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Local welfare systems supporting female employment in Bologna

**FLOWS: Impact of local welfare systems on female
labour force participation and social cohesion**

FLOWS Working Paper

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About the FLOWS project:

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The FLOWS project analyses the causes and effects of women's labour market integration, which is an issue that represents a major challenge for the European Union and its member states, and is supposedly also a precondition for the sustainability of the European social model. The overall aim is to analyse (1) how local welfare systems support women's labour market participation, as well as (2) the extent to which (and under which conditions) female labour market integration has contributed to the strengthening social cohesion. The project focuses on how public and private welfare services such as care and lifelong learning intended to support women's labour market integration have been designed; on how women of different classes, qualifications, ethnicities, and geographical locations have grasped and made use of such policies, and on how the increase in women's labour market integration has affected structures of inequality and social cohesion.

The study is based on in-depth analysis of eleven cities, i.e. one city in eleven different countries. The cities/countries are: Brno/Czech Republic, Aalborg/Denmark, Tartu/Estonia, Jyväskylä/Finland, Nantes/France, Hamburg/Germany, Székesfehérvár/Hungary, Dublin/Ireland, Bologna/Italy, Terrassa/Spain, and Leeds/UK.

The FLOWS project is composed by 6 academic work packages:

- WP 1: Degree and structures of women's labour market integration
- WP 2: Local production systems
- WP 3: The local welfare system
- WP 4: Local policy formation/local political actors
- WP 5: Survey questionnaire
- WP 6: Women's decision making
- WP 7: Social structures: cohesion or cleavages and segregation

This working paper series reports work conducted in the seven work packages.

1. Introduction to Italian welfare system

In literature, the welfare model which better represent Italy is the so-called familial model, in which even if the Italian system is inspired to conservative/corporatist model (Esping-andersen, 1990), the differences among categories of workers and the important role of family as the main welfare provision has result in a strong stratification between insiders (public workers or permanent workers in companies above 15 employees), semi-insiders (dependent workers of small companies and self-employed workers) and outsiders (temporary workers or black market), shifting all the care responsibilities on women (Ferrera, 2006). As explained by Esping-Andersen (1990), the aim of this model is to preserve the differentials of class/status in the context of a very conservative view of the family (inspired by Church), in which benefits encourage the traditional family based on a male breadwinner and a female focusing on reproductive duties. In fact, as it is noted by Lewis (2002), the labour contract at the base of European welfare state was built on a model in which every family was composed by a regularly employed male breadwinner, while women and children were their dependants: "it was assumed that the primary responsibility of men was to earn and of women was to care" (Lewis, 2002: 332).

Actually, we can resume the main feature of Italian welfare compared to other European countries, pointing out the following four main issues:

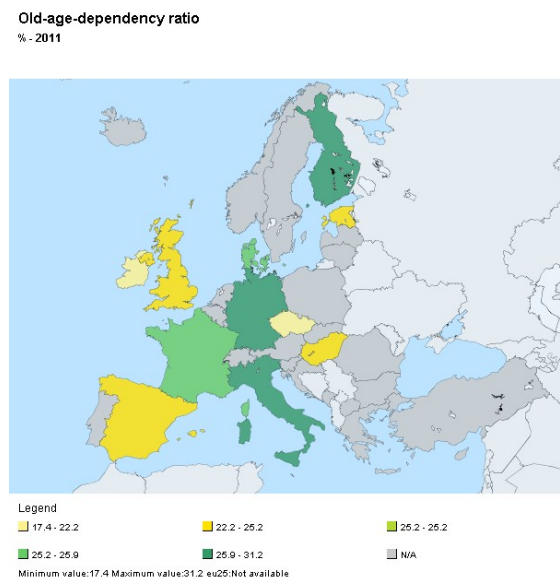
- The fragmentation of interventions: most of the measures are offered outside a national organic framework. Quite often resources are not equally distributed among risks; as for example most of resources are devoted to finance pensions instead of care.
- An unbalanced distribution of resources: social services and care have just residual resources in a context characterized by a disorganised management.
- Patronages and particularism: the stratification of measures within time has been quite often made in relation to interests of political parties.
- A passive subsidiarity: Italian National strategy for welfare state has always implied the devolution of responsibilities to other actors, especially families (but also third sector and local authorities). However, this hasn't been done in a context of an adequate financial support from the State (Kazepov, 2011).

As a consequence of these aspects, supports for care in Italy are underdeveloped as long as care is almost totally delegated to families' capacity to services its members; the intervention of the state is residual and public services intervene only in the most vulnerable cases (Costa, 2012). Such model has had strong influences on women attitudes to family: Italy has one of the lowest fertility rates all over Europe (only

¹ In this paper, we will refer to three different levels of policies: national (Italy), regional (Emilia-Romagna) and local (Bologna). This methodological choice is due to the actual structure of social policies in Italy: in order to understand the local situation it is necessary to take in account the regional level, as long as the major part of the policies are decided and managed at that level. We just add the local level in case of further specification needed or any specific regulation has been made locally. Keep in mind that even if usually all policies and regulation are decided and financed at regional level, they are managed at local level.

partially compensated by the recent arrival of migrants) and it will be suffering in the next years of an increasingly high old age dependency ratio, thus worsening the care overload of women.

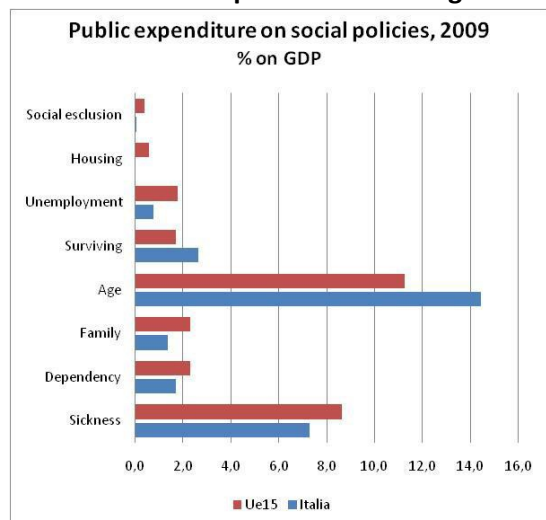
Chart 1 – Old age dependency ratio in FLOWS countries, 2011



Source: EUROSTAT

Nevertheless, Italian peculiarities of welfare system aren't related with the total amount of expenditure, which is actually comparable with other countries, but in the relative important of voices in such expenditure, especially those reserved to pensions. Pension for age and pensions for surviving attracts almost the 60% of the total national social expenditure compared to a European average of 40% and as you can see from the table below Italy still spend about 20% of its GDP in pensions.

Chart 2 – Public expenditure in % of gross domestic product, comparison among Italy and UE15, 2009



Source: EUROSTAT

Therefore, this distortion results in an under-protection of the risks connected to other phases of life cycle, such as poverty, need for care, housing distress, unemployment or temporary employment, without really giving assistance for dependency in the old age as long as all the support given basically consists in cash transfers (Ferrera, 2006). Plus, if we distinguish analytically formal and informal work (Pfau-Effinger, Flaquer, Jensen, 2009), we have to underline that the distribution of informal work (especially those devoted to care and housework) is highly gendered: in average, women do about 70% of the total care and they are also more likely to be employed in the black market without a contract. This results in the general tendency of people to entrust mothers with care: even if the law allows fathers to ask for parental leave,

just 10% of dependent workers who ask for leaves are father, while for independent workers 100% are female (Ministero dello sviluppo economico, 2011).

In fact, there isn't any law in Italy that obliges fathers to take paternity leave and since the women labour market integration is weaker, families tend in general to allocate work to female, not only because of cultural reasons but also because of their lower pays (Van der Lippe et al, 2010), as long as parental leave is generally paid only 30% of income. In fact, as a result of high gender pay gap which is endemic in Italy even for higher educated women, families consider a rational choice to invest on women as familial carer as long as they're often the ones who earn less, thus reducing the trade-off of spending less time on paid employment compared to their spouses (Van der Lippe et al, 2010).

A second remark is also that Italy deal with a second distortion, which is more related to the mechanism of redistribution: there are strong differences in terms of generosity and access among different categories, which are dependent on the type of occupational integration of workers (Ferrera, 2006). For example, protection against unemployment isn't universalistic and some categories such as parasubordinates (which are mostly young and women) and self-employed workers are totally excluded by the system; such distortion is valid also in the protection against dismissals which has different criteria for permanent workers hired in companies under 15 employees, even though the actual government is trying to update the matter with a labour market reform. From this primary stratification, it derives an unequal treatment in pension, whose amount is of course related to the previous integration into the labour market. Since the pension is the most important form of redistribution financed by the State in Italy, the system of public transfers usually reproduce disparities and quite often give advantage to men on women, whose professional lives are more likely to experience interruptions due to maternity, an higher risk to be caught in non standard contracts, less opportunity in careers and an higher attitude to part-time because the State doesn't support them with the necessary services of care.

In conclusion, our system is strongly dualistic, unequal among different categories of workers and among gender and generations, while is financially unbalanced in favour of cash transfers, which are normally regulated at a National level. Services in kind on the contrary are regionally and locally designed and provided; so, all regions plays a fundamental role in all the three main domains of policies we've studied in WP3, mainly identifying general criteria for the realization, management, qualification and accreditation for the private and third sector actors. As a consequence, the situation in Italy is highly unbalanced within regions, since the wealthiest (as Emilia Romagna) can afford more services than others.

Main national laws

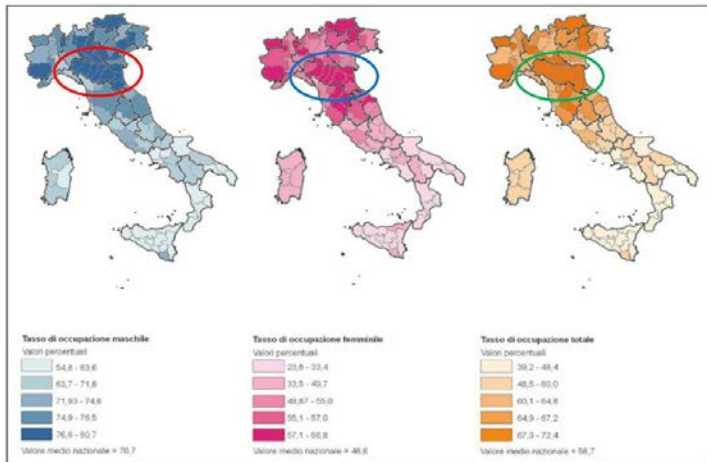
- Childcare: L. 1044/1971 for the institution of day-care centres
- Elderly care: L. cost. 3/2001 for the devolution of competencies to regions and L. 328/2000 for setting up the national fund for social policies.
- LLL: L. 236/93 for "Urgent strategies to promote employment".

2. Which are the main features of the local welfare system in the Bologna area?

In general, the level of services offered in Emilia-Romagna is higher than in other part of Italy, thanks to a stronger commitment of the local governments toward social policies, more resources available and a tradition of civic engagement; this has result in a quite higher participation of women in the labour market, especially in Bologna. Plus, quite often women are more educated than men, as well as they show lower school dropout and best returns in terms of profit. Nevertheless, this better achievement in education hasn't result in a reduction of gender gaps in integration in the labour market: women are constantly less active and more unemployed than men even in this area. This is in part caused by their concentration in certain fields of study, especially those oriented to services and the humanities, which represent a sort of weakness, because of a general lower marketability of these sectors on the Italian labour market.

Anyway, as you can see in the chart below, Emilia Romagna is the region in which the participation of women to labour market is higher and more equally distributed in a range, which is in most of cases above the Barcelona target fixed by UE of 60%. Thus, those results might support our hypothesis that a better welfare provision has resulted in an easier access to labour market for those women who are already willing to participate to it.

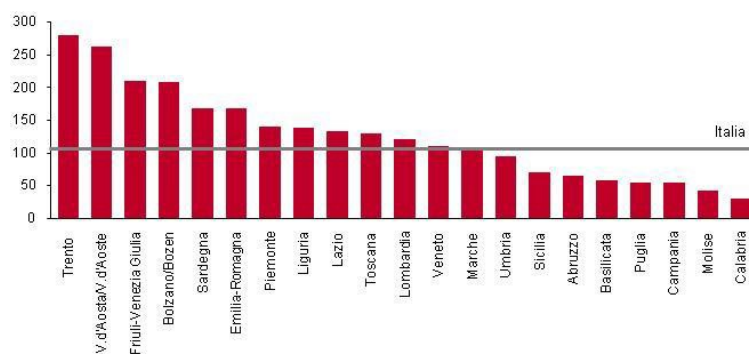
Chart 3 – Employment rate for regions, 2007



Source: Ministero del tesoro, 2008

In fact, care provisions of Region Emilia Romagna are more generous compared to other regions, thus resulting in a better level of services offered in local welfare systems (especially in Bologna). As you can see from the table below, Emilia Romagna is one of the regions which spend more resources in social expenditure, even if it's surpassed by the autonomous regions (which have special regulations and more resources from the central state).

Chart 4 – Total social expenditure by regions, 2008



Source: ISTAT, data on local welfare expenditure

In general, regional laws are entitled to set standards for accreditation of the private actors, to fix criteria for access and determine the minimum quality standards for the services provided, while municipalities provide services even if they might add some local specifications in the guidelines. This scheme however is not completely valid for LLL policies: even if in this domain region is the most important actor planning policies, there is also a central role from province, whose responsibility is to match the Regional Guidelines with the specific needs of the territory. As well as the other Italian regions, Emilia-Romagna offers privileged access to certain categories in its welfare provisions, such as access and integration of disabled children and for children with social and cultural difficulties and elderly that are in a condition defined as vulnerable because disabled, abandoned or poor. Those are the criteria by which funds are then distributed for sustain the demand of those families for paid services (as for example, domiciliary care for elderly people or vouchers to pay crèches).

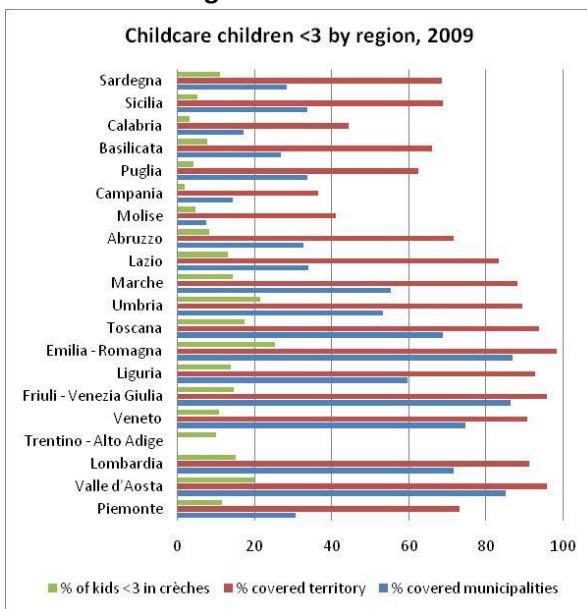
Caring responsibilities are usually spread among different and non-coordinated policy fields and national, regional and local agencies; being in need of care is a condition not defined by any national law with

common criteria. Each region has defined it in different ways and in different contexts, sometimes within regional laws, sometimes by administrative norms. In general, the local welfare system in Emilia Romagna is organised following regional guidelines, which substantially act as a sort of soft standardization of the offer at regional level through the system of accreditation.

