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

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INTRODUCTORY NOTE

This report has been prepared, reviewed and finalised through the research of its authors, the contributions and suggestions of the project partners, the suggestions and remarks made by the participants-members of partners' organisations at the regional seminars (Rome / Brighton / Vienna 2015) and by the Advisory Board members (AGE Platform, Eurofound). The authors wish to thank warmly all these persons for their time and contribution. The report presents the personal care and household services sector in the country at stake and in the framework of the For quality! project objectives, following the methodological grid validated by the consortium, without being exhaustive. Authors have tried to incorporate corrections and comments that were reported to them during this process. However, the content does not necessarily reflect the vision of the project partners who are not responsible for the information contained in this report.

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1. NATIONAL OR LOCAL REGULATION AND POLICIES

Policy background

In Italy no overarching policy has been put in place to regulate the provision of personal and household services (PHS). This results in the prevalence and competitiveness of a large grey market in this particular sector. The importance of the informal economy, in particular regarding care for the older persons, 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.

Logically, 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 non-self sufficient persons regardless of their age or income. 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 (LTC)² has not been modified since 1984.³

In the end of the 1990s, different measures were implemented to create employment in household services, including policies to expand services in some sectors, particularly childcare (Law 285/97) and care of older people. Most importantly, the national law No. 328/2000 entered into force in November 2000 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.⁴

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 Long-term care corresponds to a diversity of personal and household services (PSH) for dependent persons. In the present report, PHS are defined as services covering “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.” Source: European Commission, Staff Working Document on exploiting the employment potential of the personal and household services, SWD (2012) 95 final.

³ 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.

⁴ 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”).⁵ The measure turned out rather ineffective given that it only takes on board “occasional activities”, in which PHS only constitutes a marginal share.⁶ In this law, the domestic sector is defined 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. They include babysitting and dog sitting”. Old-age care and child care have thus been voluntarily excluded so as to prevent overlaps with publicly funded PHS services. Since 2008, the use of this system has grown, but remains marginal when it comes to the recourse to PHS. According to the National Institute of Social Security (INPS), only 2.8% of the vouchers sold in 2013 were used for the provision of domestic work, against 19.2% for the commercial sector, 14.2% for other services or 12% for tourism.⁷ This is why this report will not focus on the quality of PHS jobs for/and services traded under the buoni lavoro scheme. However, it has to be noted that, overall, this scheme does not provide many regulations from a worker’s perspective: the use of vouchers being dedicated to occasional activities, it 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.

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).⁸ 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 was to “*construct a Welfare state modulated with regard to family responsibilities*”⁹ and to promote alternative to the family support, through taxation schemes, family allowances, universal vouchers and personal services.

⁵ Circolare 17/2010. Lavoro occasionale di tipo accessorio. Legge Finanziaria 2010. Modifiche art. 70, decreto legislativo 10 settembre 2003, n. 276.

⁶ These activities range 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 stables.

⁷ INPS, Bilancio sociale 2013, 2013

⁸ 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.

⁹ 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.

An experimental mini-package was introduced from 2012 to 2015 to support employment of women. It included vouchers for 6 months, which could be used as an alternative to parental leave. In 2012, the National Plan for Families introduced “*measures to increase the availability, quality and affordability of child-care and long-term care services and to better reconcile work and family life (Presidenza del Consiglio dei Ministri, 2012)*”. The yearly monitoring of the plan (November 2013), showed that, out of the billion euros allocated by the Plan to promote childcare services, not all resources were used, and only 55 000 additional places were created. As a matter of fact, in August 2013, the State and regional and local authorities signed an Agreement to improve child care services.¹⁰

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 2011.¹¹ It entered into force in September 2013.¹²

Finally, the Italian parliament is currently discussing a Universal voucher bill based on the French model, with the aim to provide the PHS sector with an overall policy scheme through the introduction of a specific voucher system and to support the private provision of PHS.

Despite the above, 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. This also results in the fact that 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 on one hand, or social services to families on the other hand.

