

THE VALUE OF DOMESTIC WORK

THE ECONOMIC AND SOCIAL ROLE OF EMPLOYER FAMILIES



Welfare policies in support of employer families: a European comparison



Firmataria del C.C.N.L. sulla disciplina del rapporto di lavoro domestici

THE VALUE OF DOMESTIC WORK

THE ECONOMIC AND SOCIAL VALUE OF EMPLOYER FAMILIES

Dossier 5

Welfare policies supporting employer families: a European comparison

Scientific director

(DOMINA – National association of domestic work employer families)

Lawyer Massimo De Luca

Work group (FONDAZIONE LEONE MORESSA)

Prof. Stefano Solari

Dott.ssa Chiara Tronchin

Dott. Enrico Di Pasquale



STUDI E RICERCHE SULL'ECONOMIA
DELL'IMMIGRAZIONE



I contenuti di questo dossier e dell'intera ricerca sono rilasciati sotto Licenza Creative Commons Attribuzione – Non commerciale – Non opere derivate 3.0 Italia - www.creativecommons.org

INDEX

Introductions <i>by Lorenzo Gasparri</i>	p.	3
Informative summary	p.	5
Objectives and methodology	p.	6
The Welfare State in Europe	p.	7
Germany	p.	12
The United Kingdom	p.	16
Sweden	p.	19
Italy	p.	23
Overview	p.	27
Conclusions <i>by Massimo De Luca</i>	p.	31

Introductions

by Lorenzo Gasparrini, General Secretary of DOMINA



In our research project, to give value to domestic work, we couldn't miss including an analysis of the welfare policies that benefit domestic work employer families. We often read the word "welfare" in newspapers and we hear it on the news and current affair programmes. In some cases, despite its positive acceptance, we find it alongside words with a negative implication; such as crisis, collapse,

cuts etc. In other cases it is associated with words of propositional meanings; such as development, reformation, innovation, etc. It is exactly this second aspect, the propositional, that the choice and commitment of DOMINA to thoroughly analyse the theme of welfare in domestic work in this sector is based.

In recent years in our country, due to the ageing of the population and increase of longevity, the assistance system has changed. To be more precise; the requests for assistance have changed on a quantitative and qualitative level. As well as the reduction of income due to the crisis, families also have to face health costs by taking on the burden of assistance and care for the more fragile people of society.

In a fragmentary and complex welfare state, like the Italian one, it is fundamental not only to understand the current situation but also to consider the future prospects and to start improvement processes. Is the average pension of a dependant elderly person enough to cover the costs of a trained family assistant ? Are there better welfare instruments or strategies than those used in Italy ? How can you lighten the burden of family assistance on the domestic balance sheet ?

These are some of the questions that have inspired this part of the research. DOMINA is active in the area and in organisations; with the object of guiding the correct evolution in the domestic sector. Acting as a signatory association on the national collective bargaining agreement, as well as the mouthpiece of the families, DOMINA has repeatedly been heard at parliamentary hearings at the XI Commission of the House of Representatives (Public and private employment) as part of the review of proposals for tax relief in favour of Italian domestic work employer families. It is DOMINA's opinion that in order to face the growing request for social protection and to give our sector the full dignity it is due, family welfare has to be helped organise and rationalise services for people by a global reformation of the sector.

First and foremost it is necessary to provide contribution relief for those hired indefinitely, at least for the first contributory quarter. Secondly; it is essential, in the case of dependency, that the amount of deductible costs is increased for those who hire family assistants. As a matter of fact the legislation in force "discriminates" domestic work employers with respect to colleagues: the law considers the family that hires a domestic worker as an employer to all effects, but to this they don't apply the opportunity of tax exemption for the employment costs that are given to other employers. Tax exemption, other than giving an incentive to the families to legalise employment relationships (whether they are illegal or "grey") is essential in order to follow a path addressed at allowing the longevity that characterises our country to go hand in hand with the psycho-physical and economic well-being of the individual and the nuclear family that assists them. This represents a step forward for a better quality of life for the Italian.

DOSSIER 5

Welfare policies supporting employer families: a European comparison

WELFARE STATE

Promotion of security and social well-being

3 ACTORS

- >> State
- >> Families
- >> Market

PUBLIC EXPENDITURE FOR FAMILY SUPPORT IN EU (% GDP)

Denmark 5,3%
 Finland 3,6%
 France 3,4%
 EU 15 2,4%
 Italy 1,5%



CONSERVATIVE MODEL

- Linked to labour
- Residual role of the State



LIBERAL MODEL

- Only minimal rights assured
- Strong role of the Market



MEDITERRANEAN MODEL

- Care services delegated to families



SCANDINAVIAN MODEL

- Rights and fairness for all citizens



The Italian system

- >> Services at Municipal level
- >> Zone plans (inter-municipals)

3 Pillars:

Health;
 Security;
 Assistance

Services for the not self-sufficient elderly

- >> Cash (Accompanying allowance, nursing allowance)
- >> Real Services (Domestic, Residential, Semi-Residential)

Objectives and methodology

As already mentioned in the fourth Dossier of this collection; welfare models are very different according to the context. This irregularity, linked to social factors and cultural characteristics, is reflected in the national assistance and care policies. In particular, the thing which varies is the relationship between the main participants in the field: Government, market and families.

On the basis of available literature and in order to better understand how, over time, families have found themselves forced to become domestic work employers; four welfare models present in Europe are analysed in this Dossier. They are represented by four concrete examples: Germany, the United Kingdom, Sweden and Italy.

Paying attention not to fall into easy simplifications and brief judgements, the comparison between the different countries allows us to collect some good practices identified as virtuous examples of the management of this phenomenon. It goes without saying therefore that such examples could also be used in other contexts, provided that they keep in consideration the many variables involved (legislations, economics, social).

The objective of this dossier is to provide the reader with a wider overview of the welfare policies, coming from national reasoning and deepening some aspects of European realities, putting into context domestic work and the socio-economic role that it performs in Italy.

In order to do this the study uses official European statistical sources (Eurostat) and many of the other bibliographic sources available on the theme.

Of course the research doesn't have the presumption to be exhaustive, considering the comparison of only four countries, but it intends to illustrate in a synthetic way the operation of four models which are very different amongst themselves and the fruit of a specific evolution process.

Furthermore, we need to take into account that, within the single countries, there are different participants: The central government, regions, local bodies as well as privates, associations and companies.

