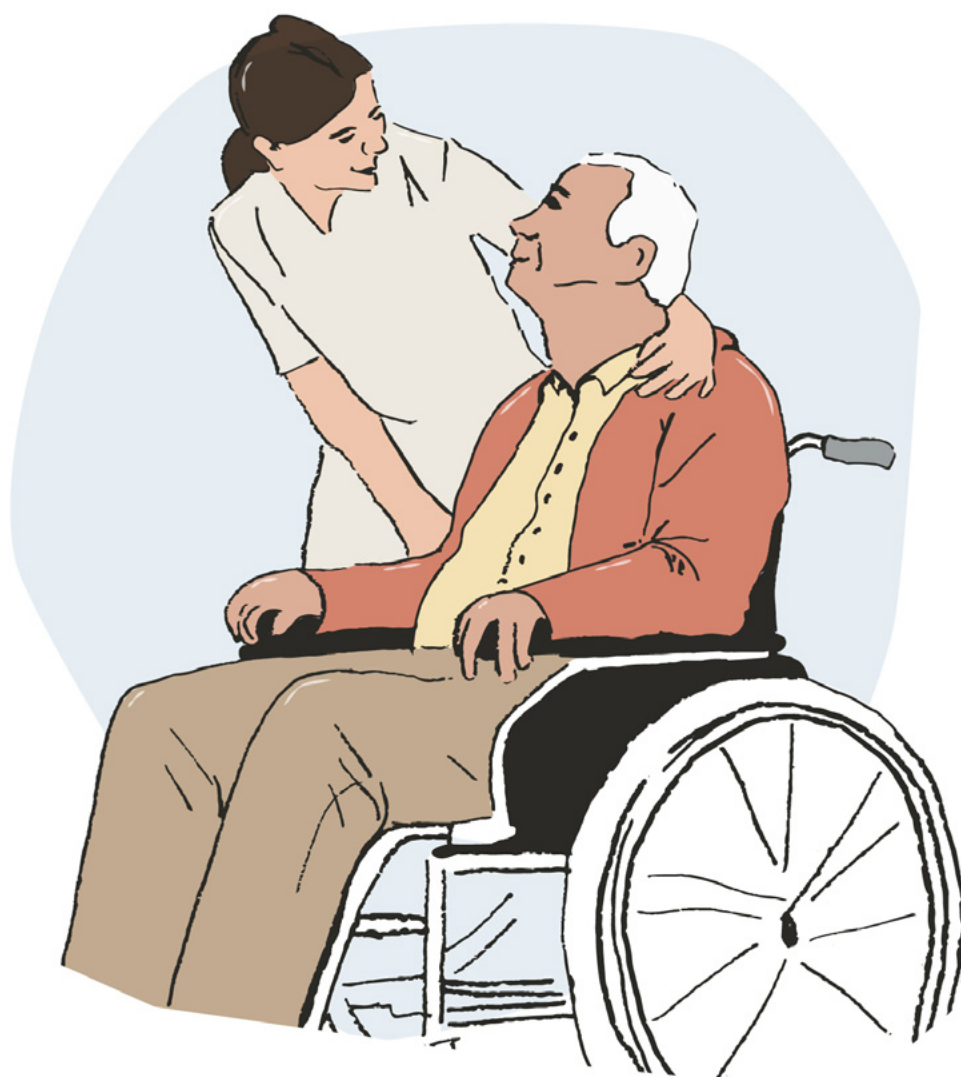


Care Work for dependent elderly people

SECTOR REPORT



Ajuntament de
Barcelona



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Care Work for dependent elderly people Sector report

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01. Sector presentation

Care Work is a social and economic activity based on providing care to people in a situation of dependency. In recent decades, a new economic sector has emerged that goes beyond the voluntary work which has always been carried out within family homes.

Care Work combines various activities and offers great potential for growth and job creation in the coming years. Dependency is a social phenomenon which affects everyone at one time or another in our lives, with different levels of intensity. It is here where Care Work comes into play. In the last few decades, what was previously reserved for family members or the private sector has opened up to become an economic activity sector and a work market where new and varied job opportunities are being created.

For example, the International Labour Organisation (ILO) defines Care Work as *“looking after the physical, psychological, emotional and developmental needs of one or more other people in the public and/or private sphere, both in the formal economy, the informal economy or unpaid form”*. This definition is broad and poses two questions:

- People have diverse needs throughout their lives (physical, psychological, etc.) and need other people in order to meet them to some extent, which makes us more or less dependent.
- Care Work has become, in the most part, a service that involves the provision of labour, taking it outside the personal, private or family spheres, where it had traditionally resided.

Additionally, we should remember the definition given by the Barcelona Municipal Immigration Council in November 2017 as part of proposals to offer dignity and raise awareness in the area of domestic work and Care Work: *“Care Work refers to the provision of paid or unpaid care, aimed at attending to the physical, emotional or any other kind of needs of children, elderly people and/or people suffering from sickness or disability”*.

Effectively, Care Work, from the perspective of an economic activity and the work market, implies the demand for services by people with some level of dependency and the provision of these services by Care Work professionals who may be self-employed or may work for a service provider. Different resources and facilities within the Care Work sector have been created for people working in that sector, where they can find job opportunities.

However, what exactly does Care Work consist of? This sector brings together a wide range of activities that can be grouped into two key areas related to the products and services that the dependent person requires and based on the way different professional profiles respond to the different needs and demands of dependent elderly people and their families.

Specifically, the activities covered by the term Care Work include:

Support with everyday activities

- Washing oneself or going to bed
- Personal hygiene
- Dressing oneself and other related activities (choosing what to wear for each season of the year, occasion, etc.).
- Feeding oneself
- Hairdressing and beauty

Support with domestic tasks

- Laundry: washing, drying, ironing, folding and putting away in the correct place clothing for daily use and household linen.
- Cleaning the home: hygiene and daily cleaning of the home, which might sometimes be a care home or a shared property.
- Doing the shopping and putting away food, cleaning and personal hygiene products.