As long as regions in Italy are entitled more with a role of coordination and planning, most of services are managed at local or district level; nevertheless, the role of municipalities in the local welfare system is quite different regarding the type of policy domain we're focusing on. So, the outstanding performance in terms of labour market integration of women has been possible thanks to higher investments of municipal resources for families and childcare compared to other regions. In fact, childcare provisions have been strongly promoted by Bologna's municipality and they're still one of the most important elements of cost in the public budget. This role has permitted in the past to develop strong networks of crèches and kindergarten which are directly managed by municipality and also to start up experimental services, almost direct to deal with flexibility of the labour market and hours' schedule of parents.

Bologna itself has had a very innovative attitude towards childcare services, because of a high demand of women that had already a strong attitude towards paid job, thanks also to an abundance of jobs due to the vital industrial environment. Without affirming that one was the cause of the other, we might anyway say that such fertile combination of cultural attitude, economic growth and welfare system has made Bologna an exemplary city in Italy for female participation to labour market. In fact, Bologna has been the first city in Italy to implement municipal kindergarten in 1906 and the same happened with crèches, which were financed and introduced in the city and in region about ten years before the national state actually set up a law for them in 1971. As we can see from the table below, Emilia Romagna tops the ranking in Italy both in coverage and in take up rates: about 39% of children under 3 years old have access to this service compared to 19% of the Italian standard.

Chart 5 – Coverage rates of services for children under 3 by regions, 2009



Source: ISTAT, data on childcare services

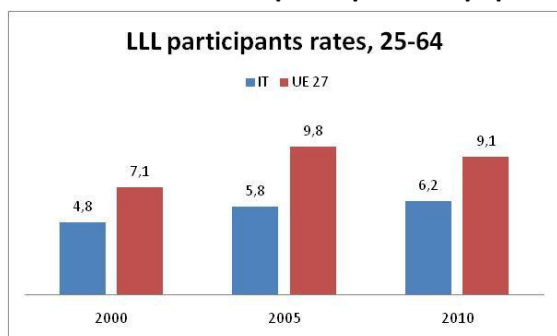
Nevertheless, such innovative attitude of local welfare system towards childcare isn't recognizable in elderly care and LLL domains. In fact, the system of elderly care policies is mainly based on cash transfers and even if the provisions are more generous than in other part of Italy, the structure of intervention are based on delegating care responsibilities to family, with only a financial support of cash-for-care. For LLL, instead, there isn't really any additional resource or policy from local governance and most of the interventions derives from ESF.

Actually, the specific role of municipality of Bologna for dependency in old age is to coordinate with the national health system in order to deliver domiciliary services. In fact, elderly care is provided in the public

system mainly within social assistance policies and partly by health policies with some integration among them, at least in home care. Plus, the municipality of Bologna make just the coordination of social workers unit, while access, management and evaluation of cases are more territorially spread and at level of neighbourhood (9 in the city). This is a specific orientation of policy, which is aimed to be the nearest possible to citizens. Furthermore, as its primary goal of policy in terms of elderly care, Emilia Romagna region has built a system in which the permanence of elderly at home is promoted as much as possible, in order to avoid institutionalization in residential facilities: in this context, many resources are invested to sustain families in order to provide domiciliary care (mainly by transfers).

In Italy the concept of lifelong learning policy is quite recent, because it has been introduced in the general policy framework by the Law 236/93 for “Urgent strategies to promote employment”. The central actor in the field of the LLL policies is the Region, since the largest amount of public expenditure devoted to LLL is from European Funds (ESF). Emilia Romagna Region sets up the main aims of the policies and plans the service provision in accordance with the Provinces, through special Agreements. The most recent one, “Agreement between the Region and the Provinces 2011-2013”, identifies the general objectives and the resources (regional, national and European) to implement these kind of policies. The provincial planning must take into account the different skills and socio-economic features of the province, also consulting together with Unions and Employers’ associations. Nevertheless, for what it concerns LLL investments level, Italy is still late if compared to average UE. In facts, expenditure on human capital interests just a small percentage of population in working age even if there is a tendency towards the growth in the last decade.

Chart 6 – Rates of LLL participants on population 25-64, comparison among Italy and UE27 (2000/2005)



Source: EUROSTAT

Conversely, municipalities have weak competences on this area of policy (Riva, 2008). In province of Bologna there are few actions devoted to women affected by social disadvantage and advanced training courses on both traditional and innovative technical professions, where women are still underrepresented such as ITC industries. Actually, this might be an interesting measure in order to reduce the horizontal and vertical segregation of women, which puts in question the effective quality of work of women affected by temporary contracts, scarce chance of careers and motherhood penalty. Despite those residual initiatives, however, most of the resources are devoted to passive policies of wage integration, which are available just for a part of workers depending on the type of collective contracts and the occupational status of worker (self-employed and parasubordinate workers are excluded by all the measures).

Furthermore, during the last two decades, the preference for public services has dropped overall Italy and even in region Emilia-Romagna a strong attitude towards a more mixed system has emerged both at government level and in the public opinion thus giving the opportunity for cooperatives to enter the market, now becoming the second most important provider in the region after the state. Actually, this is quite a specific feature of this region whose economy has always been livening up by the strong presences of cooperatives in all the economic sectors. Plus, in order to answer to the severe economic crisis, the National Government is planning an austerity policy, which is going to define limits to Municipality expenditure. Because in Bologna elderly care and childcare services (especially kindergartens) represent a huge expenditure for the local government, drastic changes in the next year may occur in these areas of policies. In addition, the postponement of the retiring age due to the recent reform of pensions (December

2011) may decrease the grandparents' availability to take care about their grandchildren, which in Italy has still to be considered as an asset for women employability.

Same is happening for what it concerns the services for elderly care. The main source of financing is a National Fund for Dependency, which has been created at National level in 2006 and distributed among regions (Costa, 2012). This ring-fenced fund, which had since the beginning quite a low amount, has been used in different ways at Regional level but only some regions like Emilia-Romagna and Liguria have substantially increased their financial commitment allocating their own specific resources to complement the National Fund. So, in 2007 Emilia Romagna created its own fund for dependent people called FNRA in which national resources and regional ones have been collected. Such found represented the occasion to completely redesign the welfare systems for this population. It gave priority to improve residential services and to increase the coverage rate of home services and cash transfer as well as to develop innovative services, as for example e-care services and consultancy for home adaptations for elderly people. From 2008 with the election of the new right-wing coalition and the worsening of the financial crisis, however, resources by national state have been drastically reduced and in 2011 the found itself has been abandoned. Such contraction of resources at national level will put in question the sustainability of social policies, which are managed by regions but financed nationally, especially in the poorest regions where there isn't any additional contribution at local level.

This situation constitutes a problematic issue that might put in question the sustainability of the local welfare in this current year 2012 at the present state of financing. Without national resources, it might be impossible to keep the local welfare system as it is now organized in Bologna and some of the services have been already shrunken in 2011 (as for example, domiciliary care for elderly, regional transfer for cash-for-care or municipal kindergarten).

For what it concerns LLL, the largest part of funds available originate from ESF (67%), while the rest is covered by companies' investments and intervention of employers/trade unions organizations. So, LLL will be less effected by the intervention of the austerity orientation of Italian government, but it has already been affected by the shrinking of funds for ESF.

Main regional laws and resources

- Childcare: D.G.R. 1/2000, D.G.R. 2/2004. Funded by municipalities and national state.
- Elderly care: DGR 509/2007, D.G.R. 514/2009. Funded by FNRA.
- LLL: agreement 2011/2013 Region and provinces. Funded by ESF.

3. Are the different welfare provisions horizontally integrated?

One of the biggest problems in policies in Italy is their fragmentation, which is partially due to the fact that specific domains quite rarely coordinate with others and partially because there are three level of governance under national state (regions, provinces, municipalities), which have different competencies – just in some cases with exclusive jurisdictions. The coordination in the domain of social policies should be done through CTSS, which is a governance body of the province of Bologna, composed by the 50 mayors of the townships of the area. The CTSS body is in charge of the planning, coordination, orientation and control of all the health, social and territorial policies of the area and should be coordinating with the local health area of the province of Bologna, which manage all the intervention for domiciliary care and dependency. However, the coordination is still a problematic issue and quite often public bodies don't coordinate.

In general, each of our domain of interest it's supposed to have privileged interlocutors, such as employment and economic development and combining competitiveness with social protection for LLL or health prevention policies for elderly care. Nevertheless, even within a single goal – as for example domiciliary assistance for dependency – many different actors intervenes, just overlapping without keeping control of possible superimpositions. In fact, even if in Italy resources are scarce, it is quite common that

many interventions from different actors are directed to solve the vulnerability of just one case, thus leaving others just without support because all resources have been already devoted to the first one.

Anyway, it must be highlighted that compared to other regions, Emilia Romagna is trying to deal with this problem by setting up guidelines, coordination body and data collection at regional level and keeping social assistance at municipal level as the only gatekeeper for accessing social interventions. Although its effort, however, directors of different department aren't really aware of what is happening outside their competencies and there isn't really any survey to monitor if the people followed by a service receive other forms of support.

4. What is their role locally in labour market integration for women? What are the major problems and strengths of the local system?

The local welfare system in Bologna has been designed for supporting women in employment even when they are entitled with childcare responsibilities. Such attitude of policy design has rewarded the area of Bologna with the highest rate of female employment in all Italy. However, the same attention for women is not relevant in elderly care, since until now family carer have been women already outside the labour market (such as pensioners), and in LLL, as long as improving women in labour market is not considered a strategic goal.

From our analysis we can conclude that one of the most important assets of the local welfare system of Bologna has been a conspicuous investment in services for childcare, which has been effective in reducing the gap in women participation to labour market. Despite this fact, however, we must underline that a good provision of childcare facilities has not resulted into an increased fertility rate of women in Bologna compared to the rest of Italy, which is still quite low in general (1,27) and lower compared to region Emilia Romagna (1,46), Italy (1,40) and Europe (1,6) in 2010, even if there has been quite a reprise after its lowest peak (in 1991, the number of children per women was 0,85). Such increase from early '90s has been mostly due to migrants and a catch up of late thirties women which have had their maternity later than the previous cohort.

Furthermore, there are other issues that might still constitute a tension for the women living there. Such as the general Italian system, the local system of elderly care is highly gendered and it is designed especially for female carer; policies take this situation as a matter of fact and don't promote any action to reduce the gender gap in care. Almost all the measures developed in Italy (such as cash-for-care support, dependency in old age grants from region Emilia, paid leaves for mothers) just give financial transfers to families instead of promoting services. This is a challenge for women as long as they're considered the natural caregivers. Plus, some policies, as for example Zerododici (a cash-for-care program for low income parents who wants to take care directly of their children), might have a depressing influence on the participation of women to labour market, especially in the most fragile cases such as low income single mother. In fact, favouring mothers that stays at home taking care of their children might imply a more difficult re-insertion of them into the job place after this period.

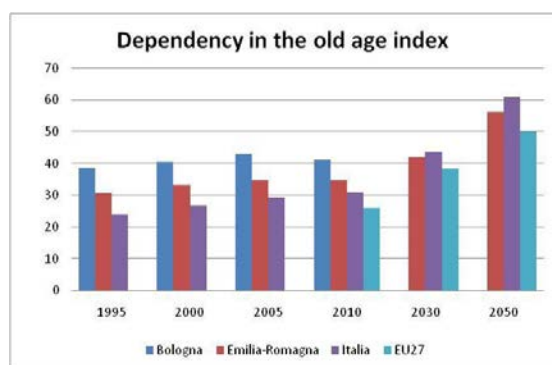
Furthermore, the impact of local elderly care on female propensity to participate to labour market is still very modest and at the present times it does not depend so much on the level of care services. Indeed, in Italy the demographic change has postponed the timing of the non self-sufficiency and now it usually regards mostly elderly of above 80 years old as we saw in our analysis. This fact implies that women in charge of care are usually the children of those elderly, aged between 50 and 60 years old, and they are quite likely to be already pensioner (around 60 years old). Probably, being involved in elderly care for those women has instead a negative effect on childcare more than reducing the propensity on being active on the labour market, because the children of those women cannot be fully supported if their mothers are involved in their grandparent's care.

Nevertheless, the Italian investments on cash-for-care instead of promoting services always assume that there will be someone who takes care of the person in need for care; such role has usually been played by

women in the past and it has been strongly favoured by an orientation of the State which has allowed women to become pensioner earlier than men (even if that has had as a side consequence to have lower pensions). This equilibrium will be put in question in the next years as the new reform of pension introduced in 2011 reduced such possibility for women to exit the labour market before men: in fact, women between 50/70 years old have had a strategic role in providing care in past and in the next decades they will be more and more overloaded as long as they will be asked to participate in labour market while taking care of a growing number of dependants on a single women.

In fact, as demonstrated by the chart below, the old age dependency ratio is growing all over Europe but especially in Italy. Moreover, Bologna is experiencing already an emergency with a value of such index around 40, but it doesn't look like they're trying to set up any innovative policy to get over the model of cash-for-care.

Chart 7 – Dependency in the old age index, by different territorial level, 1995 – 2050 (projections)



Source: EUROSTAT, Ministero del Lavoro, Comune di Bologna

As a consequence, the design of Italian welfare system and the quite spread model of double-earning family in Bologna has resulted in a high demand of care services unanswered by the state, which at the present moment has been mainly filled by low-cost migrants care work migrating from less developed countries (and mostly employed in unregulated jobs). This has just partially solved the problem of female overload, as long as financial transfer from the state has been used to pay the low cost care work from migrants that might help women in sustain care (Costa, 2012). The phenomenon, anyway, has been growing consistently unregulated in the past decade. To give an idea, we had an act of indemnity in Italy in 2002 in order to regularize workers that were employed in family care: between 2001 and 2002 migrant family workers passed from 142.196 domestic services' assistant to 419.808 (Catanzaro, Colombo, 2009). In 2008, there has been another act of indemnity which has been oriented to regularize unregistered care givers and domestic worker: there has been about 300.000 request in all Italy (about 115.000 for carers), 6.500 of which just for the province of Bologna (Ministero dell'interno, 2009).

In fact, as we've seen in the introduction the Italian welfare state considers family as the main provider care, thus resulting in a high level of informal family care which is supported by the state mainly through financial support. Migrant workers are central in this mechanism, as long as they provide the care work needed which is actually partially covered by the cash for care transfers from the State, as long as there is a little development of formal market provision (Lyon, 2009). Nevertheless, many scholars agree with the fact that only thanks to black market (and subsequently low salary) Italian families have been able in the last years to combine female work with care, thanks to this sort of soft marketization of services.

