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Quality of jobs and services in the Personal care and Household Services sector in Italy

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1. NATIONAL OR LOCAL REGULATION AND POLICIES

1.1. Policy background

Italy is characterized by a large share of informal employment in private households. The informal sector is important by tradition in various other sectors of the economy. Domestic work is mostly done by undeclared workers, with a very high proportion of immigrants, be they legally or illegally established in Italy. Simonazzi and Picchi state that, “so far, the Italian politics have oscillated between legislation strategies (like the one in July 2006 when 517,000 immigrants received legal status) and implicit toleration of the informal.” The large flow of legal or illegal immigrants coming to Italy provides the domestic sector with a large and low-paid workforce. The importance of the informal economy, in particular regarding care for the elderly, has to be analysed in a context of a cultural “implicit familism”¹, where the family is put at the centre of the Italian welfare model: family is seen as the major responsible actor to deliver resources to its members.

The ‘indennità di accompagnamento’ (attendance allowance) is the most important and widespread measure launched in Italy that supports the development of personal and household services for people with disabilities. It was launched in 1980 by the central State, and consists in an economic support provided by the National Institute of Social Security (NISS) to people with severe disabilities, regardless of their financial situation. However, there is no obligation for the beneficiaries to purchase specific goods or services as the allowance is aimed at improving the personal condition of persons with disabilities. Therefore, it can easily be used to compensate the household for informal care or home help. Other cash benefits are provided by some municipalities on the basis of the means of the beneficiaries. This main support to long term care has not been modified since 1984.²

In the end of the 1990s, different measures have been implemented to create employment in household services including policies to expand services in some sectors, particularly childcare (Law 285/97) and care of the elderly. In November 2000, the national law No. 328/2000 entered into force, with the aim to establish a minimum level of social care services to be provided throughout the country. Nonetheless the tools (financial and normative) provided to pursue this goal were weak.³

In 2003, the legislative decree 276/2003, has led to the creation of a national voucher system to

¹ Saraceno, C.: Mutamenti della famiglia e politiche sociali in Italia, 2nd edition. 2003.

² Costa, G.: « When Institutional Inertia goes Along with Huge Social Reorganizations around Care Needs: the Italian LTC Policies Case », presentation during the 2nd International Conference on Evidence-based Policy in Long-term Care, London, 06/09/2012. Downloadable here: <http://bit.ly/1yucTXC>

³ ENEPRI, The Long Term care system in Italy, 2010

promote legal employment and to regulate occasional work in the PHS sector - among other sectors - in the context of the labour market reform law 30/2003 (also known as the “Biagi Law”).⁴ The measure turned out rather ineffective due to its limited range of application.

In 2004 a tax benefit for families employing domestic workers has been introduced whose main target was to reduce undeclared work through an incentive to buy vouchers. Financing is provided by the state (through tax exemptions), the regions - which are responsible for personal services and employment policy - and the national social security system (INPS).⁵ Although there have been important developments in the scheme since 2010, its impact has been rather secondary.

In 2009, the action plan ‘Italia 2020’ aims at improving the work-life balance and the integration of women on the labour market. The idea behind this plan is to “*construct a Welfare state modulated with regard to family responsibilities*”⁶ and to promote alternative to the family support, through taxation schemes, family allowances, universal vouchers and personal services.

In Italy, social care and household services are expected to grow significantly due to:

- The increase in demand for long-term care (LTC) services, caused by the rapid ageing of the Italian population;
- Changes in the family structure and;
- Other socio-economic changes, like the increase in the participation of women to the labour market.⁷

Nevertheless, Italy still lacks a comprehensive policy aiming at promoting the evolution of personal and household services, the reduction of undeclared work, and the creation of a formal and structured economy for this sector. As pointed out above, the development of the personal and household services sector has not been considered under a single overall policy; the regulation of “employment and occasional work” has been done through the establishment of a voucher scheme (Biagi law) which takes on board occasional activities ranging from household services to agricultural casual work, through occasional work in family businesses, housework, gardening, cleaning and maintenance of buildings, roads, parks and monuments; sporting events (also in favor of government entities); door-to-door and street vending of newspapers and magazines; private and extra tuition; or work activities carried out in riding schools and

⁴ Circolare 17/2010. Lavoro occasionale di tipo accessorio. Legge Finanziaria 2010. Modifiche art. 70, decreto legislativo 10 settembre 2003, n. 276.