Personal health

- Food and nutrition
 - › Cooking: preparation of meals and cooking or reheating catered food
 - › Menu: specific diets that respond to different health needs (renal diet, diabetic diet, hypocaloric diet, etc.).
 - › Texture: for those who have a dysphagia (swallowing difficulties) and need a thickener or a diet with a specific texture to be able to swallow safely.
- Nursing
 - › Monitoring and control of the health of elderly people and dependants (vaccination, blocked ears, dentures, glasses and/or cataracts, etc.).
 - › Management and follow-up of healthcare visits
 - › Primary care
 - › Specialised care depending on the illness and requirements
 - › Management and monitoring of pharmacological guidelines (keeping prescriptions up-to-date, checking medical supplies, managing required orders, receiving medication and preparing it for the week ahead, etc.).
 - › Administration and management of medication
 - › Emergency medical care and referrals if necessary
- Physiotherapy service
- Podiatry service
- Emotional and psychological support
 - › Care for the needs of the person and their family
 - › Giving support in taking decisions
 - › Mutual support and help groups

Interpersonal relationships and participation

- Social work: aid and social resources available (radars to deal with unwanted loneliness, friends of the elderly, intergenerational harmony, etc.).
- Activities to boost and maintain physical and cognitive skills: multi-sensory stimulation, physical and psychomotor activities, leisure and free time activities, and so on.

Technical help in the home and for people

- Orthopaedic help: Handles, mobility winch, footwear, cushions, special mattresses, articulated beds, wheelchairs, material adapted for food and bathroom hygiene.
- Furniture adaptations (sofas, tables, etc.)
- Adaptations to physical spaces (work in the home to adapt showers, toilets, sinks, ramps, stairs, lighting, wide doors and code-secured doors, etc.).
- Telecare service
- Tools to monitor and check the status of a dependant person

Essentially, Care Work centred on dependent elderly people is an economic activity sector of major importance in our society, given the progressive ageing of the population and the fact that all people will show some level of dependency at some point in their life. For this reason, it is and will remain an economic sector which creates employment.

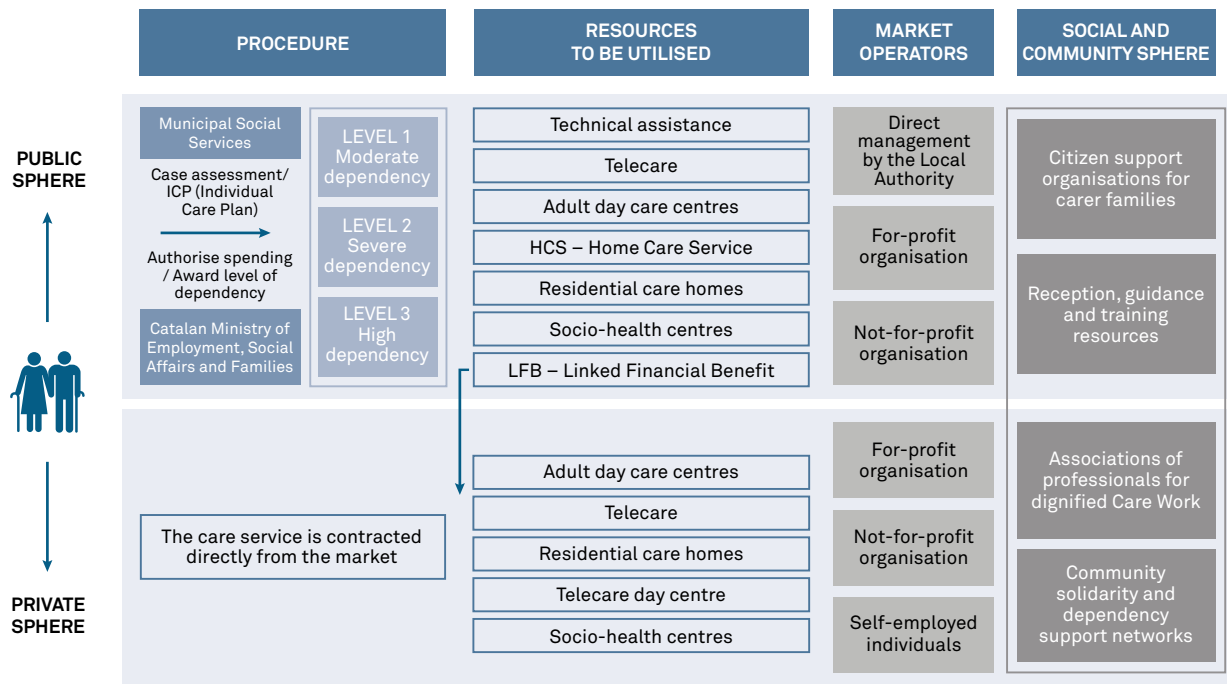
02. Areas of activity

The personal circumstances in which an elderly person becomes dependent and, therefore, requires care tend to vary considerably. It could be a person with a low dependency level who can live a generally autonomous life, or a person who requires 24/7 support. It could also be a person who finds themselves in a situation of social vulnerability or, conversely, has a high socio-economic level.

These situations usually open the way for access to the Care Work provision system and the avatar of the dependent elderly person throughout it. There are two key alternatives for organising the provision of Care Work:

- The first is through the **private market**. This is based on companies that provide care services and families who need a family member to be cared for hire these services. For example, this would be the case if a family used a private care home. However, within this alternative, there are different types of company, basically those for-profit and those non-for-profit. The former are commonly called mercantile companies and, the latter are known as social initiative companies (associations, cooperatives, foundations).
- The latter falls within the area of the **public sector**. Thus, a city council can create a service or space where dependent elderly people can be cared for and the service can be managed directly using their own staff. However, with the increase in demand for Care Work provision, this alternative has seen its proportion of the market drop. Conversely, the local authority puts resources and public services up for tender and chooses who will manage these. Companies of different types can bid for the contract. Contracts are awarded for a determined budget, period of time and with key quality indicators for the provision of services.

