SOWELL

Social dialogue in welfare services

Employment relations, labour market, and social actors in the care services

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Valeria Breuker

Lisa Dorigatti

Anna Mori

Stefano Neri (PI)

University of Milan

WP1 – The labour market in the care services in Italy

Valeria Breuker (with the collaboration of Stefano Neri)

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1. The Structure and characteristics of the labour market: Public Sector vs. Private Sector in comparison.

1.1 Introduction

The financial crisis of 2008 contributed greatly in highlighting the vulnerabilities of the labour market conditions in Italy. The adverse shock had a sizable effect on the more vulnerable categories like young workers, women, and migrants. The general employment rate declined by five percentage points, mostly among adult males and the more vulnerable labour market categories experienced seemingly more precarious conditions (ISTAT, 2017). A moderate recovery started only from 2014 onwards, though unemployment remained higher than pre-crisis levels, especially for young workers (Banca di Italia, 2020; Marino and Nunziata, 2017). After the initial phases of the financial crisis, Italy adopted recovery measures with limited budgetary impact (0.5% of GDP in 2009 and 0.2% in 2010), focusing on restoring confidence and offering some relief to distressed firms and households (Pinelli et al, 2017). The financial crisis transformed the Italian labour market, in both private and public sectors. The conditions of permanent austerity imposed after the recession, triggered a relevant process of outsourcing services by the public authorities to the private sector, with the goal of cost containment and benefit from the advantages of the competitiveness of the private market (Mori, 2017). This mechanism modified the characteristics of employment, in both private and public sectors, limiting contract renewals, increasing precariousness, freezing wages, and increasing unemployment.

Italy's reaction at the onset of the crisis was mainly based on the extension of the unemployment benefits known as "cassa integrazione," which improved employment only temporarily. Indeed, this strategy contributed to a worsening of the recession in 2011 (Checchi and Leonardi, 2015).

After 2014, the total employment levels saw a gradual improvement and female employment grew slowly, following the educational expansion especially of high educational institutions (Bol, 2015). However, female employment increased especially in some sectors of the labour market, like education, care, and assistance, characterized by occupational positions of middle level of employment prestige. Indeed, women were rarely located at the top or at the bottom of the occupational ladder, and often remained underrepresented especially at the top-level professions (Cotter, 2001; Bertrand, 2019).

After the financial crisis, the Italian labour market encountered increasing inequalities across socio economic groups due to a growth of a fragmented labour market, deep flexibilization of working conditions, and a high rate of irregular jobs. Flexibility increased significantly for the weakest segments of the Italian labour market (Checchi and Leonardi, 2015). Moreover, the degree of dualism of the Italian labour market impacted negatively on the less affiliated workers. A series of reforms, especially those aimed at broadening the use of non-standard contracts, have increased labour market flexibility (Checchi and Leonardi, 2015).

The characteristics and structure of the labour market, after the financial crisis, changed differently across the Italian regions, and worsened the existing disparities nationwide, as shown by a more dynamic north and stagnant south (Pinelli et al, 2017). This was due, on the one hand, to several dissimilarities across Italy, and on the other hand, to the regional answers to the crisis. The regional assets and laws provided varied patterns to limit unemployment, especially for the young workers or women.

In the last 5 years, real earnings have been increasing, but productivity has remained stable at relatively low levels compared to other European countries, with a significant part of the employed population under illegal employment, especially in Southern Italy (OECD, 2019).

Italy's labour market performance is characterized by pronounced differences across age groups. Young individuals are facing high unemployment and low participation rates, while older individuals have seen their participation and employment levels increase (Banca di Italia, 2020).

Another relevant issue is the difference across the public and private sectors in the labour market, but there is a scarcity of data available, as described in the next paragraph.

In this work, we investigate two specific sectors of the labour market: the Early Childhood Education Care (ECEC) and the Long-Term Care (LTC). These sectors are at the two extremes of the life cycle, involving children from 0-6 years old and the elderly. These two segments of labour have seen an impressive transformation during the last 15 years and were substantially shaped by the financial crisis. In these sectors, there has been a growing employment rate, especially regarding women labour, and improvements in high educational attainments. There has been a progressive interaction between the public and private providers, also generating hybrid solutions due to the externalization of services to extend the care services and expand the existing provision (Dorigatti et al., 2020; Mori, 2017; Bordogna and Neri, 2014). The changing assets provided in the ECEC developed new trends, for example, an increased standard of university degrees for the educators of pre-primary education, the externalization only of limited services like the cafeteria or the cleaning staff. Instead, in the LTC sector, the new trends determined a sharp rise of private providers in residential care, such as multinational companies. The lack of nurses was worsened by the Covid-19 pandemic, and generally revealed a huge salary gap of about 20% between the public and private sectors.

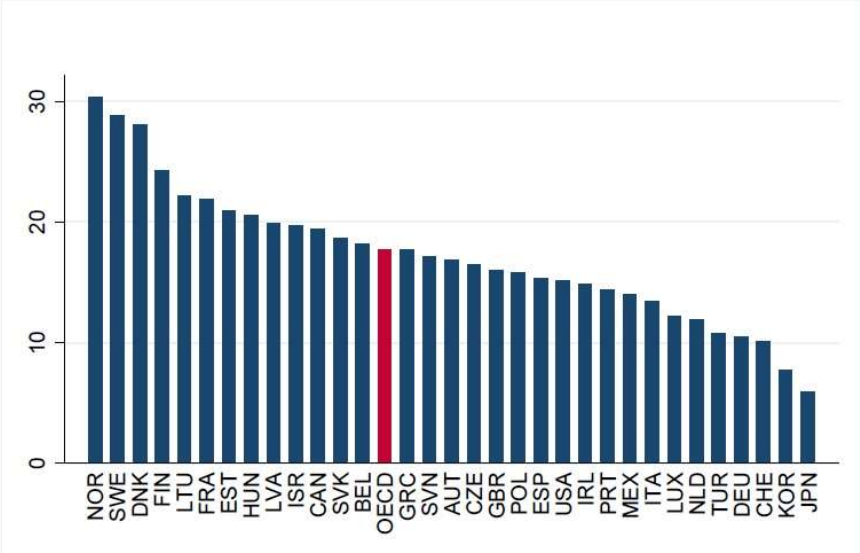
The Covid-19 pandemic had a very severe impact on both sectors, further modifying the changes caused by the financial crisis. In this work, we have tried to identify the features and trends of the workforce and the structure of the sectors, providing a description of the structure and characteristics of the general labour market, with a specific focus on ECEC and LTC sectors in Italy, through a quantitative and qualitative approach. The data used are the ISTAT Labour Force data for Italy, and some further information supported by OECD, INPS (the national institute of social security) and the Labour Force survey form Eurostat, in the period from 2008 to 2020.

1.1 The public sector

The public sector represents the largest employer in all OECD countries (Oecd, 2019). In 2017 an average of 17% were employed in this sector, with a sensible difference across countries due to some heterogeneities in the borders of the public sector and some dissimilarities in the intensity of similar

functions across occupations. As shown in Figure 1, Italy had a low share of public workers, which was below the OECD average of approximately 13.4%.

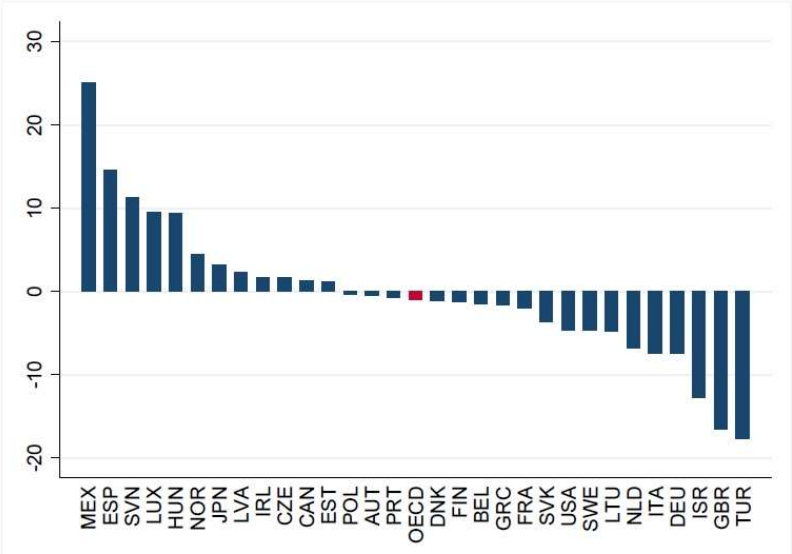
Fig. 1. Employment rates in the general Government sector as a percentage of total employment in 2017



Source: OECD 2019

In recent years, there have been some changes in the magnitude of the workforce. For example, a reduction came about in the variation of employment in the government sector over the total employment rate, as shown in figure 2. The graph shows that from 2007 to 2017 Italy suffered a contraction of the public employment rate of about 7.4% (OECD, 2019).

Fig. 2. Variation (%) in general government employment rates as a percentage of total employment



Source: OECD 2019

INPS (2021) the National Social Security Institute, argues that in 2020 the number of public workers with at least 1 paid day in the year totalled about 3,678,999 (+ 2.5% compared to 2019), with an average salary of 32,222 euros and an average of 278 paid days. The largest contractual group was that of the schools with 39.2% of workers, followed by the Health Service with 19.5%, local administrations (Regions, Provinces, Municipalities) with 15.6%, and the Armed Forces, Police Corps and Fire Brigade with 14.0%. In 2020, as compared to 2019, Schools and Health Services were the only contractual groups in which there was a positive change of + 6.9% and + 4.9%, respectively. The contractual group of Universities and research bodies remained stable, while all the other groups recorded negative changes.

As regards the age brackets, it emerges that in 2020, the modal age group was between 55 and 59 with 694,696 workers (18.9% of the total). It highlighted that 79.8% of the employed belonged to the age bracket of 40 years and above.

In observing gender differences, male workers represented 39.9% of the distribution over the whole. As to the age groups, it is observed that only in the 20 to 24 age group, males were prevalent with shares equal to 53%, meaning that males of younger generations were more involved in the sector.

In the 25 and 64 age groups, the gender gap was markedly accentuated, with a prevalence of females at 60%. The average annual salary in 2020, equal to 32,222 euros overall, was highly differentiated by both age and gender. It increased with age progression, and was consistently higher for the male gender (38,196 euros against 28,258 euros for females overall) (INPS, 2020).

1.2 The private sector

The private sector varies differently as compared to the public sector, also due to its structure and characteristics of multiple contracts (more than 900) and dissimilar working conditions. In 2020, the average number of employees in the non-agricultural private sector was 12,589,901, with a decrease of 756,582 units compared to 2019 (-5.7%). The INPS Observatory on employees (2021) denoted that: "From the 2019-2020 monthly comparison of the number of workers, the effects of the Covid-19 pandemic were very evident." In 2020, the number of employees in the private sector (excluding agricultural and domestic workers) with at least one paid day in the year was 15,581,083, with an average salary of 20,658 euros and an average of 223 paid days.

In 2019, the average number of employees in the non-agricultural private sector was 13,094,735 (+ 2.5% compared to 2017). The month of June, totalling 13,482,917, was the month with the highest number of workers. Fixed-term contracts reached the maximum number of contracts in June, permanent ones in December. In 2018, the number of employees in the private sector (excluding agricultural and domestic workers) with at least one paid day in the year was 15,713,289, an increase of 2.6% compared to 2017, with an average salary of 21,530 euros and an average of 243 paid days.

Regarding the distribution by qualification, in 2018 the component of blue-collar workers prevailed, with 8,729,609 workers representing 55.6% of the total, against 36.6% of white-collar workers, 3.8% of apprentices, 3.0% of middle managers, and 0.8% of executives. It should be noted that compared to 2017, the positive change in apprentices (+ 15.1%) was also favoured by the conclusion of the contribution benefits provided for permanent hires and transformations from fixed term to permanent contracts made in 2016. As regards the age structure in 2018, the modal age group ranged between 45

and 49 years with 2,203,056 (14.2% of the total workforce). The class between 40 and 44 age bracket was slightly lower. In terms of gender, male workers represented 57.5% of the distribution. The average annual salary in 2018, equal to 21,530 euros overall, was highly differentiated by both age and gender. It increased with age progression, at least up to the 55-59 bracket, and was constantly higher for the males (24,759 euros against 17,156 euros for females). The pay gap by gender, INPS explained, seemed to be more correlated to the greater presence of part-time work among females: the number of women workers who in 2018 had at least one part-time job totalled 3,414,791, against 1,993,261 males. In 2018, about 22% of male workers had at least 1 part-time job, while the share of female workers who had at least 1part-time during the year was approximately 51%.

In 2018, the average monthly number of public workers, on the other hand, was 3,326,283 (- 0.1% compared to 2017); the peak was reached in March (3,397,492 workers). In 2018, in terms of yearly average, the share of workers with fixed-term contracts was equal to 9.4% of the total, an increase compared to that recorded in 2017 (8.7%). Analyses of the variation of public workers again regarding the average data, show that between 2017 and 2018 the fixed-term workers increased by 7% whereas those on permanent contracts decreased by 0.8%. In 2018, the average number of public workers with full-time working hours was 3,094,718, equal to 93.0% of the total average, a completely stable value compared to the previous year (93.1%). The main form of part-time work was horizontal part-time, which in 2018 reached the average of 183,763 workers, with an increase of 1.4% compared to the previous year. The levels of vertical part-time were much lower with 41,286 average workers in 2018 and of mixed part-time (horizontal and vertical) with 6,517 average workers. The breakdown by gender highlighted that part-time work was a predominantly female peculiarity in the three forms of part-time work: horizontal, vertical, and mixed. The female component in 2018 represented 83.1%, 82.3%, and 82.8%, respectively.

Tab. 1. Real number of workers in the private non-agricultural sector in Italy

	2008	2014	2020
Occupational Position	Real N of workers	Real N of workers	Real N of workers
Blue collars	6,731,499	6,153,613	6,557,931
Clerks	4,594,575	4,594.050	4,897,940
Middle managers	380,985	426,933	461,954
Senior executive	118,952	112,948	115,729
Apprentice	619,334	438,753	522,609
Others	27,115	31,988	33,737
Total	12,472,460	11,758,285	12,589,901

Source: INPS observatory
Absolute values

The following ISCO (2008) table shows the yearly labour market composition in percentage terms over the total employment computed on the LFS of Eurostat. The table shows that from 2011 there was a decreasing trend of the percentage of managers, technicians and associate professionals, and craft and

trade workers, plant and machines operators and assemblers, with a gradual increase of professionals, and service and sales workers. Instead, clerical and support and skilled agricultural, forestry, and fishery workers and armed forces remained stable over time. The table indicates that within the labour market some occupational categories were expanding because of the heightened development of the productivity sector. On the other hand, other categories diminished, because of the less productive sectors, indicating a change in the occupational demands of the labour market. Table 3 shows the yearly labour market composition of the female workforce by (ISCO 2008) categories in percentage terms over the total employment. The percentage of female managers, clerical and support workers remained quite stable over the time span. The group of professionals, service and sales workers increased from 2011 onwards. The group of technicians and associate professionals, skilled agricultural, forestry, and fishery workers, craft and trade workers, plant and machines operators and assemblers, and elementary occupations decreased over time starting from 2011 and the armed forces remained very small and stable over time. The female trend was similar to the total employed population over time.

Tab. 2. Labour market composition by ISCO categories

Italy	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total employment	100	100	100	100	100	100.0	100	100	100	100	100	100
Managers	8.2	8.1	7.8	4.0	3.7	3.8	3.8	3.8	3.8	3.8	3.7	3.6
Professionals	10.4	10.3	10.1	13.4	13.7	14.2	14.4	14.4	14.6	14.8	15.0	15.3
Technicians and associate professionals	21.2	20.5	20.2	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.6	17.6
Clerical and support workers	11.5	12.2	12.7	12.5	12.5	12.2	12.0	12.0	12.0	11.9	11.9	11.8
Service and sales workers	11.4	11.2	11.3	16.1	16.6	17.0	17.1	17.2	17.5	17.6	17.5	17.6
Skilled agricultural, forestry and fishery workers	2.2	2.3	2.3	2.5	2.5	2.4	2.3	2.4	2.4	2.3	2.3	2.4
Craft and trade workers	16.3	16.4	16.0	15.6	14.8	14.1	13.8	13.5	13.2	13.1	13.1	12.8
Plant and machines operators and assemblers	8.4	8.0	8.0	7.3	7.1	7.0	7.0	7.0	6.8	6.7	6.7	6.9
Elementary occupations	9.4	9.9	10.5	10.1	10.6	10.8	11.1	11.2	11.3	11.1	11.0	11.0
Armed forces	1.1	1.1	1.1	1.1	1.2	1.1	1.1	1.1	1.0	1.0	1.0	1.0

Source: Eurostat: Labour Force Survey 2008-2019
Unit of measure: percentages of each occupational category out of the total employed population by year

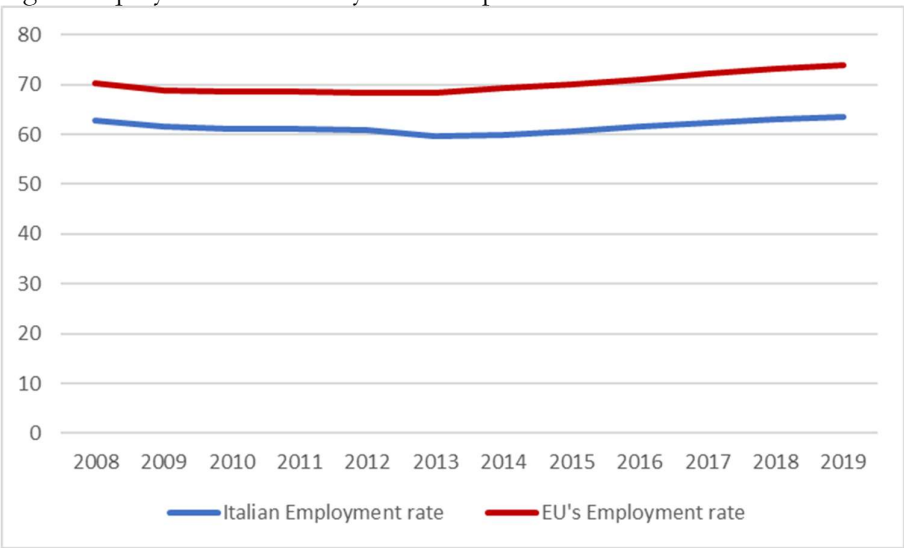
Tab. 3. Female employment

Italy	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total female employment	100	100	100	100	100	100	100	100	100	100	100	100
Managers	4.6	4.7	5.1	4.9	4.7	5.1	4.8	4.6	4.9	4.8	4.6	4.4
Professionals	17.6	17.9	18.9	22.8	22.1	22.5	23.9	24.2	24.1	22.9	23.2	23.0
Technicians and associate professionals	11.2	11.7	11.8	7.9	8.1	8.6	8.8	9.5	9.8	9.4	9.4	9.3
Clerical and support workers	11.8	12.0	12.0	10.3	10.0	10.0	10.1	9.4	9.1	9.7	9.7	9.4
Service and sales workers	20.8	21.4	22.1	27.4	27.3	26.4	26.3	26.8	27.0	27.7	27.7	28.4
Skilled agricultural, forestry and fishery workers	4.0	3.8	3.6	3.3	2.9	3.2	3.1	2.7	2.6	2.5	2.3	2.3
Craft and trade workers	8.9	8.3	7.3	7.6	8.1	7.5	7.3	7.2	6.9	7.2	7.2	7.0
Plant and machines operators and assemblers	9.1	8.2	7.4	7.1	7.4	7.2	6.7	6.7	6.9	7.0	6.7	6.5
Elementary occupations	11.9	11.7	11.5	8.4	9.1	9.2	8.9	8.5	8.4	8.6	9.0	9.3
Armed forces	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1

Source: Eurostat: Labour Force Survey 2008-2019
Unit of measure: percentages of each occupational category out of the total female employed population by year.

In Italy, the employment and unemployment rates varied in relation to age groups and gender. Fig. 3 shows the employment rate from 2008 to 2019 in Italy and Europe, which appeared stable over time, indicating a gradual increase from 2018 onwards. The Italian employment rate remained on average below the European mean value during the whole timespan, showing a difference of about 8 percentage points. Observing the rate across age groups (Tab. 4) there were several differences in the share of workers. The age group comprising 20-24 year old Italians had the lowest employment rate, and after the financial crisis suffered a downgrading starting 2008 but underwent a small, gradual revival in 2017. Moreover, in 2020 the pandemic impacted negatively, hindering employment growth and worsening the unemployment conditions of the younger generations. In the time-lapse considered, the youngest age group's employment rate was almost half of the older age groups.

Fig. 3 Employment rate in Italy and Europe



Source: Eurostat: Labour Force Survey 2008-2019

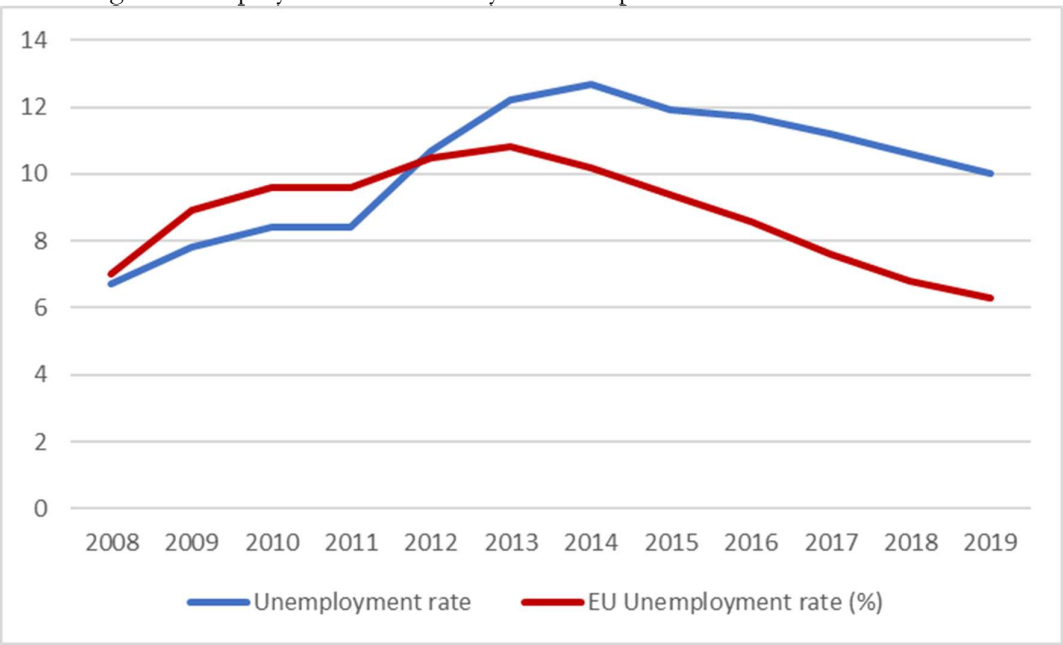
Tab. 4 Employment rate by age groups

Italy	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
20-24	40.8	37	35.2	33.6	32.2	28.8	27.6	27.6	29.5	30.2	31.3	32.8
25-29	64.3	61.2	58.7	58.8	57.3	52.7	51.7	52.2	53.7	54.2	54.6	56.3
30-34	74.8	72.6	71	70.8	69.5	66.7	66.4	66.5	66.3	67.9	68.4	68.5
35-39	76.7	75.3	74.6	74.6	73.4	72.5	71.2	71.3	71.9	72.9	72.7	72.5
40-44	76.3	74.9	74.8	74.6	74.1	72.4	72.2	72.8	73.4	73.4	74	74.4
45-49	75.2	74.1	73.8	73.5	73.4	71.9	71.3	71.5	72.1	72.9	73.5	74.2
50-54	70.8	69.8	69.8	70.6	70.4	69.7	69.1	69.6	70.6	70.5	71.1	72.3
55-59	47.4	50.6	52.7	55.3	57.7	58.6	60.1	60.9	62.2	63.3	64.7	65.2
60-64	20	20.2	20.4	20.7	22.7	25.9	31.1	34.2	36.9	39.6	41.1	41.7

Source: Eurostat: Labour Force Survey 2008-2019
Unit of measure: percentages

This scenario is linked also to the unemployment rate. Unemployment strongly affected the more vulnerable categories, and not only the youngest age groups, but also women who experienced high unemployment rates. The Italian unemployment rate (Fig. 4), shown by the blue line, reached a peak in 2012, after which, there was a substantive increase that started to decline in 2014, but remained somewhat higher than the European average unemployment rate. Observing gender differences (Fig. 5), there were some changes between the European and Italian averages, which showed far higher unemployment rates during the period considered. Indeed, in 2008 the Italian female unemployment rate was significantly greater than the female European average. In addition, the male difference was significantly relevant. The comparison between males and females in Italy highlighted that the unemployment rate started to rise substantially in 2011 and only in 2014 did it gradually decrease, though still maintaining high unemployment levels.

Fig. 4. Unemployment rates of Italy and Europe



Source: Eurostat: Labour Force Survey 2008-2019

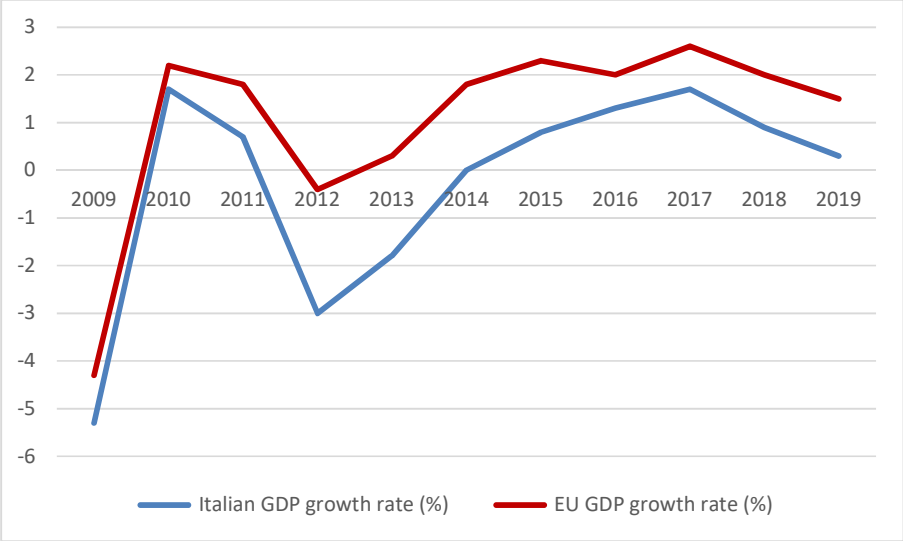
Fig. 5. Unemployment rates of males and females in Italy and in Europe

Source: Eurostat: Labour Force Survey 2008-2019

Figure 6 shows the GDP growth in Italy and the European average. The figure shows a weak growth of the Italian GDP that remained below the European average for all the timespan considered. In general, after the financial crisis, there was a steep rise followed in 2010 by a strong decrease for all European

countries. Specifically Italy experienced a sharper decline compared to other European countries and the difference became greater after 2011. After this strong downgrading, also the Italian GDP growth restarted, but very slowly.

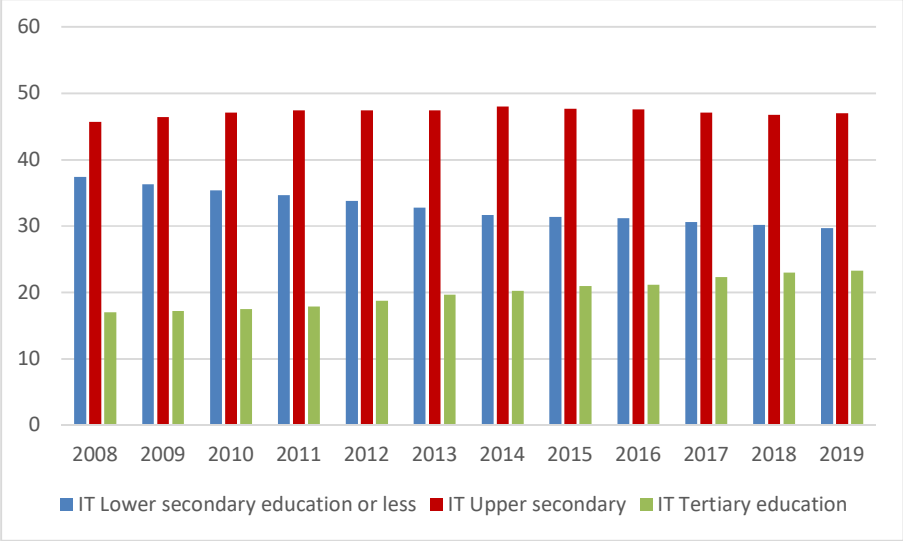
Fig. 6. GDP growth in Italy and Europe



Source: OECD 2009-2019
Unit of measure: percentage of GDP growth by year
*The GDP values refer to year before the available data

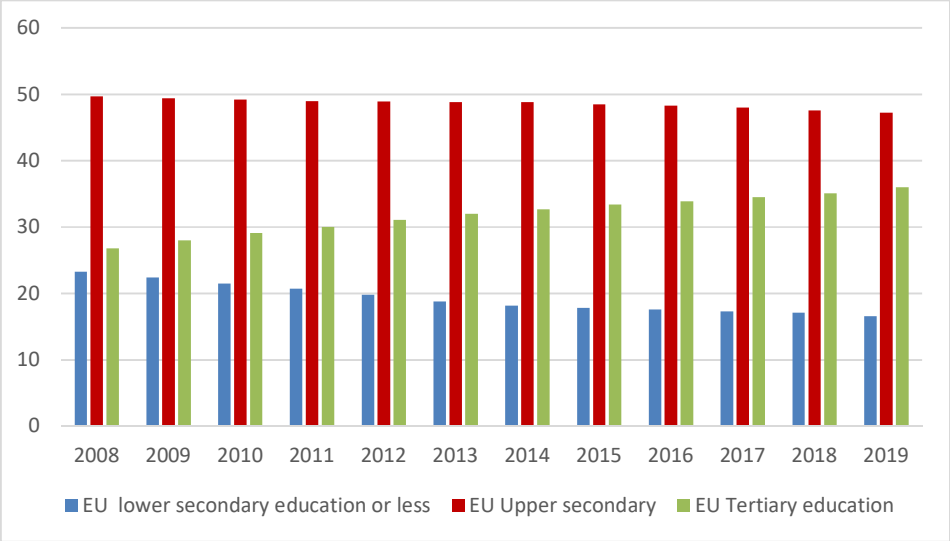
The next two figures show the educational levels of the employed population in percentages terms in Italy (Fig. 7) and Europe (Fig.8).

Fig. 7. Educational level of the employed population in Italy (%)



Source: Eurostat: Labour Force Survey 2008-2019

Fig. 8. Educational level of the employed population in Europe



Source: Eurostat: Labour Force Survey 2008-2019

In both Italy and Europe, almost 50% of the working population hold an upper secondary certificate. The factor that highlights the main difference between Italy and the average European level is the percentage of tertiary education, which is very low in Italy, about 20% on average of the considered period, whereas in Europe, the average is about 30%. In both areas, there has been a growing trend over time, and is less evident in Italy. Another relevant difference is the percentage of low educational levels. Indeed in Italy, there is still a strong percentage of workers (about 35%), who have lower secondary school education, compared to the 20% average of poorly educated workers across Europe.

2. The structure and characteristics of the labour market in the care sector (ECEC and LTC)

There have been several changes across the years in the ECEC and LTC sectors, mainly due to the financial crisis and the cost savings determined by the implementation of "permanent austerity" measures (Pierson, 2001). In both sectors, there has been a strong containment of public spending and a managerialization process of the governance of the services provision, which contributed to a reduction of the public sector in terms of human resources and the outsourcing of several services to the private sector. In order not to lose their market position, the employers implemented a social exclusionary strategy on specific professions. The dominance of market power mainly hits the vulnerable occupational categories like the female workforce that has a strong presence in the ECEC and LTC sectors.

The workers of both sectors witnessed a process of de-professionalization and a strong demand for flexibilization. However, some occupational categories were more involved than others in the process. In particular, nurses and personal care workers (OSS), educators and teachers underwent an increase of

workloads and a worsening of the working conditions. In the aftermath of the Covid-19 pandemic, this scenario denoted a strong deterioration of working conditions. These occupational categories suffered a long period of wage freezes, with scarce renewal of national contracts, reduced work protection, and disqualification of professionality. The emergency conditions of the pandemic highlighted the existing vulnerabilities of both sectors.

The marketization process and the reduction of welfare state services lead to increased economic and social inequality across occupational categories in both care sectors. The employers reduced the cost of labour as much as possible, by not renewing contracts and assigning precarious work. There seems to be a polarization in the two sectors, in the sense that there has been an increase of the required qualifications for access to the occupations also through a more structured access to academic titles and managerial tasks. For example, the teachers of pre-primary education require teaching certificates, and the educators require university degrees. In some contexts of the LTC, in both residential care and home care, there are several cases of unqualified workers that perform tasks for which they are not qualified, and this is typical of personnel care workers or, in some cases, of home care providers and nurses, thus identifying a skills mismatch and a re-stratification of the tasks and professional competencies. This scenario underlines strong flexibility of the workers and providers of these services, even under conditions of constant expansion of the workforce in the welfare sector.

The following analysis describes the structure and characteristics of the labour market in the sectors of early childhood education care and long-term care in Italy.

The main data used are the Labour Force Surveys of ISTAT, the national statistics bureau. The data collected regard the years 2008 to 2020 and have a structure very similar to the LFS of Eurostat. Moreover, some of the most relevant differences were denoted in the 2008 to 2013 period that reported an occupational variable of only 3 digits, and which, from 2014 to 2020 became a four-digit variable. This implicates some differences in the approach used to analyse the two periods, due to heterogeneous occupational categories. Because of these structural factors, we have proposed two analyses: the first covers the years 2008 to 2013, and being less detailed describes only the main professional categories; the second covers the 2014 to 2020 period and is more detailed, thus implying a more specific level of analysis.

2.1 Early Childhood Education and Care (ECEC) in Italy

Socio-demographic changes such as the reduction of the Italian birth rate on the one hand, and the increase of female labour participation on the other, have modified the demand and supply of social services.

The financial crisis of 2008 affected the structure and characteristics of the labour market, the governance and provision of the services, and the real opportunities for both employers and employees, and the clients of the services. These changes have had a heterogeneous impact on the Italian scenario. The ECEC services are traditionally more developed in the centre and in the north of the country with less

services in the south. The ECEC sector was characterized by a strong female workforce and the average working age was about 40 years old (ISTA, 2020).

The characteristics between public and private providers of the labour market in the sector vary greatly. After the financial crisis of 2008, recruitment in the public services was limited to only 1 new hire allowed for every four retirees and this created problems in relation to stable staffing levels (Eurydice, 2021). After 2008, a strong proliferation of temporary contracts came about, to handle working costs. Law 107/2015 contributed to the reduction of temporary contracts for teachers, leading to more stable positions (Aran, 2017; Eurydice, 2021). Available data do not specify the numbers of preschool schoolteachers that have been affected and the law is not applied to nursery schoolteachers.

A relevant issue is that private and public services are characterized by great differences in salaries and contracts. In the public sector the full-time working week is about 36 hours, while in private services, the working week is about 40 hours (Aran, 2017). There are several contracts in the private sector: for instance, the national collective agreement covering services that depend on the administrative authority (Agidae) offers higher wages than the national agreement covering private services affiliated to the FISM association.

The main change in ECEC services was introduced in 2015, after the approval of Law no. 107, with the introduction of an integrated educational and training system, from birth up to six years. Before the integrated system, the ECEC services were divided institutionally by two educational cycles, (asili nido/ scuola per l'infanzia) having separated regulations, organization and financial funds (Neri, 2020). Indeed, the 0-2 segment is managed by the Ministry of Family and Welfare and the 3-5 segment is managed by the Ministry of Education.

The integrated 0-6 system consists of educational services for infants\toddlers and preschools: a standard definition of performance of educational services for infancy and kindergarten. Pre-primary school teachers and educators required a university degree and continuous training. Moreover, there has been an introduction of standards related to structural, organizational, and qualitative elements. The decree aimed at enrolling at least 33% of children under 3 years of age, and 75% of the Italian cities, and allocated budgets for this goal (Oecd, 2017; Bulgarelli 2018; ISTAT, 2020).

Another important step was redefined by the functions and tasks of the Regions and local authorities to enhance the receptivity of educational services for children and the qualification of the integrated system. This transformation was strengthened by the introduction of the law of 2017 (Decreto legislativo 65).

Nowadays, if on the one hand, the introduction of the integrated system aimed to expand the inclusion of children by improving the structure of the services, on the other hand, the outsourcing of nursery schools is growing, with increasingly more administrations choosing to abandon the direct management of infant-toddler centres and preschools. In fact, the cases of municipalities that privatize part of the services of the integrated 0-6 system are multiplying nationwide, mainly to contain the constraints on staff spending, but also to "make up" for the shortage of staff (Leòn et al., 2019). Especially in some regions of the country, there has been a reduction of spending in early childhood educational staff. There are some distinctions between public and private services characterized by different contracts and regulations affecting the work

quality. As explained earlier by several interviewees, (e.g., FP-CGIL, Conf-cooperative and Fism), there is a relevant issue of labour shortage in pre-primary educational services due to the fact that teachers aim at moving to the public schools, and after the Covid-19 pandemic those teachers saw an increased workload and few extra resources that affected the quality of the working conditions and of the services.

