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Research reports

THE NEW CARE MIX.
Reality and perspectives of elderly care, between public (local) and private (transnational)

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Executive summary

Chapter 1. The "care mix" in Italy. An introduction.

Ester Salis

Chapter 1 starts with a short description of the current demographic challenges that Italy is facing and the emerging care needs. Indeed, Italy holds a top position in the ranking of ageing countries globally, with one of the oldest population in the world, beside Germany and Japan: people aged over 65 currently represents over 20% of total population against only 14% represented by people younger than 15. The demographic outlook for Italy is likely to confirm the trend towards a sustained ageing process in the next few years. The growth of older cohorts, combined with related socio-economic and cultural transformations (i.e. increasing female participation in labour market, changes in family structures etc.), is linked to the dramatic increase of care needs.

These needs are in fact tackled through a mix of solutions, resources and strategies articulated in what we have tentatively defined here as a "care mix". Drawing on existing scholarship on comparative care regimes analysis, we have identified the main dimensions on which the "care mix" is articulated: the various logics of action involved, positioned in a diamond with the State, the Family, the Market and the Community (or voluntary sector) as its vertexes; the sources of funding; the type of beneficiaries (small children, disabled or elderly people); the forms of the organization of care provision observed in specific national contexts.

After briefly sketching our analytical framework, we present the main characteristics of the "care mix" in the Italian case. We define the relative role of the State, the Family and the Market as, respectively, residual, central and supplementary. Indeed, as most welfare state analysts have stressed, the Italian welfare regime is characterized as familialistic, which means that the Family holds a primary role (and legal responsibility) in providing care and assistance to their members in need. This translates to a poor development of public care services (especially for the elderly) and a major role of monetary transfers. On the one hand, although the number of beneficiaries of domiciliary or residential care services has slightly increased in the last few years (especially before the outburst of the crisis) they remain at a very low level: only 4,1% for domiciliary services and 3% for residential services over the total old-age population. The crisis is currently challenging the development of publicly provided local care services because of budget cuts, especially concerning local authorities. On the other hand, the main tool for the management of long-term care in Italy remain the attendance allowance (*Indennità di accompagnamento*), a tax-funded universalistic cash-for-care scheme already introduced in the 80s: the beneficiaries of this monetary transfer, 90% of which are elderly, currently represent 12,5% of the total population aged 65 and over with an overall expense for the State budget of around 12 billions of Euro in 2011. According to many analysts, this measure has stimulated the growth of an underground market of care services, massively provided by migrant care workers, thanks to the lack of conditionality upon its use. Since the late 90s the introduction

of new cash-for-care schemes at the local level (*assegni di cura, vouchers*), more bounded in their use, has not substantially changed this backdrop since their diffusion and coverage is still limited.

As a matter of fact, families, which are the central subject in elderly care provision and organization, are long undergoing substantial transformations that are undermining their ability to meet the care needs of their elder members: reduced fertility and households' size, unchanged gender role distribution, increasing female employment, reduction in inter-generational living arrangements (over 23% of elderly live alone) have jointly resulted in putting inter-generational solidarity under stress. Families, and especially women in their traditional position of caregivers, are no longer able to meet the care needs of their older members.

In such a context, a supplementary role has been played by the market of care services provided by migrant workers which has developed since the 90s. Migrant women, employed by Italian households currently represent the vast majority of home care workers (90% of the total) assisting over one million elderly people in need of care. These recent developments have pushed some scholars to describe the current Italian care regimes as a shift from a family to a "migrant-in-the-family" model of care. Although this new model has proved to be an effective and low cost solution to the care deficits emerged in the Italian case, we point out important signals that could eventually challenge the sustainability of this system in the next future and force to important adjustments in the "care mix" as displayed up to date. First, one of the main conditions that have favoured the emergence of the "migrant-in-the-family" model of care, namely the large availability of irregular migrant workers employed in live-in conditions, is gradually reducing its relevance, because of recurrent regularizations, EU enlargement and reduction in inflows due to the crisis. Beside, not only new inflows decrease in absolute terms but they re-orient towards a greater weight of family relative to economic migration: migrant care workers increasingly re-unite with their partners or children and are less and less available to live-in with their employers. Secondly, trends towards the professionalization of home care work, through training, recognition of qualifications and on-the-job experience, measures aimed at reducing the informality and irregularity in home care markets have resulted, in some cases, in rising awareness by migrant care workers of their rights and contractual power, and overall rising labour costs. Finally, the negative impact of the current crisis on family budgets is putting under serious strain the ability of families to buy care services in the market and an overall reduction in labour demand in the home care sector has been observed in the last couple of years.