For what it concerns LLL, women aren't considered a privileged target, as long as their rate of LM participation is already above the Barcelona standard, despite any deeper qualitative consideration of what type of occupation women actually are able to get. Moreover, the few active policies are dependent on ESF funds and local welfare system is not putting any specific investments or policy orientation in them.

Briefly, our analysis of local welfare system of Bologna has shown that even if there are specific features of Bologna compared to the rest of Italy that make this area an excellence for what it concerns the childcare provisions, still its local welfare system is deeply rooted in the Italian approach, mostly based on financial transfer and total delegation of care responsibilities to family. Women pay the price of such conservative orientation in welfare policies, by being overloaded by care when they're in their 50s/70s.

Main features of Bologna's system can be summarized in the following points:

- A good provisions of childcare facilities has resulted in a higher female participation to LM, but hasn't got any influence on fertility rate which remains still one of the lowest in Italy. Female propensity to maternity should have been influenced by a good level of childcare services but it has not significantly been; this might help us conclude that there are other factors at stakes that prevents women to fully engage in family, such for example the instability of jobs which affects women and young more than men and the scarce promotion of gender equality policies.
- More than investing on services, the past choices of Italian legislator has been oriented to provide cash-for-care sustain to families. Bologna hasn't departed from such an approach, especially in elderly care which is generally oriented in keeping dependant elderly within families with a financial support by the state or a limited domiciliary assistance. This result is due to both a cultural orientation towards 'ageing in place' and to economic reasons, since institutionalization in residential facilities is more costly.
- The shrinking number of women available for care and the increasing number of dependants (both children and elderly) has put in tension such equilibrium. By now, this has been solved by a strong diffusion of the model of co-resident migrant familial assistant, which complements women in the everyday management of dependants' needs. Anyway, it is still unanswered how would it be possible to maintain it in the future when women will be asked to be more active and for longer time in the labour market, in the context of shrinking resources for public services.
- Labour Policies have been mostly oriented to passive measures, instead of promoting the activation of people involved. Moreover, as a consequence of the inequality of unemployment provisions, an important part of labour force has been totally excluded by passive interventions. Active policies have been mostly financed by ESF, in the substantial absence of a strong orientation of local public bodies; furthermore, women aren't really considered as the main target of policies as long as their participation to LM is considered achieved.

To conclude, gender inequality is still the most important factor that explains the quantity of informal work provided within families in Italy, even in the exemplary context of Bologna. The important role of women in combining reproductive role and labour market is still not fully understood by the public bodies, both at local and national levels, which simply tend to delegate all the care responsibilities to family without really support them with services or by promoting better policies for combining family responsibility and work.

This situation is destined to worsen as long as there will be a postponing of age of retirement for women and a wider generation gap, with a concentration of care responsibilities as long as the old age dependency ratio will become worse in the next years. The conservative orientation of Italian policies, both at local and national level, will probably put seriously in question the sustainability of the actual care model.

Local policies towards childcare and the welfare mix in relation to the provision of childcare²

1. Local policies towards childcare in the city

A brief description of childcare services, family leave schemes, and direct cash payments for childcare in the city, focusing on whether the local policies are more generous, at the same level or more limited than at the national level.

At municipal level, the policy is managed by the “Assessorship to education”. This is the general overview of the provision.

0-2 age range

Within the framework of the national law 1044/1971 about Day-care centres, Regions define their own regulations. Emilia Romagna (the Region where Bologna is located) has fixed regulation about childcare through the regional laws 1/2000 and 8/2004. Through these laws, the Region identifies general criteria for the realization, management, qualification and control of public and private early education services, recognizing the plurality of educational supply and of parents’ freedom of choice, and of national minima level of provision. The Region identifies structural and organizational requirements for early educational services.

Day-care centre is defined as having the following objectives: education and socialization of children, childcare, support to families in their educational choices.

- Public and private crèches for children <3 years. In comparison with the national context, Bologna offers a very good provision of crèches: approx the 39% of the children have access to this service, in comparison with the 19% of the Italian standard. Most of them are public funded and also some Regional vouchers have been available for low-income families in order to pay for private services
- “Home-crèches”: In this service, up to 3 families together may apply to organize a private crèche in a family home, employing a certified teacher that is in a list managed by the Municipality. The families sign a private agreement with the teacher, and the Municipality may give financial support for the families. However only 3 services have been implemented due to the high cost of the service.
- Crèches on the parents’ job places. These services are opened to the children of employees of the companies, but also to the families who live in the neighbourhood. They act as a private service, but they have arrangements with the municipality (some Regional vouchers are available for low-income families).
- “Zerododici”: It is a cash for care system for families with low income (<24000 Euros - gross) in which one family member decides to keep a not-mandatory parental leave and take care personally of the child. The parents must be resident in Bologna, and ask for the service when the child is in his/her first three months of life. The Municipality defines a list and pays a lump-sum contribute of 1000-3000 €. In 2010, 350 Zerododici have been financed.

² Written by Roberta Cucca and Stefania Sabatinelli.

- Educational services for parents and children together. They are spaces for the socialization, where parents have the opportunity of meeting, playing with their children and comparing their educational experiences. Although all these services share common aims, each of them has specific activities, such as reading spaces, painting laboratories, expression laboratories, etcetera.
- “Small educational groups”. In this service up to 5 children may have access to a private and flexible service of baby-parking. This kind of service is managed by cooperatives, associations or profit companies. Some of them have an arrangement with the Municipality (for these services, some vouchers are available for low-income families). They are opened since September to July, seven hours/day
- “Child spaces”: The children who do not attend the crèches can have this opportunity of socialization. These services are opened two days every week, four hours in the morning, without the lunch. There are some private “child spaces” that are opened five hours/day.
- “Tata Bologna”: The service of “baby sitter on demand” has been introduced thanks to the Regional Law 1/2000; 8/2004 and the Directive 646/2005, in the framework of a legislation more sensitive to a higher level of flexibility for childcare, and the diversification of the services. The project provides for the qualifications of baby-sitting as support for families with children from 3 months to 3 years, through the implementation of training (with certification) directly organized by the City and accredited associations. The baby-sitter can only have one contract with one family. The families that benefit of the baby-sitter for a few hours a week (less than 24) may use two methods of regularization of employment: the occasional contract work; or INPS (National Social Security Institute) vouchers for occasional job.

Families who wish to hire the baby-sitter for at least 24 hours per week and for at least 3 months, are supposed to apply the national collective agreement for domestic work and may require a contribution to the Bologna City Council. This contribution requires families to hire the baby-sitter for a minimum of 24 hours up to 40 hours per week and for at least 3 months, using the national collective agreement for domestic work. The cost depends on the baby-sitter category (A, B or C super). Families can then apply for a contribution (voucher) to the City of Bologna if they have an income not higher than 35.000 euro.

- Baby parking: these are private spaces with recreational purposes under the surveillance of an adult. Usually a child can attend these services no more than twice a week and for three hours. Typical examples are the baby parking placed in the malls.
- The “servizi educativi territoriali” (SET) *territorial educational services+, provide many services that are also available for children 0-3 years old: toy and game centres; green points with activities about the nature; laboratories where the children can experience psychomotor activities or use their expressivity.
- The municipal libraries provide the following services: baby rooms where parents and children can have reading experience; spaces for mothers, where once a week an obstetric is available.

3- 6 age range

- Public (municipal and state) and private Kindergarten for children >3 years <6. Bologna has a great history related to this service, because the first Municipal kindergarten in Italy has been established in this city, in 1907. The city has places for more than the 100% of the total population. Approx the 75% of the children attending kindergarten are in a public institution. In addition, for private services some vouchers are available for low-income families and families with disabled children.
- Meal distribution in the municipal and state kindergartens (subjected to a fee).

- Collective transportation to school of children attending municipal or state Kindergarten and state primary and secondary schools. This service is fee-paying, but there are discounts for low income families and families with disabled children.
- Summer centres (called “Estateincitta” *summer in town+) for children >3 years <11, managed by associations that have specific arrangements with the Municipality. The activities are provided in schools where open spaces are available. They consist of educational and recreational activities, such as laboratories, sports, environmental experiences, etc. The supply of the activities is also gender oriented, with some specific services. They are weekly based, from Monday to Friday. There are different options of schedule: full time (from 7.30/9.00 a.m. to 4.30/5.30 p.m.); part time with lunch (from 7.30/9.00 a.m. to 2.30 p.m.); part time without lunch (from 7.30/9.00 a.m. to 12.30 p.m.). These summer centres are fee-paying, but there are discounts for low income families and families with disabled children.
- The municipal libraries offer “reading spaces” where special activities such as laboratories or animated reading are provided.

Children 6-12 years old

- “Lunch time after school services” in primary schools. This services is provided during the days in which the child has not regular afternoon school. The service is activated in a school if there are at least 15 families who are asking for it. This service is fee-paying, but there are discounts for low income families and families with disabled children.
- “Early morning and afternoon post school service” in primary schools. The service is for families with children attending state primary schools and parents with job conditions that make them unable to take children at the end of the regular school time. This service is fee-paying, but there are discounts for low income families and families with disabled children.
- Summer centres (called “Estateincitta” *summer in town+) for children >3 years<11. See above
- Collective transportation to school of children attending municipal or state Kindergarten and state primary and secondary schools. (see above)
- Meal distribution in the primary and secondary schools.
- The municipal libraries offer “reading spaces” where special activities such as laboratories or animated reading are provided.

How far do social rights exist for children or their parents to receive public day care, or to receive financial support for childcare? Is there a general social right for children of a certain age group for public or publicly subsidised day care? Since when? Is this right established at the national or local (or regional) level?

0-2 age range

At the national level, no social right to public or publicly subsidised childcare exists. Early childcare services are considered as “individual demand based services”.

At the Regional level, no social right exists, but the Region finances vouchers for families attending private day-care services, in order to reduce the impact of their fees on the family disposable income, and thus enlarging access to childcare system (see below). Also, the new regional law favours the creation of company crèches, and includes them in the local system of childcare, in order for them to contribute to full coverage of existing demand.

3-5 age range

At the national level, all Italian and foreign children have a right to attend kindergarten, that however is not compulsory, for three years, since they are 3 years old until they are 6 years old. Children aged 2 (who will be 3 years old within the next 30th of April) can be also admitted, but only in case no child over 3 is on a waiting list for that school, places and adequate organizational resources are available, and after pedagogical evaluation of the timing and modes of the introduction (National law n. 53/2003).

Do certain children/families/women have the priority to get publicly-funded/-subsidised childcare?

No priority is identified in the national law (n. 1044/1971).

At the regional level, access and integration of disabled children and of children with social and cultural difficulties is granted (Regional law n. 1/2000). It is up to Municipalities to define specific access and priority criteria in order to compile rankings of applications.

- *Access to the crèches.* The Municipality of Bologna gives priorities for the access to the crèches to the following children: disabled children with certification; children indicated by social services. With the exception of these two groups of children, the rankings are based on the income of the families first, and then on the work conditions of parents (when both work, the family has more possibilities to have access).
- *Priority criteria for vouchers to pay crèches for low income families.* The Municipality of Bologna has defined the following requisites for the access to the voucher: residence of the child and at least of one parent in Bologna; family income under 35000 € /year (for 2011); both the parents, or just one in single parent family, must work. In order to set up rankings, the following priority criteria are applied: the children who have already attended the crèche the year before have a priority access to the voucher; in general the ranking is based on family income. The identification of the vouchers value is based on family incomes (four levels). The vouchers are intended to cover partially the crèche's fee.
- *Priority criteria for discounts in "Lunch time after school services", "Early morning and afternoon post school service", Collective transportation to school and Summer Centres.* The disabled children and the children who live in institutions connected to social services do not pay the fees for these services. With the exception of these two groups of children, the discount depends on family income.

Is there a program of paid family leave(s) (maternity/parental/paternity/care leave) with an incentive for mothers/parents to provide family care until the child has reached a certain age? What is the type and amount of payment? Does the pay cover the whole possible duration of care leave? Are there some additional leave schemes at the local level? For how long is the employment at the previous workplace of the caring parent guaranteed during a family leave?

At the national level, at the beginning of the years 2000s a rather innovative and flexible regulation (national law 53/00; law decree 151/01) was introduced, that nevertheless has relevant limitations. Five months of **compulsory maternity leave** are foreseen; mothers can choose to use either 2 months before the birth and 3 after, or 1 month before and 4 after; they are paid at 80% of mother's salary, but collective agreements in public administration, some industrial sectors or single companies extend replacement rate up to 100%. Fathers can use the "maternity" leave instead of mothers on special circumstances (mother's death, abandonment, exclusive custody to the father, ...).

Afterwards, 10 months of **parental leaves** are available to each couple for each child until he/she reaches 8 years of age. Each parent is entitled to up to six months; if the father uses at least three consecutive months, one bonus month is recognized to the couple. Use is very flexible, as these months can be taken even on a day by day basis. However, the replacement rate is really low: parents are entitled to 30% of

their salary, only until the child is three years old; leaves can also be used between the 3rd and the 8th year

of age, but without any monetary compensation (except for households under a certain income threshold). As a result, it is parents with the lowest income in the household (e.g. predominantly mothers) that are more likely to suspend their employment. In fact, fathers' take up rates are very low, even though available data are still scant (Gavio, Lelleri 2005). Moreover, no **paternity leave** exists in the Italian regulation.

Mothers who go back to work after maternity leave are entitled to a reduction of working time of two hours a day until the child is 1 year old, in order to allow breastfeeding; if the mother cannot use this reduction, because she is unemployed, an autonomous or atypical worker, the father is entitled to it.

As described above, at municipal level a special program of cash for care system, called ZERO-DODICI, has been introduced in order to support families with a low-income profile, in which one parent decides to keep a not-mandatory parental leave and take care personally of the child until he/she is 12 months old. In 2010, 350 Zerododici vouchers have been implemented. In order to deal with the needs of parents who have very unstable work conditions, the Municipality is planning to extend the service also to families where parents are unemployed or do not have rights related to parental leaves.

What is the 'political atmosphere' in the city towards the provision of childcare services: is it supporting public services, commercial (for-profit) services or home care of children, or a mixture of these? Has the situation changed in recent years /decades? Have the Barcelona targets somehow been taken into account locally?

Historically, Bologna has had a very innovative attitude towards childcare services. The first Italian Municipal kindergarten has been established in this city. This has been due to a mixture of factors: a strong attitude of women towards paid jobs, especially in comparison with the national context; a high request of workers (also female) in the industrial period; a public government oriented to innovation in the field of childcare services.

This characteristic emerges today also from the statistics: 39% of children under 3 years and 96% of children under 6 years attend a childcare service.

This system has been strongly promoted by the Municipality. In accordance with other big industrial cities in North Italy (such as Milan, Turin and Genoa), Bologna has developed during the second part of the last century a strong apparatus of Municipal services, especially Kindergartens, while in other parts of the country Kindergartens are mainly managed by the National State.

However in the last two decades, a strong attitude towards a more mixed system has emerged.

In the 0-2 years services' management, there has been a strong involvement of Cooperatives in the provision, although there is still a widespread perception of better quality as far as the municipal management is concerned.