From there, the Care Work chain is created and has the following major components:



In summary, through the public sphere, the local authorities define the degree of dependency of the person who will need care services (moderate, severe and highly dependant), which will give them access to a set of resources. Through the private market, any dependent person or their family may directly contract the same care services, provided they have sufficient financial resources. Thus, work and professional opportunities are found in different services where care services are provided. Specifically:

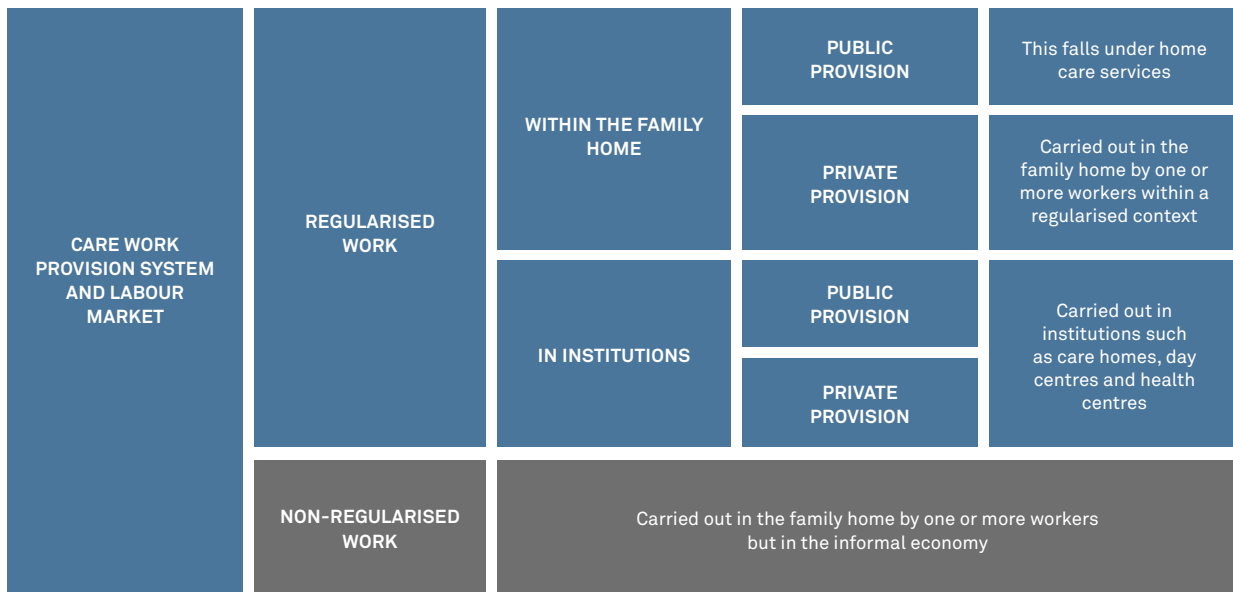
- Adult day care centres.** This is a day care service, intended for people over 65 in a situation of dependency, who need organisation, supervision and assistance with daily activities. This service complements the care provided by the family, forming an alternative to residential care for the elderly person. It can be a temporary or permanent service. Its purpose is to promote recovery and help maintain personal and social autonomy, help to keep the person in their personal and family environment under the best conditions and provide support to families caring for dependent elderly people.
- HCS – Home Care Services.** This is a service that organises resources and attends to the series of activities that take place within the home of the person who, due to age, dependency or disability, has limited autonomy to carry out certain activities or requires support. The activities carried out are adapted to each person, but may include hygiene and personal care services (bathing, body hygiene, change of clothes, etc.), physical and motor assistance (lifting, lying down, walking), food monitoring, medication control and health care, home meals, home cleaning (maintenance, occasional and complete) and laundry, out-of-home accompaniment (medical visits, bank transactions, etc.), help with the administration of household finances, as well as support and guidance to caregivers. Under HCSs, one service also offered is household maintenance (technical assistance), which includes making any adaptations or changes needed to avoid risk situations in the home.

- **Residential care homes.** Facilities with a residential care service, intended for people over 65 or who find themselves in a situation of dependency. Finding a care home can be done privately, through the fixed rate subsidy, or publicly, through the Individual Care Plan (ICP), run by Social Services. The ICP determines the types of intervention which best meet the needs of a person who find themselves in a situation of dependency, providing details of the services and financial provision available.
- **Socio-health centres.** A care space equipped with the structure and staff needed to care for people with health and social needs. This care is provided through in-patient services, social and health out-patient day care and assessment and support teams. Socio-health care guarantees quality care in chronic degenerative diseases that lead to disability, dementia or other neurological diseases of cognitive impairment, and to people in the convalescent phase or with diseases in advanced or terminal stages.

Within the services offered, there is also telecare and the delivery-linked financial benefit: all are Care Work services that may also create employment.

At the same time, it is worth noting that home care is a key source of employment opportunities. Dependent elderly people and their families prefer Care Work to be organised and provided in the family home. In this way, there is reduced disruption to domestic routines and loss of autonomy that are often associated with living in a care home. The alternatives for receiving care in the family home are the aforementioned Home Care Services, usually provided by local authorities, and the possibility of hiring a Care Work professional who lives and works in the home of the dependent person. Professionals who opt for this alternative must know and comply with current labour legislation, by signing an employment contract between both parties regulating this employment relationship. As with other occupations, working in a person's home is a professional activity where the rights of the working person must be respected, in terms of pay, correct definition of tasks and working hours, among other aspects. It is an obligation on the part of the dependent person or their family and the employed person to formalise this employment contract by clearly setting the working conditions and thus avoiding falling into the underground economy.

As stated, it is the organisations and operators in the sector that provide care services, either directly through the market (for example, in a private residential care home), or working for a licensed company employed by the local authority (for example, in a municipally owned care home or in a Home Care Service). If you are self-employed, you can work independently or with an employment contract (for example, when a family has hired a person to work in their home).



In addition, in recent years within the social and community spheres, various organisations and associations have emerged to support families with dependent people and people working in the care sector. This social and community movement is also a source of employment that, among other things, seeks to respond to two specific circumstances:

- Care Work has a strong emotional component, so it requires a clear vocation to care for people. This means that the working conditions in which Care Work is normally provided are demanding and emotional support is needed for working people to carry out their work, which is resulting in the creation of mutual support networks.
- Access to care services is still a challenge, as many sections of the population are excluded due to income level. This is where community support networks are currently being experimented with and innovated to care for dependent people, coordinating mechanisms for accompaniment, support and detection of needs.

