

# Personal and Household Services

**ESN response to the Commission consultation  
July 2012**

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The European Social Network (ESN) brings together people who are key to the design and delivery of local public social services across Europe to learn from each other and contribute their experience and expertise to building effective social policy and practice. Together with our Members we are determined to provide quality public social services to all and especially to help improve the lives of the most vulnerable in our societies.



## Introduction

The Commission published its 'employment package' on 20 April, entitled 'Towards a job-rich recovery'. It aims to draw governments' attention to potential job growth areas in the years to come, among them two overlapping sectors: health and social care; personal and household services. The Commission sees both as providers of new jobs because of population ageing and demand for more formal care of higher quality.

In the health and social care area, the employment package includes proposals for Member States to "improve health workforce planning and forecasting to match the demand and supply of health professionals better." It also proposes to create EU-led opportunities to "exchange on innovative and effective recruitment and retention strategies". The Commission identifies challenges for health workforce development, including integrated care models. It argues that "a shift from care in hospitals to the delivery of primary care closer to home – to cope with elderly patients with multiple chronic conditions" would require "different skill mixes and new ways of working within a wider interdisciplinary team."

The employment package also launched a consultation on personal and household services (PHS). These cover a broad range of activities that contribute to well-being at home of families and individuals: child care, long term care for the elderly and for persons with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc. The Commission requested input from stakeholders on four specific questions, to which ESN responds below.

In general, ESN welcomes the consultation as part of the employment package. Whilst the health workforce communication deals with more formal medical and care issues, this consultation rightly picks up on the PHS sector. In fact, more developed personal and household services can complement the provision of health and care at home, one of the concerns in the health workforce paper. ESN broadly agrees with the Commission's analysis of the PHS sector and its potential for job creation.

Given the scale of demographic change and likely disability or morbidity rates, the PHS sector is important because it puts people in control of their lives and their care/support needs at home. In our view there is also potential to be part of a preventive approach to long-term care, perhaps preventing loneliness (may lead to depression) or falls (may lead to hospital treatment and need for ongoing help) and in general keep people more self-reliant for longer. PHS workers could also be trained to spot likely problems and seek additional specialist assistance from other health and social professionals as required. PHS should also – if accompanied by higher-level care provision at home – help keep older people at home for longer, rather than in residential care.

However, ESN has concerns about seeing job creation as the driver for PHS development, rather than the needs of citizens and the gaps in existing services. The LTC sector is already divided between health and social care; creation of a separately financed and regulated PHS sector may lead to further fragmentation.

*1. What are your views on ways to improve measurement and monitoring of the employment levels in personal and household services, taking into account the impact of the on-going crisis, loss of purchasing power, labour market exclusion issues and the potentially positive effect on the creation or growth of SMEs?*

It is always tempting to ask for more and better data, but we have to be careful that the data will be used well by policy-makers. It might in the first instance be worth doing a mapping exercise (through the SPC or EPC) or an independent study. If some countries have more data than others (and use it for policy-making), then their data could be shared with other MS, who may wish to develop their data in the same way. Efforts to improve PHS data should be seen as part of efforts to improve general data on the LTC or CC sectors rather than becoming a separate initiative.

*2. What are your views on the utility of developing sharing of experiences, especially concerning the tools used or planned to support the personal and household services with a specific attention to the cost effectiveness and to the reduction of undeclared work?*

ESN is a network whose main mission lies in the exchange of good practice and mutual learning, so would support sharing of experiences in this area. The BE, AT, DE and FR examples in the staff working document should prove interesting for other MS. Perhaps some initial policy mapping of other MS could be carried out through the National Social Reports in 2013 under the section 'health and long-term care'. In this way, the PHS sector would be discussed within the broader context of other LTC challenges, notably:

- A sustainable mix of State and individual funding
- Health and social care coordination
- Strategic area-based needs assessment (see UK 'commissioning' or BE 'lokal socialbeleid')
- Individual needs assessment of the person
- Choice and quality regulation not only in residential care but also in home-care provision

Likewise, this would ensure that job creation was not the driver of debate and policy development, but the rather the needs of citizens and the gaps in current provision. A social protection peer review in 2013 on PHS would be a good option, again with citizens' needs at the forefront of discussions, not solely job creation.

*3. What are your views on ways of ensuring quality services and jobs (skill needs, working conditions), including possibly through development quality standards ?*

First and foremost, the skills needs of the PHS sector should be based on the demands of those who will be buying these services. Quality in social services/LTC has tended to be defined by structural and input measures (care worker/client ratio; level of qualification of staff; fire regulations of buildings; square metres per resident) but it should be done more in terms of the experience of the person using the service, (Was the PHS worker on time? Did she do what was asked? Was she polite and respectful? etc.) and on results/outcomes (has the older person's confidence/quality-of-life/independence increased since PHS provision

began?). Good working conditions and pay may contribute to the PHS worker's professionalism and to the experience of the person buying the PHS service. Again, it might be interesting to consider quality of service and of workplace as part of a peer review on PHS or even a wider EC-funded study of PHS in MS; certainly this would be the first step before introducing additional EU-level quality standards or principles.

Quality systems for formal health and social care may need to look carefully at PHS sector to see how it might be feasible to regulate it. Possibilities might include: registration of PHS provider organisations; registration of PHS workers; voluntary quality certification of PHS organisations; compulsory reporting by PHS organisations; inspection/spot checks of PHS provision. The bare minimum requirement should be a clear complaints and alert procedure that draws attention to poor quality and even abuse/neglect of people receiving PHS in their own home. However, some of these options may be considered too onerous for the public purse/PHS sector to bear - there needs to be balance between allowing the sector to grow and innovate and regulation to ensure safety and quality.

#### *4. What are your other ways to ensure greater professionalization of personal and household services jobs?*

Some form of accreditation to confirm identity and check police record to ensure that no-one is employed in PHS who is a threat to vulnerable children or adults. A modular training system might be considered by MS/regions that could recognise pre-existing skills/qualifications and fill in the gaps. It could cover among other items: food hygiene; managing prescribed drugs; lifting; first aid; health and social care system (where to get other help, including in an emergency); language skills. It may also be necessary to consider personal liability insurance in case of an accident in the home or to the person receiving the PHS.

ESN looks forward to further dialogue with the Commission on all these points.

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