



Health systems and long-term care for older people in Europe
Modelling the interfaces and links between
prevention, rehabilitation, quality of services and informal care

Migrant care workers in Italy

A case study

Patrizia Di Santo | Francesca Ceruzzi

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European Centre for Social Welfare Policy and Research (AT) • Ecole d'études sociales et pédagogiques (CH) • University of Southern Denmark (DK) • National Institute for Health and Welfare – THL (FI) • Institut de Recherche et Documentation en Economie de la Santé – IRDES (FR) • Institut für Soziale Infrastruktur (DE) • Wissenschaftszentrum Berlin für Sozialforschung – WZB (DE) • CMT Prooptiki Ltd. (EL) • University of Valencia – ERI Polibienestar (ES) • Studio Come S.r.l. (IT) • Stichting Vilans (NL) • Institute for Labour and Family Research (SK) • Institute of Public Health (SI) • Forum for Knowledge and Common Development (SE) • University of Kent – CHSS (UK) • University of Birmingham – HSMC (UK)



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I Introduction

I.1 Objectives and working methods

In all EU countries informal carers undertake approximately 80% of care required by older people, with the proportion of different types of care being provided by services depending on the development of the LTC system in each country (Mestheneos/Triantafillou, 2005).

The increasing use of migrant care workers in many EU countries (Lamura et al, 2008) as a response by families to the lack of formal care services has become an important issue for INTERLINKS as a project that tries to develop a methodology and model to describe and analyse emerging LTC systems in Europe.

The challenge of WP5 in INTERLINKS is to examine and describe the ways in which informal carers in each country are dealing with their care responsibilities, including the use of privately paid migrant care workers, and to link these to the formal LTC sector in order to achieve the most satisfactory outcomes for older people in need of care, their informal carers and formal service providers.

In the seven national reports on informal care that were compiled in work package 5 during phase I of INTERLINKS it became evident that privately paid migrant care workers, who fill the gap between family care and the lack of public services, are a particularly significant phenomenon in Italy. Though the phenomenon has also been increasing in the other participating countries (DE, EL, ES, FR, SK, SE) there are, however, less data and studies available. In the second plenary INTERLINKS meeting (14-15 September 2009 in Athens) the WP5 team¹ therefore decided to identify the issues at stake and potential solutions by means of a case study about the situation in Italy.

The main aim of this report is thus to describe and analyse pathways to integrate migrant care workers in LTC in Italy, highlighting links to and gaps within the LTC system and good practice example, wherever possible. The case study was compiled by a second level analysis of data available in Italian national statistics and official databases, and by an analysis of national research and projects realized over the past few years².

I.2 Structure of the report

The document is divided into six main sections:

- *Data and general context:* The section analyses the dimension of the phenomenon in Italy. It contains also data about regular and irregular migrant care workers (MCWs).
- *Family and migrant care workers' profiles* are highlighted in the second section, focusing both on MCWs' characteristics (social situation, intensity and type of tasks, etc.) and the type of families requesting MCWs.

¹ Judy Triantafillou, Michel Naiditch, Kvetoslava Repkova, Karin Stiehr, Stephanie Carretero, Thomas Emilsson, Patrizia Di Santo, Rastislav Bednarik, Lydia Brichtova, Francesca Ceruzzi, Laura Cordero, Tasos Mastroyiannakis, Maite Ferrando, Karl Mingot, Joachim Ritter, Diamantoula Vlantoni.

² See references for more information.

- *Recruitment of MCWs and contracts used:* This section informs about supply and demand as well as about ways of recruitment and types of contracts.
- *Training and qualification of MCWs:* There are persistent difficulties, but also first signs of improvement concerning the training of MCWs. This section also highlights good practice on a regional level.
- *Guaranteeing the quality of services:* Another important area of improvement concerns services to enhance coordination between MCWs, families and professional home care services – this section describes difficulties and some new initiatives that could be identified to guarantee a more stable framework for these complex relationships.
- *Conclusions and issues for Phase 2 of INTERLINKS:* The final section will summarise main findings and point out problems to be solved for the ensuing research phase.

The Annex provides an overview of MCWs in the INTERLINKS partner countries participating in WP 5 (EL, DE, SP, SW, FR, SK)³ compared to the Italian situation. This overview is based on the collaborative work of WP5 partners during phase I of INTERLINKS which produced national reports from 6 partner countries.

1.3 Background

The demographic transformation involving population ageing, the changes occurring in household structures and roles, together with an inadequate LTC system, have significantly influenced the steadily increasing demand of families for alternative care resources, namely for assistance and support within the household by third persons. The EUROFAMCARE study on family carers found that, in 17 out of 23 countries in Europe, families reported to rely on migrant care workers at least from time to time (Mestheneos/Triantafillou, 2005).

In Italy, which counts one of the ‘oldest’ populations in Europe,⁴ 18.3% of citizens above the age of 65 (2.1 million people) are in need of full or part-time assistance (ISTAT, 2008). The bulk of care is provided by the family or other informal help, while the network of private and public services is only weakly developed. A crucial role is thus being played by ‘migrant care workers’: these are informal carers, usually women from third countries who are privately employed by the older person or by their family members to meet the needs for domiciliary support and care. The contribution provided by these MCWs exceeds by far the contribution of “formal” care supplied by public or private organisations in social care, though local authorities have extended home care services in many regions. Without MCWs, the declared aims of social and LTC policies in Italy – to keep older people in need of care at home as long as possible and to increase women’s labour market participation – would indeed be further diluted. No formal services would be able to cover, at sustainable cost, the often extensive support needed by older people living at home. Given the lack of adequate services, rising mobility and female labour market participation, in particular in Northern Italy, family carers are thus confronted with the burden of care – and choose more and more often to employ a MCW to compensate for their absence due to own work or employment-related mobility. This reaction is partly supported by the relatively wide-spread entitlement of people in need of care to a flat-rate, non means-tested attendance allowance (‘indennità di accompagnamento’) and other, regional cash benefits for people in need of care.

³ The Working Group on WP5 was attended by 16 members from 7 countries whose individual areas of interest and expertise are on the subject of informal care.

⁴ 20% of Italians are older than 65 (11.9 million of people).

With about 700,000 MCW in Italy, the relationship between MCWs and the formal service system has become a crucial issue. While scarce attention has been given to this issue by policy makers and social and healthcare services for a long period of time, more recently many local authorities have started to introduce measures aimed at ensuring and improving quality of care in households that employ MCWs (training, a register of MCWs, information, matching supply and demand, tutoring etc.).

The yearly number of nominal demands for home care help arriving at the Home Office has been at least four times more than the total expected quotas every year. Both in the medium and long term there is and will be a gap between job demand and offers in the field of family assistance through cohabitation with older people in need of LTC. Despite their substantial numbers, the total sum of all private migrant care workers would be unable to sufficiently or properly meet the increasing demand for services by families, while these same families won't be able to financially support private care. There is much concern about the financially untenable situation of this section of the labour market. In the coming years there will be many old people retiring with very low pensions, absolutely insufficient to cover the cost of a full-time private worker.

2 Relevance of the phenomenon

Recently, a new term has been introduced in order to define the work undertaken by migrant care workers in a home environment. Avoiding the originally and colloquially used Italian word “badante” that could be translated as “caretaker” or a custodian taking care of older people, nowadays the official use of “family assistant” has been proposed. This term describes the work undertaken by MCWs more accurately, but it also shows the growing awareness of public authorities towards the issues at stake. In this report, the terms “family assistant” and “migrant care worker” (MCW) will thus be used equally.

Italian LTC policies for older people are limited, both in scope and in their economic extent. Over the past few years there has been a significant increase in the supply of beds in nursing homes, which increased by 24,400 units between 2000 and 2005, while residential homes have seen an absolute decrease. The general supply of care homes with on average 2.3 places per 100 older people is quite low compared to other European member states, in particular if the huge difference in supply structures between Northern and Southern Italy is considered: While in the Province of Trento (North) there are 5 places in care homes per 100 older people, in the Basilicata Region (South) there are hardly 0.5 places. The lack of services is even more obvious when it comes to home and community care: At national level, in 2008, so-called “Integrated Home Care” (home nursing care + domiciliary care) services hardly reached 4.9% of all older persons, ensuring on average not more than 24 hours of care per year per client.

Between 2007 and 2009 LTC funding (‘Fondo per la non autosufficienza’) was, on average, €266 million per year. These funds are distributed to the regions that are responsible for organising LTC services and care homes. In addition, the national health service (local agencies) is providing health care, including nursing home care. Finally, the bulk of LTC expenditures is spent for about 1.8 million pensioners with care needs who are entitled to a national cash benefit, a non means-tested attendance allowance paid as a flat rate of about €470 per month, in total about €10 billion per year. Still, with about €17 billion, a share just above 1% of its GDP, Italian expenses for LTC remain the last but fourth in Europe. Italy spends two to three times less on LTC compared to other European countries (e.g. Sweden, France, Germany) and thus exceeds only Poland, Portugal and Greece.

Older people with LTC needs are primarily looked after by their families and secondly by family assistants. Also the so-called “informal network” (e.g. neighbours, friends, volunteers) plays a more important role than public and private services. This can be well illustrated by the expenditures of Italian families for employing family assistants that, in 2007, exceeded public expenditures for statutory attendance allowances: 0.59% of the GDP were spent by families for the former and 0.54% by the state for the latter. In 2008, older people with LTC needs spent about €8 billion for family assistants thus almost the double amount than public authorities used to provide home care services. According to the first report on LTC published by the National Institute for Ageing Research and Care (IRCCS) there live 12 million older people over 65 years in Italy, 50% of which are over 75. Over 2.5 million older people are in need of LTC; 50% of them are entirely cared for by their families, while more than one third of them are supported by family assistants.

