



*“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?

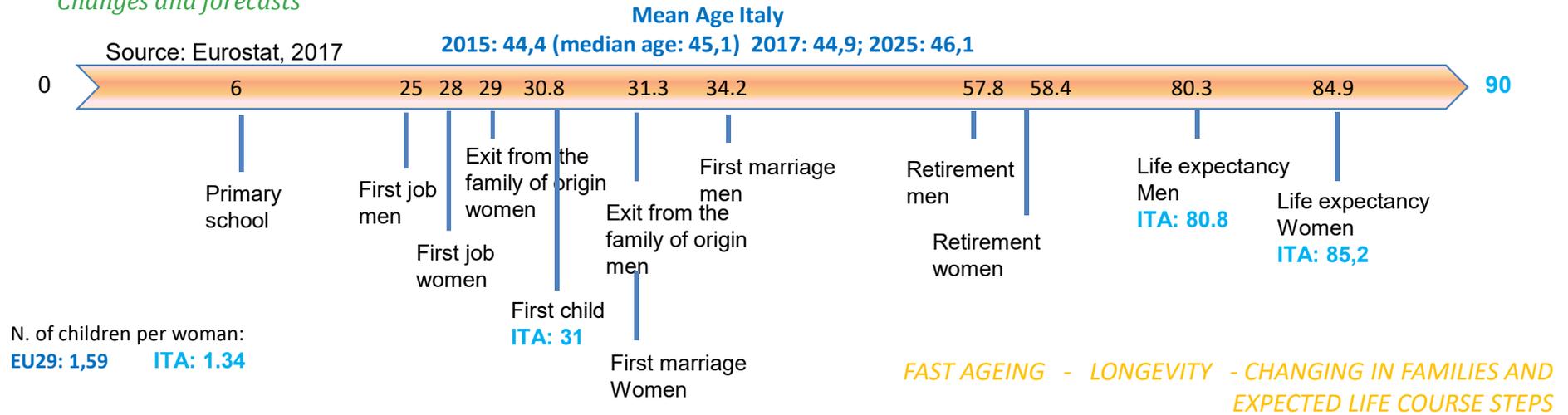
Finding solutions

Deconstructing

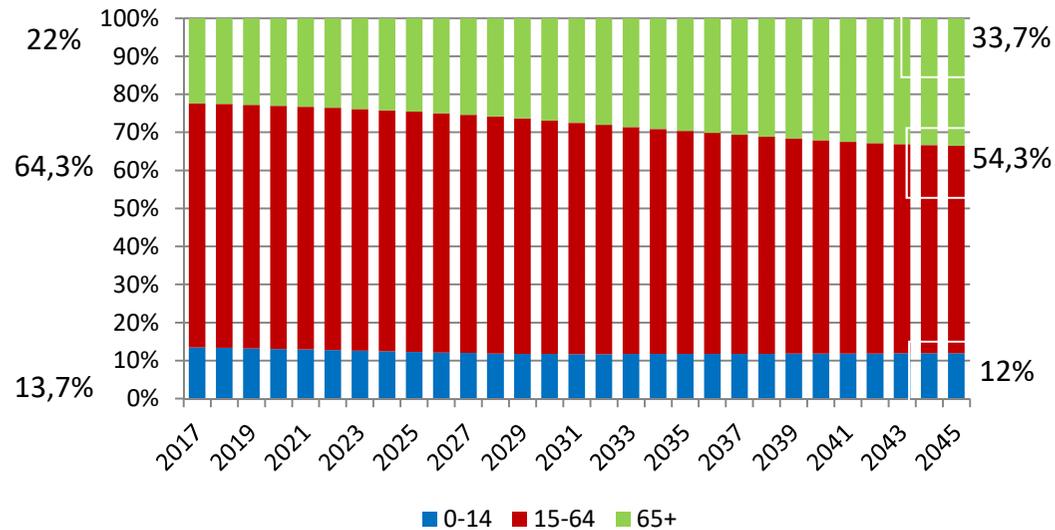
Approaching new paradigms

Population and life course

Changes and forecasts



Italian Population by age classes 2017-2045 (%)