Social cooperation representatives argue that they lack the resources to devote to personnel training, and the improvement of the quality of the services. In particular, during the emergency phases, educators and teachers were required to renew some skills and invest in digital competences. In pre-primary education it was particularly difficult to respond to the depletion of the working conditions dictated by maximum discounts. This last factor is the main characteristic of the tenders that aim to maximize costs and lose service quality. Moreover, 15 years ago there was a strong gap indicating a difference between those who worked in nurseries managed by the municipality and those managed by the cooperatives. Today this gap no longer exists, in the sense that the salary elements are almost equivalent. The reason is linked to the failed renewal of public contracts that allowed the private contracts to reach a salary level that closely resembles the public contracts. The Covid-19 pandemic contributed to the build-up of the vulnerabilities of the services, underlining the regional inequalities and disparities between the public and private sector. An example is the failed renewal of contracts by Fism due to financial constraints.

The next pages describe the characteristics of the ECEC workforce in Italy from 2008 to 2020. To have a complete framework, the analysis also introduces some estimates from other available datasets. We show a double analysis of two timeframes (2008-2013 and 2014-2020) due to the availability of ISTAT survey data. In the period from 2008 to 2013, the occupational variable available had only 3 digits. Instead, in the period from 2014 to 2020 the occupational variable was of 4 digits. However, in the case of ECEC, in both periods, there were three occupational categories because the sector included fewer professional categories. Indeed, in both periods, there were teachers, other educational professionals, and qualified professionals in personal services, but in the case of 2008-2013, pre-primary and primary schoolteachers could not be distinguished because of the 3-digit variable.

The comparison between figures 9 and 10 denote a growth over time of pre-primary education teachers. The data do not allow differentiation between the 0-2 and the 3-5 age segments. Instead, there was a reduction over time of other early education specialists. The two elements suggest a change in the workforce after the financial crisis, indicating that a higher number of workers have longer educational trajectories. In fact, this growth became steeper after the educational level for teachers was raised. Figure 9 shows the share of workers in childhood education in 2008 and 2013. The largest group in 2008 was that of other early education specialists that covered almost 70 % of the workforce that year. The remaining employees were teachers in pre-primary and primary schools. In 2013, the number of teachers rose to 45% of the workers employed in the sector that year, and the qualified profession in personal services concerned the other 40% of the workforce.

Upon observing Figure 10 we found a similar scenario but, in this case, we can focus just on the ECEC sector. We saw that in 2014 the largest group of the workforce was the Qualified professions in personal child services (48%), the presence of other education specialists (34%), with the Pre-primary

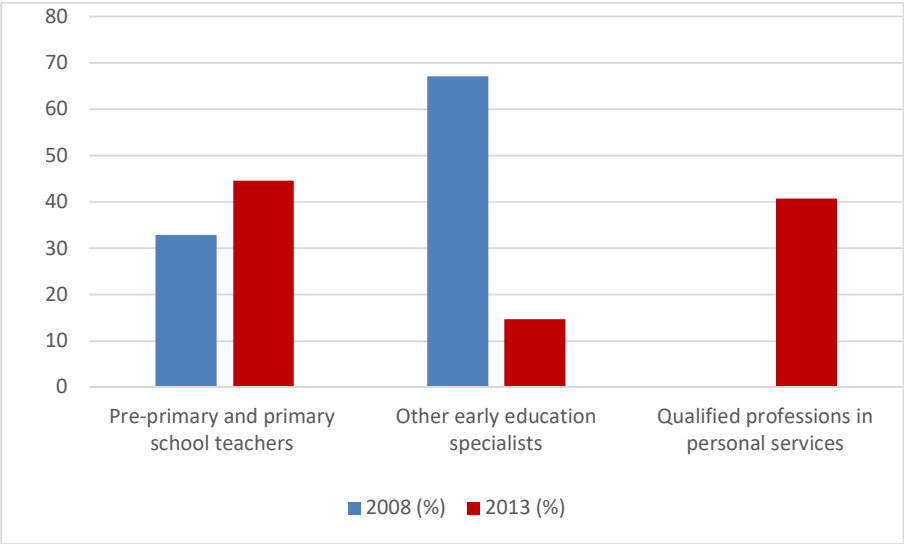
schoolteachers forming a little group (18%). This last group grew exponentially in 2020, becoming the biggest occupational group, followed by the two other professional groups with an almost similar dimension.

Looking at the data of the Ministry of Education, we focused specifically on the dimensions of the teachers in public pre-primary schools, which totalled 95,050 in 2015 and reached 102,636 in 2019. There is a differentiation across regions and in 2015 it was 34.1% in the North, 20.3% in the Centre, 32.1% in the South, and 13.5% in the Islands. In 2019 it was 34.5% in the North, 20.7% in the Centre, 31.8% in the South, and13.1% in the Islands (Miur data).

In 2019, there were 35,034 teachers in 0-3 education services and 13,053 educators were engaged in public services. In the private sector, the educators reached 21,981. In 2014, there was a total number of 33,429 educators. In the public sector, the educators totalled 12,720, with 20,709 in the private sector. We estimated these numbers according to ISTAT data, particularly the survey on nursery schools. Considering the number of 0-2 ECEC services, on average in each class there were 16 kids and 3 educators)[1]

Moreover, the lack of relevant data did not allow the numerical identification of the main differences between the public and the private sectors over time. The lack of data concerned the presence of migrant care workers and undeclared work in the sector. Indeed, interviewees argued that their presence as educators was hardly relevant, and that they were mostly involved in the cleaning or food services.

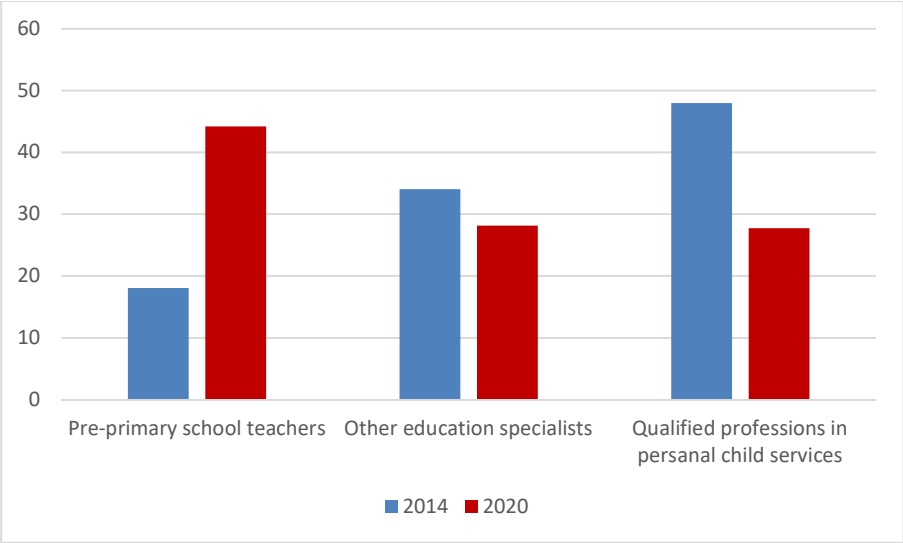
Fig. 9. ECEC workers in 2008 and 2013. Percentage of each ISTAT occupational category (3 digits) of the ECEC sector by year



Source: ISTAT LFS data (2008 and 2013)
Percentage by column

[11] We computed the date starting from the average information on the class size, the educators/children ratio regulated by law.

Fig. 10. ECEC workers in 2014 and 2020. Percentage of each ISTAT occupational category (4 digits) the ECEC sector by year

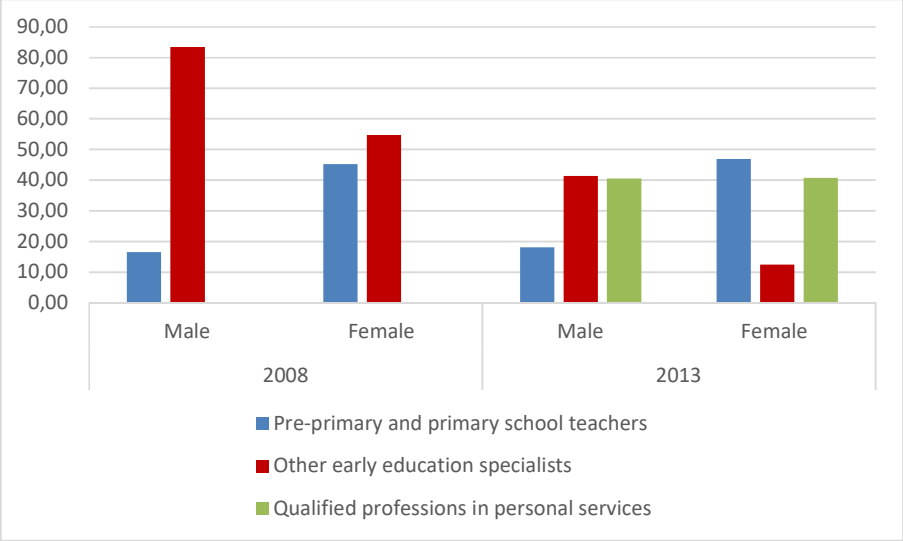


Source: ISTAT LFS data (2014 and 2020)
Percentage by column.

The ECEC sector has been for decades a generally female employment sector. Most of the teachers and educators were females though recently there has been a growing number of males involved in the sector, but mainly as coordinators or qualified professionals in personnel services. There is strong gender composition of the sector. This is confirmed also by OECD data in which the ECEC workforce is about 99% female (OECD, 2019), considering that in the total Italian workforce, women form 50.4% of the employed. Women are mostly employed in those economic sectors that have lower salaries and more precarious contracts.

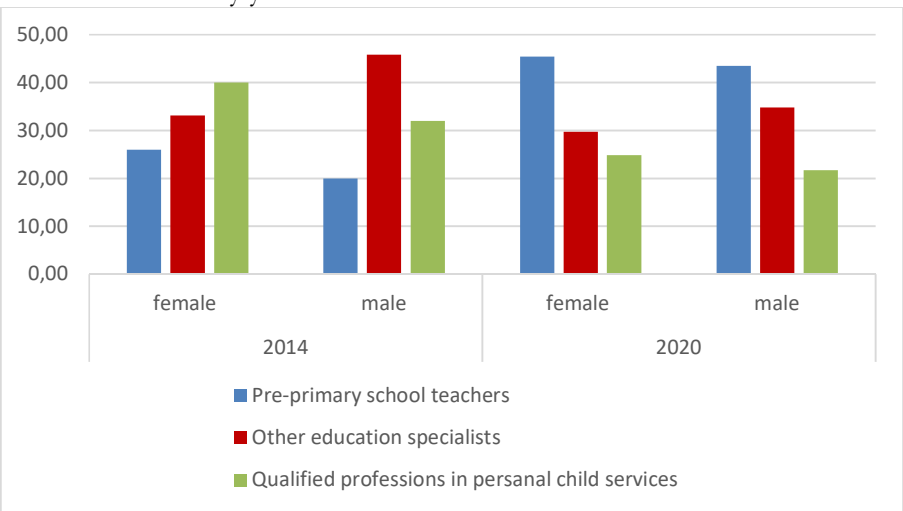
Figures 11 and 12 show the gender division of employment in the sector. Figure 11 shows the data in 2008 and 2013, and highlights a strict gender division. In fact, in 2008, 80% of the men were employed in other early education specialisations, whereas the women workforce was divided into two occupational groups: 45% were employed as pre-primary and primary school teachers, and 54% were employed as other early education specialists. This data highlights that most of the Italian teachers in pre-primary and primary schools are women. Figure 12 shows a more detailed graph of the ECEC sector, showing that in 2014 most of the pre-primary teachers were female (26%), with a smaller male workforce employed (20%). Instead, in 2020, the percentage of pre-primary school teachers was almost the same (about 43%). The men's group in 2014 had the largest workforce in the other specialists in education with a strong presence (32%) but also the qualified professions in personal childcare was a relevant group (45%). The women's largest group in 2014 were composed of the qualified professionals in personal childcare (40%). The other specialists in education were also a relevant group (33%). In general, the data of 2020 indicate less gender differences between the occupational categories.

Fig. 11. ECEC workers in 2008 and 2013 by gender. Percentage of each ISTAT occupational category (3 digit) in the ECEC sector by year



Source: ISTAT LFS data (2008 and 2013)
Percentage by column

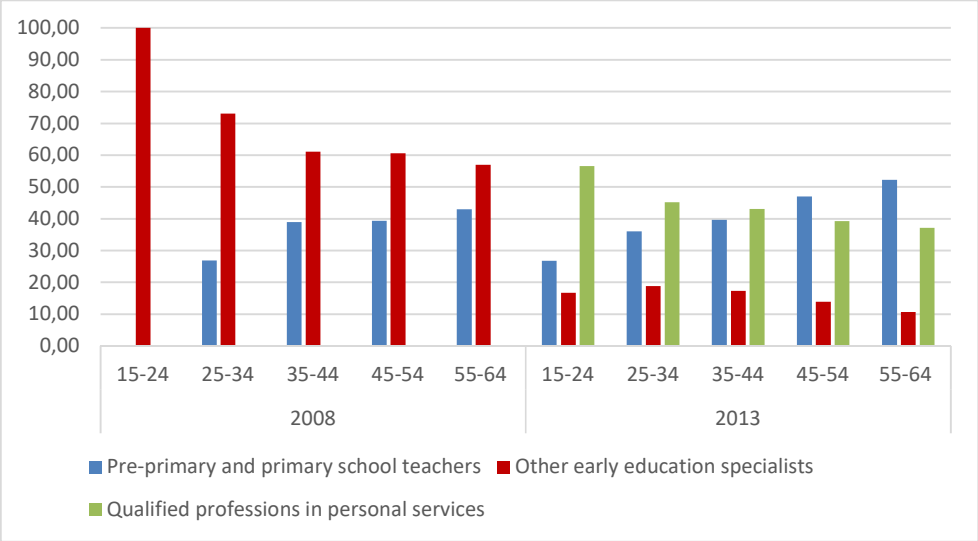
Fig. 12. ECEC workers in 2014 and 2020 by gender. Percentage of each ISTAT occupational category (4 digit) in the ECEC sector by year



Source: ISTAT data (2014 2020)
Percentage by column

Another relevant aspect is the age of the workforce employed in ECEC services. Figure 13 shows the yearly workforce composition by age group, with the percentage of the occupational category by columns in each age group per year. In 2008, the workforce employed in the 15-24 age bracket was totally absorbed by the Other early education professions. Also in the subsequent age groups, the main group was represented by the occupational category of Other early education professions. This scenario changed in 2020, in which the main group was that of Qualified professions in personal services. Moreover, the pre-primary and primary school teachers mainly belonged to the 35-64 age group, in which the largest age category was represented by the 55-6 bracket. The Other early education specialists were generally younger. The majority of the workers employed belonged to the 25-54 age group. The Qualified professions in personal services in 2020 were generally young, more or less in the 15-34 age bracket.

Fig. 13. ECEC workers in 2008 and 2013 by age categories. Percentage of each ISTAT occupational category (3 digits) on the ECEC sector by year

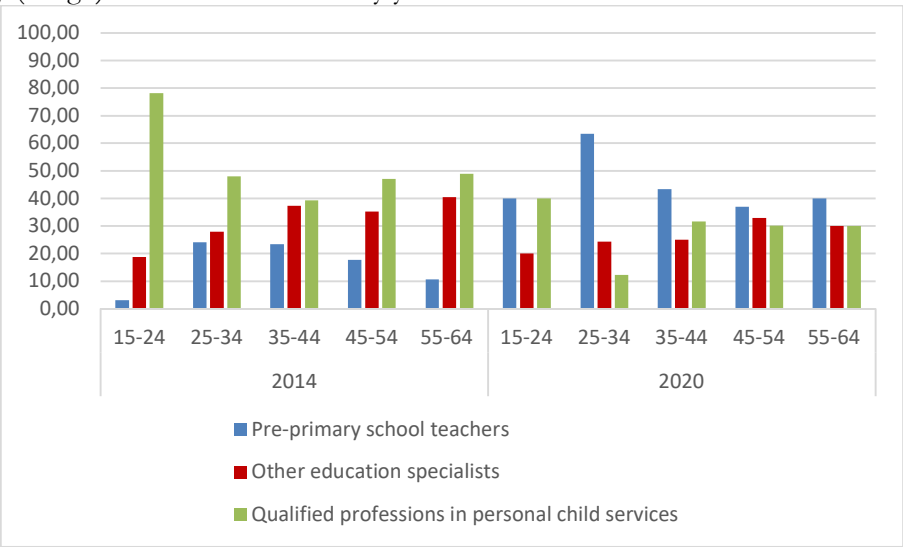


Source: ISTAT data (2008 and 2013)
Percentage by column

Note that in figure 14 during the period 2014 and 2020 some changes came about in the age workforce composition. In 2014, in the youngest age group, 78% were Qualified professionals in personal child services, whereas in the same age group in 2020, the workforce was redistributed, totalling 40% and with the other 40% employed as Pre-primary schoolteachers. A similar situation can be observed in the25-34 age group. The largest workforce employed in 2014 was again that of the Qualified professionals in personal child services, (around 40%). Instead, in 2020 the largest group was employed as Pre-primary teachers, representing 60% of the workers. The 35-44 age group was characterized in 2014 by an almost equal distribution of the workforce, whereas in 2020, the schoolteachers grew to 20 percentage points. Also in 2014, most of the workforce in the 45-54 age group belonged to the Qualified professions in personal care services, (about 47%), but also the Other specialists of education had a relevant group of workers. However, in 2020 the employees were distributed quite equally among the categories. The last

group belonged to the 55-65 age group. In 2014, the workforce was employed almost totally in the categories of Qualified professions in personal care services and Other specialists of education, with very few Teachers. Instead, in 2020 the workforce was more extensive, but 40% were Pre-primary schoolteachers and the remaining workforce was divided into the other two categories. The interviews revealed a higher age range average in the public provision due to the hiring freeze strategy. Instead, in the private provision the average age range was smaller, also because of the recent trend of the increasing number of graduates in education and training sciences.

Fig. 14. ECEC workers in 2014 and 2020 by age categories. Percentage of each ISTAT occupational category (4 digit) on the ECEC sector by year

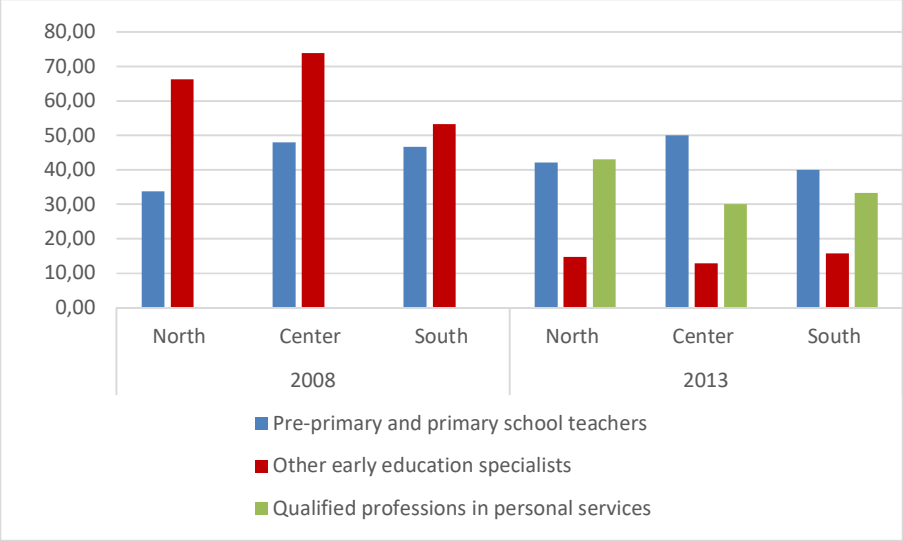


Source: ISTAT data (2014 and 2020)
Percentage by column

The next step is to observe the workforce of the ECEC according to the three main geographical areas of Italy.

Figure 15 refers to the workers employed in 2008 and 2013. In 2008, Northern Italy had 66% of Other early education specialists, and the remaining workers were teachers. In 2013, there were, in the north, 42% of Pre-primary and primary school teachers and 43% of Qualified professions in personal services. In central Italy, 73% of the workforce were employed as Other early education specialists and the small remaining part was employed as Teachers. In 2013 in Central Italy, 50% were employed as Schoolteachers, 30% as Other early education specialists, and 12% as Qualified professions in personal care services. In Southern Italy, in 2008, the workforce was divided into Pre-primary and primary schoolteacher categories, and Other early education specialists. In 2020, in Southern Italy, 40% of the employed were Schoolteachers, 33% were Qualified professions in personal services, and 15% were Other early education specialists.

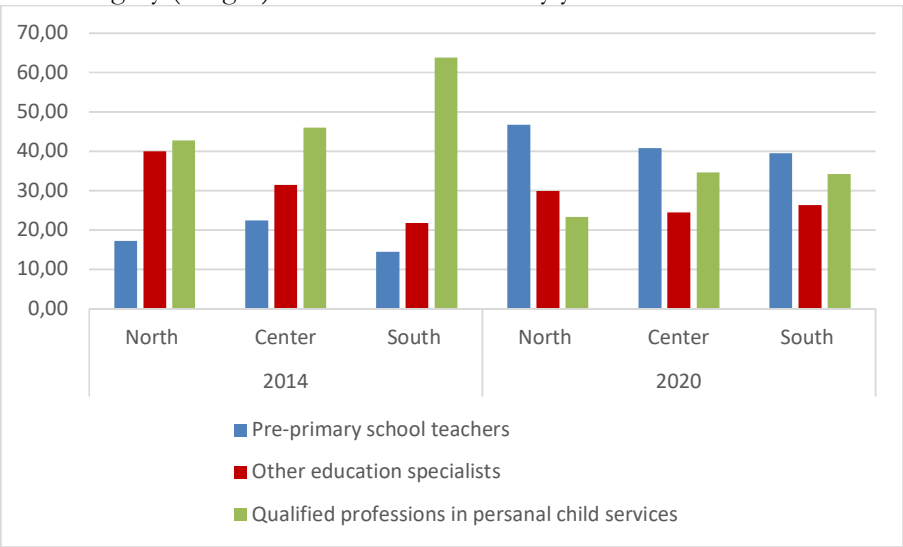
Fig. 15. ECEC workers in 2008 and 2013 by three geographical areas. Percentage of each ISTAT occupational category (3 digits) on the ECEC sector by year



Source: ISTAT LFS data (2008 and 2013)
Percentage by column

Figure 16 shows the geographical division of the ECEC workforce in 2014 and 2020. In 2014 in Northern Italy, the workforce employed in the sector was composed of 42% of Qualified professions in personal child services, 40% in Other education specialists, and only 17 % were Pre-primary schoolteachers. In 2020, the workforce of the sample was very similar, only the Qualified professions in personal child services totalled 60% of the employed. Also in central Italy in 2014, 46% of the ECEC workforce were employed as Qualified professions in personal child services, which decreased in 2020 to 32%. The pre-primary schoolteachers in 2014 were about 23%, whereas in 2020 the occupational group increased to 40%. In Central Italy the Other education specialists remained stable over time. In Southern Italy, we observed a very strong presence in 2014 of Qualified professions in personal child services, about 63% of the workforce, which in 2020 decreased to 34%. Instead, the 2014 Pre-primary schoolteachers in the south were 14%, and in 2020 grew significantly to 40% of the workforce. The Other education specialists remained stable over the period also in the south.

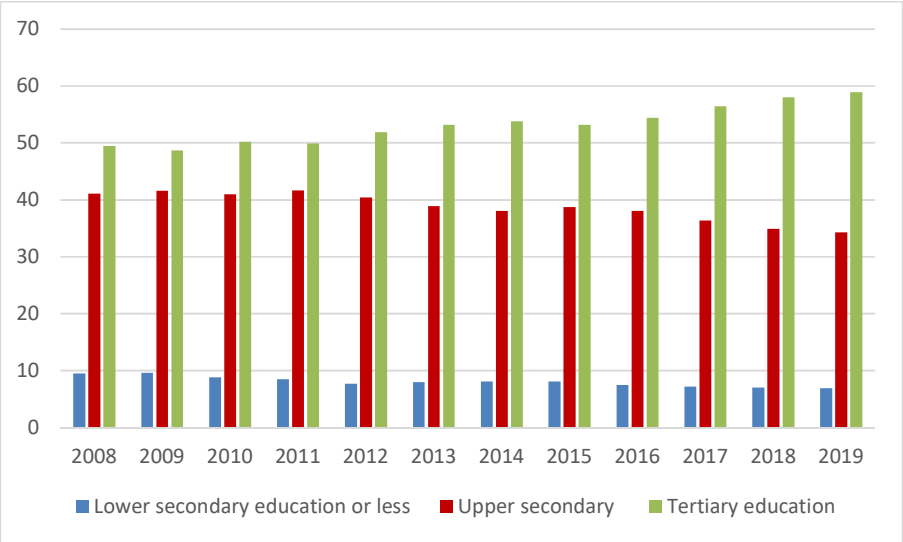
Fig. 16. ECEC workers in 2014 and 2020 by three geographical areas. Percentage of each ISTAT occupational category (4 digits) on the ECEC sector by year



Source: ISTAT data (2014 and 2020)
Percentage by column

The educational sector is typically highly educated. Figure 17 shows the educational level of the early childhood education care sector. Most of those employed in the sector appear to be highly educated. From 2008 to 2019 the tertiary-educated group gradually increased and the lower secondary educated remained scarce. Instead, the percentage of the employed having an upper secondary education also decreased gradually. This data are related to the increase of the required tertiary education level to access the teacher profession both in the 0-2 age segment and in the 3-5 age segment.

Fig. 17. Educational level of employees in the education sector



Source: Eurostat: Labour Force Survey 2008-2019
Unit of measure: percent

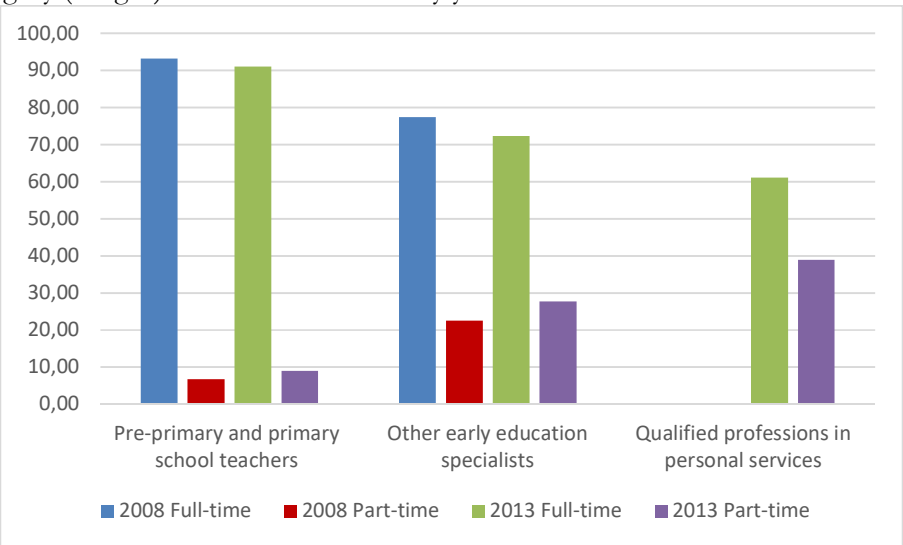
2.1.1 Contracts

The next section shows the characteristics of the contracts of the ECEC sector. Different contracts are linked to the governance of the services. There is a relevant fragmentation of contracts that mainly affect the working conditions. A great part of the services refers to social cooperation contracts, especially in some regions like Toscana and Emilia Romagna.

The main difference in contracting refers to the public and private sectors. The public sector is historically and typically characterized by more generous contracts and more benefits than in the private sector. The interviews reveal that there is still a strong gap between public and private sectors. Other contracts that will be analysed in detail in the sections dedicated to the employment regulation, are the private non-profit and for profit and social cooperation contracts

Figure 18 shows the type of contracts of the workers in 2008 and 2013. Almost the total share of the workers of the sample had full-time contracts, in both time periods. This dichotomy is particularly accentuated for the Pre-primary education and primary schoolteachers. For those in Qualified professions in personal care services, in 2013 almost 40% of the workforce had part-time contracts and 30% of Other early education specialists had part-time contracts. Firstly, these measures include the workforce of two primary and pre-primary schools, and this implies a limitation in the levelling of the share of full-time and part-time workers in pre-primary schools. Secondly, the legislations implemented after the financial crisis pushed for the hiring of less personnel, costs savings, more full-time workers and less employees.

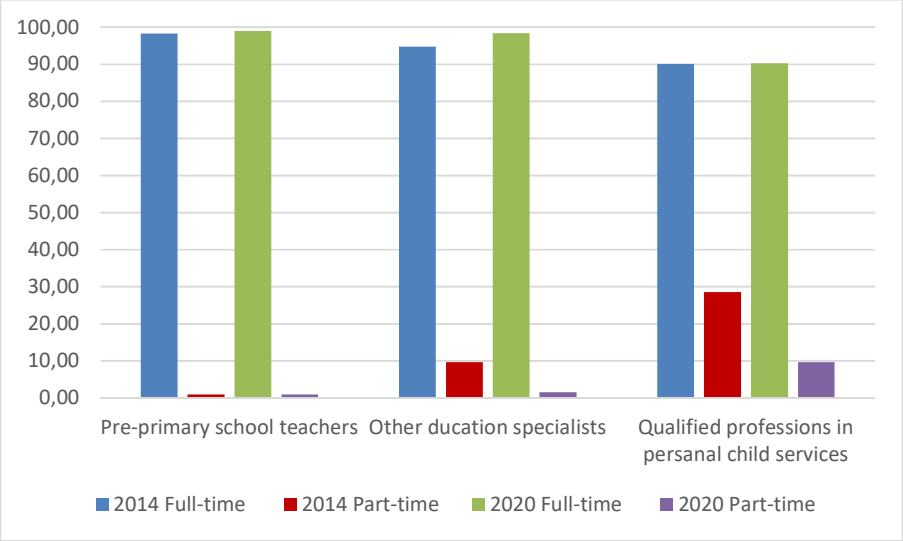
Fig. 18. ECEC workers in 2008 and 2013 by full-time and part-time employment contract of each Istat occupational category (3 digits) on the ECEC sector by year



Source: ISTAT LFS data (2008 and 2013)
Percentage by row

Figure 19 shows the contract scenario in 2014 and in 2020, and the graph highlights the relevance of the full-time contract for all the categories. Even in this wave, it emerges that the Pre-primary schoolteachers are those that more than the other categories highlight the full-time and part-time dichotomy. The development of the full-time contract is directly related to the introduction of the integrated system of education and training of children from birth up to six years old.

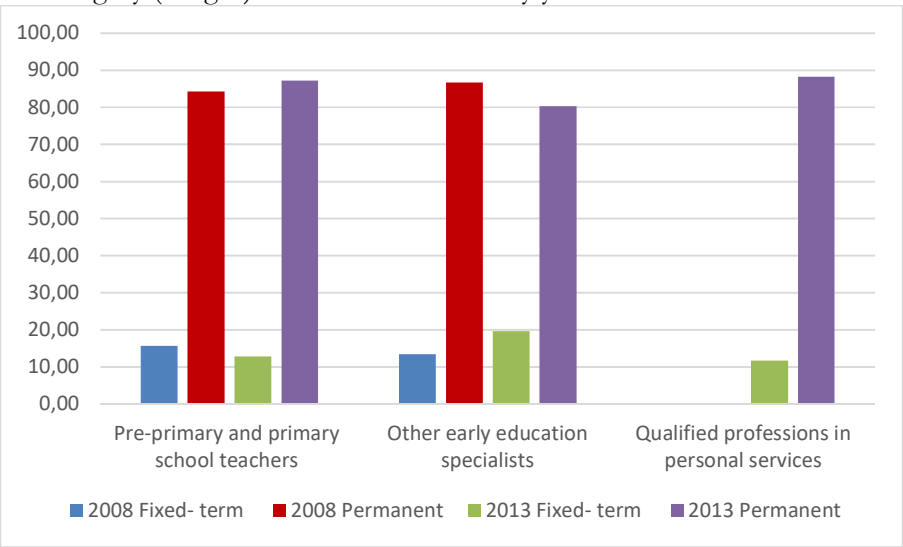
Fig. 19. ECEC workers in 2014 and 2020 by full-time and part-time employment contract of each ISTAT occupational category (4 digits) on the ECEC sector by year



Source: ISTAT LFS data (2014 and 2020)
Percentage by row

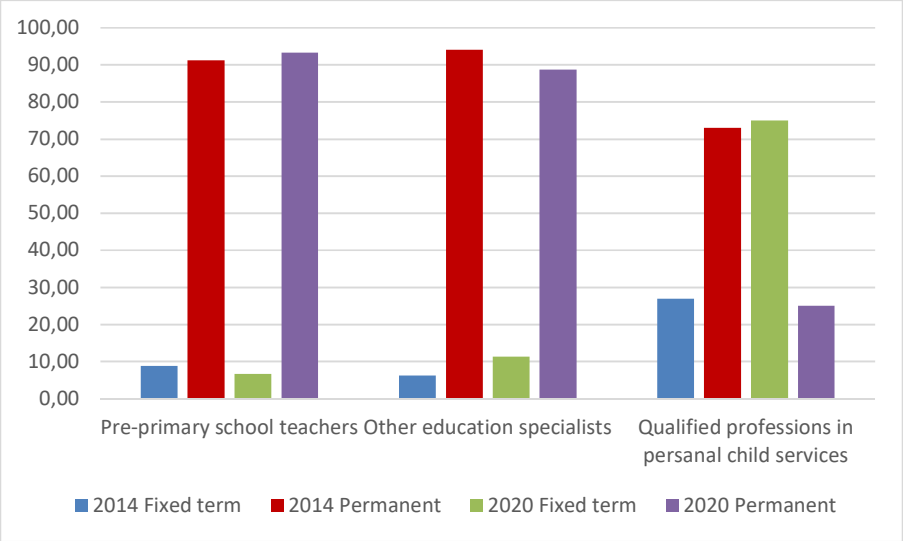
The last element considered is the contract in terms of a fixed-term or permanent contracts. Figure 20 shows the two types of contracts in 2008 and 2013. The graph shows the percentage of the type of contract over the total employed in the sector, in each occupational category. The figure shows that in all the categories, there were more permanent contracts than fixed-term contracts. In 2008 and 2013, the dichotomy emerged clearly. The same scenario appears in figure 21, which refers to 2014 and 2020, a part of the occupational category Qualified professions in childcare services, that shows a significant change between 2014 and 2020. Indeed, in this occupational category, we observe that in 2014, 73% of the contracts were permanent, and in 2020, 75% of the contracts became fixed terms, indicating a relevant change. The development of the permanent contract was supported by the introduction of the integrated system of education and training for children aged 0-6 years old, in the attempt to reduce temporary work contracts. The law of 2017 strengthened this scenario, intervening on a better care system and improved working conditions.

Fig. 20. ECEC workers in 2008 and 2013 by fixed term and permanent employment contract of each ISTAT occupational category (3 digits) on the ECEC sector by year



Source: ISTAT LFS data (2008 and 2013)
Percentage by row

Fig. 21. ECEC workers in 2014 and 2020 by full-time and part-time employment contract of each ISTAT occupational category (4 digits) on the ECEC sector by year



Source: ISTAT LFS data (2014- 2020)
Percentage by row

2.2 Long Term Care (LTC) in Italy

In the last decades, the Italian long-term care sector has grown like in the other European countries, where significant institutional changes and innovations have taken place over the last two decades (Pavolini and Ranci, 2012). Socio-demographic changes like the increasing aging population, low birth rates, lack of caregivers in the family, and better health conditions are part of the explanation of the growing sector. Moreover, the labour market is characterized by public and private employers that differently affect the demand and the supply of the LTC sector. The financial crisis of 2008 affected market orientation and the structure of the labour market, the governance of the services, and the real opportunities for employers, employees, and clients of the services (Fosti et al., 2019; ISTAT, 2020; Eurofound, 2020).

In the last two years, the Covid-19 pandemic has strongly changed the assets of the sector. The division between public and private care has influenced the sector's entire labour market. In the last 20 years there has been a conspicuous growth of privatization of the providers, increasing the presence of purely private providers (the case of multinational companies), and hybrid providers, at the expenses of the purely public providers (EU commission, 2016; Fosti et, al. 2019; 2020, Eurofound, 2020). However, there are relevant heterogeneities across regions, due to a strong regional regulation of the providers. Indeed, in Italy only few laws regulate the national standards of the LTC (Bellantani, 2020; Lea document; DPCM 67 1989). At the national level, for example, only 10% of the residential providers are purely public. The social services are 46% private non-profit and 44% private for-profit as explained in some interviews (Italian association of private hospitals: AIOP) and confirmed by the literature (Eurofound, 2020; Lethbridge, 2017).

