationwide. These organizations provide their services with more than 41,600 employees.” Bödenauer et al assume at least for 2009, „...that European-wide there was no collective agreement for the private social service sector that included as many employees as the BAGS – collective agreement."

4.2 Statute of the BAGS collective agreement

The aim of “Sozialwirtschaft Österreich” was, to let the BAGS collective agreement be declared as a statute by the Federal Arbitration Office. Through this legal act a collective agreement is awarded binding legal obligation outside of its original sphere. "The purpose of this legal instrument is to provide employees, who are not provided with any collective agreement from their employer side, with the benefit of a collective scheme“ (Schwarz/Löschnigg 2000, p. 114).That goal was, for the first time, established on 1st of May 2006 whereby the scope of the BAGS collective agreement has been extended to organizations that are not members of the BAGS (Sozialwirtschaft Österreich 2012). With this step equal working conditions for the same functions in the same industry were achieved. BAGS collective agreement therefore is valid for the whole profit and not-for profit social service sector in Austria.

Being declared statute, the collective agreement BAGS is "... in Austria, the only collective agreement providing regulations for the entire health sector, social services sector, disability sector, child and youth welfare services and labour market services. Currently, in these areas, around 90,000 people are employed...

Being declared statute the BAGS collective agreement takes the place of sub-group contracts of various organizations and professional groups in the Austrian provinces and replaces more than 200 different company arrangements. For 60 social professions it creates minimum standards that must not be fallen short of. Already existing favourable provisions remain valid though" (Sozialwirtschaft Österreich 2012).

This positive assessment of the statute as a standardizing instrument is not equally shared by all of all stakeholders in all provinces. A participant of the
national workshop on 12th of March 2012 criticized that the regional conditions are not taken into account sufficiently.

4.3 Contents of the BAGS collective agreement

Main contents of the collective agreement BAGS (2012) are particular regulations on working hours and wages. As part of the regulations on working hours the normal weekly working hours and their spreading, part-time work, overtime, standby, rest periods and vacation are regulated.

The provisions related to wages include, amongst others, the classification schemes according to occupational groups and the establishment of a minimum basic salary for these groups according to salary scales.

Further more fringe benefits and surcharges, the crediting of years of prior employment and the continued payment of salary during vacation are regulated. Provisions for training, supervision, sabbatical, retirement and termination of employment complete the guidelines (BAGS 2012).

According to the social partners, which were involved during the negotiations, the standardization of salaries has been the core topic within the collective agreement. What "... on the other hand leads to considerable difficulties in the implementation and the applicability" (Bödenauer et al 2009, p. 7).

In the preface of Löschnigg/Resch, Bödenauer et al (2009) describe the key issues as followed: "The collective agreement provides a contemporary wage structure, as well as the requirements for flexible working hours in connection with a reduction in working hours to 38 hours a week. The collective agreement includes mechanisms against „burn-out phenomenon", provides enhanced protection for part-time employees and improves the vacation policy."(p.7)

The difficulties of the unification of existing wage systems described above, has been confirmed several times by stakeholders at the national workshop on 12th of March (BAWO 2012). Several participants from various provinces reported a change for the worse in wages since the introduction of the BAGS collective agreement. In one social service in Tyrol it was described as an introduction of a two class system: The higher-paid employees covered by the old agreement and the lower-paid employees covered by the BAGS collective agreement.
As a particular problem the participants of the workshop mentioned the "negative looping in" of the wage system. This means that employees who were classified within a higher wage level can remain in the old wage scale, but their salary increase is less, until their wage is the same as it would be within the BAGS collective agreement. As a further weakness of the collective agreement, which affects the wages in a quite negative way, the participants of the workshop described the lack of descriptions in regard to the occupational group and the lack of sufficient recognition of years of prior employment.

Improvements of the wage system occurred in the disability sector and for all those who previously earned very little. In the area of the homeless sector, it was a real improvement for those employees who work in night shifts. In the province Upper Austria around 90% of the staff decided immediately – because of a monetary improvement – to change into the BAGS scheme.

The introduction of occupational groups was in the national BAWO workshop in general seen as a positive development. However, the intermingling of the classification according to work content with the classification according to educational background has been criticized. This would create some problems in interpretation and implementation. This would, especially in the social services sector provided for the homeless, lead to the creation of vocational descriptions with a lower educational level as before. These descriptions correspond to a lower job category and therefore a lower wage. The local and regional authorities and funding bodies would then determine that these lower educated employees can work in any service provided for the homeless. All in all this leads to a financial and quality downgrading of the homeless sector.