Finally, we need to underline that the efficiency of an analysis of welfare policies in favour of families and dependant people should take into account both the quantitative aspects (amount of costs, investments, beneficiaries) and the qualitative ones (efficiency, effectiveness, sustainability).

The Welfare State in Europe

Welfare State or “State of well-being” is defined as all the operations with which the government tries to eliminate the social and economic inequities between citizens, helping in particular the less well-off social classes. In other words thanks to legislation and concrete interventions, the promotion of security and social and economic well-being of the citizens is taken on by the government, as their prerogative and responsibility.

The Welfare State "defines a totality of public interventions connected to the modernisation process. These provide protection under the form of assistance, insurance and social security; introducing specific social rights and specific obligations of financial contribution."

PROF. MAURIZIO FERRERA MILAN UNIVERSITY, 1993

The social systems of the different European countries are distinguished by various characteristics that, over time, have been the object of classifications by different participants.

Richard Titmuss, father of the British Welfare State after the Second World War, distinguished three models:

- Residual model: the government only intervenes with minimal and time limited services when the participants (market and family) are not able to satisfy the needs
- Meritocratic-employment model: the government has a complementary role to the market; it only provides services to those who participate in the employment market
- Redistributive institutional model: the government has a decisive role and directly guarantees social protection and insurance for all citizens; services are universalistic

Welfare policies are intertwined with the relationship between the family and the market.

The Danish sociologist Gosta Esping-Andersen identifies three possible regimes¹:

- Liberal welfare. Essentially aimed at the poor and needy. This involves a welfare that guarantees minimum rights; leaving a leading role to the free market in the distribution of resources. This model is common in Anglo-Saxon countries (Great Britain)
- Conservative – corporative welfare. Welfare measures are closely linked to the employment position; therefore the beneficiaries are the workers. There is a minor

¹ G. ESPING-ANDERSEN (1999), Social Foundations of Postindustrial Economies

dependence on the market and the government only intervenes when the needy don't find a response on an individual or family level or from intermediate associations. Countries in which such model is common are Germany, Austria and The Netherlands

- Social-democratic welfare. Much less dependence on the market and there is equal treatment for all citizens. Rights are recognised on the basis of citizenship and not contributions. The model is highly common in Scandinavian countries

Alongside this classic three-part welfare regime we can add a fourth model, which is defined as Mediterranean or Southern European welfare². This last model trusts a primary responsibility for safeguarding to the family and network of family members. The state, in turn, only intervenes in a residual way; the family has the role of social security cushion. Public protection favours financial contributions over the offer of social services (for example; admittance, hospital stays, domestic assistance etc.). This model is particularly common in Italy, Greece, Spain and Portugal.

These differences in welfare bring situations linked also to different social expense and as a consequence to different social implications and different help also in the sphere of "domestic work employer". The Mediterranean welfare, present in our country, doesn't give incentive to services linked to assistance, but it does intervene with financial instruments (pensions, invalidity benefits, accompaniment allowance) leaving it to the family to manage the assistance process.

The analysis of social expenses in the different European countries, linked to tax pressure, completes the introduction picture of the various European welfare systems³. The countries in which the social expense is highest are Finland, France and Denmark. Italy is in fifth position with a notable increase compared to 2009. The United Kingdom and Ireland are in last position, due to the already quoted liberal approach. The strong decrease of expense in Ireland compared to 2009 is probably also due to the registered crisis starting from 2008 and which has forced the government to strongly cut public expense.

² M. NALDINI, social policies in Europe. Transformations of policy needs and replies of 2006; M. FERRERA, social policies 2012

³ In this comparison, the EU 15 average is considered the average, in that it keeps account of similar realities and is easily comparable to EU28 data.

Just to underline the mere incidence analysis of social expense on GDP is not sufficient to determine the efficiency or effectiveness (in order to do so would mean a qualitative analysis for every single entry), this data supplies a photograph of national approaches to the welfare system. The subdivision of expenses for single entries allows us to observe the subdivisions by target and age range.

Tab 1. Social expense (% of GDP) by European country

	2009	2015	Diff. % 15/09 <i>(percentage points)</i>
Finland	22.7	25.6	+2.9
France	23.7	24.6	+0.9
Denmark	24.3	23.6	-0.7
Austria	21.4	21.7	+0.3
Italy	19.8	21.5	+1.7
Sweden	22.2	20.9	-1.3
Greece	18.6	20.5	+1.9
Belgium	19.1	20.2	+1.1
EU 15	19.8	19.6	-0.2
Germany	20.6	19	-1.6
Luxemburg	19.6	18.9	-0.7
Portugal	16.9	18.3	+1.4
Spain	16	17.1	+1.1
Holland	16.3	16.6	+0.3
United Kingdom	17	16.4	-0.6
Ireland	16.5	9.6	-6.9

Leone Moressa Foundation elaborations on Eurostat data

The subdivision of social expense by purpose shows a strong burden on pensions in Italy: it is amongst the European countries (second only to Greece) that "spends" the highest percentage in terms of GDP, whilst all the other purposes are less compared to the European average.

The first three countries for social expense (Finland, France, and Denmark) subdivide the social expense in a more uniform way amongst the different purposes. In particular,

Denmark allocates more than 5% to families and residential help (2.4 EU15 average), the percentage allocated to sickness and disability is also very high.

Tab 2. Social expense subdivided by type (% of GDP) by European country. Year 2015

	Sickness and disability	Old age pension and reversibility	Family and home	Unemp.	Social exclusion and other protections
Finland	3.5	14.2	3.6	2.7	1.5
France	2.8	15.2	3.4	2	1.2
Denmark	4.8	8.3	5.3	2.7	2.5
Austria	1.9	14.6	2.4	1.5	1.2
Italy	1.9	16.6	1.5	1.2	0.3
Sweden	4.5	11	2.8	1.3	1.4
Greece	1.6	17.4	0.6	0.7	0.1
Belgium	3.5	10.9	2.6	2	1.2
EU 15	2.8	11.8	2.4	1.4	1.2
Germany	3.1	11.1	2	1.7	1.1
Luxemburg	1.5	10.5	4.1	2	0.8
Portugal	1.2	14	1.1	1.2	0.7
Spain	2.4	11.5	0.6	2	0.6
Holland	4.5	6.9	1.6	1.7	1.9
United Kingdom	2.6	8.9	2.8	0.2	1.9
Ireland	1.7	3	2.8	1.8	0.3

Leone Moressa Foundation elaborations on Eurostat data

In view of this social expense, how is fiscal pressure raised in each country ? From a simple statistical analysis, it is seen that a positive correlation exists between social expense and fiscal pressure; or rather an increase of the former corresponds to an increase of the latter. This is not an indicator of the quality of social expense, since the increase in expense doesn't automatically imply that citizens have better services. However, it is seen how, in the countries with liberal welfare, fiscal pressure is very low; while France, Belgium and Scandinavian countries find themselves in the upper part of the classification. Italy descends to seventh place, even if always above the European average.