This scenario impacts on the characteristics of the LTC workforce and the structure of its labour market (Gómez-González, 2021). The composition of the workforce is very sensitive to the three main segments of the LTC. In particular, there is a first segment characterized by more structured and accredited health facilities, in which the main workforce is composed of medical doctors and nurses; a second segment refers to the residential care facilities and its workforce is composed mainly of nurses, social health operators, and support staff like cooks and cleaners. The third segment is mainly composed of home care, in which the workforce is covered mainly by foreign workers, often with irregular contracts. This last segment is the biggest and counts a similar workforce summing up the two other segments. The workforce consists of about 1 million workers and 60% of which do not have regular contracts. However, this varies across Italy, and is linked to the migratory flux. In general terms, 15-20% of the LTC workforce composition is made up of nurses, a share of 50-60% of the Social Health Operators, OSS, and about 20-30% of support staff such as cooks, cleaners, maintenance personnel, administrative workers, and social workers. The vast majority work as private caregivers, frequently with a migrant background and hired directly by households (Pasquinelli, 2013): around 830,000 employees find themselves in such a condition (often having irregular labour contracts). The vast majority of those who work in professional services are employed in residential facilities. Given the fact that most workers are employed by

households – in many cases with irregular contracts (in terms of working hours declared, working schedules, etc.), labour conditions in the sector are often not particularly good (Jessoula, Pavolini, Raitano and Natili, 2018). In LTC services there is a strong share of female workers, the average age which is about 48. The large part of the workforce is Italian and there are few regular migrants, and are generally employed in the north of the country. Eurofound estimated in 2019 that in LTC the foreign workers were about 12% of the total workforce of homecare. The three quarters of the total of 402,413 carers employed by private households were foreign nationals, of whom over 70% were from Eastern Europe (both EU and non-EU), 8% from Latin America and 5% from North Africa (INPS, 2019). A considerable amount of undeclared LTC labour market with no formal skills/qualification barriers for obtaining work and a cost advantage for users (untaxed labour) skews the LTC workforce composition towards foreign labour. Domina, (2019) predicted an increase in staff needs in 2030. LTC domestic carers will be about 15% (60,487), and in 2050 LTC domestic carers will rise to about 70% (282,587). Undeclared LTC work seems to be most common in countries where LTC entitlements are limited or consist of cash payments with little control over their usage, and there is a large role for domestic LTC, usually carried out by migrants. There are 600,000 estimated domestic workers in Italy (Fosti and Notarnicola, 2019). In 2019, of the 32,367 inspections carried out in the 'human health and social work activities sector, 568 instances of undeclared work were identified, a rate of 1.7%, similar to that found in other sectors (Ispettorato Nazionale del Lavoro, 2020). Live-in care is relatively common and this sort of work is often undeclared or irregular in other ways. In Italy, most live-in carers are from the Philippines (and less so from Romania). In 2018, about 40% of the 402,413 regular domestic care workers, around 160,000 (up from around 300,000 in 2009), were probably live-in carers (Domina, 2019; Fosti and Notarnicola, 2019). If undeclared work were to be counted, the number may be doubled.

After the Covid-19 emergency, the private sector suffers from a strong lack of nurses and Social Health Operators (OSS), especially because in the public sector there has been a massive hiring process of those professionals, during the pandemic. This phenomenon contributed to the increase in the private sector, of a strong demand for those occupational categories, oriented also to foreign employees, but with scarce success.

Moreover, in the LTC sector the main contracts were full-time and permanent, especially after the "Decreto dignità" of 2018 when the government incentivized more stable employment. The fixed-term contracts have several restrictions for the employer like the maximum of 24 months of the contract, and after the fourth renewal of the fixed term contract, it automatically becomes a permanent contract. Moreover, there is a part of the work that is demanded from freelance nurses and, in some cases, also from the healthcare workers (OSS), specifically in the private sector. This regards specific needs of some providers that require temporary workforces.

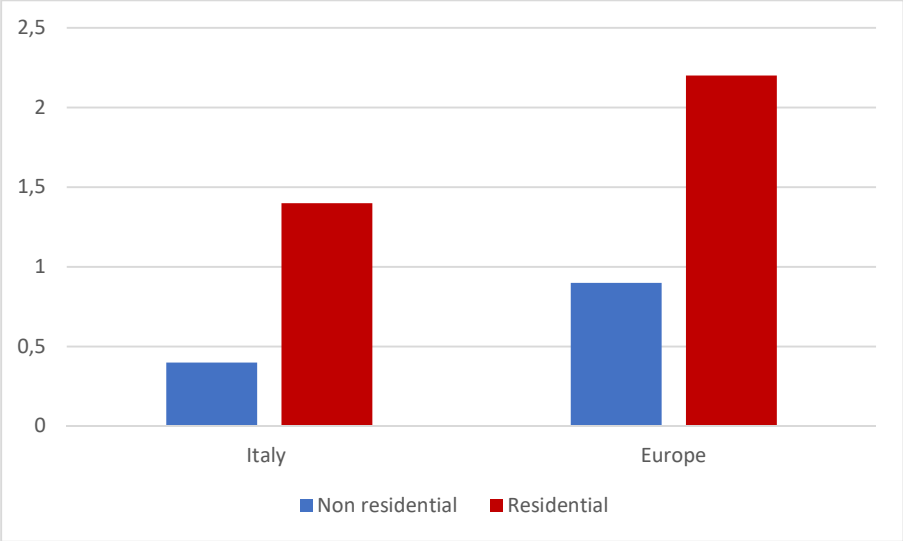
In the LTC sector, there is a relevant issue of labour shortages, both in the public and in the private sector. In particular, it seems to be stronger in the private sector because of less generous and more precarious contracts. For example, Conf-cooperative carried out some interventions in the Ministry to highlight the lack of some professional figures. In particular, the most lacking professional category is

that of professional nurses, especially with the increase of the demand in the Covid-19emergency phase. There has been a migration of many nurses from the private provision to the public provision. The nurses who worked in social cooperatives were totally deprived. The same goes for the OSS, and indeed in some Regions. For example, the Piedmont Region in the emergency phase enacted a sort of amnesty that enabled home carers (Badanti) to enter the residential care facilities, equating them to the title of OSS. Likewise, also the Veneto Region added an extra S basically (OSSS), which is an intermediate role, in order to allow more people to enter the residential facilities. Moreover, the OSS are few because there are few professional courses. Therefore, even all those private training bodies that gave the opportunity to graduate as OSS, at some points were also a little discouraged because many of them moved to the public providers due to better employment conditions. Moreover, recently there were two renewals of contracts in the public employment sector, which did not correspond to a renewal of contracts in the private sector. A trade-off exists especially for the private residential care structures, wherein the salaries are lower also because of the increase of the costs of the labour. Only in some exceptional cases, these could offer better salaries to nurses who would otherwise try to move to the public sector for the better contracts.

To have a complete vison of the workforce within the sector and distinguish between residential care and non-residential care, we integrated the analysis with data from Eurostat and From the Survey of Residential facilities of ISTAT.

Figure 22 compares the share of the workers employed in the LTC sector over the total workforce in Italy and Europe in 2019. Italy has a lower share of workers in LTC than the European average, but in both contexts, there is a huge difference among those employed in the residential and non-residential services.

Fig. 22 LTC workers as a share of the total workforce in Italy and in Europe in 2019



Eurofound (2020) annual averages of quarterly data Eurostat LFS data.

Table 5 Workforce of Residential facilities

Professions	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Directors and general managers of companies	13,549	13,611	13,877	13,118	13,002	10,479	96,28	94,57	97,04	10,301
Employees	14,559	12,857	11,538	12,186	12,484	12,860	13,135	13,246	13,426	14,083
General practitioners (GPs)	7,506	8,018	6,162	6,417	6,703	6,719	6,250	6,152	6,523	6,753
Specialists in medical therapies	5,185	4,303	3,036	3,223	3,375	3,424	3,315	3,283	3,358	3,355
Specialists in psychological and psychotherapeutic sciences	5,170	5,380	4,134	4,459	4,792	5,448	5,593	5,767	5,842	6,227
Sociologists	282	327	212	243	264	298	284	310	298	269
Social workers	3,487	3,537	2,732	3,043	3,487	4,033	4,050	4,130	4,109	4.283
Teachers in vocational training	815	581	435	300	296	312	256	304	308	339
Professional educators	15,798	16,017	15,821	18,740	20,979	22,364	23,391	23,784	24,241	25.457
Reintegration and social integration technicians	7,138	6,664	5,503	..	..	..	..	..	..	..
Researchers and technicians with degrees in pedagogical and psychological sciences	508	329	0	..	..	..	..	..	..	..
Animator	5,880	5,650	6,685	5,736	5,723	4,917	4,607	4,723	4,599	4.768
Cultural mediators	348	377	326	269	244	326	496	582	629	614
Nursing health professions	37,349	45,638	37,251	32,577	34,574	36,625	36,625	37,579	38,966	41.002
Physiotherapists	9,050	9,825	9,806	9,913	10,461	9,889	10,113	10,097	10,215	10.884
Rehabilitation therapists	600	587	545	561	714	817	807	804	909	1.001
Speech therapists	1,432	1,081	988	972	945	963	889	867	928	1.018
Health assistants	74,891	84,108	89,573	79,825	85,474	102,501	105,628	107,927	108,225	116.308
Other personal assistance staff	64,072	61,711	51,885	47,398	47,408	42,744	40,206	40,522	42,565	41.836
Food preparation and distribution officer	..	..	..	10,457	12,476	13,789	14,318	14,556	14,539	14.691
Other general service personnel	40,166	40,450	49,518	30,419	30,627	31,655	32,034	31,086	30,767	31.897
Civil service	1,429	824	1,456	1,685	1,469	0	0	0	0	0
Parents	615	719	955	5,895	2,262	0	0	0	0	0
Other staff	11,365	11,428	9,243	9,825	10,366	11,453	12,292	12,251	12,440	13.279
Total	321,194	334,020	321,680	297,261	308,125	321,614	323,919	327,426	332591	348.366

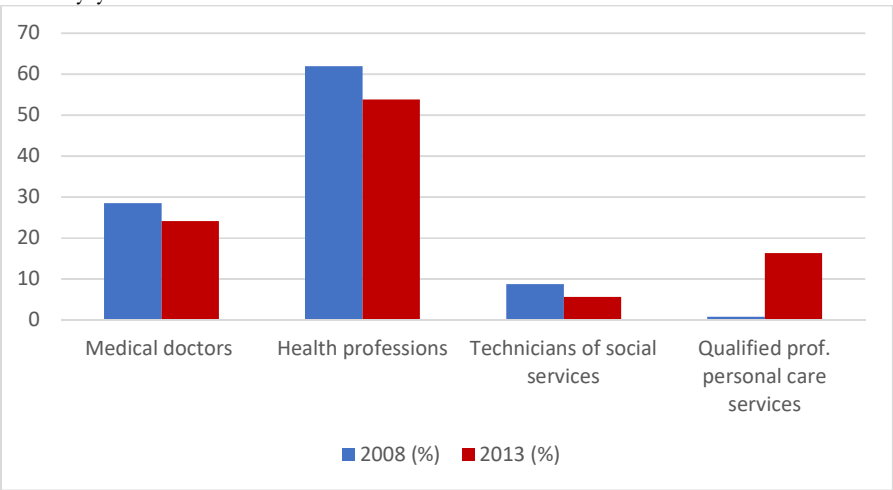
Dataset: ISTAT: Residential, social assistance and healthcare Centers

Table 5 shows that in the residential care services from 2008 to 2018, there had been a slight increase in the number of employees (+8%). The Medical doctors were about 7,506 in 2009 and decreased to 6,753. The Social workers were about 3,437 in 2009, and grew to 4,283 in 2018. The nurses were about 37,349 in 2009 and grew to 41,002 in 2018. The care assistants were about 74,891 in 2009 and 116,308 in 2018 (Istat, Presidi residenziali socio-assistenziali e socio-sanitari, 2019). In the residential care services from to 2018 there was an increase in the number of health assistants (+35%); a slight increase in nurses (+8%); a strong decrease in other care assistants (-53%); increase in rehabilitation professions (+17%) f) general practitioners (-11%) and other doctors (-50%) decreased (ISTAT, Presidi residenziali socio-assistenziali e socio-sanitari, 2019). In residential care in 2013 the workforce was about 230,731 composed of: Social home care from local authorities (2015) 21,980; Nursing home care (2013) 7.82;% Private care workers (2013) 830,000; Istat (2016) Pasquinelli (2013); Jessoula et al, 2018.

The next figures describe the workforce of LTC of ISTAT data. As already said, we show separate analyses for two different periods, 2008-2013 and 2014-2020 because of some limitations of the available data. The first period has less detailed occupational categories and shows a partial picture of the workforce that is described more specifically in the second period.

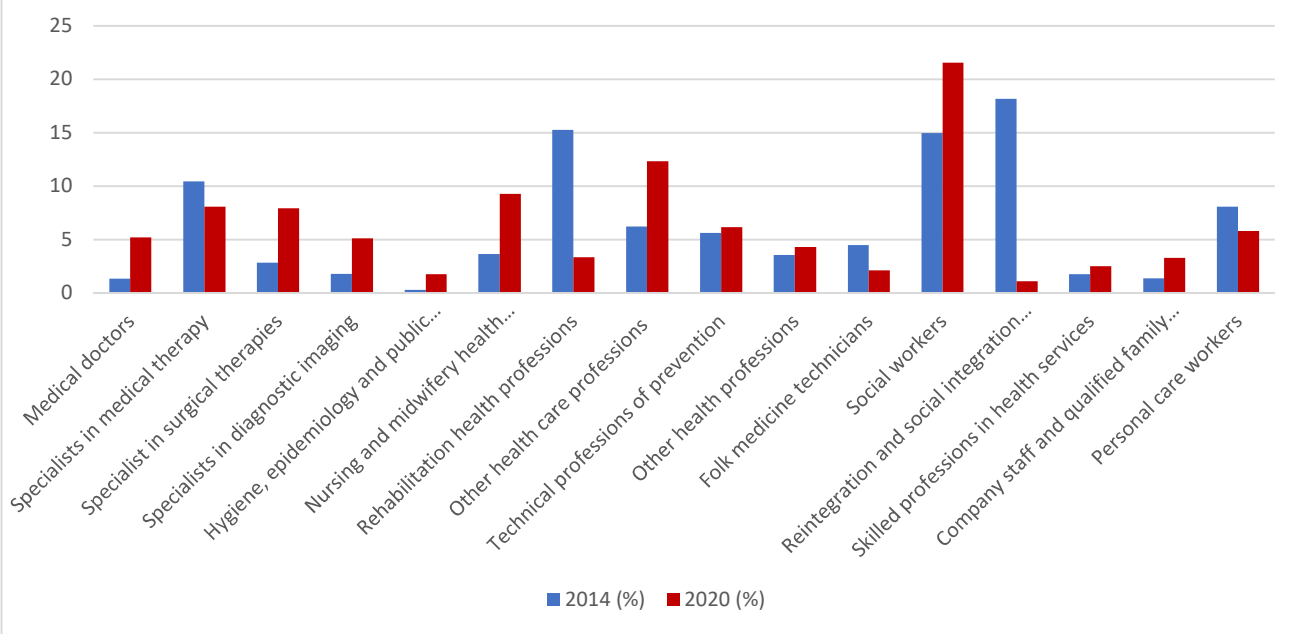
Figure 23 shows the workforce for medical doctors, health professions, technicians of social services, and qualified professions of personal care services. One relevant limitation is for example, that all the health professions are grouped in one category, being unable to distinguish nurses or physiotherapists. However, the main difference across the two waves considered is the substantial increase (16%) in 2020 of the Qualified professions of personal care services. Medical doctors decreased about 4.3% in 2020. The health professions were the largest group and decreased about 8 % and the Technicians of social services decreased about 3.6%. The differences between 2008 and 2013 show a reduction in the workforce employed in the sector. Moreover, in Figure 24, we observe more in detail the occupational categories involved in the LTC sector. The figure shows several specializations of doctors, but also a variety of the most common health professionals that are essential for patient daily life, or other health or social work occupations. Only in this figure do we show the most details available in the data, because we aggregated some professions together for a more suitable comparative work. We aggregated all the doctors of the sample, left one single category for the nurses and midwifery professions, and aggregated health technician professions, technical professions of prevention, social workers and integration professions, and qualified professions in health and social services. From Figure 24 it emerges that in 2014 the more consistent group were the social workers (15%) that increased (21%), Reintegration and social integration technicians (18%) decreased in number (3%) those in rehabilitation health professions (15%) decreased drastically in 2020 (3%). Instead in 2020, the workforce was employed mostly in Nursing and midwifery health professions (10%) that increased from 2014 (4%) and social workers.

Fig. 23 LTC workers in 2008 and 2013. Percentage of each ISTAT occupational category (3 digits) of the LTC sector by year



Source: ISTATLFS data (2008 and 2013)
Percentage by column

Fig. 24 LTC workers in 2014 and 2020. Percentage of each ISTAT occupational category (4 digit) of the LTC sector by year

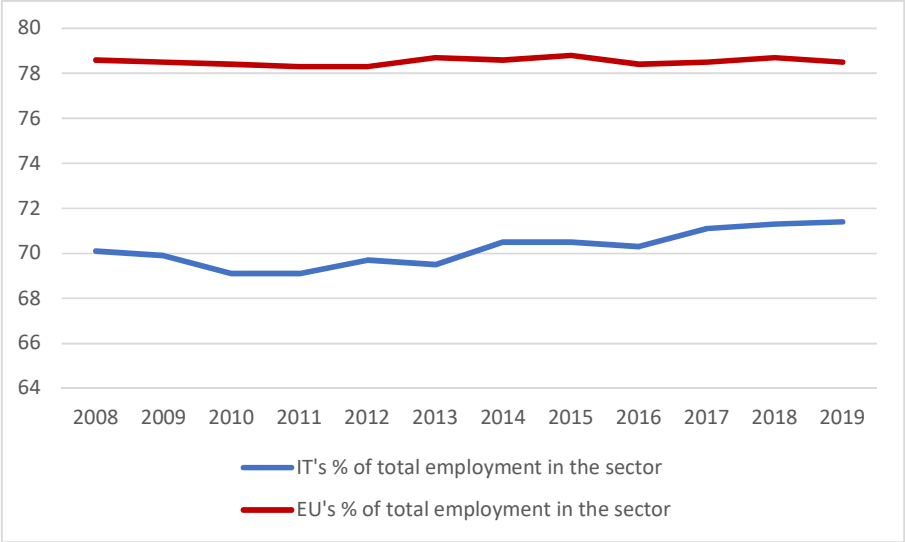


Source: ISTAT LFS data (2014 and 2020)

The human health and social work sectors were characterized in general by a relevant part of the female workforce. On average, in Europe from 2008 to 2019 there was an almost 80% of female employment

in the sector (fig. 25). Instead, Italy shows a quite smaller share of the female workforce in the sector, about 70-72% in the time considered, highlighting a significant difference below the European average.

Fig. 25 Female employment by ISCO levels (1 digit) (EU-LFS) in human health and social work sector.

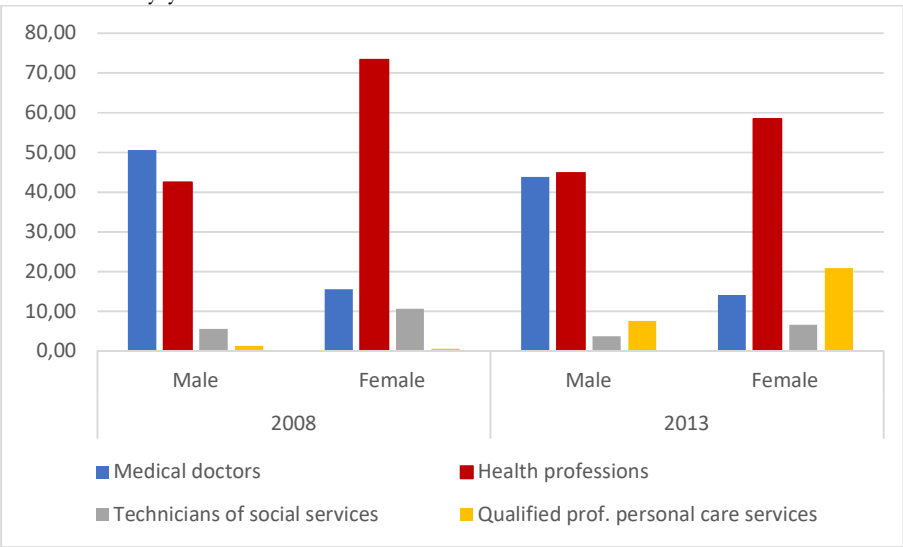


Source: Eurostat: Labour Force Survey 2008-2019
Percentage by column

Figures 26 and 27 show the share of the workforce in LTC for males and females. Figure 26 shows the percentage of each occupational category by males and females comparing 2008 and 2013. In 2008, 50% of the men in the LTC sector were Medical doctors, 42% were in Health professions, 5.5% were Technicians of social services and 1.34% were Qualified personal care professionals. Instead, in the same year, 15% of the women of the sector were Medical doctors, 73% were Health professionals, 10% were Technicians of social services and 0.5% were Qualified personal care professionals. In 2013, 44% of the men in the LTC sector were Medical doctors, 44% were Health professionals, 4% were social service Technicians and 8% were Qualified personal care professionals. In the same year, there were 14% of the women in the LTC sector and were Medical doctors, 58% were Health professionals, 7% were social service Technicians and 21% were in qualified care services professionals.

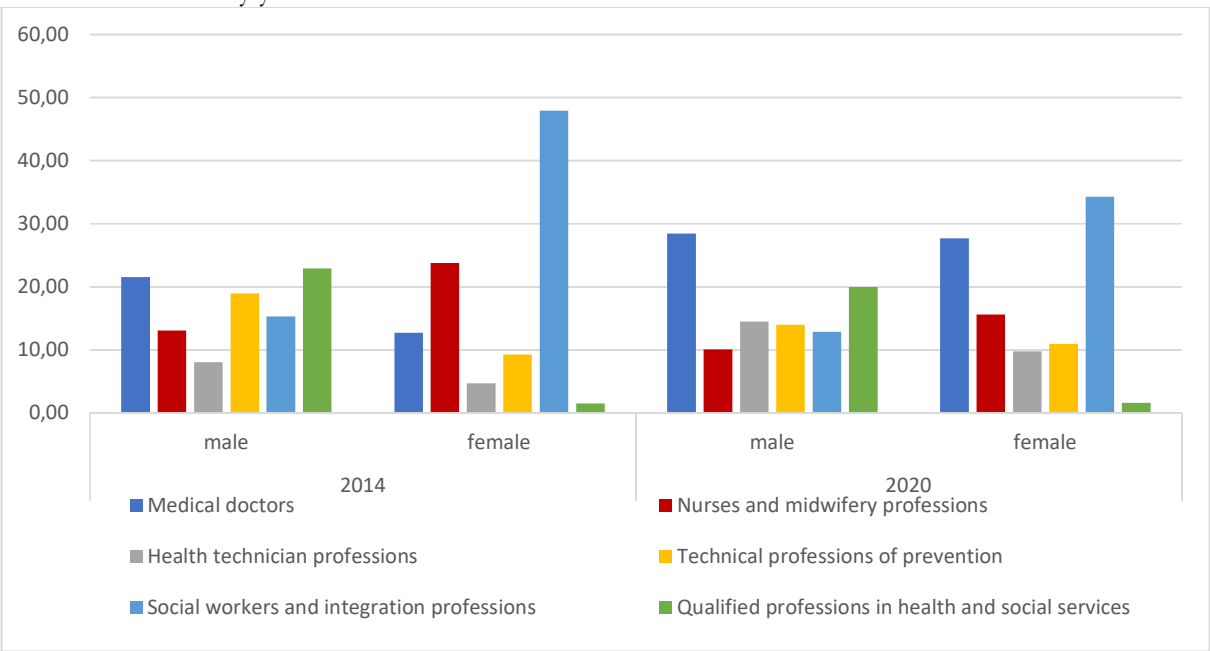
Figure 27 shows the percentage of each occupational category by males and females comparing 2014 and 2020. In 2014, 22% of the men in the LTC sector were Medical doctors, with 13% in Nursing and midwifery professions, 8% were Health technicians, 19% were Technical prevention professionals, 15% worked in Social work and integration professions and 23% were Qualified health and social service professionals. The female workforce showed some differences. Most of the women were employed in Social works and integration professions (47%) that decreased in 2020 to 34%. The second consistent group was the Nurses and midwifery professions (24%) that decreased in 2020 (15%). Instead, the number of Medical doctors in 2014 was 13%, and in 2020 increased to 28%. The remaining categories were stable over time.

Fig. 26. LTC workers in 2008 and 2013 by gender. Percentage of each ISTAT occupational category (3 digit) of the LTC sector by year



Source: ISTAT LFS data (2008 and 2013)
Percentage by column.

Fig. 27. LTC workers in 2014 and 2020. Percentage of each ISTAT occupational category (4 digits) on the LTC sector by year



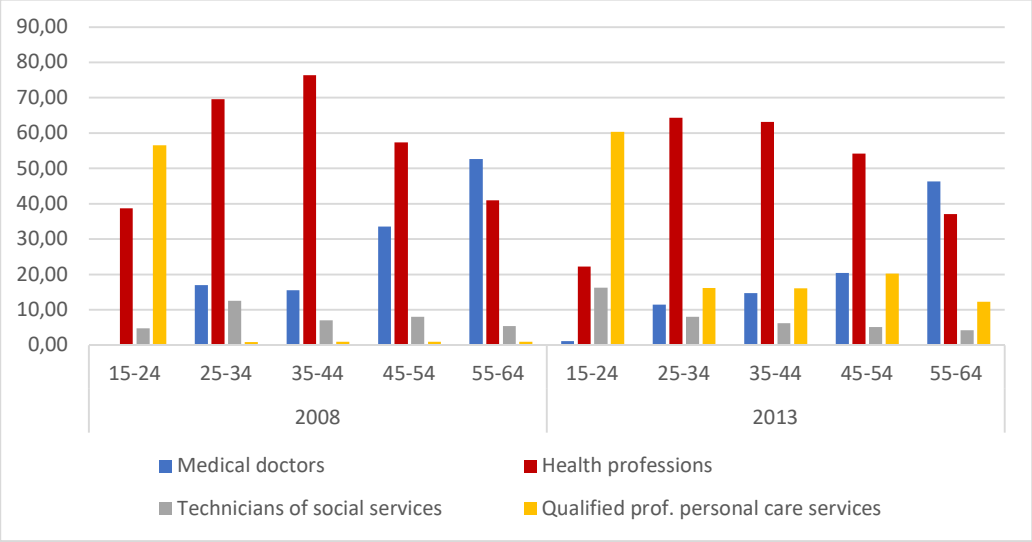
Source: ISTAT LFS data (2014 and 2020)
Percentage by column

Another element of the analysis is the age of the workers in the LTC sector, measured in categories of 10 years each. For the single age categories, Figure 28 shows the percentage of each occupational category

in each age group in 2008 and 2013. In the 15-24 age group the workforce employed was about 60% in the Qualified professions in personal care services, both in 2008 and 2013. The workers aged 25-34 years old were employed mainly in Health professions (about 60% in 2008 and 2013,). The workforce in the35-44 age bracket had the highest number in Health professions (76% in 2008, and 60% in 2013). In the age 45-54 group the percentage of Health professionals decreased (about 55%) and the Medical doctors increased (33% in 2008, and 20% in 2013). In the last age group we observed that the category of the Medical doctors increased (52% in 2008, and 46% in 2020) and the Health professions category decreased (40% in 2008 and 37% in 2013).

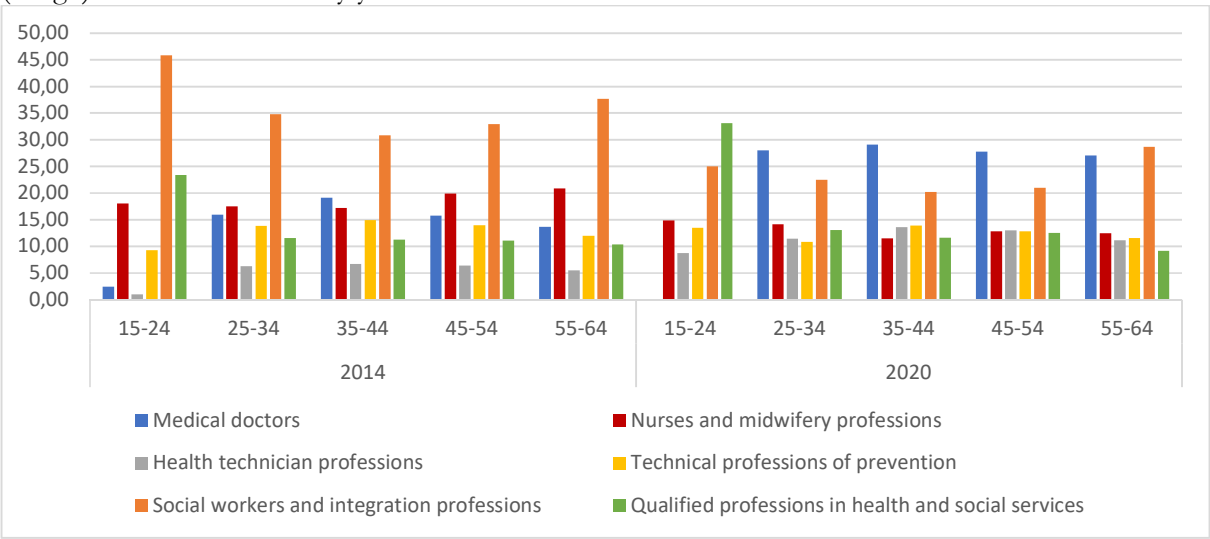
Figure 29 shows the workforce by age groups in 2014 and in 2020. In the 15-24 age group, most of the workers employed were Social workers and integration professionals (48% in 2014 and 22% in 2020) and Qualified health and social services professionals (23% in 2014, and 33% in 2020). In the 25-34 age group, the main professional groups were Social workers and integration professionals (35% in 2014 and in 23% in 2020), Nurses and midwifery professionals (18% in 2014 and 14% in 2020). In the 35-44 age group the main professional groups were Social workers and integration professionals (30% in 2014 and 20% in 2020) and Medical doctors (20% in 2014 and 29% in 2020). There was also a relevant group of Nurses and midwifery professions (17% in 2014 and 13% in 2020). In the 45-54 and 55-65 age groups, the most consistent occupational categories were Social workers and integration professionals (32% for the 45-54 age group in 2014, and 20% in 2020; for the 55-65 age group, 27% in 2014, and 29% in 2020,), Nurses and midwifery professions (20% for the age group 45-54 in 2014, and 13% in 2020, 21% for the 55-65 age group in 2014, and 12% in 2020,).

Fig. 28. LTC workers in 2008 and 2014 by age categories. Percentage of each ISTAT occupational category (3 digit) on the LTC sector by year



Source: Istat LFS data (2008 and 2013)
Percentage by column

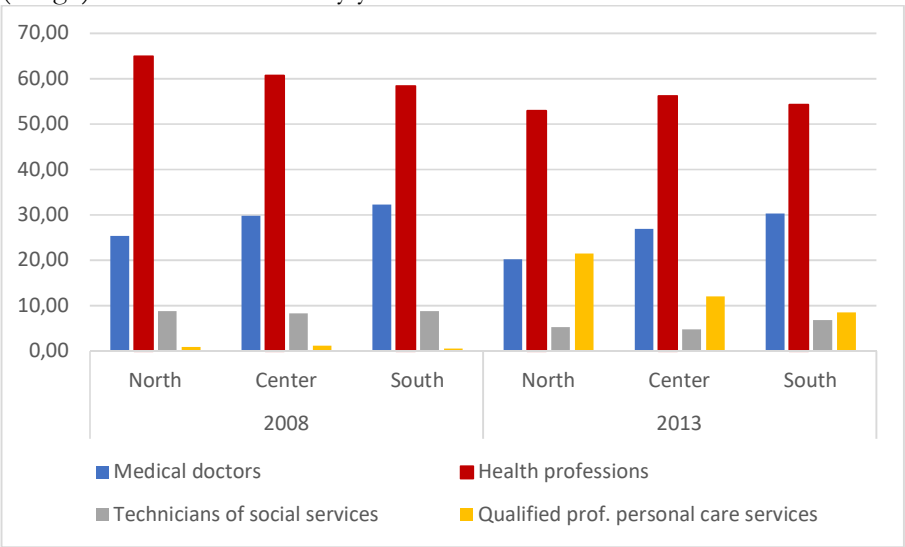
Fig. 29/ LTC workers in 2014 and 2020 by age categories. Percentage of each Istat occupational category (4 digit) on the LTC sector by year



Source: ISTAT LFS data (2014 and 2020)
Percent by column

To properly understand the structure and the characteristics of the workforce employed in the LTC sector, we divided the sample into the three main geographical areas of Italy. We identified different features of the country, also because Italian regional legislations have a strong impact on the health and system, as what constantly emerged during the interviews. Regional heterogeneities in the offered services and the labour market characteristics of the sector are among the most relevant aspects in determining the quality of the services.

Fig. 30. LTC workers in 2008 and 2013 by three geographical areas of each ISTAT occupational category (3 digit) on the LTC sector by year



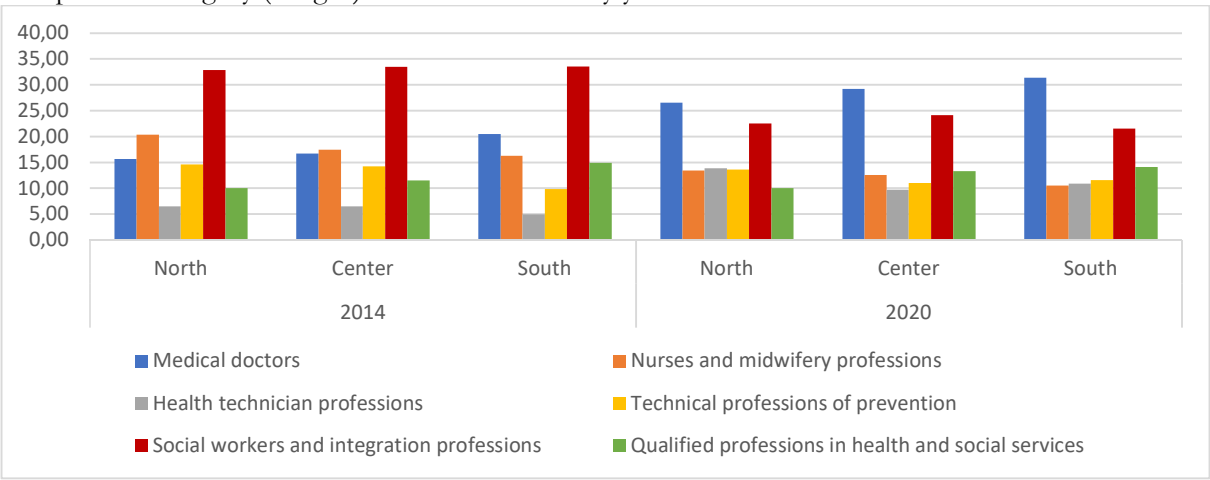
Source: ISTAT LFS data (2008 and 2013)
Percentage by column

Figure 30 shows the LTC workforce in three geographical areas in Italy in 2008 and 2013. It measures the percentage of workers of an occupational category employed in a specific geographical area by year, for example, the percentage of Medical doctors in the North of Italy in 2008. We observed that in 2008 the LTC workforce was composed of 25% of Medical doctors, 65% of Health professionals, 9% Technicians and social service workers, and 1% Qualified personal care service professionals. In Central Italy 30% were Medical doctors, 61% Health professionals, 8.3% were social service Technicians and 1.2% were Qualified care service professionals. In Southern Italy, 32% were Medical doctors, 58% were Health professionals, 8.9% were social service Technicians and 0.6% were in the Qualified personal care sector. In 2013, in Northern Italy, 20% of Medical doctors were in the LTC sector, 53% were Health professionals, 5% were social service Technicians, 21% were Qualified personal care professionals. In the centre there 27% were Medical doctors, 56% were Health professionals, 7% were social service Technicians, and 12% were Qualified personal care service professionals . In Southern Italy, 30.3% were Medical doctors, 54% were Health professionals, 7% were social service Technicians and 9% were Qualified personal care professionals.

Figure 31 shows that in 2014 the LTC workforce was composed of 15% of Medical doctors, which increased to 26% in 2020, 20% were Nurses and midwifery professionals, that decreased to 13% in 2020; 6% were Health technicians that increased slightly to 9% in 2020. The 14% of Technical prevention professions, remained stable in 2020, whereas 32% of Social workers and integration professions that had seen a 10% reduction in 2020 and 10% of which were Qualified health and social service professionals, and that remained stable in 2020.

The centre showed a very similar scenario. The Medical doctors increased from 2014 (16%) to 2020 (31%), the Nurses and midwifery professions decreased from 2014 (17%) to 2020 (13%). Health technician professions saw a small increase of 3 percentage points from 2014 (6%) to 2020 (9%). The Technical professions of prevention that reduced their workforce employed from 2014 (14%) to 2020 (11%), the Social workers and integration profession reduced the volume of workers of almost 10 percentages points from 2014 (32%) to 2020 (23%), the Qualified professions in health social services saw a small increase from 2014 (10%) to 2020 (14%). Southern Italy revealed a relevant presence of Medical doctors that rose from 20% in 2014 to 31% in 2020. The Nurses and midwifery professions decreased from 2014 (16%) to 2020 (11%), the Health technicians increased from 2014 (5%) to 2020 (11%). Technical professions of prevention, unlike those of central Italy saw a small increase of about three percentage points from 2014 (9%) to 2020 (12%). The Social workers and integration professions like the other areas of the country decreased about 12 percentage points from 2014 (33%) to 2020 (21%). Finally, the Qualified professions in health and social services remained stable over time.

Fig. 31 LTC workers in 2014 and 2020 by three geographical areas. Percentage of each ISTAT occupational category (4 digits) of the LTC sector by year

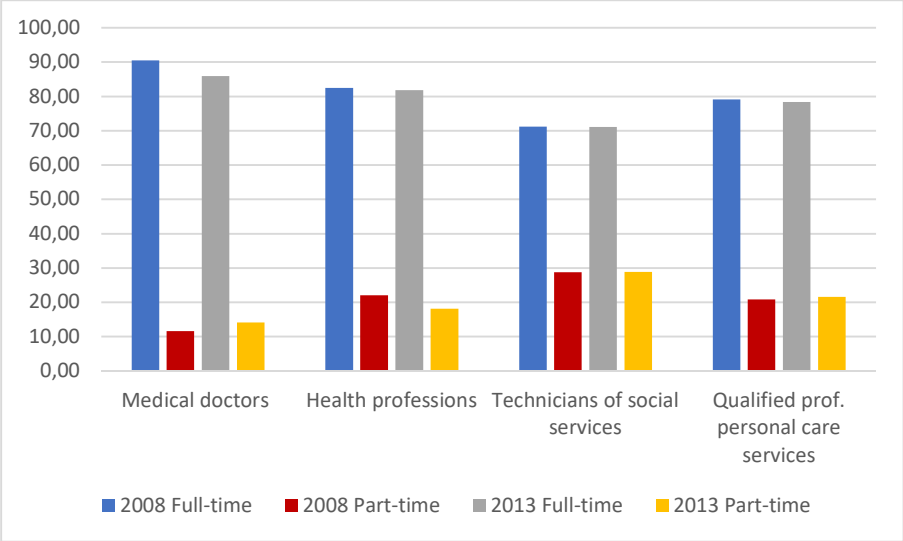


Source: ISTAT LFS data (2014 and 2020)
Percent by column

2.2.1 Contracts

The next part describes the types of contracts available in the LFS sample.