The Municipality has also tried to improve some experimental services for 0-2 years children (e.g. Tata Bologna, Piccoli gruppi educativi), but due to the high costs of the services, it has not been able to attract many families and to answer to the needs of flexibility of low-income flexible workers.

In the 3-5 years childcare, the Municipality runs a large part of the kindergartens (58% of available places). However, during the last decade, in order to cut public expenditure, a growing amount of funds has been devoted to support private childcare (10.000 Euros for class). This has been strongly contested by a part of the public opinion (RetelaicaBologna).

However, at this stage the Municipality of Bologna is in big troubles, because the National Government, due to the severe economic crisis, is going to define limits to Municipality expenditure. Because in Bologna childcare services, especially kindergartens, represent a huge expenditure, they are planning drastic changes for the next year.

How generous is local public spending on childcare? How much from the city budget goes to childcare services (and/or to subsidising different forms of childcare) (€ per inhabitant and per child in the city)? Are there any central government grants for childcare received by local authorities?

In terms of expenditure, it is estimated that the cost for a single child into the municipal crèche is approx 15.000-16.000 each year, for a total of approx. 40.000.000 Euros. The total cost of Municipal kindergarten is approx. 36.000.000 Euros (interviews 1-2). In addition, the Municipality provides funds to private kindergarten approx. for 100.000 Euros. As conclusion, an expenditure of approx. 4500 Euros per child under 6 years resident in Bologna may be estimated, only related to crèches and kindergarten services. The average expenditure in each neighbourhood for services and schools for children under 6 years is about the 1/5-1/6 of the total budget. (Municipality of Bologna, Budget, 2011)

Municipal childcare services are paid with resources coming from the Municipal budget. The State transfers to Regions and through these to Municipalities resources destined to social policies (the National Fund for Social Policies³, created in 1997, in which since 2000 also resources from other funds, including the National Fund for Childhood and Adolescence are channelled). Regions and Provinces may enlarge this budget through their own resources.

Since 2001, the State cannot transfer earmarked funds anymore, since the Regions have complete responsibilities about legislation and planning in social policies after the Reform of the 5th chapter of the Italian Constitution. In order to destine national resources to specific objectives, an agreement must be found between the State and the sub-national institutional levels in the State-Regions-Local Bodies Conference.

Concerning childcare, this was done in 2006 in order to introduce the National Exceptional Day-care centres Plan (*Piano Straordinario Nidi*), with which the previous centre-left Government devoted 727 millions € (281 millions of which from Regional co-financing) in three years in order to increase the under 3 coverage rate by creating 65.000 places in day-care and other services. Up to now 88% of State resources, that is 394 millions €, have been transferred to Regions.

The Region Emilia Romagna has received in the years 2007-2009 26.792.444€ of State resources, and has destined 8.037.733€ of Regional resources to the implementation of the Extraordinary Plan. Further 7.083.800.0€ of State resources have been devolved to Emilia Romagna Region in 2010.

2. The use of formal childcare services

What is the proportion of those parents (or children) who are using public day care to all those who have in principle the right to get public day care? (For example, in Germany each child from 3-6 years of age has a right to public day care. In reality, about 85% of the children of this age group use public day care). What is the proportion of mothers, and of fathers, who are using any of the different kinds of family leave (maternity/parental/paternity/care leave) to those who in principle have the right to take leave?

At national level, in 2004, the subordinated workers with children under 8 who have declared to have used parental leaves in the previous 12 months were 506 thousands (13,9%), 345 thousands mothers (24,2%) and 161 thousands fathers (7,5%).

These percentages vary by the age of the (youngest) child. 40,9% of mothers whose youngest child is under 3 use a parental leave (against 10,9% of fathers); the percentage reaches 54,7 among those with a child under 1, and drops at 13,9% for those with the youngest child aged 3-5 (against 5,6% of fathers) and to

³ Due to the recent strategy for economic stability recent, the National Fund for Social Policies has undergone severe cuts, passing from a

budget of €929 mlns in 2008 to 274 mlns in 2011, to €44 mlns in 2013.

6,8% if the child is over 6 (against 2,6% of fathers) (Istat 2008). This partly depends on the fact that younger children need more care, partly on the difficulty to access early care services, and partly on the fact that the compensation level drops to zero after the child is 3 years old, except for households under a certain income threshold.

There are no estimations at regional or municipal levels.

What are the forms of formal childcare for children in different age categories, including pre-school and care for young school children (mandatory school age to 12-year-olds)?

See point 1

To what extent these are part-time or full-time childcare services?

Most of the services for children under 6 years are full-time. At the Municipal level there is also a good coverage of pre-and post school hours services for children between 6-11 years (Please see numerical information in the table below).

3. Informal childcare

What is known about informal childcare by grandparents, other relatives, neighbours and friends? What is known concerning compensations for this informal childcare?

At national level, it is estimated that 85,6% of grandparents with non cohabitant grandchildren under 13 take care of them, while only 14,4% of them never does it. Grandmothers are involved more (87%) than grandfathers (83,7%). The main reasons are occasional commitments of parents (24,5%) and their jobs (24,4%), followed by emergency situations (15,7%), night commitments of parents (11,8%), children's illness (9,3%) and school holidays (8,9%) (Istat 2006).

No compensation is foreseen for this informal childcare: no public scheme exists, and informal caregivers in most cases do this for free, on a reciprocity basis. Very very marginal cases can be found within the local Time Banks (Banche del Tempo) initiatives (no quantitative estimations available). There are no estimations at regional or municipal levels.

Is it common that working-age grandmothers take care of their grandchildren (full-time or part-time)?

Yes, also because female activity and employment rates used to be rather low in older cohorts. At national level, it should be noted that in 2003 50,5% of women between 55 and 64 years of age were grandmothers.

4. Local welfare mix in childcare

What is the role of private (for-profit/commercial), non-profit, and informal childcare provisions in the city in relation to public services?

As already reported, historically, in Bologna the childcare system has been strongly promoted by the Municipality. In accordance with other big industrial cities in North Italy (such as Milan, Turin and Genoa), Bologna has developed during the second part of the last century a strong apparatus of Municipal services, especially Kindergartens, while in other parts of the country Kindergartens are mainly managed by the National State.

However in the last two decades, a strong attitude towards a more mixed system has emerged, especially in the 0-2 years services management, with a strong involvement of Cooperatives in the provision, through

special “agreements” (Convenzioni). In this area, approx 1/3 of the services are managed by private or non-profit actors.

In relation to childcare for children 3-5 years old, approx ¼ of the services are offered or managed by non-profit or private actors, where a special role is played by Religious institutions. In this area there are agreements between the private institutions and the National State, that recognises the school as “paritaria”. Also the Municipal kindergartens are supposed to apply for this procedure. In addition it’s important to highlight that the Municipality of Bologna, in order to cut public expenditure promoting private childcare, has recently oriented a growing amount of funds to support private childcare (10.000 Euros for class). This has been strongly contested by a part of the public opinion (RetelaicaBologna).

At this stage the Municipality of Bologna is in big trouble, because the National Government, due to the severe economic crisis, is going to define limits to Municipality expenditure. Because in Bologna childcare services, especially kindergartens, represent a huge expenditure, they are planning drastic changes for the next year.

In terms of informal care, no data are provided at local level. However, the statistical data highlight a stronger attitude towards formal childcare in comparison with the national context, especially for 0-2 years children.

Are for-profit and non-profit services purchased directly by families or via local authorities? Are there any public subsidies (e.g. vouchers, tax deductions) to support direct purchase of childcare services?

The majority of the services provided by non-profit and profit actors is purchased by the municipality through special agreement (Convenzioni). As far as crèches are concerned, in 2010, 350 children have attended private crèches paid directly by the families (3,65%). As far as kindergarten are concerned, 237 children (2,72%). Approx 100 low-income families have received a voucher to cover the fees of private crèches. These vouchers have been financed by the Emilia Romagna Region and the Municipality. The voucher has different value in accordance with the income level of the family. For instance, it is 620 Euros for families with an ISEE⁴ <17.000 while it is 400Euros for families >26000 Euros.

What is the role of informal, paid childcare by childminders which are employed (formally and informally) by private households? And what is the role of female migrants among these childminders?

At national level, it is estimated that only 5% of children <3 years old have a paid childminders. Unfortunately there are no estimations at local level.

Table 1a: Children 0-12 years in childcare nationally 2010 ⁵

	0-2 years		3- mandatory school age (specify)		mandatory school age (specify) 6 – 12 years	
	abs	% of the age group	abs	% of the age group	abs	% of the age group
Number of children in each age group (abs. and % of the population in the city)						
Forms of care						
Formal care						
Forms of formal care						
- a collective creche or day-care centre		19,7 ^d				
- family day-care organised/controlled by a public or private structure + other integrative services (haltes jeux and the		2,3 ^b				

⁴ Indicator of the equivalent economic situation, used to assess entitlement to means-tested measures and to define the level of users’ financial participation to some social and health services. It does not correspond to gross or net household income, but it is the result of a more complex calculation.

⁵ Abs are often missing because the percentages refer to different data sets or surveys.

like)						
- pre-school or equivalent	100.140	5,9 ^h	1.588.04	93,6 ^g		
- centre-based services outside school hours						6
- other (please, specify)						
<i>Full-time vs. part-time formal care</i>						
- full-time (30 hours or more a week)		66 ^e out of 100 children going to day-care centres		66 ^c		
- part-time (up to 30 hours a week)		34 ^f out of 100 children going to day-care centres		24 ^c		
- average weekly attendance hours (if available)	39h55	---		---		---
<i>Use of formal care services (welfare mix)</i>						
- public services	192.944	57,4 ^a		68,7		
- for-profit services		42,6 ⁱ		29,6 ⁱ		
- non-profit services						
<i>Other forms of care</i>						
- childcare by a professional minder at the child's home or at the childminder's home		5 ^c				
- informal care (by grandparents, other household members, relatives, friends, neighbours) (paid or unpaid)		32 ^c				
<i>Full-time vs. part-time other forms of care</i>						
- full-time		16 ^c				
- part-time		10 ^c				
- average weekly hours (if available)		---		---		---
<i>Children taken care by their parents</i>						
- Care by mother		50 ^c				
- Care by father						
- Care shared by both parents						

^a Municipal day-care-services (publicly managed or financed) (Istat 2011).

^b Publicly managed or financed integrative services (Istat 2011).

^c EU-SILC survey data (Plantenga and Remery 2009).

^d Own calculation on Monitoraggio Piano Sviluppo Servizi Socio-educativi, 2011.

^e up to 35 hours/week.

^f over 35 hours/week.

^g Own calculations on Ministero dell'Istruzione 2011. Rate between the number of children aged 3-5 registered in pre-school services and the number of children aged 3-5. It should be noted that, as since 2003 it is possible to go to primary school at 5,5 years of age, a further 2,9% of children aged 3-5 already goes to primary school.

^h Source: own calculations on data of the Ministry of Education, considering both children aged 2 going to kindergarten and children aged 2 attending "Spring Classes" (Sezioni Primavera) for children aged 2 to 3.

ⁱ No available data allow to distinguish clearly between for profit and non for profit services.

Table 1b: Children 0-12 years in childcare in the city 2010 ⁶

	0-2 years		3- 5 years		6 – 12 years	
Number of children in each age group (abs. and % of the population in the city)						
Forms of care	abs	% of the age group	abs	% of the age group	abs	% of the age group
Formal care						
Forms of formal care						
- a collective creche or day-care centre	3783	39,04				
- family day-care organised/controlled by a public or private structure + other integrative services (haltes jeux and the like)	41	0,4				
- pre-school or equivalent (Kindergartens)	159	1,7	8392	96,29%		
- centre-based services outside school hours (Centres for parents and children)	245 ^a					
- centre-based services outside school hours (pre-post school hours services)					5669	40,5%
- Summer centres	4290 ^b		23,5%		8050	57,5%
Full-time vs. part-time formal care^c						
- full-time (30 hours or more a week)	2279 ^c	91,11	8372	99,75%		
- part-time (up to 30 hours a week)	305 ^d	8,89	20	0,25%		
- average weekly attendance hours (if available)		---		---		---
Use of formal care services (welfare mix)						
- public services	2743 ^e	73,2	6489	74,46%		
- for-profit services	1040 ^f		26,8			
- non-profit services			1903	31,83%		
Other forms of care						
- childcare by a professional minder at the child's home or at the childminder's home						
- informal care (by grandparents, other household members, relatives, friends, neighbours) (paid or unpaid)						
Full-time vs. part-time other forms of care						
- full-time						
- part-time						
- average weekly hours (if available)		---		---		---
Children taken care by their parents						
- Care by mother						
- Care by father						
- Care shared by both parents						

- It is not possible to calculate % because in "Centro per bambini e genitori" there are many services offered to children of different ages that do not require formal subscription.
- It's not possible to distinguish between different ages.
- Data are available only for municipal services. The % is on municipal services.
- Data are available only for municipal services. The % is on municipal services.
- It refers to crèches directly managed by the Municipality.
- No available data allow to distinguish clearly between for profit and non for profit services. In addition, it is important to notice that 348 places refer to services managed by Cooperatives, but the responsibility of the services is Municipal.
- No available data allow to distinguish clearly between for profit and non for profit services.

⁶ No data are available at local level on informal care.

⁷ If the classification of 30 hours or less is not used in the city/country, please specify the classification used.

5. Quality of childcare services

At the national level, the law 1044/1971 only defines very general quality criteria, within which Regions must define their specific criteria for the building, management and control of day-care services.

What is the group size in formal childcare services (is it regulated, different for different age groups etc.), the staff–child ratio

At the regional level, day-care services can have between 21 and 60 places (between 6 and 20 for micro day-care centres). According to the regional regulation, the educators-children ratio in Municipal day-care services must be as follows:

- maximum 1:5 for children between 3 months and 1 year of age;
- maximum 1:7 for children between 1 and 3 years of age (maximum 1:8 in part-time day-care centres);
- maximum 1:10 in classes receiving only children between 2 and 3 years of age.

Educational level and qualifications of the childcare staff?

The national law (1044/1071) only foresees that day-care centres must have enough appropriate and qualified staff to guarantee health and psycho-pedagogical assistance to children.

At the regional level (LR 8/2004), since 2010 diplomas foreseen for educators in day-care centres are university degrees (3 or 3+2 years) in pedagogy, education sciences, primary training sciences; university masters and other specialised and high training courses in childhood education subjects.

In a transitional phase, and for the staff already hired before 2010, also high school diplomas specializing in education (ISCED 3) are valid.

The staff must be trained permanently on the job, particularly about disabled children and families with social difficulties.

Are these different for public services and for other service providers?

No, all services authorized to functioning, both public and private, must respect the same criteria.

These criteria may, instead, be different between day-care services and integrative services (receiving children for a few hours a week, often with adults, and pursuing socialization and not reconciliation objectives).

For instance, the educators-children ratio in integrative services *without* the presence of adults is:

- maximum 1:8 for children aged 1 to 3 years;
- maximum 1:9 if all children are aged 1,5 to 3 years;
- maximum 1:10 if all children are aged 2 to 3 years.