Tab 3. Fiscal pressure (% of GDP) by European country. Year 2016

	Fiscal Pressure
France	47.5
Denmark	47.1
Belgium	46.2
Sweden	44.7
Finland	44.3
Austria	43.1
Italy	42.9
Greece	41.7
EU15	40.6
Germany	40.3
Holland	39.2
Luxemburg	38.4
Portugal	36.7
United Kingdom	35.4
Spain	34.4
Ireland	24.6

Leone Moressa Foundation elaborations on Eurostat data

Let's pass now to analyse the specific situation of some European countries, in order to give a more complete cross section of welfare and the consequences in the services to people and therefore on domestic work employers in some European countries.

For each of the realities analysed, after a brief description of the system in general, the specific measures for the elderly and people affected by fragility diseases, services for the family and best practices will be highlighted.

Germany

Germany is a federal state which is subdivided into different levels of government:

- The national level (Bund), with general legislative powers
- The regional level (Länder), that is the federal states
- The local level is divided, in turn, into two: districts (Landkreis) and municipalities

This subdivision allows the government to give outlines that are carried out by the Lander and operationally managed at a local level and therefore there is a certain heterogeneity in the territories about the modes of implementation. The growth of Welfare has gone hand in hand with the consolidation of an institutional federal order. This is the context that explains the birth of an "associative model" of welfare; a model in which all institutional levels contribute to the organisation and maintenance of the social welfare⁴.

The German system is one of the oldest welfare systems, introduced by the chancellor Bismarck, it is based on insurance principles and points at protecting workers and families from risks such as sickness, invalidity and unemployment. It was born with the intention of safeguarding the worker against the risk of being excluded from the employment market. In 1994 a compulsory insurance was added; that of dependency, which was recognized for the first time as a social risk and therefore included in insurance schemes.

Therefore, the German welfare system is based on the distinction between "Social insurance" and "Social assistance". The former concerns the provision of benefits based on insurance schemes and is funded by the contributions paid by citizens. Every citizen has to be registered with a social insurance (a minimum cover is provided in case of the lack of personal resources) and they contribute based on their earnings. While basic social assistance is designed to ensure a minimum income for all citizens, it is a form of intervention that is largely selective in terms of need and residual, compared to individual or family self-help. Assistance services, in fact, mainly cover the existing holes in the various social security schemes.

⁴ FEDERAL SYSTEM AND WELFARE. GERMANY'S EXAMPLE Prof.ssa Marica Tolomelli Ipl. Employment institute

The elderly/people affected by fragility diseases

The insurance welfare system also has implications for the management of people services and therefore to domestic workers: to give an example, part of the care work is managed by insurance systems. In Germany, services for people who need long term assistance (in a dependency state) are given according to what is expected by the compulsory regime of long term assistance. The insurance for long term assistance (XI book of social rules, Sozialgesetzbuch SGB XI) is an independent branch of social security that covers risks linked to long term assistance; as happens with the insurance against illness, injury, unemployment and old age insurance. Whoever is covered by a compulsory sickness insurance (or private) automatically benefits from the long term assistance cover. The sum amount of long term assistance services isn't based as much on age and income as on the need for assistance, certified by the service doctor for the illness insurance. Once dependency has been verified the beneficiary, with their family members, prepares their own care plan together with the social insurance professionals.

Tab 4. The value of benefits (monthly amounts)

	Care allowance	Domestic assistance	Day care centre or light residential services	Residential care homes
Level I	€ 215	€ 420	€ 420	€ 1023
Level II	€ 420	€ 980	€ 980	€ 1279
Level III	€ 675	€ 1470	€ 1470	€ 1470

Welfare and Long Term Care in Europe⁵

The first choice that the assisted person is called to make is regarding the possibility to receive services (material) or to total the monetary equivalent under the form of care allowance. The benefit system is made up in such a way as to give an incentive to the families and individuals towards the choice of material services. In fact totalling up the various services, both for levels of the seriousness of the dependant and the type of service, the amount is lower in the case of the cash choice over that of service. The distribution of

⁵ Welfare and Long Term Care in Europe. Institutional models and processes of Egea customers to di Giovanni Fosti Elisabetta Notarnicola

services always envisages that there is a share of the service costs on the part of the user.

Services for the family⁶

Alongside health services, we also have family services; whoever lives in Germany has the right to family allowances for children (Kindergeld), as well as a parental allowance (Elterngeld) for their own children, adopted children or the spouse's children. For family services we can also consider grandchildren and foster children who live in the same household.

Family allowances for children are an entitlement for all children until they turn 18, with some exceptions if unemployed or students. The family allowance is distributed under the form of a fixed amount, equal to €184 for the first two children, €190 for the third child and €215 for the fourth and any successive child.

The parental allowance is an entitlement of the mother and/or father, providing that the parents live in the same household as the child and that they personally take care of them. The parent who receives this allowance can work part time, up to 30 hours a week. This allowance is received until the child is 14 months old. The parental allowance (Elterngeld) is, in principle, 67% of the net income.

