

European Dossier Series n.2

European care strategy



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DOMINA Observatory on Domestic Work

European Dossier Series n. 2

European care strategy

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Introduction

by Lorenzo Gasparini, DOMINA General Secretary – National Association of Domestic Employer families

There are no univocal recruitment procedures nor commonly agreed upon domestic workers' categorizations for statistical purposes. In Europe, there are rather different legislations, national backgrounds, welfare systems, and cultures. With these assumptions, the analysis of domestic work at the European level is far from an easy task. There are many aspects in common among the Member States of the European Union and many other elements that make them unique. Such distinctiveness is a methodological challenge in this area and in the harmonization and systematization of collected data.

In order to appreciate each national context's singularities, without deviating from the comparative aim of this report, the DOMINA Observatory on domestic work analyses and compares domestic work by macro topics: the socio-economic impact that informs on the extent and impacts of the phenomenon; universities' research in the sector research which allows to keep the debate updates and helps to predict future developments; the legislation and European directives which introduces the European reform proposal on care presented in 2022 with the objective to grant appropriate and accessible care services with a high qualitative profile.

Despite the disparate differences among national contexts, it is still possible to identify common trends within the European scenario and internationally. Firstly, the continuous expansion of the sector is irrefutable. It is the only sector that has not suffered from the recent economic crises nor from the pandemic. That is, European citizens cannot help but invest pensions and salaries in people and home care if they wish to preserve their life-work balance. Secondly, regardless of the national background, this sector shows a significant presence of women and migrants among its workers. Through the analysis of domestic work in Member States, the research project pictures the current scenario. More importantly, it aims to identify the best practices and tools, both for professionals and Institutions, useful to enhance domestic work, anticipate

problems and fill the legislative and financial gaps thanks to resources and know-how originating from other sectors.

Abstract

by Massimo De Luca, Lawyer – DOMINA Observatory on domestic work Director

After the Covid-19 pandemic, European countries underwent an economic recovery, further supported by huge EU investments, centered on solving the health and social criticalities that the crises highlighted.

Concerning assistance to non-self-sufficient people, the European Commission presented the "European care strategy" which aimed at stimulating Member States to invest in care, improve the offer for families and citizens and boost sector quality standards.

The first part of this second edition of the DOMINA European Dossier is devoted to the analyses of measures proposed by the Strategy and the social and demographic context in which it fits. Obviously, in this sense, it is vital to consider the European demographic framework and the specific situation of each country. The European Commission has examined Member States' social and health systems and identified specific goals to be achieved based on the respective starting conditions.

The European Dossier also contains an authoritative opinion from EFSI, a body representing domestic employers at the European level. EFSI highlights the ambitious objectives of the European Strategy, but it also underlines its limits. According to the opinion of EFSI, one of the main critical points lies in the fact that planned initiatives only target "long-term care workers" which is an expression with unclear definition when used on the fieldwork. Furthermore, efforts to tackle informal work would remain rather limited, with no effective or concrete actions.

As in the first edition, the dossier then analyzes the specificities of domestic work in the Member States.

Overall, in the EU27 territory in 2021, there are now over 11 million care workers, equal to 5.6% of the total employed. The largest group is non-residential care workers (5.2 million), followed by residential care workers (4.0 million). Domestic workers directly employed by families are 1.9 million, equal to just under 1% of the total employed domestic workforce. These figures depend on the specificities that each country exhibits in managing the employment relationship. For instance, Italy and Spain show the highest share of families' direct management across the European panorama.

At the economic level, in 2021, the domestic work sector produced an Added Value of 42.5 billion euros, equal to 0.33% of the total in the EU27 area, with maximum peaks in Italy (1.13%) and Spain (0.87%).

The in-depth analysis of the situation in each European country, summarized in the 27 national fact sheets, allows for a complete and updated picture of the situation in Europe.

Finally, the data analysis is completed by the presentations of two research projects managed by European universities (Florence and Bremen) which are helpful to understand how the academic world actively operates in the study of the phenomenon.

Introduction

By European Commission – DG Employment, Social Affairs and Inclusion

The European care strategy¹, adopted in September 2022, sets an agenda to improve the situation for both carers and care receivers. It calls for boosting access to quality, affordable and accessible care services and improving working conditions and work-life balance for carers. It will help to make the principles on access to good quality and affordable care of the European Pillar of Social Rights a reality and contribute to achieving the headline targets on employment and poverty reduction for 2030 across the EU, welcomed by EU leaders at the Porto Summit in May 2021 and endorsed by the European Council.

A key objective of the European care strategy is to improve working conditions and counter labour shortages in the long-term care sector. Domestic workers providing long-term care and live-in carers are a particularly vulnerable sub-group of long-term care workers. Several actions announced in the European care strategy aim at making long-term care jobs more attractive and addressing the skills gaps in the sector. These include exploring the modalities for setting up a new sectoral social dialogue for social services at EU level; reviewing the application of EU standards governing working conditions, including for live-in carers; mapping the current admission conditions and rights of long-term care workers from non-EU countries in the Member States; and promoting the establishment of a skills partnership under the Pact for Skills for the long-term care sector. Implementation of these actions has started and the Commission is expecting first results over the next year.

The Council recommendation on access to affordable high-quality long-term care² was adopted by the Council on 8 December 2022. It recommends that Member States support quality employment and fair working conditions in long-term care as well as improve the professionalisation of care and address skills needs and worker shortages in long-term care, in collaboration, where relevant, with social partners, long-term care providers and other stakeholders. It further recommends member states to address the challenges of vulnerable groups of workers, such as domestic long-term care workers, live-in care workers and migrant care workers, including by providing for effective regulation and professionalisation of such care

¹ A European Care Strategy for caregivers and care receivers - Employment, Social Affairs & Inclusion - European Commission (europa.eu)

² pdf (europa.eu)

work. Member States need now to follow up on the Council Recommendation and implement it, including by having in place a long-term care coordinator or another appropriate coordination mechanism. EU support for implementation will be ensured through mutual learning seminars, technical assistance and facilitating the use of EU funding.

Methodology

One of the main issues faced in the analysis of domestic work in Europe lies in the diversity of workers in different contexts and, consequently, in different “categorizations” of workers in available datasets. For instance, in some countries, workers are hired via intermediate agencies – or, more recently, through digital platforms – thus making it quite challenging to compare the phenomenon.

At the international level, the International Labour Organization (ILO) engaged in the harmonization and monitoring of the different existing realities since the endorsement of the 2011 Convention on domestic work.

Within the EU area, too, there are significant differences, as it is presented in the 2022 European Dossier.

For what concerns the data analysis which is summarized in the 27 Country sheets, the choice fell on the use of a common Eurostat database, as to draw from comparable and homogeneous data. Data on resident population, available up to 2022, provide information regarding the differences in inhabitants' and foreign residents' figures throughout the European scenario³.

The “basic scenario” lies at the basis of the demographic projections up to 2070, which means that current parameters of natality, mortality and migrations were used⁴.

One of the most delicate aspects concerns the comparison of domestic workers in the different EU countries. As highlighted so far, domestic work is quite present in countries characterized by a Mediterranean kind of welfare system, whereas in other areas it is more of a liminal phenomenon and thus more difficult to observe. Workers with a least 15 years of experience in the T97 sector, that is “Domestic work employer families’ activities”, have been taken into consideration for the analysis. To compare with other workers in caregiving services, also sectors

³ Member states send Eurostat data on the population as of December 31st (of the reference year) according to the 1260/2013 regulation on European demographic statistics. By agreement, data are published by Eurostat as the population on January 1st of the following year (as the reference year + 1).

⁴ EUROPOP2019 demographic projections are the latest Eurostat demographic projections issued at the national and subnational level for 31 countries: all 27 member states of the European Union (EU) and four countries of the European Free Trade Association (EFTA), covering the timespan from 2019 to 2100.

Q87 and Q88, which are “Residential assistance services” and “Non-residential assistance services”.

In Country sheets, annual data on surveys of the European Union workforce (EU-LFS) are compared. In particular, workers of specific economic sectors are here investigated, according to NACE codes⁵. Workers set in the Q87 area, that is Residential assistance service, employed in residential sanitary assistance associated with nursing services, those in supervision or other kinds of services, according to the necessities of residents. Workers employed in non-residential social assistance (Q88), that comprehends all those services that do not foresee board and lodging and workers for domestic personnel managed by employer families (T97). In the same way, to analyse the economic impact of the sector, the Added Value produced by the T sector, thus “Domestic work employer families’ activities”, is compared with the Added Value of all other economic activities.

Table 1 summarizes three categories of workers in the assistance sectors taken into account in this report. Although considering that some of the assistance-related workers might have not been included in these analyses (for instance, self-employers that work for families), it can be stated that such categories include over 90% of care workers.

The Eurostat dataset allows producing a comparative panorama. Yet, it is possible that produced results and figures deviate from those obtained by using national datasets. In the Italian case, for instance, in the INPS datasets on domestic workers, the survey statistical unit is the domestic worker who has received at least a paid contribution in the year, certified by payment or mandatory communication (see, DOMINA Annual Report on domestic work in Italy⁶). Data analysed in this Dossier originate from the European survey on the workforce (EU-LFS), one of the most comprehensive sample surveys of the European official statistics and the main source of information on the labour market. The investigation aims to observe the occupational market dynamics, via individual interviews conducted in families. In this way, the worker self-declares his or her occupational status. Results from these two datasets (EU-LFS and INPS) are not comparable as they draw from different sources, the former based on a sample, and the latter on administrative grounds. Nevertheless, it is possible to compare countries within the same data source (Eurostat).

⁵ NACE is the standard European classification of economic productive activities. It is a general classification system used to systematize and harmonize the definitions of economic/industrial activities in European Union member states.

⁶ <https://www.osservatoriolavorodomestico.it/>

For those countries with no available data on domestic workers, figures have been estimated by using national numbers. This lack of data is due to the scarce presence of workers managed by families and thus this focus will not analyse the characteristics of domestic workers but the evolution of workers in residential and non-residential assistance. Lastly, data related to social expenditure originated from the Eurostat ESSPROS dataset⁷, while those regarding the added value are drawn from Eurostat’s national counts⁸.

Tab 1. Workers’ categories in the care sectors.

RESIDENTIAL ASSISTANCE (Code Q87)	Providing residential sanitary assistance services associated with nursing, supervising and other types of services, according to residents’ needs.
NON-RESIDENTIAL SOCIAL ASSISTANCE (Code Q88)	Social counselling services, social assistance and such, addressing the elderly and disabled, at their residence or elsewhere. Provided by public bodies or private organizations, operating at the national level or by self-managed local-based groups, or by specialists that provide counselling services. Other include preschool services and daily assistance for disabled minors.
DOMESTIC WORK (Code T97)	Domestic personnel (domestic collaborator, cook, waitress, cloakroom, butler, concierge, stable hand, laundress, gardener, driver, guardian, housekeeper, baby-sitter, caregiver, tutor, secretary) hired directly by families and cohabitants (including tenants).

⁷ ESSPROS data on expenditures and incomes, data on net provisions of social security and data on pensions’ beneficiaries for the total of the schemes.

⁸ National counts are a coherent set of macroeconomic indicators that provide a general framework of the economic situation and are broadly used for analysis, economic projections and policymaking.

1 The European reform proposal for caregivers and care receivers

In September 2022, the European Commission presented the “European care strategy” to “ensure quality, affordable and accessible care services across the European Union and improve the situation for both care receivers and the people caring for them, professionally or informally”⁹.

The Strategy is introduced in the 440/2022 Communication of the European Parliament Commission, to the European Council, Economic and Social Committee and to the Committee of the Regions.

The Strategy mainly concerns two aspects: child care and non-self-sufficient elderly care. Consistent with the objective of this Report, a special attention is paid to non-self-sufficiency of the elder population. In the view of the Commission, “*Long-term care empowers people, who as a result of old age, illness and/or disability depend on help for daily activities, to maintain their autonomy and live with dignity. However, for many people these services are still not affordable, available or accessible*” (ibidem).

The Strategy of the Commission aims to boost Member States’ investments on care in order to enhance the provision of related services for families and citizens and to improve the quality standards of the sector.

Such investments would bring further benefits: investing in care is critical to attract and retain talent in the care sector which is usually characterized by difficult working conditions and low wages. In the sector, it is also important to face the lack of ready labour and thus create economic potential and new jobs.

Investments for a high-quality care entail enhancing women participation in the occupational market. In general, they grant a steadier gender balance by decreasing the gender-based wage and pension gap. According to the Commission, women still carry a significant share of care responsibilities as 90% of the formal assistance workforce is composed by women and 7.7 million women are unemployed due to their care obligations.

⁹ https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169

Among the main aims regarding Long Term Care, the Commission proposes the following specific objectives:

- Ensuring that long-term assistance is timely, complete and convenient, as to allow people with long-term assistance necessities to afford dignified standards of living;
- Increasing the offer and mix of long-term assistance professional services (domestic, community, and residential assistance), bridging the territorial gaps in the long-term assistance services access, implementing accessible digital solutions in care-related services provision, and ensuring that long-term care services and facilities are accessible also to people with disabilities;
- Ensuring high-quality criteria and standards for long-term care providers;
- Supporting informal caregivers, who most often are women and relatives for assisted individuals, through training, counselling, psychological and financial aid;
- Mobilizing suitable and sustainable funding for long-term care, also by using EU funds.

Particularly, the Commission proposes a set of objectives to enhance working conditions and attract more workers in the care sector:

- Promoting Collective bargaining and social debate to enhance wages and overall working conditions;
- Granting higher health and safety standards at work;
- Programming ongoing education and training for healthcare professionals;
- Addressing gender-related stereotypes in the care sector and launching communication campaigns;
- Ratifying and implementing the 189 ILO Convention on domestic workers.

Therefore, the Commission is committed to supporting Member States to address long-term challenges through a work of analysis, the exchange of good practices and competencies, the monitoring of political development during the European semester, and the support of reforms and investments through EU funds.

The Commission supports a wide range of research and innovation activities on digital tools meant to ensure a healthy and active lifestyle and assistance integrated and centred on people, thanks to investments in digital competencies, the removal of barriers to the accessibility of

disabled people, and to the enhancement of connection to rural and remote areas.

In particular, the Commission has implemented initiatives in the European panorama in four main areas: support in the social dialogue, working conditions, competencies, and legal migration.

The strategic approach proposed by the Commission is integrated and centred on the individual. It foresees a greater integration of both long-term and healthcare assistance, or informal, domestic, community and residential care.

The centrality of the individual entails a specific service provision to meet the needs of people and a progressive transition from institutional assistance to domestic care and community services.

Tab 2. Summary of initiatives implemented by the Commission at the European level.

<p>1. Support to social dialogue</p> <ul style="list-style-type: none"> • Support social dialogue and collective bargaining • Proposal for social dialogue for social services • Funding opportunities 	<p>2. Working conditions</p> <ul style="list-style-type: none"> • Reconsider the application of EU laws on domestic care working conditions • Funding to research • Evaluation and enhancement of the social and economic value of the care sector
<p>3. Competences</p> <ul style="list-style-type: none"> • Erasmus opportunities for caregiving personnel • Partnership for Long Term Care competences in the Pact for Skills arena * • Digital skills in the healthcare and assistance area through the Digital Europe + EU4Health 	<p>4. Legal migration</p> <ul style="list-style-type: none"> • Mapping extra-European care workers' admission and legal conditions • Partnership to attract top talents

Source: EFSI workshop 17/01/2023

There were two recommendations provided by the EU Council and included in the Strategy proposal that had already been previously transmitted by the Commission. These two recommendations were adopted by the EU Council on November 25, 2022, paving the way for Member States' initiatives.

The first recommendation concerns the revision of Barcelona's objectives on education and early childhood care and consists of two main goals:

- The participation of over 45% of children younger than 3 years old in early childhood education and care.
- The participation of over 96% of children from 3 years old to the beginning of primary education in early childhood education and care.

The recommendation also envisions the qualitative aspects as the relationship between children and caregiving/education personnel, the dimension of groups, and the territorial distribution of care facilities. For what concerns suitability and accessibility, Member States are encouraged to limit parents' expenses and to offer solutions for parents with non-standard working hours thus allowing them to preserve their work-life balance.

The second recommendation proposes actions to make care more accessible, suitable, and to enhance its quality level¹⁰. Furthermore, it wishes to bridge the territorial gaps in terms of availability and accessibility to long-term care, in particular in rural and depopulating areas, thus granting quality standards and criteria in all those contexts of long-term assistance and promoting autonomy.

Thanks to the proposed reforms, the enhancement of working conditions would attract new workers, men included, in a sector that is historically characterized by a strong female presence.

¹⁰ <https://data.consilium.europa.eu/doc/document/ST-13948-2022-INIT/en/pdf>

Fig 1. Timeline of the European Care Strategy



Tab 3. Summary of the Recommendations' goals of the EU Council

<p>Recommendation 14785/22 CHILDHOOD (BARCELONA'S OBJECTIVES 2030)</p> <ul style="list-style-type: none"> - At least 45% of children younger than 3 years old and at least 96% of children from 3 years old to primary education level should participate in early childhood education and care; - To provide a sufficient number of hours to early childhood education and care to allow parents paid employment; - To bridge the gap in early childhood education and care attendance among children at risk of poverty or social exclusion and the overall population; - To adopt measures to enhance the quality, accessibility, and affordability of early childhood education and care for all children and to introduce an early childhood education and care statutory right, by keeping into account the 	<p>Recommendation 13948/22 LONG TERM CARE</p> <ul style="list-style-type: none"> - To encourage Member States to strengthen and improve the adequacy, accessibility, and availability of long-term care services; - To propose a set of quality criteria and guidelines also according to previous programs and experiences of the social protection committee in the sector; - To boost and enhance working conditions and requalification opportunities of the care sector while underlying the significant contribution brought by informal caregivers and their need for support; - It establishes different principles of healthy governance and sustainable financing.
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<p>availability and duration of a suitable paid parental leave;</p> <ul style="list-style-type: none">- To enhance the working conditions of the personnel in early childhood education and care by implementing measures to improve the work-life balance for parents and to bridge the gender gap in the care sector.	
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2. The European context

As mentioned in the previous section, the Care Strategy originates from the need to answer the European institutions' solicitations due to the numerous difficulties that had risen during the pandemic.

The EU Charter of Fundamental Rights (also known as the Charter of Nice, adopted in 2000) ¹¹, acknowledges that *"elderly's rights ensure a life in dignity and autonomy and allow them to participate in the social and cultural life"*. It establishes that *"disabled people have the right to benefit from measures aiming to grant them autonomy, social and work integration, and participation in the community life"*.

Another reference point is the European Pillar of Social Rights¹², promulgated in 2017 to achieve a socially cohesive, equal, inclusive and rich of opportunities in Europe. Among the beneficiaries cited in the Pillar's 20 principles, there are disabled people (n. 17) and people in need of long-term assistance (n. 18).

The Pillar argues that *"disabled people have the right to adequate minimum income benefits ensuring a life in dignity at all stages of life, and effective access to enabling goods and services. For those who can work, minimum income benefits should be combined with incentives to (re)integrate into the labour market and receive income support granting them a dignified life"* and *"Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services"*.

¹¹ https://www.europarl.europa.eu/charter/pdf/text_it.pdf

¹² https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_it

Fig 2. Principles of the European Pillar of Social Rights



As it is stressed by the Commission, during the pandemic, these rights were jeopardized: the temporary closing of early education facilities and the disproportionate impact that the pandemic had on the elderly population have shed light on the importance of implementing substantial formal assistance services to grant the continuity of care. The pandemic uncovered some of the pre-existing structural weaknesses and made it necessary to address them.

Following the pandemic, the European Council, the Economic and Social European Committee, the Committee of the Regions, social parties, and the civil society have asked for the strengthening of an EU action in this area.

The Care Strategy also addresses the proposal made at the Conference on the Future of Europe on the demographic transition¹³, which calls for a growing long-term assistance.