⁵ Pour la Solidarité, European evidence paper on the development of personal and household services and the sector’s potential to increase employment in Europe, February 2013.

⁶ Italian Government, Ministry for Labour, Health and social policies (2009b), *Italia 2020: Programma di azioni per l’inclusione delle donne nel mercato del lavoro*, December 2009.

⁷ ENEPRI, *Op. Cit.*

stables. Therefore, the PHS sector was not defined on the basis of public schemes specifically aimed at developing the sector, but rather on the basis of a specific regulations concerning work and employment.

However, it has to be noted that the domestic sector is defined, in the Biagi law as follows: “occasional domestic work only covers services provided in an occasional and discontinuous way to meet [the users’] family needs that are related to family care and house work and which are accessory. Are included babysitting and dog sitting”.

The Italian parliament is currently discussing a Universal voucher bill the aim of which would be provide the PHS sector with an overall policy scheme through the introduction of a specific voucher system.

Finally, in view of improving the working conditions in the PHS sector, Italy was the first EU member state to ratify the C189 ILO Domestic Workers Convention in 2011.⁸ It entered into force In September 2013.⁹

1.2. Structural framework, funding and actors involved

In Italy, long-term care is characterized by a significant **institutional fragmentation**; the sources of funding, governance and management are shared between local and regional authorities. In the PHS sector, social cooperatives of ‘type A’ (which are recognized as welfare organisations that are beneficial to the public benefit) are the first service providers; the rest of the service providers being public institutions and private for-profit organisations. Italy has a long tradition of social cooperatives; and the design of the role of State has evolved, going from a big government with a near-monopoly on social services, to a State which guarantees the creation of a network of services for all, that enables users and cooperatives to run those services.

The regulation of personal services is both executed at national level and fragmented between different local territories’ entities.¹⁰ The organization of long term care services directly involves municipalities, local health units (aziende sanitarie locali, ASLs) and the National Institute of Social Security (Istituto Nazionale Previdenza Sociale, INPS). However, other actors such as the central state, regions and provinces are also involved in planning and funding these services¹¹. The strong regionalization and municipal orientation (service planning and management stages) that characterizes the LTC sector result in important differences among territories, “*in terms of*

⁸International Labour Organisation (ILO), « L’Italia ratifica la Convenzione sul lavoro domestico », <http://www.ilo.org/bit.ly/1OKzSQg> (08/04/2015)

⁹ ColfBadantionline, “CONVENZIONE ILO sul lavoro dignitoso per le lavoratrici e i lavoratori domestici”, [www.colfbadantionline.it: http://bit.ly/1d4IEhw](http://www.colfbadantionline.it/bit.ly/1d4IEhw) (10/04/2015)

¹⁰ Pour la Solidarité, Politiques de versement des prestations sociales en Europe - Étude de cas comparative sur les minima sociaux, les prestations handicap et la prise en charge de la dépendance, Mars 2015.

¹¹ ENEPRI, *Op. Cit.*

*the resources invested in the system, access to services, selective criteria for the service beneficiaries, types of services available, etc.*¹²

Historical providers of care services are situated in the non-profit sector, in particular in social co-operatives who employ social care operators to provide municipalities with the services needed. Recently new private actors have entered the market, which is now much more competitive but also more unstable.¹³ For household activities and long-term care, households or their relatives contract directly with the so-called *colf* (the acronym for collaboratore/trice familiar) or *badanti* (which comes from the verb « badare » which means to take care).

Obviously trade unions count as active players in the PHS sector. Their main goal of is the reduction of illegal employment among personal assistants and the raising of the awareness of foreign workers about their rights. However, they mostly act as controllers of the existence of regular labour contracts and their correct application and act in case of problems with the job of personal assistants or in case of unfair dismissal.

Finally, associations and organisations supporting the inclusion of female immigrants also come into play, through non-governmental organisations and associations, often connected to the church.¹⁴

¹² ENEPRI, *Op. Cit.*

¹³ IWAK, Creating Formal Employment Relationships in the Domestic Services Sector: Successful Strategies? Insights from the Project “Labour Market Measures for Reducing Illegal Employment in Private Households of the Elderly” supported by DG Employment, Social Affairs and Inclusion, <http://www.iwak-frankfurt.de/documents/brochure/april2011.pdf>, last consultation on 10/04/2015.

¹⁴ FORBA, Once there were wives and daughters, now there are badanti, Walqing social partnership series, 2011.