Whether these developments will persist and confirm their structural character in the next future is still to know. However, we argue, the "care mix" as was recently configured in the Italian case could undergo important transformations in the coming years.

Chapter 2. In the room of grandfather. A qualitative analysis of home care.

Pietro Cingolani and Marta Pinto

In the second chapter we present the results of the qualitative study carried out investigating ten family groups. These groups were selected according to some criteria. The first criterion was the level of autonomy of the elderly. We considered situations of great health stability and more difficult situations, as in the case of degenerative diseases, with rapid changes over short time. The economic conditions of the elderly and of his/her family group was another criterion. We identified wealthy families that fully cover the costs for the elderly care and poorer families who must rely on public support. The social situation of the elderly and of his/her family, the density and variety of their social relations was the third factor taken into account. These three variables do affect the relationship of care and its development over time. The most problematic cases are the ones in which we found the elderly with serious degenerative diseases, in a situation of strong economic fragility and without an adequate support network.

First, we analyzed how the search for care services works. The care need often emerges after a sudden change of health to which the elder and his family are not prepared. Difficulties often arise from the fact that people do not know what services they are entitled to and how they can access them. For the families it is very complex to understand the correct practices to carry out and the relationship with social services is often difficult. As Ambrosini pointed out, from being *caregivers*, the families have become *care managers*, because they deal with the bureaucracy and only in a few cases they provide direct care to the elderly as it was in the past.

When families have few economic resources and when public aid is not sufficient to meet their needs, families rely to the private sector. The care worker was found, in almost all cases analyzed, through informal channels, based on trust, in some cases through voluntary secular or religious associations, very rarely through specialized agencies. What are the features that families look for in the care worker? Very often employers do not seek people with professional qualifications but people willing to work on certain days and times, with patience and empathy. Cultural factors, such as religion, language, or eating habits, weigh much less in the selection and evaluation of the care worker.

The informal resources that circulate within the social networks of the elderly and of the care worker are very important. For the elderly well-being depends on affection, time, and energy made available by the social network, but these contributions are often not recognized and valued by the public institutions. The importance of the presence of supportive social networks also applies to care workers. The risk of being socially isolated inside the elderly house is very high. From the material point of view the presence of family and friends in Italy is important because it allows the care workers to solve some problems, such as a replacement during their return to their country of origin.

In the analysis we focus on the nature of the conflicts that arise everyday in the care relationship.

The most relevant aspects concern the management of leisure and the division of domestic spaces. In some situations, despite the contract so provides, the care worker has less time to spend on his/her own than he/she is up to, and the space left as exclusive for him/her is very small. In some cases the employers ask the care worker to sleep in the same room of the elderly. Another knotty problem concerns the scheduling of holidays. The month of August, when the care worker usually goes back to his country of origin, is the period in which the elderly person is in a state of extreme fragility.

The precarious condition of health of the elderly produces a gradual increase in the demand for care. Families try to respond to the needs of the elderly as best as they can, also implementing major changes, such as increasing the hours of care or deciding to hire a full-time care worker in live-in conditions.

The problematic and critical issues that have emerged are many, first of all, the few and increasingly lesser resources invested by the public sector. They do not meet the basic needs of the most disadvantaged families. In the absence of the public service family members are forced to make choices which further penalize the overall family situation. In many cases it is the women of the family to stay at home and give up looking for a job.

The outsourcing of the management and provision of care to accredited cooperatives and employment agencies risks to be inefficient: if it is true that the work of care requires continuity and relies on delicate dynamics of interpersonal trust, the provision of workers through agencies, with frequent changes and discontinuities, disorients the elderly and heightens the level of stress for workers and families.

The public welfare, as traditionally conceived, has difficulty in adequately treating the care sector, which requires trust between supplier and user and continuity of relationship. We found the most difficult situations in council flats. The social composition that characterizes some housing complexes can only worsen the already precarious conditions of the elderly. In the same building, for example, we happened to find only family groups with very precarious economic situations, citizens under house arrest, drug addicts, people with severe mental health problems. In situations like these, the elder is totally abandoned, without a network of neighbours, with care workers who are constantly being changed.