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 being shared between local and regional authorities. The State supports the provision of formal PHS through tax incentives and sets wide rules for health and social services that must be met in the country. The Regions, who are competent for the organisation and administration of health-care services through the ASLs (local health authorities), fund their own initiatives and implement their own employment strategies. As for the National Institute of Social Security (INPS), it is responsible for organising the voucher system. Finally, local authorities fund and organise ‘integrated care services systems’ at local level, including through

¹⁰ European Commission, European Employment Policy Observatory, Personal and household services - Italy, June 2015

¹¹International Labour Organisation (ILO), « L'Italia ratifica la Convenzione sul lavoro domestico », <http://www.ilo.org/http://bit.ly/1OKzSQg> (08/04/2015)

¹² ColfBadantionline, “CONVENZIONE ILO sul lavoro dignitoso per le lavoratrici e i lavoratori domestici”, [www.colfbadantionline.it: http://bit.ly/1d4lEhw](http://www.colfbadantionline.it/http://bit.ly/1d4lEhw) (10/04/2015)

local health units (aziende sanitarie locali).

It has to be noted that the role of the State has significantly evolved in the last decades, starting 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 the long tradition of social cooperatives to take over the running of these services at local level: they employ social care operators to provide beneficiaries with the services need on behalf of municipalities. As a matter of fact, social cooperatives of 'type A' (which are recognized as welfare organisations that are beneficial to the public benefit) are the first service providers in the PHS sector; the rest of the service providers being public institutions and private for-profit organisations. Recently, new private actors have entered the market, which is now much more competitive but also more unstable.¹³ They have the same role, which is to manage and implement PHS on behalf of local authorities.

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 the resources invested in the system, access to services, selective criteria for the service beneficiaries, types of services available, etc.*"¹⁴ This geographical imbalance is particularly clear between regions from the North and the South of the country.

For household activities, households or their relatives may contract directly with the so-called *colf* (the acronym for collaboratore/trice familiare or 'family helper'). For long-term care activities, they may contract directly with *badanti* (coming from the verb "badare", which means to 'take care'). *Badanti* constitute the major part of the social care work for the elderly in Italy and will be also referred to as '*personal assistants*'. Being generic caregivers, they provide care to the elderly or the disabled with no medical content. They are directly employed, either on a permanent, casual or living-in arrangement. On the other hand, '*social care operators*' (or OSS, from 'Operatore Socio-Sanitario') are trained caregivers who usually operate more in residential care rather than in mobile long-term care contexts, where they provide their services only when they are funded/delegated by public authorities.¹⁵

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 ENEPRI, *Op. Cit.*

¹⁵ FORBA, Once there were wives and daughters, now there are badanti, Walqing social partnership series, 2011.

2. WORK AND EMPLOYMENT QUALITY

The population of Italy is around 60.7 million persons. In 2014, the employed labour force concerned 33.8 million people (15-65 years old)¹⁶ or around 55.7%. In 2014, 233 400 persons were employed in social work activities without accommodations (NACE 88), while 756 200 persons were counted as employing domestic workers (NACE 97). Those activities represented respectively 1.1% and 3.5% in the total employment in Italy in 2014.¹⁷

Contractual relation between employer and employee and nature of employer

A significant part of personal assistants are employed by cooperatives or private companies to assist people in their home; hence a triangular employment relationship is established, which can provide a form of protection to workers, who are thus employed by an organisation that does not represent the beneficiaries themselves.

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.”*¹⁸ Finally, there is a unique tradition of a specific contract for colfs, that also foresees a specific fund, the so-called “CAS.SA.COLF”, which provides colfs and employers with various services, including health and insurance services, on top of services provided by the public administration.

Yet, Italy is the first country in Europe in terms of direct employment in the PHS sector (in absolute terms).¹⁹

¹⁶ Insee, Taux d'emploi par âge dans l'Union européenne en 2014, <http://www.insee.fr>: <http://bit.ly/1MZ0KLJ> (30/11/2015)

¹⁷ Eurostat, NACE rév. 2 niveau division (1000)

¹⁸ FORBA, *Op. Cit.*

¹⁹ Garner, H., Leuthereau-Morel, N. : « Gouvernance et organisation des services à la personne en Europe », December 2014

Existence of a collective agreement

Personal assistants 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 2016.²⁰

Regularisation of undeclared work

Undeclared work is difficult to assess and the quantitative evaluations of undeclared PHS employment range from 40% (National Institute for Statistics - ISTAT)²¹ to 70%.²² This can be explained by the fact that a personal assistant would cost 30 to 40% less on the irregular market than on the regular one.²³ Nonetheless, between 1999 and 2012, the rate of informal employment in the PHS sector has decreased from 67% to 49,3%. This can be explained by the regularizations of migrant workers that occurred during that period.²⁴

The median number of hours of informal care per week is estimated to 28 hours in Italy.²⁵

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.