Almost every participant of the national workshop and the interviews mentioned as a major problem the interaction between collective bargaining and public procurement and payment for the social services. Although the collective agreement defines that favourable existing provisions should continue, the authorities are only willing to pay the costs for the cheaper BAGS wages. Some social services were recommended already to carry out “restructurings” in order to pay wages on BAGS level which means nothing less that they were recommended dismissal of staff.

One participant of the national stakeholder workshop criticized: „Although the BAGS collective agreement is a minimum wage tariff, by the funding
bodies it is treated as if it would be a maximum wage rate. The authorities do not pay more for the services delegated.”

Sepp Ginner, Chairman of the BAWO formulated this as follows: "Social services are dependent to 100% on the funding bodies. There is very little tolerance and space to move. There are quite some requirements that were formulated in BAGS collective agreement, but are ignored by the authorities. For example: if there are existing old agreements which are better than the BAGS, these agreements should stay in action. This is completely ignored by the funding bodies. Secondly, the labour grading of new employees within the BAGS is too restrictive. The provinces use that, to recommend the institutions, to employ cheaper employees. These are the two major pitfalls."

Erich Fenninger, deputy chairman of “Sozialwirtschaft Österreich" addresses the triangle employer – employee and funding body in his interview as follows: "That's right, that makes the difference in the social sector. Why? Because in the private sector of the economy employers are quite free in their decisions. Free in their design of a product developed, the quality and the price offered.

This means that a producer or a trader can decide how the product is launched: Which product, for what quality and at what cost. And we (note: the social sector services) don't have all these possibilities by our own we only have them, if at all, in the dialogue with the funding body. This means that in the first place the local and regional authorities order services, according to certain quality criteria, and at the same time, they set the price. It is virtually defined by the state, which services should be offered and which can be carried out. Secondly, with what quality and third at what price... so they (note: the funding bodies in the negotiations about the collective agreement) virtually sit with us on the table."

The chairman of the “Sozialwirtschaft Österreich“, Wolfgang Gruber (Interview 2012), has another opinion on this point. Similar to other sectors, the social sector should be in the position to set the price in relation to the arising expenses and not just be determined by the funding body. His point of view is that it does not make sense to invite the funding bodies to take part in the social dialogue.
4.4 Other collective agreements in the health – and social service sector

In addition to “Sozialwirtschaft Österreich” (formerly BAGS), which is the largest professional employers’ association in the health and social service sector in Austria, several other professional employers’ associations have been approved a collective negotiating body by the Federal Arbitration Office. That includes some of the largest social service organizations in Austria: Caritas, Diakonie and the Red Cross, but also the employer association of social - and health services in the region of Vorarlberg.

Further employers’ associations that have been approved for collective bargaining are listed on the website of the Ministry of Labour, Social Affairs and Consumer Protection (2012). Amongst others the following professional associations of employers in the health and social sector are listed:

- Neustart – Bewährungshilfe, Konfliktregelung, Soziale Arbeit
- Verband steirischer Alten- und Betreuungsheime
- Interessenvertretung von Ordensspitälern und von konfessionellen Alten- und Pflegeheimen Österreichs
- Niederösterreichisches Hilfswerk
- Dachverband für ambulante Alten- und Heimhilfe
- Verein Interessenvertretung karitativer Einrichtungen der Katholischen Kirche in Österreich
- Österreichisches Rotes Kreuz
- Arbeitgeber/innenverband der Diakonie Österreich
- Arbeitgeber/innenverein von Sozial- und Gesundheitsorganisationen in Vorarlberg, Bregenz
- SOS-Kinderdörfer

According to the interview with the head of the personal management of Caritas Vienna, Karin Necina (2012), the collective agreement of the charitable institutions in Austria include about 10,000 employees. In addition to the annual wage agreement, the development of a model for flexible working hours that suits the particular work and life situation of the employees is currently a major issue in Caritas social dialogue. Furthermore maternity leave will now be recognized as full working years for the job grading scheme. This is important, as various job entitlements are dependent of the sum of the years employed.
The collective agreement sets out conditions which are the basis for company agreements based on regional conditions at regional level. Regional conditions are often very different, even the salaries are regionally quite different.

Caritas Vienna is currently working on a career pool to create internal career opportunities for their employees. With this career pool they want to make the Caritas more attractive and keep the employees in the institution. Furthermore, Caritas works on a health project for its staff. This project deals with burn-out prevention and a better way to cope with time pressure. Additionally occupational safety in terms of protection against internal and external violence is one of the main topics in the project. The growing shortage of skilled workers in the long term care sector should be brought to an end with projects that prove the Caritas attractive as an employer.