⁶ Employment, social affairs and inclusion. Social security rights in Germany. European commission

BEST PRACTICES: Mini jobs

Social-health assistance for the elderly or the sick can represent a full-time job and, according to the specific case, a highly qualified one. For this reason it falls under employment legislation (Laws on working hours ArbZG, laws on individual contracts art. 611 of the BGB, laws on holidays and maternity). Other services "to people" very often represent accessory type employment with reduced working hours and a minimum income (Mini job). Generally in Germany with locution; people services, we mean the totality of activities connected to domestic work, socio-health domestic assistance for the elderly and/or sick, gardening and small restoration or maintenance work and babysitting. In Germany the presence of illegal work within domestic work is remarkable. From a survey of the families, commissioned by Deutsche Rentenversicherung Knappschaft-Bahn-See in 2008 (KBS), almost 20% of German families (around 8 million) have used an illegal domestic worker in the past. In spite of this the introduction of Mini jobs with a special fiscal regime, the simplified procedure for compulsory communications and payment of contributions has brought about dozens of thousands of employment relationships every year. As far as conditions and limits, we need to remember that in Germany two different types of occasional work exist: the Mini job, with a monthly income up to €450 and casual labour (Kurzfristige Beschäftigung) that includes limits in working days (up to around 3 months). The Mini job for domestic work at €450 is differentiated, above all, by the activities carried out by those responsible within the family environment and by the registration of the services of the employee. The employer can detract, from their own taxable income, 20% of the costs incurred for domestic work, up to a maximum of €510. Short term Mini jobs, also called short term employment, from the beginning are limited to a maximum period of 3 months or 70 working days per calendar year. In this case, the "Mini Jobber" doesn't work continually but only occasionally and in this type of work the salary amount is not relevant. As far as the taxation for Mini jobs in private houses is concerned; taxes are lower. Employers pay fixed contributions for health insurance and pensions, a fixed tax and withdrawals to compensate expenses in the case of sickness and pregnancy/maternity and contributions for injury insurance.

The United Kingdom

The four countries within the United Kingdom system (England, Scotland, Wales and Northern Ireland), even if in a central design, enjoy growing margins of legislation and fiscal autonomy. The institutional structure is organised according to three levels of government: central level, regional level and local level. In this research the focus is specific to England. Also England is divided at a regional level (9), and at a local level into counties (48) and towns (66). Regional areas have residual administrative expertise of a legislative nature, while the traditional structures of local government are based on the counties and capillary networks of "towns"; the latter with residual autonomy on local policies. Welfare in England developed after the Second World War with the first healthcare provider providing free social and health care to all citizens (National Health System): a way to pay back the sacrifices of the English population during the war. In the same period National insurance was established; a centrally managed social security fund for the collection of contributions and the distribution of monetary transfers of pension nature or invalidity cover. Towards the seventies the public expense started to be excessive, services uneven between the different territories and the centralistic trend didn't allow the personalisation of services to the needs of the specific area. With the Thatcher government, therefore, the services offered began being mapped and citizens were asked for contributions. Over the following years there was a move towards a collaboration with the private in order to produce services, even if the system presented some criticality, above all on a financial level and in particular about long term care⁷. The new type of configuration is, for this reason, orientated towards the direction of self-empowerment⁸. In other words in the active involvement, also in a contributitional viewpoint, of the single citizen in the ability to deal with possible problems of long term care⁹.

The elderly/people affected by fragility diseases

In England the management of dependant adults and the disabled foresees two types of intervention: kind benefits (in other words real services) and cash benefits (in other words financial services). The services offered go from the residential structures, for limited

⁷Long term assistance

⁸Personal and professional development in order to better use own best abilities

⁹Welfare and Long Term Care in Europe. Institutional models and processes of Egea customers to di Giovanni Fosti Elisabetta Notarnicola

periods and with the emphasis on the rehabilitative component, to domestic care or rehabilitation services. There are various types of monetary transfers of Long Term Care allowances, distributed to the elderly who are judged to be dependant and needy of assistance (£300) and Carers' allowances; the allowances distributed to the elderly who are judged to be dependant and the registration by the relative on the carers register, that is "carers/assistants" (£210). The requirements for registering a relative on the register are: the same home, limited family income and limited working hours of the relative. On the register both professional assistants (professional carers) and family member assistants (family carers) are registered. It is estimated that there are almost a million caregivers/informal assistants in Great Britain, of which many are family members or relatives of the dependant elderly person. Around 495,000 are registered as carers and, therefore, are eligible to claim carers' allowance (an allowance for assistance). During recent years new managements are being trialled; addressed at providing new services and assistance procedures. It is being hypothesised to give the dependant elderly person a monthly budget which they can use through the receiving or direct purchasing of services. If these services are purchased in case manager (typically a social assistance from the Local Authority), a better service is received than in the private market. In spite of these covers, in the Welfare and Long Term Care relationship, it is estimated how these services don't cover all the dependant elderly people. It is estimated that 56.5% of the over 65 population with the need for Long Term Care are included in a Long Term Care programme. Due to the population dynamics in progress, the population that is in need of care is destined to increase and therefore increase the difficulty to access services.

Services for the family¹⁰

In England there are two main support instruments for families with children: Child Benefit and Child Tax Credit. The former is a family allowance, monetary benefit which workers who have one or more children under the age of 15 are entitled to, up to 20 years in the case of children who go to school full-time (not university or other types of higher education) or unpaid institutional training. Two amounts are expected for family allowance for those with children. The highest is for the first child (or only child) and is £20.30 a week (25 euros) and £13.40 a week (17 euros) for all other children. For Child Tax Credit we mean tax credit for children, in other words a monetary benefit linked to earnings which aims to support

¹⁰ Employment, social matters and inclusion. Social security rights in the United Kingdom. European Commission

families with children.

BEST PRACTICE: Childcare Vouchers*

In the United Kingdom and in England in 2015, employers can offer three types of services to their employees that support infancy and which are subsidised with specific tax exemptions and are adapted in size by British companies: childcare vouchers (vouchers for infancy services), directly contracted childcare (services provided directly by the employer through infancy service suppliers) and workplace nurseries (nursery within the business).

The first support refers to regular infancy services for children up to 15 years old (16 if a child with disabilities). These vouchers, that can be paper or electronic form, last for more than one year and can therefore be used in the moment of need. The main advantage is that they can be deducted from the employee's salary; in this way reducing the amount subject to taxation.

In spite of the fact that the beneficiaries and businesses that use them are growing, these vouchers are not very common due to little awareness of them and the overlapping with other helps provided for low income families and consequent risk to lose tax credits in their favour.

Another instrument is directly contracted childcare: British companies can offer and negotiate a direct agreement with a childcare provider, which will supply its services to the employees. These services benefit from the same tax exemption as childcare vouchers.

The third option, addressed at big companies, is to create a company nursery (workplace nurseries) even in an external place to the company. The employees that use the nursery will not pay any tax or contribution on this benefit.