In services *with* the presence of adults, the ratio is maximum 1:15.

What quality indicators for childcare are used and controlled by the municipality?

In general terms, the Municipality has the duty of controlling some indicators for childcare services, in particular crèches, while the kindergartens are controlled by the national State.

First of all the Municipality, through the urban planning, must find out the places for the child care services. Educational services must be located in an area that is accessible, sunny, mainly flat, far from sources of pollution, with open air spaces equipped for children and green surroundings. The structure preferably should be on one floor, and not in a basement.

Also the architectonic project of a crèche must follow some rules. For instance, each section must have the following areas: a space for recreational activities; a space for the rest; a space for eating and a space for personal hygiene.

In addition to the spatial obligations, a childcare service must respect all the rules described above and regarding staff–child ratio, educational level and qualifications of the childcare staff.

It is the duty of the Municipality to verify the respect of these rules both in municipal care services and in private ones. In order to work, a private service must obtain a permission by the municipality. This permission lasts five years and it is based on the respect of the standards above described. Moreover, the authorization of the municipality requires that the service fits with other legal aspects: the respect of the national job agreement for what concerns the rights and duties of the employees; the respect of the rules indicated by the ASL (the local body of the national health system) concerning food, hygiene, and so on; the provision of insurance protection for both children and employees.

Is there any information on the quality of formal care in comparison to informal childcare?

By definition, there is no information about quality of informal childcare. The impossibility to have this kind of information is one of the reasons why local bodies, and particularly Municipalities, have been boosting in the last decade the development of parenthood support initiatives, such as services for the socialization of both children and adults (so called *giocherie* and *ludoteche*), attended by young children with or without an adult (parent, grandparent, childminder) a couple of times a week. They represent an occasion for local institutions to get in touch with these families, otherwise mainly detached from local services. In Bologna there are Educational services for parents and children together: They are spaces for the socialization, where parents have the opportunity of meeting, playing with their children and comparing their educational experiences.

Are there specific inspection mechanisms of the quality of services and possibilities for parental influence with respect to childcare?

According to the Regional law, inspections are a compulsory activity for Municipalities, that define their specific criteria about them.

The National law (1044/1971) foresees that day-care services must be managed with the participation of families and the representatives of local social organizations.

The Regional regulation foresees that day-care centres provide spaces, with adequate furniture and equipments, to favour relations between parents, children and educators, and to allow parents to be received, and informed about the service activities.

The Region also favours the creation of experimental services aiming, among other things, at training and information of families on themes related to child raising.

The general evaluation of the kindergartens and of the municipal childcare services is based on the triennial planning of the educational supply concerted together by the municipality, the associations of the autonomous schools and the local education office (the *Provveditorato agli studi*).

More specifically, the Municipality of Bologna foresees a combination of mechanisms that help the participation of the families to the management of crèches. The first is the “Programmazione Educativa di Settore” *Sectorial Educational Planning+ that each section must prepare every three months and discuss with the parents in specific meetings. Moreover, in each crèche, and also in the kindergartens, the regulation of the Municipality also foresees specific collective and individual situations based on parents’ participation: the parents’ general meetings, the elected parents’ committee, and individual meetings between parents and educators.

In the framework of control of the activity of crèches and kindergartens, and of all the childcare services in general, a very important role is played by the “Coordinamento pedagogico cittadino” - CEDOC [Civic Pedagogic Coordination]. It is a committee formed by the pedagogic coordinators of each neighbourhood of the town. It provides the following services: an assessment of the planning and the definition of the aims of the child care services; management of the evaluation of the services; specialist supervision on the educational activity and the training of educators and teachers; support to the didactic experimentation; support to the connection with the families.

Finally, specifically for the crèches, it is interesting to underline the importance given to the strategy of auto-evaluation of the services under the supervision of the CEDOC and on the bases indicated by the pedagogic project defined at municipal level. In this framework, each staff compares its achievements with the goals indicated in the project.

6. Affordability, accessibility and flexibility of childcare services

Affordability of childcare. What are the costs of childcare for the parents/families in different forms of childcare?

0-2 age range

The national average level of fee paid by households in municipal day care centres is 147€, paid for 11 months (ISTAT 2011). Nevertheless, this datum is hardly usable, as fees in public day-care centres vary widely, not only among macro-regions, but also within them, and even between neighbour Municipalities. No national or regional standards exist, either about maximum levels, the number of income ranges, the width of the no-fee range, or the proportion between household disposable income and fee level (Monitoraggio Piano Sviluppo Servizi Socio-educativi, 2011).

Average level of fee paid in day-care centres (considering public and private together) is € 412,02/month for full-time service, and € 320,60 for part-time service.

Nationally 42% of children pays the full fee, 3,8% is exempted from paying any fee, 42,6% pays reduced fees because of their family income level, 10,5% of users pays reduced fees for other reasons (disabled family members, contemporary attendance of more than one sibling, prolonged absence because of illness, etc.) (ibid).

All in all half of the day-care centres in Italy apply a form of fee reduction based on a calculation of family disposable income (ISEE); basically these are public services and private services with agreements with Municipalities (*convenzioni*). 23,3% of these day-care centres applies the total exemption of fees to some cases, based on the calculation of family disposable income, while 19,1% of them applies total exemption

based on signalling by social services. In Bologna the households with an annual income ISEE under 515,96 € are exempted by paying the fees for the municipal crèches.

In the services that apply total exemption, the national average for full time fee in day-care centres is 142€ for households with an equivalent disposable income (ISEE) of € 6.000/year (implying a reduction of 67,6%, calculated on the basis of the national average maximum fee of 437€); 205€ for households with a yearly ISEE of €10.000 (-53%), and 269€ for an ISEE of € 15.000 (-36,4%).

In Bologna, the monthly fees for attending municipal crèches are based on 81 different ranges of incomes (based on ISEE). Moreover, there are five different categories for each range of income: full time with extended schedule, full time standard; morning part time with lunch; afternoon part time without lunch; children spaces (2 days/week). The higher monthly fee, paid by households with an annual income that overcomes 33.226,77 € and that ask for full time standard attendance is 518,13 €, that is higher than national average maximum fee: but the costs are hardly comparable because the ranges are not always the same. On the other hand, the monthly fees paid by households with an equivalent disposable income (ISEE) of € 6.000/year is 74.36 € that is lower than national average fee for the same income range. Also the households with yearly ISEE of €10.000 € and € 15.000 € pay less in Bologna, that is 120,85 € and 181,27 €.

At national level, fees for part-time service for the same income levels are respectively: €111 (-64,8 than the national average maximum fee for part-time service), €161 (-49%), €213 (-32,5%) (ibid).

The costs of part time attendance of municipal crèches for households with the same income levels in Bologna are 61,97 €, 100,71 € and 151,06 € for the morning choice (lunch included); while they are 53,71 €, 87,28 € and 130,92 € for the afternoon choice.

The fees in private crèches are variable: the cheapest for full time service is 780€, the highest is 1000 €.

3-5 age range

State kindergartens are compulsorily free of charge; households are required to pay an income-related fee for the canteen, the transportation and the pre-post school service.

Municipalities have the chance to apply fees for municipal crèches. However the Municipal kindergartens in Bologna have been always free of charge as a political decision.

Private kindergartens foresee a fee, generally not income-related, whose level varies a lot among providers and among localities. In Bologna the most expensive is 518€; however the average fee is approx 200€ each month.

How large share of family income goes to childcare in different family forms (one- and two-parent families) and, if there is information available on this, on different income levels?

The share of family income that goes to childcare depends on the different income levels as far Municipal crèches are concerned. A family with an ISEE < 14.000 is supposed to spend 171 Euros monthly for a full time service. A family with an ISEE > 33.000 spends 518 Euros.

Kindergartens are free with exception of the fee for the lunch. In Municipal/State kindergartens it is also related to the ISEE: from a fee of 19,16 Euros/month for families with an ISEE<4.000 Euros, to 124,80 Euros for families with an ISEE >25.000.

Are there any subsidies for the parents or for the service providers, e.g. direct payments, tax concessions, reductions in social contributions, vouchers for the purchase of services?

Tax relief for working parents using childcare facilities is very limited: it concerns only 19% of yearly fees of public or private day-care centres, and only up to 632€/year per child attending a service, implying a saving of maximum 120 € a year per child. This measure must be confirmed every year in the National budget law.

Employers are free to pay for part of the childcare costs of their workers as fringe benefits. If they directly provide a childcare facility within the workplace, they were entitled to public financing and tax relief in the early years 2000s.

The possibility for subnational institutional levels to provide care vouchers has first been introduced in 2000 by the national law 328. Anyway, the provision is still rather marginal, and mostly focussed on elderly care (Pasquinelli and Sabatinelli, 2010).

The Emilia Romagna Region has financed vouchers in the last 3 years in order to reduce the impact of the cost of private childcare services on the family disposable income.

The Region has devoted 3,5 mlns€ for the year 2011/12 in order to finance vouchers of maximum 250 € /month that will be enjoyed by around 1.400 families. The voucher can be used in private authorized early care and socialization services, including regularly hired childminders. Entitled families are those with both parents (or the only one present in the family) employed, and whose ISEE is under 35.000€/year.

Flexibility and accessibility of the services. What are the opening hours (during the day, week and year and during non-standard hours, evenings, nights, weekends, school holidays)

For children <3, on national average, 11% of children attend services for 10 or more hours/week; 34% for maximum 7 hours (Monitoraggio Piano Sviluppo Servizi Socio-educativi, 2011). According to the regional regulation, day-care services can either be full-time, if they are opened at least 8 hours a day, or part-time, if they are opened less than 8 hours a day.

In Bologna the municipal crèches provide both full time and part time programs. Full time crèches are opened Monday to Friday with standard schedule 7.30 a.m. to 4.30 p.m., while the extended schedule finishes at 6 p.m. Part time crèches have two different programs: the children who have lunch at the crèches stay from 7.30 a.m. until 2 p.m., while the children who attend in the afternoon without lunch stay from 1.30 p.m. to 7 p.m.

The municipal crèches are opened since September to June. The full time crèches have a special opening period until July 21st for the families that make a specific request.

For children >3, at national level, kindergartens can be either part-time or full-time, and can be opened up to 48/52 hours a week.

The municipal kindergartens of Bologna have the following standard opening hours: from Monday to Friday, 7.30/9 a.m. to 4.30/5.30 p.m. The children who eat lunch at home, leave the kindergarten at 11.45/12 a.m. and are back between 1 to 2 p.m. The children who do not spend the afternoon at the kindergarten, go back home between 1 and 2 p.m.

Kindergartens are opened since September to June. The summer centres represent an alternative to kindergarten during the closing period in summer time.

For children > 6 during non standard school hours, the municipality provides the following services: “lunch time after school services” that last one or two hours/day, three days/week; “early morning and afternoon post school service” from 7.30 a.m. to the beginning of the lessons, and from the end of the school-time until 6 p.m.

Distance from home (if there is information available on this)

According to the regional law about childcare services (art. 25), it is a responsibility of Municipalities to identify, through their urban planning documents, those areas to be destined to childcare services. On Bologna there is no specific information available, but all the neighbourhoods are considered quite well equipped in terms of crèches and kindergartens.

How flexible is the use of the facility? How well do child care services meet the needs of different groups of women e.g. those working atypical hours or with temporary work contracts?

With regard to the issue of the flexibility it is possible to highlight two main aspects. The first is related to non school periods (Saturdays and summer time), while the second concerns, more in general, the daily management of the children.

In this framework, there are local regulations that define the flexibility in the use of facilities. Generally, in Italian experience, private services are more flexible than public ones, and provide more diversified patterns of part-time or full-time use. In particular, the problem of the non school periods faces the fact that only 18% of services is opened in summer (on average for 23 days), and even less on Saturdays (13%); the latter are more concentrated in the South (Monitoraggio Piano Sviluppo Servizi Socio-educativi, 2011). In particular, in Bologna the crèches are closed in August and on Saturdays and Sundays.

In this framework, as already described above, in order to face these problems in 2002 the project “Tata Bologna” was introduced. The general framework was the necessity to plan childcare services more respondent to new needs of the families, mainly low-medium income, in which both the parents (or the single parent) are employed and asking to access babysitter services in a flexible way: in case of child’s illness and impossibility of the parents to take care about him/her during the working hours; between the closing time of the childcare service and the end of the working hours; other kind of flexible necessities.

The decision of promoting this kind of service has been taken with the main purpose of answering to the higher flexibility/instability of the job market and the parents’ working hours. Another important aim was to provide legal condition of employment for babysitters, or making possible for them to exit from a condition of undeclared work.

Together with the “Tata Bologna” project, the strategy of flexibilization of the child care network is also based on the other above described services of “home-crèches”, “small educational groups”, baby-parkings and “0-12 cash for care” system.

However, due to the high fees, these services have been scarcely used and the problem of low-income parents with flexible jobs has not been solved. The Municipality is planning to extend the working time of the crèches, but some conflicts with the workers and a general retrenchment of the public funds available for these services are important barriers for an innovation.

7. Conclusions

How would you describe the overall childcare situation in the city? Are there some major issues/problems which are limiting women’s labour market integration? Do demand and supply of childcare meet? Are there some specific groups of women/families who have more problems than others to find (affordable) childcare? etc.

As already mentioned, historically Bologna has had a very innovative attitude towards childcare services, because of a mixture of factors: a strong attitude of women towards paid jobs, especially in comparison with the national context; a high demand of workers (also female) in the industrial sector; a public government oriented to innovation in the field of childcare services. This has been interpreted as a

strategic asset for the development of the female participation into the labour market, that is much higher in Bologna in comparison with the Italian national context.

The childcare provision has been strongly promoted by the Municipality. However in the last two decades, a strong attitude towards a more mixed system has emerged, both in the services for 0-2 and 3-5 years. In the 0-2 years services' management, there has been a strong involvement of Cooperatives in the provision, although there is still a widespread perception of better quality as far as the municipal management is concerned. In addition, however the Municipality has promoted different experimental services in order to deal with the flexibility of the labour market and the working hours of parents, the most successful provision has been Zerododici, the cash for care program for low-income parents who want to take care directly of the child. In particular this program has been considered potentially negative for the female participation into the labour market, because of a more difficult re-insertion of women into the job place.

As far the 3-5 years childcare is concerned, the Municipality runs a large part of the kindergartens (58% of available places). However, during the last decade, in order to cut public expenditure, a growing amount of funds has been devoted to support private childcare (10.000 Euros for class). This has been strongly contested by a part of the public opinion (RetelaicaBologna).

As a conclusion we can state that the very next years will be a strategic turning point for childcare services in Bologna. In order to answer to the severe economic crisis, the National Government is planning an austerity policy, that is going to define limits to Municipality expenditure. Because in Bologna childcare services, especially kindergartens, represent a huge expenditure for the local government, drastic changes in the next year may occur in this area of policy. In addition, the postponement of the retiring age may decrease the grandparents' availability to take care about their grandchildren, that in Italy has still to be considered as an asset for women employability. If for the moment the financial crisis has affected more men than women also in Bologna (WP2), today it is difficult to foresee the future impacts of this situation on the female participation to the labour market.