2. WORK AND EMPLOYMENT QUALITY

2.1. Career and employment security

2.1.1. Employment status

Contractual relation between employer and employee and nature of employer

The initial measure promoting Buoni lavoro (2003) only promotes direct employment: families, public authorities and volunteer organisations (but only for emergency and solidarity works) are identified as the only beneficiaries of the voucher system. In addition to private households, non-profit organisations can also use the vouchers. As a matter of fact, Italy is the first country in Europe in terms of direct employment in the PHS sector.¹⁵

On the other hand, the collective agreement for workers employed as personal assistants (which includes activities performed inside the household such as housekeeping, house cleaning and baby-sitting) states that personal assistants can only be employed directly by private households. Therefore, in the case of LTC, *“when an elderly person is entitled to a public funded care service, and thus when municipalities pay for the work of the personal assistants – directly or by means of a voucher – the worker’s counterpart in the contract is the elderly person him- or herself (or their relatives). However it has been reported [...] that there are organizations which employ personal assistants with contracts different from the one stipulated by the collective agreement, such as freelance contracts, and then provide them to the households. According to labour law this practice is irregular.”*¹⁶

Existence of a collective agreement

Personal assistant employees of the PHS sector are indeed covered by a collective agreement. The current collective agreement is effective since 1 July 2013 and will expire on 31 December 2016.¹⁷ This is not the case for occasional PHS activities embedded by the buoni lavoro scheme.

More data is requested from participants for the buoni lavoro system.

Temporary contracts

¹⁵ Garner, H., Leuthereau-Morel, N. : « Gouvernance et organisation des services à la personne en Europe », December 2014

¹⁶ FORBA, *Op. Cit.*

¹⁷ Contratto collettivo nazionale di lavoro sulla disciplina del rapporto di lavoro domestic, June 2013 (valid until 31 December 2016)

Temporary work is very common in the sector.

No information gathered at this stage when it comes to:

- *workers falling within the buoni lavoro system.*
- *The prominence (or not) of open-ended contracts to retain employees?*

More data is requested from participants.

Regularisation of undeclared work

Undeclared work is obviously difficult to assess and the qualitative evaluations of undeclared PHS employment range from 40% (National Institute for Statistics - ISTAT)¹⁸ to 70%.¹⁹

The median number of hours of informal care per week is estimated to 28 hours in Italy.²⁰

This can be explained by the fact a personal assistant would cost 30 to 40% less on the irregular market than on the regular one.²¹

In what regards long-term care services, the choice of a cash allowance given to dependent people favours the informal provision of social services. Some local authorities have implemented voucher systems for care services that substitute to the care allowance that is also distributed in cash.

At national level, the only recent intervention in this regard has been the legalisation campaign aimed at regularising the position of illegal immigrants working as domestic personnel²² as a high proportion of (illegal) migrants provide for undeclared domestic work.²³

Migrant work

The legal status of workers deeply affects their work, life quality and prospects, in particular in terms of training, professional development, links with public services and access to welfare provisions.²⁴ Thus, migrant workers are considered the weaker segment of domestic and care workers.

¹⁸ Kergueris, J.: Services à la personne : bilan et prospective – Italie, June 2010.

¹⁹ Angermann, A., Eichhorst, W.: Who Cares for You at Home? Personal and Household Services in Europe, IZA Policy Paper No. 71, October 2013.

²⁰ *Ibid.*

²¹ FORBA, *Op. Cit.*

²² *Ibid.*

²³ A. Simonazzi, S. Picchi, « Italy », in IWAK.

²⁴ Pasquinelli S., Rusmini G. (2008) BADANTI: LA NUOVA GENERAZIONE. Caratteristiche e tendenze del lavoro privato di cura, Irs, Qualificare Report.

As already mentioned, Italy ratified the C189 ILO Convention on 23 January 2013.

At this stage, no data on the impact of such ratification was found. More information can be of use here.

In 2011, more than 80 % of the registered 881,702 domestic workers were foreigners.²⁵ Yet, the domestic work sector is characterized by one of the highest rates of irregular or underground employment, and migrant workers are widely solicited in this system too. An important part of irregular domestic workers co-reside with their employer – especially in the case of long-term elderly care – thus giving them fewer possibilities to build their network outside this relationship. This leads to other drawbacks for (illegal) migrant domestic and care workers, who often enjoy little rest, work long hours and encounter difficulties in resisting undue demands due to their weak contractual position.²⁶

2.1.2. Income and wages

Minimum wages

There is no national scheme that guarantees a minimum income in Italy. At regional level, eight Italian regions currently have a minimum income scheme.