Finally, the jobs within the different areas of activity of Care Work with dependent elderly people are also affected by the following trends:

- **The process of digitalisation**, which results in new ways of producing goods and services, and Care Work is no exception. For example, in recent years, the so-called *platform economy* has become firmly entrenched as an instrument of intermediation between supply and demand. These digital platforms expand the Care Work market, making it easier for a dependent person who requires a certain service or their family to get in contact with a professional available to work.
- **The alternative of the Social and Solidarity Economy**, which is committed to a new paradigm in economic-based relations that are established between individuals and groups. It arises from the awareness and willingness to organise the production of goods and services from a perspective far removed from the market economy. Moreover, the Social and Solidarity Economy is defined as a set of socio-economic measures, individual or collective, which prioritise meeting people's needs over making profit. They are oriented towards the values of equity, solidarity, sustainability, participation, inclusion and commitment to the community, and most importantly, are promoters of social change.

- **Care Work is supported in two dimensions**, at the crossroad between the social and healthcare sectors. It is possibly for this reason that Care Work does not enjoy the same prestige or visibility as the health sector. However, where is the boundary between one and the other? And, from the point of view of the person, when is it more *health* or *social* aspects that Care Work is responding to? It is obvious then that quality care for dependent elderly people must always be organised and delivered in such a way that the care does not lose any quality and with the person at the centre of the system.

In conclusion, it is worth saying that, traditionally, Care Work has not received the attention it deserves because it was not considered an economic activity sector as such. This was because most of the Care Work was done within the family sphere. However, this perspective is changing because the ageing of the population, most notably within Europe, will create new and increased need for care in situations of dependency. Thus, this will be a sector which creates job opportunities. Likewise, Care Work is expected to grow in relevance and social recognition, as it is a social demand in itself- we are all dependant to one degree or another throughout our lives- that will increasingly require quality care for dependent people. It is necessary to translate this major relevance and social recognition of Care Work into better working conditions for the sector.

03. The sector in numbers

The lack of recognition of Care Work, as mentioned in the previous section, means that the data needed to measure and understand the sector in greater depth are still scarce. Despite this, there are estimated data that enable us to gain an idea of the potential of Care Work as an economic sector and of the possibilities regarding job creation.

Care Work as a sector is set within the context of an ageing population. This phenomenon, which comes from the social and economic processes of post-industrial societies, brings with it the need to properly care for one part of the population that, because of ageing, finds itself in a situation of dependency. The key question is: to what extent will the current pace of ageing be maintained? For the Catalan context, the forecasts from IDESCAT indicate that the over-65 population is growing.

Population 2020 and population projected to 1 January 2061 for elderly age groups in Catalonia

| Years | | 0 to 14 | 15 to 64 | 65 and over | Total |
|-------|----------------------|-----------|-----------|-------------|------------|
| 2020 | | 1.165.042 | 5.145.087 | 1.468.233 | 7.778.362 |
| 2061 | Low scenario (2018) | 875.435 | 3.850.585 | 2.139.571 | 6.865.591 |
| | Mid scenario (2018) | 1.208.093 | 4.952.682 | 2.617.508 | 8.778.283 |
| | High scenario (2018) | 1.561.694 | 5.926.695 | 3.061.873 | 10.550.262 |

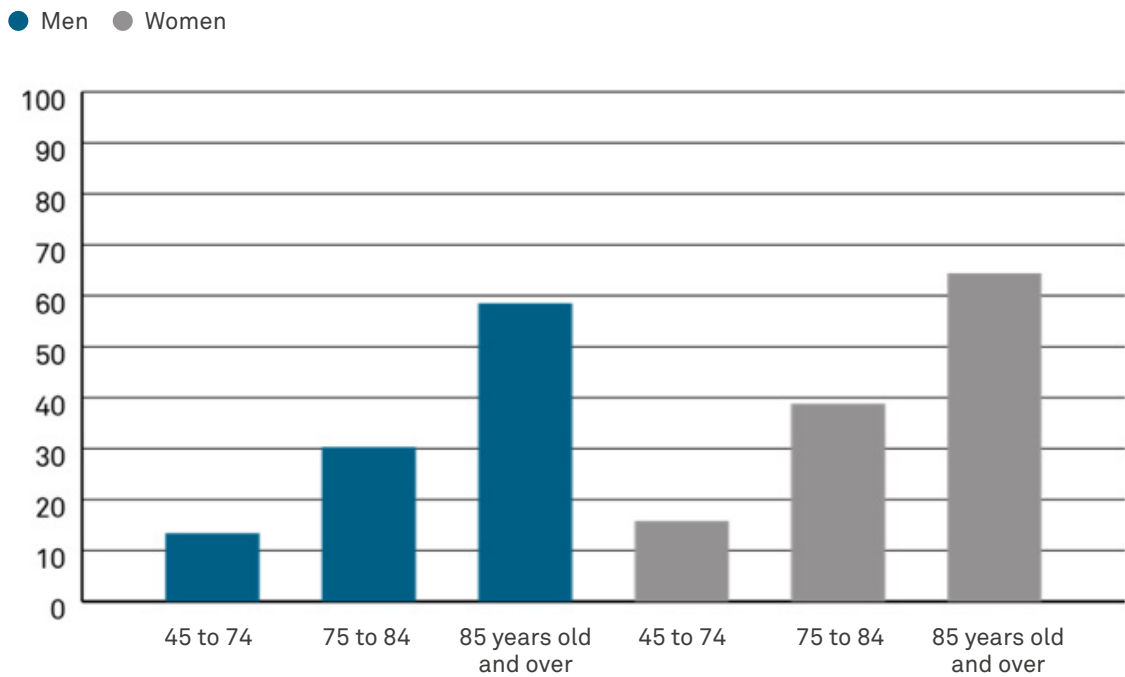
Source: from IDESCAT data.