Web

Comune di Bologna, Settore istruzione: www.comune.bologna.it/istruzione

Comune di Bologna, Programmazione <http://www.comune.bologna.it/iperbole/piancont>

Interviews

Gabriele Ventura, Elena Iacucci and Grazia Russo, Municipality of Bologna

Measuring Local welfare systems and the welfare mix in relation to the provision of care for older people⁸

Table 1: Measuring social rights and resources of local welfare systems for elderly care⁹

The Italian system of social policies has always been characterized by fragmentation, particularism and disparities, which haven't been solved in decades as long as Italian governments of last years have refused to promote an organic intervention on the matter. The last law was produced in 2000 (L. 328/2000): it was aimed to create a national integration and coordination frame for all social services and cash-for-care interventions through a unique national fund. However, those hopes have been disillusioned during the subsequent years when resources have been cut.

As a complex, our system is strongly dualistic and is financially unbalanced in favour of cash transfers, which are normally regulated at a National level. Services in kind on the contrary are regionally and locally designed and provided. As a whole, Italy is characterized by a very low level of public provision of in kind services and by weak entitlements related to elderly caring needs. Actually, there are some critical points that still characterizes Italian welfare state since the years '80s, that can be resumed in four main issues:

- The fragmentation of interventions: most of the measures are offered outside a national organic framework. Quite often resources are not equally distributed among risks; as for example most of resources are devoted to the financing pensions instead of care.
- An unbalanced distribution of resources: social services and care have just residual resources in a context characterized by a disorganised management.
- Patronages and particularism: the stratification of measures within time has been quite often made in relation to interests of political parties.
- A passive subsidiarity: Italian National strategy for welfare state has always implied the devolution of responsibilities to other actors, especially families (but also third sector and local authorities). However, this hasn't been done in a context of an adequate financial support from the State (Kazepov, 2011).

In this quite discouraging scenario, the fund for public policies (FNPS) is the financial national framework, in which resources for care are collected and distributed to local welfare systems to integrate the local resources provided. Such intervention was aimed to rationalize resources in a unique fund, but also to distribute competencies from central government to local authorities.

After the constitutional reform (l. cost. 3/2001), the State is only responsible in financing the fund and in setting standards, which are valid in all the national territory, while regions are in exclusive charge of public policies (Kazepov, 2011). However, in 2006 the central government has instituted some specific funds for few policies, in which we must highlight the fund for dependency (L. 296/2006), especially directed to support regions in the allocation of resources for dependency in old age and disabled persons (Kazepov, 2011; Misiani, 2011).

⁸Written by Giuliana Costa and Lara Maestripieri

⁹As long as many descriptions are required we choose not to use the table tool but to answer each question one by one, describing national

level, regional level and local level as required.

The national resources are used to support two main aims:

- Financing cash-for-care interventions through INPS, such as accompany grant (“Indennità di accompagnamento” - IdA¹⁰, see Table 1.1.a).
- Financing projects and local planning through Regions, which receive the money and redistribute to municipalities according to their own regulation and social planning. Municipalities or networks of municipalities (so called social local planning areas) are in charge of delivering services to citizens.

Regional level

Before presenting the Emilia Romagna public system of elderly in need of care support is useful to depict the peculiarity of this region about elderly policies. As already reminded, a National Fund for Dependency (FNPS) has been created at National level and distributed among regions. This ring-fenced fund has been used in different ways at Regional level but only some regions like Emilia-Romagna and Liguria have substantially increased their financial commitment allocating their own specific resources to complement the National Fund. In fact, Emilia Romagna is the only region that decided to finance policies for dependent people in a stable basis by a regional tax increase (Fabrizio 2007). So, in 2007 Emilia Romagna created its own fund for dependent people called FNRA (with DGR 509/2007)¹¹ in which national resources and regional ones have been collected. FNRA represented the occasion to completely redesign the welfare systems for this population. It gives priority to improve residential services and to increase the coverage rate of home services and cash transfer as well as to develop innovative services, as for example e-care services and consultancy for home adaptations for elderly people.

From 2008 with the election of the new right-wing coalition and the worsening of the financial crisis, however, resources by national state have been reduced of about 80%: from 2,520ml in total in 2008 to just 349ml in 2011¹². Such contraction at national level will put in question the sustainability of social policies, which are managed by regions and provided by local authorities, especially in the poorest regions where there isn't any additional contribution at local level. For what it concerns elderly care, the national fund for dependency has been detuned by the cuts, which have reduced its national resources to zero.

Such reductions have been raised as a problematic issue also from the municipality of Bologna: Maria Grazia Bertagni (head of department of social work, Municipality di Bologna) puts in question the sustainability of the FNRA in this current year 2012 at the present state of financing. In fact, all measures for elderly care are financed by Bologna's municipality and region, which gives financing for health services to AUSL through the FNRA. Without national resources, it might be impossible to keep the local welfare system as it is now organized in Bologna. As pointed out by Cristina Malvi (Ausl – Bologna): *“We have huge costs for residential and institutional care, while the domiciliary care's cost is rising too. In the context of National cuts, we were forced to set up a cut-off; we cannot anymore take care of elderly that haven't reach a certain degree of dependency. We don't give any grant anymore to every elderly in a condition of dependency, we don't have any more resources for an universalistic measure and we have to give priority to the most problematic cases”*.

¹⁰ From now we will refer to “Indennità di accompagnamento” by its acronym IdA.

¹¹ Delibera 1206/2007, FNRA.

¹² For info: <http://antoniomisiani.myblog.it/media/02/02/1177770756.pdf>

Part one: Social rights and resources for extra-familial elderly care provided in local welfare systems

1. Forms

a. *How far do social rights exist for older people to public or publicly paid services?*

National level

Care policies cannot rely on constitutional rights or any other legal force: to be cared for is an “incomplete right” in Italy (Leira 1993, Knijn, Kremer 1997) because obtaining personal help is not legally enforceable. The only universal and enforceable support for care needs is a cash transfer called “indennità di accompagnamento” (IdA) that can be accessed by very severely dependent people, be they elder or not. It is paid directly to the recipients from the National Institute for Social Security (INPS). It consists in a flat rate allowance of 480 euros per 12 months (2010) and it is not graduated in relation to different care needs or economic condition of elder (Facchini, 2009). It can be used freely with no form of public control; empirical research shows that it is frequently used to pay for some form of care, in most cases to integrate the costs of private assistants (DaRoit 2008).

In 2005, there were 880.000 IdA to over 65 elderly out of 1.200.000 total in Italy; in more than 50% of cases, the right to access such measure is given at 80 years old (average age is 83,1) (Facchini, 2009).

Regional level

Social rights related to care needs are not present in the regional legislation but the Emilia Romagna region has defined some basic (not enforceable) services and supports devoted to elderly people with care needs that should be included in each social district: cash transfers, home services, residential services, supports for personal assistants (and obviously, prevention services, information and health services). Supports are accessible through the SAA (“Servizio Assistenza Anziani”), special counters that are spread all over the Region, present in each single social district (see WP4 report for more references).

Local level

In the municipality of Bologna there is a regulation, which guarantees the access to social services to everybody as a sort of citizen right. This doesn't mean that everybody has the right to have a service, but just that there isn't any limitation in the access of social services. As specified by Mariagrazia Bertagni (Municipality of Bologna): *“In Bologna everybody can access social services as it is clear by our regulation of municipality's social services. However, access doesn't mean automatically disbursement: his/her need is evaluated as a first gatekeeper at a social point of information at neighbourhood's level and after that by an interview with a social worker that allows to start the assessment's process in order to evaluate his/her need and eventually deliver the service”.*

b. *How far does the municipality offer public services for older people?*

Elderly care is provided in the public system mainly within social assistance policies and partly by health policies with some integration among them, at least in home care. Caring responsibilities are spread among different and non-coordinated policy fields and national, regional and local agencies; being in need of care is a condition not defined by any national law with common criteria. Each region has defined it in different ways and in different contexts, sometimes within regional laws, sometimes by administrative norms. Differentiation in what is considered “being in need of care” in old age also exists at the very local level. Only “severe handicap”, “civil invalidity” and “being in need of the IdA” are conditions defined by national laws even if their existence is assessed by local health agencies (for Bologna: Ausl – Bologna).

Home health services are organized and delivered by Local Health Agencies; social services are delivered and organized by municipalities, which means a great dispersion of locally designed programs. As well as in

other regions, in Emilia Romagna home services can be distinguished in social based ones or in health based ones. The peculiarity of Emilia Romagna services is that there is a higher level of integration among the two compared to other territories, even if they are managed by different actors: Municipalities and local health agencies (AUSL). As its primary goal of policy in terms of elderly care, Emilia Romagna has built a system in which the permanence of elderly at home is promoted as much as possible, in order to avoid hospitalization: in this context, many resources are invested to sustain domiciliary care (in many different forms, as we're going to see). In general, the local welfare system in Emilia Romagna is organised following regional guidelines, which substantially act as a sort of soft standardization of the offer at regional level. In fact, the principal services that we're going to describe here are present in the entire territory of region Emilia-Romagna; in addition to those services, the municipality of Bologna participates to a prevention project for fragile elderly in summer (see E-care), which is promoted at national level by the ministry of health, even if its activation is at will of each municipality. As said, two are the main institutional actors: for Bologna there is the municipality of Bologna (department of social workers services) and the local health unit (Ausl – District of Bologna). However, the municipality of Bologna make just the coordination of social workers unit, while access, management and evaluation of cases are more territorially spread and at level of neighbourhood (9 in the city). This is a specific orientation of policy, which is aimed to be the nearest possible to citizens.

Despite these preliminary remarks, due to scarcity of resources the care system in Bologna and in Emilia Romagna is oriented mostly to support the elderly when they're already non self-sufficient. As pointed out by Cristina Malvi (Ausl – Bologna): *"This is due especially to the fact that in Bologna there is a high percentage of population above 65 and plus (about 28% of total population), which makes dependency a real emergency, even compared to province and region. This fact has as a consequence that most of the resources are oriented to health services and to sustain elderly already in a condition of need"*.

Elderly services with a high health component consist in home care services (ADI), residential facilities with different levels of medical services, day care centres and the assistance provided by general medical practitioners. The ADI is a relatively short time service (it lasts as a mean less than 90 days) and it's delivered for just few hours per week. Its objective is to support fragile or ill people at home and prevent them from needing institutional care. The ADI in Emilia Romagna is classified in 3 levels corresponding to low (ADI1), medium care intensity (ADI2) and oncology care (ADI3); first type ADI1 provide both health and social assistance, while the others are mainly health assistance. It is not aimed to care just for elderly in need, even if people above 65 years old are the most common users. It is provided through different professionals: general practitioners, nurses, social workers, specialized doctors and physiotherapists. It can be accessed through the general practitioner, by family members or by a hospital from which the person has been dismissed. According to Regional laws users have to co-pay the social component of health home services, maximum 10 euros/hour.

Social services for elderly are managed directly by Municipalities. They can assure a very modest level of coverage and are locally fragmented. They consist in home care services (AD), in residential services and day care centres. The former two are normally means tested; day care centres are mostly accessed on a free basis. Each territorial context determines the contents of home services, the maximum and minimum number of home visits, the qualification of the involved staff, the kind of services provided and its integration with other services. AD has the aim to support elderly people performing everyday activities at home. It provides different kinds of services, as for example assistance in personal care and hygiene, domestic care and ménage, help for accessing other resources from the local welfare, mediation with and accompaniment of private assistants working at home. In Bologna, other services are available as for example meals on wheels, distribution of drugs and help for out of home activities. The service is co-paid by users; in 2009 there were 1.993 elderly in care in AD, with an average of 239 hours each and an average contribution of 706 euro, equal to 8,4% of the total cost of the policy (Comune di Bologna, 2010).

The main care policies for dependency in Bologna are:

- Domiciliary social and health care: done in two separate services partially integrated: AD (domiciliary care managed by municipalities) and ADI (domiciliary and health care managed by local health unit - Ausl)¹³.
- Domiciliary assistance: it is managed in collaboration with volunteers and aimed mostly to social and communicative needs.
- Cash-for-care: a fragile elderly in economic deprivation has the right to have a grant from the local administration to avoid his/her hospitalization and to help families in supporting the domiciliary care costs to be given to care giver (usually migrant care givers).
- Institutionalized care (in agreement with private institutions, see later): there are two different forms for fragile elderly (called “Casa di riposo”) and for severely dependent elderly (“Casa residenza”).
- Day-care: it’s a semi-residential day care service devoted to frail elderly with health and social support. Local administration offers to keep during weekdays and Saturday in centres where they can be monitored and cared by professional caregiver and nurses while relatives are working.
- Recovery care: there is the possibility to hospitalize the elderly for a short period (max 1 month) to give recovery to familiar caregiver during holidays or emergency periods.

Main policies for preventing the condition of dependency are:

- E-care project: based on a network of subjects (mostly from the volunteering organizations) which are coordinated by a call centre to keep active monitoring the social and health condition of about 3.500 elderly in a condition of vulnerability (especially because of the solitude, see WP4 case study for more information on that). In addition, about 8.000 elderly have the right to access the service by calling a free number for every social, health or any other type of need they might have. This is mostly active during the summer period in correspondence of the increase in temperature.

For what it concerns the residential care, residential and semi-residential services, they are managed by public and private actors which activity is regulated and monitored by the Region. Residential services are more and more devoted to very frail and very old dependent people as a “last option” to be used when all other care arrangements are not feasible any more. They are co-paid by users and their families. In order to ease users of these costs (which are particularly high) and qualify professional service in them, Emilia Romagna Region has committed an important part of its resources for sustaining institutional care.

In Bologna residential and semi-residential services for elderly people are:

- “Casa residenza per anziani non autosufficienti”: that is devoted to very fragile and dependent elderly people that cannot be assisted at home any more, that do not need hospitalization and that stay for very long periods (until the end of life in most cases). About 1.500 beds.
- “Casa di riposo”: they are aimed to welcome elderly that aren’t already in dependency. All the costs are in charge of families, even if social services might contribute partially for it. About 350 beds.
- “Appartamenti protetti”: apartments for elderly people with very modest levels of dependence with special furniture connected to home service professionals that support residents in daily activities. Present only in few territories, but present in Bologna (about 40 beds)¹⁴.

¹³ There isn’t any assessment of the overlapping between AD and ADI. As an estimate, Mariagrazia Bertagni affirmed that it might be a partial overlapping in ADI1 patient with AD (around 102 elderly), even if ideally it shouldn’t occur any kind of overlaps.

¹⁴ Data refers to 2010, source: Ausl – Bologna.