The number of family assistants is growing at high speed, beyond any government’s expectations, but if the supply of family assistants would decrease, not only Italy’s LTC ‘system’ will have to face complex problems. It is estimated that the economic value of family assistants’ work produces a public saving of about €45 billion. In fact, considering that each older person in a care home would cost on average about €26,000 yearly to public budgets and a further €18,000 per year to their families. However, as

only a smaller part of family assistants has been employed regularly, the State is losing yearly more than €800 million on taxes and contributions.

2.1 Data about legal and illegal migrant care workers

The National Social Security Agency (INPS) calculated that between the years 2000 and 2007 the numbers of foreigners working in the field of ‘family assistance’ had increased by 173%. During the first period of regularization, in 2002, during which employers and/or MCW who started to declare regular employment were exempt from punishment and received a regular residence and working permit, about 330,000 immigrants (around 48% of all people declaring) indicated that they had a job in the field of personal and home care.

Between 2005 and 2007, the number of immigrant workers entering Italy with a contract for employment in family assistance and domestic work amounted to 259,473 representing about a quarter of all regularly employed migrant workers.⁵ By February 2008, the applications submitted amounted to 399,802, while the immigration quota for “family assistance and domestic work” had originally been set at 65,000 units. Thus, between 2002 and 2009 at least 900,000 (about 1.5% of the Italian population) family assistants were regularised: 300,000 during the regularisation law of 2002, another 300,000 between 2003 and 2008 in the context of defined immigration flow decrees and finally 300,000 with the regularisation law of 2009.

2.1.1 Regularization by law in 2009

By 30 September 2009, the legal regularisation of family assistants and housekeeping personnel was concluded. According to the Italian Home Office that had expected between 500,000 and 750,000 applications to be submitted reported that in fact about 295,000 had applied: mainly Ukrainian (42,000), Moroccan (38,000), Moldovan (29,000) and Chinese (22,000) workers. This suggests that a lot of employees decided to keep working in the black economy, either for financial reasons or through fear.

The fact that, by the deadline, the number of applications submitted by personal and home care aides to legalize their position only resulted in a little more than half those expected, does not give evidence that in Italy there aren’t many family assistants, most of them immigrants, waiting to have regular documents. The small number of applications in fact derives from the strictness of the immigration rules: these involve the payment of 500 Euros of social insurance contribution, the suitability of the worker’s accommodation, a minimum income (20 thousand Euros a year) for the employer employing a home care aide, and a minimum of 20 hours a week regularly paid in the contract. Thus immigrants working for different families at the same time – a quite common situation in the field of private care – could not take advantage of the law. The complexity of the procedure certainly influenced this failure in the legalization process, but, most of all, what prevented employers from regularization has been the need to pay all social security contributions, which initiates a system of rules, rights and duties.

The National Association of Domestic workers (ACLI-Colf)⁶ estimated that between 30 and 40% of families interested in the regularisation procedures eventually abandoned their intents. In addition, only 40% of all applications were to regularise family assistants; according to ADOC (Association of Con-

⁵ Communication of the general manager for immigration at the Welfare Department (2008).

⁶ Acli-Colf was founded in 1946 with the aim of organising domestic workers at the national level. It deals with the defence, safeguarding as well as the cultural and social promotion of domestic employment of Italian and immigrant families.

sumers) before the regularisation decree, 60% of households would have liked to regularise the immigrants' position as soon as possible. As a corollary, a large share of the 'market' of family assistance will continue to have a moonlighting character.

Interestingly, with Ukrainians, Moldovans, Moroccans and Chinese in the top four positions in terms of numbers of applicants, it has to be underlined that mainly Ukrainians and Moldovans are traditionally involved in family assistance. It can be assumed that, in order to obtain regularisation, applications may have been submitted by people (mainly male applicants) who are working in completely different fields.

2.1.2 Irregular migrant care workers

The level of 'irregular' work in family assistance remains high: out of the about 770,000 foreign women working as family assistants in Italy, only one third is regularly employed. The remainders have no contract for various reasons: they arrived in Italy irregularly, they prefer not to regularise their situation or cannot obtain regularisation. Additionally, there is an increasing number of moonlighting Italian family assistants, currently representing about 10% of all persons working within Italian households.

According to Census data, 22% of the 646,000 foreigners regularised in 2002 worked in the 'grey' or 'black' economy. This situation is worse for MCW as their share of regularised contracts decreased by 20.8% between 2004 and 2007. In this period there was a dramatic decrease in the number of regularised immigrants working in family care services. In fact the real number of family assistants actually working in Italy is absolutely higher than that declared by official data. Cautious estimates suggest that there are 700-800,000 people working in families representing €10 billion in terms of the annual value of their activity. According to the IRS (Institute of Social Research), a change in the number and structure of private MCWs in Italy can be observed as a consequence of the regularisation law of 2009. While there were 300,000 irregular MCWs (40% of the total), there are now about 193,000 (26%).

Furthermore, there are a substantial number of women with a regular residence permit but without an employment contract: approximately 215,000 of them continue to work 'illegally', representing 30% of the total. However, the percentage of those having a contract will rise from 32 to 46%, i.e. from 247,000 to 347,000. The regularisation law will thus have triggered a relevant process of legalisation, in which almost half the total of private migrant care workers will end up with a regular employment contract.

3 Families' and migrant care workers' profiles

3.1 Family and social situation

In Italy, there are 17,668 households including at least one older person; 18.8% of people over 65 years of age are having a disability. 11,458 households are made up of older people living on their own. Out of the 3 million older people, less than 100,000 are living in residential care facilities. A majority of older people who need assistance are therefore dependent on women, other older people or family assistants who have become the Italian low-cost welfare "service". With an expected increase of older people over 65 from 20 to 23% of the total population, the related challenges will multiply over the coming years.

According to an Iref-Acli⁷ survey of 2006, more than half of MCWs in Italy (57%) work in households with at least one person over 75 years of age: 29% of them provide care to people living alone, 20% to older couples, and 7% to families caring for at least one older person in the household.

ISTAT provides official figures on 'Integrated Home Care', reporting that in 2006 the service was active in 173 Local Health Authorities out of 180, most Regions (17 out of 21) had active services in all Local Health Authorities. The number of clients receiving care at home has increased annually: from 396,000 in 2005 to 414,000 in 2006. These figures reflect a scarce regime of services if compared to the needs. The SDO Report 2008⁸ reports that only 0.2% of the population have access to 'Integrated Home Care' when discharged from hospital, 0.9% get transferred to other rehabilitation facilities, 0.2% to hospitalisation at home (sheltered discharge), 0.5% are transferred to a nursing home, whereas 98.2% of patients are simply discharged and sent home. In 2008, only 4.9% of older Italians had access to 'Integrated Home Care' and eventually received on average 24 hours per year of care.

This information visibly highlights the scarce integration in the National Health Service between hospital and community care, and thus a lack of care continuity. Public services can only provide a small part of services. The request for MCW in family assistance is thus directly linked to the need for help by older people and their families. While two thirds of families help themselves, even in the most difficult conditions, only 43.3% of households can rely on external support. It can be assumed that more than half of these households could potentially need support by MCWs.

While in the past, employing domestic workers or family assistants had been restricted to middle class families, today, family assistance has become an issue involving all social classes. Many old people can afford a family assistant thanks to their pension, the attendance allowance and the contribution of their children who often play the role of coordinators with the family assistant (including recruitment, the management of the contract and a potential substitution).

Concerning the profile of family carers there is general lack of information. Some information was collected by a national survey on about 1.000 primary family carers of older people aged 65 in 2004 (EU-ROFAMCARE, 2006):

⁷ The Lombardy Region Institute for Education and Training of Public Administration (Iref) - Italian Association of Catholic Workers (ACLI)

⁸ National Hospital Discharge Data; Ministero della Salute (2008) *Rapporto annuale sull'attività di ricovero ospedaliero, Dati SDO 2007*.

- The mean age of family carers was 53.5 years, ranging from 18 to 88 years, with a predominant proportion of women (77.1%). The distribution of carers in age groups showed that over half of Italian family carers were concentrated in the ages between 45 and 64, although both young carers (less than 35 years old) and very old ones (75 and over) are also well represented, each group reaching about 8-9% of the total sample.
- Carers are mostly married or living with a partner (71%), while singles, widowed and divorced or separated individuals represent a much less relevant proportion of the total. The level of education of Italian carers is on average relatively high, as more than half of the sample has a high school diploma (54.2%), while one out of five carers has attained only an elementary or lower degree of education, and one out of four carers has reached an intermediate level.
- One relevant factor affecting the condition of family carers is their employment situation: on the one hand this may create tensions due to the overlapping of professional and caring responsibilities, on the other hand it may also provide relief to carers by providing them with useful breaks from any “burdening” experience in providing continuous care to an older relative. The proportions of employed Italian family carers (43.4%, mean age 46,1) to non-employed (56.6%, mean age 59,1) reflects a slight majority of the latter. However, when we consider distinctly the sub populations of men and women, we observe that the percentage of employed men is significantly higher than the percentage of employed women.
- Looking at employed carers only, it is noticeable that carers are predominantly employed in the public sector (46.8%), followed by the private sector (31.8%), although a remarkable number of carers are self-employed (16.9%). It should also be underlined that though the legislation on paid and unpaid leave to look after a family member with care needs is equal for all employees, these benefits often represent a true opportunity for public employees only, because if one resorts to these measures in the private sector, the risk of negative repercussions on one’s career is much higher than in the public sector.
- Working carers often experience restrictions in their working life or their career due to caring responsibilities. One of these restrictions is represented by the necessity to reduce the amount of working hours, a condition that affects 13,6% of employed Italian carers, with no significant differences between men and women.
- With regard to non-working carers, more than half of them are retired, especially men, while professionally inactive women perceive themselves more often as housewives (a female only category). Although unemployed carers are much less numerous than the previous two groups, this condition affects men almost three times more often than women, thus showing a further clear connection between employment status and care giving condition.
- Non-working family carers may also suffer from (current or past) professional restrictions, and feel excluded from potential participation in the labour market due to their caring role. The most important reasons referred to by carers were the impossibility to undertake paid work (8.7%) and the necessity of giving it up (7.4%), with no statistically significant differences being recorded between men and women.