According to a press release of the Diakonie (2006) their collective agreement – completed on March 29th – was the third agreement in the social sector after the Caritas’ and the BAGS’ collective agreements. This agreement applies to the charitable institutions for the work with the elderly, the disabled, the child and youth care, the rescue - and ambulance services as well as refugee aid. This affects about 2,500 employees all over Austria. Michael Chalupka, director of “Diakonie Austria”, described the negotiations of working time as the biggest challenge.

Essential elements in the Diakonie-collective agreement were shallower wage curves with a higher starting salary, the introduction of the 38-hour week and flexible working hours by increasing the reference period. The difference between blue – collar workers and employees was replaced a homogeneous system of employees. The possibility of a sabbatical and supervision, both meant as "burn-out" prevention and vocational training days are also recorded in the agreement.

The collective agreement of the Red Cross is valid for about 5,500 employees of the Red Cross in Austria. The agreement consists of a part describing general labour guidelines and nine appendices for each state with different wage scales. The collective agreement is federally structured and therefore can address country-specific characteristics (Schneider 2012).
There is one important aspect on the concept of social dialogue that should be pointed out: Not every stakeholder or interview partner used the term “social dialogue” in regard to the dialogue between employees and employers. In the national workshop and in one interview it came to a mixture with the term civil dialogue. This did partly lead to blur, especially with recommendations to the European level.

In our opinion there are two potential reasons for this confusion in terms. On the one hand this may be a result of the late attempt to unify the health and social service sector. On the other hand this is probably associated with the strong involvement of civil society in civil dialogue.

5. Social Dialogue in the Public Health and Social Service Sector

5.1 The Public Sector

This chapter summarizes the results of the expert interview with Bernhard Harreither, chairman of the Union of Municipal Employees, Major group II (Gewerkschaft der Gemeindebediensteten – GdG, Hauptgruppe II). He is one of the leading experts on issues for social dialogue in the public health sector in Austria. In addition to that this chapter describes the IFES (Institute for Empirical Social Studies) study "time for humanity" more into detail.

The term “public sector” in this report is used for circumstances where social services are delivered by national, regional or municipal public authorities or public sector agencies themselves.

There is no collective bargaining in the public sector in Austria. Social dialogue takes place between public-sector trade unions and government representatives. Labour conditions are regulated by laws. Harreither (2012) notes that the working conditions, wages as well as pension benefits in the public sector are regulated by federal and province laws instead of collective agreements. That includes:

- pay regulations
- service regulations apply to public servants, contract staff regulations apply to contract staff
- pension schemes

These laws are defined for each province and as well as for employees of the federal government.
Harreither also points out, that about 2/3 of the employees in the health sector in Vienna are contract staff, just 1/3 public servants. In principal, the status of being a public servant having tenure was abolished and in the health and social service sector new employees now get the status of a contract staff. In general Vienna is, on an Austrian basis, part of the top layer in tenure. However, in the last five years, only top public servants, who should be independent from politics, got tenured. According to Bernhard Harreither the labor law status of contract staff is comparable with the private sector. points out in his interview:

For the employees in the health sector there are four different unions, depending on the service provider:

- Union of Public Service
- Union of Municipal Employees merged with the Union of Art, Media, Sports and Freelance Workers (KMSfB). They represent all employees working for the city government.
- Trade Union of Private Employees (GPA)
- Vida

The competences of these four unions are bundled in the Association for Health Professions in the Austrian Trade Union. All unions supply this association. If new laws are about to be enacted that are tangent to non-physician health care professions, than the Association for Health Profession is invited to submit a statement.

Employers in the public services in the health and social sectors are the regions, cities, municipalities, as well as the federal government. Hospitals are partly outsourced from the public service; although they are still to 100% in the ownership of the country or city. In Austria, the regions bear the responsibility for the public health care. Furthermore, outsourced hospitals are included in the BAGS collective agreement.

In Vienna, the counterpart of social dialogue in the health sector within the public service is the Director of the Hospital Association (Krankenanstaltsverbund - KAV) for all matters that the City of Vienna has assigned to him in this function. For any other matters, such as fixing the number of employees, the responsibility lies within the head office of the municipal authorities (Magistratsdirektion).
5.2 Important working issues within the public service in the health – and social sector

Currently the discussion in the Austrian health sector is dominated, as in many other countries, by budget constraints. Until 2016, the Austrian Federal Government has a vision of a so called “cost containment path”. In the health sector the amount that has to be economized until 2016 lies around EUR 3.5 billion. These savings should be covered to 40 % by the social insurance and to 60% by the hospitals themselves.