All residential and domiciliary services are co-paid by users or by their family (following Civil Italian Code art. 433, see part three). According to Regional laws (DGR 2110/2009, DGR 514/2009), users have to co-pay for residential care a fee of 49,00 euros/day (eventually be reimbursed 22 of them by the Municipality), 29 euros/day in day care centres (excluding transportation costs), 26,5 euro/day in respite services. It's quite a strong contribution for families; nevertheless, the municipality of Bologna intervenes just in condition of extreme poverty of the elderly and his/her family.

c. *Does exist a cash-for-care system with the option to choose extra-familial care?*

National level

In addition to IdA, some municipalities and Regions have developed in the last ten years also cash transfers, allowances to pay family caregivers that do not apply for residential services or to pay for private assistants, in both cases on a strictly mean tested basis. Their amount range varies from 200 to 500 euros per month (Lamura and Principi 2009) and their coverage rate varies strongly across the country.

Regional level

Emilia Romagna introduced quite early (with the regional law 5/1994) a specific cash transfer called "assegno di cura" devoted to elderly people in need of personal care. It is financed and paid directly from the region to final users. To benefit from it is not intended as a legal right, the cash solution is just one of the different supports that are available. Such grant is entitled to families that assist at home a dependent elder and it is not usable in a residential context.

It can be provided to family members or other persons that care on a continuative basis or to the elder person if she or he is able to organize its own care arrangements. This benefit is related to a "care contract" signed by beneficiaries and public staff and municipalities through the social workers system manage it. The average amount of such contribution in 2008 was 246 euros/month (Lamura and colleagues 2009).

Local level

Thanks to the regional financing, the municipality of Bologna give "assegno di cura" as an economic contribution for those elders, which are in a condition of dependency. Even if it's a regional policy, it is declined in different territory in base of the needs and available resources. In fact, due the cuts from the National government it was necessary to enact a new regulation in the province of Bologna for accessing such grant, in which the elderly must have at least 500 points of dependency in the BINA form (see table 1.4 for details). Thus resulted in a contraction of cash-for-care grants delivered in Bologna of about 50% in the last year 2011 compared to 2010.

However, this policy is aimed to reduce the institutionalization of over 65, if not strictly necessary. To be granted with such contribution, an elder must be resident in the municipality of Bologna and having an income under 22.300/year (calculated through the system of ISEE, see part three). The contribution is entitled to elder, which might choose how to use the economic contribution and eventually pay an extra-familial carer; it is given in three amount (A-B-C) in terms of the degree of dependency: A (high gravity): 22 euro/day, B (medium-high): 17 euro/day, C (medium): 13 euro/day. The grant is means tested and reduced in case the elderly owns an IdA grant from INPS. As pointed out by Mariagrazia Bertagni (Municipality of Bologna): *"Such grant has a peculiarity, it can be used in two ways by the elderly which is the owner of the grant: in the first case, it is possible to use it in order to buy extra-familial care (usually migrants), but also be given to a relatives which is the prominent caregiver"*.

In case the contribution is used to pay a migrant worker and if the elder has an ISEE under 15.000€/year, the region Emilia Romagna add 160€ as a contribution for the regularization of the migrant worker with a regular contract (within the "National Work Contract for Home Workers"). The migrant worker must be employed at least 20 hours/week and have a regular contract. This flat rate cash transfer has been

launched in 2007 (with DGR 1206/2007) to support families in paying for care and to promote the regularization of the care private market, which is highly afflicted by black market, as we're going to discuss in table 2.

In addition, there is also a contribution from the municipality of Bologna that helps families with an elder in an institutionalized care to partially reduce the costs of fees. This contribution is given only if the elderly is recovered in structures, which are operating within the National Health Service and in convention with municipality of Bologna. Such contribution is paid directly to the structure, not to families.

d. Tax credit

In the Italian fiscal system there are few fiscal benefits for caring expenses. It is possible to have a credit in taxes for hiring a migrant worker with a regular contract; such deduction is calculated on the pension contribution paid by the employer (max 1.549,37 euro) and a tax credit of 2.100 for each extra-familial paid caregiver. Only 19% of expenses devoted to buy vehicles and technological devices for disabled people can be deducted from the total amount of gross payable taxes.

About 19% of health costs can be deducted from taxable income, but this is a universalistic right accessible by all citizens in Italy; in such framework, it is possible to deduce part of the fee of residential care for elderly but the deduction is possible only for the costs of health and medical services, not for the entire fee (Regione Emilia Romagna, 2010).

e. Special local services for families who hire personal assistants

Emilia Romagna has invested quite a lot in supporting families that use personal assistants that care for elderly people. Apart from the special cash transfer to pay for regularly hired assistants (see above), the region also supports social districts in creating and managing special "counters" (using the resources of FNRA), where families can find the right personal assistant sometimes supported by the employment agencies, in creating and managing public registers that certify professional or/and personal standard of personal assistants inscribed in, in developing training courses and in integrating home services professionals with personal assistants (see table 2).

f. Special local services in collaboration with third sector' organizations

In Bologna, thanks to a strong tradition of civic involvement, there are a lot of services that are provided to persons in needs by third sector organization and organized by social services. They deliver the following services: home delivery of drugs, accompany services, meals on wheels or participation to social activities. Some of those organizations also collaborates inside the E-care network project, see WP4 case study for more details.

2. Degree of comprehensiveness of definition of care

For home based services:

Type of provision	Managed by	Description
AD - Domiciliary care	Municipality	Physical care and household work
ADI - Domiciliary and health care	Ausl	Limited mainly to physical care (with the exception of ADI1, in which a part of care is devoted to social needs)
Domiciliary assistance	Municipality and Volunteers	Limited to communicative and social needs
E-care network	Municipality and Ausl	Physical care, household work and communicative needs

3. Generosity in relation to individual care need

For home based services:

Type of provision	Generosity
AD – Domiciliary care	From 2 to 4 hours/week, in three level of care in base of graveness of dependency (A-B-C). In base of graveness of dependency, operators visit elderly from 1 to 3 times a week.
ADI – Domiciliary and health care	Three main level: ADI 1 for those patient who need just non-specialist domiciliary health care, ADI 2 and ADI 3 for more serious situation it also comprehend the domiciliary intervention of specialist doctors. It's a short-term health intensive program (less than 90 days).The first 40 days service is provided for free financed by the municipality; after this first period a contribution on the base of elder's income is required for the sustainability of the service.
Domiciliary assistance	About 200 hours/year in average for each elderly in care.
E-care network	24h/24h, 7 days / 7 days trough a call centre. Domiciliary care on individual needs.

4. Accessibility of home based services and institutional care

National level

The IdA is devoted to those who are assessed as completely dependent on a long-term basis by local health medical commissions, discarding their age and economic status. Ideally, same criteria are used all over the country even if there is a high discretion. It is the only universal measure in the Italian Welfare system especially designed for those who are severely dependent (in this case dependency means being completely unable to perform the basic activities of daily living according to the age without help). The medical commissions that are the gatekeepers to access this measure do not make any assessment of the possible mismatch between available resources (other economic means, family help, networks) and needs (Costa 2012a and 2012b).

Access criteria to home based services and to institutional ones are not defined at a national level. Each region defines it autonomously, both for health and for social assistance services. Social services access is in general means tested and related to needs, forms and amount of informal available help and to the use of public services (in some contexts a person can use either a local transfer or residential services for example). Eligibility criteria (including economic ones) are not homogeneous and are defined at the Municipality level, in some cases following Regional regulations. Municipal cash transfers are provided to maintain elderly dependents at home and are normally alternative to services in kind.

Regional level

Those who apply for the assegno di cura and/or services need to be certified as dependent by their general practitioner, being the first gatekeeper in the Emilia Romagna caring public system. Applications for public supports have to be presented at the “Servizio Assistenza Anziani” (SAA), special counters spread all over the region, present in each single social district. These counters can be activate by whatever person that has information about the elderly person in need of care (in other regions only family members or the person him/her self can do it). Multidisciplinary teams (the UVM - Unità di valutazione multidimensionale) evaluate caring needs with the general practitioner and elaborate a “personal assistance program” that is periodically revised. A case manager is appointed among those actors that participate to the assistance program, which is quite rare in the Italian panorama. There is a simplified procedure of evaluation (that do not include the all UVM) in case of very simple situations of need.

The evaluation of needs is done using the same instrument all over the region, a standardized form called BINA. There are two types of it: one is devoted to those applying for institutional care (BINA) and one for domiciliary care (BINA HOME). This form is aimed to evaluate the graveness of the condition of dependency through a standardized scale at regional level.

Local level

In the municipality of Bologna, the accessibility to dependency's services is available for everybody, even if the supply of the service is based on an evaluation made by social services in conjunction with a geriatric commission provided by the local health unit (UVG – Unità di Valutazione Geriatrica). On the base of its conclusion, social work department and Ausl decide what is the appropriate intervention in terms of the individual need. There is no limitation in terms of income to access services, oppositely to "assegno di cura".

As pointed out by Cristina Malvi, head director at Ausl Bologna: *"When an elderly starts to become vulnerable and fragile, the first actor that intervenes is the family. Subsequently, when they're not anymore able to sustain his/her need families usually hire a (migrant) care giver, with the support of associations who might be able to guide them in managing all the process of finding and hiring the right care giver. When this support is not anymore enough, the family usually asks the social services, which guide them to the right policy for their needs, starting from domiciliary care to use as last resource the institutionalization of elderly. The general orientation of the local welfare system of Bologna is to keep as long as possible the elderly in their own social and home environment, until there is a good equilibrium between care and family's quality of life."*

The limitation in access is based on a priority list, made of a combined evaluation of the following criteria:

- Degree of sickness on the base of the regional form BINA;
- Risk of abandon (if present);
- Yearly income of the elder and a partial assessment of the income of family member even if it's compulsory (i.e. partner and children);

However, the access to AD and ADI are regulated in a different way. AD is entitled only to municipalities and it is managed directly by social services (the most recent regulation in the municipality of Bologna are: ODG. 191/1992, ODG. 880/1990). On the contrary, ADI regulation is more formalised at regional level, while the assessment is shared among social services and Ausl of Bologna (the most recent regulation has been done by Region, DGR Emilia Romagna 124/1999).

5. Regulation and control of quality of care in the context of these schemes

National level

Regulation and control of quality of care services are not defined at a national level. Required share of professional careers per different care service agencies and services (home services, residential and day care ones) are defined at regional level within norms that are related to accreditation models (see the Emilia Romagna case). The only qualitative aspect of services that are fixed on a national basis is the average duration of professional education of those who need a university degree to access their profession (normally those working in health care as doctors, nurses and physiotherapists). Undergraduate careers for care are defined at a regional level (as OSS, social workers involved directly with care activities).

Regional level

In 2007 the region Emilia Romagna has defined general criteria to accredit public and private actors in its own system of health services. Accreditation implies that providers accept to offer their services with tariffs that are established by region Emilia Romagna. The accreditation model requires that providers meet some professional and infrastructural standards, different for each service. In 2009 (DGR 514/2009) standards for accreditation has been defined for each social and health services dedicated to elderly care. At the present state, the local welfare system face a transitory phase in which all the providers are requested to comply with the new criteria; the new guidelines will come into effect at 31/12/2013.

All accreditation rules are implemented at regional level, even if it's the municipality of Bologna that takes care of the individual process of accreditation of a single actor. According to regional laws (DGR 2110/2009, DGR 514/2009), users have to co-pay for residential care a fee of 49,00 euros/day (eventually be reimbursed 22 of them by the municipality), 29 euros/day in day care centres (excluding transportation costs), 10 euros/hour health home care, 26,5 euro/day in respite services. For every type of provisions, the base figure will be OSS, which is a qualified socio-sanitary operator; for families, most of them rely on migrant caregivers that are qualified only in rare cases (see table 2).

Apart from health professionals, there are two main professional figures that are involved in elderly care:

- OSS – Social and health operators (@social services): the vocational course is regulated at regional level. Such profession is accessible through three different passages, depending on the previous experiences of the worker. For those who haven't work experience in the field, it is required to complete a course of 1000 hours in total; for those with experiences in care, it is required to complete 300 hours of specific education. Lastly, it is also possible to access by an apprenticeship contract, which requires minimum 120 hours/year of formation.
- Migrant caregiver (@families): there isn't any specific education course for accessing such profession and migrant female workers usually perform it usually without any formal education or previous experience in the field. In the last years, public bodies have promoted numerous courses in collaboration with local associations and cooperative to give them the basis for providing elderly care, i.e. the courses offered by ASP Giovanni XXIII (see table 2).

There isn't any possibility for us to give the actual importance of each group of professionals inside services nor the ration staff/resident, both at local and regional level. However, according to the regional guidelines, which will be effective at 31/12/2013, the standards will be as following for transitory phase and in long-term:

Tab. 1.a – Share of Professional carers, local level

Type of provision	At present	At 31/12/2013
Required share of professional carers (OSS) in home-care services	At least 65% (*)	100% (*)
Required share of professional carers (OSS) in institutional care	At least 65% (*)	100% (*)

Source: (*) Normative source, ref. DRG. Emilia Romagna 514/2009.

Tab. 1.b – Rations staff/resident in institutional care (2009), local level

Social and health institutional care	Medium Intensity		High Intensity	
	In accreditation	Forprofit	In accreditation	For profit
Staff/resident	0,96	0,83	1,06	-
Equivalent fulltime staff/resident	0,87	0,72	0,91	-

Source: Province of Bologna, 2009 (*ref. DGR 564/2000, not anymore in effect)

For what it concerns the share of professional carers in social services, we cannot provide any further information, except that there is a rule (in the guidelines), that this rule will become the standard by

31/12/13 and that at the moment all the providers are required to comply with this rule. Anyway, this rule doesn't really provide a general and fixed ratio staff/residents, but it's divided by type of professional and in some cases for type of residents (see next table). We can also add that regional guidelines were set up in 2009, because there was a high variations in the services among local systems in the region to which Bologna belongs both in terms of quality of services provided and in terms of costs as pointed out by Mariagrazia Bertagni, but we couldn't even find a scenario of what was the situation in 2009 before the new guidelines.

Tab. 2 – Required share of normative standards for institutional care, regional level (DRG 514/2009)

Type of professionals	Ratios	With Severe depend.	With extremely Severe depend.
OSS operator	1 every 3,1 elderly	2,6	2/1,8 (on needs)
Nurses	1 every 12 elderly	-	-
Physiotherapist	1 every 60 elderly	40	-
Doctor	5 to 15 hours every 25 elderly	-	-
Coordinator of health assistance	5 hours every 25 elderly		
Psychologist	1 every structure	-	-
Animator	1 every 60 elderly	-	-
Managers	At least 2 for structure 25+ elderly	-	-

Source: Normative source, ref. DRG. Emilia Romagna 514/2009.

6. Take-up rates

From a general point of view, it is quite hard to compare take up rates in Italy as long as a great part of elderly policies are territorially dependent. At national level, just the IdA is a national policy spread and comparable in all Italy, while the rest are decided at regional level with a high variance within regions.