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 75aged) 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**

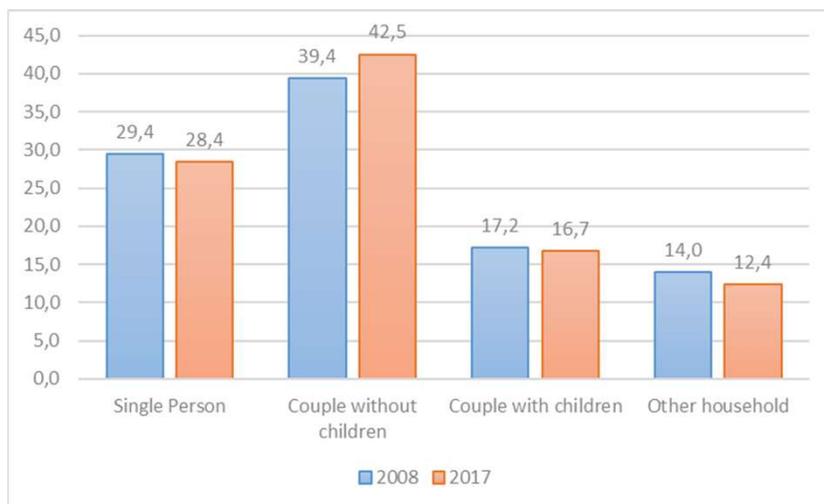
People aged 65 and over with serious difficulties in personal care and daily life activities (ADL) or in instrumental domestic activities (IADL) **who claim to need help or need more help**, by the main context variables. Year 2015 (per 100 people with the same characteristics)

	Serious difficulties in ADL (personal care)	Serious difficulties in IADL (domestic work etc.)
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Sex	Men	64,3	45,6
	Women	55,6	50,0
Educational Attainment	Low	59,8	50,3
	Medium	46,1	41,3
	High	38,2	28,8
Income Quintiles*	I (Lower)	64,2	53,3
	II	62,1	53,1
	III	56,6	47,4
	IV	56,3	43,9
	V	51,2	44,7
Geographic Area	North-west	53,0	37,1
	North-east	48,7	39,1
	Centre	59,5	51,2
	South	67,5	59,2
	Islands	56,1	54,1
Household	Single Person	53,2	49,6
	Couple without children	65,0	50,5
	Couple with children	62,0	43,7
	Other families	63,0	43,2
	Aggregated member of a family	53,4	48,5
	Total	58,1	48,7

Changes in families, living & coexistence conditions

Distribution of population aged 65, by type of household and year (v%)



Source: Eurostat Eu SILC Survey

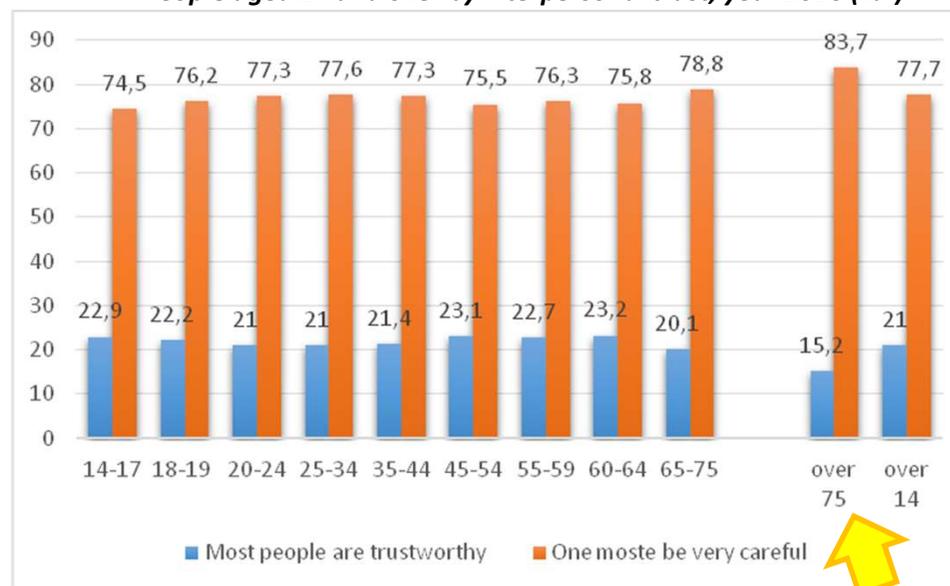
- *Multigenerational families?*

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**

People aged 14 and over by interpersonal trust, year 2016 (v%).