In this context, cost containment path means that the cost increase should be 3.5 billions less than it is prognosticated. From 2016 onwards, measured in regard to the GDP, there should only be an annually increase by 3.7 %. This means, that the rise in healthcare costs can just be 3.7 % higher than the economy output in the same period.

An example should illustrate this: If the GDP grows in a year around 1%, then the health sector can grow in the same year 4.7 % (1 % +3.7 %). According to estimations by Harreither (2012), this goal won't be reached without structural reforms. A national steering group should define the services and coordinate. The unions see it as an important objective that the services are coordinated.

Because of the requirement to have an accounting balance by 2016, cost containment will also affect the budget of other social areas in the regions and communities. According to Harreither (2012) therefore services of general interest will be affected: The regions would have to save a total amount of 5.2 billion EUR, Vienna around 1 billion EUR. The Hospital Association should save around 200 million EUR of these 5.2 billion, the city of Vienna additionally 800 million EUR. These cuts will affect all public funded areas. The health - and care sector will be affected as well as the disability sector.

Harreither states in the interview (2012):
"As a social partner we say: if necessary we have to enforce proper structural reforms. It is not the question how many hospitals we have. The patient needs qualified treatment. As long as the patient gets the best care that is necessary, it doesn’t matter where the service comes from; from a private practitioner or in the clinic or else where. "
5.3 „Time for Humanity"

According to Harreither (2012) the improvement of working conditions in the health sector is currently the hot topic. He describes this as follows:
"The work in the health sector is getting more and more, cases per employee are increasing. For this reason last year there was a big demonstration of health workers against this situation. According to a survey 70 % out of 10.000 responding employees want better working conditions and are willing to go on strike for it.”

Due to precarious working conditions in the health sector, the union also initiated another survey amongst health sector employees called “Time for Humanity”. The union wanted to find out if improvements are necessary. From employer’s side managers were interviewed, concerning the same subject. The resulting findings were presented in early 2012. From the employers in the health sector, the following issues were identified for improvement:

- Improvement in terms of communication and organizational procedures: breaks, admission management and training of newly employed staff
- Improve the cooperation with extramural sector – e.g. with the emergency services
- In the area human resources important issues are: working hours, the obligatory takeover of tasks not associated with the job, in particular important is the takeover of administrative activities and lack of cleaning staff.

The results of the employees were summarized in a survey called "Time for Humanity" (IFES 2012). The Institute for Empirical Research in Vienna carried out this qualitative survey in the 4th quarter of 2011 and published it in March 2012. In the survey, two open questions were asked:
1. What has to be changed for you that the working pressure decreases?
2. What means "time for humanity" for you?

1414 questionnaires out of 6599 responses were evaluated. Most questionnaires (58.6%) were completed by nursing staff. The IFES survey (2012) mentions, with regard to the reduction of working pressure three aspects:
- “The most frequently cited reason for working pressure is seen in the low number of staff (984 questionnaires). Shortage of staff effects the
daily life of all five interviewed occupational groups (...) and is a key factor. It effects multiple other areas that make work life hard by themselves or it can even create problematic areas.

- The interviewees see the change of their fields of activities as a burden (494 questionnaires). They mean tasks, which are added or needed to be done more often (e.g. written documentation) and the additional work and tasks of other professional groups.
- In regard to the working pressure, the interpersonal dealings amongst the colleagues are important (461 questionnaires). More communication, an appropriate and friendly working atmosphere/environment and mutual appreciation could reduce the pressure according to the questionnaire ...

The IFES survey (2012) summarizes, concerning the second question: "What means "time for humanity" for you?" the following:

- "Humanity for employees” means in particular a good working atmosphere as well as pleasant/likeable interaction with each other, based on appreciation, respect and recognition, openness and honesty.
- "Humanity for patients" could be achieved, if there would be more time for a thorough and individualized nursing care."

Overall, it should be noted, that Harreither (2012) estimates that 90 % of the results are in line with, no matter if employer of employee.

Although, there is one major difference concerning the lack of staff and is described in the study as follows: "Employees see the shortage of staff in the health sector as a bigger issue. Meetings and an in-depth conference should give room for discussion and results, which are developed jointly. Participants in this conference will be the union and the Hospital Association, as well as the Municipal Authorities, if necessary."