¹³ <https://cor.europa.eu/it/engage/Pages/future-europe-role-of-regions-cities.aspx>

The Conference is promoted by the European Committee of the Regions (CoR) which, from 2021 to 2022, has gathered data on European citizens' opinions on different topics, such as climate change, health, work, justice, and migration. Concerning healthcare, it is deemed necessary to consolidate the European production capacity and to constitute a supply of strategic products to safeguard access to drugs both in usual times and in periods of crisis. Moreover, the CoR wishes to achieve faster progress in health prevention and in the so-called e-Health (electronic health) and thus asks for cross-border cooperation to ensure accessible and resilient health assistance.

The 2021-2030 Care Strategy has some relevant elements for what regards EU countries' health and the rights of disabled people¹⁴. The strategy on disability, tightly connected with the care one, has the objective to grant all people with disability in Europe, regardless of their gender, race, ethnicity, religion or personal beliefs, age, and sexual orientation, can:

- Enjoy their human rights
- Have equal opportunities and equal access to society and economy
- Be able to decide where, how and with whom to live
- Circulate freely in the EU regardless of their care needs
- Not to be victims of discrimination.

Besides EU institutions, other international organisms have highlighted criticalities in the sector. In 2021, the ILO, for instance, published a Global Call to Action¹⁵ for the recovery from the COVID-19 crisis to be inclusive, sustainable, resilient, and centred on the individual. On the same occasion, the ILO has underlined the presence of significant opportunities to ensure work in dignity in the care economy, also by stressing the necessity to invest in the care sector, to address the issue of lack of resources and to enhance the working conditions.

¹⁴

<https://ec.europa.eu/social/main.jsp?catId=1484&langId=it#:~:text=L'obiettivo%20della%20nuova%20s trategia,godere%20dei%20loro%20diritti%20umani>

¹⁵ <https://www.ilo.org/digitalguides/en-qb/story/globalcall>

In this matter, ILO's work on social protection and working conditions of healthcare personnel, which includes domestic workers and co-resident caregivers, provide for a resourceful analytical basis on the challenges of the sector all over the globe and regarding international standards.

Integrated assistance and long-term care, too, are the focus of the initiatives implemented by the World Health Organization (WHO) in the Decade of healthy aging in the United Nations¹⁶.

The OECD analytical study on the effectiveness of social protection¹⁷, supported by the Commission, can contribute to guiding policies meant to boost social protection for long-term care.

¹⁶ <https://www.who.int/initiatives/decade-of-healthy-ageing#:~:text=The%20United%20Nations%20Decade%20of,improve%20the%20lives%20of%20older>

¹⁷ <https://www.oecd-ilibrary.org/docserver/d7c73918-it.pdf?expires=1675179623&id=id&acname=quest&checksum=81C3728E0FBE59EC4B6EE6126B19416D>

3. Expected effects and impacts of the reform

After illustrating the objectives of the European Care Strategy and the context from which the reform package originates, it is useful to consider the expected impacts and the changes that the Strategy will bring both at the European and the national level.

First of all, the European population is bound to decrease. Given the current composition of the EU27, the overall population registered its most significant increase between 1960 and 1970 (+8.4%), after which it continued to grow at an increasingly slower pace (it recorded +5.5% between 1970 and 1980 and a +1.5% in the 2010-2020 decade). By observing the demographic projections¹⁸ up to 2100, it emerges that the 2020-2030 decade will be the last with a positive balance (+0.4%). From the 2030-2040 decade, the European population is estimated to decrease (-0.5%) and it is expected to register an even harsher decline between 2060 and 2070, by -2% every ten years.

This demographic change will result in a EU27 population of 416 million people in 2100, which entail a loss of over 30 million inhabitants since 2020.

Besides the general decline, the population composition by age class deserves special attention. The fall in birth rate and the longer life expectancy are two phenomena observed across the European panorama. Consequently, the percentage of children (0-14 years old) is constantly decreasing (from 15.1% in 2020 to 13.9% in 2100), whereas the rate of elderly (over 65 years old) is continuously on the rise, going from 20.6% in 2020 to 31.3% in 2100.

The ratio of people of retirement age (over 65) and people of working age (15-64) is bound to change. If in 2020, there were 3.1 working-age people for every elder, in 2100, this ratio will decline to 1.8.

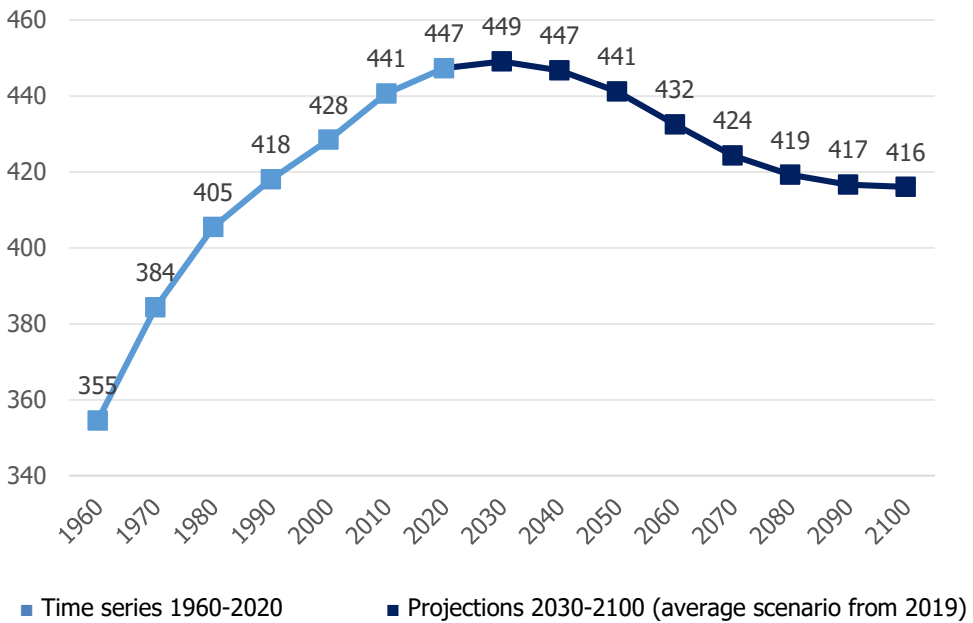
All around Europe, a general prolongation of old age is registered, leading to a higher probability of developing fragility, diseases, or disability, which are conditions related to long-term care. The European Care Strategy originates from these demographic challenges emerging in European countries and furtherly aggravated by the pandemic.

Although demographic aging concerns the overall European area, the panorama is far from homogeneous. On average, over-75 years old people are 9.8% of the EU27 population. Italy,

¹⁸ Projection from 2019, average scenario.

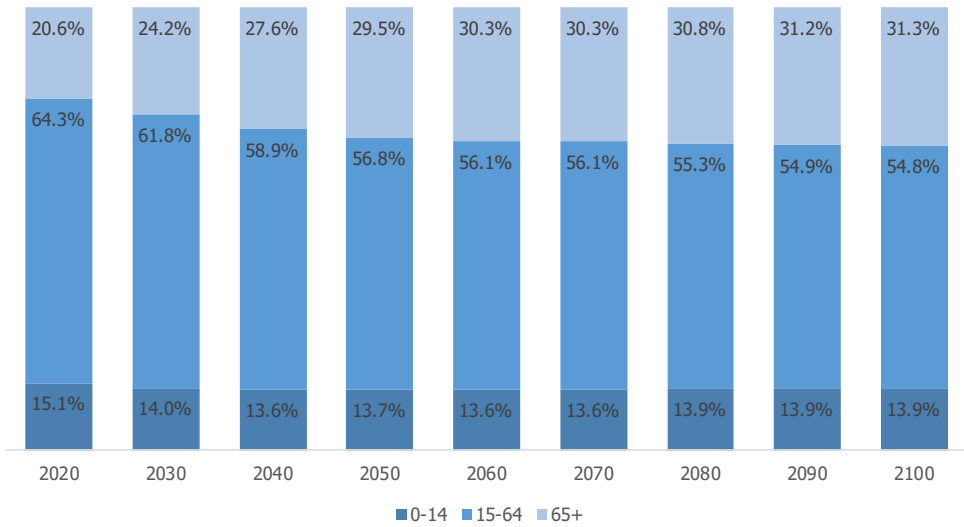
Greece, and Germany show the highest shares, as their quotas of over-75 population goes beyond 11%. On the contrary, the “younger” countries are Luxembourg, Slovakia, and Ireland, as the elderly is 7% of the total population.

Fig 3. Time series of the overall EU27 population (projections from 2020 based on the average scenario)



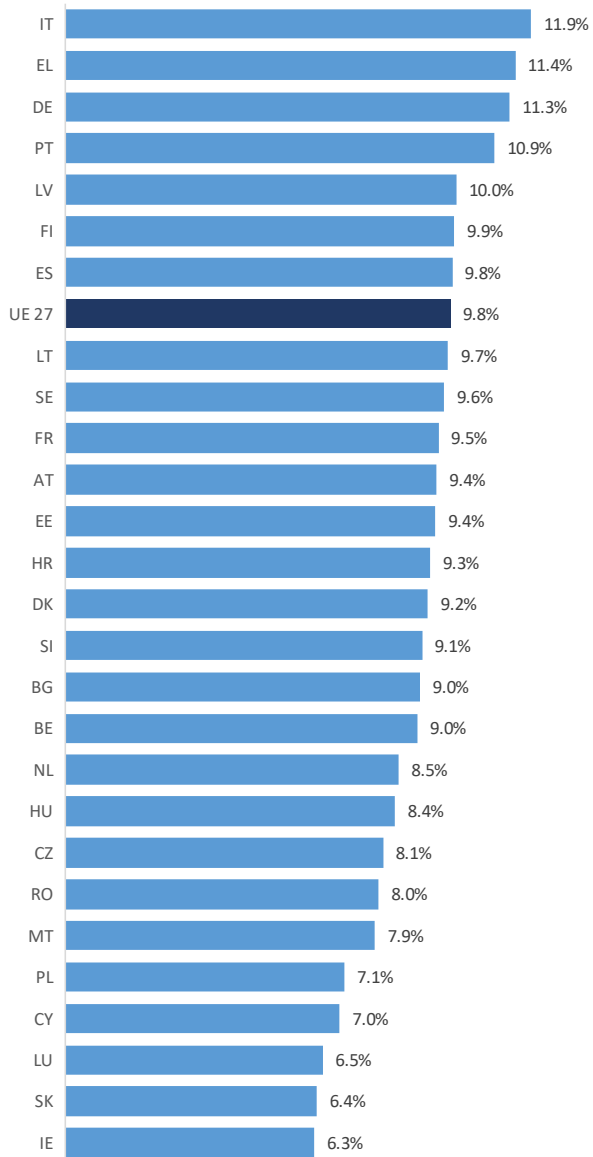
DOMINA and Leone Moressa Foundation elaboration on Eurostat data

Fig 4. EU27's population composition by age class (2020-2100)



DOMINA and Leone Moressa Foundation elaboration on Eurostat data

Fig 5. Incidence of the over 75 years old population by country (2021)



DOMINA and Leone Moressa Foundation elaboration on Eurostat data

These are the scenarios where the Strategy will be implemented to achieve the set objectives. The Staff Working Document is a strategic document for the analysis of the aforementioned results. It is attached to the EU Commission's communication¹⁹ and it includes the stakeholders' deliberations. The consulting phase involved 123 European actors, who were mainly constituted of non-governmental organizations (52%), public institutions (8%), and private citizens (7%).

The current panorama simultaneously sheds light on both the criticalities of the current assistance system and the possible advantages of an accessible and high-quality care system.

Today, most often, care services are not available wherever and whenever people need them, or they entail long queuing lists and complicated procedures. The shortage of adequate care and assistance services violates the right to an independent life, which was enshrined by the United Nations in the Convention on the Rights of Persons with Disabilities²⁰. Active aging strategy, healthy lifestyle promotion, and disease prevention policies are necessary to support the independence of the elders. Other challenges are related to ensuring the compliance of principles of equality, freedom of choice, the right to live independently, and forbidding all forms of segregation for people with assistance and long-term care needs.

In the assistance and care sector, where there is a consistent presence of female workers, initiatives aiming to gender equality are especially important.

Women are often found in occupations characterized by precariousness and low salary levels and this in turn impacts negatively the quality of care. In some areas of the world, working conditions in the care sector are so poor (especially for domestic workers) that they can be referred to as exploitation.

In particular, in the healthcare sector, working conditions are harsh and salaries inadequate. This partly explains the lack of personnel in the sector. In turn, this is reflected in the familial management and gender balances of care-related activities. Scarce services need to be compensated by a more consistent effort on the side of families, which usually lies on women's shoulders.

The responsibility of informal assistance (thus non-paid assistance, not to be confused with irregular paid care) or complementary care still lies on families and women, influencing their work-life balance.

¹⁹ SWD (2022) 440 of 07.09.2022

²⁰ https://www.esteri.it/mae/resource/doc/2016/07/c_01_convenzione_onu_ita.pdf

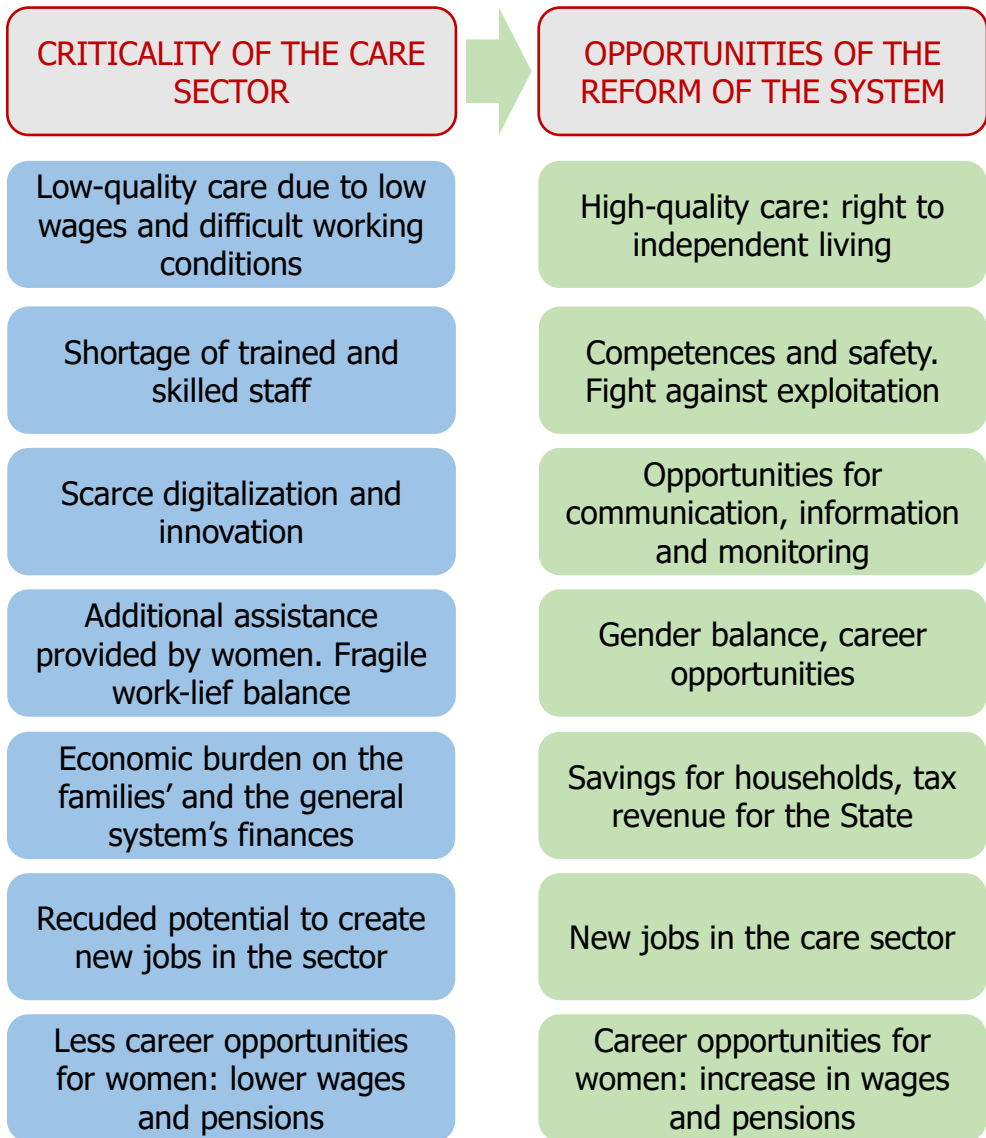
This system compels women to take long-term family leaves, reduce their working hours, or decide on early retirement. To many women, this translates into thinner career possibilities and lower wages and pensions with respect to what is earned by the male counterparts.

Considering that women, on average, live longer but are usually less healthy than men, they need steadier and prolonged long-term care. However, because of the gender gap in salaries and pensions, they cannot always afford the assistance they need.

Furthermore, this situation also entails a financial burden on families and the overall system. For instance, the sector's potential to create new job positions is reduced. On the contrary, investing in sectors characterized by a strong female presence allows for a rise in women's level of occupation and it eventually brings higher revenues for public budgets.

In the current European context, the digital transition too can offer rich opportunities. Notwithstanding that technology cannot – and must not – replace human interaction, which is a focal point of care, media and communication innovations can enhance access to affordable and high-quality care services. In some cases, productivity in the sector might also occur, thus relieving healthcare personnel from arduous and dangerous tasks, by enhancing the safety and health of the working place, simplifying the remote monitoring of assisted people and the recruitment of healthcare workers.

Fig 6. Summary of the opportunities of a high-quality care sector.



4. Challenges for Member States

The general trends observed at the European level are to be analysed by considering the specificities of each national context of Member States due to the great heterogeneity existing among countries in terms of demographics, welfare systems, and social and economic structures.

In 2021, the European Commission published a report on Long Term Care²¹. The report has been drafted together with the Social Protection Committee and provide a panorama of the progress of long-term assistance services and illustrates the main challenges for the whole EU. The report is composed of two volumes: the first highlights the challenges to the European welfare system and the impacts of undergoing reforms; the second volume presents a detailed analysis of the different welfare systems in Member States.

According to the Commission, between 2017 and 2020, several Member States have implemented reforms in their welfare and long-term care systems. Generally, these reforms have concerned only a few aspects of the systems, thus mainly focusing on:

- Enhancing the situation of informal caregivers (“family caregiver”);
- Easing the access, affordability, and quality of domestic care services;
- Easing the access, affordability, and quality of residential care services;
- Enhancing the situation of long-term care professionals.

Only Bulgaria and Germany have implemented reforms encompassing all aspects of social services, thus positively affecting long-term care services.

After 2020, Member States have carried out measures to face the COVID-19 pandemic by introducing ad hoc initiatives and, to a lesser degree, structural changes to the welfare system.

²¹ 2021 Long-term care in the EU <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8396>

Table 4. illustrates the main areas of reform implemented by Member States between 2017 and 2020. Italy and Slovenia are the only countries that did not register any reform in the observed period, whereas Germany and Bulgaria were the most active.

Tab 4. Reforms measures in LTC implemented by Member States (2017-2020)

	Employee cash benefit			Home services			Residential services			Informal caregivers				Workforce		
	Cash benefits	Access	Affordability	Quality	Financing	Access	Affordability	Quality	Financing	Cash benefits	Leave/dismissal	Working conditions	Other	Recruiting	Wages and working conditions	Training
Belgium																
Bulgaria																
Czechia																
Denmark																
Germany																
Estonia																
Ireland																
Greece																
Spain																
France																
Croatia																
Italy																
Cyprus																
Latvia																
Lithuania																
Luxembourg																
Hungary																
Malta																
Netherlands																
Austria																
Poland																
Portugal																
Romania																
Slovenia																
Slovakia																
Finland																
Sweden																

Source: EU Commission, 2021 Long-Term Care Report

In particular, reforms carried out by Member States can be broadly categorized in four main trends:

1. The first and most observed trend regards the amelioration of the situation of care personnel. Such measures include introducing or increasing care allowances, more favourable conditions for social protection, measures to ensure an adequate work-life balance and other forms of support (i.e., training services) for informal caregivers (that is, family caregivers, not irregular personnel).