Fig.32 LTC workers in 2008 and 2013 by full-time and part-time employment contract of each ISTAT occupational category (3 digit) on the LTC sector by year

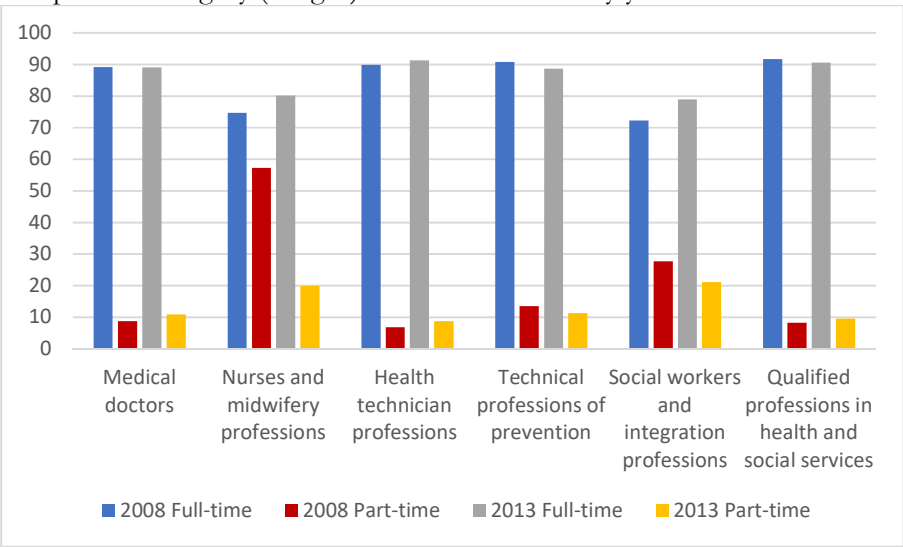


Source: ISTAT LFS data (2008 and 2013)

The percentage of workers with full-time or part-time contracts in 2008 and 2013 by each occupational category is shown in Figure 32. The graph shows that most of the workforce employed in the LTC had a full-time contract. Instead, only a small percentage of workers had a part-time contract in the waves analysed, for all the professional categories considered. This data confirms the INPS data that explains the increase of the full-time contracts in the government sector in Italy in recent years. Particularly in the residential care sector, there were very few part-time contracts, but a strong presence of atypical contracts that we could not identify in the ISTAT data. Residential facilities also involve several free-lance nurses in their workforce, and they tend to sub-contract social services. This is typical of smaller companies (residential facilities).

Figure 33 shows the contracts for 2014 and 2020, confirming the distribution of full- and part-time contracts of the employed. It has been observed that there was a stronger presence of part-time contracts as regards the nurses, midwifery professionals, social workers and integrated professionals.

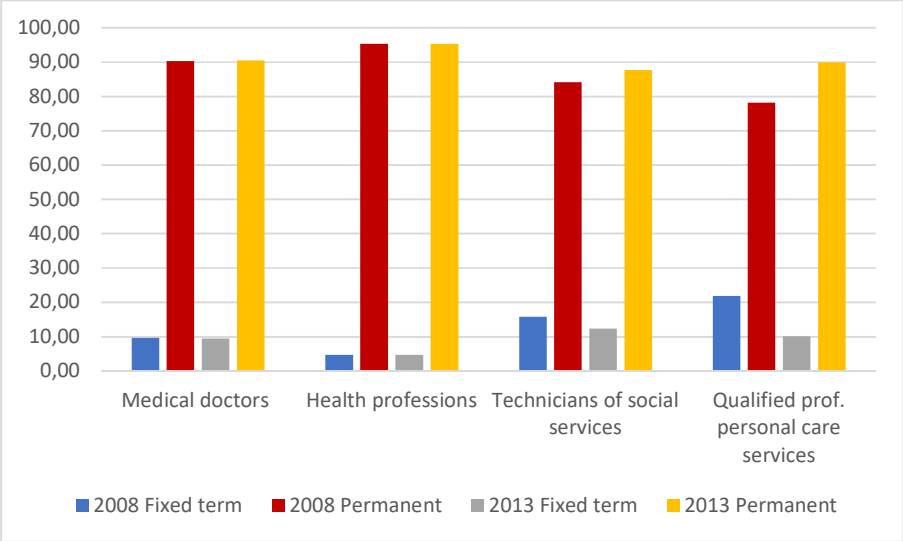
Fig. 33. LTC workers in 2014 and 2020 by full-time and part-time employment contracts. Percentage of each ISTAT occupational category (4 digits) on the LTC sector by year



Source: ISTAT LFS data (2014 and 2020)

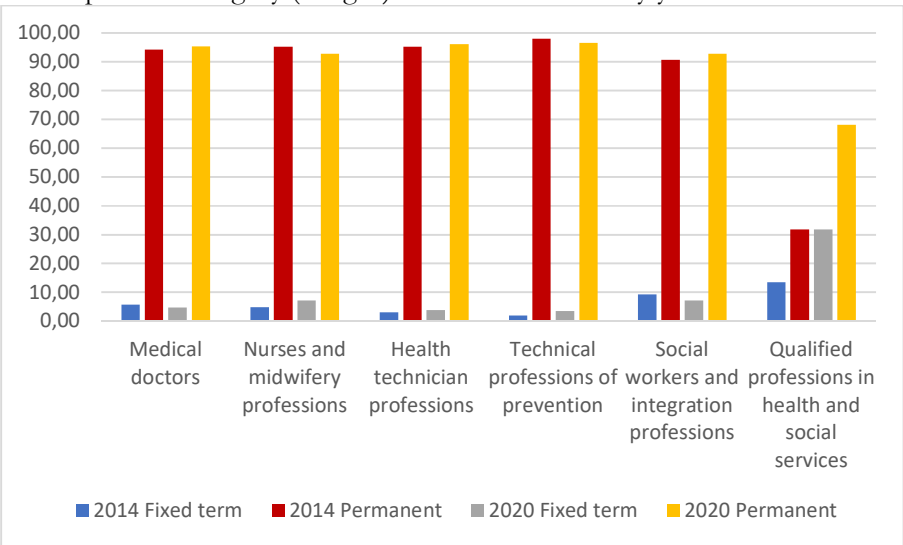
Moreover, the sample of the LTC sector of ISTAT data shows a very strong presence of permanent contracts in the entire period analysed, and refers to all occupational categories (Figs. 34 and 35). This element could be related to a strong presence of public workers who typically and more often have permanent contracts (INPS, 2020). In recent years, the LTC sector has invested more in permanent contracts since they seem to be more convenient in terms of turnover of the professionals, and the quality of the services. Having fixed-term workers would mean that several professionals would often seek to change jobs and the newly hired would need to learn and adapt to the new place. Several providers would consider this to be more time consuming. However, we observed that the occupational category that shows further variations is that of the qualified personal care workers.

Fig. 34. LTC workers in 2008 and 2013 by fixed term and permanent employment contract of each ISTAT occupational category (3 digits) on the LTC sector by year



Source: ISTAT LFS data (2008 and 2013)
Percentage by row

Fig. 35. LTC workers in 2014 and 2020 by fixed term and permanent employment contracts. Percentage of each ISTAT occupational category (4 digits) on the LTC sector by year

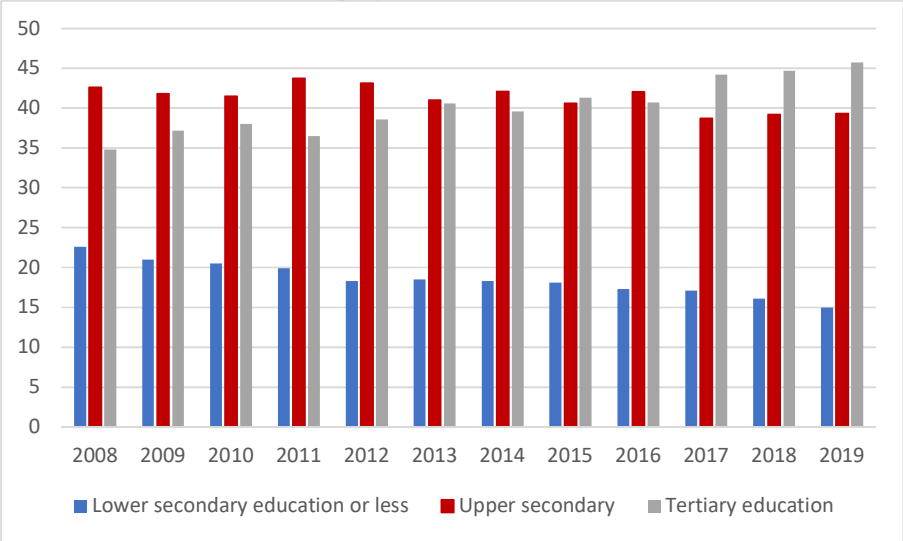


Source: ISTAT LFS data (2014 and 2020)
Percentage by row

The last aspect investigated regarding the LTC workforce was their educational attainment (Fig.36). The figure shows the percentage of educational attainment in each year for the LTC workforce. We observed that from 2008 to 2015 there was a strong presence of upper secondary education workers, and with less tertiary-education workers. However, after 2015 the presence of the tertiary-education workers grew

faster, showing higher levels of highly educated workers. Moreover, we observed that the lower secondary educated workers had decreasing trends over time. Starting from 23% in 2008 it reached 14% in 2019.

Fig. 36 Educational level of employees in the human health and social work sector



Source: Eurostat LFS data (2008 and 2020)

3. ECEC: structure and characteristics of the service provision

3.1 The type of services offered for children from zero to three years old

In Italy, the main ECEC services are divided into two types of services: the first regards children from zero to three years old, and the second regards children from three to five years old. The provision of early childhood education care from birth to three years old consists of about 80% of infant-toddler centres, 2% of company nurseries and 10% of the "spring sections," usually organized within kindergartens, which can be accessed by children aged 24 to 36 months. The remaining 8% of the facilities refer to "supplementary" services, structured in flexible forms by schedule and organization, while respecting regional quality standards (ISTAT, University of Venice Ca' Foscari and MIPA, 2020). The available services with very different levels of diffusion at the local level include: play areas, where children are welcomed for a shorter part of the day, without the administration of a meal or rest, and represent 5% of the overall receptivity; the parent-child centres, which welcome children in the presence of a companion and include 2% of the available placement; and educational services in the home context, carried out in a home with educational staff, cover 1% of the offer of facilities (ISTAT, University of Venice Ca' Foscari and MIPA,2020).

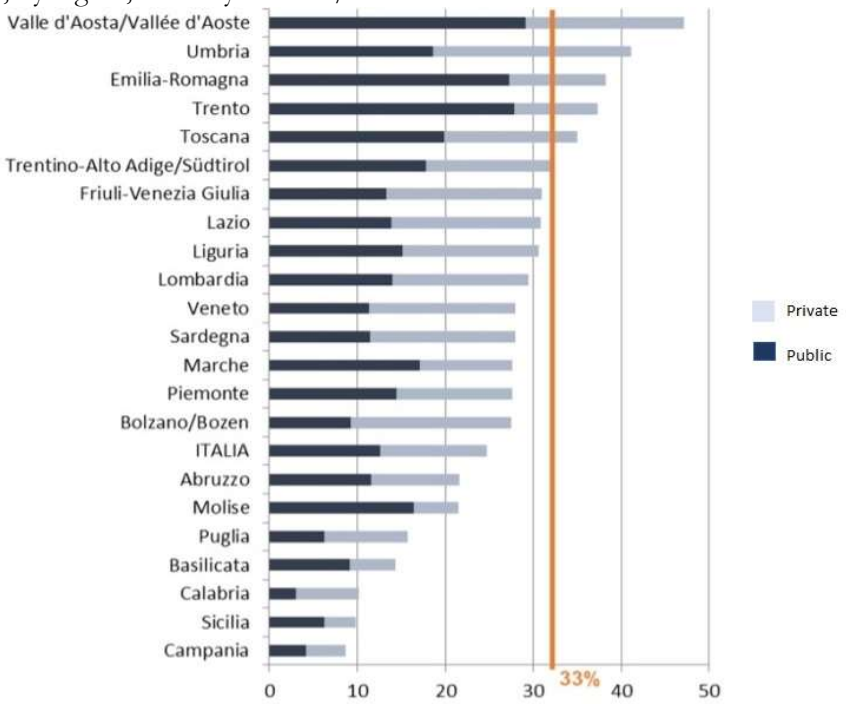
3.2 Coverage of the ECEC service from zero to three years old

In the 2017/2018 school year, there were 13,145 early childhood education services located within 12,213 facilities. The authorized facilities were 354,641, of which 51% were within public services. Over the four years between the first survey (academic year 2013/2014) and the last available year (academic year 2017/2018), the accommodation capacity of education from zero to three years old, remained stable at national level. There was a slight decrease (-1.6%) of the available facilities (ISTAT, University of Venice Ca' Foscari and MIPA,2020). Despite the absence of a real increase in supply, a gradual improvement in the coverage of the potential catchment area was reached due to the decline in births in our country. In fact, the facilities in the ECEC services aimed at covering increasing shares of children under the age of 3, rose from 22.5% in 2013/2014 to 24.7% in 2017/2018. This endowment is still below the 33% parameter that the European Union had already set in 2002 with the Barcelona European Council, as a goal for member states to be reached by 2010 to support work-family balance and sustain women's participation in the labour market (Nursery Survey, ISTAT, 2021). The national average level of the indicator summarizes very different situations in the territory, partly due to the socio-economic framework of the territories and the historical gap between the Centre-North on the one hand, where the supply systems are more widespread, and the South on the other hand, where the diffusion of services is much more limited.

In Figure 37, highlights that in some regions of the Centre-North, the 33% target was exceeded for several years, such as Valle d'Aosta, which had the highest coverage rate in Italy (47.1%), the Autonomous

Province of Trento, Emilia Romagna, Tuscany, and Umbria (Figure 37). The regions of the South, on the other hand, were all below the national average of 24.7%, except for Sardinia, which stood out from the rest of the area with an availability of services comparable to the regions of the Centre-North (27.9%). The most disadvantaged situations were found in Calabria, Campania, and Sicily, where less than 10% of children below 3 found facilities in socio-educational services for early childhood. However, there were some signs of improvement: in Abruzzo and Molise, private and public facilities in socio-educational services slightly exceeded 21%; Puglia exceeded 15% and Basilicata stood at 14.3% (ISTAT, University of Venice Ca' Foscari and MIPA,2020).

Fig. 37. Public and private places in social educational services for early childhood for 100 children 0-2 years (up to 3), by region, school year 2017/2018.



Source: Survey on Nursery schools and supplementary services for early childhood

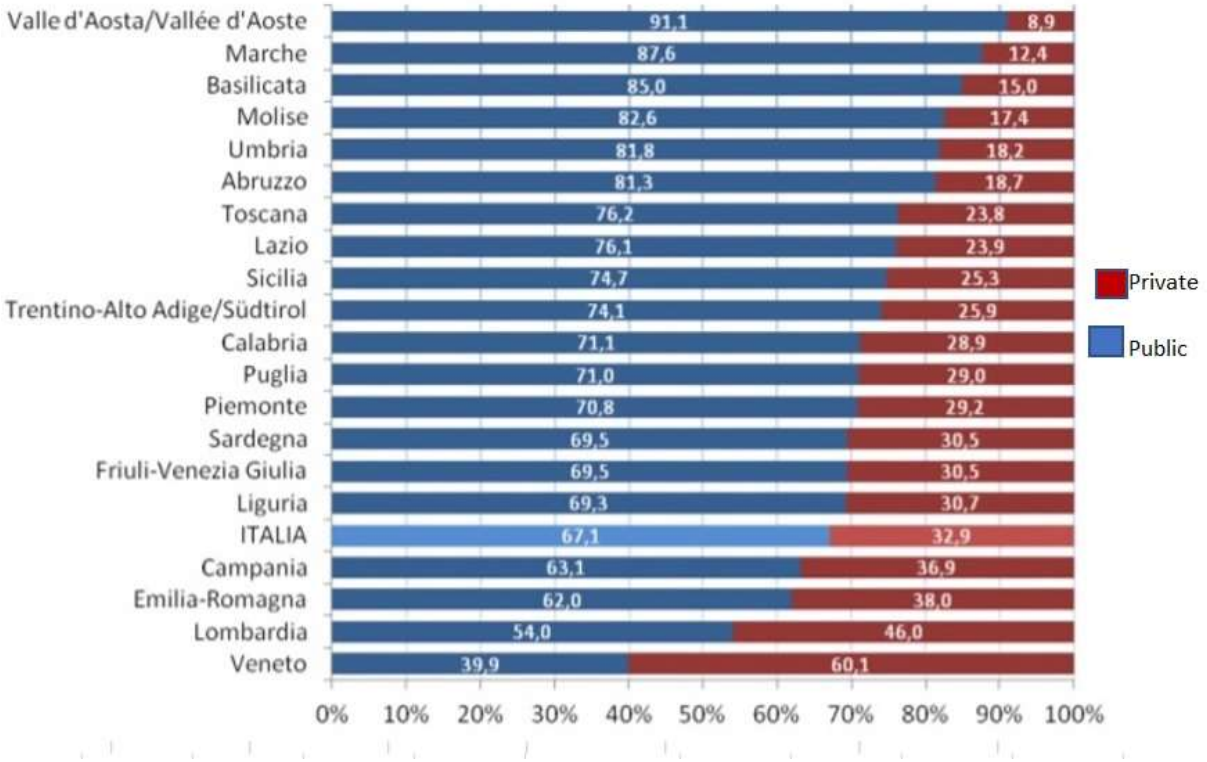
The composition of the offer shows a slight prevalence of the public sector (51%) and a high variability at the regional level. From 74% of facilities available in the public sector in the Autonomous Province of Trento it reached 29.5% in Calabria.

With the same incidence of private services over the total available offer, the role of the Municipalities could differ because of convention and subsidy agreements, with a relevant impact on the rates and criteria for access to the service by families. Conversely, in public structures, management may be entrusted to private entities, in different ways between the various local administrations.

3.3 Coverage of ECEC service for three to five years of age

In 2017 (school year 2017/18), there were 23,066 kindergartens operating throughout the country, of which about 67% were public and 33% were private. At a territorial level, public schools prevailed in almost all regions, with shares even well above the national average (they exceeded 75% in the Valle d'Aosta, Marche, Basilicata, Molise, Umbria, Abruzzo, Tuscany, and Lazio regions (Figure 38). The exceptions were the Lombardy region, where the public sector's share of the total was well over 10 percentage points below the national average (54%), and the Veneto region, where the private sector prevailed and which managed about 60% of the kindergartens (ISTAT, University of Venice Ca' Foscari and MIPA,2020).

Fig/ 38 – Kindergartens by school management and by region. School year 2017/2018



Source: Miur, Survey on schools

From 2011 to 2017 (school year 2011/12), the number of kindergartens decreased by approximately 4%, from 24,101 to 23,066. Analysing the trend by type of school management, it appears that the reduction in the number of schools had been to the disadvantage, albeit slightly, of the private sector which passed from a share of 34.3% of the total number of schools for the year 2011 to a share of 32.9% for the year 2017 (Fism, 2020).

Moreover, in recent years there had been a growing expansion of the private provision. The last FISM (Italian Federation of Kindergartens) report in 2020 shows that there are 11 different types of providers:

parishes, religious institutes, associations, foundations, social cooperatives, moral bodies, companies, private lay bodies, social enterprises, local bodies, and schools (through the Board of Directors, parent and volunteer committees). It emerged that 92.3% of the kindergartens affiliated to FISM was managed by parishes (29.9%), religious institutes (22.8%), associations (17.9%) foundations (12.3%), and social cooperatives (9.3%) (Fism, 2020).

Tab. 6. Type of managing bodies of the private sector

Managing body	Number of schools	Percentage
Parish	905	29.9%
Religious institute	690	22.8%
Association	540	17.9%
Foundation	373	12.3%
Social Cooperative	281	9.3%
Non profit	97	3.2%
Company	29	1.0%
Private body	29	1.0%
Social enterprise	16	0.5%
Local entity	15	0.5%
School	11	0.4%
No response	36	1.2%
Total	3,022	100%

Source: FISM survey 2020

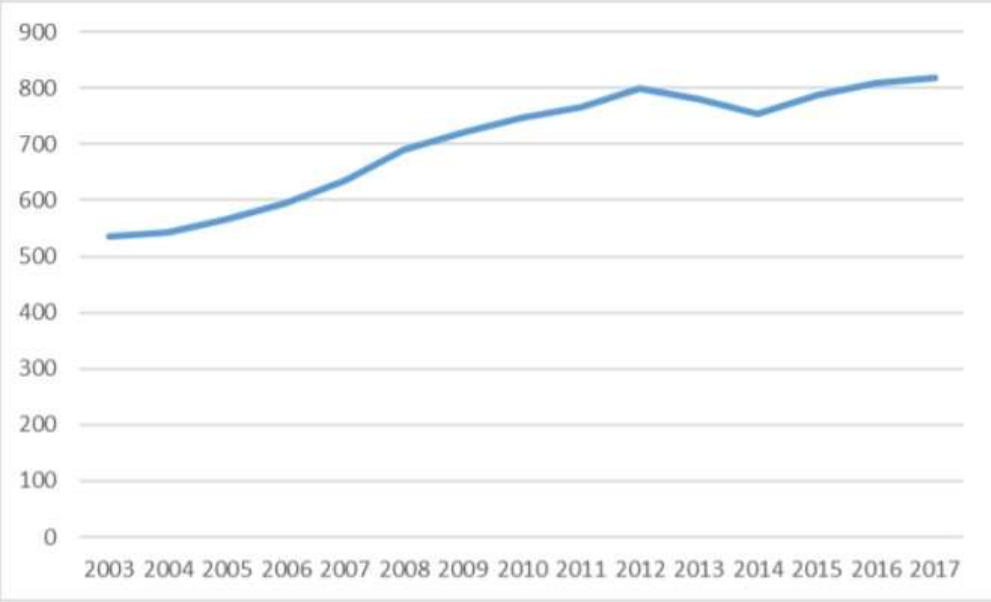
Taking the regional territory as a reference, FISM observed, for example, that in Abruzzo, Lazio, Marche, Liguria, Basilicata, Campania, Molise, and Sardinia, religious institutes prevailed. In Tuscany, parishes and religious institutes were equivalent. The same situations were seen in Umbria, Puglia and Sicily among religious institutes and social cooperatives. In Emilia-Romagna, Friuli Venezia Giulia, Veneto, and Lombardy parishes prevailed, and in Piedmont and Calabria associations prevailed.

3.4 Expenditure for ECEC services

The OECD (2019) analysed the total public expenditure across countries in early education care services. The most recent available data refers to 2017, in which 7,000 USD PPP were spent per child among zero and six years old in the service. Observing the data over time, Eurostat and OECD data show that after the financial crisis the total expenditure decreased over time due to austerity measures. In 2010, the expenditure was about 4.1% and in 2012 decreased to 0.4% of the GDP; in 2014 it was about 0.5% of the GDP (OECD, 2019).

A part of the nursery schools and the supplementary services described are owned by the municipalities or subcontracted by them, given that they are responsible for the management of the public offer of socio-educational services for early childhood. In 2017, the Municipalities spent about 1 billion and 461 million euros for public or private socio-educational services for early childhood and, to a minimum, for contributions to the families of children enrolled in local structures. Families reimbursed 19.6% of this expense in the form of user sharing. Therefore, the share to be paid by the Municipalities was 1 billion and 175 million euros, which benefited approximately 194,500 children (OECD, 2020; MEF, 2021).

Fig. 39 - Expenditure of municipalities for social-educational services for early childhood (euros per resident child of 0-2 years) n the years 2004-2017



Source: Survey on Nursery schools and supplementary services for early childhood

Over the years, expenditure of municipalities for educational services has been expanding. In 2010, the highest value recorded was equal to 1 billion and 607 million euros. In the following two-year period, there was a 9% decrease in expenditure. In the three-year period 2015-2017 there was a stabilization of both municipalities and family expenditures, which was slightly below 20%. Average spending per capita went from 542 euros per year in 2004 to 818 in 2017 (Figure 39). Despite the decline recorded in 2013

and 2014, there was therefore a significant increase in per capita terms over the period observed with the survey. Since 2015, after a period of growing stability in expenditure, the trend started to increase again. Moreover, in terms of share of GDP, the OECd data shows that in 2017, the expenditure for those services was 0.1% of GDP (OECd, 2019) less than USD PPP 2000 per child aged 0-2. The expenditure for children aged 3-5 years in 2017 was 0.6% of the GDP (OECD, 2019) and less than USD PPP 9000 per child aged 3-5 (OECD, 2020).

About 96.5% of the municipalities' expenditure on socio-educational services for early childhood was used for nursery schools, and the remaining 3.5% for supplementary services for early childhood, which on average have a much lower diffusion and costs. In fact, only 16.4% of Italian municipalities appear to have incurred expenses for supplementary services, a percentage that reached a maximum of 32.2% in the Northeast and a minimum of 9.5% in the Centre. The children enrolled in the supplementary services, both municipal and financed by the Municipalities, were just over 15,000 in the 2017/2018 school year, equal to 1% of residents up to 3 years (the maximum was reached in the Northeast, with 1.8%). In the same year, the percentage of municipalities that incurred expenses for the offer of nursery schools, including the spring sections, was about 55.3% at the national level, with considerable variations between regions and geographical divisions. In the Northeast, the coverage of the Municipalities was 87.2%, 56.9% in the North-West, 53.4% in the Centre, 40.6% in the South while the minimum was 31.3% in the Islands. The expenditure of the municipalities for nursery schools, equal to approximately 1 billion and 133 million euros, net of the share of families, was absorbed for over 90% by the functioning of the municipal structures. Directly managed municipal nurseries, i.e., with staff hired by the Municipality, were the prevailing modality, on which 69.5% of municipal spending for nursery schools was concentrated, with almost 93,000 children enrolled as of 31.12.2017. For this service management strategy, the Municipalities spent an average of € 8,472 per user, in addition to around € 2,000 for households (ISTAT, 2019). Municipal crèches entrusted to third parties absorbed 20.9% of the municipalities' expenditure for crèches, with almost 49,000 children enrolled (on average € 4,830 per user). Of the expenditure, 6.6% was provided by the costs of private nurseries with agreements, with about 24,000 children enrolled as of 31.12.2017 and who benefited from the reserve of facilities by the Municipalities (on average 3,116 euros per user). In addition, 2% of the expenditure was broken down in the form of contributions to families for the attendance of 25 public or private nurseries (the average expenditure was 1,676 euros for approximately 13,350 users). Moreover, the expenditure for children aged 3-5 years in 2017 was about 0.6% of GDP (OECD, 2019) and less than 9,000 USD PPP per child.

3.5 The Beneficiaries

3.5.1 Children from zero to three years of age benefiting from the ECEC services

In Italy, 28.6% of children under 3 years of age attended public or private educational facilities in 2017 (school year 2017/2018), a value lower than the European Union average of 34.2%. Net of early childhood schoolchildren, the percentage of children under 3 who attended an educational service specific to their age (including the spring sections) did not exceed 23.4% of the target population. Since

the municipal educational services or those affiliated with the municipalities welcome 13.5% of children under the age of 3, it can therefore be estimated that the remaining 9.9% attended private educational services (ISTAT, University of Venice Ca' Foscari and MIPA,2020).

3.5.2 Children from three to five years of age (up to 6 years) benefiting from the ECEC services

Table 7 shows 1,491,290 children enrolled in kindergarten in 2017 (school year 2017/18), of which about 72% attended public schools and about 28% attended private schools. Of these, about 2% of the children were disabled, and about 11% were foreigners. Analysing the trend of those enrolled in kindergarten between the years 2011 and 2017, these decreased by 203,600 units, (1,694,912 in 2011), with a percentage decrease of 12%. The decline in enrolments affected the private sector more, albeit slightly. The total number of children enrolled in 2011 was 29.8% and registered 28.1% in 2017(ISTAT, University of Venice Ca' Foscari and MIPA,2020).

Tab. 7- Children enrolled in the kindergartens school, in absolute value and for school management. Years 2011 – 2017

Kindergartens /year	2011	2014	2017
Enrolled	1,694,912	1,637,110	149,129

Source: MIUR, Survey on schools

Tab. 8- Enrolled children in the kindergartens school, in percentages and for school management years 2011 – 2017

Kindergartens/year	2011	2014	2014
Public	70.2	71.5	71.9
Private	29.8	28.5	28.1

Source: MIUR, Survey on schools

The children that enrolled in kindergarten in 2011 totalled 1,599,481 in 2011 and 1,410,708 in 2017, with an overall decrease of 11.8%. The trend observed had a greater impact on younger children. In fact, by analysing the trend for individual ages, what emerged was a higher drop than the average for 3-year-olds (14.3%), but lower than this for 5-year-olds (8.3%). Only in part was the decline in members attributable to the decrease in the reference population. Indeed, the research elaborated by ISTAT, University of Venice Ca' Foscari and MIPA, (2020) estimated the trend of enrolment in kindergarten, as net of the demographic component, comparing those enrolled from 3 to 5 years to resident children of the same age group. The comparison highlighted that over time the share of children enrolled decreased in the period considered, going from 95.3% in 2011 to 89.8% in 2017. However, from 2016 the decrease came to a halt, with a slight recovery in 2018 where the share of subscribers (over resident children of the age

group considered) stood at 89.9%. The decrease could be correlated with an increased costs for service attendances.

3.6 Regulation

The ECEC services were first developed at local level, both by municipalities and by religious and non-profit institutions, especially in the 1950s up to the 1960s, following local experiences developed in the first part of the last century.

As already mentioned, ECEC services are traditionally divided between services for children up to 3 years and children between 3 and 6 of age. Legislative Decree 65/2017, in implementation of Law 107/2015, established the "integrated education and training system from birth up to six years," with the aim of "guaranteeing boys and girls equal opportunities for education, care, relationship and play, overcoming inequalities and territorial, economic, ethnic and cultural barriers." The traditional split of the ECEC services in two segments or educational cycles was reduced, but not eliminated. The 2017 legislation emphasizes the importance of "pedagogical, didactic and educational continuity" between the two educational ECEC cycles, promoting also the creation of public, unitary ECEC institutions, comprising both services for children up to 3 years of age and those for children aged between 3 and 6. However, despite some services organised in the same way in the private sector, the structural integration into unique institutions between services for children up to 3 years old and services for children between 3 and 6 years old are still exceptions among the ECEC services.

The split of the ECEC services into two cycles is reflected in their governance. In the services for 0-2 year old children, governance is highly decentralised to Regions and municipalities. State regulation is traditionally very limited. Services are provided by municipalities and private providers. The main service for children 0-2 years old, the nido d'infanzia" (nursery), was instituted in 1971 (Law 1044/1971) at national level, while supplementary services were established in 1997 (Law 285/1997). A specific educational service for children 2 to 3 years old ("sezioni primavera") was established in 2006 (Law 296/2006).

The 2017 reform increased the central government's responsibilities (and funding) and especially that of the Ministry of Education in the ECEC services for children between 0 and 2 years old. This change was motivated by the explicit recognition in the Legislative Decree 65/2017 that ECEC services for 0-3 year old children are "educational" and not "socio-educational" services (or even "social" ones as they were considered in the past). This justifies a greater role of the Ministry of Education, as occurs in ECEC services for 3-6 year old children, which are considered "school" services since the beginning of the 1970s. Consequently, the role of the Ministry of Education, and therefore that of central Public Administration in the regulation of ECEC services for children up to 3 years old gradually increased in the last years, becoming more important especially after the institution of the current Draghi government (appointed on 13 February 2021).

Since 1968 (Law 444/1968), services for 3-6 year old children (kindergartens) are considered schools and have been placed under the responsibility of the Ministry of Education, which is the main provider. State kindergartens instituted in 1968 share the same management and are institutionally linked with State primary schools (children from 6 to 10 years old) and also with intermediate schools (children from 11 to 14 years old). Regulations are shared in common between central State and Regions. Beyond the central State, municipalities and especially private organisations (mainly non-profit) are the other providers.
Reforms in 2017 attributed to municipalities relevant responsibilities in promoting the development and monitoring of all 0-6 ECEC services (public and private) and their quality at local level. The Legislative Decree 81/2008 regulates health and safety and is based on European Union legislation within the ECEC facilities.
Services for children aged 3-5 are provided with a detailed national regulation including structural, organizational and staff requirements affecting quality. As to 0-2 services, national regulation is very limited, leaving to Regions most of the regulative competences. However, following the 2017 reform, a new national framework is currently underway, setting national service standards and requirements in order to make nurseries and other 0-2 services more homogeneous throughout Italy and among public and private services.

3.7 Quality of services and quality of work

In recent years, to improve the quality of service, there has been an introduction of measures by law to raise the educational level of teachers and educators. Kindergarten teachers graduate after 5-year master courses, which is the same required for primary school teachers. Since 2021-22, a 3-year degree is required for educators in nurseries and other services for 0–2-year-old children. Before 2021-22, educators in nurseries did not need to be degree holders. In the nurseries, the work group is usually composed of 2-3 people, up to 4-5 colleagues in the same class. However, work groups and work organisation can considerably vary according to the nature of the services (public/private) and the regional regulation, impacting on the quality of the services and/or on the quality of the working conditions.
In the kindergartens (3-6-year-olds), usually 1-2 teachers are in the class with the children, supported by an auxiliary worker for children 3 to 4 years of age. Educators and teachers are supported by a pedagogical coordinator or, in case of the state kindergartens, by the school headmaster.
Converso et al. (2015) reported that 8.1% of the educators and the 46.2% of the teachers felt a high professional realization; 22.7% of the educators and 21.8% of the teachers felt a medium professional realization; 19.8% of the educators and 17.6% of the teachers felt a low professional realization (49.4% of the educators and 14.4% of the teachers did not reply to this question).
The educators-children ratio depends on the regional regulation. It is usually 1/5 -1/6 for children up to 12 months, 1/8-1/10 for children aged 1 to 2 and 2 to 3. Teacher-to-student ratios in ECEC services for children aged 3-5 is set at 1/13 for the 3–6-bracket (national standard).
The workforce of the ECEC service is characterized by high quality, with some territorial variation, related to the regional investment in those services. Teachers and educators are required to reach some

specific regional and national standards regarding their activities in the class, and these are verified systematically. The coordinator of the facilities carries out a constant updating and programming of activities.

The service quality is also affected by a strong engagement of the workforce. Frequently, due to a reduction of economic resources and reduced personnel, the employed workforce has to contribute individually to provide materials or work long hours. Nevertheless, the providers of the services and the management of the facilities also affect the provision. The Covid-19 pandemic triggered some extra effort demanded from the ECEC workforce due to the online teaching activities, both for the 0-2 age segment and the 3-5 age segment. During the online teaching activities, teachers and educators were engaged in maintaining their social role for the children through their constant presence. However, to maintain the quality threshold,, on the one hand, human resources of those services had to invest in new skills, like digital skills and on the other hand, the facilities had to arrange the service with multimedia areas. Of course, this effort refers mainly to some occupational figures like educators and teachers, but other occupations like support staff or cooks could not continue their work activities.

4. LTC: STRUCTURE AND CHARACTERISTICS OF SERVICE PROVISION

4.1 The Long-Term Care services (LTC): types of services provided

The LTC services are characterized by three types of care: home care, residential care and semi-residential care, in which patients could receive care and assistance in welfare, health or social services. The services include the allocation of accommodations available in residential and semi-residential structures that refer to social health services or social services. Like the ECEC services, also LTC services in Italy are characterized by strong regional heterogeneities in terms of legislation, availability of economic resources and administration. Table 9 shows the production capacity of the public residential and semi-residential systems, 2013-2016.

Table 9. The production capacity of the public residential and semi-residential systems, 2013-2016

year	Social -health services	Social services
2013	233,317	21,004
2014	283,992	22,257
2015	284,947	16,746
2016	285,686	16,746

source: Ministry of Health (2015, 2016, 2019) Statistical Yearbook of the Health Service 2013-2016

The data available refers to the residential social-assistance and social-health facilities from 2013 to 2016. The availability of placements in semi-residential facilities of social and health care has increased by 5% over time. The hours of integrated home care provided to patients over 65 years of age saw an increase of 19.9%.

If on the one hand, there has been an increase in the supply for patients over-65 years of age, on the other hand, there was a reduction over time in terms of hours dedicated to the assistance of the elderly involved in the services. 16 hours were spent on average for each elderly care recipient over the course of a year (with broad regional variability), and this shows the limited assistance intensity of the service.

The Italian scenario is very heterogeneous across regions. On average, throughout the country about 29.09 elderly are treated in homecare (ADI) for every 100 non-self sufficient elderly over 65 year of age. There are about 4.22 cases for every 100 non-self-sufficientpeople aged over 65 in the Aosta Valley and 63.23 cases every 100 of over 65 non-self-sufficient elderly in Tuscany. The average number of hours of access for each over 65 home care case treated is 16 hours per case. There are Regions that show much higher rates than average data (for example Basilicata and Sardinia with 38- and 48-hour averages respectively) or significantly above or below that (like Veneto and Piedmont, with 5 and 10 hours per case).

Table 10. Production capacity by type of service provided, 2013-2016

Year	Type of service	Social-health	Social
2013	Residential	218,965	21,004
	semi-residential	14,352	n.d.
	Home care	11,126,598*	n.d.
2014	Residential	269,065	22,257
	semi-residential	14,927	n.d.
	Home care	10,401,812*	n.d.
2015	Residential	270.02	16,746
	semi-residential	14,927	n.d.
	Home care	10,401.812*	n.d.
2016	Residential	270.02	16,746
	semi-residential	15,666	n.d.
	Home care	12,467,620*	n.d.