6 Recommendations

6.1 Possible issues for the European level for social dialogue

One of the aims of PESSIS is to identify themes for social dialogue for the European level. Therefore the interview partners were asked questions in regard to that topic. Our interview partners mentioned seven major themes in this context:
Working time
According to the Union of Municipal Employees a stronger European law regarding working time is needed. Essential within that topic is a better maximum limit for extended working hours. The individual countries should not have the possibility to have a "opt out" clause. With the current regulation there is a chance that company agreements allow over time up to 78 hours per week.

Education
The future need for qualified nursing staff in Austria until 2025 is estimated about 20,000 qualified nurses higher than today. According to many of our interview partners a training offensive is needed in Austria. From the European Commission exists a proposal that regulates the standardization of the education throughout Europe. A higher qualification is important on the one hand, at the same time, the permeability for people without A – level but an occupational aptitude for nursing should be ensured on the other hand.

Aging Workforce
Age-appropriate work is an important issue for the health and social service sector at European but also at local level. This is especially important, as the retirement age is currently raised, as a result of the spending cut all over the European countries. The problem is that many older employees are physically no longer in the position to meet the requirements of their job. This applies to kindergarten, as well as in the maintenance area - or the disability sector. One goal is to create own requirement profiles for older employees, so that they can continue to contribute their knowledge and experience.

According to some of our interview partners it is necessary to introduce a new wage system. This system should start with a higher initial salary for newly recruited staff and then flatten off. With that change, the sum of lifetime earning will be re-arranged and the employment of older employees – as they earn less – is more attractive for employers.

Ethical recruiting
Many EU countries hardly train and educate professionals in the health sector. Instead, they are recruited from other countries. With that comes a loss of knowledge and loss of skilled workers for the educating country. For these countries the result is a so-called "brain drain" that brings considerable disadvantages.

Occupational health and safety
As a positive example of social dialogue on European level, Harreither (2012) mentioned the EU directive to prevent injuries and infections to healthcare workers from sharp objects such as needle sticks. The European Commission asked the social partners at the European level to find solutions regarding this issue. The negotiations on European level led to a sustainable directive that must be implemented now. Matters of occupational health and safety are excellent matters for the European level, because the high cost pressure and the self interest are too high at national level.

Quality of services
“The issue of quality of social services has been a very prominent one on the European agenda in the last couple of years. Efforts concentrated on the topic gathered momentum at the end of 2010 when the European Commission published the Second Biennial Report on Social Services of General Interest entirely devoted to the topic of quality” (Krzystek 2012). All of our interview partners have mentioned the issue of quality as an important issue to be dealt with by the European level.

Protection of the third sector
According to Fenninger (2012) it is important that services of general interest are protected against boundless competition. In areas where no profit can be made it is also necessary to secure the supply of health and social services. There was a common consensus on this view by all of our interview partners who named this as an important task for the European level.

6.2 Other Recommendations

The clear structuring of social dialogue in Austria can be considered a good practice for the European level. The Austrian system is characterized by the fact that only specified interest groups and professional organizations can be involved in social dialogue. Only those organizations are authorized to conclude collective agreements that have been recognized either directly by law or by the Federal Arbitration Office. This includes, amongst others, that the professional organization is operating in a wider geographical and technical scope, and economic importance is incumbent upon them on the basis of their broad membership and scope of activity.
As social partnership aims at cooperation and constructive dialogue, collective agreements mainly are reached through negotiations without strike or other industrial actions. “Austria has a collective agreement coverage of more than 95 %, which has contributed to considerable income security and to equal conditions for the competition of the businesses” (Austrian Trade Union Federation, 2010, p.6).

When it comes to the health and social service sector, the Austrian system is also characterized by the successful attempt to unify the sector that was previously fragmented across multiple industries. Today the BAGS collective agreement provides regulations for the entire health sector, social services sector, disability sector, child and youth welfare services and labour market services. Currently, in these areas, around 90,000 people are employed. One of the recommendations in our national workshop aims at the European level and refers to the described influence of the funding bodies: This triangle situation should be better analyzed, and pilot projects for a better integration of the funding bodies in the system should be tendered.

