“6th Conference of the Regulating for Decent Work Network”
- Regulating Care Work in a Global Context -

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Care Of The Elderly.
Aging and New Demands for the Development of Care Work in Italy

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What are the implications of ageing on the Italian care jobs and policies?

- The dynamics of aging: longevity, chronicity, care and coexistence clues on the development of care demand
- Facing self-sufficiency: the Italian welfare system and the services proposal
- The re-familiarization of the care and the evolution of care professions in Italy
- Toward new policies: prospects for the development of care work

Cause-effect? Finding solutions Deconstructing Approaching new paradigms

Olivetti Manouchian, Oltre la crisi, 2015
Population and life course

Changes and forecasts

Mean Age Italy
2015: 44.4 (median age: 45.1) 2017: 44.9; 2025: 46.1

Source: Eurostat, 2017

Life expectancy
Men ITA: 80.8
Women ITA: 85.2

N. of children per woman:
EU29: 1.59  ITA: 1.34

Primary school
First job men
First job women
Exit from the family of origin women
Exit from the family of origin men
First marriage men
First marriage women
Retirement men
Retirement women

The dynamics of aging: longevity, chronicity, care and coexistence

Challenges for the welfare system
Longevity, health and coexistence

What are the problems?

Healthy life expectancy after the age of 65 lower than in Europe (7.5 anni vs del 9.5).

Chronicization of many diseases
About 1 in 2 suffer of a serious chronic disease (44,7%) or is multichronic (49%).

✓ Over 30% of 65 aged consider reduced their autonomy in domestic work (>47% of the over 75 aged) or in personal care (11%)

✓ There is a particular disadvantage for older women living alone

Health conditions and “autonomy” are connected to the relational, cultural and economic resources available in the context of coexistence

<table>
<thead>
<tr>
<th>People aged 65 and over with serious difficulties in personal care and daily life activities (ADL) or in instrumental domestic activities (IADL) who claim to need help or need more help, by the main context variables. Year 2015 (per 100 people with the same characteristics)</th>
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<td>Sex</td>
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<td>Income Quintiles*</td>
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<td>Total</td>
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Changes in families, living & coexistence conditions

• Multigenerational families?

Most of the over 65 aged lives in couple without children or alone; after the age of 75 anni solitude is the main coexistence condition, even with serious difficulties in ADL- 46.6% (55% women/ 22% men).

25.9% of elderly people feel they can count in a solid network of social support, but 58% of the elderly with the most serious limitations feels they need an help. (ISTAT 2015)

A growing number of elderly people experience a feeling of isolation and mistrust

Source: Istat Inclusione sociale delle persone con limitazioni funzionali, invalidità o patologie croniche gravi, 2015; Eurostat, Eusilc dati su Italia

The dynamics of aging: longevity, chronicity, care and coexistence
Families, caregivers and work-life balance issues

- It is estimated that over **17.4% of the Italian population (vs 15.6 Eu28)** take care, at least once a week, of people with health problems related to aging and chronic illness, generally the closest family members.

- **Women and older generations are still the main referents for care**, both directly or managing the domestic work entrusted to family assistants.

- **Work life balance demand**: how can we consolidate an gender/intergenerational/community solidarity system?

  Care as a relational and expressive opportunity for both partners.

  A complex relationship between care and labour market engagement: The more intensive is the care commitment, the lower the likelihood of reentering the labour market, higher risk of poverty and deterioration of quality of life.

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People aged 15 and over providing care at least once a week to people with problems due to aging, chronic illness or infirmity, by gender and age class. Year 2015, per 100 people with the same characteristics.

Source: ISTAT, EHIS Survey, 2015

Source: Elaborations on ISTAT data, Health conditions and use of health services in Italy and in the European Union – EHIS Survey 2015

Canal T. (2017), Genere, famiglia e Lavoro, nuovi modelli familiari?

Aversa et al. (2018), Qualità del Lavoro e fattori di espulsione dei lavoratori maturi.

