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The regulation of care work in Italy, a European comparison



Policies and Platformization –

Domestic work in European and in international
comparison

“Professionalization and Quality Assurance of Household Services (PQHS)”

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The context: care needs in Italy

Incidence of the over 75 years old population: 11.9%, the highest in Europe
Life expectancy in 2023 is 83.1 years and is up from 2022 (82.3).

Healthy life expectancy in 2023 is 59.2 years, down from 60.1 years in 2022.

Strong regional inequalities

Multicronicity

56,4% Sud; 42.7% Nord

Serious chronic illness

49.4% Sud; 39.4% Nord

Strong motory limitation

27.7% Sud; 17% Nord

Strong sensorial limitation

16.5% Sud; 12.8% Nord

The context: governance

The Italian familistic model sees care as a family responsibility. This is one of the reasons why women are unemployed

Passive transfer of State-to-Family

Accompaniment allowance: covers about 45% of total expenditure on dependent persons and costs 13 billion a year, is a fixed sum monetary benefit, not graduated according to health condition, income or assets. It is distributed over a very wide range (about 2.2 million benefits) and is therefore insufficient to cover all the condition of non-self-sufficiency which, according to ISTAT, affects 3.8 million people.

Care allowance: differs widely between regions, is provided on the basis of a 'means test' and can be paid directly to the person in need or to the caregiver.

Governance of services at regional level (segmentation both in term of working condition and quality of services)

Separation between health-related activities (health professionals) and care and cleaning activities.

Long term care: services provision

In 2023, there will be 3,959,395 dependent persons aged 65 and over, (28.4% of the population aged 65 and over)

Only the 8% of dependent people receives assistance in residential services (public-private mix)

Compared to the partial response of public assistance, 27.1% of dependent elderly persons (over 65) receive care from carers at home

The context: domestic workers

Model of «migrant in the family»

86% women

Approx. **70%** foreigners

Average age approx. 50 years

Largely informal sector:

48,2 regular

51.8% irregular

The role of the Italian family is both caregiver and care manager, as the family, especially women, are the main caregivers, but at the same time **carers (immigrants) can be hired directly by families.**

The regulation of care workers

Italy is the only country in Europe where there is a National Collective Labour Agreement (NCLA) for domestic and care workers.

The NCLA has been in force in Italy since 1974. The Agreement (NCLA) is signed by all the confederal trade unions and the main employers' organizations.

In 2020 the contract was amended to improve working conditions by increasing the hourly wage

At the same time, under the NCLA, was established the Competency Certification System that gives families the opportunity to hire workers with specific, recognized skills. The NCLA ensures that workers are financially rewarded for the competencies they have achieved; in fact, the NCLA stipulates a higher monthly salary for domestic and care workers who have obtained a certificate.

The regulation of care workers

Choosing to adopt the contract is subject to the **financial availability of families** as well as administrative management.

The use of contracts is increasing, **but**

- Irregular work is still very high
- There are other types of contract with less protection that create a dumping effect.

There are agencies, often linked to trade unions or employers' parties, which support the family in finding a carer and dealing with the bureaucracy involved in the contract

There are a growing number of digital platforms offering these intermediation services, but they are not only more expensive, but also tend to favour segmentation (particularly in relation to the ethnicity of workers).

The European comparison

In Europe the model of the 'migrant in the family' employed directly by the family is residual

Belgium and France use a voucher system: The private individual does not establish a contractual relationship with the worker, thus creating a tripartite relationship between the worker, the employer (authorised company) and the client/user (person/family).

France: The use of 'familles d'accueil' for the elderly is growing. There are 10,000 approved families. These are families who take elderly people into their homes in return for financial compensation, so that they can live in a family environment. They receive a 5-year renewable licence after a training course and an inspection of their home.

Germany: since 1995 has introduced compulsory social insurance for care in the event of non-self-sufficiency. So it is this compulsory insurance that covers the management of non-self-sufficiency in citizens. Workers are mainly employed through agencies. Provider competition has been introduced and for-profit care providers have multiplied, but without reducing the growth of informal care

Scandinavian countries: Provision of public services, very low level of employment of private workers hired by families, high level of taxes for the coverage of services.

European reform of assistance

European care strategies

Opportunity

Enhancing access to **quality, affordable and accessible** care services and improving working conditions and work-life balance for carers.

Recognizes the need to make **better use of all care professions** and care workers and **emphasizes home care** services as an alternative option to institutionalized care

Risk

The European Commission has drawn a distinction among domestic workers by including only those who provide long-term care services

No concrete measures have been implemented to **prevent informal work**

Concluding remarks

The goal to be achieved is definitely to consider care as a collective and public responsibility.

Italian model is an attempt of formalization, but the efforts are limited and linked to financial resources of family

It would be useful, in the absence of increased public spending, to increase the tax deduction (currently at 19%) of expenses incurred for care

In addition, the lack of a network of accredited actors able to manage assistance and promote the recruitment of regular and properly trained carers is a major constraint, as informal networks continue to be used to find workers.

Interesting perspective come from the **National Recovery and Resilience Plan (NRRP)**, one goal is to fund community houses and integrate social and sanitary services at the local level.

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Thank you for your attention!

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