Last but not least all of the interview partners recommend further measures and funding to investigate the health and social service sector more in depth. This sector is a future industry with “great growth dynamic and extraordinary job growth perspectives for future decades” (Hilbert et al 2012). Investments in this sector are investments social peace and future prosperity.
7 Summary

The health and social service sector in Europe is seen as future industry with excellent job growth perspectives. Gruber (2012) quantifies the average compound annual growth rate (CAGR) of employment in the sector (2004 - 2010) with 3.35 %. This rate is therefore 2 percentage points higher than the average CAGR of all the sectors together in the same period. In relation to the number of employees, the health and social service sector is the third largest sector in Austria, coming right after the production of goods with 653.900 employees and the sector commerce/maintenance and repair with 629.100 employees (Statistik Austria, 2012a, p.33).

The proportion of female employees is the highest of all sectors (77.1 %) as is the proportion of part time employment (42.9 %) (Knittler 2011, p.1102). There is a high need of additional qualified personnel, especially in the field of long term care. In this sector the need for additional employees is estimated with around 20.000 until 2025 (Harreither 2012).

Social dialogue mainly takes place at different levels:

- Laws in Austria in general are issued with the involvement of the “social partnership”
- Collective agreements are an important instrument in the Austrian system as here industrial relations are shaped more closely in a dialogue beyond company level.
- At company level works councils conclude agreements with their companies.

- In the public sector staff representatives negotiate with government officials. Instead of collective agreements working conditions are regulated by regional and national laws.

The frame in which social dialogue mainly takes place is called social partnership. „Social partnership is based on the comprehension that conflicts of interest can be solved through dialogue and that there can be a balancing of economical and social interests through compromise” (ÖGUT 2012).

The regulation of working relationships through collective agreements is one of the main tasks of the social partnership in Austria. “Austria has a collective agreement coverage of more than 95 %, which has contributed to
considerable income security and to equal conditions for the competition of the businesses” (Austrian Trade Union Federation, 2010, p.6).

In 1997 a voluntary professional association of employers, the BAGS, was founded mainly to unify the health and social service sector in Austria that was previously fragmented across multiple industries, and to negotiate one single collective agreement. However, the final compromise for the BAGS collective agreement within the sector happened historically seen quite late, namely in 2003. BAGS was renamed “Sozialwirtschaft Österreich” in 2012.

According to “Sozialwirtschaft Österreich” (2012) today “…the BAGS collective agreement is valid for more than 300 member organizations nationwide...Being declared statute, BAGS is in Austria the only collective agreement providing regulations for the entire health sector, social services sector, disability sector, child and youth welfare services and labour market services. Currently, in these areas, around 90,000 people are employed... the BAGS collective agreement takes the place of sub-group contracts of various organizations and professional groups in the Austrian provinces and replaces more than 200 different company arrangements. For 60 social professions it creates minimum standards that must not be fallen short of."

According to the social partners, which were involved during the negotiations, the standardization of salaries has been the core topic within the collective agreement. What "... on the other hand leads to considerable difficulties in the implementation and the applicability" (Bödenauer et al 2009, p. 7). These difficulties were confirmed by many of the stakeholders of the national workshop on March 12th 2012.

Besides the improvements the collective agreement also brought, almost every participant of the national workshop and the interviews mentioned as a major problem, the interaction between collective bargaining and public procurement as well as payment for the social services. Although the collective agreement defines that favourable existing provisions should continue, the authorities are only willing to pay the costs for the cheaper BAGS wages. In the view of some of the participants the minimum tariff of the collective agreement has therefore changed into a maximum tariff.

In 2011 wages have been one of the most important topics of social dialogue. Besides that the recognition of maternity leave as working time for various further claims, the development of models for flexible working hours, the lack of staff and better working conditions and qualification and vocational training for staff have been mentioned as topics for social dialogue.
In the Austrian public sector the discussion currently is dominated, as in many other countries, by budget constraints. Until 2016, the Austrian Federal Government has a vision of a so called “cost containment path”. In the health sector the amount that has to be economized until 2016 lies around EUR 3.5 billion. According to Harreither (2012) the improvement of working conditions in the health sector is currently also a hot topic. Due to the precarious working conditions in 2011 there was a demonstration of health workers, many of them were willing to go on strike for it. The union has therefore initiated a survey amongst health sector employees called “Time for Humanity”.