However, the collective agreement for domestic workers is forethought in this regard. The minimum monthly wage for personal assistants in cohabitation regime varies from €789.81 (level B) to €958.58 (level C-super), while in the case of non-cohabitation the minimum hourly wage is €5.64 and €6.64 respectively (figures 2015).²⁷ The minimum wage levels indicated in the collective labour agreement are on average lower than the minimum levels in other sectors (i.e. minimum monthly wage in construction is € 833,21 for the cooperative sector and € 865,99 in the industrial sector).

Median wages

No information gathered at this stage. More data is requested from participants.

2.1.3. Social protection

Access to social protection, retirement

²⁵ International Labour Office: Promoting integration for migrant domestic workers in Italy, International Migration Paper, 2013.

²⁶ FORBA, *Op. Cit.*

²⁷ Lavoro e Diritti, “CCNL Lavoro Domestico, minimi retributivi 2015”, <http://www.lavoroediritti.com/http://bit.ly/1HZwDo1> (16/04/2015)

With the Italian voucher system, it is important to note that only occasional activities are targeted. The use of voucher is not suited to standard work activities but rather to occasional services that are limited in time. Therefore, vouchers cannot replace standard work contracts, and can be used only when standard contracts do not apply. Thus, it entitles to lower minimum social security and insurance entitlements for workers - compared to standard employment contracts - and explains why no collective agreements apply.

As for personal assistants covered by the above-mentioned collective agreement, it is foreseen that, in case of illness, personal assistants keep their position for the following periods:

- 10 calendar days (+ 50% in case of oncological diseases) by length of service up to 6 months;
- 45 calendar days (+ 50% in case of oncological diseases) by length of service from 6 months up to 2 years;
- 180 calendar days (+ 50% in case of oncological diseases) by length of service of minimum 2 years.

During the above-mentioned amounts of time, remuneration is ensured - with a maximum of respectively 8, 10 and 15 days per year - as follows:

- 50% of the remuneration is foreseen until the third consecutive day;
- 100% of the worker's remuneration is provided from the fourth day on.

More information is requested from participants in terms of access to retirement for personal assistants referring to the collective agreement for domestic workers.

More information is requested from participants in terms of access to retirement for workers falling within the buoni lavoro system.

2.1.4. Workers' rights

Rights to collective bargaining

Like it is the case for qualified social care operators, unions have provided domestic workers with a collective agreement. However, the nature of the relationship of personal assistants with their employer (i.e. direct) seem to condition them to less unionisation compared to that of qualified social care operators. Furthermore, although personal assistants are protected by collective bargaining, it does not cover the large number who provide informally personal and household services. Likewise, personal assistants tend to be difficult to reach by their representatives as most of the time contact is established if problems with their contract arise. The isolation of workers is even more important in case of co-habitation arrangements, a feature provided by the collective agreement. The isolation of workers is even more important in

case of co-habitation arrangements, a feature provided by the collective agreement... To overcome the almost non-existing unionization of personal assistant, NGOs et (religious) associations play an important role in promoting their rights, in with respect to migrant women.²⁸

Non-discrimination

Migrant workers are a fragile segment of PHS workers; aspects of segregation and discrimination can be registered.²⁹

More information/details from participants could be of use here.

2.2. Skills development and professionalization

2.2.1. Qualification

Qualification requirements

Although social care operators (level super D of the collective agreement, qualified social care workers) must be trained to be employed as such, there is **no specific compulsory training** for personal assistants (unqualified generic caregivers) working in the household services and long term care sector. Some optional trainings are nonetheless delivered at regional level.

2.2.2. Training

Access to vocational training

In 2007, the collective agreement for domestic workers introduces the possibility for a specific category of workers to follow training: it enables domestic professionals working fulltime with an open-ended contract and having worked for more than 12 month for the same employer to enjoy 40 hours per year to access specific trainings. The latest collective agreement (2013) includes trainings that are necessary for foreign workers to renew their residence permit.