3.2 Profile of migrant care and domestic workers

Foreign women, of non-European origin, who work in Italy experience “employment segregation”. Most of MCWs regularly registered come from foreign countries, only 22.3% (less than a quarter) are Italian. Women make up 87% of all foreign care workers and 96% amongst Italian care workers. Family assistants and domestic workers in Italian households count for more than a fifth (21.9%) of all people enrolled in the national social security register (INPS). Almost half of them (45.5%), are foreign-born women working to redeem themselves from poor living and working conditions in their home country. Many of them could or would be able to work in different areas for they often have a university degree, e.g. 70% of Moldovan women working as family assistants in Italy have a university degree.

Young, irregular and more and more segregated: these are the characteristics of the “new” care giver. There is a tendency that hourly jobs are replacing the ‘classical’ cohabitation with the person in need of care. This is a sensible choice, for these women need to have more time in order to foster their social inclusion. Another trend has been pointed out by the study “Care givers: the new generation” (run by IRS): widespread undocumented jobs. This provides a further hint that these women are not seeking a lifelong job in this occupation. On the contrary, for them migrant care work in Italy is restricted to a limited period during which they construct a certain economic and relational stability in order to find another job. A substantial number of MCWs are also at an advanced age: 13.6% are over 50, 29.1% are between 41 and 50 years of age. Nevertheless, the majority is still below the threshold of 40, 18% of them being under 30 years of age and 39.3% between 30 and 40. Family assistants who arrived in Italy between 2006 and 2008 were on average 37 years old (whereas 532,000 women who arrived in Italy until 2005 were on average 42 years old), 27.6% are single and 62% have children (57% of the female workers live far from their children), 28% wish to stay in Italy and about 73% of the interviewees⁹ said they were interested in a training course to acquire more skills in the field of personal care.

They have middle to high levels of education, 25% of the women having a degree and 46% a high-school diploma and, according to a survey carried out in a local context, 12% even had a post-degree qualification; more than half of them is on average 40 years old (38% are 30 - 40 years of age and about 28% 40-50 years of age).

More than a third of the private migrant care workers could contemplate living permanently in Italy, as citizens of a European Member State or as new Italian citizens or in possession of a residence permit. All others have to deal with periodic renewals of their residence permits or are in an irregular residence condition. 63% of them declared they entered Italy on a tourist visa; 18% arrived irregularly, without any papers.

Migrant care workers go abroad to seek for a better future for themselves and their families. The reason for emigration is mainly that Italian salaries are significantly higher than those in their country of origin. Working as a co-habiting family assistant means to have a free meals and accommodation, with good chances to save money to send home. Temporary stays are mainly for women without a residence permit, older in age and/or with children waiting for them in their country of origin, whereas long-lasting stays are mainly connected to younger women with a regular residence permit and who are sometimes trying to start their own family in Italy (Caritas, 2008).

Nearly all MCWs arrive in Italy on a tourist visa, invited by a friend or a relative, and start work in a family. New family assistants differ from the first wave of MCWs who came to Italy in the mid-1990s: they are more oriented towards providing hourly or part-time assistance instead of living in the same household and only one out of four declared that she would like to live in Italy in the future. Most of them wish to return to their home country or move elsewhere as soon as possible (28%) or as soon as they finish work (47%), provided that this period would not be too extensive (60%). The cohabitation of MCW with the person in need of care is an extreme challenge both for the families and the family assistant, for they are mutually dependant and often forced to unsatisfactory agreements. MCWs therefore tend to be more than ever focusing on short periods of work before returning back home, and it

⁹ The project “Care givers: the new generation” was conducted by IRS of Milan and is based on four different studies, two of which at regional level while the remainders represent a series of development projects run by IRS over the past 5 years. The survey was based on 620 interviews with family assistants and more than 320 interviews with family members, public and private services.

seems that nobody is able to ensure their replacement in a mid- or long term perspective. The situation in their countries of origin is in evolution; there are new employment opportunities both in Eastern Europe and in other European countries which are more convenient for them (Caritas/Migrantes, 2008).

3.3 Intensity and type of tasks provided

The family assistant is occupied with all kinds of tasks in the household of an older person with care needs: personal care and hygiene, cooking, housekeeping, washing clothes, shopping, going out with the older person for specific tasks or just for a walk, and they even provide health care including injections and treatments, which adds yet another legal problem to the often 'irregular' situation in which family assistants are working anyhow:

- 35.6% of the MCWs permanently live with the family where they work, taking care of the entire family's daily routine;
- a vast majority (82.9%) tidy and clean the house, 54.3% do the cooking at lunch and dinner time, 42.7% do the shopping;
- 49.7% take care of an older person, 32.4% provide care to a person in need of care, 28.8% provide specific medical assistance to one or more household members (IRS, 2009)

In addition, MCWs sometimes do not only work in households with an older person, but they also provide night assistance in hospitals. Both workloads and the activities required by a family assistant often increase in relation to the age and the level of care needs of the older person.

4 Recruitment and contracting of family assistants

The contract used for family assistants is the same as for employees working in household chores (“Colf” in Italian). This is a national contract that has been in place for more than thirty years and that was adapted to include the cohabiting family assistant. The contract stipulates four different positions according to required activities and a minimum salary. The average hourly wage is about €6 for an average of 42 hours work per week. However, there is a strong disparity in treatment. MCWs without a permit of stay and/or of employment who have been in Italy for less than two years are the weakest: on average they work 17 hours per week more than regularly employed workers and those who have lived in Italy for more than 10 years (50 hours compared to 33). The minimum pay for 2009 is illustrated in Table 1.

Table 1 Minimum pay for family assistants at home (Level CS, 2009)

Co-habitant workers (per month)	Non cohabitant workers (per hour)	Night assistance for older people with LTC needs (per month)
€880,17	€6,10	€1.012,20

Source: Ministry of Labour, 2009; adapted by the authors.

On average, the salary of a caregiver with a contract is about €1.350; without a contract it is about €850-1.000 per month if she lives night and day with the old person. If she works four or five times a week her salary will be a slightly above 50% of this amount. Decreasing amounts of time naturally trigger a gradually lower salary (Table 2).

Table 2 Average costs per month for family assistants at home (Level CS, 2009)

	Co-habitant (54 h/week)	Cohabitant (25 h/week)
With contract “COLF” (I)	€1.350	€850
Without contract (average)	€850-1.000	€700

Source: Rapporto non autosufficienza, 2009.- Notes: (I) The cost refers to private assistant for older people with care needs. It includes third party fees and costs for managing the contract as well as the substitution of the worker during holidays.

A formal employment contract is a binding condition to receive a residence permit. Moonlighting or ‘black’ work is very common, for many foreigners do not care for pension contributions and prefer to receive higher payments now. However, it is more often than not the families who choose to not employ their family assistants legally, as they are not able or willing to cover the costs of a regularisation and the payment of social contributions. Thus also the employers take advantage of low-cost services all day long, never considering bad health conditions, holidays or days off. The National Social Security Agency (INPS) highlights that, for housekeeping activities, 86% of all contracts are limited to 30 hours per week.

This incoherence might imply that many employers do not declare all hours worked and prefer to pay additional hours ‘under the counter’ to family assistants who are often providing attendance all around the clock. On the basis of information collected by IRS, more than half of foreign family assistants (57%) completely or partially work without a contract (only one out of three has a regular employment contract) and among the regular workers there is an increasing trend to “grey work” that is working more than the declared hours. According to an IREF survey this choice is influenced by the need to obtain a higher income, but also the awareness of how irrelevant Italian social contributions are in order to get a

pension for the care worker, knowing that it will be impossible to accumulate them or to be reimbursed once back in their country of origin if this is a country outside the EU. In some cases, migrant care workers just agree, either because they are not much interested in welfare contributions, or because they do not insist on having their free time as they need to earn as much money as possible and as quickly as possible. Different irregularities in the performance of contractual obligations occur:

- Welfare contributions are made for a smaller number of hours than those actually worked,
- Monetisation of holidays,
- Restrictions on time-off, Sundays and bank holidays,
- Evasion of Christmas bonus and end-of-service payment.

Only in 60% of all cases, housekeepers and family assistants receive the legally binding thirteenth wage, with a percentage that rises up to 68% if only family assistants are considered. Only 30% of female workers receive an end-of-service payment. 68% had no paid holidays and 12% never get a weekly day off. More than 80% are not members of any union (Ires-Cgil, 2009).

5 Training and qualification of migrant care workers

MCWs performance in households of people with care needs is underestimated by most people, as it is considered work in an informal setting and less professional. There is a common belief that the necessary skills to correctly fulfil these activities can be easily acquired through practice. Actually, when it comes to “women’s tasks”, these seem to be naturally given as they are used to work in households and family care. In reality, in order to create a quality care service, specific skills are required, including social and technical expertise. Currently, the new professional profile of family assistance is not officially recognized at national level. Nevertheless, some Regions have formalised the profile, by certifying professional skills or creating a professional qualification (first level).