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.²⁶ Thus, migrant workers are considered the weaker segment of domestic and care workers.

Yet, in 2012, 76,7% of domestic workers were foreigners (42% of which coming from Romania, Ukraine and Philippines).²⁷ According to the International Labour Office, in 2011, more than 80 %

²⁰ Contratto collettivo nazionale di lavoro sulla disciplina del rapporto di lavoro domestico, June 2013 (valid until 31 December 2016)

²¹ Kergueris, J.: Services à la personne : bilan et prospective – Italie, June 2010.

²² Angermann, A., Eichhorst, W.: Who Cares for You at Home? Personal and Household Services in Europe, IZA Policy Paper No. 71, October 2013.

²³ FORBA, *Op. Cit.*

²⁴ Italia Lavoro, Le prospettive di sviluppo dei white jobs in Italia – Servizi sanitari, sociali e alla persona : i settori economici con il potenziale di occupazione più elevato, July 2014

²⁵ *Ibid.*

²⁶ Pasquinelli S., Rusmini G. (2008) BADANTI: LA NUOVA GENERAZIONE. Caratteristiche e tendenze del lavoro privato di cura, Irs, Qualificare Report.

²⁷ Istituto Nazionale Previdenza Sociale, Bilancio Sociale 2012, 2013

of the registered 881,702 domestic workers²⁸ were foreigners.²⁹ This recent decrease can be explained by the fact that the crisis has hit harder the professional situation of migrants (mostly women), as well as that of Italian women, some of whom were somehow forced to return to the activity of paid domestic workers. The table below illustrates the geographical origin of domestic workers employed in Italy and the evolution of such repartition between 2003 and 2012, where the share of Italian domestic workers has decreased (25.5% in 2003 against 19.4% in 2012) despite the fact that their number has increased during the same time (+ 38 000 units).³⁰

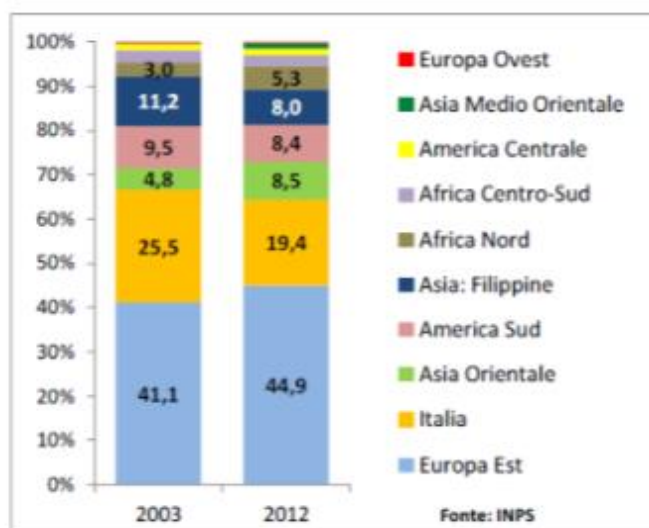


Figure 1 - Domestic workers per geographical origin³¹

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.³²

²⁸ According to the ILO Convention on Domestic Workers (No. 189), domestic work is defined as “work performed in or for a household or households” and domestic workers represent “any person engaged in domestic work within an employment relationship”.

²⁹ International Labour Office: Promoting integration for migrant domestic workers in Italy, International Migration Paper, 2013.

³⁰ Italia Lavoro, *Op. Cit.*

³¹ Italia Lavoro, *Op. Cit.*

³² FORBA, *Op. Cit.*

Non-governmental organisations and associations - often connected to the church - play an active role in supporting the inclusion of female immigrants.³³

As already mentioned, Italy ratified the C189 ILO Convention on 23 January 2013, but no information was found on the impact of its implementation.

Income and 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).³⁴ 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).

Access to social protection, retirement

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 these 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.

Social care operators being usually employed by the public administration or by cooperatives, they enjoy better employment conditions, which can be assimilated to that of public workers or social

³³ FORBA, Once there were wives and daughters, now there are badanti, Walqing social partnership series, 2011.

³⁴ Lavoro e Diritti, "CCNL Lavoro Domestico, minimi retributivi 2015", <http://www.lavoroediritti.com/>: <http://bit.ly/1HZwDo1> (16/04/2015)

workers, depending on whether they are employed by municipalities directly or through cooperatives.³⁵

In terms of good practices, the “CAS.SA.COLF” can be mentioned: it is a fund that provides various services and benefits to workers and employers that have registered and paid contributions.