Currently, in 2020, the percentage of the population over 65 is close to 20 %, or one fifth. And according to the projection made for the year 2061, it could rise to 31 %. Likewise, other IDESCAT projections also state that, by 2060, the population over the age of sixty-five in Catalonia will be 2.6 million people and will represent 29.8 % of the population, almost a third. This data and the trend showed for the Catalan region is quite similar to any other geographical area of analysis within Europe. In any case, as the forecasts indicate, whatever the final scenario- low, medium or high- it is widely accepted that the number of people in a situation of dependency will increase to one third of the population in the next forty years.

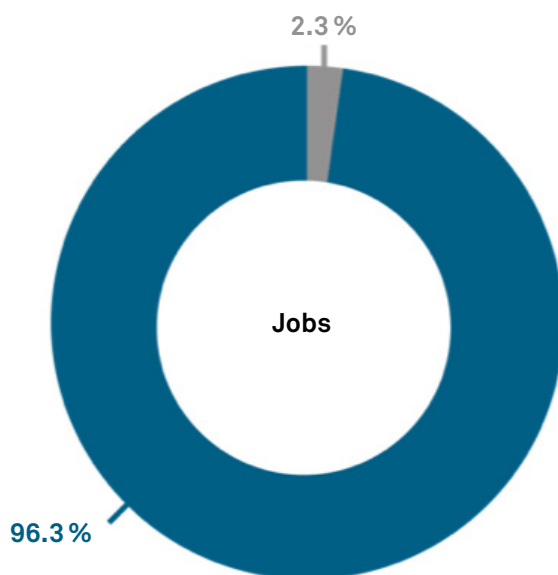
Of course, the increase in the number of people over the age of sixty-five will also lead to a rise in the number of situations of dependency and the demand for care services. In addition, the ageing trend is being reinforced by declining birth rates and longer life expectancy. Therefore, this leads to an increase in the demand for care services and also the generation of new employment opportunities.

It is clear that ageing is associated with some type of dependency and that it increases with age, as can be seen in the case of Barcelona in the following graph:

**Suffering from a severe disability according to age and sex (people aged 65 and over).
Barcelona, 2016**

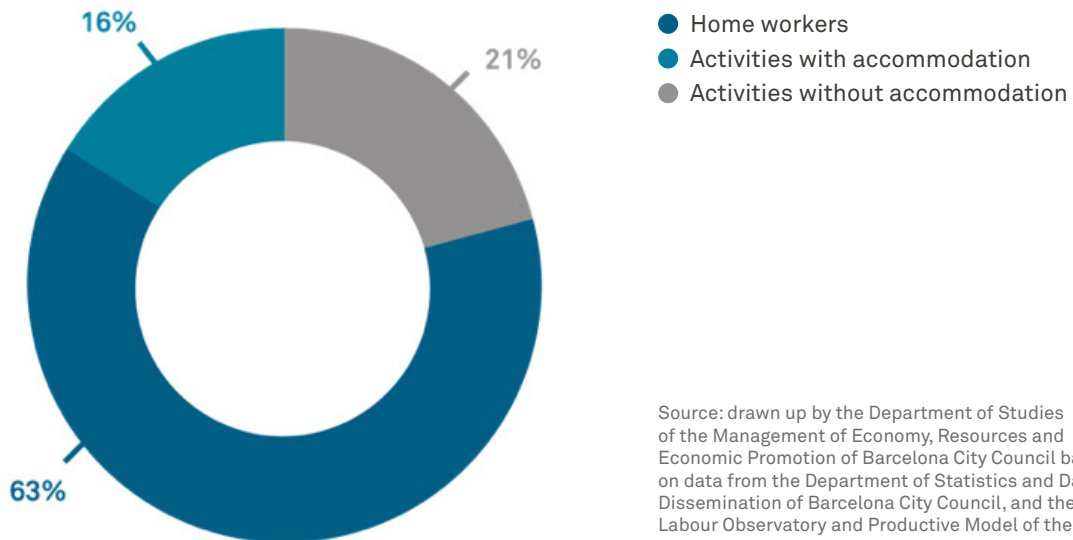


On the other hand, if we focus directly on affiliation data for the Care Work sector, in general terms, the weight of employment within the Barcelona economy as a whole is 2.3% in 2019, a figure that has remained constant since 2017.



Source: drawn up by the Department of Studies of the Management of Economy, Resources and Economic Promotion of Barcelona City Council based on data from the Department of Statistics and Data Dissemination of Barcelona City Council, and the Labour Observatory and Productive Model of the Generalitat.

But specifically, if we take into account Care Work linked to services for elderly people and dependants, we need to focus on activities that include the different types of resources that are offered. Among those activities which enable us to get a more accurate picture of the reality of the sector are: activities with accommodation (which would include those of a residential type), activities without accommodation (such as adult day care centres, home care services, etc.) and domestic workers.



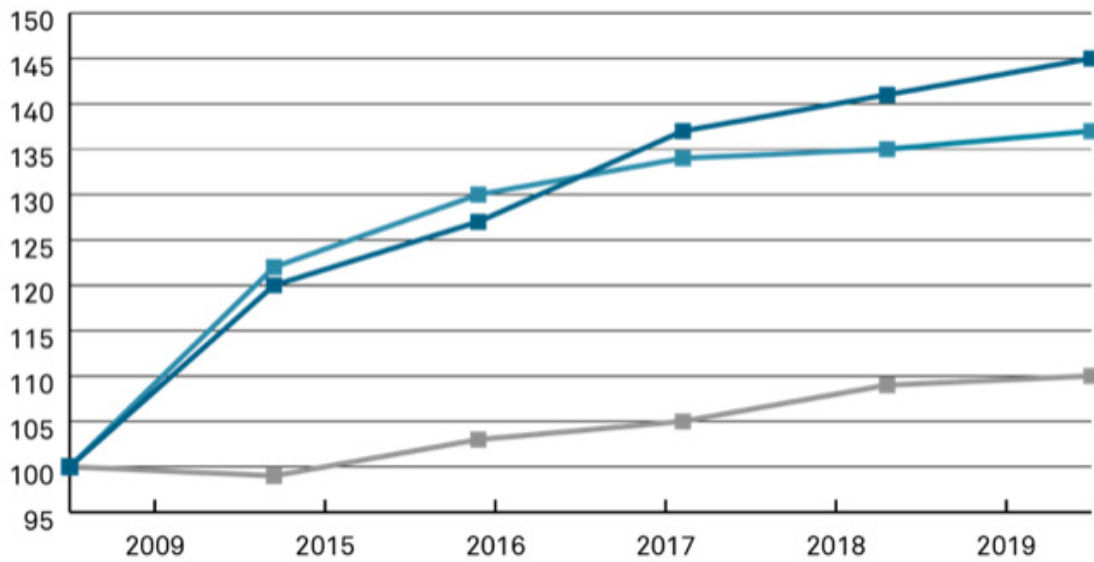
Source: drawn up by the Department of Studies of the Management of Economy, Resources and Economic Promotion of Barcelona City Council based on data from the Department of Statistics and Data Dissemination of Barcelona City Council, and the Labour Observatory and Productive Model of the Generalitat.