This IFES survey (2012) mentions, with regard to the reduction of working pressure three aspects:

- The most frequently cited reason for working pressure is seen in the low number of staff (984 questionnaires).
- The interviewees see the change of their fields of activities as a burden (494 questionnaires)
- In regard to the working pressure, the interpersonal dealings amongst the colleagues are important (461 questionnaires)

As important topics that could be dealt with in social dialogue on the European level our interview partners have mentioned:

- Working time and a maximum limit for extended working hours
- Health and safety at the workplace
- Aging workforce
- Ethnical recruiting
- Education and vocational training of staff
- Quality of services
- Protection of services of general interest
Bibliography:


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Appendix

Questionnaire

In einem ersten Schritt habe ich eine Bestandsaufnahme zur Größe des Sozialen Sektors bezogen auf die Anzahl der Beschäftigten und der Arbeitgeber durchgeführt. Welche Formen des sozialen Dialoges oder kollektiver Vereinbarungen bestehen? Wie groß ist der Anteil der Beschäftigten und Arbeitgeber, für die kollektivvertragliche Regelungen bestehen? Welche zentrale Arbeitsthemen werden geregelt und auf welcher Ebene?

In diesem Interview möchte ich gerne auf die Arbeitsthemen und Ebenen, in denen diese behandelt werden eingehen:
1. Nehmen sie im Moment an irgendeiner Form des sozialen Dialoges teil?
2. Können sie Details existierender Vereinbarungen des sozialen Dialogs nennen?
3. Was sind die Stärken, was sind die Schwächen dieser Vereinbarungen?
4. Können sie erfolgreiche Beispiele sozialen Dialogs nennen?
5. Welche kollektiven Vereinbarungen decken Teile oder den gesamten sozialen Sektor ab?
6. Was sind die wichtigsten Arbeitsthemen (engl.: labour issues) die den sozialen Sektor betreffen?
7. Auf welcher Ebene (europäisch, national, regional, Städte-/ Gemeindeebene) treten diese Arbeitsthemen (labour issues) auf?
8. Wie werden diese derzeit adressiert – durch welche Ebene?
9. Können sie Fragen nennen, die am effektivsten/besten durch die Europäische Union angesprochen werden könnten?
10. Sind sie in europäische Fragen/ Themen involviert, zum Beispiel als Mitglied eines europäischen Netzwerkes?
11. Verfügt ihre Einrichtung über ausreichende Mittel um sich verstärkt in den Europäischen Dialog einzubringen?
12. Würden sie gerne noch etwas hinzufügen?
### Interview partners

**Expert Interviews**

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EUROPEAN SUMMARY REPORT – PESSIS PROJECT

CONCLUSION

The social services sector is a rapidly growing sector in terms of employment and value, as measured in both social and economic terms. This needs to be more widely recognised at national and European levels. More research is needed to present the detailed social and economic value of the sector by country. The employment growth of this sector during a period of rising unemployment has important implications for its place within national economies. However, the profile of the labour force shows that it is predominantly low paid, female and aged over 40 years old. This profile has implications for the future expansion of the sector.

The majority of EU countries have ageing populations and some have rising fertility rates. They are also faced with severe public spending cuts that are reflected in the quality of services provided. These factors present challenges to existing social and health care policies. The value of the not-for-profit sector should be more widely recognised with a broader interpretation of ‘Services of General Interest’. The privatisation of services, the introduction of public procurement processes and the lack of regulatory frameworks in the social services sector is resulting in low pay and the deskilling of the workforce, which threaten the strong values that inform the delivery of social services. High quality social services require high quality, well-paid workers. EU procurement processes need to be modernised so that the labour intensive nature of the social services sector is recognised and contracts are awarded in terms of the quality of the service rather than the lowest cost. This would help to attract new workers to the sector.

A common set of problems face this sector which are challenging traditional forms of delivery. The growing emphasis on home care and personalised services, often informal, raises questions about how social services can ‘be of service to people’ in future. Delivery of services will depend on the future of the social services workforce, which needs to be sustainable. Solutions to the problems of recruitment and retention will have to involve improved pay and working conditions, more training and support for professionalisation. The growing cross-border mobility of social care workers requires wider recognition of qualifications and as well as greater provision of training by for-profit and not-for-profit providers. Labour issues, such as maximum working hours, maternity/paternity leave, and terms and conditions of workers in outsourced services could be addressed at European level. The Agency Directive needs to be revised and improved.
There are several systems of representativity in the social services sector at national level but several countries lack strong employers’ organisations, even where there is a tradition of social dialogue. In several countries, employers in the social services sector are not organised into any representative organisation. The public sector has stronger systems of representation, often required by law. The expansion of both the for-profit and not-for-profit sectors means that they will have to recognise their responsibilities as employers and form strong employers’ organisations to support this process. In three of the study countries, even where there are systems of social dialogue, social services partners are not recognised in the national social dialogue process. This affects their capacity to take part in effective collective bargaining negotiations and reflects the lack of recognition of the social services sector in the overall economy.