This system allows a partial financial protection of workers and workers that are not covered by the public system in case of illness/hospitalization or convalescence. It also provides a partial reimbursement of costs incurred for health services. Being a bilateral initiative, also it provides benefits in the event of civil liability of employers in case of an accident at work. The CassaCOLF is financed thanks to a fund supplied for by employees (€ 0.01) as well as employers (€ 0.02) for each hour worked. Financial protection is delivered upon documented request from the worker and/or the employer.

Rights to collective bargaining

Like it is the case for qualified social care operators, unions have provided domestic workers with a collective agreement framing their working conditions. 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 enjoy the right to collective bargaining, it does not cover the large number of them who provide personal and household services informally. Likewise, personal assistants tend to be difficult to reach by their representatives as, most of the time, contact is established if contractual arise. 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 assistants, NGOs and (religious) associations play an important role in promoting their rights, in with respect to migrant women.³⁶ On the other hand, **social care operators**³⁷, which are employed by cooperatives or municipalities themselves for non-medical support to beneficiaries are highly unionised.

The protection from unions is all the more important that migrant workers are a particular fragile segment of PHS workers, for which aspects of segregation and discrimination can be registered and should obviously be avoided.³⁸

³⁵ FORBA, *Op.Cit.*

³⁶ FORBA, *Op.Cit.*

³⁷ employed in the elderly care

³⁸ *Ibid.*

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 training is nonetheless delivered at regional level.

Access to vocational training

The 328/2000 law, introduced in 2000, has led to the creation of various professions. Social care operators now have a national regulation, whereas their training is regulated at regional level. This implies differences in terms of training, and thus the quality of jobs and services.

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 months 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 migrant workers only.³⁹

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 others 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.

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.

³⁹ *Ibid.*

Risk exposure and health problems

In the collective agreement for personal assistants, the sick, injury and maternity leaves are shorter than in other sectors agreements.⁴⁰ 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 assistants is still lacking to provide the latter with equal protection compared to other (female) workers.⁴¹

Work-related stress and harshness of work

Sources indicate that, in average, domestic work involves 6 thousand injuries per year.⁴² 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.⁴³

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.

Working time - Part-time work

The rate of part-time workers in the domestic workers category (i.e. non-qualified worker assigned to domestic work) is estimated at 69,7%, an important figure compared to what is observed in the entire scope of employees in Italy (17.1%). Social operators (i.e. qualified workers assigned to personal services and similar) are estimated to work part-time for a share of 37,9%. Overall, this tendency is greater in the case of women PHS workers.

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

Non-standard working arrangements are foreseen in both (personal assistants and social operators') collective agreements with an adapted remuneration depending on the time of the day at which the

⁴⁰ *Ibid.*

⁴¹ 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)

⁴² Guariniello, R.: La sicurezza degli operatori dei servizi socio-sanitari e assistenziali, in ISL, 2004, n. 10.

⁴³ 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)

extra hours are delivered. In the case of personal assistants, their 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 with their employer (direct employment relationship). 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 professional and personal life, all the more when personal assistants have children.⁴⁴

Working time

The maximum duration of working time for personal assistants 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.

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 constitutes 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.

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).⁴⁵

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

⁴⁴ FORBA, Once there were wives and daughters, now there are badanti, Working social partnership series, 2011

⁴⁵ Donna in affari, "Conciliazione tra lavoro e familia", <http://www.donnainaffari.it/>: <http://bit.ly/1OhpoNk> (08/04/2015)

affordable and quality services to families, all over the territory. This is particularly the case in the Southern part of Italy, which represents only 20.5% of all domestic workers. The graph below shows the geographical repartition of domestic workers in Italy as well as the increase in the workforce.

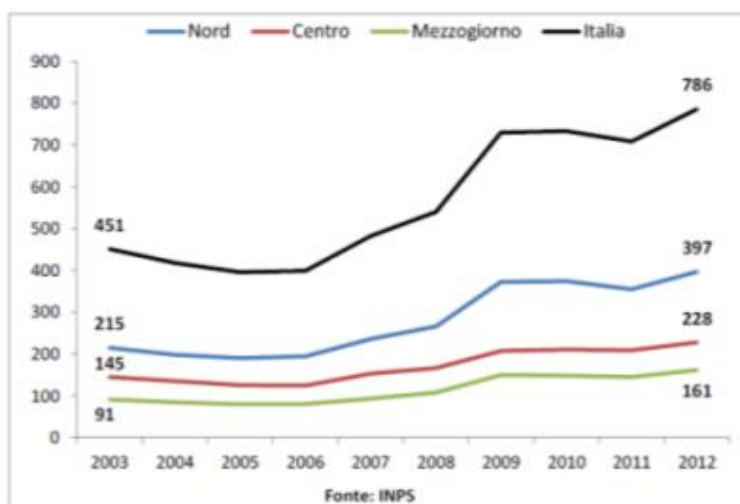


Figure 2 - Domestic workers (PHS) per geographical area from 2003 to 2012 (absolute values in thousands) ⁴⁶