Knowledge of the Italian language and the lack of confidence thereof represent important barriers to many training possibilities for foreign workers. Some associations provide training to empower migrant workers. Some municipalities also have carried out initiatives to improve qualification and skills of personal assistants. However, such training was targeted at regular

²⁸ FORBA, *Op.Cit.*

²⁹ *Ibid.*

migrant workers only.³⁰

More data is requested from participants.

2.2.3. Career development

Transitions into jobs

Many personal assistants would like to attend the training courses to become social care operators (qualified caregivers). Some workers in fact succeed with that, whereas other are stopped by the fact that final examinations are in Italian language. Concrete effects on the career opportunities of most care workers are still small.

2.2.4. Recruitment and staff shortages

Tackling staff shortages

The literature has not shown a problem of quantitative shortage of care and household workers but rather a problem of low qualification with regard to the increasingly complex care needs of the ageing Italian population.

Strategies to recruit and retain employees

More information in requested from participants here.

2.3. Health and well-being

2.3.1. Work organisation

Access to occupational medicine

More information in requested from participants here.

Is the work organisation protecting the employee or putting her/him at stress?

More data in requested from participants here.

2.3.2. Risk exposure and health problems

³⁰ *Ibid.*

Sick leaves

The collective agreement for personal assistants allows for longer weekly working hours (up to 54 weekly hours in case of cohabitation) and for a more frequent use of overtime. Besides, the sick, injury and maternity leaves are shorter than in other sectors agreement.³¹

Additionally, with regard to the ILO Convention on decent domestic work which Italy has recently ratified, the full safeguarding of maternity leave and the recognition of a sickness benefit for personal assistant is still lacking to provide the latter with equal protection compared to other (female) workers.³²

Work-related stress and harshness of work

It is commonly agreed that the sector of domestic work is particularly demanding, both physically and mentally. According to Villosio e Bizzotto³³, “*hardly a person can do care work for more than 20 years*”; “*after just 10 years of care work a care-giver has some limitation in her activities due to musculoskeletal injuries, which can reduce her ability to work and lead to layoff and unemployment*”.

As a matter of fact, sources indicate that, in average, domestic work involves 6 thousand injuries per year.³⁴ However, in 2008, 35,763 work-related injuries have been registered by domestic workers, two of which were mortal. This shows a deficit in terms of prevention.³⁵

As already indicated, the isolation of worker can be very important when co-habitation arrangements are made between the employer and the employee, in particular in the case of immigrant women moving alone to Italy to find domestic work. The chronic emotional pressure that the very nature of long term care work implies as well as the lack of instrument compared to residential institutions for long term care - can result in a reduction in the quality of personal assistants' work and easily lead to a deterioration of their health. The fact that personal assistants rarely attend training courses about safety at work contributes all the more to this result.

³¹ *Ibid.*

³² Stranieri in Italia, “Colf, badanti e babysitter. Il governo ha ratificato il nuovo contratto collettivo”, www.stranieriinitalia.it: <http://bit.ly/1GaOrrL> (08/04/2015)

³³ FORBA, *Op. Cit.*

³⁴ Guariniello, R.: La sicurezza degli operatori dei servizi socio-sanitari e assistenziali, in ISL, 2004, n. 10.

³⁵ Quotidiano sicurezza: “Lavoratori domestici, sono 1 milione e mezzo in Italia ed a rischio infortuni”, <http://www.quotidianosicurezza.it/>: <http://bit.ly/1aV7c9Q> (15/04/2015)

2.4. Work/Life balance

Working time and work schedules

More data in requested from participants here.

Working time - Part-time work (voluntary and non-voluntary)

More data in requested from participants here.

Journeys between care interventions

More data in requested from participants here.

Non-standard working arrangements (night work, work on Sunday)

In principle, personal assistants' contracts include rest days, paid holidays and a maximum amount of working hours per week. However, personal assistants frequently work beyond the limitation of their contract, thanks to informal agreements their employer. The contractual power of personal assistants is generally low, especially if they are foreigners, with limited language skills. This represents a strong limit to the possibility of balancing work and life, all the more serious when personal assistant have children.³⁶

Working time

The maximum duration of working time is set at:

- 10 non-consecutive hours per day with a maximum of 54 hours per week in case of co-habitation.
- 8 non-consecutive hours per day with a maximum of 40 hours per week split in 5 to 6 days for workers who do not live under the same roof as their employer.

More data from participants could be of help here.