During our fieldwork we also found several informal networks of support, within which people exchange material and emotional help. The public system seems however to have difficulties in enhancing and systematising these networks . On this point welfare community solutions, which we analyze in the last chapter, could offer some suggestions.

Chapter 3. Rerum novarum? Community welfare applied to elderly care.

Irene Ponzo

The Encyclical Letter Rerum Novarum was issued in 1891 by Pope Leone XIII and sketched the principle of subsidiarity which is a funding principle of the community welfare. Indeed, starting from the assumption that the community welfare belongs to the welfare mix frame, Chapter 3 is focused on its possible applications to the elderly care sector. It tackles with a crucial (but often implicit) dilemma in the Italian public debate: would community welfare be a *res nova*, a new thing, a step forward, i.e. towards a more inclusive and sensitive welfare, or backwards, i.e. towards the previous centuries when the Rerum Novarum Encyclical letter was issued and welfare state was in a nutshell ? In order to give our contribution to this debate, we first analyze the community welfare basic concepts and principles starting from the literature and, secondly, we try to better understand if and how community welfare solutions can be transferred or developed in the care sector in Italy.

As we said, community welfare can be seen as a welfare mix option. We consider the welfare mix – and hence the community welfare – as a mix of logics of action (Market, State, etc.) rather than a mix of subjects (public, for-profit, non-profit, etc.)[1]. Starting from this assumption and putting together the idea of care diamond by Razavi[2] and the definitions of logics of action by Brennan Brennan, Cass, Himmelweit and Szebehely [3] we define community welfare as a mix of the four following logics:

a) The logic of the Market: to search profit through competition;
b) The logic of the State: to meet citizen's social rights operating through bureaucracies;
c) The logic of the Community: to pursue certain values through formal organizations;
d) The logic of the Family: to implement moral/personal obligations and emotional/social relations through informal practices.

The other distinctive elements of the community welfare identified in the Chapter are:

- ✓ the equal position of all the subjects (public, for-profit, non-profit, families);
- ✓ the overlap between providers and users;
- ✓ the enlargement of the target from the single person to the community.

This approach based on the logics of action instead of subjects is more challenging but particularly fruitful to analyse the care sector. Indeed, as Chapter 1 explains, the care sector in Italy is characterized by a large employment of (mainly migrant) care workers hired directly by families. Therefore, the private market

[1] From here on we write the logics of action with capital letters and the actors with small letters.
[2] Razavi, S. (2007) *The political and social economy of care in a development context. Conceptual issues, research questions and policy options*, Gender and Development Programme, Paper n. 3, United Nations Research Institute for Social Development, Ginevra.
[3] Brennan D, Cass B., Himmelweit S., Szebehely M. (2012) *The Maketization of care: Rationales and Consequences in Nordic and liberal care regimes*, in "Journal of European Social Policy", 22, 4, pp. 377–391.

mechanisms play a big role. Nevertheless, the two main subjects, i.e. care workers and families, do not act only according to the Market logic of action: they also follow the logic of action of the Family. Thus, the logics of action approach allows us to better understand how the subjects actually think and move. On the contrary, the subjects approach pushes us to handle families like private companies just because they are not public nor non-profit – as Italian immigration law does foreseeing recruitment of care workers directly from abroad and being then systematically disregarded, given that families do not plan and manage the recruitment as a private company does.

Finally, we analyse the specificities of care services as "relational services", i.e. where relations are means of production and determinants of service quality, and we try to highlight assets and pitfalls of the different logics of action for the production and provision of these specific services.

After having analysed the logics of action, we focus on the main subjects of the welfare community solutions: the community, the state and the non-profit sector.

As for the *community*, we highlight that the ambiguity of this concept is probably one of the main reasons of so different and opposite attitudes towards community welfare in Italy. We then identify two main different meanings of community in the literature: the first, traditional one according to which the community is based on ascribed relations, and the second, modern one according to which the community is based on chosen relations and shared values and life styles. We believe that modern community welfare should be based on a modern concept of community.

We then shift to the *public sector*. Given the absence of hierarchy in the community welfare, public sector is distinguished by its specific functions rather than by its position: redistribution of resources and ultimate guarantee of citizenship rights.