This is not to mention the fact that cash benefits funded by the local authorities – municipalities, but also provinces and regions – differ significantly among Italian regions.⁴⁷

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 of 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.⁴⁸

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

⁴⁶ Italia Lavoro, *Op. Cit.*

⁴⁷ ENEPRI, *The Long Term care system in Italy*, 2010 (p.16)

⁴⁸ Réseau européen des Services à la personne à finalité sociale, *Personal Care Services in Europe – Synthesis*, 2009

social services and other planning documents, sharing the planning and 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 Gabriele⁴⁹, “the only information that can be used as a proxy is the average expenditure per client, which is estimated at €1,728 (NNA, 2009).”⁵⁰ But this is specific to long-term care for older people 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 older people to long-term

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).

care services.

Figure 3 - Cash benefits funded and provided at the regional and local levels⁵¹

This has to be confronted to the level of the home office’s attendance allowance (indennità di

⁴⁹ ENEPRI, *Op. Cit.*

⁵⁰ Network Non Autosufficienza (NNA), “L’assistenza a gli anziani non autosufficienti in Italia”, 2009.

⁵¹ ENEPRI, *Op. Cit.*

accompagnamento), which amounts to €433.83 per month. Therefore, even people living in privileged regions may not receive enough attendance allowances to cover the expenses for a dependent relative.

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

Comprehensiveness of services

The high increase in the number of personal assistants in Italy is due to the growing number of older 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.

According to Villosio e Bizzotto⁵², *“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.”*

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 328/2000.⁵³ 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 provide 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.

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.⁵⁴

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 workers and care receivers do not know who to address for advice when problems arise, which can

⁵² FORBA, *Op. Cit.*

⁵³ Réseau européen des Services à la personne à finalité sociale, *Op. Cit.*

⁵⁴ Genet, N., Boerma, W., Kroneman, M., Hutchinson, A., B. Saltman, R., *Home Care accross Europe - Current structure and future challenges*, EOHSP, 2012.

hamper the quality of services.

According to ISTAT, there are more than 9 million family care givers in Italy, who care for a relative free of charge.⁵⁵ This status is not yet recognized by operators or the general public. Most of the time, family care givers act as personal assistant without any form of training, although the relative they care for may be dependent and/or with severe pathologies. They often face a situation where they also have to coordinate various services such as family or social assistance. The impact of such situations can be as important for the care worker (psychological wellbeing) as for the care receiver. This is why some associations are active in this field and provide training and support to family care givers, and raise awareness campaigns about these important actors of the Italian social welfare. This includes the establishment and coordination of mutual aid groups to foster emotional support to family care givers and the support to maintain a balance between care work and personal life, as well as the return to the labour market after they have cared for a relative.⁵⁶

Quality of management and organisational level

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.”*⁵⁷

⁵⁵ Anziani e non solo (ANS), “Caregiver familiari”, <http://www.anzianienonsolo.it/>: <http://bit.ly/1Nam8zF> (13/10/2015)

⁵⁶ *Ibid.*

⁵⁷ FORBA, *Op. Cit.*

4. CONCLUSION

The PHS sector is very much fragmented in Italy, with a variety of collective agreements implemented at national level, but also various regional regulations, which impact on the organisation of services, their access and affordability from the users' point of view, the training of workers, etc. Besides, the tradition and importance of the informal economy in this sector adds up to the difficulty to improve the quality of services and jobs. Policies promoting the formal provision of PHS could be implemented, on top of unified training schemes, accompanied with the necessary provision, supervision and information on training at national level. Not only would this influence the contractual status of workers - and thus the quality of the work - it would enable the mobility of workers as well as the attractiveness of the sector. Indeed, if today Italy does not lack manpower in the PHS sector - in particular for care services - this may be subject to change depending on the country's capacity to compete with other Member States in attracting migrant workers to work in this sector in the future.

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