³⁶ FORBA, Once there were wives and daughters, now there are badanti, Walqing social partnership series, 2011

3. SERVICE QUALITY

In Italy, measures to increase the quality of domestic aid seem rare due to the fact that such services are purchased locally. The direct nature of employment between the personal assistant and the assistance receiver constitute another break to quality evaluation and improvement. The quality of services varies considerably among territories and there is a lack of common tools for client evaluation and quality monitoring.

3.1. Availability of services

Many studies have pointed out the need for conciliation services in Italy and this issue has become a central one today in the public agenda. This has been emphasised for instance in the 2012 report of ISTAT (Italian institute of statistics).³⁷

According to Istat, of the 15 million people, mostly women, who in Italy are dedicated to care services for children, the elderly and dependent people, one million would engage in employment if they could to reduce their care load. Yet, the country is lacking a real policy supporting the provision of affordable and quality services to families, all over the territory.

The regulation of personal care services is embedded in the national legislative framework and, at the same time, is divided on a legislative level depending on local areas. This raises questions equal access to such services from one region to another; indeed the main problem with decentralisation is the relation between expenditure and the financing of the services; the poorest regions have more difficulties in financing the services, which before 2000 were the State's responsibility.³⁸

3.2. Affordability

Personal social services are still underfunded by the public sector and there are huge differences among areas of Italy in the quality and quantity of the services provided. According to Law No. 328/00, regions exercise the functions of planning and coordinating social services, as well as monitoring implementation. In 2000, many regions approved or modified their framework laws on social services and other planning documents, sharing the planning and

³⁷ Donna in affari, "Conciliazione tra lavoro e familia", <http://www.donnainaffari.it/>: <http://bit.ly/1OhpoNk> (08/04/2015)

³⁸ Réseau européen des Services à la personne à finalité sociale, Personal Care Services in Europe – Synthesis, 2009

management responsibilities with the municipalities (or their associations) in various ways and measures (Giorgi and Ranci Ortigosa, 2008).

The cash benefits provided by the INPS are an important part of the LTC system in Italy. According to Tediosi and Gabriele³⁹, “*the only information that can be used as a proxy is the average expenditure per client, which is estimated at €1,728 (NNA, 2009).*”⁴⁰ But this is specific to long-term care for the elderly and does not include other household services provided by the so-called colf. Cash benefits are mostly funded by municipalities, followed by provinces and regions, and differ largely from one region to another. The table below shows the share of the population aged 65 and older receiving cash benefits from local authorities. The figures range from 3.5% of the population in the Bolzano Province to zero in some southern regions, showing the gap between Northern and southern regions in terms of means delivered to promote the access of the elderly to long term care services.

Region	Year of establishment	% population 65+ receiving cash benefits	Avg. gross monthly amount €
Provincia di Bolzano	2007	3.5	515
Veneto	2007	2.2	200
Emilia-Romagna	2006	1.9	246
Liguria	2008	1.6	330
Friuli-Venezia Giulia	2007	1	375
Lombardia	2006	0.9	–
Provincia di Trento	2006	0.6	345
Umbria	2005	0.4	418
Toscana	2006	0.3	–
Piemonte	2006	0.2	–
Abruzzo, Calabria, Sicilia	2003 (Sicilia & Calabria) and 2006 (Abruzzo)	<0.3	–
Puglia, Sardegna	2007 (Puglia) 2008 (Sardegna), data n.a.	–	–

Source: NNA (2009).

The differences among regions in terms of funding levels imply differences in terms of structure and quality and comprehensiveness of the services provided.

More information should be gathered and commented here.

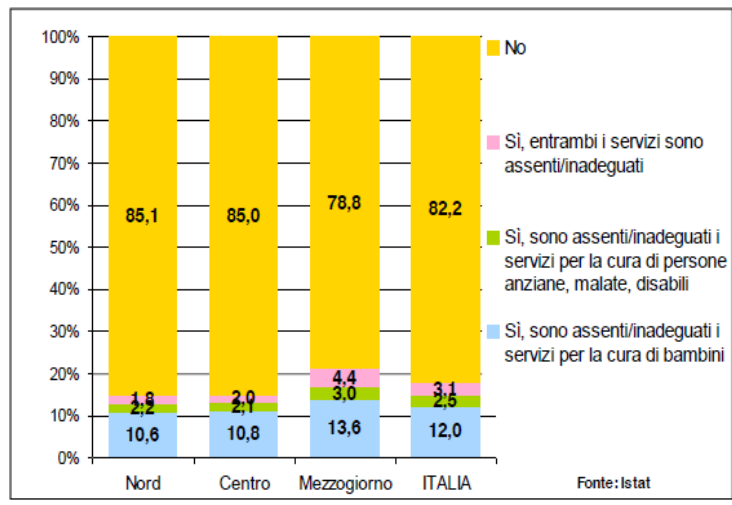
³⁹ ENEPRI, *Op. Cit.*

⁴⁰ Network Non Autosufficienza (NNA), “L’assistenza a gli anziani non autosufficienti in Italia”, 2009.