**Childcare Vouchers in the United Kingdom and corporate welfare in Italy*

Sweden

Swedish Welfare is considered to be one of the fairest and most efficient systems on a European level and is managed by the central government, which organises general and direct guidelines through the ministry of health and social affairs. The *County Councils* receive the general guidelines and, by means of their *Administrative Boards*, further define them in order to supply the guidelines to the municipalities. Therefore the system has a classic structure (subsets detached from the central government which distribute services) and internally hosts a particular division of expertise, which makes up one of the key points of its major efficiency. Sweden can count on solid tax revenue, which makes up the main financial channel of its Welfare: fiscal pressure is positively higher than the European average. Also, in moments of economic crisis, even though guaranteeing the same welfare services, the Swedish who have a higher income have sustained a higher expense whilst waiting for the economic recovery. Various studies have been conducted on this model so far, with similar results: although all citizens agreed to keep taxes high, few would have accepted a reduction of benefits as a trade-off. Recently Sweden has continued to use the surplus generated by the economy in order to reduce their net debt and to increase the social status, rather than using it to reduce tax rates.¹¹ This model rests of four pillars: strong trade unions, legislations for flexible work, active policy for the work market and family and welfare for everyone¹². All of this is possible thanks also to a high employment level; the employment rate in Sweden (81.2) it is the highest in the EU 28 (71.1) and has overtaken the employment objective of the European Strategy 2020¹³. This result has been obtained thanks to strong policies by the government in favour of employment; in view of a high unemployment benefit, Swedish politics makes active employment policies. Fundamentally, the role of job seeker's allowance (SPC) must guarantee that vacant job places are quickly and adequately filled and that those who are looking for work find it as soon as possible. The participation of females is high (79.2 employment rate 2016, EU28 65.3) thanks to conciliation policies in order to create equal opportunities (tax reductions for female employment, male parental leave).

¹¹Welfare systems: an analysis comparing some characteristics of Italy, Sweden, Germany. Pietro Mesturini

¹²The Swedish model (TCO – Tjänstmännens Centralorganisation) The Swedish conference of workers 8, the biggest Swedish trade union

¹³Growth objectives that Europe must reach by 2020 http://ec.europa.eu/europe2020/targets/eu-targets/index_it.htm

The elderly/people affected by fragility diseases

The system of services for the elderly in Sweden is very high and is managed by the towns, which need to guarantee both domestic and residential assistance. Long term assistance is offered to all residents and isn't subject to income checks, conditions of age or matured contribution periods.

"The costs of stays, like domestic services, are financed directly by municipalities which rigorously control the access criteria and applicability of admittance. At the expense of the guest, or the family, there is a cost of €600 a month, but in situations of economic disadvantages this amount is also at the cost of the towns. In Stockholm, like in the rest of the country, it is therefore the town that deals with health and social assistance for those who need it. The guidelines however are issued by the government who fix the amount of taxes that are divided amongst town, region and government".

ELDERCARE IN A STOCKHOLM NURSING HOME PUBLICATIONS

The recovery and rehabilitation of people affected by fragility diseases are central points to Swedish welfare, through two types of intervention: hospital care and "*Home care Initiatives*". The Swedish system encourages care and assistance directly in the family and hospital care in Sweden is reserved for people with serious diseases and is completely or almost completely financed by the government. According to the law, whoever needs medical care that doesn't require hospital admittance must receive that care domestically. The same is valid for domestic assistance. Domestic or special residential assistance is mainly allocated to those who continually need a direct access to 24/7 assistance, like people affected by Alzheimer, those in serious health conditions or those who suffer from serious forms of anxiety and loneliness. Towns can't refuse to provide domestic assistance to those who need it. The spouse or the children have no legal responsibility as far as the assistance of elderly relatives is concerned. The amount paid by the patients is low. A safeguard exists that guarantees, to the elderly, a maximum cost on a national level. The maximum tariff for elderly assistance is a total of 1760 corone (202 euros) a month. For medical care, the maximum annual cost is a total of 1100 corone (126 euros) and for medicines a total of 2200 corone (252 euros). Before the town imposes the payment of a tariff for the elderly, those involved can arrange a fixed amount for the rent and of at least 4967 corone (570 euros) a month in order to support the costs of daily life.¹⁴.

¹⁴ Employment, social affairs and inclusion. Social security rights in Sweden. European Commission

Services for the family

There are many kinds of help for families in Sweden; from allowances for children and families with high numbers, to housing and study benefits. Allowances are paid for children who are resident in Sweden (*barnbidrag*). Another allowance also exists, which extends to children (*förlängt barnbidrag*) and integration for families with high numbers. (*flerbarnstillägg*). These allowances are not subject to income checks. A housing benefit exists which depends on the number of children in the family. For children between 16 and 20 years old who attend high school there is a monthly payment of study allowance equal to 1050 corone (120 euros). If the child or the parents have a low income, they can also receive a supplement.

All the measures for the family are delegated at a town level. Everything is encoded in the *Municipal Childcare Allowance Act*; a document that allows the citizen, in the case that the town of membership approves, to obtain a series of benefits for the growth and care of the child. The situation is therefore miscellaneous and different for every territorial division but the common lines can be identified. All residents have the right to this subsidy which falls into the wider question of completely free scholastic education (until university). "Swedish structures are 90% financed by the government and offer parents the possibility to pay lower fees in the case that the mum or dad collaborate with the management of the nursery, not in a teaching role but in administration, cleaning, maintenance and buying from suppliers roles" (M.L.Colledani). There are allowances for childcare that can be used for children over one and under 3 years old and they aren't subject to taxes. The maximum tax for the childcare allowance is 3000 corone (344 euros) a month for every child. Towns have the right to reduce the allowances if the children attend a public primary school. In these cases the tax depends on the amount of time the children spend at school.

BEST PRACTICE: Services for the person*

In Sweden the "services for the person" are mainly provided by the welfare system (with funds that come from tax duties) but today they are also available on the "market".

Towns are responsible for supplying services to the families and they are paid per community that uses them through tax comebacks or by integration from by every according to a defined price list. There are also services which can be purchased by families, but the family (even in this hypothesis) doesn't give themselves as "employee" of a service business to the same family. The cases in which the family has a direct employment relationship with the person who gives the work are not numerous.

In Sweden the law "freedom of choice" (valfrihetssystem) is also in force. The citizen is free to choose which supplier to use among those public and private, authorised based on objective and transparent criteria.

Based on the law of "freedom of choice" every single municipality is responsible for services and can experiment the free market. For example, in Sweden, for the scholastic and elderly services there is a Voucher but not as a simplification element, rather as the possibility to free choice. With the voucher (paid by the public welfare system) every family can freely choose their preferred school, either public or private and the same for the elderly. With the free choice, public resources (welfare) are used in an efficient way, favouring the best suppliers whether private or public.