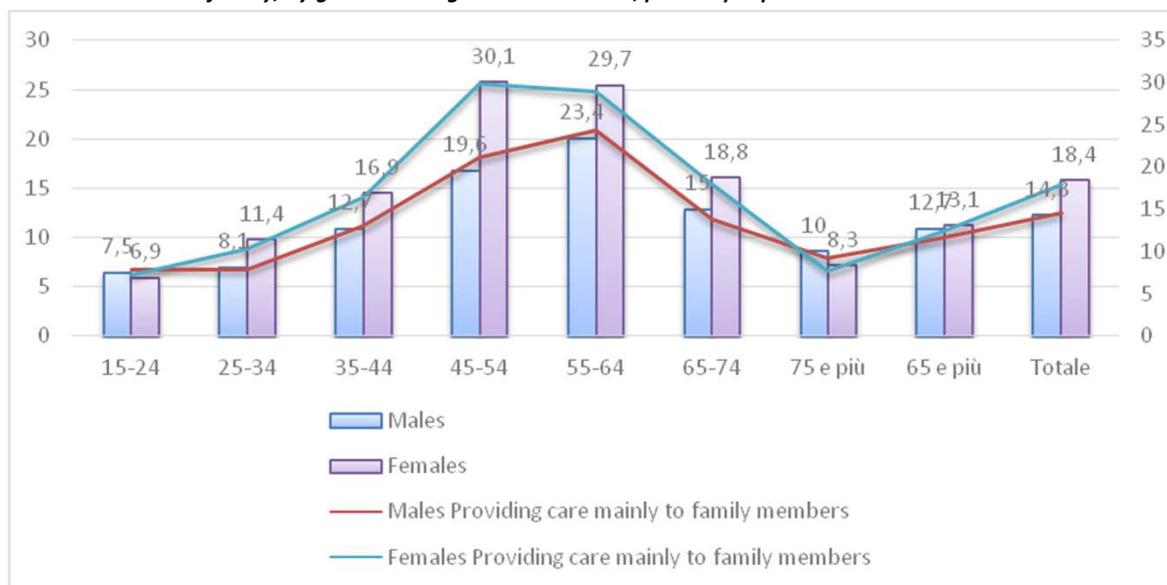
Source: Elaborations on ISTAT data, Aspects of daily life, 2016

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

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

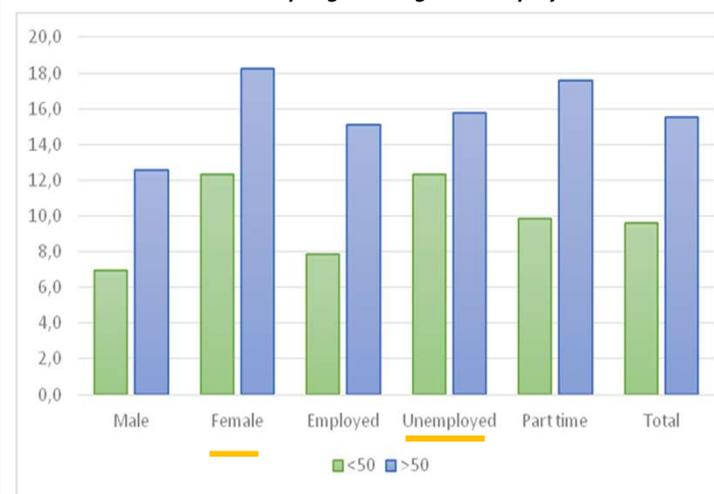
People aged 15 and over providing care at least once a week to people with problems due to aging, chronic illness or infirmity, by gender and age class. Year 2015, per 100 people with the same characteristics



Source: ISTAT, EHIS Survey, 2015

Caring: what degrees of freedom between choice and necessity?