Countries: Austria, Belgium, Czech Republic, Germany, Estonia, Finland, France, Croatia, Ireland, Luxembourg, Malta, the Netherlands, Poland, Portugal, Slovakia.

2. The second trend concerns the improvement of access, affordability, and quality of domestic care services. Reforms include creating new services and measures to strengthen the integrated care. The latter mainly addresses the gap among sectors in healthcare and social assistance by establishing coordination structures. They also aim to enhance regional and local management and strengthen the cooperation among domestic care suppliers.

Countries: Belgium, Bulgaria, Cyprus, Germany, Denmark, Estonia, Finland, Lithuania, Luxembourg, Latvia, Malta, the Netherlands, Poland, Romania, Sweden, Slovakia.

3. The third trend concerns the improvement of access, affordability, and quality of residential care services. The main reforms aim for more favourable eligibility conditions, tax regulations and cost-saving for non-self-sufficient people and their families and to increase the availability of places in residential assistance facilities. The quality of residential assistance is guaranteed by setting up quality assessment, quality monitoring tools and enforcing quality standards.

Countries: Austria, Belgium, Bulgaria, Germany, Denmark, Estonia, Greece, Finland, France, Hungary, Lithuania, Luxembourg, Latvia, Malta, the Netherlands, Romania, Sweden, Slovakia.

4. The fourth and last trend concerns improving the condition for long-term care professionals. The increase in fundings for personnel recruitment, increase in wages, better access to training, and better working conditions (i.e., more stable contracts) are among the main implemented initiatives.

Countries: Czech Republic, Germany, Estonia, Finland, Croatia, Ireland, Luxembourg, Malta, the Netherlands, Sweden.

Such reforms will likely continue in the following years. International measures meant to reshape several aspects of long-term care systems are undergoing revisions in some Member States (Austria, Estonia, France). Other countries have carried out measures specifically targeting access and affordability to services (Cyprus, Germany, Finland, Ireland, Poland, Sweden), the quality of care (Cyprus, Germany, Finland, Luxembourg, Slovenia), and reinforced the attractiveness of working conditions (Germany). The COVID-19 pandemic has severely stricken elders and other vulnerable groups and shed light on significant deficiencies and weaknesses in long-term-care systems of many of the Member States, thus further fuelling the debate on undergoing reforms.

In this regard, it is interesting to observe some notable case studies to understand the challenges concerning the LTC sector.



Bulgaria is one of the EU countries that has implemented the largest number of reforms in the LTC sector between 2017 and 2020. According to data updated in 2019, the share of the over-65 years old population in need of long-term care (with at least one severe difficulty in a care-related matter/domestic activity) was 27.9%.

A global reform based on the Long-Term Care National Strategy (LTCNS) and the Action Plan (2018-2021) was implemented to address some of the main challenges in the LTC service sector. The Action Plan approved in Bulgaria for the LTCNS aims to face the main challenges identified in the Strategy document for the LTC in Bulgaria, such as developing integrated services, quality standards, prevention, and awareness at work. The execution of these reforms is yet to be visioned and valued. For the time being, the 2022-2027 Action Plan for the LTCNS is in its development phase as it eventually aims to achieve the deinstitutionalization of care for elders and people with disabilities.

The reform was put into effect in July 2020. It aimed to enhance the regulatory framework in social services to improve the planning, affordability, management, funding, quality, efficacy and monitoring of social services.

Currently, LTC services in Bulgaria are divided into the social and healthcare sector. For the former, LTC services are supplied by specialized institutions that deal with residential social care

services, community social services (such as daily activities, therapeutic and educational part-times, counselling and other services), and domestic social services. Under the deinstitutionalization process, since 2012, services for communities for adults, including residential ones, have increased.

Although the Netherlands has not carried out an encompassing set of reforms in the LTC sector, it has introduced several innovative measures between 2017 and 2020.

The Dutch LTC system is complex and fragmented, yet it offers a broad range of rights to those benefitting from it. Its fragmentation is caused by the high diversity of regulative frameworks and fundings it stems from, not to mention the fact that it is managed by several administrative levels. Furthermore, the LTC system also includes the housing arrangement.

The 2015 consistent reform, aiming at quality, community involvement, and financial sustainability, is focused on a longer independent life (for elderly people) and access for the most vulnerable individuals. Other initiatives mainly concern the improvement of quality of care, the affordability of institutional and domestic care and the related occupational market.

Nevertheless, the 2015 reforms had the unintended effect of averting many users due to the high expenses, thus hindering the passage from domestic to residential assistance. The national government and local authorities have adopted measures to contain these effects, leading to eased and more affordable access to LTC.

Innovation (technological, organizational, and social innovation), better integration of healthcare, social, formal and informal care and assistance, management of the needs and possibilities, and eliminating factors hindering the supply of LTC services are among the main means to face such challenges. Other factors to favourable working conditions can be traced to higher levels of flexibility, alignment among politics, society's view, and workers' participation.



Germany is the other EU country that registered an encompassing set of reforms implemented in the LTC sector. The LTC sector in Germany is organized according to the contribution principle: the resident population has to pay the compulsory insurance contribution for the LTC through social security contribution and in this way, it is entitled to the benefits of the insurance scheme. Even if the entitlement to benefits is quite comprehensive, the system covers only a part of long-term care expenses.

The remaining share is covered by LTC beneficiaries or – if necessary and under given conditions – by close relatives or by social assistance.

The most recent reforms have been adopted between 2015 and 2019 and aimed to broaden the usability of services. Thus, it reformed the definition of “in need of care” and the evaluation methods that in turn improved the attractiveness of assistance professions and strengthened the quality of LTC.

The greatest challenge for Germany is recruiting a sufficient number of operators, as the scarcity of personnel is expected to increase due to social and demographic changes. In Germany, the deficiency of LTC professionals is projected to reach about 186.000 full-time workers in LTC facilities by 2030. An increase in salaries and significant improvement in working conditions are necessary to successfully address the lack of LTC personnel.

Further important challenges concern the enhancement of LTC quality services and the reduction of private care expenses.

The following table summarizes the main measures adopted in Germany by area of application within the LTC sector.

Tab 5. Main reform measures implemented in LTC in Germany

Affordability and convenience	<ul style="list-style-type: none"> - The Second Care Strengthening Act (2015) enhanced access to care, especially for people affected by dementia. - The law for reducing burdens on relatives (2019) exempted children of people in need from the obligation to cover the remaining care costs under the condition they earn less than 100,000 euros.
Quality	<ul style="list-style-type: none"> - Since 2008, the statutory and private LTC Revision Commission have been instituted. They monitor compliance with the law of credited LTC suppliers. - The Law on the Reform of care professions (2017) aims to modernize the care training, including training for LTC practitioners.
Occupation	<ul style="list-style-type: none"> - The Law for reinforcing care professional staff (2018) aimed to increase the number of domestic care services suppliers subjective to the collective bargaining. - In 2019, the legal framework for improving wages of care workers was introduced. - Agreements with Third Countries to recruit LTC professionals (2019, Mexico, the Philippines, and Kosovo).
Funding	<ul style="list-style-type: none"> - In 2020, contribution rates to the LTC system have noticeably increased – up to 3.05% and 3.30% for those without children – in the legislation adopted between 2008 and 2018. - Between 2008 and 2019, numerous reforms were put into effect, thus extending the benefits to ease and incentivize informal assistance and to reduce costs of medium and long-time care.

Source: EU Commission, 2021 Long-Term Care Report



The Italian situation is closely related to the demographic dynamic. As a matter of fact, Italy is the European country with the most numerous over-65 and over-75 years old population. The life expectancy in good health at the age of 65 is of 9.5 years, thus below both the EU average (9.9 years) and the one of most EU-15 Member States.

Despite the high public expenditure for LTC, the Italian public LTC system is mostly composed of informal care and consistently counts on the presence of immigrant care workers, who most often do not benefit from a regular employment contract.

At the same time, residential and domestic services are less widespread. The European Commission study shows that there are no univocal national standards in both residential and domestic assistance and that many decisions (including those regarding evaluation criteria) are delegated to the regional or municipal level. This situation produces a significant heterogeneity in evaluation and eligibility standards.

The Commission denounces that more than half of the LTC public expenditure is allocated to the accompanying allowance, a benefit that does not requires beneficiaries any accountability on how the subsidy is spent nor it provides guarantees on the quality of care services.

The COVID-19 pandemic has drastically shown the weaknesses of the Italian system, making it the first country to be hit by the emergency and in the hardest way. For the first time in decades, the attention to LTC has significantly increased due to the dramatic events caused by the pandemic – and more specifically, due to the high number of criticalities (and casualties) in residential care.

According to such circumstances, the Investment Plan (PNRR) approved after the pandemic emergency devoted 8% of funds to the "*Missione Salute*" (thus to the healthcare area) that aims to ensure "an efficient National Healthcare System to enhance and modernize facilities, by making them digital and inclusive, to grant an equal access to care, to strengthen prevention and services throughout the territory thank to the research".

In October 2022, the last act of Draghi's government was to inaugurate the *iter* for reform for non-self-sufficient elders, in accordance to with the Ddl that introduces measures and simplified procedures for elderly people and addresses the needs and conditions of non-self-sufficient individuals.

Among the main elements of the reform, there is the creation of the Interministerial Committee for policies for the elderly population which is constituted at Council Presidency and has the task to: 1) coordinate interventions and services; 2) constitute a new assistance system that addresses individuals with an innovative and unified approach, while integrating healthcare services and social care interventions; 3) valorise the continuity of elders' domestic care and the promotion of measures for social inclusion; 4) simplify the procedures the assessment and evaluation of non-self-sufficient, thus allowing the realization of a "individualized assistance project" ("*progetto assistenziale individualizzato*" – PAI); 5) give particular attention to interventions for the prevention of elders' fragility: over-80 years old people and elders suffering from chronic pathologies will be eligible to access evaluations and adequate services relating to one's individual healthcare necessity through the unitary access points ("*punti unici di accesso*" – PUA) set throughout the national territory.

A planned "Budget for care and assistance" is aimed at recognizing treatments, services and resources available for the implementation of PAI. Moreover, an Integrated domestic healthcare and social assistance service are created to unify those bodies falling under the umbrella of Integrated domestic assistance ("*assistenza domiciliare integrate*" – ADI) and of domestic assistance services. In an experimental and on-progress approach, the reform introduces the "universal service for non-self-sufficiency" thus replacing the accompanying allowance, measured based on the specific assistance needs and aimed to allow non-self-sufficient elders to choose between the economic benefit and specific care services. Some last interventions target family caregivers, i.e., the identification of workers' protection, also in the social security realm, for their reinstatement in the occupational market.

As argued by Sergio Pasquinelli²² on Welforum²³, the regulation and governance guidelines can be positively evaluated for three reasons. Firstly, they offer a coherent, unitary, integrated and simplified welfare design for non-self-sufficiency. Secondly, they promote the acknowledgment of non-self-sufficiency's specificities to favour adequate professional interventions and reinforce the political influence in the sector. Thirdly, they attempt to consistently innovate these areas of the welfare state. The planning, design, and realization of SNAA's interventions are carried

²² Sergio Pasquinelli is the chairman of ARS (*Associazione per la Ricerca Sociale*), the vice director of Welforum.it, and the chief director of the *Prospettive Sociali e Sanitarie* journal. He realized the Qualificare.info website which focuses on private care work. He curated the First Report on care work in Lombardy.

²³ <https://www.welforum.it/riforma-della-non-autosufficienza-il-difficile-viene-ora/>

out thanks to the partnership between the public institution and several private entities that embody the social economy and community.

The "Universal social security for non-self-sufficient elders", which would replace the accompanying allowance, is expected to be measured accordingly for individuals' needs and can be benefitted either in the form of an economic subsidiary or as care services. After forty years, these measures will be redrafted accordingly to what is expressed by the European Commission. The beneficiaries of the Universal social security can choose between two options: a) receiving a monetary sum with no constraints in use; b) receiving the service, supplied by caregiving operators, including authorized and credited domestic and residential services, or by regularly hired caregivers. The latter option entails an increase in the social security value. Although it is not specified by the Ddl, it is still an element underling its usefulness. In this way, Italy should be able to align with other European LTC systems and thus solving the current limits that do not acknowledge the wide range of variety of needs in the non-self-sufficient population. The new mechanism allows granting horizontal equity among people with different care needs. To this matter, more than elsewhere, a meticulously detailed operating mechanism should – but it is yet to – be drafted.

Again, Pasquinelli highlights some further issues that need to be addressed by the undergoing reform design and its consequent adoption by the envisaged implementation decrees within March 2024.

The first criticality concerns the realm of resources, not planned in the design of the enabling law but they are undeniably going to be essential for the overall plan. The draft law states that the implementing provisions must rely on resources available under the present legislation, specifying that any additional burden needs be accompanied by corresponding solutions.

If the Universal social security is considered a "substitute" for the accompanying allowance, it means that its amount cannot fall below the current 525 euros per month. If the new measure is based on one's needs, it must also consider beneficiaries with limited possibilities.

Then, it will be necessary to clarify the role of residences for elderly (the delegated law lacks an idea on how the state can support them, promoting their presence – very different among regions – and quality). The domestic work also needs to be further framed and clarified: the reform does not include incentives to regular employment or its professionalization which are critical issues for families.

Last but not least, a key role is played by the National Collective Bargaining Agreement on domestic work²⁴, which is currently used by 4 million people among domestic workers and employers, formal and informal. The Collective Agreement regulates the recruitment and management of the working relationship as it mainly covers assistance for non-self-sufficient individuals. It undergoes continuous renewal to adapt the contractual text to new and current necessities.

What described so far concerns a still-on-progress reform and its legislative enactments, expected in March 2024. Meanwhile, it is possible to enhance and correct the legislation and, most importantly, ensure that the first funding is allocated.



According to the European Commission report, Slovenia has no uniform definition of long-term care, so the LTC system is not homogeneous either. In Slovenia, there is no single nor comprehensive legislative act on LTC assistance. Services that refer to the LTC fall within the various social protection systems, thus concerning the health, social assistance, parental care, pension, education and the disability assistance system. The assessment of individuals' issues and needs is also based on fragmented and erratic procedures.

Slovenia is also experiencing a progressive ageing of the population, which leads to an increase in the number of elderly people potentially in need of LTC.

In 2019, the proportion of the over-65 population in need of care- or domestic-related services was 38.8% and 21.3% of them had received LTC support, either as services or cash.

In the same year, the total public expenditure for LTC was 1.0 % of GDP. Under the same conditions, it has been estimated that the LTC spending will further increase by 2050, making the LTC system financially unsustainable.

²⁴ The National Collective Bargaining Agreement on domestic work is signed by the most common trade unions. By the workers, there are Filcams CIGL - Fisascat CISL - UILTuCS – Federcolf; by the employers, there is FIDALDO and DOMINA.

The affordability of LTC (measured by comparing the incomes of older people and the cost of care) has worsened since 2007.

It is difficult to assess the quality of the assistance as, with the exception of monitoring and minimum standards, there are no guarantees of its quality, safety and strategy at the national level.

Lastly, domestic care is mainly run informally and by women.

Since the Covid-19 pandemic, health policy reforms have focused on implementing a digitalisation programme aimed at improving the quality of services, integrating existing health information systems and optimising health data. Strengthening primary assistance has also been a long-standing priority with a new strategy being developed in 2022, as several organizational reforms of community primary care centers focused on integrating care and increasing national family medicine practices. Meanwhile, the financing and organisation of long-term assistance has been a persistent issue of the national debate. Moreover, future reform work is likely to focus on health workforce planning, waiting times in second-grade specialist care, diversification of the health system revenue, and evaluation of the health system performance.

5 Opinions of employers

The European Care Strategy: an ambitious step forward for domestic workers that risks falling short.

Aurélie Decker, Director of the European Federation for Services to Individuals (EFSI)

The COVID-19 pandemic highlighted the structural weakness of EU Member States' care systems as well as the essential status of care workers. While there has been a notable cultural shift on care since then, the care workforce remains undervalued and underpaid. The current cost-of-living crisis and high levels of inflation across the European Union are one of the major challenges for both care receivers and care givers. For care receivers, their out-of-pocket payments are increasing and consequently they end up receiving less support than what they need. For care givers, it remains difficult for them to sustain a family from working in the care sector. These issues are particularly heightened for workers delivering direct and indirect care services in persons' homes.

Currently the domestic sector – also termed personal and household services (PHS) sector at EU-level - receives little public attention in most countries despite the fact that it employs around 10 million workers in the EU who care of millions of individuals on a daily basis. Because of population ageing and women's increased participation to the labour market, the demand for household and care services is constantly growing. To this day, it already exceeds the supply, and we estimate that 11.6 million jobs will need to be created by 2030. Despite those promising trends, the future of the sector is tied up with its ability to tackle challenges linked to workforce attractiveness and retention as well as services' accessibility and affordability for users. Therefore, the European debate surrounding the Care Strategy was extremely timely and raised a lot of expectations for domestic work and care stakeholders.

An ambitious strategy that doesn't match reality on the ground.

Adopted in September 2022, the Strategy sets an agenda to improve the situation for both carers and care receivers in a life-long perspective. It calls for boosting access to quality, affordable and accessible care services and improving working conditions and work-life balance

for carers. It rightly acknowledges the necessity to better value all care occupations and all care workers and puts the emphasis on home care services as an alternative option for institutionalized care. It is both a major step forward to enable EU citizens to freely choose the type of care they want to receive and towards the recognition of the crucial role played by home-based services providers.

However, even though the European Parliament recognized the paramount function of domestic work in its report adopted in July 2022²⁵, the European Commission drew an analytical separation among domestic workers by only including those providing long-term care services. It reflects a huge misunderstanding of domestic workers' reality. Indeed, the International Labour Organisation (ILO) repeatedly underlined the fact that domestic workers "*provide direct and indirect care services, and as such are key members of the care economy. Their work may include tasks such [as taking care of children, or elderly or sick members of a family], cleaning the house, cooking, washing, and ironing clothes, [...] gardening, guarding the house, driving for the family, and even taking care of household pets*"²⁶. These activities are not mutually exclusives and are usually overlapping on the ground. The boundaries between direct and indirect care work are blurry as a person might wash a dependent person and then bring out their garbage or mop their floor after a shower. Furthermore, it is very common for domestic workers to have several employers and to work for several households with various to no dependency status.

By de-facto excluding from the scope of the Strategy domestic workers not classified among long-term care workers, the European Commission jeopardizes the success of any potential actions aiming at improving working condition in the sector. In addition, as reported by European PHS Social Partners on several occasions this "*analytical separation between domestic long-term care workers from other long-term care workers bears the danger of creating a two-class care workforce, where those that are providing care in persons' homes end up being undervalued*

²⁵ European Parliament resolution of 5 July 2022 towards a common action on care (2021/2253(INI)), https://www.europarl.europa.eu/doceo/document/TA-9-2022-0278_EN.html

²⁶ International Labour Organisation website, <https://www.ilo.org/global/topics/domestic-workers/who/lang--en/index.htm> (last accessed 20 April 2023).

and under recognized compared to their counterparts working in residential care facilities”²⁷.

Despite these warnings, Ministers of Member States in charge of Employment, Social affairs and Health policy adopted the two Council recommendations in December 2022 without getting rid of this inadequate distinction. It is therefore unfortunate that the European Care strategy failed to adequately include all domestic workers workforce in its scope of action, carrying on the undervaluation and under-recognition the sector has been suffering from.

Another shortfall of the European Care Strategy - when it comes to domestic work - lies in the identified areas of actions. As such, the Strategy is divided into five areas of action namely: 1) improving care services; 2) improving working conditions in the care sector; 3) better balance between work and care responsibilities; 4) investing in care; and 5) improving the evidence base and monitoring progress. None of them foresees a policy package to tackle undeclared work, the issue being only addressed through the perspective of undocumented long-term care migrant workers. Once again, the Strategy failed to acknowledge the reality of undeclared work in the domestic work sector which goes beyond the topic of legal migration pathways and is a multifactorial phenomenon. Whereas the sector is expected to expand in the coming years, many observers fear that most of its expansion will lead to the development of undeclared work rather than formal work, at the expense of caregivers, care receivers and society at large.