In this regard, activities intended for elderly people and dependants represent 62 % of the Social Services sector and have the following distribution: 63 % of people working in activities without accommodation, 21 % of people working in activities with accommodation and 16 % domestic workers.

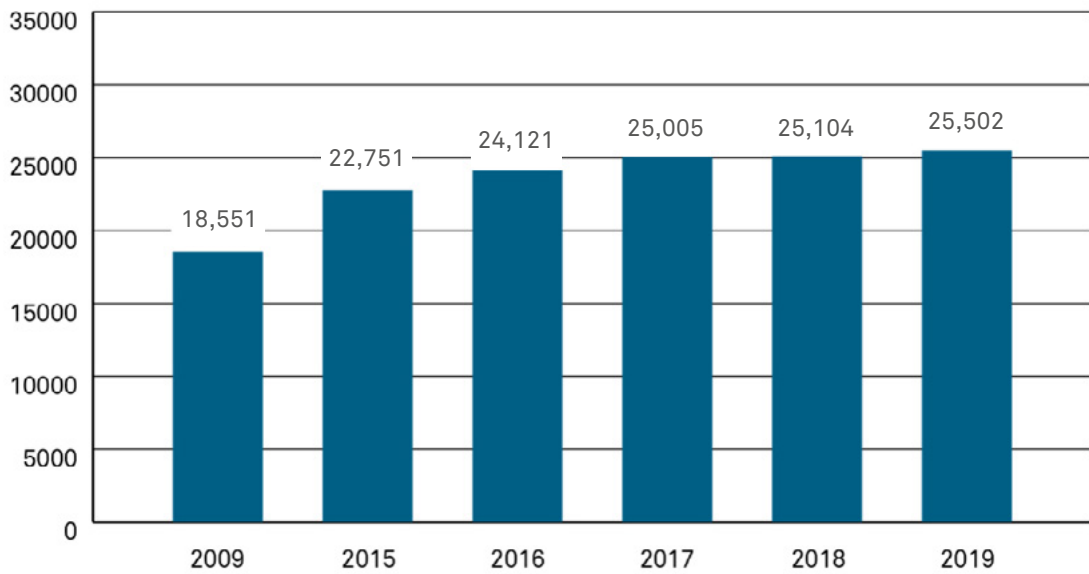
Regarding jobs, official data provided by Social Security indicate that at the end of 2019, the city of Barcelona had a total of 25,502 jobs associated with the care of elderly and dependent people, following the creation of almost 7,000 jobs in these activities since 2009. And this is a growing trend. For example, in relation to 2018, employment linked to Care Work achieved growth (+ 1.6%) higher than that of the Barcelona economy as a whole (+ 1.3%).

Creation of Social Services jobs, Care Work with elderly people and n the economy of Barcelona as a whole 2009–2019 (2009 index=100)

● Elderly people and other dependants ● All sectors in Barcelona ● Care Work



Jobs



Source: drawn up by the Department of Studies of the Management of Economy, Resources and Economic Promotion of Barcelona City Council based on data from the Department of Statistics and Data Dissemination of Barcelona City Council, and the Labour Observatory and Productive Model of the Generalitat.

Specifically, the development of jobs in Social Services between 2009 and 2019 is very positive with an increase of 45 %. More specifically, in Care Work intended for elderly and dependent people, there was an increase of close to 7000 people (37 %) in the same period, while, on average, other sectors in Barcelona grew by only 10 %. One symptom of the dynamism in Care Work and its growing presence in the city.

The forecasts for 2020 and the coming years (accelerated due to the impact of COVID-19) suggest that Social Services will be one of the few sectors creating employment, according to a study from Barcelona Provincial Council.

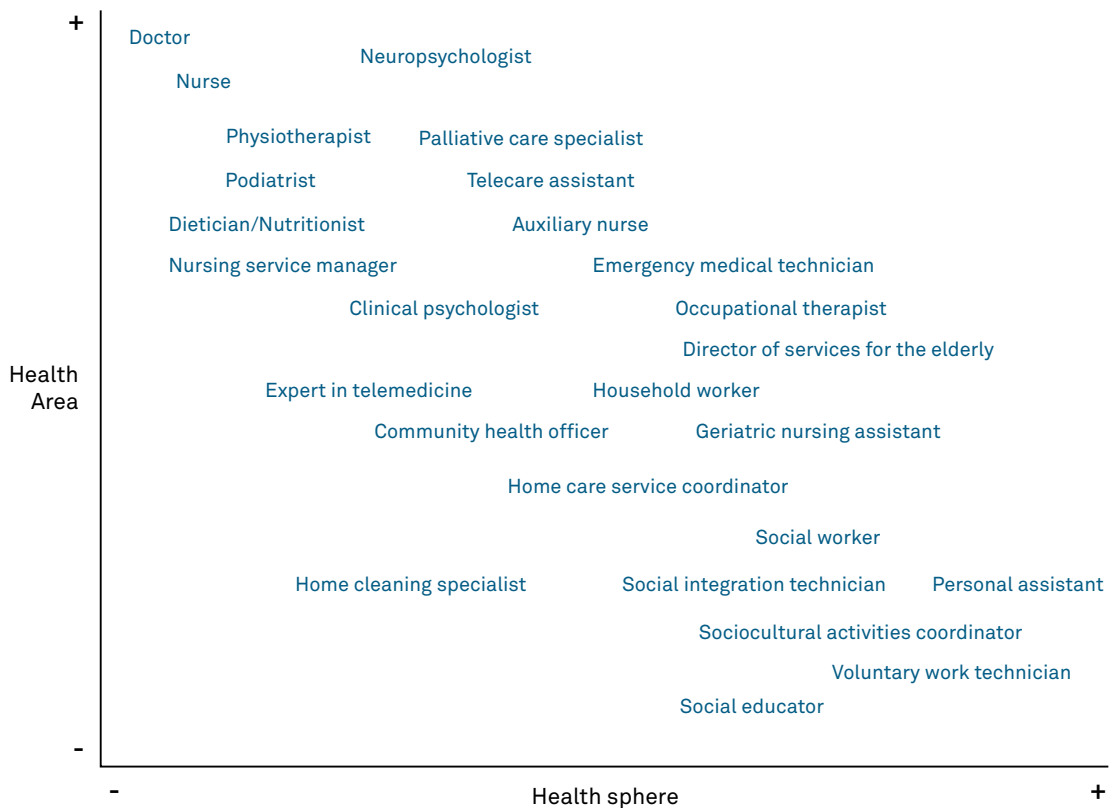
Therefore, both the ageing population and the affiliation statistics point to the fact that the increase in demand for professionals is not only a current trend, but one which will continue to be consolidated over the coming years.