Table 3 Regional profiles for family assistants

Regione	Hours of training	Title/certification	Credits for OSS (I)	Laws
Abruzzo	400	Qualification		DGR 04-05-2009, NR 207
Campania	120	Certified competences		DGR 2843/2003
Emilia Romagna	120	Certified competences	x	DGR 924/2003
Friuli Venezia Giulia	200	Certified competences	x	LR 28-52 del 1 ottobre 2004 DGR 1232 dd. 14/05/2004
Lazio	120 300	Certified competences Qualification		DGR 31 luglio 2007
Liguria	200	Certified competences	x	DGR 287/2006
Marche	100	Certified competences		DGR 118/2009
Piemonte	200	Certified competences	x	DGR n. 46 – 5662 del 25 marzo 2002
Toscana	300	Qualification	x	DD 7/197 del 18/12/2002
Sardegna	200	Certified competences		DGR N. 45/24 DEL 7.11.2006 Prot. N.5422 Cagliari, 04.07.2007

Source: elaboration of Studio Come srl on the basis of regional laws. Note: (I) Operatore socio-sanitario (Health and social care assistant)). Not all Regions recognize credits of their courses for becoming an OSS.

For instance, in 2009 the Region Lazio allocated €2.8 million to provide training to family assistants as well as tax allowances to the families of older people with care needs employing them. Training modules, having shorter or longer duration, are now available in different Italian areas (Emilia Romagna, Lazio, Piemonte, etc.). In 2006, the Region Friuli started a training project aimed at training family assistants directly in Moldova in order to employ them in Italy.

With the aim of correctly assessing care giving skills, the Region Liguria has promoted the project “*Lavoro doc. Buone prassi nel lavoro di cura*” (good practices in care work), financed by ESF Axis EI Ob.3. The skills identified were assigned to three different levels:

- *basic*: knowing one's own employment contract, and therefore the rights and duties included in it, those of the family and the person being cared for; knowing about the people involved in the older person's care and the services to which he/she can refer to; knowing the Italian language
- *technical-professional*: handling bureaucratic papers, knowing how to make the cared for person stand up and move around, being able to manage his/her diet and treatments, taking care of his/her personal and environmental hygiene, being able to cooperate with medical staff
- *multi-level*: capacity to listen, communicate, mediate and adapt themselves; to build up trusting relationships, manage intimacy and distance, have an attitude to flexibility; provide support to promote independence, be positive and able to face an emergency; be able to combine private and working life.

Among training actions, one should recognise the roles of doctors, nurses, or other professionals who teach the family assistant care techniques within a specific working context. Such “in-site training” may consist, for example, in a social and health care assistant showing the family assistant how to properly do his/her job. Another example is that of a nurse who, while providing a home service, provides suggestions and support in order to train the care giver. The latter is then able to observe how a professional does his/her work. Often, this transfer of know-how occurs naturally but it seems necessary to enhance and formalise these experiences. Some actions also include economic incentives to support the family assistant's training. For instance, in the Province of Siena (Region Toscana) a project entitled “*Un euro all'ora*” (one euro per hour) tries to counteract ‘grey’ and ‘black’ labour by providing bonus payment for those participating in vocational training for family assistants.

6 Guaranteeing the quality of services

Services that guarantee the quality of family assistance are those that are available to the relevant stakeholders considered as one single unit, including the older person in need of care, his/her family and the family assistant, thus sharing responsibilities, integrating competences and expertise, improving the professional quality of care, coordinate informal care with the network of formal help including the GP, hospitals, day care centres, home care as well as all other providers of social and health care services in the given area. There are mainly six different ways to implement a coordinated service:

- information
- tutoring
- contract (incentives to legalization)
- matching demand and supply
- “sheltered” discharge (discharge management)
- substitutions

6.1 Information (Social care helpdesk)

The first type of helpdesk, promoted by the municipality and managed at information counters of social services, usually offers information to both families and MCWs, supports the migrant care worker when she/he starts to work, offers tutorship by means of professional staff (tutors), helps to find substitutions with its home care service and offers temporary relief through a hospital admission when necessary.

Families and older people are often obliged to rely on information by word of mouth in order to employ a MCW, often incurring the risk of not getting the kind of care worker they want. In many local areas, where it is common to hire family assistants, municipalities are functioning as a broker in order to support the families facing difficult situations connected an older person in need of care. Support includes information, guidance on local services able to meet the needs and the requests of customers:

- Information on the whole range of social and health care services for people with care needs
- Information on how to employ family assistants privately
- Referral to trade union offices in order to get information on the contracts and to calculate the socio-economic situation (ISEE)

Additional information is provided to MCWs who are about to start work in a family. There are two professional associations – Api-colf and Acli-colf – to support household workers (Italians and immigrants) and families who are about to employ a family assistant. Associations offer information on:

- Procedures to follow in order to employ a family assistant (for domestic and personal care)
- How to make a regular contract with a family assistant already working in the family
- How to correctly manage the contract
- How to correctly fill in the forms to pay for welfare contributions

However, as already stated, these two systems tend to converge in order to provide a complete service, thus avoiding families and family assistants having to search for them. For instance, the *Informanziani* Centre set up by the City of Modena is regulated by an agreement between trade unions and social cooperatives (art. 7 Modenese Pact of 22nd December 2000). It is managed in close cooperation with home services and the helpdesk for social care. From a social point of view, they practice a classical

home care procedure: assessment of needs, guidance to the service network and care provided by a social assistant (case manager). The centre provides the family with the list of family assistants and co-operatives, a facsimile of the contract for MCWs, the list of allowances and it keeps a data base of the demands and services supplied.

6.2 A register for private care workers

Amongst the set of measures for conciliation submitted by the Minister for Equal Opportunities and Employment (December 2009) are registers for family assistants: citizens can thus ask the Local Authorities for a list of authorised family assistants, with references and recommendations by the city council. For instance, in the next future, in the Lazio Region each town will have such a register.

In Friuli Venezia Giulia the project “Professionals in family” turned 6,000 job contracts into regular contracts (with 200 agreements on average per month) thanks to the intermediation of “Helpdesks for family assistance” set up at the premises of the Employment centres. The helpdesk has become a reference point for both families and care workers, in order to regularise contracts, to reduce “under the counter” payments, and to improve MCWs’ professional qualifications through focused training courses for this target group.

The percentage of families who took advantage of this service to match demand and supply by the Employment Centres has increased from 23% to 87% within a few years. The project also allowed the promotion of four training courses in Moldova, in order for potential care workers to acquire basic skills in the field of personal care.

In Bologna (Emilia-Romagna) an agency was created (*Casa base*) with the aim of helping household staff and MCWs to find a regular job. *Casa base* has already been authorised by the Region to supply services to about 400-500 people, with priority to MCWs coming from Eastern Europe and from South America. All of them have got the collective contract for domestic work with an average salary ranging between €800-900 per month. At the same time the association “MigrAzioni” is unifying household staff and family assistants to address information and safeguarding rights as well as leisure time activities.

6.3 Tutoring

One of the weaknesses that occurs amongst care givers during their first care experiences is to exclusively trust on their own capacity and ability to learn on their own. Usually, they haven’t attended any specific training course in their country of origin, though they have an intermediate level of education, and have undertaken different jobs. What they know about care giving to the elderly mostly comes from previous experience in other Italian families.

Home tutoring is a service carried out by a professional, usually working in home care or other social and health services, who is provided at the request of the family or the older person, and supports the family assistant at the onset of work in the family, and in possible difficult situations occurring later on. The tutor helps the family assistant to arrange and manage the care work that she/he has to accomplish. This function is regularly performed when the older person with a family assistant is also supported by formal home care services and more and more often it is implemented. Also GPs are increasingly involved in the context of home visits.

Among the experiences of home tutoring in Italy are the following: *Madreperla* in the Province of Modena, the social tutor in the Province of Parma, *Premiata Fabbrica* of the Iris and Cissabo Consortia,

Casa Amica of the Consorzio Cidis, *Agenzia solidale per il lavoro domestico* of Biella, the social care-taker of Arezzo.

6.4 Incentives for legalisation

Public funding that is aimed at reducing moonlighting and 'black labour' provides a partial refund to those who pay for the family assistant's social security contributions, i.e. to support correct behaviours by private employers. For this reason, funding is targeted at a wide range of people and its amount is usually only related to the social security contributions and not to the total cost of the family assistant.

Among the measures available today in Italy, the attendance allowance is the most relevant one in supporting not only older people with LTC needs, both in terms of the number of beneficiaries but also for the amount of public resources involved. In 2008, about 1.131,710 people above the age of 75 were entitled to this cash benefit, i.e. 9.5% of the population in this age group, for a total amount of €6.3 billion. This benefit absorbs more than half the funding of measures for people with a disability (Ministry of Health, 2008) and people in need of LTC, thus exceeding by far the beneficiaries of home care and residential care.

Though never explicitly declared, cash benefits often aim at providing a salary to family assistants. Some Regions have decided to give provide additional economic support to older people in need of care by providing them with a regional cash benefit. Some regions, in particular Abruzzo, Emilia-Romagna, Veneto, Valle d'Aosta, Friuli-Venezia Giulia and Sardegna have constrained the receipt of such regional cash benefits to families that are regularly employing a family assistant. The benefit is thus not only aimed at supporting families but also at turning irregular into regular work of family assistants. The benefit is thus usually spent to cover expenditures of social security contributions. In any case there are huge differences between the different regions in relation to access criteria, amounts, etc. of these cash benefits (Table 4).

The extent to which families take advantage of these measures seems to be a problem: the real are much less than the potential users because families with limited economic resources prefer to resort to the irregular market, thus waiving any rights to economic support. From this point of view, the level of contributions is a key element for action at the regional level. For instance, there are tax reductions for those who employ a family assistant. With an income below €40,000, employers may detract 19% of the total contributions paid up to a maximum amount of €2,100 – the maximum deductible is therefore €399.

This form of policy was adopted by the Municipalities of Venice, Arezzo and the Province of Siena. In Venice, for instance, the Municipality adds local resources to the regional funding in order to provide a contribution of €150-200 per month to about 530 households. In Arezzo, social services supply a service bonus that can be used to partially or completely cover the cost for social security contributions ranging from a minimum of €129.42 per month to a maximum of €258.23.