..per gender age and employment condition



Source: INAPP, Plus, 2016

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?

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

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

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

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



From Cure

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

Care Paradigms

To Care

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



Healthcare and Social service paradigms

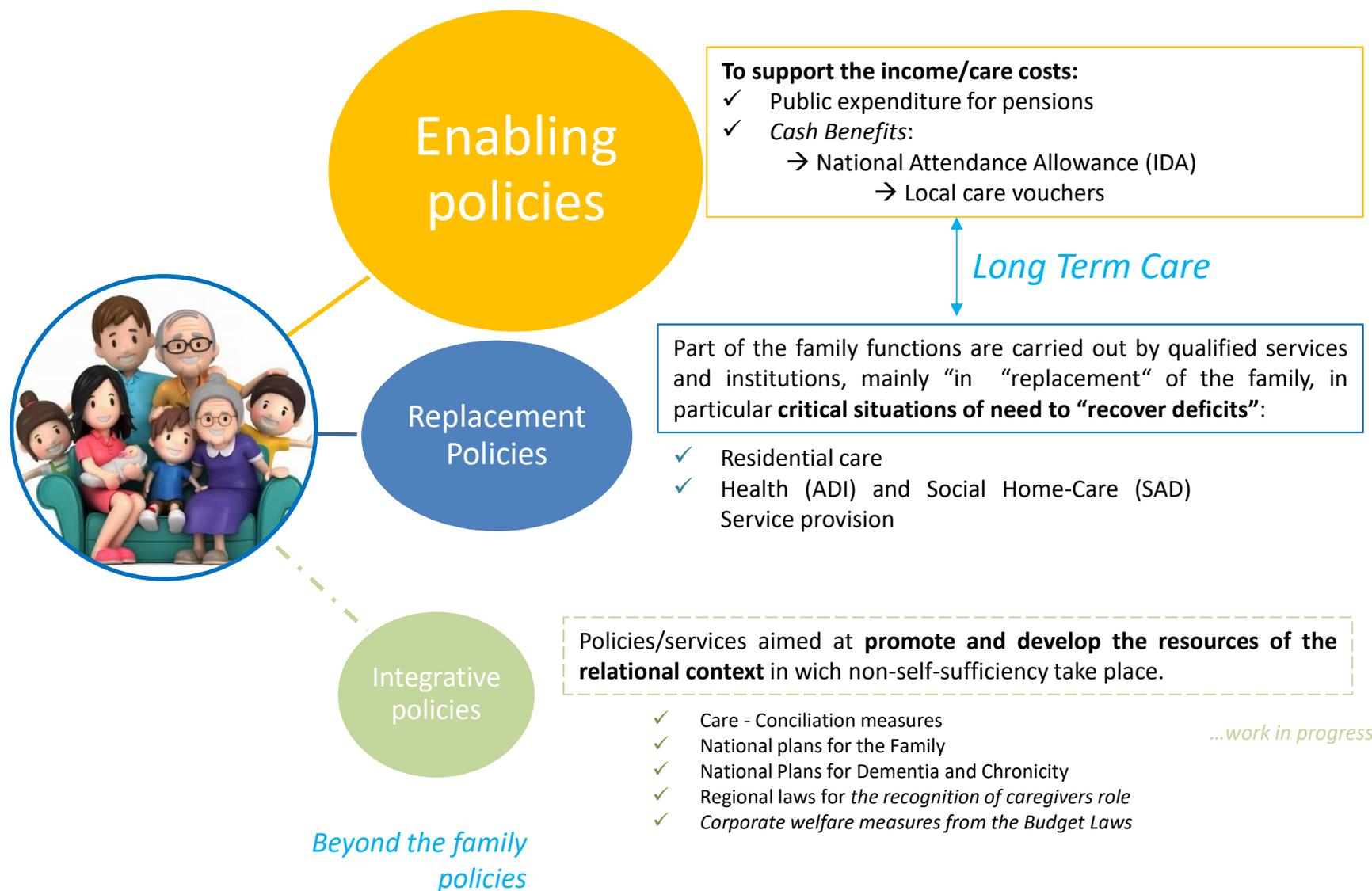
Prevention, Diagnosis, Treatment approach