04. Professional profiles

The Care Work market has some particular characteristics that make it unique in relation to other sectors: jobs can be undertaken in institutions or adult day care centres, residential care homes and other open facilities, as well as in family homes. This characteristic makes a big difference because most Care Work takes place in family homes with a professional who is paid for their services.

Looking at it more realistically, the Care Work sector, at the institutional organisation level, sits across two spheres that have traditionally been organised separately: the healthcare sector and the social sector. However, the point where these two spheres come together is in dependency, given that when a person loses personal autonomy they need social care, but also specific medical or health care because their health may deteriorate more quickly and they may require assistance and support via care services.

Therefore, the Care Work sector, situated between the social sphere and the socio-healthcare sphere, has imprecise boundaries and is linked to a notable group of occupations that from one field or another may provide Care Work in institutions or homes.



In terms of **employment demand**, the professional profiles that offer the most possibilities are geriatric nursing assistant, household workers and personal assistants. First of all, to access a job as a geriatric nursing assistant providing direct care to the dependent person, you must have the corresponding qualifications through Certificates of Professional Standards, which provide access to a wide range of possibilities: working in homes or working in residential care homes and adult day care centres, whether publicly or privately owned. Likewise, household worker is a highly sought-after professional figure in the home care services. Finally, personal assistant is also a job in high demand, but is mainly channelled through the market, which often makes it more difficult for the dependent person to hire an assistant.

However, more broadly, the jobs most closely linked to Care Work are:

- **Geriatric nursing assistant.** This is a key figure in the care of dependent elderly people because they centralise and take charge of their care in social institutions, nursing homes or adult day care centres. Specifically, they support the person in carrying out everyday activities that they are unable to do independently (getting up, getting dressed, going to the bathroom, showering, personal hygiene, etc.), they undertake tasks related to the comprehensive care of the service user and the place in which they live (cleaning and tidying) and they collaborate in the preventive intervention and stimulation with the other professionals in the team, with the aim of maintaining skills and also contributing to the wellbeing and quality of life of the person.
- **Household worker.** This professional carries out their activity in the social and health spheres and is part of an interdisciplinary team. They are responsible for providing the required care and attention to people with a degree of dependency, taking into account the family environment and the surroundings of the people attended to. This kind of work is carried out mainly in the homes of people with a degree of dependency (whether temporary or permanent), but assistance is also provided to people and families in a situation of vulnerability or social risk. The support tasks carried out for each person are determined and adjusted depending on the intervention objectives and work plan set out.
- **Personal assistant.** This professional is responsible for providing support and help with the everyday activities of people who, due to their conditions or functional diversity, have difficulties or cannot carry them out on their own. Their main mission is to promote the independent living of the person being cared for, facilitating self-determination as an alternative to institutionalisation and guaranteeing their rights as a citizen on equal terms. Specifically, personal assistance is aimed at covering personal needs in any area of life; so this professional can provide support in very diverse ways (personal hygiene, food, mobility, social relations, family, education, training, work, citizen participation, leisure or other areas) that will be determined by the life project of the person they assist.
- **Home cleaning specialist.** This professional is responsible for ensuring appropriate levels of tidiness, hygiene and sanitation in the home. These tasks are agreed with the dependent elderly person and/or their family, for example: cleaning of kitchens and bathrooms, windows and blinds, washing machine and iron, polishing all kinds of floors, carpeting, cleaning rugs and upholstery and so forth.

- **Social worker.** This professional is responsible for promoting the social wellbeing of individuals, groups and communities, both through prevention work and by responding to specific problems. Their aim is to facilitate social cohesion in times of change and to coordinate support and protection for the most vulnerable members of the community. Their work is coordinated through the mechanism of basic social care services, through which they can become aware of, intervene in and prevent situations of conflict, need or social exclusion in coordination with a multidisciplinary technical team. Social workers are required in different areas and their specific roles and duties will vary depending on the characteristics of the people they care for or the centre where they work: prisons, adoption and fostering services, in the health sector, in the field of mental health and addictions or health centres, among others.
- **Home care service coordinator.** This professional is responsible for the smooth running of home care services (HCS). HCSs include a set of actions and resources provided in the home of a person who due to age, dependency or disability, has limited autonomy for carrying out basic day-to-day activities (washing themselves, personal hygiene, dressing, food, health care, medication, among many other aspects). The HCS coordinator oversees the smooth running of the service, coordinating the work of household workers and other care professionals. They must also manage the organisational resources (logistics, materials, training) of the service, always taking into account the preferences and personal situation of the dependent person.
- **Director of services for elderly people.** This professional runs care and assistance spaces for elderly people within the framework of a partial or total care institution. In this regard, they plan and organise the activities and resources of their institution, in accordance with quality parameters, in order to guarantee the correct provision of services offered from adult day care centres or nursing homes.
- **Telecare assistant.** Telecare is a home help service that allows a user's health care status to be monitored or to immediately notify of any emergency or incident that they may have, 24 hours a day, every day of the year. This service is coordinated through a home-based system consisting of a telephone terminal and a portable terminal with which the dependent elderly person can activate emergency calls, without having to go to a telephone, or dial a number. The telecare assistant is in charge of the management and remote control of the telecare home help systems, in accordance with the programme of services contracted by users. Within these immediate and permanent home care services, this professional keeps a check on the state of health of the service user, resolving any medical, security or domestic emergency situation, and providing company and security to the people using the service.
- **Auxiliary nurse.** This professional provides care to the person being cared for and monitors the healthcare conditions of their environment as a member of a nursing team in the specialised care and primary care health centres. They carry out their work under the supervision of a qualified nurse or as members of a health team, with the appropriate supervision. This professional can carry out their activity in the field of primary and community care (home care- taking care of patients with multiple health issues, health promotion, in dental clinics and oral health, consultations and nursing homes), in the area of specialised care (hospital units, emergency rooms, delivery rooms, paediatrics, operating rooms, sterilisation centres, special units such as ICUs, A&E or palliative care, mental health and geriatric medicine).