Commitments that remain to be delivered

If the European Care strategy failed to adequately include the whole domestic work sector in its remit, it remains key as it provides the guidance and impetus for policy reforms to make a positive difference in the lives of people in need of care and carers alike. The Council Recommendations provide policy frameworks for reforms and investments at national, regional and local levels, although not bindings ones. Both cover adequacy, availability and quality of care as well as the working conditions of carers. Among the commitments relevant for domestic workers one can mention the call for an effective regulation of challenges related to quality

²⁷ PHS Social Partners statement on the European Care Strategy, September 2022, http://www.efsj-europe.eu/fileadmin/MEDIA/publications/2022/20220913_EU_Care_strategy_PHS_social_partners_joint_statement_final.pdf

employment and fair working conditions of domestic LTC, live-in and migrant care workers²⁸ and of early childhood education and care (ECEC) staff including family home-based day-care²⁹. Furthermore, both Council Recommendations make a strong call for improved professionalization of all care workers.

Whereas Member States will effectively transpose these recommendations at national level is a question that no one is able to answer at time of writing. Member States have until June 2024 to communicate the wide-ranging action they will have taken resulting from the European Care Strategy. Furthermore, whereas the appointment of national long-term care coordinators to support implementation and effective coordination mechanism is foreseen, there is no guarantee at this stage that all Member States will do so.

However, one thing is clear: domestic work stakeholders' mobilization is essential for the European Care strategy to deliver concrete positive results for the sector. They need to remind national policy makers that their country adopted the Strategy. They need to clarify that all domestic workers are included in the strategy and that they are vital to meet Europe's care needs in the years to come. They need to demand the consideration of domestic work on an equal footing compared with other care provision models when it comes to working conditions, quality requirements, and investment. They must be vigilant that the focus put on the development of home care services is not instrumentalized by governments and policymakers to solely save costs and much-needed investment. This is easier said than done for a sector which remains poorly structured and in which social dialogue and collective bargaining remains challenging in most EU Member States.

A debate that goes on at European level

Not only does the European Commission's communication call for action at national but it also sets out further supportive actions at European level. Some of them are of particular interest for the domestic work sector and might potentially impact on the sector's regulation in the years to come. Our attention is drawn to three specific initiatives. Firstly, the European Commission has

²⁸ Article 7 of Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care (2022/C476/01).

²⁹ Article 17 of Council Recommendation of 8 December 2022 on early childhood education and care: the Barcelona targets for 2030 (2022/C484/01).

launched a study mapping the current admission conditions and rights of long-term care workers from non-EU countries in the Member States whose results are expected by autumn 2023. Its results will feed into current EU-level discussions on work migration and are of particular importance given the labour shortages faced by the domestic work sector and the already high share of migrants within its workforce.

Similarly, the European Commission is currently conducting a review of EU law on the working conditions of long-term care workforce, including domestic workers and live-in care workers, whose results should be available during the summer 2023. Whereas no specific initiative with regards to domestic workers is foreseen by the European Commission at present, this review will provide more insights into the working conditions challenges. It will undoubtedly feed discussions surrounding the scope of the Framework Directive on Health and Safety and a potential recast of the Working Time Directive.

Finally, as announced in the European Care Strategy, the European Commission launched mid-April 2023 the Skills Partnership for the long-term care sector whose ambition is to assess, prepare and address the LTC workforce skill needs in order to meet current and future challenges. It seeks to create European-wide curricula and training programs for LTC professionals on digital skills and person-centred skills and establish a European Strategy for Skills in LTC. EFSI, along with others PHS Social Partners, will make sure that this partnership will acknowledge the specificities of home-based care provision and will contribute to skills and qualifications policies mapping in domestic work. Personal and societal image is essential for self-esteem. Recognition of domestic work as a qualified one in the eyes of public authorities is needed to improve the industry's portrait as well as to fight the image of domestic work as a "transition", in between better prospects.

To conclude, the European Care Strategy expected results for domestic work seem poor at this time as they lie mostly in Member States' hands. However, it is nonetheless true that the Strategy remains crucial for the future. June 2024 is the next key milestone. By then, Member States should have communicated the actions taken resulting from the European Care Strategy, enabling a first objective assessment. June 2024 will also be crucial as a new College of European Commissioners will take office following the European elections. Their political priorities and the initiatives they will put forward will depend on their political affiliation as well as on the results

of the research work currently conducted by the European Commission.

It is our role and duty as domestic workers employers' representative to work actively with our members – at European and national level – to make the best use of this momentum and ensure that the Strategy is implemented in the best interest of all care users and workers. Let's hope that the European Care Strategy is nothing but the beginning of a more proactive and comprehensive EU-level support policy towards domestic work.

6 The socio-economic impacts of domestic work in Europe

In Italy, the COVID-19 pandemic mainly endangered elderly people. However, according to ISTAT, this has not halted the ageing of the population. *“Despite the more than 2 million and 150 thousand deaths registered in the last three years, 90% of which concerned people over 65, the ageing of the population has continued, bringing the average age of the population from 45.7 to 46.4 years between the beginning of 2020 and the beginning of 2023³⁰”*. This is because the baby boom generation, that is, those born after the Second World War, is now entering more mature age groups.

This situation concerns the overall European panorama, not only Italy. In a single year, the over-65-year-old population has grown by over a million, thus increasing by 1.2%. For Europe and Italy, maintaining the welfare of the elderly will be increasingly expensive and complicated. But if the management of non-self-sufficiency must be addressed by all European countries, what must be changed are the methods of management.

According to the context, that is, countries' cultures and welfare systems, policies to handle the so-called *“demographic winter”* also change. For instance, Germany chose to limit the damage caused by the population ageing by admitting immigrants and introducing new policies to promote higher birth rates. In 2013, Germany counted 80.5 million citizens and 8% were foreigners. In 2022, the country registered an increase of about 3 million residents and foreigners were 13% of the population. Foreigners influence younger age classes, thus curbing the overall population ageing.

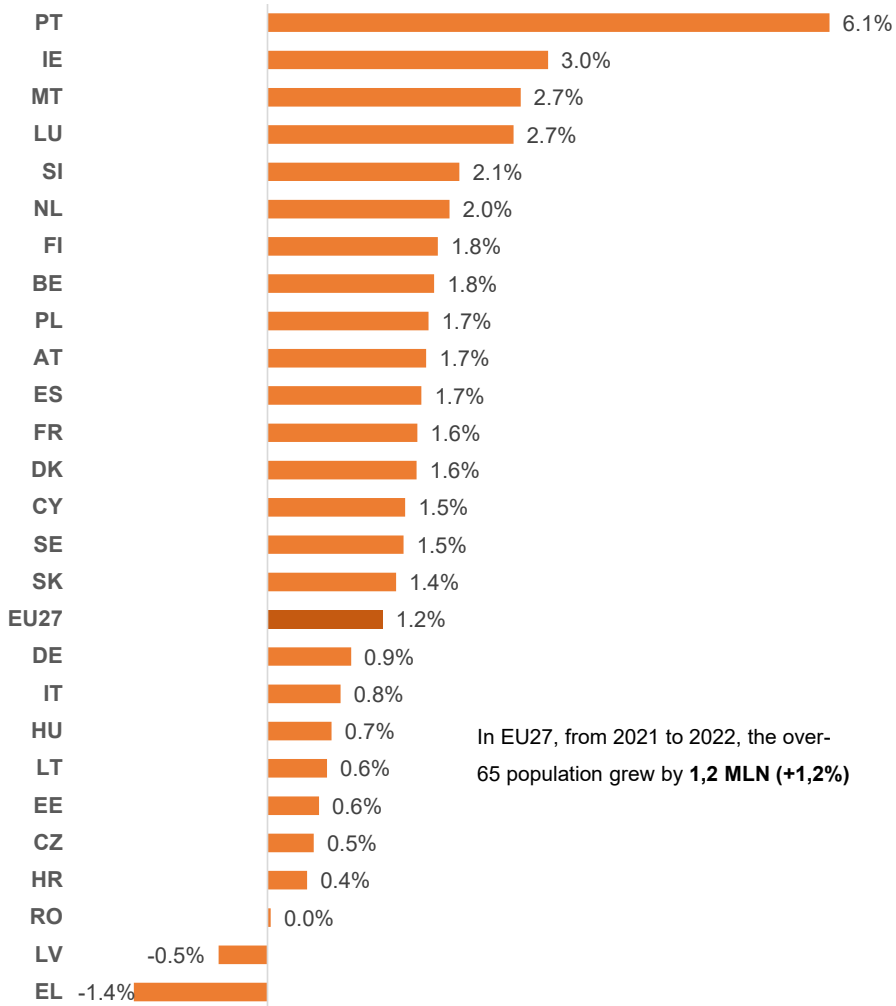
France has always been characterized by high fertility rates, nevertheless its population is not immune to ageing. Compared to 2013, the population increased by 2.3 million inhabitants, but unlike Germany, older age classes (over 65) were the one marking such growth. With such premises, the recent pension system reform on the raise of the retirement age does not come unannounced.

The following graph (Fig. 7) shows Portugal to be the country with the harshest ageing trend. Compared to 2013, the total population decreased (-1.3%), whereas the elders' figure grew (+20%). This is why the management of the elderly population in this country will become more and more important. Italy displays a similar situation as its population has decreased since 2013

³⁰ ISTAT. *Indicatori demografici* (Key Demographic). 2022. April 7, 2023

by 600 thousand people, while the elderly grew (+11%) in a more contained curve.

Fig 7. Percentage change of the over-65 population, from 2021 to 2022



DOMINA and Leone Moressa Foundation elaboration on Eurostat data

All these aspects make it clear how people employed in care will increasingly be essential to manage the rise in the average age. In fact, in the European Union, there are over 11 million care workers, that is, 5.6% of the total employed. To quantify the phenomenon, it is sufficient to consider that only 7.4 million workers are employed in agriculture.

Three typologies of care workers exist. Firstly, domestic workers, that is, personnel directly employed by families and inscribed in the “*activities of families and cohabitations as employers for domestic staff*” ateco sector, here referred to as “*domestic worker*”. Domestic workers are about 2 million and represent less than 1% of the total employed in care.

Secondly, workers included in residential care (nursing homes, recovering centres) amount to 4 million employees or 2.1% of the employees in the sector. Lastly, workers employed in non-residential care or in services provided by public bodies or private organizations that carry out visits to the elderly and disabled adults, support for daily activities and management of nurseries or day care for disabled children. This third category of workers amounts to 5.2 million (2.6% of those employed in care).

Tab 6. Workers in care sectors in EU27 (2021)

Sectors	Employed	On total Employed (%)
Domestic workers	1,858,400	0.9%
Residential care workers	4,067,200	2.1%
Non-residential care workers	5,227,500	2.6%
Tot. Employed in care	11,153,100	5.6%
Tot. Employed	198,174,200	100.0%

DOMINA and Leone Moressa Foundation elaboration on Eurostat data

Table 7 compares the presence of elderly people with the number of workers in care, clearly disclosing that there is no correlation between the two variables. Denmark is the country with the highest number of people employed in the care sector (11.3%) but it has a lower proportion of older people than the EU27 average. Greece displays the opposite situation: many "elderly" but a very few workers are employed in care activities.

Tab 7. Comparison of the over-65 population and workers in care sectors

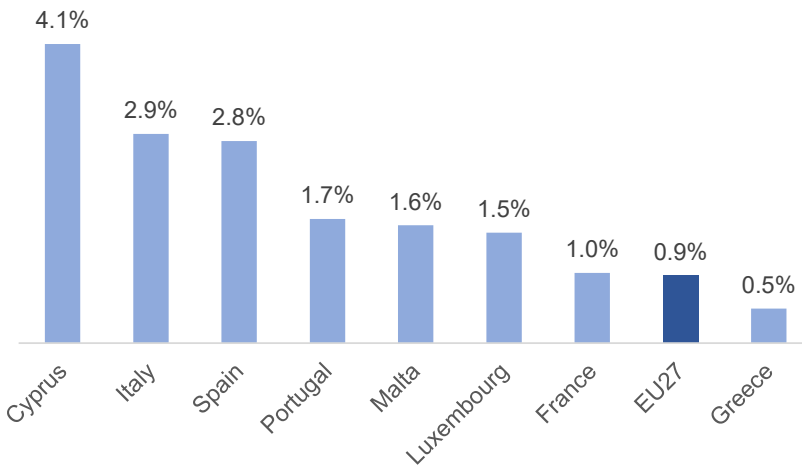
	Over-65 pop. on the total (%)	Workers in care sectors (%)
Italy	23.8%	5.4%
Portugal	23.7%	5.5%
Finland	23.1%	9.5%
Greece	22.7%	1.5%
Croatia	22.5%	2.4%
Germany	22.1%	6.6%
Bulgaria	21.7%	1.9%
EU27	21.1%	5.6%
Slovenia	21.1%	2.7%
France	21.0%	8.1%
Latvia	20.9%	2.2%
Czech Rep.	20.6%	2.5%
Hungary	20.5%	2.9%
Estonia	20.4%	1.6%
Denmark	20.3%	11.3%
Sweden	20.3%	7.5%
Spain	20.1%	5.9%
The Netherlands	20.0%	9.4%
Lithuania	20.0%	1.7%
Belgium	19.5%	7.8%
Romania	19.5%	1.4%
Austria	19.4%	4.0%
Malta	19.2%	5.8%
Poland	19.1%	1.9%
Slovakia	17.4%	2.7%
Cipro	16.5%	5.1%
Ireland	15.0%	5.7%
Luxembourg	14.8%	7.6%

DOMINA and Leone Moressa Foundation elaboration on Eurostat data

As anticipated, the management of care and care services varies according to the type of welfare system of each country. In Mediterranean countries, the widespread family network and the traditional presence of home ownership make it preferable to taking care of the elderly at home³¹.

In these countries, moreover, welfare is strongly entrusted to families, so domestic work is generally more widespread, as well as irregular types of care work. For example, in Italy, the rate of irregularities in the domestic work sector is extremely high. Such forms of irregular work can generate niches of workers not quantifiable by official statistics.

Fig 8. Top countries by incidence of domestic workers



DOMINA and Leone Moressa Foundation elaboration on Eurostat data

In Northern Europe, the different roles of public institutions and the different family organisation result in a feebler presence of domestic work, while workers in residential facilities or home services are more frequent.

Countries with a "*Mediterranean welfare*" are those displaying high figures of domestic workers.

³¹ Dossier europeo DOMINA 2022

Cyprus presents the highest rates, that is, 4% of those employed in domestic work, followed by Italy (2.9%) and Spain (2.8%). These three countries alone account for some 1.2 million domestic workers, 66% of the European total.

In terms of absolute values, four countries account for 88% of domestic workers (Italy, Spain, France and Germany). In Spain and Germany, the figure is growing, while in the other two countries, a contraction is registered. Most of these are women between the ages of 40 and 59.

Tab 8. Top 10 countries by domestic workers (2021)

	Domestic workers (thousand)	Distribution (%)	Change 20/21 (%)
EU27	1,858	100.0%	-2.1%
Italy	654	35.2%	-1.3%
Spain	554	29.8%	3.1%
France	269	14.5%	-6.2%
Germany	162	8.7%	2.7%
Portugal	83	4.5%	-24.2%
Romania	25	1.3%	-7.5%
Greece	19	1.0%	-13.0%
Cyprus	18	1.0%	12.6%
The Netherlands	14	0.8%	-13.0%
Poland	13	0.7%	-18.0%

DOMINA and Leone Moressa Foundation elaboration on Eurostat data

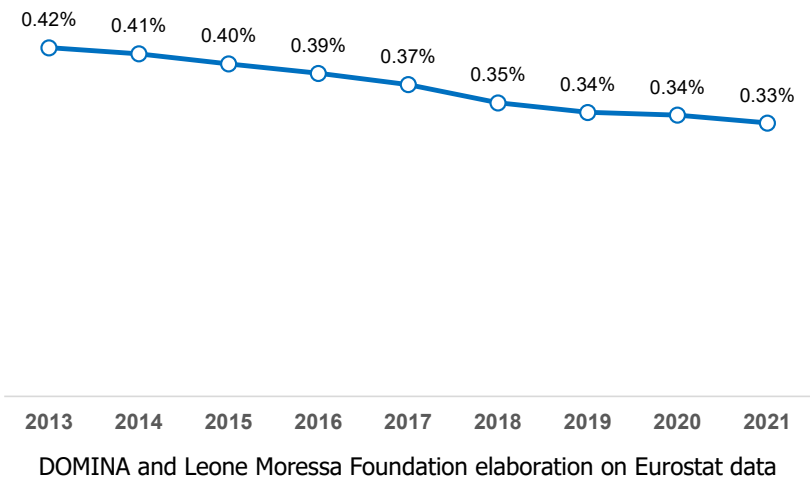
At the economic level, in 2021, the domestic work sector produces an Added Value of 42.5 billion euros, 0.33% of the total in the EU27 area.

The time series of the Added Value by the domestic sector on the total (fig. 9) shows a constantly decreasing trend. Meanwhile, the incidence of the Added Value produced by employment in residential/non-residential care has undergone a mere small growth (in 2013, it was 2.3% and

it increased to 2.4% in 2020³²).

These results appear to contrast with the increase in the elderly population across Europe. There is a possibility that new care needs are being met by families or that there are forms of "informal" care work that cannot be identified by official data sources.

Fig 9. Added Value in the domestic work sector in EU27 (2013-2021)



In absolute terms, the countries with the highest Added Value in the sector are Italy (18.1 billion), Spain (9.5 billion) and Germany (7.7 billion). In particular, Italy and Spain alone produce more than 65% of the Added Value of domestic work, a sign that in countries with a Mediterranean welfare, the phenomenon is significantly more economically relevant than elsewhere.

The same results are obtained by analysing the impact on the total Value Added of each country: in Mediterranean countries (Italy, Cyprus, Spain, Portugal, Greece), the Value Added of the domestic sector exceeds 0.5% of the total, in Italy, it reaches 1.13%.

That point that the domestic sector for the management of care is fundamental in Italy is also evidenced by the fact that it is the only country in which the Added Value of domestic work is

³² Last available data.

higher than that of the two other sectors of care (fig.10). In the rest of Europe, however, the incidence of the Q87 and Q88 sectors is greater, reaching in some contexts more than 4%.

Tab 9. Added Value in the domestic sector (2021)
Top 10 countries by Added Value

Countries	Added Value (Bn euros)	% GDP
EU27	42.5	0.33%
Italy ³³	18.1	1.13%
Spain	9.5	0.87%
Germany	7.7	0.24%
France	1.5	0.07%
Netherlands	0.9	0.13%
Portugal	0.9	0.51%
Greece	0.8	0.51%
Denmark	0.6	0.21%
Belgium	0.5	0.12%
Finland	0.4	0.17%

DOMINA and Leone Moressa Foundation elaboration on Eurostat data

³³ Eurostat sample data not comparable to INPS administrative data registering 961,358 domestic work taxpayers. See the Methodology section of the 2023 European Dossier.