*Rights recognition and social assistance
to promote autonomy and socialization*

Reform of Health care and Social Services

Facing the non self sufficiency...over time

The policies proposals



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 care givers 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)

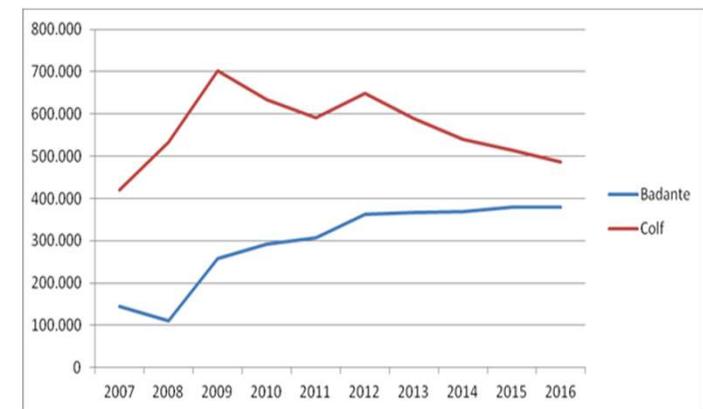
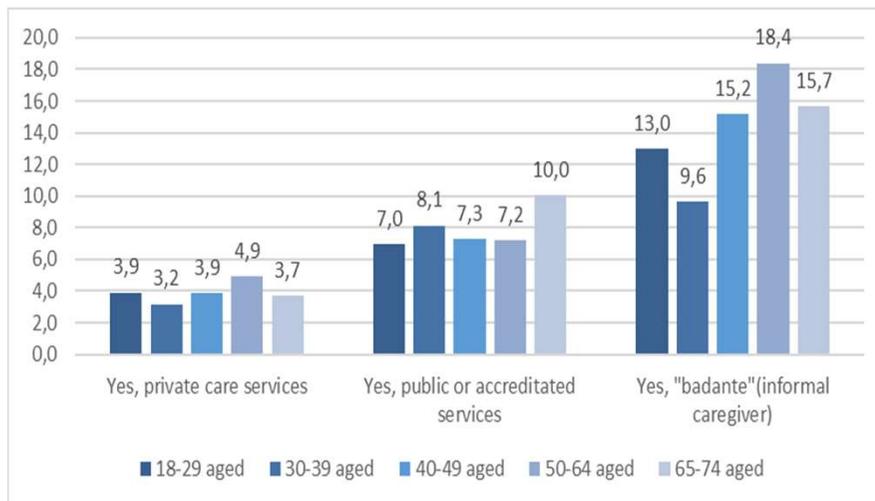
★ Changes in regular Domestic Work:

- ↓ 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)

Do you use any support services to care for a non-self sufficient relative?





- 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 milion "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

(Pasquinelli and Rusmini, 2013-2018)

- ★ 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



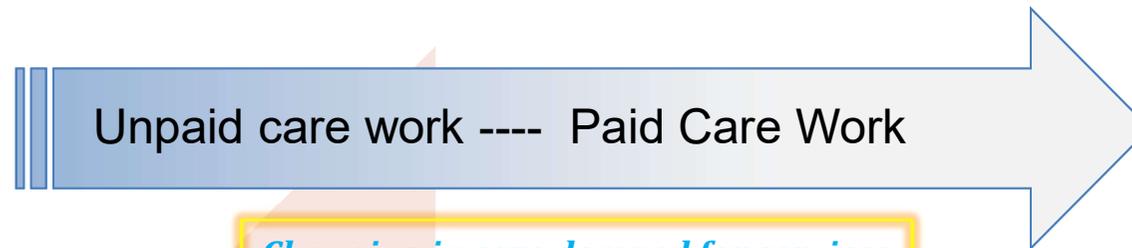
The re-familiarization of the care and the evolution of care professions in Italy