To qualify professionally to work in Care Work there are several options that will give access to different occupations within the sector. However, each professional profile will require specific training and defined skills. As it stands today, the current regulated training available, along with other professional qualifications, is as follows:

- Certificates of professional standards: Social and health care for people at home; Social health care for dependent people in social institutions; Telecare call management.
- Vocational Training (CF): Intermediate Vocational Qualification in Nursing Auxiliary Care; Intermediate-level Vocational Qualification in Care for Dependent People; Advanced Vocational Qualification in Social Integration.
- University Degrees: Human nutrition and dietetics, Podiatry, Medicine, Psychology, Nursing, Physiotherapy, Occupational therapy, Social education, Social work.
- Continuous training, consisting of short courses and mainly aimed at active professionals (for example: Care for Alzheimer's patients, Nutrition and dietetics, Support in the organisation of activities for dependent people in institutions).
- Professional qualification gained via the recognition and accreditation of work experience.

05. Future scenarios

Detailed below are the trends that will mark employment opportunities in Care Work in terms of opportunities, threats, strengths and weaknesses:



OPPORTUNITIES

- **Visibility and social relevance of Care Work**

In a short space of time, Care Work has gone from being an activity confined to the family sphere, carried out mostly by women and with little public recognition, to being considered a strategic sector in terms of job creation, due to the marked trend towards an ageing population and the growing demand for quality care services. Similarly, there is a greater social consideration of the work done by all professionals in the sector, as access to Care Work is becoming established as an increasingly universal right.

- **The impact of new technologies and digitalisation**

Digital technology will play a decisive role in the lives of elderly people: it will make it possible for them to stay in their own homes for longer as they can stay connected through medical technologies (telecare, tediagnosis, teleconsultations, remote monitoring, etc.), there will be technologies that will allow people to age better (applications to improve communication, to establish social relations, cognitive activities, advance decision planning, etc.). Thus, those working in the Care Work sector will have to make an effort to gain digital skills.

- **Social and Solidarity Economy**

This is an opportunity to move towards a more just and sustainable organisation of Care Work, which gives visibility and value to the sector's work and which promotes co-responsibility between the different social actors involved in its management. In short, in the medium and long term, the measure aims to promote a different way of organising social care, from a transformative point of view. Cooperative projects are more resilient when it comes to protecting employment, ensuring a more localised economy linked to the resources and communities in which they are carried out, putting people and the common good first.



THREATS

- **Business models which do not respect labour rights**

Digital platforms enable dependent elderly people who require different care services to be put in contact with professionals providing those services. Thus, technology greatly speeds up recruitment and creates new job opportunities, especially facilitating the provision of short-term services and those provided on an occasional basis. Care professionals who opt for this type of professional pathway must be well informed about working conditions when they are hired because, although the technology is neutral, often in the market the use of cheaper platforms creates business models which do not really respect the rights of workers.

- **An ageing population and the generalisation of care for dependants**

As the population of over-65s increases, the economic activity linked to the services required by this segment of the population will be consolidated: adapted housing, health and welfare services, consumption of products and technological solutions for personal autonomy, leisure and culture, among others: it is the so-called silver economy. However, there is the threat that greater social exclusion could be generated if the care system fails to serve everyone on equal terms, which would also reduce employment opportunities.



STRENGTHS

- **Person-centred care (PCC Model)**

This model aims to guarantee the quality of the service, insofar as the person and their needs become the priority and are at the heart of the way care services are organised. The PCC Model entails a change in the model of care, insofar as it involves putting the person at the centre and mobilising professionals to intervene in the multiple dimensions and needs of the person in a personalised way, and thus promote the notion of “quality of life”, a concept that goes beyond mere “care”.

- **Innovation in Home Care Services (HCS)**

HCSs are one of the key pieces in dependant care and are managed locally, generally under the direction and supervision of municipal Social Services. This is especially so in the case of the city of Barcelona. There have been recent innovations in the provision of HCS based on the model of the “superblocks”, which creates specific geographical areas in which home care is organised, so that the professionals of the service increase their capacity for self-management and organisation in order to improve the care service delivered to the dependant.



WEAKNESSES

- **Better working conditions**

Salaries among professionals working in the Care Work sector are still lower than the average and are often far lower. Contracts are often temporary and work is often carried out based on part-time contracts. Therefore, there is still the challenge of bringing the sector in line with others. It also has pockets of underground economy where labour rights are not respected, especially when it comes to home Care Work. Here the difficulty involves controlling working conditions and even more progress needs to be made in the legal regulation of labour relations that cannot exist outside the law.

- **Qualifying human resources**

Although the official map of professional qualifications and the training available is clear, in practice there are certain difficulties in accessing qualification processes, either through training or through the recognition of experience. But without qualifications, it is not possible to move forward with the professionalisation of the sector and with the need to have a qualification in order to work in it. Therefore, there are still important challenges in accessing training (due to legal barriers to access, lack of online training opportunities) and more means are needed for the recognition of work experience.

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