Table 4 Attendance allowances for migrant private care

<i>Regions</i>	<i>Access criteria</i>	<i>Amount</i>
Abruzzo	Needs assessment Means test “Isee” (social-economic situation of older person) Contract for family assistant	Max. €300/month
Emilia-Romagna	Needs assessment Means test “Isee” (social-economic situation of older person: max. income €10,000/year) Contract for family assistant	€160/month*
Friuli-Venezia Giulia	Needs assessment Means test “Isee” (social-economic situation of elderly: max. income €35,000) Contract for family assistant with at least 25 h/week	From 25 to 39 h/week: €120/month; more than 40 h/week: €200/month
Veneto	Needs assessment Means test “Isee” (social-economic situation of older person: max. income €14,992) Contract for private assistant at least 24 h/week	max €260/month based on the amount of family assistance (hours) (1)
Sardegna	Needs assessment: Disability certified Means test “Isee” (social-economic situation of older person: max. income €32,000/year) Contract for family assistant at least 6 h/day and 6 days/week Family assistant registered Training for family assistant	€ 3,000/year
Valle d’Aosta	Needs assessment Residence in the Regions In the future: Family assistant registered	max €1,800/month, based on the amount of family assistance (hours), co-habitation, number of assistants

Source: elaboration of IRS, 2008.- Note: (1) “Private care allowance” as a supplement to the attendance allowance.

6.5 Matching demand and supply

From the point of view of a family and a MCW, matching demand and supply is a plural service which should support both the employer and the family assistant. However, these needs relate to different political and administrative responsibilities: social needs relate to the Municipality, while labour and work relate to the Provincial Administration. This explains basically why services dedicated to matching older people in need of care and family assistants are of two types:

- Social care helpdesk
- Employment service

There are positive examples of both types, e.g. an information point, mainly focused on families (social care helpdesk) or workers (employment service) which in both cases tend to develop into a global service for both stakeholders.

6.5.1 Social Care Help desk

The social care help desk, promoted by the Municipality and usually managed within the services for families, older people or the social information and counselling services, aims at providing information to both families and care assistants. In some local contexts the social care help desk supports the MCW, offering a tutorship service provided by professional tutors, helping to sort out the problem of substitutions either through the local home care service or through the provision of temporary hospital admission (relief hospital admission). These normal activities are accompanied by information on training opportunities for the family assistant, and, if applicable, referral to other services for issues in relation to the employment contract.

In order to support contacts between employees and employers, the social care help desk tends to keep an informal profile, as it has no formal competence on employment matters. In particular the activities developed in the context of the social care helpdesk are officially all those connected to mediation, including counselling on the procedure to get a residence permit, rights of migrant workers, guidance on the training system and self-employment promotion for women who aim at creating a cooperative or other forms of self-employment. In contrast, for care advice direct referral is made to the network of health and social care services.

6.5.2 Employment Services

The job help desk was born within the SIP and officially carries out all intermediation activities, including counselling for a residence permit, competence and skills assessment, guidance on training systems while care counselling is referred to the social and health services. For example, the provinces of Ferrara and Parma have created a post focused on matching families with family assistants which is located at the premises of the Employment Services. In particular in the Province of Parma front desks were created within the Employment Service (*Centro risorse*), aimed at providing family assistance services:

- Information and guidance on employment and training
- Counselling on the work relationship with the host family
- Individual interviews and skills balance
- Intercultural mediation
- Free courses for “family assistant” and inclusion into a specific register certifying the expertise achieved
- Group meetings to elaborate shared strategies on the local job market as well as individual paths to getting expertise

The *Centri Risorse* closely operate with trade unions, *Acli*, volunteer organisations, *Caritas*, *Opera Diocesana Assistenza* and of course the public town services. For some organisations the network is still an informal relationship, but with the trade unions, *Acli* and *Caritas*, an agreement was signed already in 2004 that every partner makes its own competences available in order to provide citizens with a complete and integrated service.

Similar to the *Centro Risorse* in the Province of Parma is the service *S.O.S famiglia* in the Province of Florence. The pact stipulated by the Province and the City Council in April 2004 set up a technical coordination between the two local authorities and their services: the employment service and the integrated care services in the five districts of the City of Florence. Among the tasks of the new organisation is that of keeping a list of qualified workers (having a certificate, qualifications, relevant skills) and support the families in their choice of the most suitable person.

In 2008, the Province of Lucca started the project “I take care of you” which will be extended all over Tuscany. The project concerns the opening of some helpdesks, set up together with the local authorities, in particular the City Councils, that will define the contracts between the family assistant and the families. A fundamental activity of these helpdesk is to provide a significant job and vocational training for MCWs.

In the Province of Chieti the project “Invisible jobs” has developed which aims at supporting the employment inclusion of family assistants and at ensuring a professional care service. Among the women participating in the training course (47 family assistants) 10 have formed a cooperative called “the link” with the objective of providing assistance to older people in need of care and of helping other family assistants to get into regular employment.

6.5.3 Trade-union activities

Another type of solution is linked to the activities of trade-unions that are running so-called *Patronati* which are service centres forming an important part of civil support structures in terms of counselling and information in relation to all social and employment related issues, including tax refund and income tax declarations. While in many Italian areas municipalities and Local Health Authorities are signing agreements to support citizens and each other in the calculation of ISEE (socio-economic means-test) and other bureaucratic procedures to access social and health services. Also in this context, municipalities and provincial authorities are asking the *Patronati* for help: the City of Arezzo and the Province of Siena signed a free agreement in order to ensure easier bureaucratic procedures. Also the City of Venice received help from the *Patronati* during the implementation of the regularisation decrees in 2002 and in 2009.

In the future, it is possible that the *Patronati* might have wider functions for families and MCWs: information, guidance about the service network, assistance to get a residence permit, assistance in signing a contract and mediation in cases of controversy.

6.5.4 Private Agencies

Many recently created private agencies have been acting to establish contacts between families and MCWs, usually by asking for a membership fee or by working as a temporary agency based on a contract with the family. Families have accepted such solutions in absence of other structured public services, but they are limited in terms of their universality and free access.

6.6 Sheltered discharge

It has become a common practice in some hospitals and particularly in some divisions with a high share of older patients (heart surgery and orthopaedics), to invite the family assistant and/or the family carer to the hospital before the patient's discharge in order to provide her/him with useful information about the treatment to be followed at home, suggestions on diet, sleep schedule, mobility, as well as small or large changes that need to be introduced into everyday life during the convalescence period. Different experiences have been made, depending on the involvement of different stakeholders, including the GP and family members.

6.7 Substitution

An important issue in family assistance is the reliability of the MCW and, in case of need, the ability to find an alternative source of care during the periods when the regular family assistant is absent from

work. Currently, families cover these periods of leave by own care work, e.g. by taking time-off work, or by hiring other family assistants as substitutes. Some formal home care services allow these families to get temporary access to their services, day care centres, or short-term hospital admission. Dealing with the problem of substitution can thus become an opportunity for families to get in touch with public services, thus experiencing new forms of care.

7 Conclusions and further research needs

In Italy, public LTC services are structured in residential services (residential nursing homes and residential care homes), semi-residential services (day care centres), domiciliary services (social home help and 'integrated home care'), cash benefits (attendance allowance on the national and complementary cash benefits on the regional level), and support to family assistance (tax reduction, targeted subsidies, training courses, registers, information and counselling centres).

Table 5 Public LTC services for older people in Italy

<i>Areas</i>	<i>Services</i>
Home care	Integrated home care (Assistenza domiciliare integrata - Adi) Social home help (Assistenza domiciliare sociale - Sad)
Residential care	Old-age homes, care homes, nursing homes
Semi-residential services	Integrated day centre Day centre
Monetary transfer	Attendance allowance (Indennità di accompagnamento - €472/month) Cash benefits (Assegni di cura – variable by region)
Support for private home care (migrant private assistance)	Tax reduction, family allowance, training course, register, job help desk

Source: adapted by Studio Come, Rapporto non autosufficienza, 2009

Attendance allowances and tax reductions are under the responsibility of the State, social and health care services are under the responsibility of the Regions and social services of the Municipalities. This leads to remarkable local differences.

The bulk of care for older people in need of LTC is provided by the informal family carers and MCWs, while the network of formal services – provided by private non-profit, commercial and public providers – is rather weak and scarcely used. At national level, in 2008, Integrated Home Care only reached only 4.9% of the older population with an average of 24 hours per year per user; residential facilities cover only about 3% of the elderly in need, while 9,5% of them are entitled to cash benefits. The number of older people in need of care who are assisted by MCWs is significantly increasing and outnumbers by far those assisted at home by public services.

Without MCWs, two targets of Italian policies – to keep older people in need of care at home and to facilitate female labour market participation – would be in a deep crisis. No professional service would be able to cover, at sustainable costs, the needs of LTC. The increasing number of private workers taking care of people and the fragility of all involved actors – the older person, his/her family, the MCW – has thus stimulated many Italian authorities, particularly regions and local authorities, to take action in supporting family assistance and MCWs, e.g. by matching demand and supply, training initiatives, economic support etc. However, so far neither coordination in governmental policies nor uniformity at local or regional level have been obtained. The scarce attention by national and regional legislation, with the exception of Friuli Venezia Giulia, Sardegna and Emilia-Romagna, is complemented by poor indications given to professionals in formal care services on how they should relate to family assistants. For instance, the so-called 'Integrated Home Care service' is putting much effort in identifying tools to coordinate social and health care services, while suitable ways to coordinate formal and informal care remain of little interest.