* Hours provided
Source: Ministry of Health (2015, 2016, 2019) Statistical Yearbook of the Health Service. 2013-2016

Considering the overall supply chain of each Region to be equal to 100 the predominant components of the supply chain are the Accompaniment Indemnity (IdA), which represents on average of 32% of the overall offer for elderly over 75, and the ordinary hospitalizations, that absorb on average another 30% of the offer (Fosti and Notarncola, 2020; Fosti and Notarnicola, 2019). There are notable exceptions across regions: in the Autonomous Province of Bolzano, 10.72% of the total offer, in Calabria 51.27%. Fosti and Notarnicola, (2019) grouped the settings by type, observing how the incidence of the network of public health and social health services (hospitalizations + RSA + "ex art. 26") and of informal assistance composed of IdA and so-called "badantato" undergoes strong variability between regional contexts. For a group of Regions (Calabria, Campania, Lazio, Marche, Umbria, Puglia, Sardinia, and Sicily) the share of informal care is greater than 55% and, in some cases, exceeds 66% of the overall supply chain, driven by the prevalence of IdA provided on the territory. A second group of regions, on the other hand, reaches a share of more than 55% through the offer of public services (Emilia-Romagna, Friuli - Venezia Giulia, Molise, Tuscany, Trento, Veneto, and other Regions). Looking at the absolute values in terms of supply endowment per 100 units of non-self-sufficient inhabitants over 75 years, there are many regional differences. There is a great variability observing all the other dimensions. Moreover, the Autonomous Province of Bolzano and Valle d'Aosta have rates of ordinary hospitalization in medicine of over 100 per 100 of non-self-sufficient inhabitants over 75 years of age; Campania, Calabria and Sicily record a value of less than 50 for every 100 inhabitants over 75 years of age. The composition of the health and social network is also very variable: in some Regions it reaches less than 25 of over 75 years old non-self-sufficient people per 100 (Valle d'Aosta, Sardinia, Campania, Umbria, Calabria, Lazio, Puglia, Sicilia, Marche). The supply of residential facilities is polarized: the Central-Southern Regions have on average less than 5 nursing homes for every 100 non-self-sufficient elderly over 75 years of age, and

in Northern Italy it can reach 25 for every 100 non-self-sufficient elderly over 75 years of age. Some contexts see a clear prevalence of home care (Tuscany, Emilia Romagna, Friuli Venezia Giulia, Lombardy, Molise), among the social and health services considered. In all Regions, the graph (fig. 6) shows bars above 100, since the elderly can enjoy several care settings at the same time during a year, for example IdA simultaneously with care services, or hospitalization and even some social and health service.

4.2. LTC service coverage

More specifically, there is a greater coverage on the home care side due to the high incidence of users in charge of home care (ADI), compared to a much lower response on the semi-residential front. There is also a strong part of irregular home care that is difficult to measure here. Observing table 11, semi-residential care, on the one hand, is the area in which social services are most concentrated (9.28%), and which on the other hand record a coverage close to zero (0.49%) in residential services, and low (4.53%) in the home sector. The coverage of the overall needs through social and health services for non-self-sufficient elderly increased by 5.1 percentage points, driven by the increase in coverage through ADI, whereas coverage through social services fell by 3.7%. Attendance allowance is the main LTC policy tool and represents about 33% of the overall LTC expenditure. In 2016, it covered 11.6% of the entire population aged 65 and over (National Social Security Institute - INPS data).

Table 11. Coverage rates for residential services, semi-residential and home care for non-self-sufficient elderly people

Estimate of potential need	Service	Total users in charge to the service	Coverage rate of social and health services	Rate of social services coverage
	Residential	287,328	9.39%	0.49%
	semi-residential	294,063	0.82%	9.28%
2,909,090	Home care	911,102	26.79%	4.53%
2,909,090	Total	1,492,493	37.0%	14.3%

Source: second report of the Long-Term Care observatory. ISTAT data 2013-2016

Tab. 12. Coverage (%) of the need for social and health-related services, specificfor care settings.

LTC /year (%)	2013	2014	2015	2016
Residential care	9.58	9.65	9.59	9.39
Semi-Residential care	0.86	0.86	0.85	0.82
Home Care (ADI)	19.53	21.78	21.49	26.79
Cumulative	29.97	32.29	31.93	37.00

Source: Second report of the Long-Term Care observatory. ISTAT data 2013-2016

The set of these service settings ideally represents a network available to families and the elderly, which should be activated in a differentiated way according to the evolution of needs that alternate over time. In practice, there are several limitations also due to strong bureaucracy procedures that do not adequately support the elderly and family needs. The Long-Term Care system of the various regions defines a very varied and heterogeneous scenario in terms of geographical areas for the supply and coverage of needs, of which the network of social and health services represents the baseline. Literature (Gori and Rusmini, 2015) identified two main characteristics of the Italian system. Firstly, the self-organization of families and the use of "caring" services or other more or less formalized home care services; Secondly, the use of health services (for acute and intermediate care) to buffer situations of emergency or temporary seriousness of assistance which makes self-management of families impossible, leading to repeated hospitalization and long-term stays.

There are two main types of care services observed, namely the provision of residential facilities for the elderly (the RSAs) and the estimate of the carers present in the various territories.

The analysis carried out by the LTC Italian Observatory showed that the Italian territory is characterized by three main distinct areas. The first cluster of regions has a coverage rate of the overall need within 30%: these are Regions where both the RSA network and the estimate of carers are very low. This indicates that in these territories, the elderly not included in any type of long-term care count at least three quarters of the reference population. These probably resort to other health care settings or are limited to self-management by families.

A second cluster is represented by regions which have a very low coverage rate through RSA, but have a more massive presence of carers, which contribute to increase the overall coverage rate, up to values between 40% and 65%, leaving however a large part of the need uncovered.

A third cluster of regions is characterized by a higher overall coverage rate (between 66% and 80%) achieved either through a greater presence of nursing homes or carers. No regional context comes close to covering the totality of the need among non-self-sufficient elderly over-75 years of age. Relevant data highlight that there are no regional coverage rates of the need through public long-term care services (RSA) over 25% (Fosti and Notarncola, 2020; Fosti and Notarnicola, 2019). This value increases if we consider the coverage of the need through carers. In any case, there remains throughout the national territory, the large "uncovered" areas that we imagine are managed either through the self-organization of families, or through recourse to other care settings, or through the complete absence of assistance (Perobelli and Notarnicola, 2018).

In Table 13 we observe the number of the residential facilities on the national territory per 100,000 inhabitants from 2009 to 2018. At the national level on average, there were 21 residential facilities for every 100,000 inhabitants. Specifically, there are some cross-regional area differences. The area with the higher distribution of residential facilities is the North of the country, in particular the Northeast of Italy that in 2018, reached 30 residential facilities each per 100,000 inhabitants. The South and the islands were characterized by less dense distribution of those facilities that remained quite stable over time.

Tab. 13. Number of residential facilities by 100,000 inhabitants over time

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	21.9	21.1	20.3	19.4	20.2	21.7	21.1	20.6	20.7	21.3
North-West	26.2	24.5	24.0	22.9	22.4	22.6	22.2	22.3	21.9	21.8
North-East	29.0	29.2	29.0	29.1	28.0	28.8	28.6	26.7	28.1	31.2
Centre	20.2	19.6	19.7	18.3	19.5	22.2	21.8	21.0	20.8	21.1
South	13.7	13.5	11.7	10.7	11.6	13.4	12.3	12.6	12.3	12.3
Islands	19.7	17.9	15.6	14.4	20.5	23.9	23.1	22.3	22.3	21.8

Source: ISTAT survey on "Residential facilities and public funding"

4.3.1 The role of the big players in the sector

To complete the descriptive picture of the social and health sector, it is essential to include the perspective of the service managers, who historically receive marginal attention in the official data. However, thepoint of view of the managers is very useful for investigating the functioning of the sector and the dynamics of innovation and change because it allows to identify the internal perspective of the services, and verify how LTC is provided, so as to reconstruct the characteristics of the sector.

Since the managing bodies are the unit of the system closest to families, they are also the first to respond to changes in their needs and in the context, have to adapt quickly to the changes underway, to continue to operate satisfactorily.

It should be noted that currently - due to the absence of an integrated information system - there is no unambiguous assessment of the number of providers operating on the national territory and of the structures managed (Fosti and Notarnicola, 2019). In the report on facilities for the elderly contained in the Yearbook of the Official Statistics of the Interior Administration for the year 2019 (Ministero dell'Interno, 2020, Annuario delle Statistiche Ufficiali dell'Amministrazione dell'Interno per l'anno 2019), the data in 2018 relating to the number of residential facilities "that welcome elderly who are not self-sufficient" among others, was equal to 4,629, in line with the estimate provided by the SPI CGIL Observatory of approximately 4,000 structures, of the 2018 edition of the Report. The Istituto Superiore di Sanità (ISS) through the Dementia Observatory speaks of 3,417 residential structures for people with dementia, which are believed, however, to under-represent structures that do not have a clear vocation to take charge of this pathology. The Statistical Yearbook of the NHS for the year 2017 (most updated data) speaks of 3,365 accredited public and private residential facilities (understood as nursing homes, sheltered homes, hospices, other residential facilities) for the elderly, without specifying whether or not they are self-sufficient and without including the authorized but not accredited institutions (therefore operating under complete solvency). We should note that, on the one hand, there is no convergence between the different representations of the number of institutions in the area; on the other hand, no public body has been concerned with providing an estimate on the number of providers that manage these institutions. The absence of a clear and organic representation of the sector (for example, at the

level of the Ministry of Health) is one of the factors that currently prevents the mapping of this condition in the RSAs (Fosti and Notarnicola, 2019).

The public offer and the private market of the socio-health sector has developed over time around the public offer and accreditation, agreement, and budget mechanisms. However, the sector is changing, both with reference to the capacity of public welfare to satisfy an ever-smaller share of the potential need, and with reference to the needs of families increasingly differentiated by social clusters and the pursuit of personalization (Fosti and Notarncola, 2020; Fosti and Notarnicola, 2019). Among the services traditionally presented (residential facilities, day care centres and home care), there is an increasing number of placements and accesses dedicated to the private market, and free access by families are beginning to spread.

We can observe the breakdown of the 2019 turnover by socio-health activity between accredited services or public agreements and services in the private market: on average, 84% of turnover derives from the first type and 16% from the second. In four cases, the share of private individuals exceeds 20% (23, 31, 38, and 39%).

In general, the big players still confirm a positioning mainly centred on public budget services, with limited openings to the market. With reference to residential services for the elderly, which account for 50% of the total, note that the share relating to services provided under accreditation or agreement is very diversified if broken down between the share paid by a public entity and the share of households.

To conclude, the Italian system of Long-Term care seems to be insufficient to give an adequate response to families and the non-self-sufficient elderly. The system is focused on the residential service response and confirms a low investment in semi-residential and home services. The data from one year to the next are rather static, with small variations attributable to variations in the statistical base rather than to actual changes in the supply network. This is also a sign of low investment in the sector, confirmed over time. The role of families and carers remains central. The data for the period confirm this trend and draw attention to the private care organization, today excluded from any medium (or even short) period. The Managers sector confirms its main characteristics, showing signs of an ever greater corporate structure and organization. The LTC sector seems to have a static structure over time and has not undergone any changes in the years up to 2018. We will soon be able to verify whether the Covid-19 has profoundly affected the characteristics and functioning of the sector, and whether or not, in the medium term, this will have a lasting impact on the LTC world.

4.3. Expenditure for LTC services

The public expenditure is directed at people whose dependency is due to old age and/or disability. The public expenditure on long-term care includes, in addition to the health component, the cost of disability

allowances ("Indennità di accompagnamento") as well as the expenditure on "other LTC provisions" corresponding to social assistance interventions provided at local level2.

Spending on long-term care as a share of the GDP rises with the share of the population that is over 80 years old, and is expected to triple from 4% to 11-12 % between 2005 and 2050. In addition to ageing, there are other factors likely to affect future spending. Trends in severe disability among elderly populations in Italy for which data available do not show a consistent sign of decline, while the number of elderlies that need assistance in carrying out daily living activities is also growing. Meanwhile, societal changes, notably possible reductions in the importance of informal care due to rising labour market participation of women and declining family size, as well as growing expectations for more responsive, quality health and social-care systems are pushing to improve value for money in long-term care systems. These factors add pressure on the workforce of this highly labour-intensive sector. Moreover, there are difficulties in attracting and retaining caregivers in a physically and mentally gruelling profession (OECD, 2020; MEF, 2020).

The Public expenditure on LTC was about 1.7% of the national GDP in 2019 (52% refers to service provision and 48% is represented by monetary transfers that can be used freely by the beneficiaries, such as the attendance allowance) and 1.7% also in 2020. Three quarters of expenditure is attributed to people aged 65 and above (31.3 billion) (Domina, 2020). In detail, the expenditure on services in 2019 was about 0.88% of the GDP. However, expenditure for attendance allowance is increasing more than that for services. The Public expenditure remained stable in the years considered, with a slight increase, but it decreased strongly if considered on a per capita (elderly) base (-12.6% between 2005 and 2016) (Jessoula, Pavolini, Ranci e Natili, 2018). In 2016 around 19 billion (1.13% of GDP) was spent by the Italian state on coverage for the needs of the elderly population. In real terms the expenditure increased only slightly between 2005 and 2016 (+3%), but it decreased strongly if considered on a per capita (elderly) base (-12.6%). The Italian expenditure level appears similar to, if not higher than (in terms of share of GDP) that of Western Europe (EU-15).

The predictions computed by the Ministry of Economy and Finance pointed out that starting 2023, there would be a smooth growth, driven by the indexation of the average costs of benefits and by the increasingly ageing population. As a ratio of the GDP, LTC expenditure will rise to 2.6% in 2070 (MEF, 2020). Following the initial growth in the years 2008-2009 and 2012-2014, due to the effects of the corresponding economic recessions, the ratio between total expenditure and GDP declined and reached the lowest at 22.6% around 2018. In 2019, it started rising again, reaching the level of 22.9%. In 2020 it reached a record of 25.6% as a consequence of the Covid-19 pandemic which induced a strong GDP downturn. In subsequent years, with the GDP back on its growing path, total social public expenditures to GDP shrank by about one percentage point, fluctuating around 24.4%.

[2] In particular, disability allowances ("indennità di accompagnamento") are non-means tested cash benefits paid to dependent people. "Other LTC provisions" are instead a heterogeneous set of benefits, largely in kind, and provided individually or jointly at local level by municipalities. These are generally means-tested.

4.5 Regulation

The governance of LTC services (residential, semi-residential and home services) is highly decentralised to regions and local government, reflecting a limited interest of the central State for these services. Municipalities are mainly responsible for service delivery. This determines a strong fragmentation and territorial heterogeneity. Cash transfers are more regulated. At national level, INPS (the National Social Security Institute) delivers and is responsible for two main monetary transfers: the accompanying allowance (or attendance allowance) for civil invalids, and care allowances paid mainly by municipalities on regional funding. Accompanying allowance is the most important economic benefit for non-self-sufficient elderly people over 65 and disabled people under 65. Care allowances, vouchers, and therapeutic allowances regulated by the Municipalities are economic transfers with the purpose of supporting assistance and care at home for non-self-sufficient people.

However, there are relevant heterogeneities across regions, due to a strong regional regulation of the providers. Actually, in Italy only few laws regulate the national standards of the LTC (Bellantani, 2020; Lea document; DPCM 67 1989). Residential and semi-residential services are mainly regulated by Law no. 67/1988; Decree of the Presidency of the Council of Ministers 22 December 1989 and Decree of the Presidency of the Republic 14 January 1997. This last decree defines the organisational and structural characteristics and requirements of the residential care homes.

Health care legislation is also very important (Legislative Decrees 502/1992, 517/1993, 229/1999, Decree of the Presidency of the Council of Ministers 29 November 2001) and defines the Essential Levels of Assistance, now revised by the Decree of the Presidency of the Council of Ministers dated 12 January 2017). General social care regulation is defined in Law 328/2000, which is important for all LTC services. Many Decrees regulate specific dimensions of the services (financing and organisation), and introduce frequent adjustments.

At the moment (2022), there is a huge debate on the LTC reform, also following the lack and deficiencies of LTC services which were emphasized by the pandemic. The main issues under discussion are the extension of service coverage, in particular that of home care services; a greater role of central State in LTC governance and regulation that aims the pursuit of a greater territorial homogeneity in LTC service provision and their quality, along with the creation of a new form of de-institutionalised services.

Moreover, the NHS reforms are currently underway, following the National Resilience and Recovery Plan, and include the planned and very relevant strengthening of homecare health services, creation of inter-professional primary care centres called "community homes" as well as the promotion of the community hospitals. All these could have a relevant impact on LTC, and also promote a greater integration between social and health services.

4.5 Quality of service and quality of work

In the last decade, welfare policies have increased the flexibility of services, modelling care and assistance on specific needs of the elderly people by, 1) de-institutionalizing the efforts and interventions, limiting the use of residential care and strengthening home care, 2) creating service networks that allow the services provided to be differentiated and personalized to try to integrate social and health care services, and 3) increasing the focus on the quality of care. However, evidence of problems in service quality frequently emerge and were also highlighted by the pandemic.

Several studies, including the important monitoring activities carried out by LTC Observatory (Barbarella et al., 2017) have underlined for years that there is no tool that reads the data on the phenomenon of LTC in Italy.

We have seen a growth of the workforce over time but the worker density in the sector (computed per 100 people over 65) is scarce. In 2011, there were 3 workers for each batch of 100 people in the services and in 2019 there was a small growth to 4 workers (OECD, 2020). This contributed to high workloads and reduced service and work quality.

A relevant issue about quality is that the supply chain of the Italian LTC system is too weak to adequately support the potential beneficiaries. The forecasts of an increasingly ageing population call for a strong investment both in residential and in semi-residential services. The former is playing a relevant role especially in the last stage of the elderlies' lives, but as suggested by some private players (AIOP) those facilities could also differentiate their support to the patients and evaluate their needs. The second, instead, could be empowered to integrate a stronger network of support to those elderly people that require only some limited help. Some social partners suggest that a relevant element to improve the quality of the service is to differentiate more on the territory, the activities offered by the home, and semi-residential and residential care and increase the supply besides reducing the irregular carers. Indeed, the data analysed by Oecd and the LTC Observatory highlighted that the supply chain is insufficient and in the coming years, the quality of service will suffer even more from the lack of personnel and the cost containment measures implemented in the past years.

5. Conclusions

In recent years, there have been several changes in the ECEC and LTC sectors, mainly due to the financial crisis, and the austerity measures implemented both in the public and private sectors. The marketization process has mainly affected the more vulnerable occupational categories, like the female workforce, which is typical of both care services.

The last decade witnessed a de-professionalization process and a strong demand for flexibilization of the workforce. Generally, both sectors saw an increase of the workforce. In particular, nurses and personal care workers (OSS), educators and teachers suffered an increase of the workload, a worsening of the working conditions, wage freezes, scarce renewal of national contracts, reduced work protection, and disqualification of professionalism. The emergency conditions of the Covid-19 pandemic have highlighted the existing vulnerabilities of both sectors. This indicates a quantitative-qualitative mismatch

characterized by a growth over time of the workforce in both sectors, especially nurses, personal care workers, teachers and educators in general terms, but with a worsening of the working conditions determined by the policy orientation, institutional context and the providers' decision-making towards cost savings and managerialization of the service.

In both sectors, there is a polarization in ECEC services and an increase of the required qualifications to access the occupations. For example, the teachers of pre-primary education require a specialization certificate, and the educators require a university degree. Instead, in LTC the most requested occupational categories are nurses and personal health care workers, who are very difficult to find in the labour market. Moreover, in some contexts of the LTC, there are several cases of unqualified workers that perform tasks for which they are not qualified. This is typical of personnel care workers or, in some cases home-care nurses, therefore identifying a skill mismatch.

The ECEC and the LTC services are more present in the centre and north of the country, with less services in the south. Both services are traditionally female employment sectors, and the average working age is about 40 years old. The main contracts are full-time and permanent, with some variation depending on the provider and the occupational category.

Regarding ECEC services, public services recruitment has been reduced. Instead, in the LTC services after Covid-19 there has been a massive hiring process in the public services. In both care services, the private and public service sectors are characterized by strong differences in salaries, working conditions and contracts. In the ECEC services, after the introduction of an integrated education and training system, there was the implementation of a standard definition of performance of educational services for infancy and kindergarten. The decree aimed at enrolling at least 33% of children under 3 years of age, (Oecd, 2017; Bulgarelli 2018; ISTAT, 2020), but in some regions this goal is still far to be reached. Moreover, the functions and tasks of the Regions and local authorities were redefined to enhance the coverage of educational services. In both sectors, there is a relevant issue of labour shortage. In pre-primary educational services, teachers try to move to the public school, to access the professions involved after the Covid-19 pandemic and the increased educational level limit. Especially in the private sector, educators and teachers work in conditions of maximum discount. In LTC, the labour shortage depends on the massive hiring of the public sector during the pandemic, highlighting the already widespread lack of nurses and Social Health Operators in the private sector. This phenomenon contributed to the increase in the private sector of a strong demand for those occupational categories oriented also to foreign employees, but with scarce success. We could identify a relationship between work shortages and the precarious contracts.

In the last 20 years there has been a significant growth of privatization of the providers, increasing the presence of purely private providers and hybrid providers, at the expense of the purely public providers (EU commission, 2016; Fosti et, al. 2019; 2020, Eurofound, 2020).

The quality of the workforce in LTC is very sensitive to the three main segments of the LTC (residential, semi-residential and home care). In general terms the LTC workforce composition is made up of 15-20% of nurses, a share of 50-60% of Social Health Operators, OSS, and about 20-30% of support staff such

as cooks, cleaners, maintenance, administrative workers, social workers. The vast majority work as private care workers, frequently with a migrant background and hired directly by households (Pasquinelli, 2013): often having an irregular labour contract.

Both services are not provided sufficiently for the beneficiaries. There are several children or elderly people sectors that are not involved in the care services because of cost limitations and absence of the service in the regions, especially after the cutting of some care services in the last decade. The increase of the female employment rate, a family welfare asset together with the implementation of strong austerity measures have contributed to increase the need for more services which are often reduced due to cost savings and policy decision making. The regulation of the services is still far from reaching the goal of the European threshold in service coverage. Only the kindergarten coverage (95%) is higher than the European average. The infant/toddler services are quite below the threshold (24%), which is 33% in Europe, with strong regional variations. This is also linked to the fact that the kindergartens are considered part of the educational system. Indeed the 0-2 age segment is governed by the Ministry of family and welfare services and the 3-5 age segment is governed by the Ministry of education.

In LTC, the share of individuals covered by LTC provisions has increased because of the growth of the services and that of the elderly population, even if there are heterogeneities across services and regions. The most covered services are the home services. Instead, the less covered services are the semi-residential services. Attendance allowance is the main LTC policy tool and represents about 33% of the overall LTC expenditure. LTC is characterized by a very strong presence of irregular caregivers (badanti) that very recently started its regulation and slow decrease.

After the financial crisis in ECEC services, the total expenditure decreased over time due to austerity measures, and negatively affected the quality/quantity provision of the services, which is still for the public majority. The decline in enrolments has affected the private sector more than the public sector (ISTAT, University of Venice Ca' Foscari and MIPA,2020).

Public expenditure in LTC remained stable over time, with a slight increase due to the growth of the elderly population and the increase of the female workforce. However, it decreased strongly if considered on a per capita (elderly) base (Jessoula, Pavolini, Ranci e Natili, 2018).

To conclude, we can assert that the Italian care provision for ECEC and LTC is changing, some services are expanding, and others are becoming more institutionalized, like kindergartens or private residential care. The governance of the provision, deregulation of employment and stringent cost containments define a heterogeneous scenario of these welfare services in the territory. The 0-2 age segment calls for higher investments to expand and institutionalize the service in the territory, especially in some regions that register very poor provisions. The 3-5 age segment is much more institutionalized as a service, but suffers strong cost containments and the public/private sector gap is evident in terms of national contracts. The LTC services see a strong expansion in private for profit residential care, also due to public austerity measures. The private sector invests strongly because of the growing elderly populations. Moreover, there are relevant labour shortages of nurses and healthcare workers and highly precarious private contracts.

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WP2 – Employment relations and working conditions in Italy

Anna Mori

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1. The employment relations system in Italy

1.1. The main general characteristics at the national level

In Italy, collective bargaining represents the most important mechanism for regulating and defining terms and conditions of employment in both the private and the public sectors. The bargaining system is based on a two-tier structure: national collective agreements (NCAs hereinafter) are negotiated at the sectoral level by national trade unions and employers' associations and are (potentially) applied to all employees of the specific economic sector. At this national sectorial level, the main contractual arrangements of the employment relations are established as, for instance, wage levels, working conditions, job classifications, working time, and access to social security protections (such as allowances covering maternity, sickness, injuries). NCAs are legally binding only upon employers and employees belonging to the organisations that have signed them, or that choose to apply them even though they are not a member of the signatory employers' associations. According to the Italian regulatory framework, NCAs cannot be extended to the whole sector by legislation, given the absence of a compulsorily *erga omnes* extension provision, but a *de facto* extension is set out by labour courts in case of labour dispute raised by workers and their associations. At the decentralised level, second-level integrative agreements are negotiated, generally at the company level (but also at territorial level, regional or provincial level in specific sectors) by the employers and the local branch of the trade unions that have signed the NCA applied in the plant. In fact, only signatory unions are allowed to take part in second-level bargaining. At this level, company-specific arrangements delegated by NCAs are defined, like productivity standards, performance-related pay, schemes for incentive remuneration, and special kinds of allowances and indemnities. As anticipated, decentralised second-level bargaining takes mainly place at the company/workplace level, in the private manufacturing and service sectors as well as in the public administration. However, in peculiar economic sectors, decentralised agreements are negotiated at the territorial level. In the construction sector, tourism and agriculture, second-level bargaining takes place at the provincial level; in the artisanal sector, instead, at the regional level.

In terms of duration and timing of collective bargaining, the NCAs are generally renewed every third year, while wage levels are adjusted to the inflation rate every year. Decentralised second-level agreements have variable durations, but renewals tend to follow the renewal of the NCAs of the sector of belonging. Agreements concerning productivity standards and productivity bonuses, however, used to be renegotiated every year, to update the variable objectives.

The report on "Labour market and collective bargaining 2016–2017 " published by the tripartite body called National Economic and Labour Council (CNEL) has pointed out an extreme and increasing fragmentation among sectorial NCAs in Italy. In 2017, 844 different NCAs were in force in the country and registered at CNEL. The proliferation is particularly pronounced over the recent years: the total number of industry-wide agreements has increased by 15% from 2015 (734 NCAs), and by 46% from 2013 (580 NCAs). Such proliferation is connected with the growing number of "pirate collective agreements" signed by non-representative trade unions excluded from the collective bargaining of the main sectorial NCAs. Indeed, the disaggregation of the total number of agreements by signatory trade

unions shows that only one-third of NCAs are signed by at least one of the three largest union confederations (CGIL, CISL, UIL). The overlapping between NCAs in the same sectors is a clear indicator of a major risk of competition in the Italian labour market on the ground of labour costs and labour rights. This fragmentation of NCAs, often signed also by non-representative social partners, is particularly relevant in the welfare sector, as it will be explained in the next sections, and it deeply affects the working conditions in the sector.

1.2. Employment relations in the ECEC and LTC sectors: main characteristics and structure

The general infrastructure of collective bargaining presented in the previous paragraph overall applies also to the welfare sector in Italy – as according to the same structure in both the ECEC and the LTC sectors – despite with sectorial specificities to underline linked to the fact that these services are provided by a mixed workforce, employed in both the public and the private sector. In fact, in Italy, the system of collective bargaining in the two sectors displays structural differences related to the diverse regulatory frameworks applied in the two sectors.

Employment relations and collective bargaining in the public sector have historically represented an exception to the voluntary approach that characterises the Italian model in the private sector, shaped "by the greater degree of juridification and by the substantial conditioning exerted on them by the administrative structure of the state" (Bordogna and Pedersini 2019, p. 189). A long tradition of state intervention in defining the procedural rules for collective bargaining, the social partners authorised to participate in the negotiations, the wage structure, and the amount of financial resources made available for bargaining both at the national and the decentralised level characterises employment relations in the public sector, hence setting distinctive structural features and rules from those consolidated in the private sector of the economy.

Within this regulatory framework, a single national collective agreement (NCA) for non-managerial staff and one for managerial staff are negotiated and made immediately effective in each public sector segment, namely Local functions; Healthcare; Education and Research; Central functions. Most of the public welfare services are covered by the first two NCAs applying to the personnel employed by the municipalities as well as by the health authorities.

Public sector NCAs are negotiated on the employees' side, by the trade unions recognised as the representative in the sector and, on the public employers' side, by the National Agency for the Representation of the Public Administrations in the collective bargaining, the so-called ARAN (hereinafter) (*Agenzia per la rappresentanza negoziale delle pubbliche amministrazioni)*.

On the employees' side, unlike in the private sector, clear criteria have been established by law to measure the degree of effective representativeness of trade unions in the public sector. According to the Legislative Decree no. 396/1997, a trade union is considered representative in the sub-sector of reference (i.e. Local functions, Healthcare, Education, Central functions) if it reaches a threshold of at least 5% in the reference sector, a threshold calculated as the average value between the membership and the electoral

figures. The associative parameter, the membership, corresponds to the percentage of affiliated members out of the total number of union members in the sector. The electoral criterion, on the other hand, corresponds to the percentage of votes collected by a trade union out of the total votes in the elections for the workers' representative bodies at the workplace. Representativeness is checked and certified by the agency ARAN every three years. The certification of representativeness is crucial since only the representative trade unions get the right to participate in the public sector national collective bargaining. According to data on representativeness certified by ARAN, in the three years 2019-2021 in the Local functions sector, which includes public workers employed in social services and nursery schools, only four unions out of a total of 128 trade unions registered in the sector for the certification of their representativeness exceed the threshold value of 5% (Fp Cgil with 34.81%; Fp Cisl with 27.67%; Fpl Uil with 18.23% and Csa Local Autonomous Regions with a value of 8.09%). In the Healthcare sector, similarly, six trade unions out of 116 turned to be representative (in decreasing order: Fp Cgil with 23.14%; Fp Cism with 22.45%; Fpl Uil with 18.83%; Fials with a value equal to 11, 43%; Nursind with 9.15% and Nursing up at 7.34%), while in the Education and Research sector, which includes the staff of state kindergartens, six unions out of 175 registered unions are legitimately admitted at the negotiation tables (Cisl Fsur with 24.73%; Flc Cgil with 24.01%; Uil Scuola Rua Federation which stands at 15.60%; Snals Confsal at 13.65%; Unams Guild Federation with 9.24% and Anief with a value of 6.16%) (Aran 2020).

On the public employers' side, instead, the agency ARAN was instituted by law in 1993 (with subsequent legislative changes that took place in 1997 and 2001) and it represents an independent central body specifically responsible for the monopolistic and mandatory collective representation of all public administrations in the country in collective bargaining at the national level. The creation of ARAN reflected the clear political will to centralise negotiations in the public sector, hence replacing the multiplicity of public agents previously involved in the negotiating tables and isolating the bargaining process from political and parliamentary interference, thus ensuring greater transparency and a greater degree of autonomy to the parties (Bordogna, 2016). This important innovation in public employers' representation has allowed overcoming the problem of the *erga omnes* application of NCAs, hence enacting in practice their universal extension to the entire public subsector of reference (Carinci and Carinci, 1993). The State, in its function as public employer, has thus guaranteed contractual uniformity to all public employees involved in care services within the sub-sector of belonging: from hospitals to local authorities responsible for providing social services. Hence the coverage of NCAs in both the public segments of the ECEC and LTC services corresponds to 100% of the workforce employed.

Furthermore, the attribution to the agency ARAN of the mandatory negotiating role for all public administrations precludes all public employers from negotiating with the unrepresentative trade union, thus preventing the signature of "minority" collective agreements with union associations that overall do not reach a representation of at least 51% of the membership in the sector of reference, as it occurs instead in the private sector.

All in all, such a regulatory infrastructure of representation in the public sector, characterised by a great selectivity capacity, has led not only to the *erga omnes* application of the NCAs in the public subsector of reference but, relatedly, it has allowed a drastic simplification of the bargaining tables in public welfare services. Nevertheless, such a framework turned out to be inapplicable in the changed scenario of care services' labour market and employment relations due to a massive resort to private provision through contracting out.

The public arena of the employment relations, strongly regulated by the authoritative power of the state - which allowed it to remain stable for a long time and relatively protected from market pressures - has gradually lost its structural features following the opening of the provision to market competition and regulation, via a growing involvement of the private providers through outsourcing and accreditation practices (Mori 2020).

Moreover, the attempts to introduce mechanisms to certify the representativeness for both trade unions and employers in the private sector, similarly to the system adopted in the public sector, albeit representing an important innovative attempt in the Italian industrial relations system, have not been fully implemented yet. Two inter-confederal agreements have been reached - the so-called "Consolidated text on representation" *(Testo unico sulla rappresentanza*) issued on 10th January 2014 and that of 9th March 2018 entitled "Contents and guidelines for industrial relations and collective bargaining of Confindustria and Cgil, Cisl and Uil" (*Contenuti e indirizzi delle relazioni industriali e della contrattazione collettiva di Confindustria e Cgil, Cisl e Uil*) - recalling the structure of the certified measurement of the representation of the social partners adopted in the public sector. Nevertheless, being based on a joint decision made through an agreement, and not through a legislative intervention as in the public sector, at the moment the rules contained in the two agreements are binding only on the signatory parties. Accordingly, the effectiveness of such a mechanism introduced in the private sectors, including the private segment of the welfare services, is still marginal, if not even inexistent. As reported by a union official:

the main change was the fact that there is essentially a lack of regulation concerning representation, both for the trade unions and for the employers, and this has entailed as a double side effect that some employers got the contracts they wanted by handpicking trade union organizations that did not represent anyone, but this also is true for the employers' associations. That is, there are employers' associations that objectively do not represent anyone, so obviously, this is a problem for us too, because I have to know if I sign a national contract and the morning after I signed that national contract the vast majority of companies which should apply it, actually do not apply it. After all, they do not recognize themselves in the choices made by the employer association, and this is also my problem (Interview 5).

Consequently, the growing provision of care services by private organisations, both profit, and not-for-profit, has considerably multiplied the interests and the associations sit on the front of employer representation. As it will be presented in the next sections, new associations representing companies enter the arena of welfare sector employment relations, pursuing interests that are often deeply conflicting concerning the main purposes of the state authority. If the former represent organisations and providers that operate in a market regime and which ultimately follow the logic of profit, the public authority, vice

versa, has the ultimate goal of providing universal and good quality services throughout its territory of competence, regardless of the profitability of the business.
This has triggered an intense multiplication of the actors involved in the arena of the employment relations in the whole welfare sector, directly related to a fragmentation of the collective bargaining and working conditions.

2. The actors: characteristics and relevance

The on-going profound transformation in the management of care services in Italy, extending the supply to a plurality of new providers other than the public administrations through contracting practices has triggered a trajectory of change also in the employment relations in the ECEC and LTC sectors. This is the case of a large number of private profit and not-for-profit organisations, cooperative enterprises, and individual operators in the case of social and health services, which operate as service providers on behalf of the state, in its different territorial articulations, through public procurement contracts, service agreements (such as in health care), accreditation, or other forms of services' provision with varying degrees of involvement and responsibility of the public administrations. In such an articulated network, the internal labour market connected to these services has inevitably changed, triggering an unprecedented fragmentation of the actors involved in the collective bargaining arena.
While the actors of the employment relations in the public welfare segment originally had distinctive structural features, separate from those that characterised the private sector, their peculiarity has gradually eroded over the last few decades. Historically, the State, in its multiple role as regulator, public employer, provider of public services, and direct financier has long played a crucial role in defining the functional boundaries within which the actors and institutions of employment relations had the right to act, the social partners admitted to this arena and the regulatory framework to be adopted. The opening up of the public sector boundaries to the intervention of private sector actors has inevitably altered the range of social partners involved on both the union and the employer side.
Overall, the arena of collective bargaining in the care services is characterised not only by a multiplication of actors but also by the entry of non-representative social partners in the negotiations, as described below.

2.1. The trade unions

As anticipated, in the public segment of the welfare sector, a regulatory mechanism certifying the representativeness of the trade unions ensure containment in the number of organisations entitled to participate in the negotiation of NCAs. Overall, the largest and most representative trade unions organising in the welfare services are affiliated to the three main union confederations: the CGIL (Italian General Confederation of Labour), the CISL (Italian Confederation of Workers' Unions), and the UIL (Italian Union of Labour). The three unions confederations are internally structured in union categories, each covering a specific economic sector. The whole public sector is traditionally organised within the

same category, except for the Education and Research sector, organised through a separate dedicated union.

The CGIL represents the largest union confederation in the country, as well as the largest union in the welfare sector. The union category called Public Function (*Funzione Pubblica* - FP CGIL hereinafter) represents public employees in the whole public sector, except for the Education and Research sector, negotiating the NCAs in the following public sub-sectors: i) Local Governments, covering the workforce employed in the social services directly provided by the municipalities, as well as the personnel in the kindergartens; ii) Healthcare, applying to the personnel working in the health authorities and hospitals; iii) Central Functions.

The Federation of Workers in the Knowledge Sector (*Federazione Lavoratori della Conoscenza* – FLC CGIL hereinafter) instead organises the personnel working in the schools of every degree, hence covering the teachers in nursery schools, except for the kindergartens which fall within the FP CGIL category.