* Services for the person in Europe country sheet SWEDEN ministry of labour and of social work policies Italia Lavoro SpA

Italy

The Italian welfare system¹⁵ is organised on three levels: central, regional and local. The central level maintains the legal authority on some subjects identified by the law. The remaining competencies have been transferred to a regional level: the 20 regions (of which 5 have a special charter) have in fact general legislative authority and statutory autonomy. The third level is the local one, made up of provinces and towns themselves (8092), that represent the community and defend its interests and promote its development.

The Italian welfare system today depends, above all, on the role of direction, organisation and distribution at regional and local levels. The government maintains an already residual role in the organisation and financing of social services, in particular through the division of national funds intended for social policies and specific benefits. Towns today are the main participants in the system and have the job of organising and managing assistance services. In order to do this, they allocate a relevant amount of their resources in this area of intervention.

The Italian welfare system is traditionally represented as a mixture of three main pillars: healthcare, welfare and assistance. In reality the boundary isn't so clearly identifiable and many interventions involve more than one pillar, like for example the "social health system" sector and there can also be interventions for a category in all three pillar, like for the dependant person.

The pillar of healthcare mainly includes all the interventions that are supplied through the National Health Service (SSN). The beneficiaries of these interventions are potentially all citizens on national territory, from the moment in which the cover is universal. The assistance pillar represents all the interventions of social character that are supplied in various categories to citizens in order to respond to specific needs. These interventions can go from services to monetary benefits..

The welfare pillar is made up of the pension system for pensioners and insurance against the main risks. The purpose is to safeguard workers against the loss of their job and the reduction of their working ability.

¹⁵ Welfare and Long Term Care in Europe. Institutional models and processes of Egea customers to di Giovanni Fosti Elisabetta Notarnicola

The elderly/people affected by fragility diseases

The Italian system for the dependant and disabled, envisages two types of intervention: cash benefits and real services. Before examining the services offered by the Italian welfare, it is good to specify that there can be much heterogeneity in our territory due to the complexity of the system and the presence of many participants. At a central level, policies and directions are defined (Ministry of employment and social policies, Ministry of health, INPS). The regions have the job of translating the directions into courses of action within their territories: this activity is translated as strategic documents, usually large scale and inclusive of the entire social and social health environment. In most cases they are called "Regional social health plan". The activity of planning the services and of the interventions is then the concern of the towns, as far as the social component is concerned and of ASL (often in collaboration with the towns themselves) in respect to the social health component.

Tab 5. The main interventions

	DEPENDANT ELDERLY	PEOPLE WITH DISABILITES
CASH BENEFITS	Accompaniment allowance Care allowance Cash benefits for assistance services	Cash benefits for people with disabilities
REAL SERVICES	Domestic services (ADI SAD) Residential services Semi-residential services Support services to the informal care giving	Domestic services Residential services Semi-residential services

Welfare and Long Term Care in Europe

The accompaniment allowance is distributed by INPS and can be allocated to both the dependant elderly over 65 years of age and the invalid under 65 years of age. It is therefore addressed to totally unable people that find it impossible to walk around without the permanent help of an accompanying person or, not being able to carry out everyday tasks and so needing continual help. The amount varies from year to year, for 2017 the amount

of the monthly allowance is €512.34¹⁶. INPS provides further economic benefits that vary in amount, based on the percentage of invalidity that the receiver has; in this case always under 65 years. In 2017 INPS published a "Home Care Premium"¹⁷ tender which is addressed at employees and public pensioners, their spouses, relatives or dependant first degree in-laws. The programme HCP has two types of benefits on the part of the institute: a monthly economic contribution, to be used for the costs entailed in hiring a family assistant or assistance services and the so called integrative benefit, distributed through the collaboration of social territorial field (ATS). Home Care Premium 2017 lasts for eighteen months, effective from 1 July 2017 until the 31 December 2018. Furthermore, the towns have the possibility to distribute so-called «care allowances» or «vouchers» or «therapeutic allowance». We are dealing with a totalling of resources that are envisaged, with the purpose of sustaining assistance and domestic care to dependant people.

Domestic assistance services: these include both the integrated domestic assistance (ADI)¹⁸, of a health nature, and the domestic assistance service (SAD)¹⁹.

ADI²⁰ allows dependant people to be assisted by nurses in their own homes, avoiding being admitted to hospital. The diseases that allow the launch of ADI are those for which domestic interventions are an alternative to hospital recovery and unless otherwise agreed between the physician responsible for healthcare. Two different types of ADI exist, that are differentiated based on the intensity of the care requested by single cases. The cover of the service, although in theory insured in all the national territory, still feels a strong territorial fragmentation. From the Istat data in 2013, 4.3% of elderly people were treated by integrated domestic assistance²¹.

The second intervention included in this section is the domestic assistance service (SAD), in other words the social-assistance services distributed by the towns to residents in their territory. In 2012, 1.3%²² of the elderly were treated by domestic social-assistance.

Residential and semi-residential services dedicated to the dependant and invalid go from

¹⁶From the INPS website www.inps.it

¹⁷HOME CARE PREMIUM DOMESTIC ASSISTANCE 2017 Public tender project https://www.inps.it/docallegatiNP//Mig/Welfare/Bando_Pubbl_HCP_2017_aggiornato_al_09-03-2017.pdf

¹⁸ National legislation **Law 833/78 and Decree Law n. 229/99** www.salute.gov.it

¹⁹ National legislation **Law 328 of 8 November 2000** <http://www.salute.gov.it>

²⁰ For more information about the service

http://www.salute.gov.it/portale/salute/p1_5.jsp?lingua=italiano&id=139&area=Servizi_al_cittadino_e_al_paziente

²²Elderly treated in integrated domestic assistance: Percentage of elderly treated in integrated domestic assistance (AdI) on the total elderly population (65 years and over). Source: Istat, Elaborations on Ministry of health data, Informative health system (SIS)

nursing homes/old peoples' home to services distributed in structures like day care (for example day care centres) that support the elderly who are usually in partially dependant situations. The access procedures depend on the regional regulations and on the town to which the person belongs. The assistance of the elderly is completed by the component which is relative to informal care. This goes from a relative caregiver, in other words a relative who takes care of the elderly family member without being paid, to family assistants of which, according to INPS figures, there were around 375 thousand in 2015 to which we must also add the "submerged" component. To give an idea of the "free" family assistance; it's enough to think that in 2014, 71 billion 353 million unpaid hours were carried out in domestic activity. This includes the care of children, adults and elderly in the family, voluntary work and informal help amongst families. Movements linked to carrying out such activities corresponds to 1.7 times more time than paid work.²³