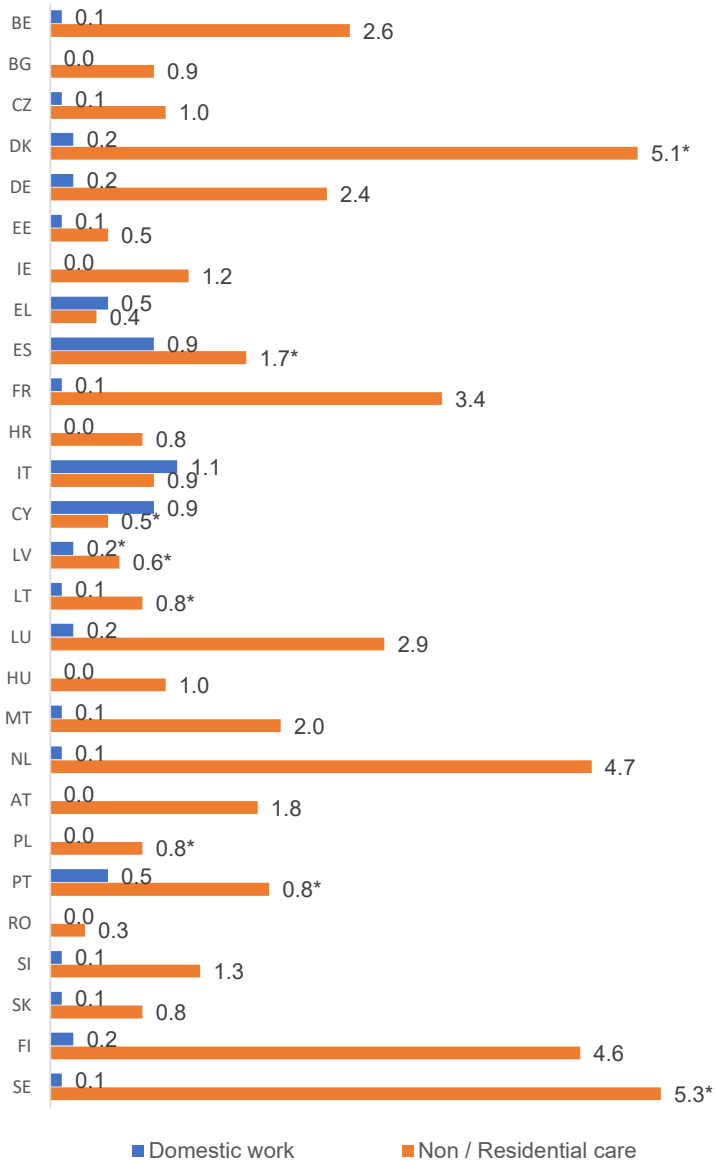
Tab 10. Added Value in the domestic sector (2021)

Top 10 countries by GDP

Countries	Added Value (Bn euros)	% GDP
EU27	42.5	0.33%
Italy	18.1	1.13%
Cyprus	0.2	0.88%
Spain	9.5	0.87%
Portugal	0.9	0.51%
Greece	0.8	0.51%
Luxembourg	0.2	0.25%
Germany	7.7	0.24%
Denmark	0.6	0.21%
Finland	0.4	0.17%
Netherlands	0.9	0.13%

DOMINA and Leone Moressa Foundation elaboration on Eurostat data

Fig 10. Incidence of Added Value by sector. Comparison of care sectors (2021)



* 2020 last available data

DOMINA and Leone Moressa Foundation elaboration on Eurostat data

7 The contribution of universities: projects and research in the care work

The DOMINA Observatory research represents the attempt of national employers to boost "culture" and "debate" on domestic work. While DOMINA Observatory has played an authoritative and credible role in analysing domestic labour phenomena at the national level for years, there is still a long way to go for what concerns the European level. For this reason, the DOMINA Observatory has decided to include in this dossier contributions of European universities researching this field to further broaden the debate by raising awareness about domestic work and the role of employer families.

7.1 Transnational Service Provision in Long-term Care between Western and Eastern Europe

By Marlene Seiffarth, University of Bremen

Europe's population is growing older, therefore the demand for long-term care is increasing. Countries differ in how much care is provided by public institutions, private for-profit or non-profit organizations, and households. However, migrant care workers become increasingly important for care provision across countries and contexts. That's why, within our project, we asked: How and to what extent does social policy in different countries address the need for long-term care? How is long-term-care organized in different countries? What is the role of migrant workers in long-term care provision in those countries?

This research project investigates long-term care (LTC) systems across Europe and their increasing reliance on workers from abroad. We focus on Germany, Italy, and Sweden as destination countries that employ migrant workers in their LTC systems, and on Romania and Ukraine as two of the sending countries from which originate many of the care workers who migrate West. We also study Poland, which is simultaneously the country of origin of many care workers employed across Western Europe and a destination country for migrant care workers from Ukraine. We examine national LTC systems as influenced not only by LTC-specific regulations, but also by state policies in other domains, for example labour market and education or migration. Research within the project is based on qualitative methods, including document analysis, analysis of national statistical databases and a total of 78 expert interviews with a wide range of relevant stakeholders: national and regional care service providers, advocacy groups and associations of workers, employers, and people in need of care.

Results suggest the 'migrantisation' of LTC as migrant workers become an integral pillar to caregiving for older people. We systematise this according to our analytical concept which accounts for criteria of formal/informal employment relationships, the mostly informal domestic service provision vis-à-vis the usually formal residential and homecare service provision, both in combination with the role of migrant workers. Whereas the migrant-in-formal care is dominant in Sweden, Italy and Poland represent the migrant-in-the-family model. In Germany, both care models coexist (Rothgang et al. 2021). Migrants come "to the rescue" to bridge workforce shortages in institutional settings, but also in family care settings where migrant workers are employed mostly via agencies. Germany introduced provider competition and for-profit care providers multiplied, however not reducing the growth of informal live-in care (Safuta et al. 2022). The duality of the German case was perpetuated by the introduction of the LTC Insurance, demographic changes, intra-European wage differentials, and active recruitment of foreign nurses for geriatric settings (Gottschall, Noack, and Rothgang 2022). The latter focus on highly skilled migrants in Germany is different to the strategy in Sweden, where migrants already living in the country are integrated into low-skilled positions in its highly institutionalised eldercare sector (Noack and Storath 2022).

In the German media discourse, live-in arrangements are scandalised, problematised, and at the same time normalised into to "a story of lonely care receivers, exhausted relatives and lovable, committed care workers" (Storath 2019). This story resembles that of Italy's migrant care work sector. Italy remains the prime example for the migrant-in-the-family model which has been perpetuated by mostly non-state and individual actors, since the national policy level had been characterised (until very recently) by a policy inertia in that field. Italian and migrant families (such as Romanian transnational families) have held the model stable over the years via word-of-mouth recruitment paths and informal employment in a DIY-welfare arrangement and throughout crises in both Italy and Romania (Seiffarth 2021). In contrast to Germany however, Italy has a much lower rate of informality in the domestic work sector: 52% in 2021 compared to an estimated 90% in Germany. An important factor in this formalisation process in Italy are the efforts of the collective bargaining social partners – trade unions and employer associations – who have created irrevocable standards in the absence of national policies and outdated legislation, as well as a conducive environment for formalisation via their administrative and legal support services they offer to their members (Seiffarth 2023). Moreover, regional governments may set up innovative projects to address the challenges of the migrant care work sector as shown by a project in Tuscany (Seiffarth and Aureli 2022).

In Poland, migrant care workers mostly come from Ukraine and the sector is comparatively small

and lacks statistical estimations. Reforming the LTC sector in Poland has so far been unsuccessful due to the impossibility of inter-partisan cooperation and continuity, and the declining role of Western policy models as catalysts for change (Safuta 2021).

The research project took place during the COVID-19 pandemic which not only impacted the research process (e.g., shift to virtual fieldwork), but of course had important repercussions for the migrant care work sector. In Germany, the pandemic became a “magnifying glass” for the unsustainable home-based care arrangements and created tensions within the migrant care workforce (Safuta and Noack 2020). In Italy, the fragility of the sector was also exposed (Seiffarth 2021), but the pandemic also intensified social partners’ lobbying efforts who addressed gaping inequalities produced by the government (Seiffarth 2023).

The project was part of the Collaborative Research Centre (CRC) 1342 which analyses the global dynamics of public social policy and goes beyond previous research in that domain: Geographically, it systematically includes the countries of the Global South in the analysis. Analytically, it replaces the nation-state-centred approach of social policy research with an interdependence-centred approach, placing and analysing common determinants of social policy in the context of transregional and global interrelationships. For more information see: www.socialpolicydynamics.de .

7.2 CARE4CARE. We care for those who care

By Maria Luisa Vallauri, University of Florence

A starting point: Who care of those who care?

Since the Communication to the European Parliament, the Council and the European Economic and Social Committee of 20 November 2017 containing the EU Action Plan 2017-2019, the European Commission included the care work sector among those sectors “key to the future of European society and economy”. The Covid-19 pandemic has made even more clear the centrality of care work in modern societies but it also made more visible many critical issues affecting the working conditions of care workers, such as: the lack of adequate economic resources, the workforce shortage, the pressure put on care workers, the risks for their well-being, the underfinancing of social care as a consequence of the reorganisation and partial retrenchment of the welfare state involving also privatisation and commodification of public services, the weaker bargaining power in these sectors than in many male-dominated sectors, the undervaluation of female-dominated jobs, the prevalence of undeclared work in domestic care work, patterns of discrimination in the sector on grounds of gender and nationality (and the intersectionality between these two factors). Therefore, in her State of the Union address on 15 September 2021, President of the European Commission Ursula von der Leyen announced a European Care Strategy, pointing out, among the others, the need for decent working conditions for all workers in the care sector.

All this brought a question to our minds: who care for those who care?

The willingness to care for those who care is the starting point of the CARE4CARE project funded by the Horizon Europe programme for a three-year lifespan.

Objectives and goals of the project

Care workers are mainly women and migrants, which make the care sector an interesting field to verify the dynamics of segregation and exclusion that affect the labour market. At the same time, it is a challenging testing ground, which allows to design and verify new measures to counteract discrimination and promote social inclusion.

The Care4care project aims at investigating in a comparative and multidisciplinary perspective

the working conditions of care workers and their perception of their working environment and dynamics in six EU Member States (France, Germany, Italy, Poland, Spain and Sweden) in order to develop suitable tools to improve job quality and counteract discrimination in the sector, such as: elaborating policy strategies to tackle the undervaluation of care work, with particular attention to the key role that trade unions, employers' associations as well as equality and monitoring bodies can play both at national and EU level; designing training programs to empower trade unions, families' and employers' associations to improve job quality in the sector; setting up of a network on care work, which will implement a web platform accessible to care workers, in order to improve their rights' awareness.

More precisely, the project aims at highlighting the risks and conditions of vulnerability of the target, with a specific focus on discrimination and socio-economic undervaluation.

The ambition of the Consortium is, then, to create a model of analysis and regulation of the care sector that can be replicated in other European countries and can bring out new relevant strategies for intervention in order to elaborate legislative and policy proposals at the national and the EU level.

Lastly, the project aims at giving voice to care workers and to their representatives in the design and delivery of policies and measures that affect their lives. To this end, it is necessary to raise awareness and consciousness among care workers and trade unions by making rights clear and usable for workers and enhancing collective bargaining strategies.

The Target of the Research

Target of the project are workers employed in the public and private sector, caring for people with disabilities, the elderly and sick people: home caregivers, basic care workers, social and care workers, health professionals with at most a Bachelor's degree such as nurse. The research will also focus on undeclared work in the sector and on the informal economy of care.

The Consortium

The CARE4CARE Consortium spans the European Union from north to south and from east to west, it is led by an experienced team of the Department of legal Sciences of the University of Florence (Italy) coordinated by prof. Maria Luisa Vallauri and comprises ten partners.

Seven Universities are involved: University of Florence (Italy), Lunds Universitet (Sweden), Universidad de Girona (Spain), Universidad de Sevilla (Spain), Europa - Universität Viadrina (Germany), Uniwersytet Rzeszowski (Poland), Université de Bordeaux - Centre National de la Recherche Scientifique (France).

Tuscan Organisation of Universities and Research 4 Europe (Belgium) oversees communication and dissemination.

Two associations from civil society, European Federation for Family Employment & Home Care – EFFETTO (Belgium) and European Federation for Services to Individuals – EFFE (Belgium), act as a bridge with stakeholders at European level. The Consortium can also rely on the support of the European Trade Union Institute (ETUI).

The Outputs

The outputs of this research project are twofold: research outputs and societal outputs.

Regarding the research outputs, firstly, the research will provide a comparative analysis of the working conditions in the care sector; secondly, the research aims to assess the direct perception of working conditions and well-being at work, as well as awareness of rights; thirdly, the project will investigate strategies and techniques of regulation of working conditions in the sector.

Regarding the societal outputs, the first outcome is represented by the drafting of the CARE4CARE Policy paper that includes: general policy objectives, possible measures in national laws, possible measures for national social partners and institutions, possible measures in European law and for European social partners and institutions. The second outcome of CARE4CARE is the design and delivery of training programmes to empower trade unions, employers and the representatives of families' associations who will be the target group of the training. The aim is to improve knowledge and skills to recognize vulnerabilities of care workers in order to improve job quality and counteract discrimination in the care sector. The third outcome of CARE4CARE consists in the realisation of a web platform optimised for smartphones and tablets that will be structured to provide user-friendly information on relevant national and European legislation.

All the partners will be heavily involved in the implementation of both research and societal outputs and in the communication and dissemination of the results in order to maximize the impact of the project on the scientific community and civil society.

The Methodology

The main methodology adopted will be legal research in a comparative and EU perspective.

A comparative analysis of legal aspects, labour market conditions and industrial relations aspects on job quality and working conditions for care workers will be conducted, in order to get an assessment of the sector in the six EU Member States involved in the project and characterised by different models of welfare state.

A psycho-social survey will also be conducted through focus groups, questionnaires and audits to outline a picture of the quality of work and awareness of workers' rights.

Both qualitative and quantitative data will be collected to shed light on psychosocial working conditions that can affect care workers' well-being across the six EU member states involved in the research. Specific attention will be given to how structural variables – such as demographic variables, work-related variables, psychological and interpersonal variables – are related to care workers' mental health and well-being both in private and public sectors.

Finally, in order to comply with an ethical approach, the project will be advised by an Independent Ethic Advisor.

For further information: care4care@dsg.unifi.it. This project has received funding from the European Union's Horizon Europe research and innovation programme under GA n. 101094603

8 Country profile: domestic work in the EU-27

The previous sections illustrated to what extent the weight of the elderly component is increasing in all European countries. But the management of assistance and care changes according to the European country under consideration, as national policies reflect the differences arising from the various welfare systems.

The following sections present the salient features of some countries, representative of the main welfare models. EU27 details are then illustrated graphically in the 27 country sheets.

The first welfare model is the continental one, characterised by a rigid structure and high participation rates in the labour market. **Belgium** is an example of continental welfare, where the organization of long stays in care is delegated to regions. After a long-lasting collapse of domestic workers figures, in 2021, their number eventually grew (+24%), as well as workers in non-residential care (+0.4%), while workers in residential facilities decreased (-3%). Belgium appears to prefer other solutions than facilities for the elderly reception to manage the problems related to non-self-sufficiency, and perhaps the Covid-19 pandemic played a role in this. It must be taken into account that in this country, there are the so-called "good jobs" (titres-services) for domestic work, domestic or not. Vouchers are partly financed by the State and managed by authorised companies. In this way, the private does not establish any contractual relationship with the service provider, thus creating a three-way relationship between the employee, the employer (authorised company) and the customer/user (persons/households). The contribution of employer families in terms of GDP is only €517 million, 0.12% of GDP in 2021.

In **France**, another continental welfare country, domestic workers have been decreasing since 2020, whereas non-residential care workers are increasing (from 1,183 thousand to 1,261 thousand). In this country, care work is eased thanks to simplified procedures for recruiting and tax deductions for families. Besides vouchers analysed in the previous Report, "*familles d'accueil*" for the elderly is becoming more widespread and, so far, 10 thousand families have been registered in the program. These families host elders at their domicile to allow them to live in a familial environment in return for an economic contribution. Families obtain a renewable approval, lasting 5 years, after having attended a training course and after inspection at their residence. Belgium and France spent a consistent share of their GDP in long-term-care policies, although they mainly use such tools as service provision.

Germany, too, is part of the continental welfare system, although it changes how it finances non-self-sufficiency management. Since 1995, it has introduced compulsory social insurance for care in the event of non-self-sufficiency. This compulsory insurance covers the management of non-self-sufficient citizens, thus explaining why there is more employment in residential care services (34.9%) and non-residential ones (59.1%) than in households (6.0%). Household employers account for 7,725 million euros in 2021 (0.24% of GDP). **Luxembourg** shows a similar system, as the introduction of public insurance schemes assists dependent persons. Residential and non-residential care count more employed workers than the domestic work area. Domestic workers are almost 5 thousand and represent 20% of those employed in assistance. The Added Value produced by domestic work employer families is 161 million (0.25% of GDP 2021).

Secondly, there are the Nordic welfare regimes, characterized not only by a strong participation in the labour market but also by a firm governmental presence, focused on redistribution measures in support of equality and social cohesion. These welfare systems entail high support for families. In these countries, employment rates are high for both males and females and compared to other countries a consistent share of GDP is devoted to disability and families. In **Denmark**, there are almost no domestic workers employed by families (0.7% of total carers), while 11.5% of workers find employment in care services. The cost of assistance is almost entirely borne by the State and subsidized by high taxes. Public expenditure per capita is about 17 thousand euros (whereas the Italian one is around 9 thousand). In **Finland**, the number of domestic workers is slightly higher (9,300, that is, 3.8% of those employed in the care sector) and it is growing compared to 2020 (+13.4%). The non-residential assistance registers the largest number of employed workers, with 143 thousand workers in this sector (+8% compared to 2020). In this country, 6% of GDP is spent on family and disability (in Italy, only 3%). In the **Netherlands**, there are 14 thousand domestic workers. Although their numbers showed substantial growth since 2014, their presence started to shrink again in 2021. Residential and non-residential care record the highest figures of workers, and their values are increasing (respectively +11% and +15%). The Nordic system par excellence is **Sweden**, with both high rates of employment and high taxes. Tax revenues provide services to citizens, particularly families and elder people. Families never set themselves up as domestic work employers but they make use of public or private services. Data are drawn from national accounts to produce an estimate of domestic workers, as there were no other official data due to the exiguity of the phenomenon. It is still possible for families to employ workers, but these are exceptions and not the rule. For this reason, the report does not analyse domestic workers but rather residential

and non-residential care workers. These two categories account for over 376 thousand workers (7.4% of the total), a share that is now decreasing since 2017 when it reached its peak (442 thousand). In most cases, these workers are female (78%), and the proportion of under-40 workers (42%) is high.

Portugal, Spain, Greece and Italy are the four countries that constitute the Mediterranean welfare system. In these countries, there is a limited supply of public care services and families bear most of the care responsibilities. Moreover, female participation in the labour market is limited and birth rates are low. Compared to the countries analysed so far, the presence of domestic workers employed by families is more sizeable. In **Greece**, almost 60,000 workers work in the care sector and they represent 1.5% of the total. Domestic workers are constantly decreasing, probably as a result of the economic crisis that the country is going through. Since 2011, 179,000 jobs have been lost, a drop that has also affected the domestic sector. Residential care employs fewer workers (9 thousand) than workers hired by households. Domestic workers are almost all women and because of the low female employment rate (51%), they are significantly representative of the labour market. In **Italy**, the State contributes with monetary support in cases of non-self-sufficiency. Families can independently decide how to use these sums. Domestic workers number 654 thousand and represent 54% of workers related to care. Residential care workers decreased sharply (-6%), probably due to the pandemic as many issues emerged regarding how to handle relatives' visits in residential facilities and this may have led families to choose other types of assistance. Data on domestic work must be complemented by data on informal work, for the fact that the country has high rates of irregular work in the care sector. Social public spending has increased mainly because of the growth in pension spending and the cost of health care, influenced by the pandemic. The importance of domestic work in Italy is evident from the contribution to GDP; in 2021, the Added Value produced amounted to 18.1 billion (1.13% of GDP) and in the years to come, given the ageing of the population, the economic value is expected to grow. **Spain**, too, shows a significant presence of domestic workers (554 thousand) and compared to the previous year the figure is growing (3.1%). This consistent presence of domestic workers produces almost 1% of Spain's GDP, accounting for 9.5 billion in 2021. Public spending has increased but only because of pensions and health. Social spending for families is equal to 1.6% of GDP, while in almost all "Nordic" countries, it is around 3% of GDP. Lastly, **Portugal** has a high rate of female employment (69.5%) compared to the other "Mediterranean" countries. Domestic workers are 83 thousand and they showed a sharp decrease compared to 2020 (-24%), as well as workers in residential facilities (-11%). On

the contrary, domestic care workers are growing (+2.3%). The GDP produced by domestic work is 0.51% of the total GDP.