The dynamics of aging: longevity, chronicity, care and coexistence
Facing self-sufficiency: the Italian welfare system and the services proposal
Approaching the non self sufficiency...
The social mandate toward policies, profession and services

Mediterranean welfare model

- Family and parental solidarity
- Male breadwinner model and gender division of paid/unpaid work
- Family is called to produce and redistribute financial - relational care resources among its members

Care Paradigms

'80s
Hospitalization
institutionalization and cure of marginalities

Deinstitutionalization and home-care service development

'90s
Daily life and living environment considered as a resource to promote autonomy and socialization

Healthcare and Social service paradigms

From Cure
Reduction of «individual» deficits
Non-selfsufficiency as a social risk

To Care
Development of relational and contextual resources
Non-selfsufficiency as a social resource

Reform of Health care and Social Services

Facing self-sufficiency: the Italian welfare system and the services proposal
Enabling policies

Replacement Policies

Integrative policies

Facing the non self sufficiency...over time
The policies proposals

To support the income/care costs:
✓ Public expenditure for pensions
✓ Cash Benefits:
  → National Attendance Allowance (IDA)
  → Local care vouchers

Long Term Care

Part of the family functions are carried out by qualified services and institutions, mainly “in replacement” of the family, in particular critical situations of need to “recover deficits”:
✓ Residential care
✓ Health (ADI) and Social Home-Care (SAD)
Service provision

Policies/services aimed at promote and develop the resources of the relational context in which non-self-sufficiency take place.
✓ Care - Conciliation measures
✓ National plans for the Family
✓ National Plans for Dementia and Chronicity
✓ Regional laws for the recognition of caregivers role
✓ Corporate welfare measures from the Budget Laws

Facing self-sufficiency: the Italian welfare system and the services proposal

Vogliotti and Vattai, 2015
LTC Expenditure accounted for **1.7 % of GDP in 2017**; 2/3 of the expenditure are directed at 65+

### Care allowances
*(Indennità di accompagnamento)*

- 46% of public spending
  - Non earmarked cash benefit
  - Not Means tested
  - Provided by the National Social Security Institute
- Eligibility criteria based on the certification of the individual «severe disability», by the National Healthcare System
- Increasing trend in spending
  - Decreasing trend in over65 users, from 12.7% in 2012 to 12% in 2017
  - Is their use effective/efficient?

### LTC In Kind Services
**By the National Healthcare System**

- 40% of public spending
  - Healthcare Services Provided in Residential Structures
  - *Integrated Home Care Services* (ADI)
  - Eligibility criteria based on functional evaluation of the «degree of disability» of the individual
  - Mainly based on _recovering deficit approach_
  - High supply fragmentation
  - High costs of lodgings
  - Good territorial coverage but...
  - Decreasing trends in over 65’s taking charge rates: 1.7%-2.2%

### Social In Kind LTC Services
**By Municipalities**

- 14% of public spending
  - *Social Home care services* (SAD): domestic support, personal care and transport services aimed at prevent social distress of the most needy
  - *Care vouchers*
  - Mainly means tested and on the disability certification
  - Mainly based on _basic needs_ & _reducing deficit approach_
  - High supply fragmentation
  - Low over 65’s taking charge rate: 1.3%

### Supply & Demand Mismatch
*A lack of integrative – promotional services*

*Source: Ministry of Economy and Finance, Le tendenze di medio-lungo periodo del sistema pensionistico e socio-sanitario, Rapporto n. 19, 2018; European Commission, Italy Health Care & Long-Term Care Systems, An excerpt from the Joint Report on Health Care and Long-Term Care Systems & Fiscal Sustainability, October 2016*
Families are the primary reference point

- About 74% of the non-self-sufficient elderly caregivers are providing care **directly without any services support**

- Most families resort to public/private professional services just in **emergency situations**
  - 54% of older caregivers and 69% of younger caregivers use working leaves to provide care (Inapp, Plus, 2016)

- After the family, the main choice of external support falls on «**Informal Caregiver**»
  (INAPP, Plus, 2016)

- 6% of families with an elderly member resort to an informal or professional assistance service; up to **28.3%** when there are serious difficulties in daily life activities
  (ISTAT, 2015)

**Changes in regular Domestic Work:**

- Decreasing use of family assistants (COLF) - from 1,012,988 in 2012 to 864,526 in 2017;
- Growing and **steady** contractualization of the personal assistants (**Badanti**)  
  (INPS 2017)
In 2017 the National Institute of Social Security (INPS) accounted about 864,562 domestic workers with regular contract. More than 73% were foreigners, 88,3% were women, more than 43% aged between 50 and 64 years.