Care Jobs and the qualification of Care function

Social attitudes and care cultures

Norms and laws that institute services and professions

Social mandate on care function: From cure to Care



Changing in care demand for services

Families and caregivers

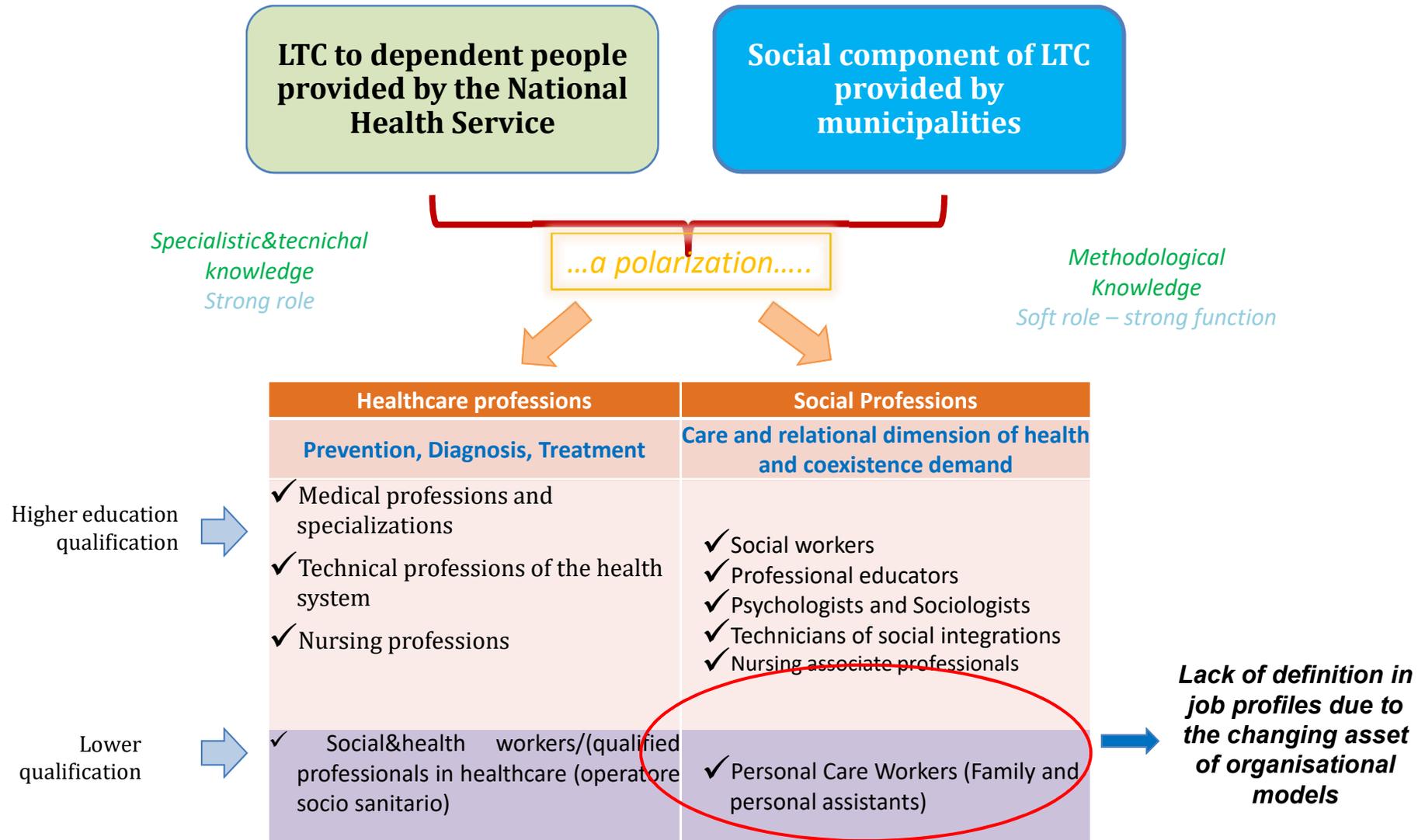
Family assistants (Badante) (Colf)