The Anglo-Saxon regimes have highly developed social security systems, while social benefits are scarce. The typical Anglo-Saxon system is the liberal English one which is characterised by little tax pressure. **Ireland** and the island of **Malta** are European countries with an Anglo-Saxon welfare system. Many physical and social controls (means tests) enable the access to care services and in any case, the economic participation of the family or the assisted person is necessary. In Ireland, 66% of care workers are employed in non-residential services, while in recent years, the growth of domestic workers on the island of Malta continues although, at the moment, residential care registers the largest number of workers.

In conclusion, Central and Eastern European countries have less developed welfare policies, although sometimes, they display some similarities to those of other European national contexts. In **Austria**, there are few domestic workers hired by families, while there are workers who deal with residential and non-residential care. Social spending is very high, particularly for families. On the contrary, in **Cyprus**, there are 18,000 domestic workers employed by families and their figure is growing compared to 2016. 71% of these workers are under 40 years old and produce almost 1% of GDP, while workers in the other two care areas are almost absent. In Baltic countries (**Estonia**, **Latvia** and **Lithuania**), the phenomenon of domestic work is practically non-existent, to the extent that it is possible to estimate the phenomenon only through national accounts, and for this reason, particular attention is paid to the analysis of workers in residential and non-residential care. In these countries, the participation of women in the labour market is very high (as for countries with Nordic welfare) but social public spending is low (as for countries with Anglo-Saxon welfare). Compared to other European countries, the expected increase in the elderly population over the next few years is smaller. Lastly, in **Poland**, there is a high presence of workers in residential care (41.5%) and non-residential care (54.3%), while more exiguous are domestic workers' figures (4%). Indeed, the share of Added Value produced by domestic labour in GDP is low (0.01%).



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
446,735,291

01.01.2022
3.1% FOREIGNERS EU27
5.3% EXTRA EU27

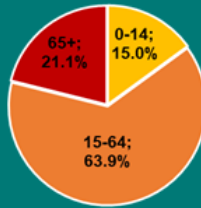
★ **LABOUR MARKET**

(2021)
EMPLOYED (>15 Y/O)
197,282,100 OF WHICH **7.8%**
FOREIGNERS
15,406,100

★ **BASILINE PROJECTIONS**

2022-2070
TOTAL -5.4%
15-64 Y/O -16.9%
65+ Y/O I +35.0%

POPULATION
BY AGE (2022)



EMPLOYMENT RATE
15-64 Y/O (2022)
74.8% M 65.0% F

★ **DIFFERENT KINDS OF WELFARE SYSTEMS (AD-PHS PROJECT DATA)**

★ **11,153,100**
EMPLOYED
IN THE THREE
CARE SECTORS



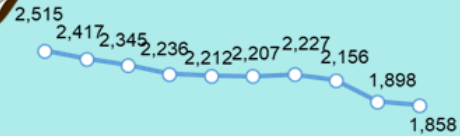
4.067.200
(36,5%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

1,858,400
(16.7%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

5.227.500
(46,9%)
NON-RESIDENTIAL
(INCLUDING
AGENCIES)



LAVORATORI DOMESTICI



SERIE STORICA
2012-2021 -26,1%
2020-2021 -2,1%

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENERE (2021)
88,8% F
11,2% M



CLASSI D'ETA' (2021)
23,4% UNDER 40
57,9% 40-59 ANNI
18,8% OVER 59

EUROSTAT DATA (2021)

★ **SPESA PUBBLICA SOCIALE (2020)**

9.106 EURO PRO-CAPITE
30,3% INCIDENZA % PIL

13,5% PENSIONI
8,8% SANITA'
2,5% FAMIGLIA
2,2% DISABILITA'
3,3% ALTRO
30,3% TOT. SOCIALE

★ **VALORE AGGIUNTO LAVORO DOMESTICO**



42.514 M EURO
0,33% PIL 2021

EUROSTAT DATA



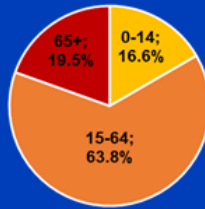
EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
11,671,623

01.01.2022
8.2% FOREIGNERS EU27
4.6% EXTRA EU27

POPULATION
BY AGE (2022)



BASILINE

★ **PROJECTIONS**

2022-2070

TOTAL **+2.2%**
15-64 Y/O **-7.6%**
65+ Y/O **+44.7%**

★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **10.5%**
(>15 Y/O) FOREIGNERS
4,802,200 **504,100**

EMPLOYMENT RATE
15-64 Y/O (2022)
69.8% M **63.2% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
↻ CONTINENTAL

EUROSTAT DATA (2021)

★ **379,600**
EMPLOYED
IN THE THREE
CARE SECTORS

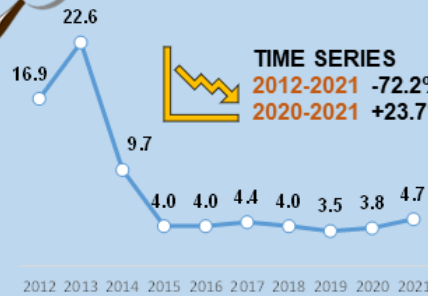


177,800
(46.8%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

4,700
(1.2%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

197,100
(51.9%)
NON-RESIDENTIAL
(INCLUDING
AGENCIES)

DOMESTIC WORKERS



TIME SERIES

2012-2021 **-72.2%**
2020-2021 **+23.7%**



GENDER (2021)
66.0% F
34.0% M



AGE CLASSES (2021)
46.8% UNDER 40
36.2% 40-59 Y/O
17.0% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2019)**

12,446 EUROS PER CAPITA
31.2% INCIDENCE % GDP

13.8% PENSIONS
8.3% HEALTH
2.3% FAMILY
2.8% DISABILITY
4.0% OTHER
31.2% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**



517 M EUROS
0.12% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
6,838,937

★ **BASELINE PROJECTIONS**

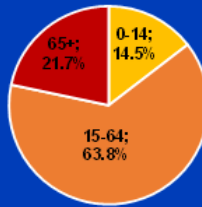
2022-2070

TOTAL -26.3%
15-64 Y/O -35.2%
65+ Y/O +2.6%

01.01.2022

0.2% FOREIGNERS EU27
1.6% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **0.1%**
(>15 Y/O) FOREIGNERS
3,121,700 **3,800**

EMPLOYMENT RATE
15-64 Y/O (2022)
73.8% M **66.8% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

EUROSTAT DATA (2021)

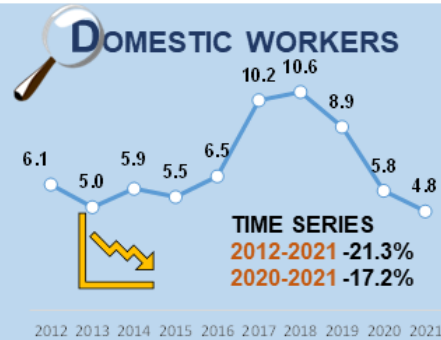
★ **58,100**
EMPLOYED
IN THE THREE
CARE SECTORS



17,100
(29.4%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

4,800
(8.3%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

36,200
(62.3%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



GENDER (2021 estimation)
64.7% F
35.3% M



AGE CLASSES (2021)
77.1% 15-59 Y/O
22.9% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING** (2020)

1,617 EUROS PER CAPITA
18.2% INCIDENCE % GDP

8.7% PENSIONS
5.5% HEALTH
1.6% FAMILY
1.5% DISABILITY
0.9% OTHER
18.2% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**



N/A Data



EUROSTAT DATA

★ **DEMOGRAPHICS**

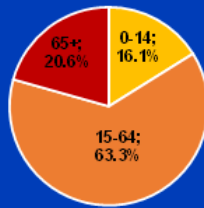
POPULATION
01.01.2022
10,516,707

★ **BASELINE PROJECTIONS**

2022-2070
TOTAL -5.1%
15-64 Y/O -14.2%
65+ Y/O +29.3%

01.01.2022
1.6% FOREINGERS EU27
3.5% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED (>15 Y/O) **5,234,900**
OF WHICH **2,9%** FOREIGNERS **153,900**

EMPLOYMENT RATE
15-64 Y/O (2022)
82.2% M 68.5% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

EUROSTAT DATA (2021)

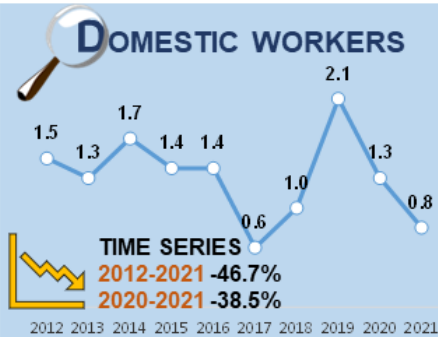
★ **128,300**
EMPLOYED
IN THE THREE
CARE SECTORS



83,800
(65.3%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

800
(0.6%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

43,700
(34.1%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



GENDER (2021)
100.0% F
0.0% M



AGE CLASSES (2021)
75.0% 15-59 Y/O
25.0% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

4,307 EUROS PER CAPITA
21.4% INCIDENCE % GDP

9.5% PENSIONS
7.4% HEALTH
1.9% FAMILY
1.3% DISABILITY
1.3% OTHER
21.4% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**

235,5 M EUROS
0.11% GDP 2021





EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
5,873,420

01.01.2022

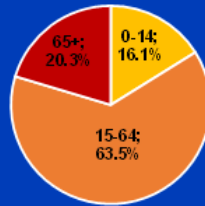
4.0% FOREIGNERS EU27
5.4% EXTRA EU27

★ **BASELINE PROJECTIONS**

2022-2070

TOTAL **+5.4%**
15-64 Y/O **-5.1%**
65+ Y/O **+42.4%**

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED (>15 Y/O) **2,852,400**
OF WHICH **7.1%**
FOREIGNERS **201,800**

EMPLOYMENT RATE
15-64 Y/O (2022)
79.0% M 74.5% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
↻ NORDIC

EUROSTAT DATA (2021)

★ **328,200**
EMPLOYED
IN THE THREE
CARE SECTORS

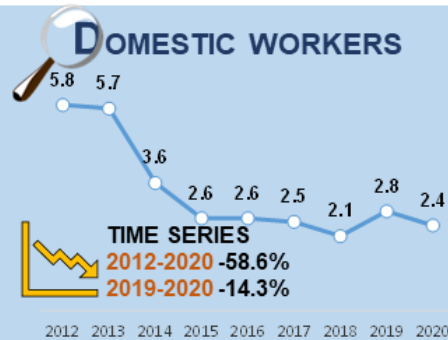


132,200
(40.3%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

2,400*
(0.7%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

193,600
(59.0%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)

*Latest available data 2020



GENDER (2020)
95.8% F
4.2% M



AGE CLASSES (2020)
87.5% UNDER 40
8.3% 40-59 Y/O
4.2% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

16,877 EUROS PER CAPITA
31.6% INCIDENCE % GDP

12.7% PENSIONS
6.9% HEALTH
3.4% FAMILY
5.0% DISABILITY
3.6% OTHER
31.6% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**

629 M EUROS
0.21% GDP 2021





EUROSTAT DATA

★ **DEMOGRAPHICS**

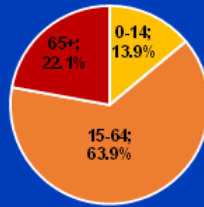
POPULATION
01.01.2022
83,237,124

★ **BASELINE PROJECTIONS**
2022-2070

TOTAL -2.0%
15-64 Y/O -12.2%
65+ Y/O +25.4%

01.01.2022
5.4% FOREIGNERS EU27
7.6% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **12.1%**
(>15 Y/O) FOREIGNERS
41,859,300 **5,076,200**

EMPLOYMENT RATE
15-64 Y/O (2022)
80.9% M 73.5% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
↻ CONTINENTAL

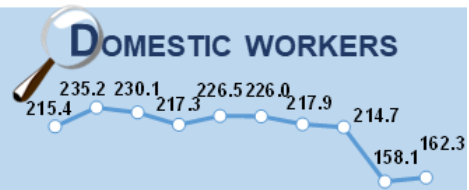
★ **2,721,300
EMPLOYED
IN THE THREE
CARE SECTORS**



950,500
(34.9%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

162,300
(6.0%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

1,608,500
(59.1%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



TIME SERIES
2012-2021 -24.7%
2020-2021 +2.7%

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
92.7% F
7.3% M



AGE CLASSES(2021)
19.3% UNDER 40
47.6% 40-59 Y/O
33.0% OVER 59

EUROSTAT DATA (2021)

★ **PUBLIC SOCIAL
SPENDING (2020)**

12,970 EUROS PER CAPITA
31.7% INCIDENCE % GDP

11.8% PENSIONS
11.0% HEALTH
3.7% FAMILY
2.7% DISABILITY
2.5% OTHER
31.7% TOT. SOCIAL

★ **DOMESTIC WORK
ADDED VALUE**



7,725 M EUROS
0.24% GDP 2021

EUROSTAT DATA



EUROSTAT DATA

★ **DEMOGRAPHICS**

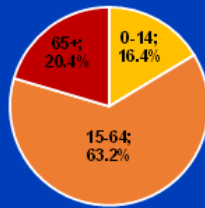
POPULATION
01.01.2022
1,331,796

★ **BASELINE PROJECTIONS**

2022-2070
TOTAL **-10.1%**
15-64 Y/O **-20.2%**
65+ Y/O **+32.1%**

01.01.2022
1.6% FOREIGNERS EU27
13.6% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **14.3%**
(>15 Y/O) FOREIGNERS
646,800 **92,700**

EMPLOYMENT RATE
15-64 Y/O (2022)
77.5% M **75.3% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

EUROSTAT DATA (2021)

★ **10,300
EMPLOYED
IN THE THREE
CARE SECTORS**



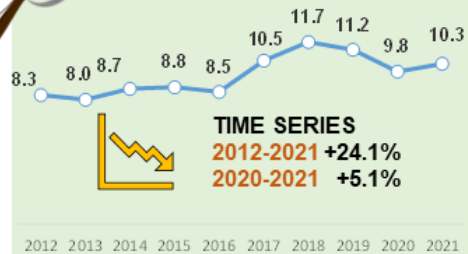
7,200
(69.9%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

NON-SIGNIFICANT
DATA
DOMESTIC
WORKERS
(EMPLOYED
BY FAMILIES)

3,100
(30.1%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)

RESIDENTIAL AND

Non-RESIDENTIAL WORKERS



TIME SERIES
2012-2021 +24.1%
2020-2021 +5.1%



GENDER (2021)
82.5% F
17.5% M



AGE CLASSES (2021)
27.2% UNDER 40
48.5% 40-59 Y/O
24.3% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

3,903 EUROS PER CAPITA
18.9% INCIDENCE % GDP

7.4% PENSIONS
5.0% HEALTH
2.4% FAMILY
2.1% DISABILITY
2.0% OTHER
18.9% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**

15.5 M EUROS
0.06% GDP 2021





EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
5,060,004

01.01.2022
7.0% FOREIGNERS EU27
6.2% EXTRA EU27

★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **16.6%**
(>15 Y/O) FOREIGNERS
2,294,100 **380,700**

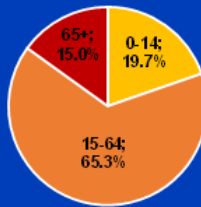
BASELINE

★ **PROJECTIONS**

2022-2070

TOTAL **+27.4%**
15-64 Y/O **+11.6%**
65+ Y/O **+133.3%**

POPULATION
BY AGE (2022)



EMPLOYMENT RATE
15-64 Y/O (2022)
78.1% M **68.4% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
↻ **ANGLO-SAXON**

★ **135,000**
EMPLOYED
IN THE THREE
CARE SECTORS

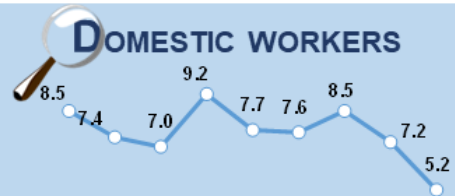


40,100
(29.7%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

5,200*
(3.9%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

89,700
(66.4%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)

*Latest available data 2020



TIME SERIES
2012-2020 -38.8%
2019-2020 -27.8%

2012 2013 2014 2015 2016 2017 2018 2019 2020



GENDER (2020)
98.1% F
1.9% M



AGE CLASSES(2020)
92.3% 15-59 Y/O
7.7% OVER 59

EUROSTAT DATA (2021)

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

11,213 EUROS PER CAPITA
15.0% INCIDENCE % GDP

4.3% PENSIONS
5.9% HEALTH
1.3% FAMILY
0.8% DISABILITY
2.7% OTHER
15.0% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**

12,9 M EUROS
0.003% GDP 2021





EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
10,459,782

★ **BASELINE PROJECTIONS**

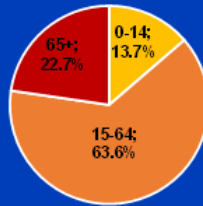
2022-2070

TOTAL **-19.1%**
15-64 Y/O **-29.7%**
65+ Y/O **+15.8%**

01.01.2022

1.1% FOREIGNERS EU27
6.0% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **4.8%**
(>15 Y/O) FOREIGNERS
3,875,400 **187,700**

EMPLOYMENT RATE
15-64 Y/O (2022)
70.3% M **51.2% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ MEDITERRANEAN

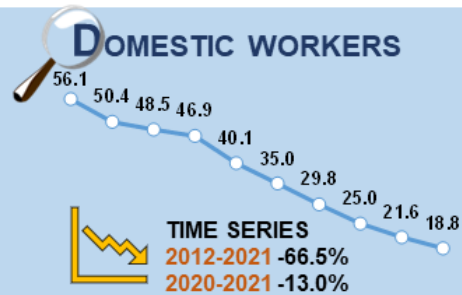
★ **59,900
EMPLOYED
IN THE THREE
CARE SECTORS**



9,200
(15.4%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

18,800
(31.4%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

31,900
(53.3%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
92.6% F
7.4% M



AGE CLASSES(2021)
21.8% UNDER 40
60.6% 40-59 Y/O
17.6% OVER 59

EUROSTAT DATA (2021)

★ **PUBLIC SOCIAL
SPENDING (2020)**

4,498 EUROS PER CAPITA
29.1% INCIDENCE % GDP

18.3% PENSIONS
6.2% HEALTH
1.6% FAMILY
1.1% DISABILITY
1.9% OTHER
29.1% TOT. SOCIAL

★ **DOMESTIC WORK
ADDED VALUE**



815 M EUROS
0.51% GDP 2021

EUROSTAT DATA



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
47,432,893

01.01.2022
3.7% FOREIGNERS EU27
7.7% EXTRA EU27

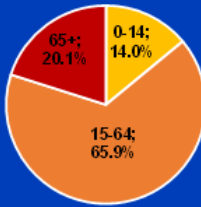
★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **12.1%**
(>15 Y/O) FOREIGNERS
19,202,300 **2,319,400**

★ **BASELINE PROJECTIONS**

2022-2070
TOTAL -1.6%
15-64 Y/O -16.7%
65+ Y/O +56.3%

POPULATION
BY AGE (2022)



EMPLOYMENT RATE
15-64 Y/O (2022)
69.3% M **59.5% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ MEDITERRANEAN

EUROSTAT DATA (2021)

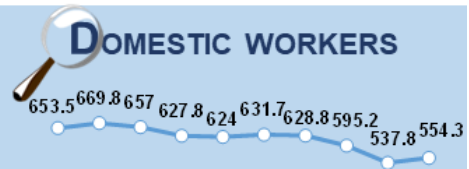
★ **1,164,500
EMPLOYED
IN THE THREE
CARE SECTORS**



345,400
(29.7%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

554,300
(47.6%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

264,800
(22.7%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



TIME SERIES
2012-2021 -15.2%
2020-2021 +3.1%

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
87.8% F
12.2% M



AGE CLASSES (2021)
27.9% UNDER 40
57.9% 40-59 Y/O
14.2% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL
SPENDING (2020)**