Still, the presence of family assistants has also triggered largely unanswered concerns about the quality of service provided in private households. While in previous years the approach of public authorities towards family assistance and MCWs was mainly about regularisation and contributions to cover the costs, some local authorities have started to ensure and improve quality in relation to family assistance by means of training, a register of family assistants, information and counselling, tutoring etc.

These initiatives to integrate MCWs in the LTC system are just a first step on a very long pathway of reforms during which in particular the following issues have to be considered:

Taking care of family assistants' social rights

According to research by the University of Milano Bicocca, MCWs arriving in Italy pay the consequences of an alienating job: for instance, only 24.5% of MCWs being interviewed declared they had personally made use of health services.¹⁰ The time of MCWs to take care for themselves is limited to a few hours per week: lots of family assistants do not give any priority to their own healthcare, some health care services are completely unknown to them.

Training

Training offers for family assistants should consider the double needs of MCWs. On the one hand the need to have a professional qualification which is fully accepted by social and health services, on the other hand there needs to be the possibility of attending short training courses for those who intend to work only temporarily in this field. The training offered needs to be flexible and should try to motivate the family assistants to participate.. Some aspects to consider when arranging courses are:

- Too long courses, spread over a long period, need too much time for the beneficiaries and is hardly compatible with their work
- The timetable needs to be arranged at hours when MCWs do not work
- Training courses should be offered locally, in cooperation with the local networks, so that potential participants can reach them – they do not have their own means of transport and public services are not always efficient in rural areas
- Refunds or discounts to use public transport should be given
- Bonus payments to families allowing their assistants to take part in the courses
- Worker's substitution or availability of a day care centre during the time of the course
- Grants
- Baby sitting services if the participants have children

It is necessary to support these actions with an adequate communication campaign. Information channels, both formal and informal, if used together, can ensure wide and satisfactory results: information by word of mouth among the immigrant population can easily reach potential beneficiaries and supports curiosity and interest; public and private services guide the foreign citizens with whom they already have contacts and can therefore raise awareness in families; brochures and leaflets are part of a traditional communication system which is less focused but able to reach everybody.

¹⁰ The research involved 800 women, both regular and not, coming from all over the world, with a prevalence of Eastern European Countries: Bulgaria and Romania, Poland and the Ukraine.

It is important to consider that some of the MCWs could be interested in other professional fields. Their desire could be to work as family assistants only for some years and then find a new job which, though in the area of personal care, might allow them to have a normal life outside the households of older people being cared by them. Supporting the shift from being a family assistant, cohabiting with the old person, to becoming a social and health care professional could be a strategy to facilitate integration and to cover the lack of personnel in social and health care.

Another issue in this context concerns the acknowledgement of the qualifications that migrant women achieved in their countries of origin, in particular social and health qualifications. At the moment respective procedures are such that a MCW alone cannot deal with it. Almost all of them just give up, either due to a lack of information or due to the fact that they are not able to take all actions required by the Department of Health in order to acknowledge certificates and degrees.

Only a dialogue between local and central institutions can achieve a result: in Italy, the Work and Vocational Training Authority of the Provinces could take an institutional role of mediation at the sake of MCWs and the social and health services looking for qualified staff.

Contract and employment weaknesses

The different schemes implemented in the regions should not be taken bluntly as “good practice” to be imitated and disseminated. Currently it is difficult to identify optimal solutions for three reasons:

- The network of social services is not always provided with an equal access to guide all citizens on issues concerning social and health care.
- Employment services try to have an active role, providing counselling to the person seeking a job though families do not yet perceive themselves as employers and thus do not contact these services when they need to hire a family assistant.
- The main method thus remains information disseminated by word of mouth between families and MCWs, churches, associations, and non-profit organisation.

To actually help older persons, their families and MCWs it is important to link the information centres in a network including both social and employment aspects and give them suitable tools to act homogeneously and tackle the difficulties faced by the people involved.

Incentives to turn irregular into regular work

With respect to economic support for domiciliary care, as noted Local Authorities can choose between two different adequate solutions:

- selective and substantive economic contributions to low-income older people allowing them to choose between a family assistant and a care home;
- universal economic contributions, of lower amounts, to promote regular contracts with private care workers.

Although these contributions are a valid form of support, what is needed in the future is an integrated system of actions and resources such as:

- the development of coordination between the different actors (Local Authorities, Local Health Authorities, Foundations)
- the definition of common and shared supply methods
- ensuring a coordination of economic resources to enable less fragmentation in actions

- a management in the mix of public and private services

The provision of service variety within a logic of a unified system could answer citizens' needs better, and at the same time foster quality actions.

Matching demand and supply

Also in this area, exchanging information by word of mouth has become common practice. In this context the role of local and provincial authorities could consist in building up a network with the following objectives:

- Mapping places where demand and supply meet physically, information channels about MCWs, helping individuals make decisions and contributing to culture development;
- Formally defining where conflict takes place in order to decide on a more sensible allocation of tasks;
- Providing all information points with the same tools and materials, so that citizens can have the same information about rights, duties, risks and opportunities;
- Periodically updating both public and private staff in the network, providing information about: solidarity, intercultural communication, and social legislation as concerns employment and immigration;
- Collating the know-how and practical knowledge variously emerging from the network in order to monitor the evolution of issues;
- Supporting awareness-raising campaigns targeted at residents and migrant workers.

Welfare mix

Thanks to private migrant care workers, Italy saves about €6 billion in LTC expenditure, but unfortunately this care 'model' may also be an obstacle to social policy innovation. The Italian "welfare mix" system, while having particularly positive effects for families in terms of tailored care and immediate access to services, will have to face in the longer term a wide range of issues concerning sustainability, both in terms of demand and supply. In a context of progressive regularisation, some families will be increasingly unable to afford family assistance easily. Additionally it should not be taken for granted that the future supply will remain the same as the countries of origin, in particular Eastern Europe, are trying to stop women emigration

7.1 Research questions for Phase 2

At the macro level, main areas and topics for research regarding MCWs policy should tackle other important issues such as:

- *Taking care of MCWs' social rights*: How to avoid the consequences of an alienating job? How to protect MCWs and their health?
- *Training*: How to recognize formal and informal competence got in their own country? How to recognize formal and informal competences achieved in Italy and let MCWs proceed through further educational paths? How to give MCWs the possibility of getting a better job avoiding waste of competences?
- *Contract*: How to stimulate employers (families) to regularize the contract and respect terms of conditions?
- *Welfare mix*: Which can be new standards of initiatives to integrate MCWs in LTC system, on the basis of new elderly needs? Also important is the changing profile of migrant care workers (less willing to be co-resident, prefer hourly payment by contract etc.); how to organize the future care market and the role of family carers?

- *Donor countries:* How long will it take the economies of MCWs' countries of origin to recover, thus drying-out emigration flows? How to protect older people and children of MCWs' countries of origin, as care workers leave to find a job abroad?

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9 Annex

9.1 Relevance of the phenomenon in different countries

Greece (EL)

Although the problems are widely known it is rarely admitted. There is a huge public media discussion about illegal immigration in Greece; the numbers of immigrants and their legal status is exaggerated by politicians and the press and there is little clarity in the discussions. The past 10-15 years has seen a substantial expansion in the numbers of migrants who undertake caring work in the home of older people. According to a study by the Greek Institute of Migration Policy, the real number of foreigners who live and work in Greece is not known owing to the existence of illegal and uncontrolled immigration and the absence of data or the non-comparability of data issued from different programs of registration of migrants. However, it is estimated that Greece actually has over 1, 000,000 foreign residents, although more recent estimations give different figures e.g. <500,000 according to residence permits, but there are other legal statuses added to this figure and the estimate of illegal migrants (from several sources) is 200,000 for 2007/8. Data from IKA, the largest social security fund in Greece, reports that the mean number of employees, who work on private households in a legal way and are registered with the organization, is at about 20.000 people; the vast majority of whom (85% approximately) are migrants (the numbers apply to all domestic workers, and not only to those who work in the care sector).

As a result of the overall conditions set by the statutory framework governing the insurance and renewal of immigrants' residence permits (GR0703019I), the majority of female immigrants live in the country unofficially, but of those women with work permits, 46,5% were employed in private households in 2006 (Kapsalis A, 2009)¹¹. This is mainly because, according to the current legal conditions, female immigrants must provide proof of 200 or 150 days of paid social insurance per year, depending on whether they are employed by one or more employers. Educational levels of migrant workers are similar to that of Greeks, and educational standards for home helps are secondary education or equivalent, while the body responsible for vocational training standards (ELKPIS) has set out precisely the vocational training and tasks for a personal care assistant, which are rarely followed in practice.

Germany (DE)

The topic of migrant care workers in private households is relevant and has been the subject of political discussions. Germany is among those countries which, as a result of their specific policies and legal regulations,¹² tend to encourage the option of legally (or illegally) employing migrant care workers at home to look after people in need of care, if people in need of care are interested in saving costs. These led to the so-called Exemption from the Recruitment Stop originally established in 2002 to "regulate the procurement of 'domestic helpers in households with people in need of care'...", enabling citizens from the former EU accession countries of Poland, Slovenia, the Slovak Republic, the Czech Republic and Hungary to legally work as a domestic helper for a maximum of three years. This regulation was integrated into the Immigration Act which entered force in 2005, and the number of countries for recruitment was

¹¹ Kapsalis A (2009) Greece: The occupational promotion of migrant workers **ID:** GR0807039Q <http://www.eurofound.europa.eu/ewco/studies/tn0807038s/gr0807039q.htm>

¹² Here, especially the limited social security contributions against the risk of long-term care and the provision of largely uncontrolled cash benefits in the event of long-term care.

extended to include Romania and Bulgaria” . However, people continue to illegally employ migrant domestic helpers or care workers. There are only estimates for the numbers of (usually illegally employed) migrants working in private households with persons in need of care:

- Two estimates according to which 50,000 to 60,000, or 100,000 “more or less illegally employed Eastern Europeans, especially Polish, care workers are working in German households”.
- It is possible to consider “that of the almost one million people being cared for in private German households and receiving a nursing allowance, a proportion is being cared for by migrants, and that consequently the estimates of up to 200,000 employing households correspond to the real situation”.