Looking at its relations with the other subjects of the community welfare, in the public debate the concept of responsibility of the civil society is usually associated with a retrenchment of the state and referred to liberal and conservative political views . Actually, we believe that in a modern community welfare which can be really regarded as a *res nova*, the responsibility is crucial but it should be of both the civil society and the state: the civil society has the duty to act whenever it can and the state has the duty to act when the civil society cannot. Actually, this is nothing but the horizontal subsidiarity. Starting from this principle and given that the civil societies differ in different contexts, the border between the state and the civil society should change accordingly, especially in a country like Italy where territorial gaps are huge. This change should be possible thanks to the vertical subsidiarity principle. However, it is easier said than done. Empirical materials highlight that in Italy the civil society and, particularly, the non-profit sector is a stronger welfare provider where also the public sector is. They reinforce rather than compensate each other.

Finally, we analyse the main Italian welfare reform proposals with specific attention to the elderly care and we highlight that the main expectation of a reinforcement of community welfare solutions should be to free new non-public resources but the latter might be not interchangeable with public resources.

Therefore, the cut of public expenses cannot be regarded as a taken for granted result of community welfare solutions, as often expected by policy makers especially during the current economic crisis.

As for the public sector, also for the *non-profit sector* we identify the possible functions starting from Ferris and Kramers' works[4]: vanguard experimenting new solutions; civic non-profit lobbying and controlling the government; the defender of non-profit sector promoting its values and sustaining community building processes; welfare service provider. The latter is then one of the possible functions, not the only one. Given that, the tendency of the public subject to treat non-profit exclusively as a possible provider alongside for-profit companies hampers a full development of community welfare solutions.

Finally we deal with two dilemmas concerning the non-profit sector and particularly community organisations. How can they respect the equality principle while addressing a specific community? How can they provide good quality and professional services while relying on community resources? One might wonder why they should. Because, as Murray highlights, mutualism and community organisations are new, are a *res nova*, only if they are mainstreaming, not niches. And to be so they cannot escape these challenges.

In the last paragraph, we analyse a case study where the local subjects are trying to develop community welfare solutions in the elderly care sector: the *Neighbourhood Elderly Tables in Reggio Emilia*. These Tables are a sort of by-product of the effort to understand why day elderly centres were under-used and to reform them. In doing that, local administration learnt that a large part of the elderly population, tough socially weak, was out of the local welfare since it did not have problems "classified" as such by the public sector, therefore it had not "entitlements". As consequence of this new awareness, the way of working on elderly care has changed. First, instead of waiting for welfare users, the local administration started to look for them by using informal networks of neighbours, shopkeepers and associations. The second, crucial action has been to sustain the shift from (sometime unconscious) needs to proper demands which can be recognised by the society and eventually by the local welfare state. This is both individual and collective process and collectively it is played in Neighbourhood Elderly Tables which bring together the local administration, non-profit organisations, neighbourhood associations, private citizens. These Tables are involved in all policy-making stages: identification of problems, formulation of demands, construction of solutions using community resources, monitoring and assessing, re-planning. Far from being isolated units, they are structural parts of the local welfare mix: their activity feeds the public planning (Piano di Zone Sociale e Sanitario) and is sustained by public money, though with small amounts given that the main resources are community embedded (in 2012 the total public fund was 10,000 euros to fund more than 70 actions including small household maintenance performed by craftsmen retired at no charge; the community nurse who controls the elderly; an ambulatory care nursing run by volunteers; gentle exercise

[4] Ferris, J.M. (998) *The Role of Non-profit Sector in Self-Governing Society: a View from the united States*, in "International Journal of Voluntary and Nonprofit Organizations, vol. 9, n. 2, pp. 137-151. Kramer, R.M. (1987) *Voluntary Agencies and the Personal services*, in W.W. Powell (a cura di), *The Nonprofir Sector. A Research Handbook*, Yale University Press, New Haven, pp. 240-257.

organized in day centres and in common areas of apartment buildings; the volunteers who deliver meals, shopping and drugs at home). Furthermore, in order to sustain and take care of these processes, a pool of social workers have been moved from the work on single families to the work on neighbourhood communities deeply changing the way in which local social services usually work in Italy.

To conclude, we could say that the Italian welfare system and civil society seem far from the frames, the organisation and maybe even the attitudes that inspire the community welfare. Nevertheless, there are possibilities to find our way to it, also and especially in the care sector, provided that we take it as a serious welfare reform and not just a trendy and saving-money solution.