Services for the family²⁴

An allowance for the nuclear family is expected for employees and pensioners. The nuclear family has to be made up of more than one person and the total income must be less than that determined every year by the law. The amount of the allowance is calculated based on the type of nuclear family, the number of members and the total income of the family. For situations of particular disadvantage, more favourable amounts and income margins are expected (for example, single parent families or families with disabled members). Another two types of help also exist for families in difficulty and these vary depending on the year and the income of the family. They go from the Social Card²⁵ to vouchers for gas and electricity²⁶. There are also one-off subsidies for certain categories, from 18 years (a young person's cultural bonus of €500) to the mum's bonus. The latter, a permanent subsidy from 2017 for new births/adoptions/fostering of 2017, is a premium of €800 paid in a single payment for every event (pregnancy, birth, adoption, fostering) and in relation to every child born or adopted/fostered.

²³ HOUSEWIVES IN ITALY. Year 2016. Istat

²⁴ Employment, social affairs and inclusion. The social security rights in Italy. European Commission

²⁵ Law (D.L. n. 112 of 2008)

²⁶ Interministerial Decree (I.D., 28/12/07); MD 28/12/2007.

Framework

The welfare models are very different according to the reference context. They are the fruit of years of history and culture and over the years the type of services offered has changed. The lengthening of life and family changes is putting all European welfare systems in crisis. Some have already started to repair, through instruments such as compulsory insurance for the dependant (Germany). Others try to make the citizen more responsible, enticing towards private solutions, whilst in other countries there is the willingness to accept a higher tax at the detriment of the same level of services.



Conservative – corporate welfare.

Fiscal pressure within the European average, with welfare based on labour and an insurance system. In 1994 a compulsory insurance, for the dependant, was born.

Best practice: Mini jobs

Liberal welfare.

Low fiscal pressure and the tendency to involve the citizen in the service at a contributory level. Tries to achieve a new balance between the citizen's rights and responsibilities.

Best practice: Childcare Vouchers

Social democratic welfare.

Very high fiscal pressure and presence of services offered. A strong equality between citizens and the system is based on a social protection which is extended to all the population. High male and female employment level for resolution policies.

Best practice: services for the person

Mediterranean welfare.

Strong presence of family networks, like a social security cushion. The public presence favours financial privileges instead of services. Family policies are very fragmented and the resolution policies are absent. High presence of "carers" and "family assistance".

Italy is at a turning point; welfare has always been based on a wide subsidiarity model, in other words the answer to the care needs of children and the elderly is found within the family. This family is different today; the participants in the field and their availability in terms of time have both reduced and the use of family collaborators is very expensive. On average a carer²⁷ costs the family 16 thousand euros a year and only 8% of pensioners can support this cost counting only on their pension. This is a result which emerges from a simple analysis of Italian pensioners' income compared to the cost of family coordinators. For 14 million pensioners²⁸, over 70% have a total pension income under 20 thousand a year; that is under 14,600 euros (net amount). In particular, the income range <10.000 has the most people, with 31% of pensioners. 25% have a total income between 20 and 40 thousand euros, while less than 5% of pensioners receive more than 40 thousand euros a year. The cost of a "carer" varies according to the hours worked and the contract framework. It goes from 2 thousand euros a year for assistance of 5 hours a week for self-sufficient people, up to 22 thousand euros for the assistance of the dependant by trained personnel. Averagely, the classic "carer" (level CS) costs the family around 16 thousand euros a year.

Tab 6. The cost of domestic work (permanent contract - min. salary 2017)

Type of domestic work	Weekly work hours	Annual cost (euro)
BS assistant for self-sufficient people	5 hours	2097
CS assistant for dependant people	5 hours	2303
BS assistant for self-sufficient people	25 hours with part time cohabitation	9834
BS assistant for dependant people	54 hours with cohabitation	14,581
CS assistant for dependant people	54 hours with cohabitation	16,168
DS assistant for dependant people (trained)	54 hours with cohabitation	21,842
Night presence	Night presence	11,277
CS irregular night services	Night services	18,192

Elaborations by Leone Moressa Foundation and DOMINA

²⁷ Category CS considered in this case (Assistant to a dependant person, not trained).

²⁸ Total of 14.8 million pensioners in Italy. In this study we consider the 13.9 million for whom the main source of income is their pension

Counting only the income of the assisted person, only 8.1% of pensioners can afford a carer (level CS). Part-time assistance for few hours is more accessible: 50% of pensioners can afford a carer for 5 hours a week and 20% can afford 25 hours. Considering also the spouses' income, the average saving for a person over 65 is just €3817 a year if they are alone and €5235 if a couple without children.

Tab 7. Estimate of the percentage of elderly people that can afford a "help" with just their pension

Type of domestic work	% pensioners
BS assistant to self- sufficient people (5 hours weekly)	54.9%
CS assistant to dependant people (5 hours weekly)	52.1%
BS assistant to self- sufficient people (25 hours weekly - PT)	20.2%
BS assistant to self- sufficient people (54 hours weekly with cohabitation)	9.5%
CS assistant to dependant people (54 hours weekly with cohabitation)	8.1%
DS assistant to dependant people (trained -54 hours weekly with cohabitation)	3.8%
Night presence	17%
CS Irregular night services	6.1%

Elaborations by Leone Moressa Foundation and DOMINA on DOMINA and Istat data

Tab 8. Income, annual cost and saving, average value²⁹. Year 2015

Family type	Net income	Annual cost	Estimate of possible savings
Person 65 years or over	14,382	10,565	3817
Couple without children and over 65	23,927	18,692	5235

Elaborations by Leone Moressa Foundation and DOMINA on Istat census data

The institutions need to ask themselves questions on these changes in order to adopt policies to correct our welfare. As we already said; over recent years welfare has been modified in order to adapt to the new needs and it is necessary that it continues to do so.

Conclusions

by Massimo De Luca, lawyer of the DOMINA association

From the test carried out in the research, it appears clear that Italian welfare is not ready to face the ageing of the population. There are many single interventions, but in Italy there is no large-scale and long-term plan that is able to manage long term care and give relief to many families. Today our assistance system rests, as always, on the family pillar both in terms of direct care done by family members and indirect care done with the aid of domestic workers. The system of public interventions is insufficient to face the request for health and socio-assistance care, but the “do it yourself welfare” will not be able to take care of the structural lack of formal services in the long term.