There is some system of collective bargaining in all of the eleven countries, which covers all or part of the social services sector. This is an important set of structures on which to build further employer-employee dialogue. As a sector that is characterised by low pay and problems with recruitment and retention, the future of the sector will depend on finding shared solutions to these problems. As the balance of provision of social services across public, for-profit and not-for-profit sectors is changing, any new or strengthened systems of representation will have to include employers and employees from all sectors. This research shows that there is existing good practice in several European countries that could be used to inform social dialogue more widely. A European level social dialogue committee would provide a means of facilitating this as well as working on some of the key problems facing the sector.

Some countries, for example, Belgium and France, with well-developed social dialogue systems were cautious about whether an EU social dialogue committee would give value to their national social dialogue arrangements. Agreeing on common values would be an important basis for future European cooperation. An indication of the importance of language and shared values can be seen in the experience of Ireland, where social partners felt that social and civil dialogue should be separated from social partnership so that dialogue can continue between employers and employees.

More information about the social services sector, especially the growing for-profit sector, in a wider range of countries is also needed to inform European actions and maintain an information base on the sector. A greater understanding of existing systems of social dialogue in this sector as well as good practices across the sector would increase the knowledge base on social dialogue. This would help to show the similarities between countries even though social services are characterised by local provision.
PESSIS Project Recommendations

European Union (EU) level

1. Poor working conditions, problems with the shortage and retention of staff, lack of training opportunities, special needs of women workers, mobility and working time are all issues that face the social services sector in many European countries.

Recommendation: Although social dialogue is mainly a bottom-up process, this wide range of common problems facing all national social services sectors should be addressed through the development of social dialogue at European level.

2. Social dialogue in the social services sector is not organised at European Union (EU) level or sectoral level.

Recommendation: The European Commission should support the development of social dialogue instruments for the social services sector at EU level. At least three options seem to be realistic: joining the Local Authorities sectoral Social Dialogue Committee, joining the Hospitals and Healthcare Social Dialogue Committee, or creating a specific Social Dialogue Committee for Social Services.

3. Further data is needed to better understand how social dialogue is organised in the social services sector in the eleven PESSIS study countries and other European countries, especially in Central and Eastern Europe.

Recommendation: The European Commission should promote follow-up research to further understand how social dialogue is organised across Europe, to identify models of good practice and to understand the full economic and social contribution of the sector.

4. The not-for-profit sector is expanding fast and becoming a significant employer in all countries.

Recommendation: New opportunities to promote reflection and networking building within the sector in order to identify employer responsibilities and ways of meeting them should be facilitated across Europe.

5. The European social services sector is heterogeneous and underrepresented.

Recommendation: Employers and employees must recognise the role of actors at EU level to support social dialogue in the social services sector.
sector. More work to support the development of representativity for employers, through workshops and seminars, is needed at EU level.

6. Existing social dialogue in the social services sector needs to be better understood and more widely recognised.

Recommendation: Cooperate with the coming EU Presidencies to promote the PESSIS project conclusions and recommendations.

7. Social sector employers are not recognised as social dialogue partners at European level at this stage.

Recommendation: Social sector employers, mainly not-for-profit being public or private should be recognised as social dialogue partners.

National level

8. Social partners in the social services sector need to develop a shared language for negotiations between employers and employees.

Recommendation: Support the creation of new social dialogue pilot projects to bring social partners together to create an effective social dialogue between employees and employers in the social services sector.

9. Additional research is required to explore new ways of developing social services delivery, drawing on new technologies as well as preserving sensitive local delivery.

Recommendation: National governments and other stakeholders should commission research to explore how social services delivery could be restructured, using new technologies and new forms of organisation at local, regional and national levels.

10. In some European countries, social dialogue in the social services sector is not organised yet.

Recommendation: The European Commission and Member States are needed to empower local actors representing employers or employees active in the social field.
PESSIS Project country reports
Fansten M. (2012) A study of social dialogue in social services in France Pessis European Project ‘Promoting employers’ social services organisations in social dialogue’
Hilbert J., Evans M. Galtschenko W. (2012) Sociosclerosis: Employer-employee relations in German social services at the crossroads Project PESSIS: Promoting employers’ social services in social dialogue
Lamsa A. (2012) Social dialogue in social services National report, Finland Pessis European Project ‘Promoting employers’ social services organisations in social dialogue’
van Dijk M. & van Essen G. (2012) Social dialogue in caring for the disabled, the elderly and in child care The state of affairs in the Netherlands Pessis European Project ‘Promoting employers’ social services organisations in social dialogue’