In terms of membership, as certified by the agency ARAN for the triennium 2019-2021, the FP CGIL reported 58,499 members in the Local Governments sector (34,37% of the total union membership in the sector); 63,663 members in the Healthcare sector (22,41% of the total union membership in the sector). The FLC CGIL has 141,425 members in the Education and Research sector (21,42% of the total union membership in the sector), being the second largest trade union.

The CISL is the second union confederation in terms of membership. The union category called Public Function (*Funzione Pubblica* - CISL FP hereinafter) represents public employees in the whole public sector, except for the Education and Research sector, negotiating the NCAs in the following public sub-sectors: i) Local Governments, covering the workforce employed in the social services directly provided by the municipalities, as well as the personnel in the kindergartens; ii) Healthcare, applying to the personnel working in the health authorities and hospitals; iii) Central Functions.

The CISL Education (CISL Scuola hereinafter) instead organises the personnel working in the schools of every degree, hence covering the teachers in nursery schools, except for the kindergartens which fall within the CISL FP category.

In terms of membership, as certified by the agency ARAN for the triennium 2019-2021, the CISL FP reported 46,678 members in the Local Governments sector (27,43% of the total union membership in the sector); 61,692 members in the Healthcare sector (21,72% of the total union membership in the sector), being the second trade union in the sector. The CISL Scuola is instead the largest union in the sector with 169,218 members in the Education and Research sector (25,63% of the total union membership in the sector).

The UIL embodies the third union confederation in terms of membership. The union category called Federation of Local Powers (*Federazione dei Poteri Locali* – UIL FPL hereinafter) represents public employees in the whole public sector, except for the Education and Research sector, negotiating the NCAs in the following public sub-sectors: i) Local Governments, covering the workforce employed in the social services directly provided by the municipalities, as well as the personnel in the kindergartens;

ii) Healthcare, applying to the personnel working in the health authorities and hospitals; iii) Central Functions.

The Federation UIL School RUA (*Federazione UIL Scuola RUA* - UIL Scuola hereinafter) instead organises the personnel working in the schools of every degree, hence covering the teachers in nursery schools, except for the kindergartens which fall within the UIL FPL category.

In terms of membership, as certified by the agency ARAN for the triennium 2019-2021, the UIL FPL reported 30,214 members in the Local Governments sector (17,75% of the total union membership in the sector); 52.598 members in the Healthcare sector (18,52% of the total union membership in the sector), being the third trade union in the sector. The UIL Scuola affiliates 96,407 members in the Education and Research sector (14,60% of the total union membership in the sector).

Beyond the three main union confederations, a few further trade unions are recognised as representative in the welfare sector, according to the certification mechanism.

In the Local Governments sector, only the grassroots autonomous union CSA Regions and Local Autonomies (*CSA Regioni Autonomie Locali*) is allowed to take part in the collective bargaining. It counts 14,285 members (8,39% of the total union membership in the sector). In the Healthcare sector, three autonomous unions are certified as representative, listed in decreasing order according to their organisational density: i) FIALS with 32,335 members (11,38% of the total union membership in the sector); ii) NURSIND with 26,987 (9,50% of the total union membership in the sector); iii) NURSING UP with 24,550 members (8,64% of the total union membership in the sector).

However, over the last decades, the number of unions legitimately admitted to the negotiating tables in the whole welfare sector, including both the public and the private realm, has markedly increased. These trade unions belong to the private welfare labour market, where the attempts to introduce certification mechanisms for trade unions' representativeness have not yet found complete application. The almost universal access to national collective bargaining has triggered a proliferation of the organisations on the union side taking part in the collective bargaining in the welfare segment of the labour market.

We have assisted to the proliferation of trade unions legitimated to sign NCAs to all intents and purposes applicable by companies in the welfare sector, even if they are negotiated by poorly or not at all representative unions and with a negligible membership in the companies. These unions often pertain to the world of autonomous grassroots trade unionism. In the Healthcare sector, for example, a series of trade union organisations, which were not representative based on the certified measurement carried out by the agency ARAN, regularly sign collective agreements in the private healthcare sector operating under accreditation regime for the public sector, such as Ugl Sanità, Anpo, Aupi, Cisal Fpc. Beyond these minor trade unions, further small and very small associations organise workers in the private sector and sign collective agreements such as Civemp, Cimop, S.I.Dir.S.S, Si.Na.Fo., Sds-Snabi.

2.2. The employers' associations

The State, in its stratified and multifaceted articulations, embodies the main employer in the welfare sector. In collective bargaining, a unique agency, the ARAN, compulsorily and monopolistically represents all the public administrations, including those in charge of providing public welfare services.

However, on the employer side, we can observe a multiplication of the interests representation in the care sector: new associations representing private companies enter the arena of employment relations, pursuing interests that are often deeply conflicting to the main objective pursued by the public action. A further aspect of crucial importance linked to the large number of actors operating on the employer side is the fact that each of these negotiates and applies its own collective agreement, leading to an uncontrolled proliferation of contracts applied in the welfare sector.

In the field of production of social and socio-welfare services, four national associations operate in different market segments, out of which three organise the hyper-atomized world of cooperativism typical of the Italian productive fabric. In decreasing order in terms of the total workforce employed by the affiliated enterprises, we find Confcooperative Federsolidaritietà which organises about small and medium 6,250 cooperatives; about 2,700 large cooperatives are affiliated to Legacoop Sociali, of which 1,670 are involved in the provision of social services; and about 7,000 small cooperatives are registered with the General Association of Italian Cooperatives (Agci Solidarietà - *Associazione Generale Cooperative Italiane*). To these three major employers' associations, further smaller associations are active in the sector of social services: National Union of Italian Cooperatives (Unci - *Unione Nazionale Cooperative Italiane*) with Catholic roots and the National Association of Social Cooperatives (A.n.co.s. - *Associazione Nazionale Cooperative Sociali*). The cooperative experience, already rather fragmented, is flanked by the Catholic employers' association Uneba – National Union of Institutions and Social Assistance Initiatives (*Unione Nazionale Istituzioni ed Iniziative di Assistenza Sociale*) which brings together about a thousand institutes.

In terms of relevance as the number of affiliated organisations, the three confederations of social cooperatives are certainly central (Borzaga 2015).

The Legacoop Sociali is the national representative association for the social cooperatives affiliated to the Legacoop. Established in 2005, it represents about 3,000 cooperatives, about 120,000 operators in social services, and about 135,000 associates. About 35% of the affiliated cooperatives are located in the southern regions, which is rather atypical data. Overall the social cooperatives are deeply-rooted in the north and the centre of Italy. The affiliated cooperatives employ about 75% of the female workforce, while the presence of a foreign workforce is rising. 60% of the affiliated cooperatives are minuscule, a small share presents medium size, while a residual number displays a big and a very big dimension (respectively more than 10 million euro and more than 50 million euro of annual turnover).

Federsolidarietà – Confcooperative is the national representative association for the social cooperatives affiliated to Confcooperative. The association counts about 6,250 cooperatives and 225,000 operators. Two-thirds of the workforce involved in the affiliated cooperative is engaged in social and care services. Out of the total number of cooperatives, about 6,000 can be considered small organisations, while the

remaining show larger size with also thousands of workers. About 67% of the workforce is constituted by female operators.

AGCI – Solidarietà is the General Association of the Italian Cooperatives. It affiliates about 7,000 social cooperatives and about 400,000 cooperative associates, of whom 120,000 are associate operators.

In addition, there is a series of other employer associations that affiliate diverse organisations operating in the private market of social services and often acting as subcontractors for the municipalities:

- ANASTE (*Associazione nazionale strutture terza età*) is the national association representing private residential care companies for the elderly, both self-reliant and non-self-sufficient.
- AGIDAE (*Associazione Gestori Istituti Dipendenti dall'Autorità Ecclesiastica*) is the national association of institutions depending from the Ecclesiastical Authority. Founded in 1960, it is an association of institutes that carry out apostolic activities also for the state, such as schools, student residences, care homes, holiday homes.
- AIAS (*Associazione italiana assistenza spastici*) is a non-profit national association aiming at protecting and promoting the right of disabled people to rehabilitation, health, education, education, work, and social integration. AIAS is a social partner and signs the collective agreement that applies to the employees of the associations affiliated to AIAS.
- Anffas Onlus – (*Associazione Nazionale di Famiglie di Persone con Disabilità Intellettiva e/o Relazionale*) is the National Association of Families and Persons with Intellectual and/or Relational Disabilities. It is a large association of parents, family, and friends of people with disabilities who have been working for more than 50 years and is present throughout the country with 169 local associations, 16 regional bodies, and 48 autonomous entities. Anffas signs the collective agreement that applies to the employees of the associations affiliated.
- UNEBA (*Unione Nazionale Istituzioni ed Iniziative di Assistenza Sociale*) is the National Association of Institutions for Social Assistance.
- ANPAS (*Associazione nazionale pubbliche assistenze*) is the National Association for Public Assistance.
- AVIS (*Associazione italiana volontari sangue*)
- Misericordie (*Confederazione nazionale delle Misericordie d'Italia*) is the National Confederation of the Religious Institutes called Misericordia.
- Valdesi is the National Association representing the Entities and the Institutions affiliated to the Opere Valdesi

In the education sector, relating to the nursery services the main employers' associations stand out for the number of affiliated members (see also Mari, 2016): the Italian Federation of Nursery Schools (Fism - *Federazione Italiana Scuole Materne*), which represents about 8,000 Catholic-inspired nursery schools; the Association of Managers of Institutes Dependent on the Ecclesiastical Authority (Agidae - *Associazione Gestori Istituti Dipendenti dall'Autorità Ecclesiastica*), also of Catholic origin, and the National Association of Non-State Institutes of Education and Instruction (Aninsei - *Associazione Nazionale Istituti non Statali di Educazione e di Istruzione*), a laical association affiliated to the main national business confederation Confindustria which groups more than 500 institutions of different school degrees.

Finally, in the health sector, important private employers' associations are involved in the provision of public services: the Italian Private Hospital Association (Aiop - *Associazione Italiana Ospedalità Privata*), affiliated to Confindustria, is the largest association representing 550 health structures and about 330 employers organised in the form of large groups of companies (for example the San Donato Group, Humanitas Group, or Villamaria Group). The second-largest association is the Religious Association of Social and Health Institutes (Aris - *Associazione Religiosa Istituti Socio-Sanitari*), which has about two hundred Catholic-inspired structures affiliated. The third association is the Don Carlo Gnocchi Foundation which represents twenty-eight healthcare structures.

3. The working conditions

3.1. Regulation of labour: main collective agreements and relevant legislation in ECEC and LTC

As anticipated, collective bargaining represents the main mechanism for regulating and defining terms and conditions of employment in both the private and in the public segment of welfare.

Starting from the public segment of the welfare sector, a series of relevant transformations have severely impacted collective bargaining in public welfare services over the last decades.

First, to stem the disruptive effects of the economic crisis on public finances, a series of austerity measures were introduced in 2008 and reinforced in 2010-2011. An important part of these measures concerns the containment of wage dynamics for the public personnel, including the share employed in the welfare services. After the bargaining cycle for the three years 2008-2009 which granted very moderate wage increases - about half of the increase agreed for the previous three-year period 2004-2005 and 2006-2007 (Aran 2011) - the bargaining cycle for the two years 2010-2012 was blocked (Law Decree No. 78/2010), revoking any possibility of recovering wage differences in subsequent negotiations, according to established practice in the public sector. Subsequent legislative interventions extended the freeze of collective bargaining also to the years 2013 and 2014. At the same time, collective bargaining at a decentralized level was subject to severe budgetary restraints, including the prohibition to exceed the amount of resources deployed in 2010. It followed that the financial resources available at the company level to negotiate integrative contracts were limited to a residual share of the productivity increases achieved in each public administration, certified by the central government. Therefore, the income levels for the public personnel employed in care services slowed down in 2008-2009, followed by a substantial freeze starting in 2010.

Collective bargaining in the public welfare sector was re-launched only in 2016, following an articulated ruling of the Constitutional Court (Judgment no. 178 of 24th June 2015) which declared the illegality of the so-called "freezing of public employee collective bargaining". In the Judgement, the Court emphasized the relevance of the role played by collective agreements in regulating not only the economic dimension of labour in its fundamental and ancillary components, but also aspects relating to the employment relationship and the institutions of trade union relations. Following this ruling by the Court, collective bargaining was effectively restarted, after seven years of stalemate, with an agreement signed

on 2nd December 2016 by the trade union confederations CGIL, CISL and UIL, and the Minister for Simplification and Public Administration Marianna Madia. Through this agreement, the government has formally recognized the resources allocated to the so-called "Public Employment Fund" and provided for these resources in the 2017 Budget Law (Law no. 232/2016). The largest share of this Fund was allocated specifically for the renewal of public collective agreements. In 2018, the collective agreements for all public sectors relating to the period 2016-2018 were finally renewed, overdue.

A second dimension affecting collective bargaining in the welfare sector pertains to the proliferation of NCAs adopted in the sector. The growing phenomenon that has decisively contributed to - and from various points of view also irreversibly, if not at very high costs - transforming the scenario of collective bargaining in public care services concerns the opening of functional boundaries of the welfare segment to market dynamics. This dynamic has altered the distinctive traits of collective bargaining in the public sector: the creation of a complex network of contracting out practices has multiplied the number of NCAs applied in the care sector, leading to growing inequalities and a general deterioration in working conditions. To quantify the magnitude of the phenomenon, it is sufficient to think that in the field of social services about 45% of the personnel employed is hired by the public sector, while the remaining majority is provided by the private profit (about 10%) and not-for-profit private sector (45%) (Lethbridge 2017). Unlike the institutional framework established in the public sector, in fact, clauses that prevent employers from freely identifying their negotiating counterpart are not applied in the private sector, at least until the inter-confederal agreements of 2014 and 2018 will not be fully implemented through a binding regulatory intervention for all parties.

Furthermore, in the private sector, the majority principle for the approval of national collective agreements of general validity does not hold: accordingly, the parties can choose to sign minority agreements and the so-called "pirate agreements" signed by organisations of dubious representativeness both on the employer and on the union side. In the light of these transformations, collective bargaining in the welfare services has experienced a very strong fragmentation, strictly intertwined with a segmentation of the working conditions defined in the different NCAs.

In the area of social services, the fragmentation of bargaining is particularly marked: a dozen collective agreements have been signed, thus becoming effective and applicable, despite not being regularly renewed (ANFFAS, UNEBA, ANASTE, AIAS, AGIDAE, VALDESI, AVIS, FENASCOP, ANPAS, Misericordie, AGESPI, Agci-Confcooperative Federsolidarity-Legacoop Sociali; Unci-ANCo.S.). In the health sector, the main contract for non-medical personnel is that for workers in the private health sector AIOP - ARIS - Don Gnocchi, last renewed in the regulatory part for the period 2002-2005, while the economic two-year period is referring to 2002-2003 and that of private hospital doctors, also stopped in 2005. Finally, in the sector of early childhood services offered by private personnel, several NCAs are in force (Mari, 2016): the most important are the contract for staff employed in childcare and early childhood services of schools and organizations adhering to or represented by the FISM, renewed for the two-year period 2016-2018; that of non-state schools signed by ANINSEI for the three-year period 2015-2018; and the NCA for private schools affiliated to AGIDAE, signed for the two-year period 2016-

2018. The picture that emerges reveals a clear entrepreneurial strategy in the private segment of care services: leveraging on the wide margin of discretion the employers' association have, they sign separate agreements for their affiliated members, renewing it only if they identify advantageous conditions. As seen above, the large majority of negotiating tables, especially in the health and social welfare sector, has undergone a freeze in 2005. Hence, the belated renewal, if not even the blockage of the renewals, of collective agreements in the private welfare sector represents a further problematic aspect: often the social partners involved, if unable to find a suitable and sustainable compromise, simply do not renew the NCA, despite the pressure of the trade unions. This condition differs from the situation in the public sector where renewal procedures are strongly juridified. Conversely, in the private sector collective bargaining relies on the voluntary approach of the parties.

The plethora of collective agreements signed has also allowed companies operating in the welfare market and not affiliated to any employers' association to leverage on the malpractice of the so-called contractual "regime shopping": not being bound to the application of a specific NCA, the private providers are allowed to adopt the most advantageous NCA from material and procedural point of view within the whole range of contracts signed. The economic conditions established in the different NCAs are not only different with respect to the public sector, and in principle tend to be lower or worse, but they also vary considerably between private sector collective agreements. Furthermore, the regulatory conditions established - in terms of holidays, social protections schemes, health and safety - and the material working conditions, relating to the actual technical performance of the work, are also very different. This discretion private employers enjoy originates from the fact that the only binding reference they have to comply relating to the application of collective agreements refers to the constitutional provision, and specifically to Article no. 36 according to which "the worker has the right to a remuneration proportionated to the quantity and quality of his work and in any case sufficient to ensure a free and dignified existence for himself and his family". The application of any collective agreement is therefore legally legitimate as long as it is valid and signed within the economic sector of reference. This holds and is valid even in the case of a minority contract signed by pirate employers and trade union organisations. To provide a concrete example, the NCA for employees and members of social cooperatives operating in the socio-health, welfare, educational, and job placement sectors was signed by two small employers' associations - Unci and ANCo.S. - and by the autonomous union CISAL: even if it represents a very small and not representative union in the panorama of representation in the tertiary sector, the agreement is at all purposes and effects valid and applicable.

The following tables summarises the main NCAs signed in the public and the private sectors of the welfare services, specifying the date of the last renewal and the signatory parties.

Table 1.
NCAs signed in the public care sector

NCAs in the public sector	Last renewal	Signatory parties
Local Functions	Triennium 2016-18	Signed by the unions FP CGIL, CISL FP, UIL FPL, and CISAL CSA Regioni Autonomie Locali. ARAN on the employers' side.
Healthcare	Triennium 2016-18	Signed by the unions FP CGIL, CISL FP, UIL FPL, FIALS CONFSAL, NURSIND CGS, FSI USAE, NURSING UP CSE. ARAN on the employers' side.
Education and Research	Triennium 2016-18	Signed by the unions FLC CGIL, CISL Scuola, UIL Scuola, SNALS CONFSAL, GILDA UNAMS CGS. ARAN on the employers' side.

It is important to note that the most important private sector NCAs have been recently renewed, after almost a decade of stalemate in the negotiations, while the minor contracts are still frozen at the triennium 2010-12.

As emerged from the tables, on the union side the public sector category of the three main confederal trade unions are involved in the negotiations of the private sector NCAs, with some exceptions. In some cases, CISL and UIL involved also the union category representing the service and tertiary sector in the collective bargaining, respectively the FISASCAT CISL, UILTUCS UIL. This is the case of of the following NCAs: AGIDAE, UNEBA, Social Cooperatives.

Another interesting aspect to underline is the fact that most of these NCAs are single-employer NCAs since most employers' associations in the sector prefer setting their own conditions.

The case of the ANASTE collective agreement is interesting since the last renewal for the triennium 2017-19 was negotiated by the employers' association and a range of completely different unions compared to the previous contract signed for the triennium 2006-08 with the most representative trade unions. After more than a decade of stalemate in the negotiations, CGIL, CISL, and UIL refused to sign the new NCA, deemed as 'pirate', which was instead accepted by several non-representative autonomous trade unions (CIU, SNALV Confsal, CONFELP, CSE, CSE Sanità, CSE Fulscam).

In the case of the NCA for the private healthcare sector (the AIOP-ARIS-FDG contract) the stalemate in the negotiation for the renewal (the last NCA was signed for the triennium 2002-05) was overcome through the withdrawal of Fondazione Don Gnocchi as signatory party on the employer side. The new NCA for the triennium 2016-18 was signed only by AIOP and ARIS.

Table 2.
NCAs signed in the private sector covering the social and care services

NCAs in the private social services sector	Last renewal(s)	Signatory parties
AGIDAE	Triennium 2017-19 (previous 2010-12)	Signed by the unions FP CGIL, CISL FP, UIL FPL, FISASCAT CISL, UILTUCS UIL. On the employers' side: AGIDAE.
AIAS	Triennium 2010-12	Signed by the unions FP CGIL, CISL FP, UIL FPL, UGL Sanità. On the employers' side: AIAS
ANASTE	Triennium 2006-08	Signed by the unions FP CGIL, UIL FPL, FISASCAT CISL, UILTUCS UIL. On the employers' side: ANASTE
	Renewed for the triennium 2017-19	Signed by non-representative autonomous trade unions: CIU, SNALV Confsal, CONFELP, CSE, CSE Sanità, CSE Fulscam. On the employers' side: ANASTE
ANFFAS	Triennium 2010-12. Agreement hypothesis for the renewal for the triennium 2017-19.	Signed by the unions FP CGIL, CISL FP, UIL FPL. On the employers' side: ANFFAS
UNEBA	Triennium 2017-19 (previous 2010-12)	Signed by the unions FP CGIL, CISL FP, UIL FPL, FISASCAT CISL, UILTUCS UIL. On the employers' side: UNEBA
Social cooperatives	Triennium 2017-19 (previous 2010-12)	Signed by the unions FP CGIL, CISL FP, UIL FPL, FISASCAT CISL, UILTUCS UIL. On the employers' side, AGCI-Solidarietà, LEGACOOP Sociali, Federsolidarieta'– Confcooperative.
ANPAS	Triennium 2017-19 (previous 2010-12)	Signed by the unions FP CGIL, CISL FP, UIL FPL. On the employers' side: ANPAS
AVIS	Triennium 2010-12	Signed by the unions FP CGIL, CISL FP, UIL FPL. On the employers' side: AVIS
Misericordie	Triennium 2010-12	Signed by the unions FP CGIL, CISL FP, UIL FPL. On the employers' side: Misericordie
Valdesi	Triennium 2017-19 (previous 2010-12)	Signed by the unions FP CGIL, CISL FP, UIL FPL. On the employers' side: Valdesi

Table 3.
NCAs signed in the private healthcare sector

NCAs in the private healthcare sector	Last renewal(s)	Signatory parties
AIOP, ARIS, FDG	Triennium 2002-05	NCA for the private hospitals Signed by the unions FP CGIL, CISL FP, UIL FPL. On the employers' side: AIOP, ARIS, Fondazione Don Gnocchi
AIOP, ARIS	Triennium 2016-18	NCA for the private healthcare sector. Signed by the unions FP CGIL, CISL FP, UIL FPL. On the employers' side: AIOP, ARIS,

Table 4.
NCAs signed in the private school sector

NCAs in the private school sector	Last renewal(s)	Signatory parties
AGIDAE	Triennium 2016-18 (previous 2010-12)	Signed by the unions FLC CGIL, CISL Scuola, UIL Scuola, SNALS Confsal, SINASCA. On the employers' side: AGIDAE
ANINSEI	Triennium 2015-18 (previous 2010-12)	Signed by the unions FLC CGIL, CISL Scuola, UIL Scuola, SNALS Confsal. On the employers' side: ANINSEI Confindustria Federvarie
FISM	Triennium 2016-18 (previous 2006-09)	Signed by the unions FLC CGIL, CISL Scuola, UIL Scuola, SNALS Confsal. On the employers' side: FISM

3.2. Working conditions: fragmentation and deterioration along the public/private divide

The institutional configuration of the employment relations and collective bargaining in the public sector has led to the *erga omnes* application of the NCAs in the public subsector of reference. Accordingly, public employees in care services (both ECEC and LTC) have operated in an internal labour market that has long guaranteed stable, generous, and uniform working conditions, including job stability and protected wage dynamics. To these substantial protections, public sector bargaining also ensures important formal protections, implemented through a series of particularly protective institutions and rules of the internal labour market concerning, among others, mobility and career paths, as well as professional classification. Such protected and closed internal labour market underwent a deep trajectory of transformation following up the growing exposure to this service to market dynamics, via the contractualisation and the externalisation of a large share of the care services, in particular in the domiciliary and residential LTC

sector. The result is a fragmented picture in the care services, where the growing share of services outsourced led to a segmented and heterogeneous composition of the workforce employed in the sector. Overall, as anticipated, the public sector collective agreements have long ensured protected and generous working conditions. Since 2009 the economic part of the contract was collectively negotiated every second year while the regulatory part every fourth year. The negotiations gave origin to a dynamic of wage increase around 10-15 percentage points higher than in the private sector in the 2000-2007 period, as an effect of collective agreements negotiated at the decentralized level in the municipalities (ARAN 2009, 2010, and 2011). The already generous and stable monthly income levels were complemented by widespread negotiations at the workplace level. However, the freeze of the collective bargaining in the public sector in 2009 has halted the growth of the salary rates until 2016. Beyond the economic aspect, these NCAs establish advantageous working arrangements for the public personnel. In terms of working time and distribution of working hours throughout the daily shift, it sets a fixed weekly working time amounting to 36 hours for full-time employees, fixed hourly schedules during the daily shift, and a daily maximum amount of working hours. Moreover, they ensure generous holiday leave and further social protections including statutory maternity leave and a fixed sickness scheme. Notably, the collective agreement in the public sector attaches to the status of public employee protections against dismissal, while redundancy procedures are very rare. In addition, public employees are entitled to union rights, including a defined number of hours for union assembly as well as leaves for union activity.

The picture considerably changes when we analyse the terms and conditions of employment applied in the private sector. As reported by a union official interviewed:

You can find a world in the application of the national collective agreements because there are different working hours, there are different salaries. The public system has guaranteed, including qualitative ones, that other contracts do not have. We [unions] *have made an effort, even during the latest contractual renewals of the private contracts, to bring the systems of protection and regulation a little closer to those in force in the public sector, the public has certainly greater protection elements* (Interview 4).

The NCAs establish an average of 38-40 hours of weekly work, with a monthly distribution of working time that might fluctuate and the daily shifts are flexible. Furthermore, a significant share of social care workers normally works part-time, between 20 and 30 hours per week, since many of the services they provide are highly fragmented in terms of working hours or are performed only in specific moments of the day. This has also repercussions on the income stability of these workers since working hours are scarcely predictable and workers are only paid according to the number of hours they have actually worked. Furthermore, in the private sector, the pace and the intensity of work are reported to be higher than in the public sector, for a series of reasons. First, as shown in Table 5 below, the NCAs envisage longer weekly and monthly hours in correspondence to fewer days of vacation and lower wage levels. Second, compared to the public sector, in the private sector workers are entitled to a limited amount of working hours devoted to coordination and training activities rather than to direct front-office activities with the users (being them or the children in kindergartens or elderly people in residential care structures).

The latter is more demanding and physically strenuous than the former as explained by a union official referring to nursery school educators:

what makes the difference between the public and the private? The frontal hours make a difference, the school calendar makes a difference, the training activities make a difference; that is, these are all elements that affect the quality of work, because in the public system we have based on thirty-six hours a week a quota that can reach up to thirty hours of face-to-face activities, but the further hours are dedicated to meetings and pedagogical insights, coordination, relationships with parents, therefore they are not frontal activities, which for obvious reasons, are the most tiring one, which exposes the workers more, especially also to greater stress in some situations (Interview 4).

Third, private structure generally provides for a higher worker-users ratio, meaning the number of users (being them either the children in kindergartens or elderly people in residential care structures) in charge for each care employee (i.e. teachers, educators, nurses, socio-health workers) is higher compared to the public sector. This further intensifies the job activities in the private segment of the care services, with repercussions for the health of workers, who are reported to be more subject to professional diseases:

these elements here, what do they produce? They unload on working conditions, they clearly work a little worse, they tire more, they get sick more, they get more injured, there are more subject to occupational diseases. This explosion of occupational diseases is this stuff here because it coincides with advancing age with a series of divestments that cause slightly worse working conditions. […] *The data tell us that we have a very high incidence of occupational diseases in this sector, ranging from musculoskeletal problems to psychological problems, burn-out, work-related stress* (Interview 4).

The care services, inherently labour-intensive, are characterized by a particularly fluctuating demand, barely compatible with the rigid schedule of working times agreed upon in the public employee collective agreement. By outsourcing, often through the subcontracting of hours of service in specific activities, public authorities can leverage the numerical and organizational flexibility that personnel management practices in the private sector allow, and accordingly calibrate the staffing level to changes in services' demand across time and according to the specific need during the day.

Furthermore, the transition from direct provision to outsourcing has reduced the cost of public services, taking advantage of economic benefits ensured by procurement mechanisms to external suppliers. Through outsourcing, public employers may shift labour from public administrations towards private enterprises. By doing this, they trigger a competition based on labour costs, within a more flexible labour market, less protected, subject to economic fluctuations - not only domestic but also international - and where the role of the union is marginal or non-existent. As confirmed by a union official:

[following up the spread of outsourcing practices] *national collective agreements have undergone an involution, in the sense that the employment contract has often been experienced by companies as an economic problem; that is, to be competitive on tenders, we intervene on the cost of labour by trying to identify the most convenient collective agreement to keep costs down.* (Interview 9).

if we do not identify uniform standards throughout the country, then what does the employer association do? He takes the basket of national collective agreements, not only the ones we sign but also the pirate ones signed, and takes the contract that suits him most, which is the one that pays the least. (Interview 6).

In fact, in the private sector, the weekly working time is higher and the number of annual vacation days is lower. These differences in the basic terms of employment are further exacerbated by the fact that companies in the private sector are less likely to bargain additional benefits at the company level. Some of the companies grant their workers some additional benefits (such as maternity pay fully replacing monthly salary, while the collective agreement sets maternity pay at 80% of the monthly salary), but of rather limited entity compared to workplace agreements in the public administrations.

Hence, the terms and conditions of employment show important differentials in the social services, where the overall picture is characterised by a multi-tier workforce mirroring not only a public/private sector divide but increasingly also a diversification between the different private sector NCAs.

The following tables compare the main contractual arrangements (salary level, number of working hours, and annual holidays) of the last renewals of the main NCAs applied in both the public and the private sector of the ECEC and LTC services. The figures refer to the main professional profiles employed in the care sector: social care worker, early childhood educator, and kindergarten teacher.

Table 5.
Comparison of contractual arrangements in the three main private sectors NCAs

NCA	ANINSEI Triennium 2015-18			Social Cooperatives Triennium 2017-19			UNEBA Triennium 2017-19		
Profile	Salary (€)	No. hours	Annual holiday s (days)	Salary (€)	No. hours	Annual holidays (days)	Salary (€)	No. hours	Annual holidays (days)
Social care worker	1,209.25	38	30	1,283.35	38	26	1,279.44	38	26
Early childhood educator	1.267,65	36	30	1,380.21	38	26	1,454.40	38	26
Kindergarten teacher	1.331,89	34	30	1,463.52	38	26	--	--	--

Source: update of Dorigatti, Mori, and Neri 2020

Table 6.
Comparison of contractual arrangements in the three main public sector NCAs

NCA	Local Functions Triennium 2016-18			State School Triennium 2016-18		
Profile	Salary (€)	No. hours	Annual holidays (days)	Salary (€)	No. hours	Annual holidays (days)
Social care worker	1,492.05	36	32	--	36	32
Early childhood educator	1,577.26	36	32	--	--	--
Kindergarten teacher	1,621.17	36	32	1,666.35	25	32

Source: update of Dorigatti, Mori, and Neri 2020

All in all, these marked differentials in the working conditions between the public and the private sector in both the ECEC and LTC services have triggered a twofold dynamic of personnel mobility in these sectors, as reported also by our key informants (Interview 9, Interview 4). On the one hand, it has emphasized the turnover in the private sector where workers leave the structures as soon as they find the opportunity to change their employer. On the other hand, it has prompted a widespread transit of personnel from the private towards the public structures. Against a backdrop of labour shortage in these services, the personnel employed in private companies has been reported by union officials to try to move to the public sector, looking for more generous and protected working conditions:

in the private sector often, not always, but it often happens that you have experience in those structures, and then, as soon as the possibility of participating in a public competition to enter the public opens up, you immediately jump in! So in many cases, we also have an almost physiological transition between private and public facilities. (Interview 4).

This trajectory of personnel shift across sectors that characterizes both the LTC and the ECEC services, however, displays a further internal layer of complexity: a transit of personnel is observed also within the public welfare sector across sub-sectors. In the case of LTC services, the private sector personnel, especially the socio-health workers and the nurses, primarily try to transit towards the public structures and services, generally operating under the responsibility of the municipalities. In parallel, the public socio-health workers and the nurses employed by the municipalities (operating in the residential and domiciliary care) when feasible try to move to the public healthcare sector which, for the same professional profile offers better terms and conditions of employment (regulated by the Healthcare NCA) than those agreed upon in the Local functions NCA. Similarly, in the case of ECEC services, the transit of personnel from the private (especially from the cooperative enterprises) towards the public sector (the municipalities)is flanked by a process of shift of kindergarten teachers (working with 3-6 years old children) from the municipal school (where the Local functions NCA applies) towards the State school where the Education NCA applies, guaranteeing better working conditions. As clarified by a union official:

one of the biggest problems we have had over the recent years is that the staff of municipal kindergartens is increasingly lacking because they are more attracted by the state school, the state school system, both partly due to economic conditions a little better than the municipal framework, and because in recent years the municipalities have been so massacred financially (Interview 4).

This reveals not only a high level of turnover and instability in the personnel, but also an even higher degree of fragmentation in the working conditions not only between the public and the private services, and across private sector NCAs, but also, despite a more limited extent, between public sector NCAs. The repercussion of such deterioration in working conditions reflects not only on the personnel involved but inevitably also on the quality of the services provided, as well reported by a union official:

I do not want to make an ideological argument on the relationship between public and private, but it is certain that if you think that the private can easily replace the public and therefore you opt for outsourcing services or other forms of indirect

management, the services' quality inevitably suffers because these operations are always dictated by the logic of saving. There is no alternative: when it is decided to entrust the private sector, behind there is an accountant of the municipality who does the math and sees that the private costs are slightly less than the public, slightly less when it is good, much less when it is bad for the staff. Behind those choices, there is always this rationale. I have followed many municipalities in my union militancy, from the smallest municipality to the municipality of Rome *and the question that always came back was: these services cost too much, we must reduce the cost of services. The private sector guarantees you the same offer with different standards, but those different standards are either paying less staff or making them work more hours* (Interview 4).

4. Emerging issues for the actors in the arena of employment relations

The transformation of the arena of welfare services' provision, accompanied by a proliferation and by a fragmentation of the social partners involved in the collective negotiations in the sector has raised a series of organizational and representation dilemmas and challenges to both trade unions as well as employers' associations to respond to the emerging criticalities.

4.1. The unions' strategies, challenges, and organizational dilemmas

On the union side, the first order of problems concerns the internal organisation of the three main trade union confederations, which have traditionally been structured into categories on a sectorial basis. The Public Function category is therefore responsible for representation in the sector of local functions and both public and private health (respectively FP CGIL, FP CISL, and FPL UIL), while a separate category organizes the public and private sector of education (FLC CGIL, CISL Scuola, UIL Scuola). This internal organization collides with a marked rigidity when workers from other sectors begin to be employed in activities that traditionally fell within the public sector. This is the case of contractualised and outsourced services, within which a segmented workforce is employed, provided by employers of different nature - public, private for-profit and not-for-profit, cooperative enterprises - whose working conditions are regulated by sectoral collective agreements signed in different economic sectors (Dorigatti, Mori and Neri, 2018; 2020; Mori, 2020).

Hence, rooting traditionally on the public sector, they have long centred their organizational strategies and resources on the public personnel, demanding the improvement of their terms and conditions of employment during the renewals of the NCAs; the safeguard of their public jobs in case of outsourcing of services where public personnel is employed and, eventually, its internal mobility as a strategy to prevent the functional secondment to the private provider.

For us [unions] *this of the expansion of the services' offer is a great challenge, it is an important challenge because, now I say it with a joke: we are much better at defending, in the sense that when the existence of a public structure is questioned, we can field all possible and imaginable energies to defend the structure, to defend the occupation, to defend the public function of those structures. We must become better 'in attack', in the sense that the challenge of the next few years must be, in this sector, in particular, to gain more public space, to broaden the public offer rather than the private one, which is also the way to better reconcile interests that apparently may seem different: the interests of the workers and the interests of the citizens; however, for us, especially for our confederal culture, in the logic of a trade union that does not merely look at particular*

interests but looks at general interests, it is essential to do a serious battle to expand the offer of these services (Interview 4).

Hence, such a union organizational approach in these services has long underestimated the disruptive effects that the contracting to the private sector was generating for working conditions and employment relations. The union defense of the public personnel jobs and rights was then flanked by campaigns to oppose or, when already in place, to limit the resort to contracting out practices for the provision of care services. Alongside, against the fragmented and complex backdrop of actors above presented, the trade unions concentrated their organizational efforts on the attempt to uniform public and private sector NCAs, implying an overall upgrading of private sector terms and conditions of employment towards the public sector standards:

we [the unions] *have attempted to bring the contracts of the private sector closer to the public ones. Of course, the gap that was there could not be eliminated in a unique contract renewal round… Unfortunately, these are slow processes, which require time, investments, which, moreover, would also finally require a different investment by the public as a whole in this sector* (Interview 4).

over the years we have attempted to gradually try, slowly, slowly, slowly to bring working conditions and income conditions closer, because our theory was 'equal conditions, equal work'… This process, thanks to what happened with the linear cuts, has slowed down; then if we look at the percentages of salary increase that we guaranteed with the 2017-2019 contracts in the private social sector compared to the public, the public last time renewed with an average percentage increase of 3.48%, social cooperatives we renewed a 5.95%, but this was not enough to fill the initial gap existing between the two sectors (Interview 5).

This strategic action, however, collides not only with the opposition of the employers but with a fragmented counterpart opposing the 'unique contract' stance in several different negotiation tables:

CGIL, CISL, and UIL are the most representative trade unions in the sector, while from the point of view of the counterparties we have an important fragmentation of their employer representation, we say that it prevents us from carrying out operations that we have tried to do to raise the level of rights, that is to unify contracts (Interview 6).