Qualified professions in health and social services

Public spending and private investments

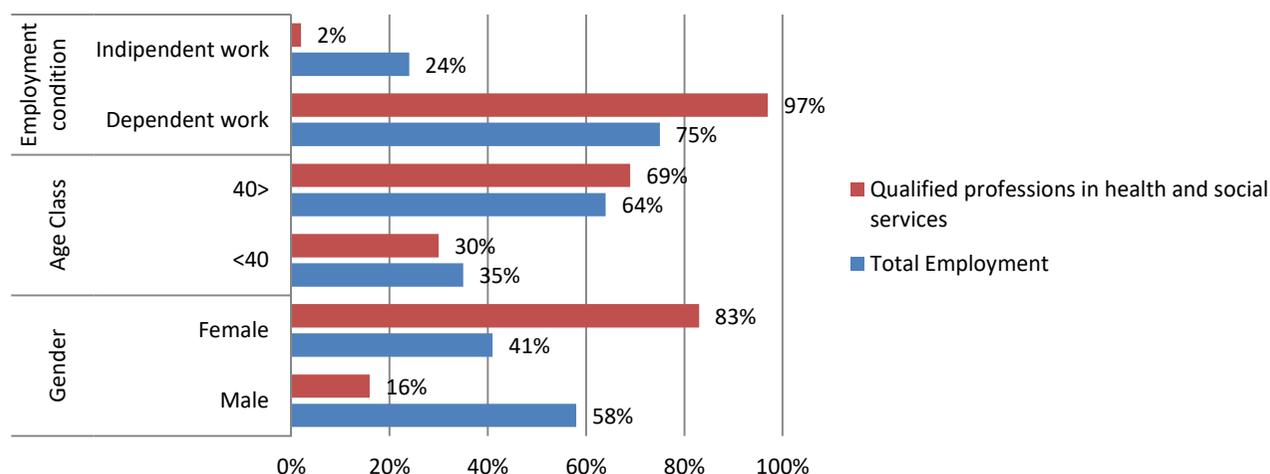


- What tasks / what skills?
- Migrants; Regular/Irregular Employment
- Gray job and fuzzy qualification process
- Changing in use of technologies/rules/organizational model of services
- Changing skill needs



- ★ 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).

Employment composition by age,sex,working condition (mean 2014-2016)



Toward 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?

Social Professions + Nurses, home care workers, educators	Healthcare professions
<i>Care and relational dimension of health and coexistence demand</i>	<i>Prevention, Diagnosis, Treatment</i>
<ul style="list-style-type: none"> ✓ Beyond «diagnosis/treatment and individual control» ✓ Tacking charge of relations instead of individuals ✓ Transversal and social relational skills (analysing complex situations, problem solving, negotiating contextual objectives and work setting) ✓ Customer orientation ✓ Psycho-social competences 	<ul style="list-style-type: none"> ✓ Use of big data and high-tech machines ✓ Organisational competences ✓ Interprofessional team work ✓ Customer orientation and psychosocial skills