Spain (ES)

An important problem in the field of LTC is due to the fact that private solutions rely on a cheap workforce, mainly migrant workers who are employed to care for the older person in the household. The social and economic changes in Spain have led to a crisis in informal care provision. This problem is being addressed and resolved through the promotion of home help together with economic incentives for informal carers (women above 40 years of age with qualifications in care or with an employment contract). Although the economic recession has increased debates concerning the inclusion of migrant workers in the labour market in Spain, the care service sector still needs the contribution of migrant resources.

According to a study conducted using more than 1,400 interviews, migrant care workers constitute around 30% of the total paid care workers, being mostly from Central and South America (Spanish speaking countries). Most of the Spanish paid care workers provide their services through private companies or cooperatives (97%), in contrast to migrants who do care work as part of domestic employment (75%). In 2006, more than 223,000 migrant workers in domestic care were involved in domestic tasks. Finally, Social Security data established that, in December 2008, 56% of the domestic care service staff were foreign born. The progressive and political regularisation of migrants in Spanish policies has thus considerably increased the participation of migrant workers in the domestic, and specifically the care labour market.

Sweden(SE)

Migrant care workers is an area that is not explored to any major extent in Sweden. There are no data and no research supporting the existence of this phenomenon. However, this does not mean that it is non-existent. There is of course immigration to Sweden and many immigrants start their new life being employed in healthcare, therefore the debate is often focused on how to educate immigrants in Swedish and how to integrate immigrants into the Swedish system.

France (FR)

This question has remained hidden on the political and social agenda and also, though to a lesser extent, in the area of research.

First, France has a long tradition of being a country of immigration as shown by the percentage of immigrants in the population, estimated roughly at 10% of the 63.5 millions in 2008. Second, France in the last 3 decades attracted mainly people from “black Africa” (in comparison with Maghreb immigration in previous decade). Third, the question of migration leads to a long tradition of avoidance of “ethnic statistics” reinforced by the tragic precedent of the “Jewish file” during the Second World War. So in the national statistic system, information about the country of origin is not routinely reported and other information which could be related to the “community” or origin” of a worker are not accessible or

presented thus making “ethnic recognition” of an individual impossible. This is the case in particular in the LTC field.

The majority (50/70%) of IADL services are provided from salaried foreign Africans; and even if there may exist some information about their country of origin, their naturalized status (but not on their legal or illegal status), no such data exists for directly employed workers. Statistics related to existing information are banned due to the ethnic statistical barrier.

Even in cases where immigrants are legally entitled to stay and work in France, it is also difficult to find in routine statistics the working status (how many of them work on behalf of different type of Home care agencies) and under what status they operate (salaried or directly or indirectly employed by beneficiaries); all variables considered to be linked with the quality of services.

Slovakia (SK)

Slovakia is a country from where migrating workers have been leaving for the countries of the EU, the EEA and the Swiss Confederation for a long time. Offers to provide care services in households in developed EU countries are attractive for interested persons from Slovakia. The prevailing destinations are Austria, Germany, Holland, England, Switzerland, and also Italy. Persons interested in this work are motivated mainly by higher earnings in these countries as well as by the fact that in Slovakia there is still no (or only minimal) interest by families with older persons needing care to solve the situation by hiring private carers paid by their own sources.

RELEVANCE OF THE PHENOMENON IN THE PARTICIPATING COUNTRIES				
COUNTRIES	LEVEL OF RELEVANCE	OFFICIAL DATA	ESTIMATION	NO DATA OR HIDDEN QUESTION
EL	XXX	partially 20,000 (IKA)	250,000	
DE	XXX		100,000	
ES	XX		223,000	
SE				X
FR				X
SK	Is a “donor” country			
ITALY	XXXX	464,033 (INPS) + 295,000 (new)	700,000-800,000	

9.2 Families and migrant care workers’ profile

Family and social situation

- **(EL)** Immigrant women working in the care sector constitute an important part of the economic and family life of many Greek men and women. Unlike domestic workers in the upper class of Greek society in past times, these newcomers are for the most part employed by the middle class.
- **(DE)** In the context of migrants providing care for people in need of care in private households, Lutz refers to an estimate of up to 200,000 employing households; Infratest Sozialforschung assumes that

9% of the households accommodating persons in need of care privately employ a domestic helper (cleaner) and 4% of the households accommodating a person in need of care privately employ a domestic carer. No information can be provided on the specific structure of the employing households.

- **(ES)** In general, private services are used by well-off families, if the partner of the person in need of care is not able to provide care or if sons or daughters have their own professional, social and personal life.

Migrant care workers profile

- **(EL)** Domestic workers normally execute a wide range of tasks, which can include caring, personal hygiene, domestic work, cooking, socialization, external work, etc...It depends on the employer and there is no norm or a well described job profile. Live-in domestic work is excluded from the provisions concerning the length of the working day, additional payment for overtime work, prohibition of labour on Sundays or festivals, as well as payment for work on Sundays and night shifts. The arrangement of hours of work relies totally on the employer who is responsible, according to article 663 of the Civil code, to regulate the hours of work and rest of live-in workers in order to secure employees health and the performance of religious and political duties. The only provisions from which live-in domestic workers are not excluded are holiday benefits, annual leave and compensation for dismissal, which is covered by the articles 669-674 of the Civil Code. Even though insurance against unemployment is meagre in Greece, all domestic workers are excluded from it, as well as from insurance against accidents at work. The flow of immigration towards Southern Europe (Greece, Italy, Spain, Portugal and Malta) is a developing problem in recent years. In Greece, like in other countries of Southern Europe, there is a high percentage of women's immigration, with a predominance of women from Albania, Bulgaria, Ukraine, Georgia, Romania, Russia and the Philippines.
- **(DE)** The majority of care and domestic workers are women aged between 30 and 65. The proportion of domestic helpers is increasing both in urban and rural areas. They are mainly migrants from Eastern Europe, who often have a high level of formal education, from Latin America but also from Asia and Africa. In many cases the stay in Germany is planned as temporary, or repeated stays in Germany are interrupted by periods in the home country where the migrant's family lives. Again reliable data on this point are scarce. However, Lutz sketches the work situation and the spectrum of tasks of migrants who have been recruited via the International Placement Services (ZAV) as domestic helpers in German households with people in need of care, and consequently are legally employed:
 - "limitations on working hours are not adhered to in most cases;
 - the migrants are expected to provide care giving tasks, although these are explicitly excluded in their work contract;
 - the migrant workers' spectrum of tasks embraces all household tasks, such as cooking, shopping, cleaning, washing, ironing and the so-called patient-related tasks such as washing, combing, changing incontinence pads and turning the patient etc. in cases where they are confined to bed;
 - the presence of the migrants is desired around the clock and especially through the night ..."
- **(ES)** Almost all migrant workers (98%) are women, with Primary or Secondary education, Ecuador being one of the most frequent countries of origin. In 2000, it was estimated that approximately 30% of the women worked illegally, which includes domestic and care employment. The care sector is particularly attractive because of the ease of finding illegal employment and the lack of competence among national workers, who prefer to apply for more skilled jobs. Care services are normally part of domestic employment, which includes the provision of all kinds of services: personal and nursing care (washing, bathing, toileting, pharmacology monitoring, injections, bedsore prevention, social activities, walking, special exercises), but also home care, with cleaning and housing tasks. Data estab-

lishes that 89,4% of care workers cover the wide domain of domestic tasks. Obviously, this approach reduces the economic load related to these activities, but there is a negative impact on the quality of the care received by the older person, reducing the role of the worker from 'nursing' activities to cleaning and housing. The standard employment contract covers 8 hours per day, weekends not included (as the older person would normally stay with his or her relatives during weekends), but also permanent care is provided, which means that the paid worker resides in the household.

FAMILIES' AND MIGRANT CARE WORKERS' PROFILES			
COUNTRIES	FAMILIES PROFILE	MIGRANT CARE WORKERS	TASKS
EL	Upper class (in the past) Middle class (Now)	Woman, irregular From Bulgaria, Moldavia, Georgia and other countries	Caring, personal hygiene, domestic work, cooking, socialization, external work, etc.
DE	No Info	Women, 30-65 Y From Easter Europe	No reliable information
ES	High economic level (in general)	Woman, irregular Primary, Secondary educ. From Ecuador	Washing, bathing, toiletting, pharmacology monitoring, injections, bed sore prevention, social activities, walking, special exercises), but also home care, with cleaning and housing tasks.
SE	-	-	
FR	-	-	
SK	-	-	
ITALY	Age between 45 and 64 Education relatively high Public employee (in case of work); retired (if non-working)	Women (regular and irregular), 37 y (average), middle education From East Europe	Personal care, hygiene, cooking, housekeeping, washing clothes, shopping, going out with elderly, providing little health care

9.3 Recruitment of the assistant and contract used

Supply and demand encounter

- **(EL)** There are private offices, which help families in selecting and hiring a care assistant on payment. Most of the assistants admit that upon arrival in Greece, women approached selected employment agencies targeting immigrant workers, regardless of their residence status (legal or not). Other women note that there are structures connected with the transfer and reception of migrant women in Greece; Vassilik et al. (2007) describe the existence of large-scale illegal networks of trafficking women destined to become domestic workers, something like the sex industry, even though not at the same level. Migrant workers are also known sometimes to "sell" a good job to a replacement – and act as the go-between. There is no official data on these workers who may register with an employment agency, but are paid directly by the older person or their family, usually without a formal contract. They are mainly untrained middle aged women with either legal, or more frequently illegal work or residence status. The contract does not always cover social security contributions, as most of the women who are illegal do not ask about it from fear that they may be deported. As a motiva-

tion for reducing shadow employment in the field, IKA (the largest social insurance fund) applies reduced social security payments for domestic workers. In this way the state tries to encourage them to register domestic workers. A written contract is not always essential to work in a house, unless women cooperate with an agency.