6,980 EUROS PER CAPITA
29.6% INCIDENCE % GDP

14.2% PENSIONS
8.0% HEALTH
1.6% FAMILY
1.8% DISABILITY
4.0% OTHER
29.6% TOT. SOCIAL

★ **DOMESTIC WORK
ADDED VALUE**



9,527 M EUROS
0.87% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

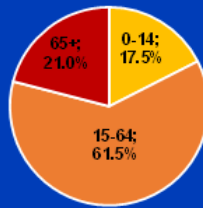
POPULATION
01.01.2022
67,871,925

★ **BASELINE
PROJECTIONS**

2022-2070
TOTAL **+2.8%**
15-64 Y/O **-6.3%**
65+ Y/O **+39.5%**

01.01.2022
2.2% FOREIGNERS EU27
5.6% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **6.4%**
(>15 Y/O) FOREIGNERS
26,995,300 **1,724,800**

EMPLOYMENT RATE
15-64 Y/O (2022)
70.8% M **65.6% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
↻ CONTINENTAL

EUROSTAT DATA (2021)

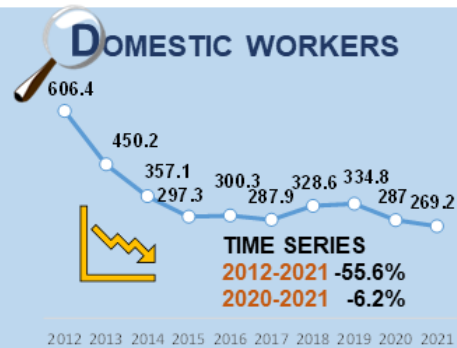
★ **2,237,700
EMPLOYED
IN THE THREE
CARE SECTORS**



707,100
(31.6%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

269,200
(12.0%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

1,261,400
(56.4%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



GENDER (2021)
90.2% F
9.8% M



AGE CLASSES(2021)
20.4% UNDER 40
53.8% 40-59 Y/O
25.8% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL
SPENDING (2020)**

12,043 EUROS PER CAPITA
35.2% INCIDENCE % GDP

15.3% PENSIONS
9.9% HEALTH
2.5% FAMILY
2.2% DISABILITY
5.3% OTHER
35.2% TOT. SOCIAL

★ **DOMESTIC WORK
ADDED VALUE**



1.551 M EUROS
0.07% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
3,862,305

01.01.2022

0.3% FOREIGNERS EU27
0.6% EXTRA EU27

★ **LABOUR MARKET**

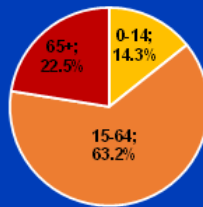
(2021)
EMPLOYED OF WHICH **0.3%**
(>15 Y/O) FOREIGNERS
1,657,400 **4,400**

★ **BASELINE PROJECTIONS**

2022-2070

TOTAL **-24.3%**
15-64 Y/O **-34.8%**
65+ Y/O **+12.5%**

POPULATION
BY AGE (2022)



EMPLOYMENT RATE
15-64 Y/O (2022)
69.5% M **60.4% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

★ **40,200
EMPLOYED
IN THE THREE
CARE SECTORS**



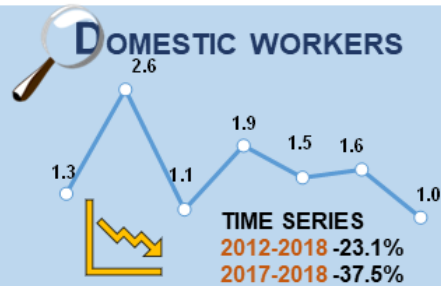
14,000
(34.5%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

1,000*
(2.5%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

25,200
(62.7%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)

*Latest available data 2018

EUROSTAT DATA (2021)



2012 2013 2014 2015 2016 2017 2018



GENDER
(2018 estimation)
77.3% F
22.7% M



AGE CLASSES
(2018 estimation)
33.7% UNDER 40
56.7% 40-59 Y/O
9.6% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL
SPENDING (2020)**

2,956 EUROS PER CAPITA
23.7% INCIDENCE % GDP

10.0% PENSIONS
7.9% HEALTH
2.2% FAMILY
2.3% DISABILITY
1.3% OTHER
23.7% TOT. SOCIAL

★ **DOMESTIC WORK
ADDED VALUE**



15,4 M EUROS
0.03% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

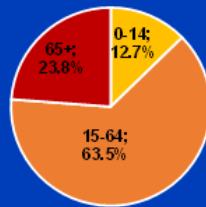
POPULATION
01.01.2022
59,030,133

★ **BASELINE PROJECTIONS**
2022-2070

TOTAL -10.3%
15-64 Y/O -22.5%
65+ Y/O +25.9%

01.01.2022
2.4% FOREIGNERS EU27
6.2% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **10.2%**
(>15 Y/O) FOREIGNERS
22,903,100 **2,346,100**

EMPLOYMENT RATE
15-64 Y/O (2022)
69.2% M **51.1% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ MEDITERRANEAN

★ **1,213,600
EMPLOYED
IN THE THREE
CARE SECTORS**



293,000
(24.2%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

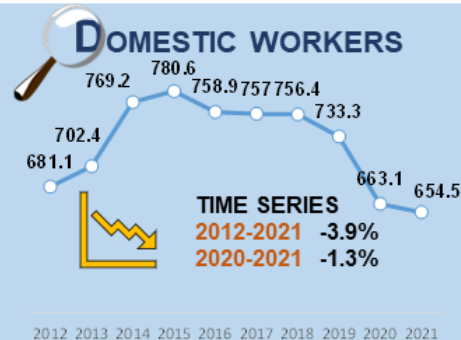
654,500*

(53.9%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

266,100
(21.9%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)

* Eurostat sample data are not comparable with INPS administrative data, which displays 961,358 domestic-work taxpayers (see the 2023 Dossier methodological section).

EUROSTAT DATA (2021)



2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
88.0% F
12.0% M



AGE CLASSES(2021)
20.4% UNDER 40
63.0% 40-59 Y/O
16.6% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

9,276 EUROS PER CAPITA
33.2% INCIDENCE % GDP

18.4% PENSIONS
7.4% HEALTH
1.2% FAMILY
1.8% DISABILITY
4.4% OTHER
33.2% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**



18,103 M EUROS
1.13% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
904,705

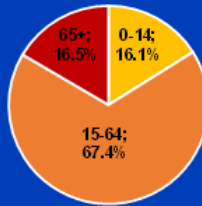
★ **BASELINE PROJECTIONS**
2022-2070

TOTAL **+21.5%**
15-64 Y/O **+6.1%**
65+ Y/O **+93.3%**

01.01.2022

10.4% FOREIGNERS EU27
8.4% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED (>15 Y/O) **417,400**
OF WHICH **22.6%**
FOREIGNERS **94,400**

EMPLOYMENT RATE
15-64 Y/O (2022)
78.5% M 67.3% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

EUROSTAT DATA (2021)

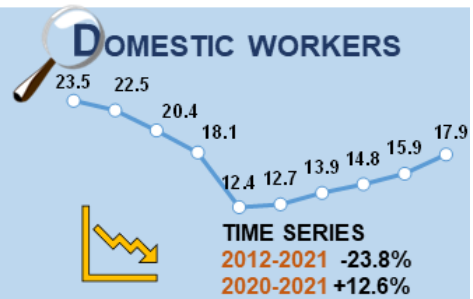
★ **22,100
EMPLOYED
IN THE THREE
CARE SECTORS**



1,700
(**7.7%**)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

17,900
(**81.0%**)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

2,500
(**11.3%**)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
95.0% F
5.0% M



AGE CLASSES (2021)
70.4% UNDER 40
28.5% 40-59 Y/O
1.1% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL
SPENDING (2020)**

5,812 EUROS PER CAPITA
23.7% INCIDENCE % GDP

10.6% PENSIONS
6.0% HEALTH
1.2% FAMILY
0.7% DISABILITY
5.2% OTHER
23.7% TOT. SOCIAL

★ **DOMESTIC WORK
ADDED VALUE**



186 M EUROS
0.88% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
1.875.757

01.01.2022

0.4% FOREIGNERS EU27
12.7% EXTRA EU27

★ **LABOUR MARKET**

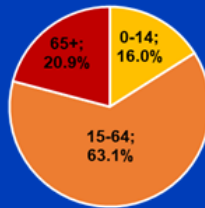
(2021)
EMPLOYED OF WHICH **12.0%**
(>15 Y/O) FOREIGNERS
893,000 **107,500**

★ **BASELINE PROJECTIONS**

2022-2070

TOTAL **-37.0%**
15-64 Y/O **-45.2%**
65+ Y/O **-5.4%**

POPULATION
BY AGE (2022)



EMPLOYMENT RATE
15-64 Y/O (2022)
72.5% M 70.0% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

EUROSTAT DATA (2021)

★ **18,800**
EMPLOYED
IN THE THREE
CARE SECTORS



6,300
(31.9%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

1,500
(8.0%) ESTIMATION
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

11,300
(60.1%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)

RESIDENTIAL AND

Non-RESIDENTIAL WORKERS



TIME SERIES
2012-2021 +22.7%
2020-2021 3.9%

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
85.0% F
15.0% M



AGE CLASSES(2021)
14.5% UNDER 40
55.5% 40-59 Y/O
30.1% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2019)**

2,727 EUROS PER CAPITA
17.1% INCIDENCE % GDP

7.7% PENSIONS
5.1% HEALTH
1.7% FAMILY
1.4% DISABILITY
1.3% OTHER
17.1% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE (2020)**



50 M EUROS
0.19% GDP 2020



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
2,805,998

01.01.2022

0.1% FOREIGNERS EU27
1.1% EXTRA EU27

★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **1.1%**
(>15 Y/O) FOREIGNERS
1,358,100 **14,900**

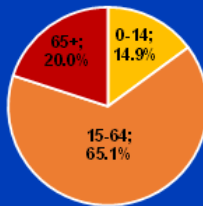
BASELINE

★ **PROJECTIONS**

2022-2070

TOTAL **-34.3%**
15-64 Y/O **-44.6%**
65+ Y/O **+6.4%**

POPULATION
BY AGE (2022)



EMPLOYMENT RATE
15-64 Y/O (2022)
73.9% M **73.6% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

EUROSTAT DATA (2021)

★ **23,100**
EMPLOYED
IN THE THREE
CARE SECTORS



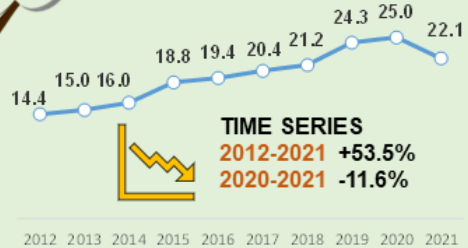
10,500
(45.5%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

1,000
(4.3%) ESTIMATION
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

11,600
(50.2%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)

RESIDENTIAL AND

Non-RESIDENTIAL WORKERS



TIME SERIES
2012-2021 **+53.5%**
2020-2021 **-11.6%**



GENDER (2021)
90.0% F
10.0% M



AGE CLASSES (2021)
24.4% UNDER 40
57.5% 40-59 Y/O
18.1% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

3.399 EUROS PER CAPITA
19.1% INCIDENCE % GDP

7.6% PENSIONS
5.7% HEALTH
2.2% FAMILY
1.4% DISABILITY
2.2% OTHER
19.1% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**

47.6 M EUROS
0.09% GDP 2021





EUROSTAT DATA

★ **DEMOGRAPHICS**

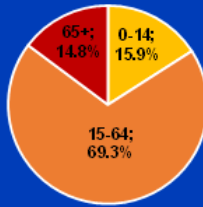
POPULATION
01.01.2022
645,397

★ **BASELINE PROJECTIONS**

2022-2070
TOTAL **+23.0%**
15-64 Y/O **+2.0%**
65+ Y/O **+141.4%**

01.01.2022
38.1% FOREIGNERS EU27
9.0% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED (>15 Y/O) **292,400** OF WHICH **52.9%** FOREIGNERS **154,600**

EMPLOYMENT RATE
15-64 Y/O (2022)
73.0% M 67.1% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
↻ CONTINENTAL

EUROSTAT DATA (2021)

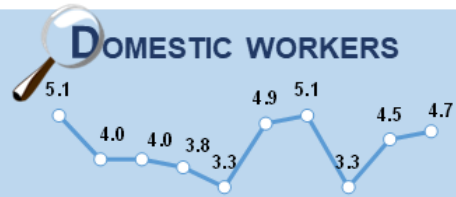
★ **23,400**
EMPLOYED
IN THE THREE
CARE SECTORS



6,600
(28.2%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

4,700
(20.1%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

12,100
(51.7%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



TIME SERIES
2012-2021 **-7.8%**
2020-2021 **+4.4%**

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
91.5% F
8.5% M



AGE CLASSES (2021)
29.8% UNDER 40
61.7% 40-59 Y/O
8.5% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

24,439 EUROS PER CAPITA
23.8% INCIDENCE % GDP

9.1% PENSIONS
6.1% HEALTH
3.7% FAMILY
2.6% DISABILITY
2.3% OTHER
23.8% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**



161 M EUROS
0.25% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

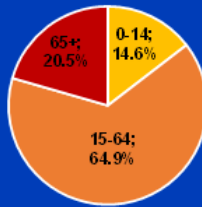
POPULATION
01.01.2022
9,689,010

★ **BASELINE PROJECTIONS**

2022-2070
TOTAL **-8.4%**
15-64 Y/O **-20.0%**
65+ Y/O **+30.9%**

01.01.2022
0.8% FOREIGNERS EU27
1.3% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED (>15 Y/O) **4,460,500**
OF WHICH FOREIGNERS **0.7%**
31,100

EMPLOYMENT RATE
15-64 Y/O (2022)
78.8% M 69.9% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

★ **135,400
EMPLOYED
IN THE THREE
CARE SECTORS**

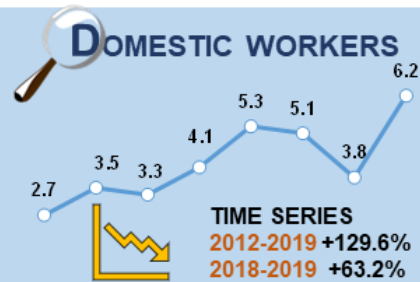


62,200
(45.9%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

6,200
(4.6%)*
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

67,000
(49.5%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)

*Latest available data 2019



2012 2013 2014 2015 2016 2017 2018 2019



GENDER (2019)
72.6% F
27.4% M



AGE CLASSES(2019)
29.0% UNDER 40
53.3% 40-59 Y/O
17.7% OVER 59

EUROSTAT DATA (2021)

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

2,538 EUROS PER CAPITA
18.0% INCIDENCE % GDP

8.3% PENSIONS
5.6% HEALTH
2.0% FAMILY
0.9% DISABILITY
1.2% OTHER
18.0% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**

24.5 M EUROS
0.02% GDP 2021





EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
520,971

★ **BASELINE PROJECTIONS**

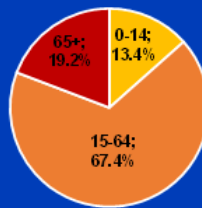
2022-2070

TOTAL **+33.2%**
15-64 Y/O **+11.4%**
65+ Y/O **+124.8%**

01.01.2022

8.6% FOREIGNERS EU27
12.0% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **26.0%**
(>15 Y/O) FOREIGNERS
261,100 **67,900**

EMPLOYMENT RATE
15-64 Y/O (2022)
83.4% M **71.0% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
↻ ANGLO-SAXON

EUROSTAT DATA (2021)

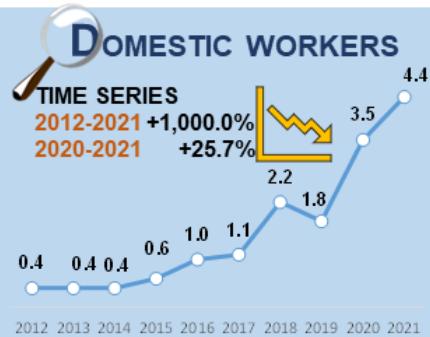
★ **15,500**
EMPLOYED
IN THE THREE
CARE SECTORS



6,300
(40.6%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

4,400
(28.4%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

4,800
(31.0%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



GENDER (2021)
95.5% F
4.5% M



AGE CLASSES (2021)
25.0% UNDER 40
70.5% 40-59 Y/O
4.5% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

5,029 EUROS PER CAPITA
19.7% INCIDENCE % GDP

8.5% PENSIONS
6.0% HEALTH
0.9% FAMILY
0.6% DISABILITY
3.7% OTHER
19.7% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**



13.3 M EUROS
0.1% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

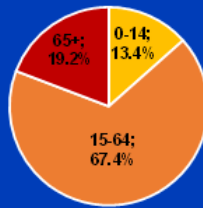
POPULATION
01.01.2022
17,590,672

01.01.2022
3.7% FOREIGNERS EU27
3.3% EXTRA EU27

★ **BASELINE PROJECTIONS**

2022-2070
TOTAL **+2.4%**
15-64 Y/O **-9.5%**
65+ Y/O **+44.7%**

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED (>15 Y/O) **8,981,000**
OF WHICH **4.9%** FOREIGNERS **442,800**

EMPLOYMENT RATE
15-64 Y/O (2022)
85.4% M 78.1% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➡ NORDIC

EUROSTAT DATA (2021)

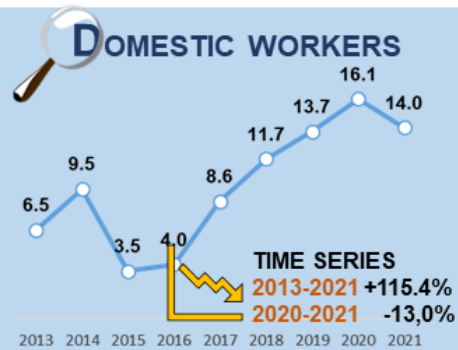
★ **869,800**
EMPLOYED
IN THE THREE
CARE SECTORS



497,900
(57.2%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

14,000
(1.6%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

357,900
(41.1%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



GENDER (2021)
77.9% F
22.1% M



AGE CLASSES (2021)
23.6% UNDER 40
53.6% 40-59 Y/O
22.9% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

13,396 EUROS PER CAPITA
29.3% INCIDENCE % GDP

12.0% PENSIONS
10.2% HEALTH
1.3% FAMILY
2.7% DISABILITY
3.1% OTHER
29.3% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**



981 M EUROS
0.13% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
8,978,929

BASELINE

★ **PROJECTIONS**

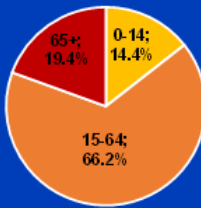
2022-2070

TOTAL **+3.3%**
15-64 Y/O **-10.4%**
65+ Y/O **+54.4%**

01.01.2022

9.2% FOREIGNERS EU27
8.3% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED (>15 Y/O) **4,296,800**
OF WHICH **16.7%**
FOREIGNERS **717,700**

EMPLOYMENT RATE
15-64 Y/O (2022)
78,0% M 70,0% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

EUROSTAT DATA (2021)

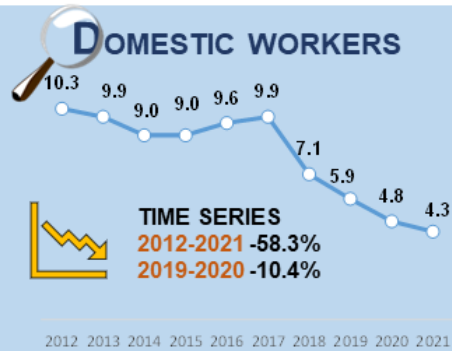
★ **173,800**
EMPLOYED
IN THE THREE
CARE SECTORS



82,100
(47.2%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

4,300
(2.5%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

87,400
(50.3%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



GENDER (2021)
95.3% F
4.7% M



AGE CLASSES (2021)
95.3% 15-59 Y/O
4.7% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

14,182 EUROS PER CAPITA
33.2% INCIDENCE % GDP

15,7% PENSIONS
8,3% HEALTH
3,0% FAMILY
1,9% DISABILITY
4,3% OTHER
33,2% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**