There are already alarm bells relative to the flaws in this system and they can't be ignored. The first arrived from official INPS data published in June 2017 and according to which, in 2016 there was a decrease in legal domestic workers: home helps and carers fell by 3.1% (27,366 in absolute value) compared to 2015. These figures should be read taking into account that the elderly taken on by services have decreased; those hosted in residential structures between 2009 and 2013 fell by 9.1%. If at the same time the request for admittance has fallen (-2.3%, ministry of health 2015 figures) and the population has increased (21.4% of the population is over 65 and 6.4% is over 80, Eurostat data), who is taking care of the elderly, sick and disabled ? The figures don't add up and the cause of this anomaly is found in the lack of contracting domestic workers and in the enlargement of the illegal market. If there are no subsidies, the costs add up and the need for assistance is urgent so the family thinks to resolve the issue by not legalising their domestic workers. This practice though, as well as damaging the worker that is not covered in case of injury or sickness, also damages the family that often finds itself having to face union disputes. Given that the country needs a more organic policy strategy about dependency, we need to use a totality vision in order to analyse the consequences of illegal work: if the worker isn't legal and doesn't pay contributions, it means that around 1.2 million Italian workers don't pay taxes and contributions. The damages produced by illegal work don't only involve the employer and the workers, but it concerns the whole community. The money that doesn't enter the country's cashier in fact represents a lack of a resource that could feed, at least in part, investments in the sector.

The average cost of a carer has to be sustainable with the pension; it is an elderly person's right to be assisted and cared for with professionalism and attention in their moment of need. These people, today fragile and in need of attention, represent an essential part of the community and they have contributed to the development of society by their work. They also continue to contribute with their pensions: purchasing goods and services and creating places of work (in the domestic work sector), they contribute to the family balance sheet, etc. As a matter of fact, today the pension is no longer just a form of assistance but it also produces income, work and, as we will see in the next dossier, it produces percentage points of the Italian GDP.

There also needs to be a serious and courageous revision of the CCNL for domestic work, adequate to current needs and that doesn't involve higher costs for the families. Based on experience, we can reason on article 10, comma 2, and extend the possibility to compile a part-time contract for assistants hired with level CS and DS, revise the matter of the overtime hours or study a valid alternative that reclaims the work spirit which no longer exists. Improving the CCNL text and reducing the interpretative areas would lower the dispute risk for domestic work employers. These are just some ideas which the social parties of the CCNL national agreement should face and if they are divided, the workers' rights wouldn't be lowered but would bring an important saving for the families.

Also, as I have supported for years, all sector workers should sit down at a technical meeting with the government in order to be able to intervene with a long term, solid and reliable policy for the dependant and the families. This process of the ageing of the Italian population has to be faced by equally distributing the responsibilities between the government, market and family in the light of the continuing conversion process of assistance services. In the light of this study, the most important issues about care of the elderly concern institutional assistance and its organisation, the quantity and quality of domestic services and the care support supplied by members of the family and other family assistants. Independently of the level and intensity of public intervention, it is however possible today to identify from common trends in care policies: a progressive development in the formal sector of care through a process of privatisation of services, the transferring of responsibility for care to lower government organs (regions and towns), the preference towards financial transfers and domestic care services and the involvement of families in the support of dependant elderly people.

For this, it is necessary to turn upside down the idea that the ageing of the population could be considered one of the main reasons for the increase of health and social costs. However, if the ageing of the population brings with it some added costs, these can be reduced by applying appropriate and well-coordinated health and social policies. Policies addressed at higher condision of care services amongst the public sector and families should therefore follow, in order to promote the elderly to continue to stay in their own homes or family environment and so also safeguarding the health and economic conditions of their relatives. Furthermore, as well as coordinating care through various social and health contexts and sectors, the government would increase the promotion of heath culture and rethink the economic importance of so called "monetary transfers", adjusting for example the accompaniment allowance to the cost of assistance.

As constitutionally decreed in article 32 and declared in article 25 of the European Union rights paper, our elderly people have the right to safeguard their own health and to lead a dignified and independent life, participating in social and cultural life. To delegate the assistance of dependant people to the families doesn't mean a letting down of responsibilities towards the person and even less a letting down on constitutional safeguards for the citizen's right to health and the rights of the sick, on the part of the government.

In this case, the comparison with other European countries is a good way to identify useful ideas and instruments but these must not be readjusted to the Italian context in which everything rotates around the family, which is ever more involved by a deep sense of responsibility and intergenerational solidarity.

THE VALUE OF DOMESTIC WORK

THE ECONOMIC AND SOCIAL ROLE OF EMPLOYERS

DOMINA Research

National Association of domestic work employer families

Carried out by Leone Moressa Foundation

- DOSSIER 1.** Profile of domestic work employers in Italy. Dimensions of the phenomenon, population trends, economic and social impact
- DOSSIER 2.** The National Collective Bargaining Agreement on Domestic work and its future prospects
- DOSSIER 3.** The socio-economic impact of domestic work on the family
- DOSSIER 4.** Domestic work policies concerning the ILO Convention n. 189/2011. The Italian situation and international comparison
- DOSSIER 5.** Welfare policies in support of employer families: European comparison
- DOSSIER 6.** Care economy: domestic employers as economic actors
- DOSSIER 7.** Criminal offences in domestic work
- DOSSIER 8.** Domestic work and disability
- DOSSIER 9.** Domestic work in Italy: regional deepening
- DOSSIER 10.** Disputes in domestic work: balance between legality and necessity

THE VALUE OF DOMESTIC WORK

THE ECONOMIC AND SOCIAL ROLE OF EMPLOYERS

Dossier 5

Welfare policies in support of employer families: a European comparison



Firmataria del C.C.N.L. sulla disciplina del rapporto di lavoro domestico

DOMINA - National association of domestic work employer families, signatory of the National Collective Bargaining Agreement on the discipline of the domestic employment relationship. Safeguarding and assisting Italian families who, by taking on a domestic collaborator or a family assistant, become employers.

The Association is active throughout the country with its Operational Points in support of domestic work employers.

NATIONAL OFFICE

Viale Pasteur n. 77 – 00144 Roma

TEL. 06 50797673

FAX 06 5071124

segreteria@colfdomina.it

www.associazionedomina.it