On this point, in particular, the FP CGIL has launched a national campaign called 'A new deal for health' where they aim to:

reconstruct the supply chain of the right to social and health services and even it is not written, it also applies to educational services. Rebuilding the supply chain means, on the one hand, that for the same job there must be the same salary levels, so no more contractual dumping, no more than a myriad of contracts to pay for the same service, the same professionalism, but rebuilding a contractual chain, a little as it also happens in industrial sectors. In short, it means guaranteeing quality within all phases of people's lives from zero to one hundred years. Then to rebuild the quality of this supply chain, both from the point of view of the people who work there and from the point of view of users. And the guarantor of this chain can only be the State; but not for a simplistic, statist view, but precisely because it is written in the Constitution (Interview 6).

In this vein, the public sector might play a crucial benchmarking role, setting the standards for the private sector not only in terms of jobs and working conditions but also, from a wider and encompassing perspective and strategy, for the quality of services provided to the citizenship:

beyond the ideal political convictions, I make this reasoning also quite pragmatic: the quality of the services rises if the public is more present if there is a majority of public provision that guarantees high-quality levels and then on that is determined also the quality of the private system. If the private is left alone and, above all, if the choice over the private is made for convenience, to better balance the budgets, there the risks are undoubtedly greater (Interview 4).

In this attempt to reconcile and rebuild the supply chain fragmented across the private and public sector, often, the union categories organising in the tertiary and service sector of the confederations are involved in the social-welfare services sector, representing the workers in the cooperative enterprises. This is the case in particular, due to their internal articulation, of the FISASCAT CISL and the UILTUCS. Accordingly, they are involved in the negotiating tables in the private welfare sector, together with the public sector unions: the co-presence has however created overlaps in the organizational action and triggered a principle of competition in the recruitment of new members. In the case of CGIL, instead, cooperative workers are organised by the same union category of public employees, the Public Function (FP CGIL). This raises an internal organisational dilemma since the same union signs NCAs in both the public and the cooperative sector for the care services agreeing even quite marked differentials in terms of terms and conditions of employment between the contracts. An important discussion is underway in the attempt to reconcile such differentials by aligning as much as possible the contractual arrangements established in the private sector NCAs, at least in the most applied, to the conditions ensured by the public sector contracts. Such alignment should allow upward homogenise the working conditions at the workplace level, overcoming the presence of a multi-tier workforce in the intention of the unions.

A further critical dimension concerns the fragmentation of the representation on the employees' side and the lack of representativeness criteria that has then exacerbated the competition among traditional confederal trade unions and the bulk of autonomous grassroots unions for the recruitment and the representation of workers in the welfare sector. They share the same domain of coverage in terms of membership, despite operating within a different regulatory infrastructure. If the confederal unions generally follow a more responsible approach in the negotiation of the collective agreements, signing only decent and acceptable conditions, these autonomous unions often accept to sign so-called 'pirate contracts' and poorly protective contracts as a way to legitimise their bargaining role and to accredit themselves as a social partner despite the limited share of members they can leverage on. Moreover, over the last years, in certain care activities requiring specific professionalism, the confederal trade unions have also to confront the growing relevance of craft unions in terms of attractiveness and membership, especially in the health-related services (i.e. for nurses):

in recent years the craft unions have grown exponentially, that is, we are witnessing a re-corporatization of the world of work in particular on that very significant piece of care work (Interview 5).

The opening of the functional boundaries of the care services to market dynamics – through contracting out practices towards the private sector – has also exacerbated the nature of the employment relations in the sector. In the public sector, the high degree of juridification in defining the procedural rules for collective bargaining and the role that social partners can play in this arena has long ensured smooth and collaborative relationships between trade unions and public employers (and their national association

ARAN). Conversely, in the private sector, the relationships with the counterparts are more hostile and less regular, complicating the negotiating role for the trade unions, as reported by a union official:
the discussion is less frequent, then it is also true that in the private sector it may even reach more heated levels of conflict, because then you accumulate, accumulate, and then reach the point where you are no longer able to govern the dialectic. In the public, for heaven's sake, we also reach high levels of conflict, but let's say, in my opinion, conflict is very weakened by a more solid system of relationships. Then, when there is a need, that is also done, but also strike rates tend to be more objectively lower. (Interview 4)
The confrontational and intermittent negotiations between the trade unions and the private sector employers' associations revolve around two main fields of discussions where their stances are generally irreconcilable. Beyond the more obvious disputes regarding the financial allocation of resources in the NCAs, a harsh discussion is ongoing relating to the scope of application of the NCAs. While the employers' associations are pushing to expand as much as possible the fields of application of their own collective agreements, at the opposite side the unions struggle to limit the scope to the functionally pertinent segments of work and sectors to prevent the risk of a downward homogenization in terms and conditions of employment.
The nastiest discussion we have had in all these years, beyond the economic issues, which are very significant, but the nastiest discussions have been precisely on the scope, because of course they aim to do something that we say: 'they would like to be all the multiservice of the social', with social cooperatives that have a greater propensity to expand even outside the social realm. […] To give you an idea, it took us a little less than two years to renew the last contract for social cooperation, of which little less than two years we spent a whole year on the field of application; it took us a year and eight months of meetings to find a mediation that would allow us to continue the discussion. A very strong attention is concentrated on that, very strong pressure on their part and also on our part on the contrary, because for example we, at least we as the CGIL public function have fiercely opposed each other hoping to be able to keep the high standards (Interview 5).

4.2. The employers' dilemmas and challenges

While on the union side the key action pursued in this field responds to the willingness to uniform the NCAs in the care sector, on the employers' side an opposite dynamic has been emphasised. These dynamics point primarily towards the retention of the status quo, where a multiplicity of diverse NCAs are signed and applied to reflect the different stances put forwards by each employers' association.
At each contracts renewal round, in the trade union platform, they put forward the proposal of the unique sectorial contract. However, at least until the pandemic, I did not see any employers' maturity in wanting a single sector contract. At least in formal terms, because if we then read the individual contracts and put them to a closer examination, we find many similarities, many identities, even on the side of the cooperatives, so in short, there is a substantial identity, but the institutional part is important. Until the pandemic, there was no such sensitivity. I will tell you that it is a difficult path because it is clear that if you enter a path of single sector contract, the trade unions will aim for the most favourable one, while the employers will probably aim for the one that is in the least favourable, therefore homogenizing contracts is not a trivial matter (Interview 7).

Moreover, a second path some employers' associations wish for regards the decentralisation of the collective negotiations, hence further fragmenting the working conditions. The spokesperson of UNEBA, for instance, reported that:

we stay as close as possible to the second level and open a window to the future. In my opinion, an important question that makes the veins in the wrists tremble to unions for the future is if and to what extent the national collective agreement is still a contract that must exist, and to what extent... This is an extremely delicate and important issue, which among other things will be one of the theses that we will address in our congress (Interview 7).

A further organizational dilemma that employers' associations face in these services relates to the nature and the approach of the union counterpart. As anticipated, the public sector union federations (FP CGIL, FP CISL, and FPL UIL) are primarily involved in the negotiations with both the public employers' association ARAN and all the private sector associations. If in the former case, they follow the same logic of action within the common public framework, in the latter case they confront moving from very diverse postures and according to opposing logic of actions. Unlike the private sector employers' associations, ARAN does not pursue profit maximization as the ultimate goal. Accordingly, the public sector union negotiate taking into account this approach, which nevertheless turned out to be inapplicable in the private sector.

*At the national level for public bodies, there is ARAN that negotiates with the trade unions, with a slight difference: the ARAN negotiates when and if, that is when to pay, but whether to pay and how much to pay has already been decided, so the problem is quite relative. When, on the other hand, you go to private companies, you have to decide whether to provide, how much to deliver, when to deliver, it's whole other stuff, it's a whole other world in short (*Interview 7).

This is especially relevant in the case of cooperatives that vociferously report this dilemma:

generally, they are all public sector unions which we contract and this for us is a serious gap, because in the meantime the approach is just from the public, in the sense of renewing the public contract the same way but we are private, we are not public, so when you say: 'no here the worker, etcetera, 10%, 12%, no, listen but it is not that we decide,'…and then above all there is still this Fordist approach precisely between capital, the company and the worker, but in a cooperative is not like that, that is, we are not even able to make it clear that the interests of the cooperative are the interests of the co-operators (Interview 8).

On the employers' side, likewise on the union side, the multiplication of business associations representing companies has triggered a growing competition in terms of membership. This is particularly true in the world of cooperative enterprises, where several different employers' organisations are active in the same business segment. Such a fragmentation, however, might turn to be detrimental for the employers when common transversal interests have to be pursued, beyond association-specific policy agendas. In these circumstances, a call for a unique lobbying front is underlined:

this good 'neighbourly' relationship made you stronger when in the negotiation the single organization looked at the contracts of the others, so as you proceeded with the negotiations, if there was an important issue you felt a little earlier, listen to the shots - I'll give you an example, how are you doing? Look I'm carrying on this, I'm standing still on that, go on you, and so on... But overall there was no coordination, a commission that brought together the various heads of delegation. I believe

that in the future this will have to be revised; at least once again to get together on things of a common nature, also because I believe that diversifying the associations is not positive (Interview 7).

Going even further, on specific issues a common front also with the unions is envisaged, in particular, to lobby with the political actor:

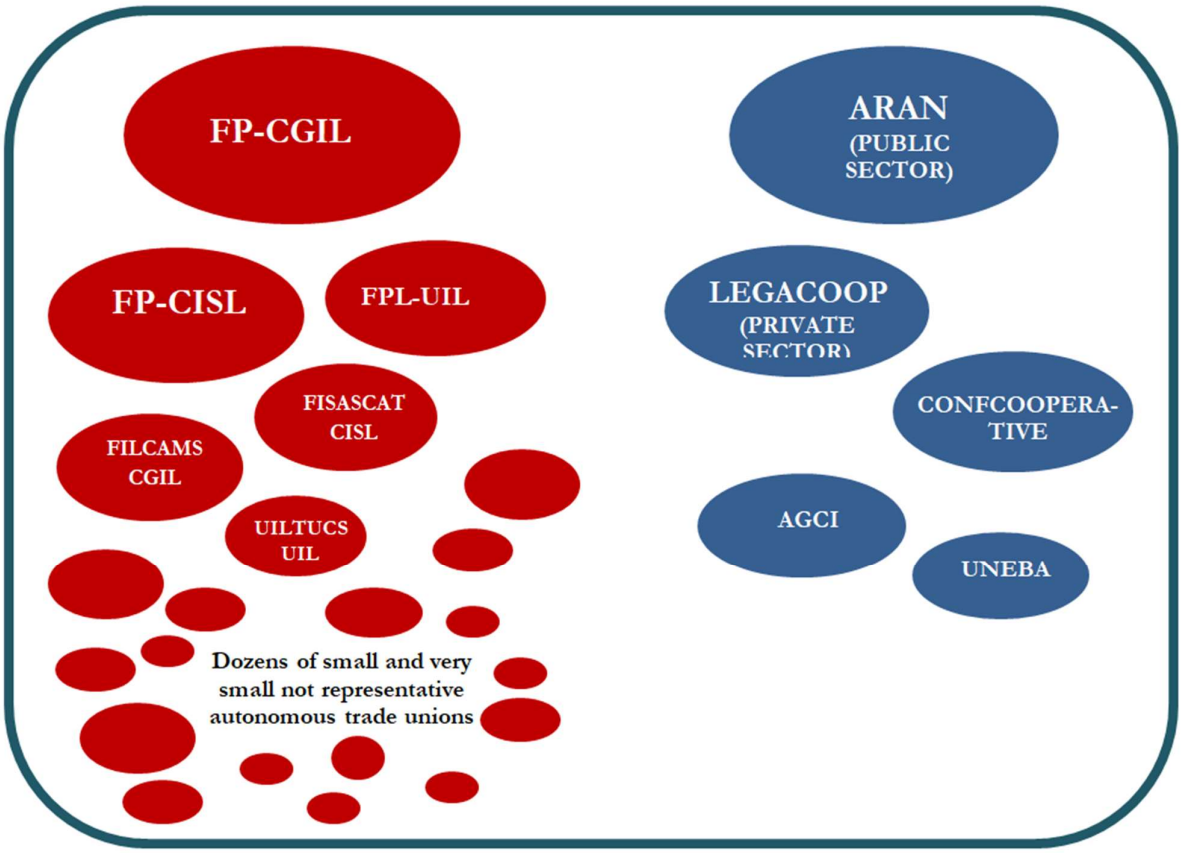
another important moment that, in my opinion, is the future of the relations with the trade union, is the constitution of what I used to call as lobby front, but lobbies understood in the Anglo-Saxon sense, that is, together we and the trade unions must put pressure where the fate of our guests is decided, hence in the Region, etc., to be able to get support, aid and even regulation as it should, together, and here another theme arises, here especially in the area of the elderly, that of relating with the pensioners' unions (Interview 7).

In addition to such dynamic of fragmentation in the employers' representation, a further challenge emerging is connected to the non-affiliation of several business realities to any business association. In fact, unlike in the public sector, the principle of obligation does not apply to companies either in joining a business association or in being represented at the negotiating tables. Hence, the emergence of large multinationals into the realm of services providers has triggered a further segmentation in the collective representation on the employer side, since these large groups often opted not to join any representative association. Furthermore, not rarely, they also made this choice as a way to affranchise the companies belonging to their group from the application of the NCA signed by the employers' association of reference, opting for signing their own separate collective agreement.

In other cases, a widespread practice among the numerous so-called spurious or bogus cooperative enterprises operating in social and socio-health services, the entrepreneurial choice is to avoid joining any representative association with the main purpose of circumventing the obligation to apply the NCA agreed by the employers' association of belonging. Conversely, by remaining not affiliated, they can opt for applying the NCA deemed as most advantageous for the employers among the various collective agreements signed in the sector. Moreover, in this way, the cooperatives have also some leeway to circumvent the controls on the standards of services and the technical and material conditions that the representative associations periodically carry out among their affiliates.

4.3. Visual map of the actors and relationships among them

The graph shows the actors of the employment relations field in the care sectors in Italy: the main trade unions in red and the employers' associations in blue, represented according to their quantitative relevance.



The relationships between public sector trade unions and the public employers are consolidated and have long remained rather peaceful, above all until 2009. The availability of public finances has long enabled timely renew the collective agreements and to agree upon satisfying terms and conditions of employment for both parties. The picture changed in 2009 for a twofold reason. On the one hand, the austerity measures froze the possibility to renew the contracts, while on the other the 2009 Brunetta Reform (law no. 15/2009; decree no. 150/2009) of the employment relations in the public administration has altered the equilibrium between the social partners. This legislation shrank the scope and the role of collective bargaining, constraining negotiation in highly prescriptive rules. It strengthened employers and managerial discretion to unilaterally decide on a number of matters previously subject to collective bargaining - especially concerning the organisation of work and HRM issues - while at the same time it cut down financial resources and limited the degree of autonomy for decentralized level integrative

agreements. Moreover, the Brunetta reform challenged unions' prerogatives in the sector and downplayed the role of workplace representative bodies leaving them only the right of information on issues regarding the organisation of work and HRM matters, deleting the possibility to open negotiations. Following the Brunetta reform, the public authorities growingly marginalised the role of the trade unions. A telling example is the regulatory framework concerning the right of consultation and information during restructuring processes. Before 2009, the consultation with the trade unions was compulsory in case of outsourcing of public services involving public personnel (so, especially for the social services which notably are labour-intensive). Accordingly, as praxis, when the municipalities decided to undergo a process of contracting out, they used to pre-emptively inform the trade unions, and then convene them by opening a consultation and negotiation table. When the Brunetta reform shifted the organisation of work, including the restructuring practices, from the union right of consultation to a mere right of information, the municipalities increasingly avoided convening the unions. The relationships between public employers and unions became more adversarial and less regular.

The nature of the relationship is rather different in the private sector. The voluntarism underlying the collective bargaining has often led to years of stalemate and blockages in the renewal of the collective agreements. All in all, the relationships between trade unions and employer associations are rather adversarial. They quite regularly meet at the negotiation table where the climate is confrontational. In particular, the employer associations lament the fact that they have to bargain with public sector unions. As emerged during the interviews, the three main confederations of the social cooperatives pointed out that the expectations and attempts of the public sector unions to align the collective agreement in the private sector with the corresponding ones in the same industry of the public sector are not viable. The two sectors follow diverse financial and organisational dynamics which cannot be homogenised.

Decentralised collective bargaining is quite rare in the private sector for the same reasons. At the company level, negotiations are not always viable, given the small orminuscule dimension of the organisations and the lack of union representatives. The second level bargain more often occurs at territorial level, regional or province level, to respond to specific requests arising from the organisations eradicated on the territory. However, also this level of negotiation is not very widespread.

5. Conclusions

The field of working conditions and employment relations in the care services in Italy, and in particular of ECEC and LTC services, reflects some of the trajectories that can be observed more generally in the public services. Nevertheless, such dynamics are further emphasized by the peculiar nature of these services, which are not only labour-intensive, but also involve a long-term relationship with fragile groups of users/citizens. Moreover, these segments of services have been put under severe financial strain over the last decades, triggering a widespread resort to market-type forms of provision to complement and/or to replace the public supply, in particular via outsourcing and accreditation practices. Opening up the functional and regulatory boundaries of the public ECEC and LTC services to the private provision has

profoundly altered the framework of labour regulation in these services, the working conditions for the personnel involved, as well as the relationships between the social partners.

All in all, one of the main challenges these services display for labour and employment relations is related to the public/private sector divide. This, in fact, has led to a fragmentation and to a deterioration of the working conditions applied by private providers compared to those ensured by the public employers due to the different regulatory framework regulating collective bargaining in the two sectors (highly juridified and regulated in the public sector; left to the volunteerism of the parties in the private sector). Such different institutional background has led to a multiplication not only of NCAs signed and applied in the private care sector but, relatedly, also of actors involved in collective bargaining on both the union and the employer side, which often do not comply with any representativeness criteria.

The lack of clear and enforceable standards to certify the representativeness of the social partners entitled to negotiate applicable NCAs in the private care sector (as in the whole private sector more generally) embodies a core challenge without the Italian labour market. In its absence, the trade unions are trying to recompose the supply chain of the care sector at a more ideational level by promoting the adoption of a 'single sector contract', while at a more mundane level they are operatively negotiating to upgrade and uniform private sector terms and conditions of employment as set in NCAs to those agreed upon in the public sector NCAs. At the opposite side of the negotiating tables, the employers' associations instead push for preserving the status quo – multiple NCAs, where each employers' association can negotiate its conditions – that enables them to keep under control the labour costs.

Overview of interviews for WP1 and WP2

Interview code	Organisation	Role	EO/TU/other	Sector(s)	Date
1	ARAN	Past president	Employers' association	ECEC and LTC	11.11.2021
2	FP CGIL – Emilia Romagna (regional level)	Responsible for social services in the regional secretary	Trade union	ECEC and LTC	18.10.2021
3	FP CGIL – Toscana (regional level)	Responsible for social services in the regional secretary	Trade union	ECEC and LTC	25.10.2021
4	FP CGIL – national level	Responsible for collective bargaining	Trade union	ECEC	19.07.2021
5	FP CGIL – national level	Responsible for the healthcare sector	Trade union	LTC	03.06.2021
6	ANINSEI	President	Employers' association	ECEC	27.06.2021
7	FP CGIL – national level	Member of the national secretary	Trade union	LTC	10.06.2021
8	UNEBA	Member of the national board	Employers' association	ECEC and LTC	10.06.2021
9	Confcooperative - Federsolidarietà	President	Employers' association	ECEC and LTC	01.06.2021
10	FLC CGIL – national level	Member of the national secretary	Trade union	ECEC	20.06.2021
11	University of Ferrara	Professor of Labour Law (expert)	Other	ECEC and LTC	01.06.2021
12	FLC CGIL – national level	Member of the national secretary	Trade union	ECEC	15.06.2021
13	Independent expert	Expert on LTC	Other	LTC	30.07.2021
14	FISM	Member of the national board	Employers' association	ECEC	29.10.2021
15	Gruppo Nazionale Nidi e Infanzia	Member of the national board	Professional association	ECEC	22.06.2021
16	ANCI	Member of the national board	Other	ECEC	22.06.2021
17	University of Turin	Professor of Sociology (expert)	Other	LTC	30.09.2021
18	Fondazione Don Gnocchi	Member of the national board	Employers' association	LTC	25.10.2021
19	AIOP	Member of the national board	Employers' association	LTC	19.11.2021
20	Cooperativa sociale solidarietà	President	Other (employer)	LTC	28.10.2021
21	Ordine delle professioni sanitarie TSRM	Member of the national board	Other	LTC	16.12.2021
22	Ministry of South	Head of the Cabinet of the Minister	Other (national government)	ECEC	27.12.2021

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WP3 – THE CASE STUDIES ANALYSIS: ITALY

Lisa Dorigatti, Anna Mori, Stefano Neri

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1. Introduction

In Italy, one of the main challenges the ECEC and LTC services display for labour and employment relations is related to the public/private sector divide, as widely discussed in the WP2. Such a dualistic regulatory framework along the sectorial cleavage, in fact, has led to the fragmentation and deterioration of the working conditions applied to personnel employed in these two segments of services and, in particular, applied by private providers in outsourced and accredited services compared to those ensured by the public employers providing the services in-house. In fact, as presented in the WP2, the different framework regulating collective bargaining in the two sectors has led to a multiplication not only of NCAs signed and applied in the private social-care sector but, relatedly, also of actors involved in collective bargaining on both the union and the employer side, which often do not comply with any representativeness criteria. The lack of clear and enforceable standards to certify the representativeness of the social partners entitled non representative trade unions to negotiate applicable NCAs in the private care sector (as in the whole private sector more generally): this dimension embodies a core challenge within the Italian labour market and especially the system of employment relations. In its absence, the trade unions are trying to recompose the supply chain of the socio-care sector by promoting innovative and experimental practices to raise labour standards in the ECEC and LTC services and to ensure decent working conditions.

Moving from these empirical and analytical premises, the report presents the main results of the analysis of relevant case studies within the Italian arena of ECEC and LTC services. Specifically, the selected 5 cases (2 in the ECEC sector and 3 in the LTC one) represent *innovative experiences and practices* adopted to improve terms and conditions of employment in this segment of services. Our case studies overall *respond to different functional and organisational logics* in the attempt to raise labour standards, hence embodying *different kinds of experimentations put in place by the social partners* and, in particular, by the trade unions. As the remainder of the report will elucidate in detail, the social partners acted not only within the traditional arena for negotiations (i.e. collective bargaining tables) but, importantly, they exploited the potentialities offered by further arena of confront such as public procurement processes and bi-trilateral consultation tables set up by local governments (in our cases especially at the regional level).

All in all, the cases correspond to different solutions implemented to tackle the quadrilemma in Italy, and especially to manage the emerging tensions between the need to ensure an adequate service provision by public authority and an acceptable service quality, within the constraints set by the limited public expenditure, and to grant workers adequate working conditions.

Hence, we selected the ***following innovative types of experimentation***:

1) The re-internalization of facilities and services previously contracted-out and managed by private providers (1 case study)
2) Advanced bargaining, procurement protocols and other rules in public procurement and accreditation systems (3 case studies).
3) Hybrid (public/private) organizational solutions (1 case study).

2. First innovative type of experimentation: the re-internalization

Case 1 - Re-internalization of a LTC residential facility in the municipality of Marradi (Tuscany)

The first local case study in the LTC sector is represented by the re-internalization of a LTC residential facility in the municipality of Marradi. Marradi is a small municipality (around 3,000 inhabitants) of a mountain area in the Tuscany region, close to the border with Emilia Romagna region. In the municipality, a LTC residential facility (Villa Ersilia) which employs 22 workers and can host and provide care for 30 old people. The property of the building hosting the facility is public, but until August 2021 it was managed by a local social cooperative through an outsourcing contract.

In the summer 2021, the president of the social cooperative which privately managed the LTC residential facility of Marradi contracted out by the Local Health Authority (*Azienda USL Toscana Centro*) started lamenting the lack of adequate funding to carry out the service and to ensure its economic viability for the cooperative. In particular, the cooperative complained for the inadequacy of the tariffs recognized by the Local Health Authority which are frozen, as in the rest of the region, to the levels set more than 10 years before. Moreover, the new system of payment foreseen by the Tuscany region and administered by the regional purchasing agency Estar, which remunerates private service providers only for the services actually supplied, was considered as highly problematic, since it did not recognize any financial contribution for "empty" beds (when they are not used), independently from the costs service providers incur for ensuring them. *De facto*, the new system transfers the burden of financial risks and organizational uncertainties (such as the sudden reduction of revenues due to, for example, a reduction in the number of hosts of residential facilities) from public administrations to service providers. In this sense, this provision acts as a "insecurity and risks transfer chain", typical of externalizations within inter-organisational settings as indicated by Frade and Darmon (2005).

As a consequence of a funding level considered insufficient by the contractor, the provider announced its intention to stop carrying out the service at the termination of the contract, in August 2021. After failed attempts to find a solution and to convince the social cooperative to continue providing the service until the end of the year, the Local Health Authority *Azienda USL Toscana Centro* started considering the possibility to internalize the management of the LTC facility.

The solution found (also through negotiations with the trade unions which immediately supported the project of re-internalization) was to move the responsibility for the management of the facility back in-house (i.e. under the direct control of the public Local Health Authority) and to transfer the personnel employed at the time to the temporary employment agency providing agency workers to the Tuscany Region[3].

[3] A direct hiring by the Local Health Authority would have been impossible without a dedicated public competitive exam, whose timing would have not been in line with the need to ensure the continuity of the service in the short term.

The internalization had significant implications for working conditions, among which the most relevant was the change in the national collective agreement applied to the personnel employed in the LTC facility. As common in many social services provided by private organisations, workers were applied the national collective agreement of social cooperatives which, as discussed in WP2, grants much less advantageous conditions to workers − in particular for what concerns wages, weekly working time, and the number of days of yearly holiday− compared to the public sector national collective agreement. Through the internalization of the management of the LTC residential facility and the hiring of workers via a temporary employment agency[4], workers have started been applied the public national collective agreement of local governments. Hence, the most immediate consequence of the re-internalization of the service for the employed workers was that their wages grew substantially: according to an interviewed employee representative the raise amounted to around €250 per month on average. Moreover, during the process of transfer of personnel to the temporary employment agency, trade unions revised workers' past employment conditions identifying several issues, particularly with regards to wrong job grading. Several workers were, in fact, remunerated according to a lower job grading compared to what foreseen by both the sectorial national collective agreement and by the accreditation framework of rules for residential facilities set by the Tuscany Region. As we will see also in the next case study, this is a rather common practice among private service providers, which often rely on these "grey" practices also to partially compensate for the lack of adequate funding by public institutions.

Hence, the process of transition to the temporary employment agency also allowed to solve these anomalies, with a further significant improvement of workers' remuneration.

At the time of writing (October 2022), the LTC residential facility is still under direct management of the Local Health Authority and the personnel is still employed by the temporary employment agency. No plans are currently foreseen to return to the previous situation, i.e. to contract-out the management of the service.

General implications of the case study

This case study has general implications for the quadrilemma examined by the Sowell project, and, in particular, for tension existing between the need to ensure service provision, to limit public expenditure, and to grant workers adequate working conditions. As we have seen in WP2, this tension is often resolved by contracting out the management of these services to private providers, usually at the expense of working conditions. However, in the case of the LTC residential facility in Marradi the tension produced an unexpected consequence, i.e. the refusal of the private service provider to continue carrying out the service due to perceived insufficient funding it was granted, and drove to an unexpected result, i.e. the choice by the local public administration (the Local Health Authority *Azienda USL Toscana Centro*) to re-internalize the service. Albeit quite unique in its final solution – to the best of our knowledge, there are

[4] In fact, the regulation of agency work in Italy foresees the principle of "equal treatment", i.e. the fact that employees of temporary employment agencies are to be granted the same employment and remuneration conditions applied to workers employed by the using company/institution.

no other similar cases at the regional and probably also at the national level, although the issue of re-internalizing LTC residential services was discussed, and partially practiced, in Tuscany during the Covid-19 pandemic, as we will see further on – this case points to two more general issues relevant for the whole Tuscan (and probably Italian) governance system of LTC services.

The first issue is related to the perception of scarce funding for the provision of LTC services by private service providers. This is, in fact, not limited to the case of the residential facility in Marradi, but was raised by interviewed officials of employer organisations representing private service providers and recognized as relevant also by interviewed trade unionists. As already highlighted, the tariffs for the management of LTC residential facilities have not been renewed since 12 years by the Tuscany region and therefore are frozen to 2010 levels. This fact, together with the rising costs service providers have incurred in the meantime (among which the renewal of national collective agreements with the corresponding increases in labour costs, inflation, most recently rising energy prices) poses significant problems to service providers. As argued by an interviewee official of an employer organization representing cooperatives,

we are talking about a system that from the point of view of resources was heavily in difficulty even before the pandemic, so much so that we have tried to start a discussion, we started a path with the Tuscany Region, together with private managers, around 2016, a path that lasted three years and that did not lead to much, which should have revised everything, let's say, but substantially also the tariffs (Employer organization of social cooperatives, Tuscany, Interview 7).

This question also reverberates on classical industrial relations issues such as the negotiation of collective agreements. As confirmed by both interviewed trade unionists and officials of employer organisations, for example, the negotiations of the Tuscan territorial collective agreement have stalled because of the limited spending capacity lamented by private providers due to the scarce economic rewards for their activities granted by public institutions.

the negotiations have been interrupted (...) and the companies and their organisations have publicly declared that they are absolutely available to negotiate, but they are not in the position of doing this it because they do not have the money, the resources that would allow them to face the costs of the new territorial collective agreement (Trade unionist, Tuscany, Interview 4).

our problem is essentially the third subject that does not sit at the table, which is the public administration, because if the public keeps me the rates blocked for twelve years (…) it is obvious that on our side wages must be kept low and therefore bargaining is not possible. Even if there would be a great need to increase workers' wages because the figures are no longer found, we have a problem of shortage, and in this pandemic we have seen it clearly (Employer organization of social cooperatives, Tuscany, Interview 7).

Secondly, the Marradi experiment raises issues as to the capacity of contracting public administrations to retain control of contracted out services and their management. What emerged as particularly interesting in the analysed case was that public officials had no benchmarks onto which to evaluate the economic requests of the private provider, as they could not quantify in detail the costs private providers do incur in providing services. According to an interviewed workplace employee representative of the Local Health Authority (*Azienda USL Toscana Centro*), public managers were not able to quantify whether in-

house provision would have been more or less costly than the tariffs paid to private service providers to perform the services. Hence, the Marradi experiment is considered pivotal by public managers also for the possibility it is granting to actually collect data on the costs associated to direct, in-house service provision. The difficulty of public administrations in retaining knowledge (and therefore control) on outsourced services is a common theme in the outsourcing literature and gets particularly strong in those cases, as the residential services in Italy, where public provision lacks or is extremely reduced. As we have seen in WP1, in fact, residential LTC services are almost entirely provided by private organisations, despite their funding being still largely public. In such a situation it is very difficult for public organisations to retain the competences necessary to evaluate provision (and its costs) and, therefore, to control private providers. According to our interviewees, therefore, the Marradi case might become an instrument of reflection upon the whole governance of the LTC system, empirically examining the (often only assumed) more cost-effectiveness of private providers. Several interviewees, in fact, actually even suggested that direct provision might even be more cost-effective that indirect one. Asked about the evaluation of the Local Health Authority on the economic impact of the insourcing decision, a trade unionist argued:

In the cost previsions, the local health agency told us "look, maybe in the end it costs us less than contracting out", because the labour costs, the minimum wages there are lower, but in any case there are the profits of the providers, there are management costs, there are the administrative expenses of having to draft a contract and to manage it (Trade unionist, Tuscany, Interview 3).

Moreover, according to the interviewed trade unionists, the cost-effectiveness of the insourced solution needs to be evaluated and balanced not only on the base of the cost of the services, but also on the capacity of different organizational solutions to grant better working conditions, also in light of the difficulties in recruiting personnel for private providers, difficulties that, as we have seen in WP1, are inextricably connected to the conditions of employment in these organisations.

As a last observation, it is important to consider that this case took place in a particular historical moment, after the necessity by public institutions to intervene on the management of LTC residential facilities during the Covid-19 pandemic as a consequence of inefficiencies by private providers, as reported by several interviewees.

3. Second innovative type of experimentation: advanced bargaining, procurement protocols and other rules in public procurement and accreditation systems

Those examined are cases in which industrial relations actors try to influence working conditions for LTC and ECEC workers employed by private providers in outsourced/contracted out/accredited services by acting on the criteria of public procurement and accreditation system. Contractual relationships between public administrations (funders of the services) and private providers are, in fact, key in the overall governance of both sectors, as many of these services are managed by private providers, but funded and governed by public authorities. The contractual relationships between the two have a fundamental impact on working condition, as highlighted also with regards to other sectors by the international literature (Rubery et al. 2013, Cunningham et al. 2016). Therefore, intervening on the criteria and the conditions

set in the contractual relationships between public administrations and private providers has become an increasingly common practice by trade unions, making public procurement a more and more relevant arena of industrial relations. Those reported below are cases in which different aspects of working conditions of ECEC and LTC workers were improved through such negotiations. In all these cases, such negotiations were made possible by the existence of two alternative institutional pre-conditions.

On the one hand *the existence of "framework agreements"* on public procurement negotiated by the territorial confederal trade unions and public administrations at the territorial level enabled the social partners to intervene ex-ante in the definition of the labour and technical standards set in tenders. These "framework agreements" – often named "*Protocolli appalti*" – define specific substantial and procedural conditions that local administration need to observe when procuring goods and services from private providers. Substantial conditions usually refer to clauses related to the selection of the sectorial national collective agreements that can be applied by private providers (i.e. the obligation to apply national collective agreements signed by "most representative" trade unions and those whose area of application is most in line with the activities carried out by the service provider – a particularly relevant provision in a sector that, as we have seen in WP2, is characterised by a significant fragmentation of industrial relations actors and in a country with collective agreements whose area of applicability overlaps, often producing contractual social dumping, Razzolini 2021); so-called social clauses (i.e. re-hiring obligations of incumbent personnel at the same conditions of employment in case of change of the contractor due to a new tender); the commitment to ensure public tenders of a congruous length (usually around three years), so as to guarantee workers higher employment security; the possibility to grant additional points in the evaluation of the technical offer in case participants to tenders offer more favourable conditions (explicitly mentioned are more advantageous norms on dismissal protection – art. 18 law 300/1970 – compared to the current statutory regulation). Procedural conditions refer to the commitment by public administrations to periodically convene trade unions to discuss the yearly program of public procurement and to evaluate and monitor the status of publicly procured services. Moreover, the protocols define the commitment by public authorities to meet in advance the trade unions before the setting up of each new tender in order to agree with them on the content and the specification of the call for tenders. Hence, these framework agreements set up a sort of "permanent negotiating table" which enables trade unions to have a say on the procurement activities of public administrations and, thereby, exert influence on those elements of public tenders which have an impact on the working conditions of the staff employed by private providers through procurement agreements.

On the other hand, the existence of established collaborative triangular relationships between trade unions, employer associations and the local government and public administration at the territorial level, especially at the regional one. As explained in the WP1 the definition of the regulatory set up for the organisation and provision of the ECEC and LTC services is a responsibility attributed to the regional level of decentralized government. Inclusive and collaborative relationship allow the social partners to play an active role in the design of the parameters applied by the region to identify and certify the private providers entitled to provide the socio-care services on behalf of the public authority via the accreditation

procedure (it will be explained in detail in the case study dedicated). The accreditation is the procedure through which a local public administration formally recognizes an organization (public or private) the possibility to supply socio-care services financed with public resources by verifying their compliance with clear criteria in terms of labour standards applied to the personnel, services standards offered to users, a s well as organizational and operational standards. By intervening in advance in the definition of the labour standards the trade unions have the possibility to safeguard and improve working conditions applied to personnel in this specific segment of accredited services.

All in all, the cases that we will describe below are inserted in a multi-level framework composed by different bargaining arena and different institutional realms which define enabling resources for sectoral trade unions to negotiate on specific issues connected to the LTC and ECEC services.

Case 2 - Job grading for workers employed in domiciliary LTC services (Province of Florence)

Within this type of experimentations, a first case mentioned by our interviewees was that of workers providing domiciliary LTC services in the socio-health district of the North-Western area of the Florence Province. The key issue in this experimentation was connected with the wrong job grading (and therefore the lower remuneration) granted to these workers by the social cooperatives which were employing them and which were providing those services as contractors for the public Local Health Authority. In fact, these workers were assigned a job grading at the C1 level of the social cooperatives collective agreement. Among several other figures, this job grading is foreseen for workers providing generic domiciliary care activities (such as personal hygiene, meal provision, support in the cleaning of the house, support for the autonomy of elder people, other generic support activities) and who have the qualification of OSA (Social Assistance Operator). However, a part of the activities carried out by these workers was of a socio-health nature (such as the collaboration with the health personnel in administering therapies, performing clutches and massages to prevent bedsores, help in the active and passive mobilization of bedridden people, and other health related activities), and are usually performed by more trained workers, in possess of the OSS qualification (i.e. the qualification of Social Healthcare Operators). According to the sectoral collective agreement, workers in possess of the OSS qualification and which actually perform those types of activities need to be graded at a higher level (C2) compared to OSA, and need to be recognised the corresponding (higher) remuneration.

In the specific case under consideration, however, such a higher grading was de facto impeded by the level at which the services provided by the two social cooperatives were remunerated by the local public administration. In fact, the tender according to which the services were contracted out by the local socio-health district computed the hourly tariff for LTC domiciliary services on the base of the lower job grading (C1), thus making it impossible for the private providers to grant their workers an adequate grading without incurring in economic losses.

It is important to notice that the two job gradings are associated with different wage levels, respectively €1,425 for the C1 job grading and €1,467 for the C2 one. The issue of job grading is, therefore, of utmost

significance for workers, as being graded at a lower level implies a lower remuneration and a wage loss for workers, in a sector that, as we have seen in WP1, is characterised by already relatively low wage levels.