About 43% has a contract as personal assistant (badante).

It is estimated 1 million “informal” undeclared domestic workers.

Prevalence of low salaries (from 3,000 to 10,000 euro per year)

Household spending in private solutions is estimated around 9.352 billion euro; around 29% on the family income.

Assistant’s tasks:

A) to live in the same home of assisted people; to work 16 hours a day; after the economic crisis there is a raising trend in time work

B) A multi-faceted care – to keep company, giving nursing care, house cleaning, cooking, less frequently doing the shopping or paying bills

Informal workers as a surrogate of the traditional role of women, assimilated into a family component without a clear difference between internal and external aid

“SHORT CIRCUIT of the REPLACEMENT FUNCTION”*, when the professional action chosen to deal with the problem is not technical, but is in lieu of emotional acting outs characterizing the culture of the family as client.

*Paniccia, 2012
The re-familiarization of the care and the evolution of care professions in Italy
Care Jobs and the qualification of Care function

Social attitudes and care cultures

Social mandate on care function: From cure to Care

Unpaid care work ---- Paid Care Work

Changing in care demand for services

Families and caregivers

Family assistants (Badante) (Colf)

Qualified professions in health and social services

• What tasks / what skills?
• Migrants; Regular/Irregular Employment
• Gray job and fuzzy qualification process
• Changing in use of technologies/rules/organizational model of services
• Changing skill needs

Norms and laws that institute services and professions

Public spending and private investments

The re-familiarization of the care and the evolution of care professions in Italy
The “care” professions’ training in Italy

LTC to dependent people provided by the National Health Service

Social component of LTC provided by municipalities

...a polarization.....

Specialistic&technical knowledge
Strong role

Methodological Knowledge
Soft role – strong function

Lack of definition in job profiles due to the changing asset of organisational models

<table>
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<tr>
<th>Healthcare professions</th>
<th>Social Professions</th>
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<tbody>
<tr>
<td>Prevention, Diagnosis, Treatment</td>
<td>Care and relational dimension of health and coexistence demand</td>
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<tr>
<td>✓ Medical professions and specializations</td>
<td>✓ Social workers</td>
</tr>
<tr>
<td>✓ Technical professions of the health system</td>
<td>✓ Professional educators</td>
</tr>
<tr>
<td>✓ Nursing professions</td>
<td>✓ Psychologists and Sociologists</td>
</tr>
<tr>
<td>✓ Social&amp;health workers/qualified professionals in healthcare (operatore socio sanitario)</td>
<td>✓ Technicians of social integrations</td>
</tr>
<tr>
<td>✓ Personal Care Workers (Family and personal assistants)</td>
<td>✓ Nursing associate professionals</td>
</tr>
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Higher education qualification

Lower qualification

The re-familiarization of the care and the evolution of care professions in Italy
Employed people in health, healthcare and social services are about the **8.5% of the total employment** in Italy

**High gender segmentation and pay gaps**: lower wages than in other technological sectors; more than 88% performed by women (in particular within qualified professionals, family assistant and domestic workers, but also between educators, social workers, teachers).

**Aging trend among professionals** (mean age in National Health Services is 47.3); **risks of labour shortages** (Due to the seniority of many healthcare professionals and budget constrains in public sector)

**High presence of foreigners**: in 2010 they were about 46% of total social workers; in 2017 the 77.6% of domestic workers

**High rate of atypical or undeclared employment** in particular when services is provided directly to families (Irregular employment rate is 47.6%, compared to 15.9% on total employment).
Towards new policies: prospects for the development of care work ... rethinking the modeling premises of the interventions
The development of care work: forecasts in the health and social field

+3.8%, growing trend of the labour needs in the health and personal care sector, boosted both by replacement and the expansion of demand.

Main contribution:
→ **Qualified professions in the personal services** (+7,5%).
→ **Specialists in life and health sciences** (+3,1%) e **technicians** in health (+3,4%) and social services (+4,2%).

But

- How to overcome the mismatch between high skilled healthcare technical professions and the demand for relational skills from non self sufficient elderlies and their families?