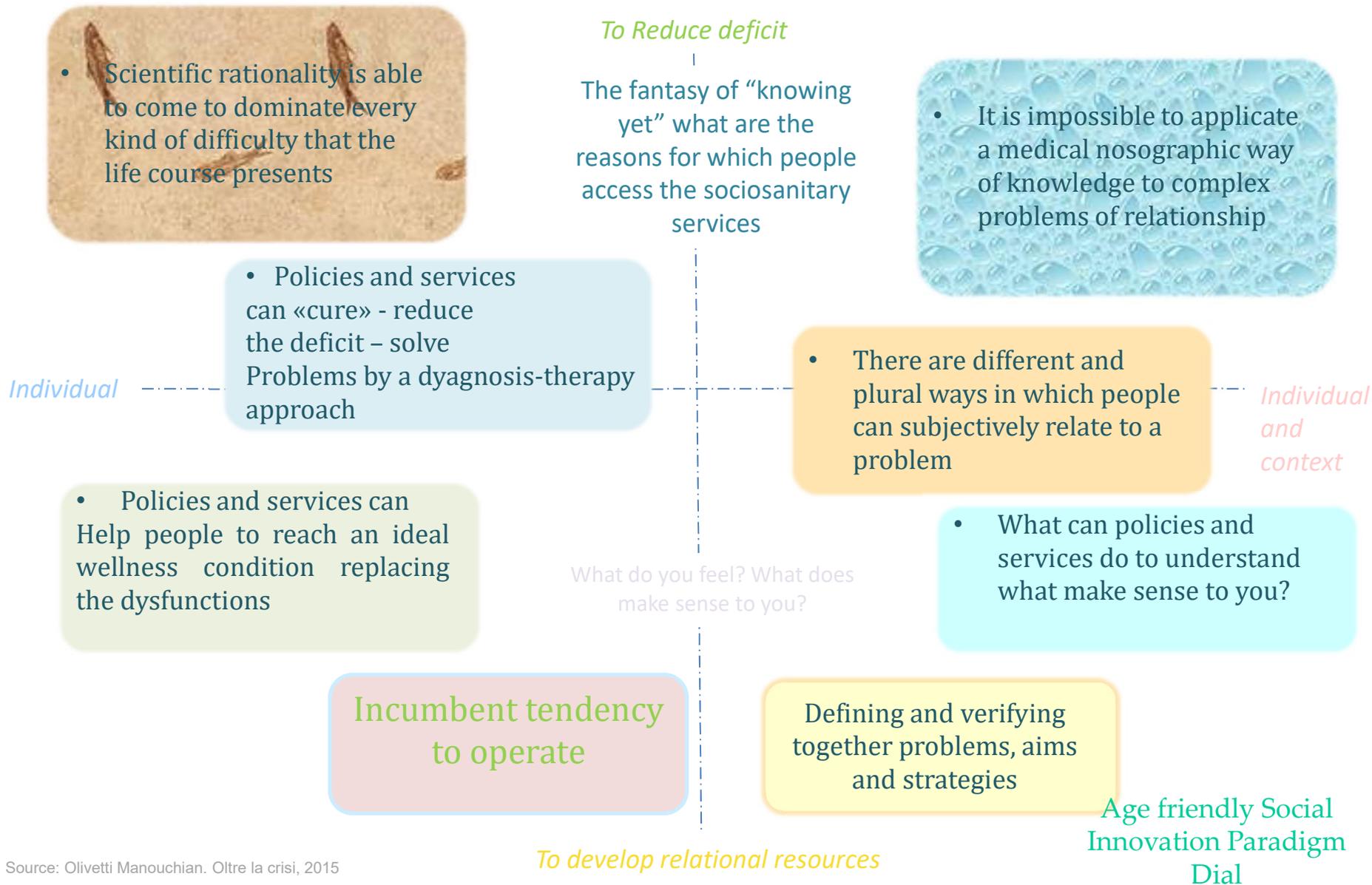
Source: INAPP Indagine campionaria sulle professioni – Audit fabbisogni professionali (2016-2018)

Unioncamere: Sistema Informativo Excelsior. Previsione dei fabbisogni occupazionali e professionali 2017-2020 (2018)

INAPP Audition on the Skill demand expressed by employers (2016-2018)

Toward new policies: prospects for the development of care work

Toward new Care Paradigms



Source: Olivetti Manouchian. Oltre la crisi, 2015

Trends

Aging, chronicity, longevity and new family models

Gender imbalances in family care (unpaid work-paid work) & Refamiliarization of care

Lack of «integrative» policies
Care professions' transition

Challenges

Complexification of the demand for care
(reduction of deficit vs development of quality of life and coexistence)

New demands from Italian caregivers
(from moral obligation to choice and self expression/realization)

Risk of labour shortages/deterioration of job quality
Overcoming the Institutional fragmentation of Public care organizations and policies (national, regional, local)

Opportunities

The new demand for care could develop **new services and market paradigms**
(integrative/community approach)

New social mandate for recognition of caregiver function
Commitment position of families and elderlies as resource for the innovation of services models

Integration of the medical model in favour of a bio-psico-social model of care – development of new skills
Changing the representation of care regulation: from **need** to **demand** for coexistence



- ★ 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

- ❖ 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:



Action to «resolve»

Thank you for your attention!
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