- **(DE)** Apart from illegal employment, there are currently three possibilities for migrants recruited from abroad to enter a legal (or at least initially legal) employment relationship in German households:
 - The migrant from Bulgaria, Poland, Romania, the Slovak Republic, Slovenia, the Czech Republic, Hungary is recruited with the help of the International Placement Services (ZAV) of the German Federal Employment Agency as a domestic helper for the household of the person in need of care. She then possesses a work contract, an EU work permit (with time limit) and is liable for social insurance. Her pay must be in line with the tariff conditions, and the employer has to guarantee suitable accommodation. The weekly working time is 38.5 hours. The recruitment option may only be used by households in which a person is classified in Care Category I or higher, or has substantial general care needs. However a domestic helper is forbidden to carry out nursing tasks. The length of her term of employment is limited to a maximum of three years. Among other things, this option is designed to legalise illegal, or legally unclear, employment situations.
 - The potential employer fills in a bilingual form "Employment agreement/work contract" (EZ/AV) and sends this to the local employment agency which then carries out a so-called job market check. If the agency finds no privileged potential employees, the agency forwards the EZ/AV form to the International Placement Services office in Bonn. "The EZ/AV is processed there and sent to the partner authority in the respective country". "The partner authority forwards the papers to the responsible local institution where they can be collected by the person to be recruited". Basically there are two methods of recruitment: "Employers can name an applicant already known to them for the position. If the employer is unable to name an applicant, the International Placement Services (ZAV) recommend applicants from the respective countries of origin".
 - The (East European) migrant and the private household utilise the regulations concerning the freedom of labour and services in EU member states. In this way the household can make use of the services not only of a domestic helper, but also of a domestic carer. In Germany contacts are created by a private recruitment agency. The person in question is employed by a company in her home country and is sent to Germany by her employer for a limited period of up to one year maximum. The person in need of care pays the foreign company which in turn pays the taxes and social security contributions of the migrant in her home country.
 - The (East European) migrant is registered in her home country as a professional domestic helper or domestic carer and works on a self-employed basis. The domestic helper or domestic carer enters a service contract with her commissioning household in Germany, but has to provide proof of more than one contract partner, otherwise it would be a case of "fictitious self-employment". Since this is impossible in the case of round-the-clock care, many self-employed migrants find themselves in a legal grey area.
- **(ES)** The process of contracting the worker frequently occurs by means of social networks, advertisements in newspapers or occasionally on the internet. The mediation of private companies or co-operatives is another way to employ migrant care workers but is not normally used. Two main employment systems are mainly used in the legal care worker sector. The family employs full or part time the carer through a labour contract, covering social security contributions and the monthly cost of the worker. Another option is that the worker pays for their own "free-lance" tax and the family

pays for their hours of work. The third option is the family pays for the working hours, but in an illegal contract. When the labour relationship is legally established a written contract is required and the family normally provides the model contract and its conditions. A guarantee or some criteria of quality in the informal care provided, paid or unpaid, are not assessed under normal situations. In cases of detection of abuse or neglect of the older person, social workers evaluate the provision of care, and the family context and working conditions to establish the need for the protection and support of the older person with care needs.

- **(SK)** Intermediation for work abroad for carers is offered by several agencies having their base in all the regions of Slovakia.
 - in West Slovakia: Senior Service Agency (intermediating care for seniors in Slovakia and Austria), Huettl and Krisko Agency (intermediating care for seniors and sick persons in Austria), PR Agency (intermediating work in England, Ireland, and Holland), BUWAG Agency (intermediating care for seniors and sick persons, performing housework in Austria and Germany),
 - in Central Slovakia: JOB4U Personal Agency (intermediating work), Nathan and Wolf Agency (intermediating care for seniors in Germany, Austria, Holland, Switzerland, Ireland and England), Laura Agency (intermediating work, specializing in care in Austria, Holland and the United Kingdom),
 - in East Slovakia: L-Work Agency (intermediating work abroad, particularly auxiliary housework and providing care in Great Britain, Netherland, Cyprus and other EU countries), Apprime Agency (specializing in providing care in Holland), Personal Swk Service (intermediating care in Austria).
- It goes without saying that offers for intermediate care for Slovak carers abroad are made also by foreign personal agencies, in particular from the Czech Republic (e.g. Elite Agency). The agencies are usually able to arrange intermediate work also for job seekers without special experience or special training (e.g. for the position of assistants to professional health-care workers, or as auxiliary workers in households). What is important for the interested job seekers is at least a basic knowledge of the language of the receiving country and an inevitable level of sociability (to be able to get along with people). Several offers include also free-of-charge language courses, and the paying costs of travelling to a more distant country. In addition to the wages, several offers include also compensation for boarding in the host family. Providing private care abroad is in several cases also supported by the commitment of the mediating agencies to assist with health insurance (Netherland), or arranging for a small-business licence (Austria).

RECRUITMENT OF THE ASSISTANT AND CONTRACT USED

COUNTRIES	SUPPLY AND DEMAND ENCOUNTER	CONTRACT	POLICY TO PROMOTE LEGALISATION
EL	Private offices,	Scarce information. Contract does not always cover social security contribution	Private matter
DE	Legal recruitments: ZAV can recommend applicants, otherwise households have to find contract partner on their own.	Legal recruitment: Contract: with the help of ZAV, contract with (East European) company, MCV registered in own country	ZAV: Agreement with various employment agencies in the new EU
ES	Social networks, advertisement in newspapers; private company	Full or part-time with social contributions Free lance	-
SE	-	-	Agreement with old EU (eg DE)
FR	-	-	-
SK	Several agencies	-	-

Policies to promote the employment of migrant workers

- **(EL)** Being informed of the services offered, as well as for recruiting people is an absolutely private matter.
- **(DE)** The International Placement Services (ZAV) of the German Federal Employment Agency is a German authority which enables the legal employment of East European domestic helpers: “Based on the prevailing laws on residence and work permits, the German Federal Employment Agency has agreed with various employment agencies in the new EU member states to recruit domestic helpers for private households accommodating persons in need of care. This means that foreign workers from the respective countries [Bulgaria, Poland, Romania, The Slovak Republic, Slovenia, the Czech Republic, Hungary] can be employed in the Federal Republic of Germany for one to three years in full-time positions as domestic helpers with compulsory insurance” (BA, 2009: 4). Apart from the limited term of employment, there are three more essential conditions: 1) The private household must be accommodating a person with Care Category I or higher, or with substantial general care needs. 2) If a household calls for a person already known to them, then the local employment agency must first check whether privileged potential employees are available (e.g. an unemployed German domestic helper). 3) The domestic helper is forbidden to carry out the tasks of a domestic carer.

9.4 Training and qualification of migrant care workers

- **(EL)** There are no public training courses for private assistants, although some have been run in the past. Training is not compulsory for registration in order to work as a professional carer, although vocational training standards are clearly formulated. There is no recognition of formal qualifications, most of the people who are looking for an assistant rely more on her / his previous work experience and other skills, than to a relevant diploma. Under the Leonardo programme an extensive theoretical and practical e-training course has been developed and pilot programmes of implementation have been started during 2009, using designated training centres and leading to a recognized diploma in “Elderly Care Skill Building and Certification”.
- **(DE)** In the ZAV recruitment scheme the migrant is solely employed as a domestic helper, so that no specific qualifications are required. When a private German household makes a contract with a foreign company which sends a migrant to Germany, then she must possess the qualifications required in the home country. When a contract is made with a migrant who has registered a business in her own country, she must possess the necessary qualifications required for this. Consequently, in all these cases the question of recognition of qualifications or (further) education and training does not arise. Migrants who are already living in Germany can participate in education and training programmes for care assistants the same as German citizens, in order to qualify in this area. Recognition of professional qualifications acquired abroad is very difficult in Germany and strictly regulated.
- **(ES)** Qualification of care workers is not recognised, although some private and public organisms are starting to launch postgraduate courses or training programs to cover these issues.
- **(SK)** Funds of the European Union are used to support the special education of Slovak carers. As an example, the project of MOTUS initiated by the German *Institut für Berufsbildung und Sozialmanagement (Erfurt)* can be mentioned. The project is focused on exchange and work mobility of experts in the field of providing social services to seniors in Germany, Italy and Slovakia.

TRAINING AND QUALIFICATIONS OF MIGRANT CARE WORKERS

COUNTRIES	QUALIFICATION
EL	No public training
DE	ZAV: No specific qualification is required
ES	Qualifications not recognised
SE	Some examples of qualification (e.g. Motus)
FR	-
SK	-
ITALY	There is no national profile, but 10 Regions out of 21 have a qualification for private care assistant

9.5 Guaranteeing quality of services

- **(EL)** There is no evidence about quality related issues in private care services provision.
- **(DE)** Since the domestic helper or carer is financed privately, there is no monitoring by the medical services of the health insurance bodies. If the person in need of care is receiving a nursing allowance, there are still the regular counselling sessions which he or she is obliged to call up and which, among other things, serve to guarantee the quality of the home care.

SERVICES TO ENSURE QUALITY OF CARE	
COUNTRIES	SERVICES
EL	No evidence
DE	There is no monitoring if the domestic helper or care is being financed privately
ES	-
SE	-
FR	-
SK	-
ITALY	Information Tutoring Substitutions Matching demand and supply (register of private care workers) Sheltered discharge