This situation was amended through the involvement of trade unions into the drafting of the new tender (and the specification entailed therein in terms of service requirement and qualification of the personnel to be hired) for the new contractual term 2021-2024. In February 2021, the socio-health district published a new tender, which, differently from the previous one which only foresaw one type of service, parametrized, as we have seen, on the job grading and the labour cost of OSA (i.e. of the workers providing social assistance), foresaw a differentiation of the economic recognition of the provided services between services requiring only social-assistance support and those requiring social-sanitary activities. The differentiation of the economic reward for the two types of activities had the goal to allowed the private providers which would have won the bid to grant the workers employed in the latter activities the adequate job grading. After the assignment of the contract, the trade unions signed an agreement with the two companies which were awarded the tender that formally recognised to workers performing health-related activities the C2 job grading and the corresponding remuneration.

According to the interviewed trade unionists which dealt with the case, the capacity to grant these workers the job grading (and therefore the wage level) they were entitle to depended heavily on the negotiation with the public administration. Reaching this result through the sole bargaining with the workers' direct employer – the two social cooperatives providing contracted out services for the socio-health district – would have been much more difficult, as, within inter-organisational networks, the ability of contractors to manage the employment relationship of their workers is severely constrained by their commercial relationship with their clients, as highlighted by abundant literature (Marchington et al. 2005). Not the least, this is due to the constraints posed by public procurement on the budgets of private service providers. As highlighted by an interviewed trade unionist, this makes both unions and workers sometimes "hesitant" in negotiations. Talking about job grading, for example, he argued "in a beautiful discussion recently held with a group of workers someone said "but if you make an attempt like this you risk blowing up some cooperatives", because the clients, the public administration do not recognize those rates" (Trade unionist, Tuscany, Interview 2).

As argued by one of the interviewees, in fact, the triangular relationship between trade unions, local administration and private providers was key in ensuring this positive result: "we were able to grant workers a higher job grading, to make them be recognized as C2, as OSS, Social Health Operators, thanks to in-advance bargaining, with constant meetings with the local health society" (Trade unionist, Tuscany, Interview 2). Moreover, as argued by another interviewed trade unionist, the capacity to set up this triangular relationship and to directly negotiate with the public tenderer was crucially connected with the previous existence of a local agreement for procurement with the Local Health Society (*Società della Salute*, SDS), which foresaw a permanent negotiating table on public tenders. As argued by an interviewed trade unionist,

in continuation of what was defined in the territorial protocols on in-advance bargaining, we held this series of meetings (...) we had this joint table between the contracting authority, that is the local health society (SDS), trade unions and private service providers, the actual managing subjects (...) And in this in-advance bargaining we have raised this objective problem of the presence of so many health and social workers who actually take care of people who need assistance of a socio-health nature which were not adequately rewarded and economically recognized for the activities they provided. And then, after these negotiations, we arrived at the definition of a specification of the tender that provides for the economic recognition of this work in terms of different tariffs (...) and also with a significant salary supplement for them (Trade unionist, Tuscany, Interview 3).

Moreover, what was key according to the interviewed trade unionists, was the political commitment of the local administration towards better working conditions in contracted out public services. The key relevance of the political commitment was something reported also in other analyses on socially responsible public procurement (Jaehrling et al. 2018).

Case 3 - Job grading for workers employed in educational services (Municipality of Florence)

A similar case was that of the recognition of D2 level for the educators owning the "educator" professional title and involved in the provision of support services for disabled pupils (3-18 years of age) in the schools of the municipality of Florence. As common in many municipalities, these services are contracted out to private providers, in this case two social cooperatives. According to the collective agreement of social cooperatives, educators owning a professional title should be graded at the D2 level. However, as with regards to workers providing domiciliary LTC in support of the elderly, the tenders defined by public institutions often foresee an economic remuneration of these services based on a lower job grading (often at the level D1), which, implying lower labour costs, allow public administration significant savings in the costs of service procurement. As argued by an official of an employer organization "the administrations, when making the procurement procedures, consider the D1 grading (…) they give this indication because this allows them to compress the auction base, and therefore to pay less for these services" (Employer organization, Tuscany). Also with regards to educators, these different job gradings are associated with different remunerations, €1,511 and €1,594 respectively for the D1 and the D2 job gradings.

Similarly to what we have described with regards to the case of the domiciliary LTC in the health society of the North-West Florence area, the characteristics of public procurement severely constrains the capacity of private service providers to manage their workers and, in particular, to grant them the adequate job grading. As argued by the official of an employer organization "we remain with the match in the hand, in that even the public administration under-grades these figures, the trade union asks you to place them at the higher level and you have to deal with the resources available in the end" (Employer organization, Tuscany, Interview 8).

Also in this case, trade unions acted upon this triangular relationship in order to improve the employment conditions of the workers involved. Thanks to the existence of a specific protocol on public procurement with the Municipality of Florence – through which the municipality committed itself to "plan and call a

preventive meeting with the trade union organizations that are signatories of this protocol every time a call for tenders for a service contract is prepared" (Protocollo appalti Comune di Firenze) – trade unions were able to participate in the definition of the call for tender. Hence, they were in the position to influence the way in which the tender defined workers' job grading, thereby also increasing the economic resources devoted to the services.

Albeit positive in this specific case, however, the experience with the Florence protocol on public tenders was highly differentiated. For example, while in the case of educators providing support for 3-18 disable pupils in-advance negotiations allowed unions to reach the goal of granting workers the correct job grading, this was not the case with regards to other services, such as crèches, where a part of the personnel is still graded at the wrong level. According to our interviewees this is strongly dependent on the openness of public managers, which show different availability to negotiations.

Case 4. New parameters negotiated in the LTC accreditation system (region Emilia Romagna)

Background: the accreditation system for the social and care services

In Italy, over the last decades the financial and organisational relationships between the public and private sector in the field of social and care services have drastically changed. The direct involvement of new providers from the private and the third sectors, not only in the design and in the planning of social services, but importantly in the delivery of such services raised the need of a new regulatory framework defining the relations between the different actors in the arena of social services. Accordingly, the framework law no. 328/2000 called "Realization of an integrated system of social services and interventions" (*Realizzazione di un sistema integrato di interventi e sevizi sociali*) has overall reframed such relationships by institutionalising an integrated and more transparent public-private system of social services supply, hence including the LTC sector. Specifically, this legislative intervention has, for the first time, acknowledged a formal role to the private sector contractors within the area of the social services. The new social services system hence configures as a regime of "welfare mix", where the public and the private sector organisations interact and operate at the same level and with equal recognition (Ascoli and Ranci 2003) Three diverse configuration of such "welfare mix" were formally recognized: outsourcing, authorisation, and the accreditation (*accreditamento*). The procedure of institutional accreditation (the one under investigation) consists of a series of criteria, set at the regional level, that the municipalities follow to verify the capacity of private organisations to provide the services on behalf of the public authority. The criteria to comply with include labour standards to apply to the personnel, services standards offered to users, as well as organizational and operational standards. Accordingly, the municipalities acknowledge the entitlement to provide the social services to a registered list of private providers complying with the standard set in the regional accreditation framework: they then are allowed to supply their services either through contracts stipulated with the municipalities or directly to the users in the pure private market.

The Emilia Romagna accreditation system in the LTC sector

The accreditation system recently reformulated in the Emilia Romagna region was pointed out as a relevant and innovative experimentation through which the social partners tried to improved working conditions in LTC contracted services via accreditation.

In the region under investigation, all the LTC services are in fact provided through the accreditation system, replacing the previous fragmented set-up made of a multitude of outsourcing and sub-contracting contracts. The criteria and guidelines for the accreditation of socio-health and social services, in application of the related regional laws no. 2/2003 and no. 20/2005, were defined by the regional council with the resolution no. 772/2007. With the resolution no. 514/2009 (amended and integrated in subsequent years) the region set the requirements for the accreditation of home care, day care centers for the elderly and the disabled, residential homes for the elderly, socio-rehabilitation residential centers for disabled. All the organisations who manage these services, both public and private, must be accredited and registered by complying with these requirements. Furthermore, the regional government through the regional resolutions (DRG) no. 772/2007 and no. 2161/2009 established a unique regional system of tariffs used by public authorities to compensate private accredited providers. Hence, by entering the accreditation ecosystem, private providers accept such predetermined remuneration rates, based on standard reimbursements computed on the basis of the cost of management of the service (i.e. including the kind of service supplied, the number of workers employed, the amount of working time required). The remuneration system was negotiated in 2009 through a technical table where the region convened the most representative trade unions and employer organisations in the sector and formalized in the regional resolutions (DRG) no. 2161/2009. This DGR also established that to determine the cost of social and health services, the tariffs take into consideration the incidence of the overall cost of care and/or educational staff by day and by level of intensity or per hour of service, defined on the basis of the labour costs taken as a reference, including all contractual elements. All the parties involved at the table at the time agreed upon indicating the Anaste contracts signed in the private profit sector as the national sectorial collective agreement (NCA hereinafter) of reference in the regional accreditation system (Regional resolution (DRG) no. 273/2016), given that it was the private sector NCA with the higher labour standards for the personnel in social services. As reported by a trade union official of the FP CGIL: "*the basis on which the reference cost was calculated was the Anaste contract in force at theat time which was the most equitable contract from a contractual/wage point of view. We also agreed with Anaste, because this stuff comes from 2010*" (Interview 10) and confirmed by a union official of FP CISL: "*the pricing system, when it was defined, took Anaste as a parameter, because at the time it was the reference National Collective Agreement that had the highest rates*" (Interview 12). This means that the reimbursement rates were computed on the basis of the labour costs defined in this contract for all the providers. The regional resolutions (DRG) no. 2161/2009 however foreseen that:

Total cost per day or per hour of service of the assistance staff and/or educational (social and health workers, educators, unit managers, animators, coordinator structure) higher than the reference indicated in the appropriate section of Annex A, calculated on the basis of the private profit sector contract (Anaste). In case the the managing body applies a reference

contract, including the second bargaining level, which involves (such as the contract for employees of Local Authorities) an overall cost per day of care personnel higher than that indicated in Annex A, also considering the reimbursement system for illnesses/accidents by the Social Security Authority of reference, the reference cost (in the case of the average home for the elderly such as resulting from the evaluation of the case mix) and the remuneration system come consequently adjusted with a proportional increase, up to the maximum below indicated (pp. 15-16).

Since these preliminary phases of setting up of the accreditation system in the region Emilia Romagna started in 2009, 925 private facilities and organisations in 2015 permanently entered the register of accredited structures, becoming entitled to supply LTC services on behalf of local public authorities in the region. The table 1 provides a quantitative overview of the permanently accredited structure in the region by juridical status. The large majority (76%) is composed by private sector organisations (5.9% private for profit and 70.3% not for profit) while only a quarter is public.

Table 1. Number of permanently accredited structure in the region Emilia Romagna by juridical status

Juridical status	Domiciliary care	Residential centres for non-self-sufficient elderly people	Daily care centre for elderly people	Residential rehabilitation centre for disable people	Semi-residential rehabilitation centre for disable people	Total	%
Private for profit	1	43	6	4	1	55	**5.9%**
Private not for profit	89	211	125	75	150	650	**70.3%**
Public	23	88	85	9	15	220	**23.8%**
Total	**113**	**342**	**216**	**88**	**166**	**925**	**100.0%**

Within this list of accredited structures, however, we can observe a variety of NCAs applied by the contractors to the personnel employed in accredited services (the most widespread were the Social Cooperative and the Uneba ones) since the accreditation regulatory framework only set the Anaste working conditions as minimum labour standards to comply and no other obligations. Each provider is, in fact, allowed to apply any NCA signed in the sector as long as it is in line with the Anaste standards.

The new parameters negotiated in the accreditation system

If at the time of its definition in 2009-10 the overall regional infrastructure of accreditation turned to be effective in safeguarding working conditions in accredited LTC services, ten years later the picture remarkably changed. As widely discussed in the WP2, private sector NCAs in the LTC sector experienced huge obstacles during the renewal processes, following up the expire of the contract covering the triennium 2010-2012. Despite union attempts to promptly negotiate the new agreements, they encountered a strong opposition from the employer side, often leading to stalemate and lack of renewal

for years. Most of these private sector NCAs were finally renewed for the triennium 2017-2019, albeit with significant differences among the main NCAs. The Social Cooperative and the Uneba contracts negotiated with the most representative trade unions in the sector (FP CGIL, CISL FP, UIL FPL, FISASCAT CISL, UILTUCS UIL) introduced relevant increases in wage levels under union pressure to bring the labour cost in these contracts closer to the one defined in the public sector NCA. In the case of the Anaste contract, instead, the most representative trade unions refused to sign the renewal as proposed by the employer association, deemed as too low and detrimental for workers. Such renewal for the triennium 2017-2019 was, however, signed by non-representative unions (CIU, SNALV Confsal, CONFELP, CSE, CSE Sanità, CSE Fulscam) who accepted much lower working conditions and wage levels compared to those set in the other private sector NCAs. Such differentials impacted on the regional accreditation system and, in particular, on the working conditions applied: if in 2009-10 the minimum labour standards set by the Anaste agreement represented a fair lowest common denominator in comparison to the other NCAs in the sector, in 2019 following the latest contracts renewal it turned to provide excessively poor labour standards as minimum reference to comply with. In parallel, over the last decade, the regional remuneration tariffs were periodically updated to the new management costs incurred by the providers, increasing the standard reimbursement rates for all the providers, by maintaining Anaste still as the reference contract as agreed in the accreditation framework. This not only triggered an unfair competition among providers based on the cost of services, but it further expanded inequalities and differentials among the personnel involved.

Accordingly, the regional confederal trade unions CGIL, CISL, and UIL (and their categories involved) started reporting these inequalities to the Emilia Romagna local government which recognized this critical aspect in the regional accreditation system. As a solution, the unions first attempted to claim the revocation of the accreditation status to all the private providers applying the Anaste NCA, deemed as a pirate and inapplicable contract. The attempt failed for the lack of legal basis justifying the exclusion form the accreditation system which to all effects still authorized the application of the Anaste contract. However the regional government acknowledged the importance of the stance raised and, under the pressure of union, modified in a differentiated manner the reimbursement rates depending on the NCA applied by the contractor. More in detail, it established in the periodical update of the remuneration tariffs a differentiated financial increase for the organisations adopting the Anaste NCA compared to the providers applying any other collective agreements. As described by a trade union official commenting the regional resolution /DRG) no. 273/2016:

if I go to point 3.1 titled "Elements of managerial flexibility", i.e. elements that can lead to a decrease in the reference cost, there are some relating to an organizational issue or to labor cost. In practice it says that where there is a labor cost that costs less than the contract that was taken in reference, which was the old Anaste contract –in the next tariff system it will no longer be Anaste, the Region has already written this–, then I recognize you a little less. Similarly, there are elements that can determine an increase in the reference cost, since both private organisations or public organisations might have a higher labor cost than those who have Anaste contract and I recognize them a little more (Interview 10).

In the regional resolution (DRG) no. 1142/2020 the increase for the former doubled the increase for the latter, as showed in the table 2. The column A reports the increases accorded to organisations applying any NCA different from the Anaste one and complying with the minimum requirements; the column B instead lists the increased accorded to organisations applying the Anaste contract.

Table 2. Increases in daily tariffs for residential homes for elderly people

Level of assistance	A (euro)	B (euro)
Level A	2.20	1.10
Level B	2.,20	1.10
Level C	1.65	0.80
Level D	1.35	0.70

Table 3. Increases in daily tariffs for daily centres for elderly people

Level of assistance	A (euro)	B (euro)
Base level	1.45	0.70
Advanced level: behavioural disorders	1.90	1.00

Table 4. Increases in hourly tariffs for domiciliary care

Level of assistance	A (euro)	B (euro)
Socio-care assistance	0.80	0.40
Socio-educational assistance	0.90	0.50

Table 5. Increases in daily tariffs for daily rehabilitation centres for disable people

Level of assistance	A (euro)	B (euro)
Level: moderate	0.65	0.30
Level: severe	1.95	1.00
Level: complete	3.60	1.80

Table 6. Increases in daily tariffs for residential rehabilitation centres for disable people

Level of assistance	A (euro)	B (euro)
Level: moderate	1.30	0.65
Level: severe	3.00	1.50
Level: complete	5.00	2.50

Furthermore, in the regional resolution (DRG) no. 1142/2020 the parties committed to revise in future resolutions through negotiation the NCA of reference to determine the labour costs in accredited services, in the attempt to replace the Anaste contract, as clearly stated in article 10: ". to provide that, within the same restatement of the general remuneration system, must be taken as a reference a different contract with respect to the Anaste contract, the reference one of the DGR 273/2016".

General implications of the case study

The rationale underpinning the definition of differentiated parameters of remuneration between providers was clear: the regional government and the trade unions aimed to discourage the application of the Anaste contract as a way to improve general working conditions in LTC services. A trade union official explained that

the Emilia Romagna Region over time - we are talking about social health services - has made choices: it has decided to differentiate the rates based on the managers and the cost of the work they have. Then it is clear that if you differentiate, then the cost of labor is not anymore a reason for dumping. If you have a lower labor cost, I pay you less for the elderly or for the disabled who are your guests and therefore that is not where you earn, because if by chance I have a better contract, the Emilia Romagna Region pays you more . This is what the Emilia Romagna Region has done. (Interview 10)

As long as Anaste remains the reference NCA to set the labour standards in accredited structures, the attempt to revoke the accredited status to the organizations applying the Anaste contract (the best off solution) remains inapplicable. The solution found by the Emilia Romagna government embodies, only on paper, a second best option to overall raise labour standards in this segment of service. Operatively, in fact, limiting the financial reimbursement to these structures might (and actually do) risk to trigger a further deterioration in terms and conditions of employment in Anaste providers since they, once again, unburden their financial risks onto workers by cutting for instance their hours of work or by applying a lower job grading to the staff to contain labour costs. Overall the trade unionists interviewed acknowledged and appreciated the willingness of the regional government to contrast contractual dumping in the LTC supply but deeming the differentiation in the reimbursement parameters an insufficient response. The political will to modify the reference parameters to labour costs in the near future by replacing the Anaste contract with a more generous one might instead represent a more effective intervention to safeguard working conditions and wages in LTC services in the region.

4. Third innovative type of experimentation: hybrid organizations

Case 5. The hybrid organizations as a solution to staff shortage and an alternative to privatization

(Modena, Emilia-Romagna)

The Cresci@Mo Foundation and hybrid organisations in local care services

The Modena municipality is located in the Emilia-Romagna Region, with a population of about 185,000 people. Like other municipalities of the Region, it has a strong tradition in directly providing good quality municipal services, especially welfare services such as ECEC services. While a great part of the social services were contracted out in the 1990s and 2000s and are largely provided by third sector organisations

on behalf of the municipality, there was nor an extended outsourcing process of the existing ECEC services in the last decades; however, private providers (mainly not-for profit cooperatives) were employed to extend the coverage in the 0-3 year old services by opening new nurseries, which are funded and regulated by the municipality. In 2011-12, municipal direct provision represented over 50% of the total provision of services for 0 to 3 year-olds (mainly nurseries) and about 40% of services for 3 to 6 year-olds (kindergartens). The other providers were private providers (mainly not-for-profit such as social cooperatives) in the 0-3 year-old services, the central State (about 20%) and private providers (mainly kindergartens run by Catholic organisations and social cooperatives) in the 3-6 services.

Austerity policies of the last decade, with all their constraints and partial freeze on staff hiring and turnover in local government and public administration (Bordogna and Neri, 2014), determined a serious staff shortage in the municipal workforce. This was especially true in sectors such as education, where legal staff child ratios require a well-defined number of educators and teachers to keep the services open. In the case of teachers of 3-6 year olds, the staff shortage was aggravated by the annual transfer of staff from municipal to the state kindergartens, where pay and working time conditions are more favourable compared to those of municipal kindergartens. Lacking staff was partially replaced by temporary teachers. However, temporary work contracts are subject to legal constraints as well, therefore they may only solve the problem in a partial and inadequate way, given the increasing staff shortage.

In order to deal with the increasing staff shortage, the municipality decided to externalise some directly-run kindergartens, with two different options. The first was to contract the directly-run services out to third sector organisations, which are free from legal constraints on staff hiring. This solution is very common and widespread and allows relevant savings in labour costs, given that third sector organisations adopt a different NCA, more favourable for employers compared to public sector NCAs (see WP2).

However, the initial plan to contract the kindergartens out met with strong opposition by the local community, the users (children families) and the municipal teachers. This was also due to the excellent reputation of municipal kindergartens, which were (and are) normally preferred by parents compared to state or private ones. This opposition matched with the perplexity by part of the municipal administration on the opportunity to outsource services to a third sector (or a private) provider.

Therefore, the municipality transferred 4 municipal kindergartens into a newly-established foundation (Cresci@Mo Foundation) entirely owned by the municipality itself. Given the persistence of staff shortage problems, ECEC service transfers from the municipality to the foundation followed in the following years, until now: in 2022, the Cresci@Mo Foundation runs 12 kindergartens and 4 nurseries, which were previously directly managed by the municipality. In 2022, the Foundation has 98 employees (94 teachers and educators;.

As mentioned, the foundation is entirely owned by the municipality, but it is provided with a private legal status. In this, it represents a hybrid ("public-private") organisation. According to national legislation (Legislative Decree No. 267/2000), other kinds of public-private organisations, which can be used to provide local care services, are joint-stock companies, or the "special firms" (Dorigatti, Mori and Neri, 2020). These are organisational bodies or entities which, on one hand, are formally independent from

municipalities, being provided with their own public or private legal status, on the other hand, are totally owned or under the control of the municipalities. Such kinds of providers are therefore characterised by a hybrid or intermediate nature between directly managed units and private organisations legally independent from local authorities. Municipalities may also transfer directly-run services to entities called "institutions", which are autonomous macro-units provided with a special operational and financial autonomy within the municipality. Unlike the other cases of hybrid organisations, the employees of the institutions are still municipal employees, provided with the same pay and working conditions of the other municipal employees.

The hybrid management solutions present some relevant advantages for the local authorities. First, the transfer of services to these entities usually does not find the same level of opposition as that determined by outsourcing solutions to independent private sector providers, since it is believed that direct municipal participation is able to provide greater continuity with respect to the public, municipal providers.

Second, the hybrid organisations are provided with a greater flexibility in the management of available resources (financial, technical, human) compared to public administration. They can take decisions with quicker procedures and minor constraints, being more similar to a private organisation (although this varies according to the type of hybrid organisation). Therefore, hybrid organisations have a potential to be more efficient and effective in providing services, including care services.

Moreover, hybrids are at least partially exempted by the restrictions on staff costs and turnover to which municipal directly-managed services are subject. This means that, in the last decade of austerity, hybrid organisations controlled by municipalities were allowed to hire the personnel needed to make up for the staff shortages resulting in the previously directly managed services. As restrictions in staff hiring and staff expenditure for local government still exists, this kind of advantage partially exists also now, although freedom and exemption from the regulation applied to municipalities was reduced (Neri, 2020).

These transformations in municipal ECEC services have often been accompanied by changes in the employment relations, with the switch from the NCA of the local government to one of the NCAs adopted in the private ECEC sector (see WP2). Although hybrid organisations are owned by municipalities, the shift to the private sector NCAs is in fact possible (even if not mandatory) in all these kinds of hybrids except for institutions. Foundations, special firms and joint-stock companies have often done this shift, having also the choice of which agreement to adopt among the different ones available.

As we have already described in WP2, in the public sector agreements, including that of local government, employment conditions (pay, working time, vacation, leave, professional training) are more favourable to workers than in the private sector NCAs. From the point of view of employers, included municipal managers, the shift from public to private sector NCAs in the municipal childcare may determine a reduction in labour costs. From the point of view of workers, this shift risks determining a worsening in staff pay and working conditions, as it usually happens in the services which are outsourced to independent private (for-profit or non-profit) providers. Moreover, changes in employment and working conditions risk undermining at least some of the conditions (teamwork and collegiality in teaching, collective and participatory management, training opportunities) which, according to literature,

significantly contribute to the service quality in municipal ECEC services. However, hybrid organisations are usually able to limit or prevent from these negative effects in the transferred services, as the case of Modena municipality illustrates.

The Modena municipality could tackle the staff shortage ensuring the continuity of ECEC services, by transferring a part of the municipal ECEC services to the Cresci@Mo Foundation. The recourse to an organisation owned by the municipality softened the opposition to privatisation by users and local communities. The new organisation is under a tight control by the municipality, as to both the educational plans and methods and the service organisation: Cresci@Mo shares the same educational activities (in any single aspect) and staff training courses as the municipal ECEC services. Its management works in close cooperation with that of municipal services. These and other elements are aimed at ensuring the same service quality, which is provided by the directly-run municipal ECEC services.

The shift from a public to a private sector NCA

The consensus to the new hybrid solution by the local community did not initially involve most of the unions. As already mentioned, the Modena municipality and the Foundation management decided to hire the new teachers with a private sector NCA. The municipal teachers working in the kindergartens, which were outsourced to the Foundation, were gradually transferred to kindergartens which were still directly managed by the municipality. The new teachers were hired by the Cresci@Mo Foundation, by using the ANINSEI private school agreement (see also WP2). This was made possible by the Foundation private legal status, which allows using private sector NCAs instead of the local government NCA, although the Foundation is entirely owned by the municipality. Instead, ancillary services such as cleaning were contracted out to non-for-profit cooperatives.

As to the Foundation teachers, negotiations with unions resulted in a company-level agreement, which was, in many ways, another "hybrid". By and large, the company-level agreement signed in 2012 brought the terms and conditions of the permanent teachers hired by the Foundation to the level of temporary municipal teachers, but lower than the conditions of permanent municipal teachers. However, these pay and working conditions were certainly more favourable than those existing in the ANINSEI NCA and in the other ECEC private sector NCAs.

A substantial integration (€287,30 a month) to the ANINSEI NCA made the annual gross salary of the Cresci@Mo Foundation teachers closer to that of municipal teachers. In this way, pay was globally set 8-10% under that of permanent municipal teachers. Compared to the ANINSEI NCA, working weeks with children were reduced from 44 to 40 weeks, the same number of weeks set by the local government NCA. Working weekly hours with children became 32.5 (including lunch), instead of 34 as it is in the ANINSEI NCA. This meant that teachers had to work about two hours a week more than municipal teachers, while having also worsening conditions in terms of leaves. These two hours should have been employed working in the classes for teamwork. Therefore, they could also become an element, which could increase the service quality. Annual hours for management activities and vocational training

increased from 110 to 170 hours a year, while these amount to 200 in the local government NCA (but, in this last case, the hours include also lunch time).

The shift from a directly managed service to an outsourced service provided by an organisation with a private legal status allowed Modena municipality to get a substantial save in the sickness pay and maternity leave. These are provided by INPS (the national institute for social security) in the private sector, while are provided by the public employer in the public sector. Thanks to the savings, the municipality could integrate the maternity leave up to 100% of the salary for a longer time than that is provided by INPS.

After a conflict within the main municipal unions, FP-CGIL and FP-CISL, union confederations decided not to sign the first company-level collective labour agreement (2012-15), which was signed only by the autonomous union CSA (Confederation of Autonomous Workers), affiliated to the autonomous union confederation CONFSAL. Union confederations contested the shift from a public to a private sector contract, regardless of the compromise solutions, which had been found out in the company-level agreement. These solutions were considered inacceptable, in any case.

Beyond the case of the Cresci@Mo Foundation, union confederations feared that the choice to shift from a public sector to a private sector NCA through the creation of a hybrid organisation would have been followed by other municipalities, as it partially happened (Neri, 2020). The fierce opposition to Cresci@Mo by the local unions was affected by these reasons, which went well beyond the local case. As far as we know, the Regional and maybe also the national level pushed for a strong opposition and did not oppose to the decision not to sign the first company-level labour collective agreement.

This episode broke the highly cooperative tradition of employment relations within the Modena municipality, especially with the union confederations (FP-CGIL, FPS-CISL and FPL-UIL). Also, it considerably worsened the relations among the municipality and the unions, which, for some times, looked like a sort of "a dialogue of the deaf".

From conflict to cooperation

The way in which Cresci@Mo was born and the change in the labour regulation of the new employees negatively affected the employment relations in the first year of the new organization. However, relationships between the Foundation and municipal managers, on one hand, and the unions, on the other, slowly but progressively improved over the years.

On one side, union confederations became increasingly aware that the Cresci@Mo Foundation was not a temporary experiment, but it expanding and consolidating, as the municipality was progressively transferring more and more ECEC services to it, reducing the directly-managed kindergartens and also nurseries. Foundation employees were growing and they needed an interest representation, which could not be left only to an autonomous and small union.

Moreover, "the fear of contagion" by this experience, with hybrid organisation spreading all over the Northern and Central Regions of Italy, still existed but it gradually diminished. The municipality of Bologna, the main important town close to Modena, decided to transfer its ECEC municipal service to

an institution and not to a special firm or a foundation. An institution can be considered a hybrid organisation, but, unlike the other types of them, its employees are public municipal employees, enjoying the same pay and working conditions of the other municipal employees. The case of the Cresci@Mo Foundation gradually became only a local case, reducing Regional and national attention and potential interference on it. This gave the local levels of union confederations more autonomy and possibility to adapt their strategy on the local interests and needs.

On the other side, Modena municipal managers and politician were very willing to restore the traditional cooperative relationships, which they had since many decades. Although they were increasingly challenged by socio-economic transformations, these cooperative relationships were part of the social and political networks, which historically characterised the local governance in this part of Italy, with very good economic results and very high performance by public institutions (Putnam, Leonardi and Nanetti, 1993).

Therefore, employment relationships slowly improved for converging reasons, despite unions were permanently irritated by the gradual but progressive transfer of directly-run municipal services to Cresci@Mo. Cooperative relationships included also user representatives, which have a quite significant part in the governance of municipal and Foundation kindergartens by means of the "Management Committee". After that the institution of the Foundation had divided and found on opposite sides users and most of the unions, they often became allied in the day-by-day management of the new organisation, in the following years. Users shared the fear that the worsening of working conditions pushed the Foundation teachers to abandon the new organisation as soon as the municipality or also the central State open new hiring procedures. Therefore, users often supported unions' demands to increase the salary and improve working conditions in the Foundation. In other issues, such as the opening of the summer service (see below), users' position was closer to the Foundation management.

Moreover, after an initial attempt to make the employment relations in the Cresci@Mo Foundation at least partially different from those typical of the public sector, the employment relations became more and more similar to that existing within the municipality. Local union representatives and union internal federations, both in collective bargaining and in day-by-day management, were the same representatives in charge of the employment relations for the municipal employees. Their counterparts were not only the Foundation managers but also the municipal managers and local administrators. Rules and practices in employment relations were much closer to those used in the public administration than in the private ECEC sector.

The 2015-18 and 2018-21 company-level collective agreements, with the second one signed by all the unions, reflect this situation, which result in improvements in pay and working conditions especially in the 2018-21 agreement. In 2015-16, a specific performance related pay system had been introduced, allowing to attribute this component of the salary (€5-600) to the teachers, who were previously been excluded by it in the first years of the Foundation. Following what it had been agreed in the 2015-18 company-level agreement, the system was elaborated by a working group including both managerial and staff representatives. Annual hours for management activities and vocational training increased from 170

to 180 hours a year, but working time was scheduled in a more flexible way, as requested by the staff. In the middle of the last decade, the Foundation attributed also some corporate benefits to its employees, mainly in the health care services. This was a unilateral initiative by the management, not agreed with the unions.

In the 2018-21 company-level agreement, pay was set at a level, which was very close to that of municipal permanent teachers and educators. Also, the number and regulation of leaves were made more similar to municipal leaves. A permanent issue of conflict both in the Foundation and in the municipal ECEC services was the openings and working time of the summer service in July. The service was traditionally provided also by non-profit providers. In order to meet the increasing demand by families, the municipality was determined to keep the ECEC services provided by municipal and Foundation services open in the month of July, employing their employees. Compromises solutions have been found, based on economic incentives to employ the staff mainly on a voluntary base. This allowed keeping the services open at least for some weeks in July. In this case, the ANINSEI NCA gave the Foundation managers more room to negotiate the conditions of employment of the Foundation teachers with the unions. By and large, Foundation services were able to provide a more extended service in summer, over the years, compared to the directly run municipal kindergartens and nurseries.

In February 2022, the municipality of Modena and all the unions signed a memorandum of understanding on the Cresci@Mo Foundation and the future of ECEC services in Modena. In the memorandum, the counterparts are commited to "align" the salaries of the Foundation employees to that of municipal employees in the following three years. The homogenisation will gradually concern also working hours and working time schedule. The municipality is also committed not to outsource other municipal ECEC services until 2024.

The municipality and the unions give a partially different meaning to the "alignment", which, for the former, corresponds to equalise the salary and not the working time, while, for the latters, means to equalise pay and working time totally. However, the memorandum was followed by the new company-level agreement 2022-24, signed in June 2022, which reduced very significantly the still existing differences between permanent Foundation teachers and educators and permanent municipal ones. The homogenisation is very clear in salaries, where the alignment looks nearly complete. This is made possible also by the increase in the performance related pay, which are set in €800 in 2021-22, €900 in 2022-23 and €1,000 in 2023-24. Specific extra-funds attributed for projects and other activities, to be defined by collective bargaining, are set in order to promote innovation in didactics and teaching.

As to working time and working hours, the annual hours for management activities and vocational training are reduced from 180 to 165 hours a year, following a strong request by the staff. Weekly working hours will amount to 37 hours and then to 36 hours and 37 minutes. Given that the weekly working hours for municipal teachers and educators are 36, the alignment will not be complete but substantial. Moreover, there is a string commitment to eliminate the broken time schedules, which are usually hated by the staff.

As to the summer openings, the Foundation can ask one member of the staff of each class to provide service for ten days. Beyond this prescription, service has to be totally provided on a voluntary base. Economic incentives but also other kinds of incentives, such as day leaves during the year, are provided in exchange to summer service. Other provisions concern sick leaves and other kind of leaves, making the regulation much closer to that of municipal permanent employees.

In sum, over the years the municipality seems to have significantly scaled down, though not abandoned, its objectives to pursue a substantial reduction in the labour costs and, through this way, in the service costs. In exchange, a good relationship with the unions was restored. This choice has certainly political reasons. However, a cooperative relationships may be very useful to deal the ECEC services problems which the municipal administrators will envisage for the near future, such as the staff shortage and other restrictions in public finance.

5. Conclusions

If we consider our theoretical framework based on a quadrilemma in the care services, with governments aengaged in managing four contrasting pressures/priorities (public budget constraints, service coverage, quality of work, and quality of service), the Italian case shows a general trend towards two main solutions:

1) care provision "soft" privatization, in which, for the sake of public budgets but also considering services coverage, governments can choose to expand service coverage (making use of contracting out, private provision and labour deregulation), even to the detriment of staff pay and working conditions and, indirectly, of service quality;

2) Care provision "soft" expansion, in which governments could choose to try to mildly cope with all four priorities of the quadrilemma, adopting a "muddling through" strategy. This strategy constantly tries to strike a balance between some public expansion of service coverage (but not at a fast pace) and keeping jobs and service quality to a medium level, in order not to create too much pressure on public budgets.

In this context, employment relations and its actors are involved in promoting solutions closer to soft expansion. When possible, they also try to arrange solutions, which more clearly and completely protect staff pay and working condition, along with service quality. In doing this, they use a great plurality of tools, which especially emerge at local level.

Local case studies clearly illustrated how social partners are experimenting a plurality of tools and arrangements to contain the possible negative consequences of marketization and privatization on ECEC and LTC employees, at local level, protecting staff pay and working conditions. These tools go well beyond the traditional ones, which are usually employed by social dialogue actors and institutions. In particular, unions show a remarkable ability in affecting regulative and administrative mechanisms, such as public procurement or accreditation and tariffs for provider payment. They are also engaged in arranging (or contrasting) the setting up of new organisational forms. These represent viable solutions under local government law, but they are employed in an innovative way to tackle with the negative consequences of austerity and privatisation on job quality and service quality.

The various set of mechanisms and tools highlighted by the case studies represent a repertoire, which social partners could draw from, to tackle the existing issues at local and national and level. This requires professional expertise by social partners, also and perhaps especially at local level.

The use of these tools requires an action based on a remarkable degree of autonomy from the central levels and this looks true both for local government administrations and for local social partners. However, national and regional levels of social partners' organisation condition the action of the actors at local levels, generating an interplay, which can arrive to a high level of complexity.

Overview of interviews for WP3

Interview code	Organisation	Role	EO/TU/ public organisation	Sector(s)	Date
1	FP CGIL Toscana	Secretary (member of the regional directing board)	TU	ECEC/LTC	25.10.2021
2	FP CGIL Firenze	Secretary (member of the provincial directing board)	TU	ECEC	27.05.2022
3	FP CGIL Firenze	Official in charge of social cooperatives	TU	LTC	27.05.2022
4	FP CGIL Toscana	Secretary (member of the regional directing board)	TU	ECEC/LTC	27.05.2022
5	Estar	Responsible for industrial relations	Public organisation	ECEC/LTC	23.06.2022
6	CGIL Toscana	Secretary (member of the regional directing board)	TU	ECEC/LTC	16.06.2022
7	Confcooperative Toscana	Director	EO	ECEC/LTC	07.07.2022
8	Legacoop Toscana	Member of the regional directing board	EO	ECEC/LTC	08.07.2022
9	Local health agency USL Toscana Centro	Workplace employee representative		LTC	16.09.2022
10	FP CGIL Emilia Romagna	Responsible of social services department	TU	ECEC/LTC	18.10.2021
11	FP CISL Emilia Romagna	Regional secretary	TU	ECEC/LTC	27.09.2022
12	FP CISL Emilia Romagna	Secretary (member of the regional directing board) and responsible for socio-educational services	TU	ECEC	21.10.2022
13	FISASCAT CISL Emilia Romagna	Regional secretary	TU	LTC	04.11.2022
14	Cresci@Mo Foundation (Modena)	President of the Foundation	Public organization (hybrid)	ECEC	04.11.2022

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