3.3. Comprehensiveness of services

The high increase in the number of personal assistants in Italy is due to the growing number of elderly people who need help and care, to household's reduced resources and limited public intervention responding only to the most severe situations. The prominence of undeclared work to satisfy the needs of households in personal and household services implies an under-qualification of workers and their exploitation, to some extent.

On the other hand, the asymmetry index of family work – i.e. how much of the time dedicated to domestic work, care and purchases of goods and services is carried out by women - implies that women, particularly those employed, are penalized for leisure. The gender gap has reduced over time, but remains high. The graph below shows the proportion of inactive women who have not looked for a job because of the inadequacy care services for dependent persons in 2010:



The following table gives some illustrative data of this barrier to women participation on the labour market, with a breakdown by age.

Age	"Family reasons" as cause of non participation to the labour market of women	,% of women who are not seeking work but would be available to work
24-34	46.3%	19.8 %
35-44	50.6%	30.2%
45-54	32.6%	24.7%

Source : Istat, Beltrametti (2010)⁴¹

⁴¹ L. Beltrametti, Sviluppo servizi alla persona ed emersione lavoro irregolare molto rilevante in Italia, III European

According to Villosio e Bizzotto⁴², “it frequently happens that the care-receiver feels the amount of care hours included in the [Care] Plan not to be enough. In this case it [...] is quite common for the elderly person to pay extra money in cash to keep the personal assistant working more hours.”

More information should be gathered and commented here.

3.4. Quality of regulation

In terms of harmonizing the system of aid and social services, the central state only provides a minimal level of aid throughout the whole country with the framework law 328/2000.⁴³ The latter has established the implementation of local integrated system for social services, for which municipalities are responsible. Therefore, municipalities are in charge of certifying public and private organisations that intend to their services to users, through municipalities. *This concerns essentially the care sector.* The responsibility for quality assessment is therefore in the hands of municipalities and results in obvious variations across countries. The responsibility for quality assessment has been delegated to municipalities, thus resulting in variations within the country.

For long term care services, the challenge is such that, when audits of the service are actually carried out, they are executed by the municipalities’ social services and by the regional health service managers of integrated health services (ADI) involved in the home.⁴⁴

Anyhow, experts often identify “the absence of any monitoring body of what happens in the house between the care-receiver and the care worker” as the main problematic area. It is common that care worker do not know who to address for advice when problems arise, which can hamper the quality of services.

More information requested from participants regarding the buoni lavoro scheme, and the work of badanti, for instance.

3.5. Quality of management and organisational level

Conference on Personal services, 2010.

⁴² FORBA, *Op. Cit.*

⁴³ Réseau européen des Services à la personne à finalité sociale, *Op. Cit.*

⁴⁴ Genet, N., Boerma, W., Kroneman, M., Hutchinson, A., B. Saltman, R., *Home Care accross Europe - Current structure and future challenges*, EOHSP, 2012.

Possible conflicts can be generated by the nature of the relationship between personal assistants and social care operators within the publicly funded home care service: *“in case of home elderly care managed (and funded) by municipalities both types of workers are employed [...]. According to the Individual Care Plan [drawn up by a multidisciplinary committee (The Geriatric Assessment Unit)] municipalities provide both social care operators and personal assistants to the elderly persons’ home for the hours indicated by the Plan. However, due to public finance constraints, time of coordination among the two caregivers is very often missing in the plan and frequently they do not even know about each other existence [...] On the other hand, precisely because of this lack in coordination and in knowledge about tasks and responsibilities of different caregivers employed in the Plan, episodes of conflicts between the two can arise. It is not rare that personal assistants report that ‘social care operators do nothing, just pop in and look around’. Social care operators also report that sometimes personal assistants go beyond the tasks prescribed.”*⁴⁵

More information requested from participants to ensure representativeness of this statement.

⁴⁵ FORBA, *Op. Cit.*

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