149 M EUROS
0.04% GDP 2021





EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
37,654,247

★ **BASELINE PROJECTIONS**

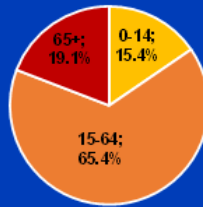
2022-2070

TOTAL -18.3%
15-64 Y/O -32.0%
65+ Y/O +43.1%

01.01.2022

0.1% FOREIGNERS EU27
1.1% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED (>15 Y/O) **16,441,400**
OF WHICH **0.6%**
FOREIGNERS **93,800**

EMPLOYMENT RATE
15-64 Y/O (2022)
77.3% M 65.4% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

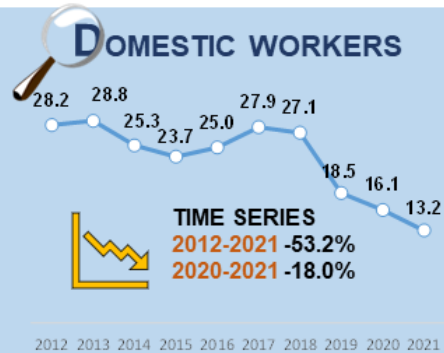
★ **311,700
EMPLOYED
IN THE THREE
CARE SECTORS**



129,200
(41.5%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

13,200
(4.2%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

169,300
(54.3%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



TIME SERIES
2012-2021 -53.2%
2020-2021 -18.0%

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
89.4% F
10.6% M



AGE CLASSES (2021)
93.2% 15-59 Y/O
6.8% OVER 59

EUROSTAT DATA (2021)

★ **PUBLIC SOCIAL SPENDING (2020)**

3,237 EUROS PER CAPITA
23.3% INCIDENCE % GDP

11.3% PENSIONS
5.6% HEALTH
3.8% FAMILY
1.6% DISABILITY
1.0% OTHER
23.3% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**



44.2 M EUROS
0.01% GDP 2021

EUROSTAT DATA



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
10,352,042

01.01.2022

1.6% FOREIGNERS EU27
5.1% EXTRA EU27

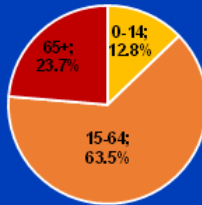
★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **3.1%**
(>15 Y/O) FOREIGNERS
4,813,000 **148,100**

★ **BASELINE PROJECTIONS**

TOTAL **-17.5%**
15-64 Y/O **-30.5%**
65+ Y/O **+19.5%**

POPULATION
BY AGE (2022)



EMPLOYMENT RATE
15-64 Y/O (2022)
74.1% M 69.5% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
↻ MEDITERRANEAN

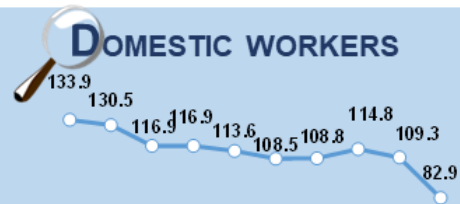
★ **264,400
EMPLOYED
IN THE THREE
CARE SECTORS**



110,600
(41.8%)
RESIDENTIAL
ASSISTANCE
(STRUTTURE)

82,900
(31.4%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

70,900
(26.8%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



TIME SERIES
2012-2021 **-38.1%**
2020-2021 **-24.2%**

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
98.2% F
1.8% M



AGE CLASSES (2021)
9.8% UNDER 40
63.6% 40-59 Y/O
26.7% OVER 59

EUROSTAT DATA (2021)

★ **SOCIAL PUBLIC
SPENDING (2020)**

5,142 EUROS PER CAPITA
26.4% INCIDENCE % GDP

14.5% PENSIONS
7.0% HEALTH
1.4% FAMILY
1.8% DISABILITY
1.7% OTHER
26.4% TOT. SOCIAL

★ **DOMESTIC WORK
ADDED VALUE**



952.1 M EUROS
0.51% GDP 2021

EUROSTAT DATA



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
19,042,455

01.01.2022
0.1% FOREIGNERS EU27
0.1% EXTRA EU27

★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **0.1%**
(>15 Y/O) FOREIGNERS
8,521,100 **9,600**

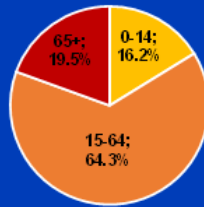
BASELINE

★ **PROJECTIONS**

2022-2070

TOTAL **-27.9%**
15-64 Y/O **-38.2%**
65+ Y/O **+13.9%**

POPULATION
BY AGE (2022)



EMPLOYMENT RATE
15-64 Y/O (2022)
71.5% M **54.4% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ EASTERN EUROPEAN

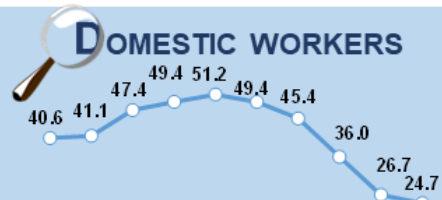
★ **109,200
EMPLOYED
IN THE THREE
CARE SECTORS**



35,000
(32.2%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

24,700
(22.6%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

49,500
(45.3%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



TIME SERIES
2012-2021 **-39.2%**
2020-2021 **-7.5%**

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
75.3% F
24.7% M



AGE CLASSES (2021)
40.6% UNDER 40
51.4% 40-59 Y/O
8.1% OVER 59

EUROSTAT DATA (2021)

★ **PUBLIC SOCIAL
SPENDING (2020)**

1,941 EUROS PER CAPITA
17.0% INCIDENCE % GDP

9.0% PENSIONS
4.9% HEALTH
1.9% FAMILY
0.9% DISABILITY
0.3% OTHER
17.0% TOT. SOCIAL

★ **DOMESTIC WORK
ADDED VALUE**



Missing data

EUROSTAT DATA



EUROSTAT DATA

★ **DEMOGRAPHICS**

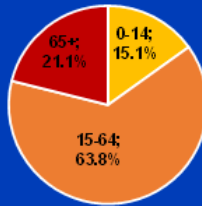
POPULATION
01.01.2022
2,107,180

★ **BASELINE PROJECTIONS**

2022-2070
TOTAL -8.2%
15-64 Y/O -18.8%
65+ Y/O +32.5%

01.01.2022
1.0% FOREIGNERS EU27
7.2% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **6.1%**
(>15 Y/O) **FOREIGNERS**
978,000 **59,300**

EMPLOYMENT RATE
15-64 Y/O (2022)
76.2% M 69.8% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT ADATA)
➔ EASTERN EUROPEAN

EUROSTAT DATA (2021)

★ **26,200**
EMPLOYED
IN THE THREE
CARE SECTORS

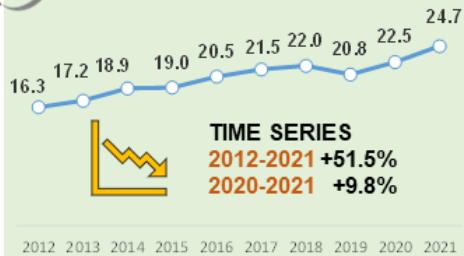


16,000
(61.1%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

1,500
(5.7%) ESTIMATION
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

8,700
(33.2%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)

**RESIDENTIAL AND
NON-RESIDENTIAL WORKERS**



TIME SERIES
2012-2021 +51.5%
2020-2021 +9.8%



GENDER (2021)
84.6% F
15.4% M



AGE CLASSES (2021)
35.2% UNDER 40
57.5% 40-59 Y/O
7.3% OVER 59

EUROSTAT DATA

★ **PUBLIC SOCIAL SPENDING (2020)**

5,731 EUROS PER CAPITA
25.6% INCIDENCE % GDP

11.4% PENSIONS
8.6% HEALTH
1.9% FAMILY
1.2% DISABILITY
2.5% OTHER
25.6% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**



35 M EUROS
0.08% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPOLAZIONE
01.01.2022
5,434,712

BASELINE

★ **PROJECTIONS**

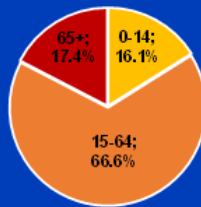
2022-2070

TOTAL -13.6%
15-64 Y/O -28.5%
65+ Y/O +55.5%

01.01.2022

0.7% FOREIGNERS EU27
0.4% EXTRA EU27

POPULATION
BY AGE (2022)



★ **LABOUR MARKET**

(2021)

EMPLOYED
(>15 Y/O)
2,531,100

OF WHICH **0.3%**
FOREIGNERS
6,900

EMPLOYMENT RATE
15-64 Y/O (2022)
75.0% M 67.6% F

★ **WELFARE SYSTEM**

(AD-PHS PROJECT DATA)

➔ EASTERN EUROPEAN

★ **68,400**

**EMPLOYED
IN THE THREE
CARE SECTORS**

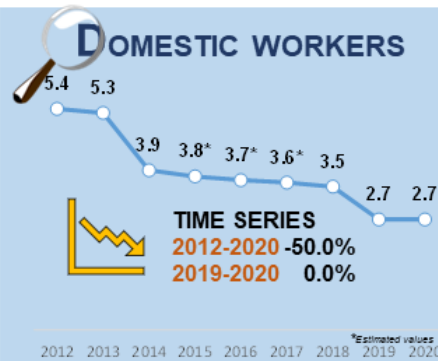


36,600
(53.5%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

2,700*
(3.9%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

29,100
(42.5%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)

*Latest available data 2020



2012 2013 2014 2015 2016 2017 2018 2019 2020



GENDER (2020)
89.7% F
10.3% M



AGE CLASSES (2020)
3.7% UNDER 25
88.9% 25-64 Y/O
7.4% OVER 64

EUROSTAT DATA (2021)

★ **PUBLIC SOCIAL
SPENDING (2020)**

3,269 EUROS PER CAPITA
19.1% INCIDENCE % GDP

8.7% PENSIONS
5.9% HEALTH
1.9% FAMILY
1.6% DISABILITY
1.0% OTHER
19.1% TOT. SOCIAL

★ **DOMESTIC WORK
ADDED VALUE**



46.3 M EUROS
0.05% GDP 2021

DATI EUROSTAT



EUROSTAT DATA

★ **DEMOGRAPHICS**

POPULATION
01.01.2022
5,548,241

01.01.2022

1.9% FOREIGNERS EU27
3.4% EXTRA EU27

★ **LABOUR MARKET**

(2021)
EMPLOYED (>15 Y/O) **2,528,200** OF WHICH **3.6%** FOREIGNERS
91,100

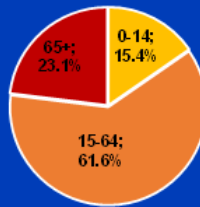
BASELINE

★ **PROJECTIONS**

2022-2070

TOTAL **-9.0%**
15-64 Y/O **-17.6%**
65+ Y/O **+26.1%**

POPULATION
BY AGE (2022)



EMPLOYMENT RATE
15-64 Y/O (2022)
74.7% M 73.9% F

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
➔ NORDIC

EUROSTAT DATA (2021)

★ **245,600**
EMPLOYED
IN THE THREE
CARE SECTORS



93,100
(37.9%)
RESIDENTIAL
ASSISTANCE
(FACILITIES)

9,300
(3.8%)
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

143,200
(58.3%)
NON-RESIDENTIAL
ASSISTANCE
(INCLUDING
AGENCIES)



TIME SERIES
2012-2021 +14.8%
2020-2021 +13.4%

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
73.1% F
26.9% M



AGE CLASSES (2020)
43.0% UNDER 40
36.6% 40-59 Y/O
20.4% OVER 59

EUROSTAT DATA

★ **SOCIAL PUBLIC SPENDING (2020)**

13,507 EUROS PER CAPITE
31.4% INCIDENCE % GDP

14.3% PENSIONS
7.0% HEALTH
3.1% FAMILY
2.9% DISABILITY
4.1% OTHER
31.4% TOT. SOCIAL

★ **DOMESTIC WORK ADDED VALUE**



369 M EUROS
0.17% GDP 2021



EUROSTAT DATA

★ **DEMOGRAPHICS**

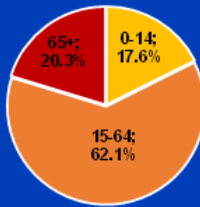
POPULATION
01.01.2022
10,452,326

01.01.2022
2.9% FOREIGNERS EU27
5.3% EXTRA EU27

★ **LABOUR MARKET**

(2021)
EMPLOYED OF WHICH **7.4%**
(>15 Y/O) FOREIGNERS
5,064,300 **376,900**

POPULATION BY
AGE (2022)



BASELINE

★ **PROJECTIONS**

2022-2070

TOTAL **+24.4%**
15-64 Y/O **+16.9%**
65+ Y/O **+61.3%**

EMPLOYMENT RATE
15-64 Y/O (2022)
79.4% M **74.7% F**

★ **WELFARE SYSTEM**
(AD-PHS PROJECT DATA)
↻ NORDIC

EUROSTAT DATA (2021)

★ **381,800**
EMPLOYED
IN THE THREE
CARE SECTORS

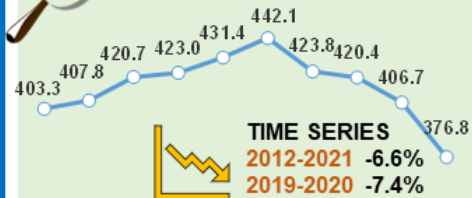


196,100
(**51.3%**)
RESIDENTIAL
ASSISTANE
(FACILITIES)

5,000
(**1.3%**) ESTIMATION
DOMESTIC
WORKERS
(EMPLOYED BY
FAMILIES)

180,800
(**47.4%**)
NON-RESIDENTIAL
ASSISTANE
(INCLUDING
AGENCIES)

**RESIDENTIAL AND
NON-RESIDENTIAL WORKERS**



2012 2013 2014 2015 2016 2017 2018 2019 2020 2021



GENDER (2021)
78.8% F
24.2% M



AGE CLASSES (2021)
41.7% UNDER 40
45.0% 40-59 Y/O
13.3% OVER 59

EUROSTAT DATA

★ **SOCIAL PUBLIC
SPENDING (2020)**

13,343 EUROS PER CAPITA
28.7% INCIDENCE % GDP

12.9% PENSIONS
8.3% HEALTH
2.9% FAMILIES
2.6% DISABILITY
2.0% OTHER
28.7% TOT. SOCIAL

★ **DOMESTIC WORK
ADDED VALUE**



264 M EUROS
0.06% GDP 2021

9 Social campaigns on domestic work

9.1 Fair Recruitment on domestic work in Italy³⁴

DOMESTIC WORK IN ITALY

HOW TO GET INFORMATION ON SAFE MIGRATION PATHS

ACCORDING TO THE LAW ONLY AN **EMPLOYER** THAT RESIDES IN ITALY CAN CONTACT AND RECRUIT YOU

THE ITALIAN GOVERNMENT ESTABLISHES THE NUMBER OF **MIGRANT WORKERS**

YOU NEED TO OBTAIN A **WORK PERMIT** AT THE ITALIAN CONSULATE IN YOUR COUNTRY

DECENT DOMESTIC WORK IN ITALY

INFORMAL PATHS can lead to:

- labour exploitation such as underpaid labour and illegal wage deductions
- irregular work and poor working conditions
- human trafficking including sexual exploitation
- sanctioning for irregular migration

NO LABOUR RIGHTS

CHOOSE THE SAFE PATH

For more info see the Italian government's website
<http://www.interno.gov.it/it/temi/immigrazione-e-asilo/modalita-dingresso>

DOMINA
 ASSOCIAZIONE NAZIONALE FIANCIGLIE ITALIANE DEL LAVORO DOMESTICO

Formed Association for Family Employment in the Domestic Work Sector
 Agency of the National Collective Agreement in Domestic Work

This campaign was developed with the technical support of the Office for Italy and San Marino of the International Labour Organization

Supported by:



International Domestic Workers' Federation



Italian Federation of trade unions and services workers



Italian Federation of trade unions and services workers



Italian Federation of trade unions and services workers



Labour union federation of domestic helpers

³⁴ <https://associazionedomina.it/campagne/fair-recruitment-sul-lavoro-domestico-in-italia/>

9.2 "Sons and daughter, not white orphans"³⁵

**Children,
not
white
orphans**

Domestic workers take care of our dear ones

Let's help them remain in touch with their own children

Campaign promoted by:

DOMINA
ASSOCIAZIONE NAZIONALE FAMIGLIE
DI LAVORO DOMESTICO

Sponsors:

Organizzazione Internazionale del Lavoro
Elaborato l'Italia e San Marino

Con il patrocinio istituzionale del
Consolato General del Perú en Roma

Consulato del Ecuador
CONSULADO DEL ECUADOR EN ROMA

AMBASCIATA SPAGNOLA E ITALIANA
IN REPUBBLICA ITALIANA

Caritas italiana
operante in Italia dalla 1981

Fondazione Migrantes
OPERANTE IN TUTTI I CONTINENTI

COMEN TRON C189 Decent Work for Domestic Workers, 2011 - C156 Workers with Family Responsibilities, 1981

Info: www.associazionedomina.it/campagne/orfani-bianchi

³⁵ <https://associazionedomina.it/campagne/orfani-bianchi/>

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——— (2020) Population by sex, age, citizenship and labour status (1 000) [lfsa_pganws]

——— (2020) Employment by sex, age and detailed economic activity (from 2008 onwards, NACE Rev. 2 two digit level) - 1 000 [lfsa_egan22d]

——— (2020) Employment by sex, age and economic activity (from 2008 onwards, NACE Rev. 2) - 1 000 [lfsa_egan2]

——— (2020) National accounts aggregates by industry (up to NACE A*64) [nama_10_a64]

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——— (2021) Population on 1 January by age group, sex and citizenship [migr_pop1ctz]

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DOMINA – National Association of Domestic Work Employer Households

DOMINA – National Association of Domestic Work Employer Households assists and safeguards families in managing professional relationships with domestic collaborators and family assistants, offering specialized advice through a solid network of Operational Points. The Association works daily to ensure the correct application of the National Collective Bargaining Agreement on the discipline of Domestic Work, of which it is a signatory, and promotes its central role as an indispensable protection tool for those who recruit a domestic worker. Since 2016, DOMINA has been carrying out thematic in-depth studies within the series “The value of domestic work - The economic and social role of employer households” and, since 2019, it has published, with its Observatory, the “Annual Report on Domestic Work.” Finally, as a signatory of the National Collective Bargaining Agreement for the category, it is a member of Cas.Sa.Colf, EBINCOLF, and Fondo Colf.

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FONDAZIONE LEONE MORESSA

The Leone Moressa Foundation is a study and research institute born in 2002 from an initiative of the Artisans and Small Enterprises Association of Mestre (Cgia Mestre), for the purpose of carrying out research activities aimed at studying the phenomena and problems relating to the presence of foreigners in the national territory. It collaborates on a stable basis with national and local institutions such as the Ministry of Labour and Social Policies, Ministry of the Interior, Ministry of Foreign Affairs and International Cooperation, International Organization for Migration IOM, and the UN High Commissioner for Refugees (UNHCR). At an academic level, it collaborates with the University Ca’ Foscari of Venice, with the University of Padua, and with the State University of Milan. Furthermore, it also collaborates with numerous newspapers and newspaper supplements (Il Sole 24 Ore, Corriere della Sera, La Repubblica, etc.). Since 2011, it has collaborated in the creation of the Annual Report on the economy of immigration (ed. Il Mulino).

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The Observatory is DOMINA's data and assessment collection center, set up to monitor and study the activities, phenomena and trends in the domestic sector at European, national and local level. Research makes it possible to map the evolution of domestic work in order to contribute to the analysis of social, economic and regulatory changes, as well as to the definition of new fiscal and welfare policies to support the sector.

The Observatory on domestic work was established in 2019 by DOMINA, the Italian National Association of Families as Employers of Domestic Workers (signatory of the National Collective Agreement of Domestic Work in Italy).

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