*Toward new skills?*

<table>
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<tr>
<th>Social Professions + Nurses, home care workers, educators</th>
<th>Healthcare professions</th>
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<tbody>
<tr>
<td><strong>Care and relational dimension of health and coexistence demand</strong></td>
<td><strong>Prevention, Diagnosis, Treatment</strong></td>
</tr>
<tr>
<td>✓ Beyond «diagnosys/treatment and individual controll»</td>
<td>✓ Use of big data and high-tech machines</td>
</tr>
<tr>
<td>✓ Tacking charge of relations instead of individuals</td>
<td>✓ Organisational competences</td>
</tr>
<tr>
<td>✓ Transversal and social relational skills (analysing complex situations, problem solving, negotiating contextual objectives and work setting)</td>
<td>✓ Interprofessional team work</td>
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<tr>
<td>✓ Customer orientation</td>
<td>✓ Customer orientation and psychosocial skills</td>
</tr>
<tr>
<td>✓ Psyco-social competences</td>
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*Source: INAPP Indagine campionaria sulle professioni – Audit fabbisogni professionali (2016-2018)*
*Unioncamere: Sistema Informativo Excelsior. Previsione dei fabbisogni occupazionali e professionali 2017-2020 (2018)*
Toward new Care Paradigms

Source: Olivetti Manouchian. Oltre la crisi, 2015

- Scientific rationality is able to come to dominate every kind of difficulty that the life course presents
- Policies and services can «cure» - reduce the deficit – solve problems by a diagnosis-therapy approach
- Policies and services can help people to reach an ideal wellness condition replacing the dysfunctions

To Reduce deficit

The fantasy of “knowing yet” what are the reasons for which people access the sociosanitary services

- It is impossible to apply a medical nosographic way of knowledge to complex problems of relationship
- There are different and plural ways in which people can subjectively relate to a problem
- What can policies and services do to understand what makes sense to you?

To develop relational resources

Incumbent tendency to operate

Age friendly Social Innovation Paradigm Dial

What do you feel? What does make sense to you?

Defining and verifying together problems, aims and strategies

Toward new policies: prospects for the development of care work
# Conclusions – Transitions in the world of care work

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<tr>
<th><strong>Trends</strong></th>
<th><strong>Challenges</strong></th>
<th><strong>Opportunities</strong></th>
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<tr>
<td>Aging, chronicity, longevity and new family models</td>
<td>Complexification of the demand for care (reduction of deficit vs development of quality of life and coexistence)</td>
<td>The new demand for care could develop new services and market paradigms (integrative/community approach)</td>
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<tr>
<td>Gender imbalances in family care (unpaid work-paid work) &amp; Refamiliarization of care</td>
<td>New demands from Italian caregivers (from moral obligation to choice and self expression/realization)</td>
<td>New social mandate for recognition of caregiver function Commitment position of families and elders as resource for the innovation of services models</td>
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<tr>
<td>Lack of «integrative» policies</td>
<td>Risk of labour shortages/deterioration of job quality</td>
<td>Integration of the medical model in favour of a bio-psico-social model of care – development of new skills</td>
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<td>Care professions’ transition</td>
<td>Overcoming the Institutional fragmentation of Public care organizations and policies (national, regional, local)</td>
<td>Changing the representation of care regulation: from need to demand for coexistence</td>
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**Toward new policies: prospects for the development of care work**
Bridging the gap

Limits of the «Compensatory approach» to health and ageing:

- Representation of non self sufficiency as an individual «disability» to recover and to be protected or «cured» - Dependency condition and loss of social role/initiative both for elderlies and caregiver
- Representation of care as a function related to concrete, objectified basics needs exceeding the emotional and relational dimension of care that remains out of the tacking charge process
- Splitting and Fragmentation of policies

Individual assessment vs the relational dimension of the demand for care (isolation, mistrust)

Informal caregivers as a clue of a new commitment for care professions:

Aging and new family models transform the generative expectations of Italian society: health and aging are a relational issue of the course of life → integrative & organizational skills to built reliable relationships with services to explore productive perspectives in daily life

The relational dimension of the demand for care, if explored, can be a resource to be recognized

From performing services to connecting processes → towards a widespread professionalism → mixed networks of professionals and non-professionals

Active care and ageing paradigm – co-creation and co-implementation of public services - Towards an integrative & generative approach to social coexistence

Action to «resolve»

Moving toward


Toward new policies: prospects for the development of care work
Thank you for your attention!

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