The municipality of Bologna and the Ausl promotes especially domiciliary services for all elders above 65 years old or for people above 50 with geriatric affliction. Domiciliary care is provided also to people affected by disability discarding the age. At the moment, in Bologna there are 99.486 over 65 (about 30% of the total population): as estimated by Cristina Malvi, about 28.000 elderly have some forms of dependency or dimensions of fragility, as an estimate, in 2010 social services and local health units are able to reach about 11.000 elderly out of 99.440 over 65 years old actually resident in the municipality of Bologna (about 11%) (Source: ISTAT, 2010, Ausl – Bologna, 2010). Most of the people in care are above 75 years old. To those numbers, we must add about 55.000 meals on wheels distributed every year to elderly, discarding their involvement in any other type of domiciliary services offered by the local welfare system.

Tab. 3 – Take up rates for different type of care provisions, National and Local level (2010).

Type of provision	Bologna	Emilia - Romagna	Italy
% coverage rate IdA (65+)	-	9,7 %	10,7 %
% of elderly users of whatever kind caring services	11 %	12 %	7,9 %
% of elderly users of residential services	1,88 %	4,4 %	3 %

Source: ISTAT 2010, Ausl – Bologna 2010, % in terms of 65+

Tab. 4 – Elderly in care for different type of care provisions, 2008/2011, Bologna.

Type of provision	2008	2009	2010	2011	Ratio 08/11
Total Population 65+	99.981	99.440	98.598	99.486 (at 30/06/2011)	Stable
AD – Domiciliary care	2.117	1.993	1.790	1.590	- 24%
ADI – Domiciliary/health	674	679	737	753 (estimation)	+ 11%

Volunteer Domiciliary AD	1.907	1.798	1.645	321	- 83%
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Institutional care	1.480	1.517	1.524	1.454	- 1,7%
Day-care centres	316	328	338	345	+ 9,1%
Assegno di cura (cash-for-care)	2.722	2.880	2.862	1.733	- 36%
Family assistant contribution	242	508	779	n.a.	n.a.
Total	9.216	9.195	8.896	6.196	- 33%
Rates ¹⁵	9,22%	9,25%	9,02%	6,23%	

Source: *Comune di Bologna for 2011, Ausl – Bologna 2008-2010*

As it is clear by the table, the contraction of the national resources had a direct influence on the services, which were offered at local level, even in a region like Emilia Romagna where there is a special fund dedicated to dependency. The most important cut in terms of resources has been in the cash-for-care system that has been reduced of about 50%: this is the result of the regulation made by the municipality in order to give priority only to severe dependency (see Table 1, point 1.c).

Tab. 5 – Take up rates for different type of care provisions, 2011, Bologna.

Type of provision	2011	Rates
AD - Domiciliary care	1.590	1,61%
ADI - Domiciliary/health	502 (ADI1: 70, ADI2: 346, ADI3: 86) ¹⁶	0,76%
Domiciliary care by volunteers	321	0,32%
E-care network	3.327 (actively), in summer about 8.000 (just in-bound calls)	3,37%
Institutional care	1.454 (plus 350 temporary)	1,47%
Day-care centres	345	0,35%
Assegno di cura (cash-for-care)	1.733 (of those new: just 543)	1,75%

Source: *Comune di Bologna for 2011, ISTAT 2011, % in terms of 65+*

Part two: Social rights and resources for elderly care by family members that are provided in local welfare systems

In the Italian system there are no entitlements nationally regulated attached to caregiving. The IdAis devoted to the person that needs care and it can be spend freely, not necessarily to pay family members. No figurative contribution schemes are in place for those who leave their employment to care someone on a permanent basis. The only benefit provided for working caregivers is a three days per month parental leave recognized for close family members (to the third degree of kindred) who care for someone who has been defined as severely disabled according to the criteria defined in a national law (104/1992), assessed by medical commissions of ASL. Anyway, such law is accessible only if the worker is employed permanently as a dependent worker, thus giving exception of 14,5% women that in Italy are employed with temporary contracts (ISTAT, 2012). Apart from that, the only relevant initiative that can be recalled is the possibility offered by INPS (the National institute for Pensions), which in 1997 has instituted a pension also for housewives defined as “all individual providing domestic work without being paid and within families” (see INPS website for more references). Even at regional level caregivers are not entitled with any social right. They can be part of the contract drawn for the “assegno di cura” if they participate in the care arrangement but the cash transfer is directed to the elderly person and not to their relatives, even if he/she is the main caregiver. However, an embryonic attention to caregivers is given in Bologna, where one of the focuses of educational actions is oriented to relatives in charge of elderly care. Such courses are offered for free by ASP Giovanni XXIII (a public company) together with courses organized for migrant caregiver (see table 2).

¹⁵ E-care project is not included in these numbers, even though we can estimate a sensible growth of the number of elderly in care in this service.

¹⁶ The data from Comune di Bologna provided ADI services just for the first six months of the year 2011. We will provide take up rate as an

estimation of the whole year.

Part three: Degree to which local welfare systems oblige family members to care for their older frail relatives.

Family members in Italy can be called to co-pay for public services provided to elderly people. It is part of obligations inscribed in the Italian Civil Code in the article 433 “alimonies and maintenance of relatives in need of economic assistance”. There are no obligations to “take care”, only economics ones (judges can decree that an adult have to take care of a child living with her/him but not of another adult). Traditionally municipalities ask relatives to co-pay for residential services (the more costly) if the user has no enough means to pay for her/him self, but the civil code establish that only the person in need can enforce him/her relatives to contribute to maintenance because is a private relationship and obligation. Municipalities who are responsible for paying for those who have no means to maintain themselves supposedly cannot claim for relatives’ economic participation.

Economic conditions of services users are normally evaluated through a family economic indicator. National law (Dlgs. 109/1998, Dlgs. 130/2000) have introduced an indicator called “ISEE” to evaluate economic conditions of those who claim for subsidized public services. ISEE is a value calculated on the basis of family revenues, patrimony and the number of family members. Norms for services destined to disabled and dependent people should have been introduced with implementation decrees but they have not been produced since then. Each local context uses the ISEE in a different way, including or not in its calculation pensions, allowances, care cash transfers (as for example IdA) and using different criteria to define “family members”. The higher the ISEE of a person, the higher it will be his/her contribution in used services. That is the reason why many public agencies define extensively family boundaries. The issue of co-payment and relatives’ obligations is quite problematic in Italy nowadays because many agencies are using both criteria, the one steaming from the civil code and the ISEE. Furthermore, there is a high fragmentation in ways to define the ISEE e in its use to define tariffs and co-payment, even within a single region. In Emilia Romagna, relatives have to contribute in the payment of residential services and their economic condition is normally taken into account to determine co-payment formulas at least in the calculation of fees for residential care. In the case of application for the “assegno di cura” the only economic condition of the elderly is considered, the ISEE indicator is applied only to her/his revenues and patrimony.

Part four: Company leaves schemes at the local level

In Italy, there isn’t a great attention for elderly care: women are usually devoted to provide care within families and just in the recent years their unavoidable contribution has been lighten by the arrival of numerous migrant co-habitant care givers, quite often employed with unregulated jobs and illegally resident in country. However, quite surprisingly there isn’t any specific attention from the legislator or from trade unions in terms of equal opportunity of being caregivers and active on the labour market. We couldn’t track down any specific company leave scheme to sustain women involved in elderly care, with the relevant exception of L. 104/1992 which has been already described in part two. The only remarkable project in this sense at local level is the so-called project “Continuum”, dedicated to dependent workers of the Region Emilia Romagna. In this project started in 2010, specific attention will be given to those workers who have been absent from work for long periods because of care duties, sickness and maternity leave. The goal is to promote equal opportunity and to avoid risks of marginalization of those people while re-entering the labour market (Regione Emilia Romagna, 2010). Furthermore, in march 2012 it is going to start a joint table on local welfare called “TavoloAltro Welfare” among companies and public agencies in Bologna in order to study new forms of welfare at local level: among other issues, company leave for elderly care will be at stake in this table.

Table 2: Measuring the welfare mix in social services related to elderly care

Family care is crucial in the caring arrangements of Italian families with at least one elderly person. In all ages and for different levels of care need (being 65+ or being severely or not dependent), family members providemost help and services in kind (ISTAT 2010, see table). Along with this pre-eminence of family care

it is important to point out that a large part of the elderly dependent population is not assisted at all. Almost 40% of families with an 80+ severely dependent elderly person do not receive any help, be it from family members, public services or private actors. With other things the same, the amount of help drops in younger ages or with less severe autonomy limitations (Costa 2011 and 2012).

Tab. 6 – Percentage of Italian families with elderly people per kind of help received (2009)

	Families with 65+			Families with 80+		
	Elderly	Severe dep.	Depend.	Elderly	Severe dep.	Depend.
Families that receive help	29,2	49,6	31,1	45	61,5	43,9
Informal	16,2	29,6	17,6	26	37,1	25,4
Private	14	22,9	14,6	23,6	31,9	22,2
Public	7,9	22	6	13,2	27,6	9,2
Mixed help	7,5	20,1	6,4	14,8	28	11,2
Families without any help	70,8	50,4	68,9	55	38,5	56,1

Source: ISTAT (2010), Costa (2012a and 2012 b)

So, in Italy the gap between the expanding demand of care services, the modest public provision for LTC and the capacity of families to take on care on a long term and intensive basis has been mainly filled by low-cost migrants care work migrating from less developed countries (and mostly employed in unregulated jobs). To give an idea, we had an act of indemnity in Italy in 2002 in order to regularize workers that were employed in family care: between 2001 and 2002 family workers passed from 142.196 migrant assistant to 419.808¹⁷ (Catanzaro, Colombo, 2009). Thus makes quite hard for us to give estimation about the total growth of the phenomenon of migrant assistant, because of the high relevance of black market. Anyway, we can affirm that it has a growing importance in the care strategies of families: in fact, these “personal assistant” hired directly by the dependent person or his/her relatives provide mostly private services for domiciliary elderly care within families. They are present in 14% of Italian families with at least one 65+ aged person, but in 23% of families with a severely dependent 65+ person and in 32% of those with an 80+ aged severely dependent.

Even at local level the role of migrant assistants is dramatically important. Thanks to a survey conducted in 2009 in Emilia Romagna, which was representative of life condition of over 65 in the region, it is possible to put in evidence that 42% of them have any form of limitation (IADL), which prevents them to perform their everyday activities. Of those, 94% receive help for their everyday activity and in 78% of cases relatives provide this help, while in 21% of cases a hired caregiver provide care and just in 1% of cases such help is provided by social workers (Regione Emilia Romagna, 2009). Furthermore, it has been estimated in Emilia Romagna that 40-45% of those who receive the regional cash transfer “assegno di cura” hire a personal assistant (Regione Emilia-Romagna, 2006).

As a partial estimate of the phenomenon of family assistant in Bologna, we contacted Giorgio Mattarozzi director of CASABASE, the most important organization in Bologna that takes care of demand/offer matching for family assistant. At the present, they control about 30% of the market: in his opinion there are about 7.500 hired family assistant in Bologna (2.500 managed by them), but he estimate also an additional presence of about 4-5.000 unregulated workers. Even if such data proves that there is a huge involvement of migrant workers in the elderly care, most of those workers are thus scarcely educated to elderly care. The municipality of Bologna is trying to solve this situation with courses offered by ASP Giovanni XXIII, which are free of charge for the attendants. However, this tentative is quite obstructed by families, which are reluctant in give the workers free hours to attend professional education.

¹⁷ Values makes reference to all domestic services' assistants, not just for carers.

Tab. 7 – Measuring the welfare mix in social services related to elderly care

	Type of contribution	Relative importance of this type of provider
Organisations of public sector	Mainly management of services. The actors involved are: Municipality of Bologna, Local Health Unit (Ausl – Bologna) and ASP (public company devoted to deliver services to people).	It depends on different services.
Cooperatives	Providers	Relevant
Organization for no-profit	Providers	They aren't involved in all the services, just in some.
Volunteers	Providers	They aren't involved in all the services, just in some.
Firms of for-profit sector	-	They aren't involved in the network for the local welfare system, so it's difficult to give an estimation of their role.
Private households		
Caring family members	Their role is strategic in order to keep the elderly in their home environment.	They participate to the network just in few cases for elderly directly taken in care of social services.
Informal employees who are employed by care recipient or her/his family (like female migrants)	Providers	Relevant

Source: *Estimations, Comune di Bologna (2012)*.

Conclusions

The present situation is actually quite challenging even in a wealthy city as Bologna where traditionally public agencies have been sensitive to elderly care. The issue of national cuts connected to the financial crisis and the reduction of money transfers from national government to local agencies have seriously put in question the sustainability of the actual local welfare system of elderly care in long-terms, as proved by the contractions in some of the social services happened in 2011 in Bologna (see table 4). In any case, the actual level of services available to citizen aren't able to meet the demand of a growing elderly population in the city: the local welfare system intervenes only when the situation is already compromise in terms of dependency and just for a minority of the people who are in need of help. The only relevant exception is the project E-care, which is actually the real innovation of Bologna's system compared to the standard regional level of services offered in Emilia Romagna. The question is especially relevant for those families who care for elderly that aren't already in a severe dependency: as we saw in table 6, they are quite often forgotten by the Italian welfare. This might explain partially the increasing importance of migrant familial assistances, which offers cheap care on the market. In our opinion, such phenomenon might hide quite risky situations: for the elderly in care, since quite often those workers aren't educated for offering these types of services and for the workers, because of the relevant share of unregulated jobs and the risk of exploitation associated to be illegally resident in Italy.

Furthermore, the question of positive impact of local elderly care on female propensity to participate to labour market is still unanswered, but at current state of affairs is probably modest. In fact, in Italy the demographic change has postponed the timing of the non self-sufficiency and now it usually regards mostly elderly of above 80 years old as we saw in our analysis. This fact implies that women in charge of care are

usually the children of those elderly and they are quite likely to be already pensioner (around 60 years old).

Probably, being involved in elderly care for those women has instead a negative effect on child-care more than reducing the propensity on being active on the labour market, because the children of those women cannot be fully supported if their mothers are involved in their grandparent's care.

Key informants interviews

- Cristina Malvi – Ausl Bologna / Direction of Primary Health Services
- Mariagrazia Bertagni – Municipality of Bologna / Direction for Social Services
- Francesco Bertone – Province of Bologna / Local Planning Area
- Giorgio Mattarozzi – CASABASE Cgil (Trade union association for migrant family assistant)
- Tatiana Saruis – Researcher specialized in Social Policies of Emilia Romagna Region

Local policies and welfare mix in relation to employment oriented lifelong learning¹⁸

1. Educational level of women and participation in employment oriented education

What is the educational level of women in the city compared to national level?

During the last decade, the involvement of women in education has increased considerably, bringing women to a higher level of education than men. Both on the national (Istat, 2007) and the local level (Provincia di Bologna, 2007), women aged 25-54 show higher education level (from high school to university) compared to men, as well as lower school dropout and best returns in terms of profit. However, it is important to highlight also their concentration in certain fields of study, especially those oriented to services and the humanities, that represent a sort of weakness, because a general lower marketability of these sectors on the Italian labour market.

Table 1: Educational level (highest educational attainment) of women and men aged 25-64 in the city and in the country (most recent year available)

Educational level of women and men by age group	basic level (ISCED 0-2) % of the age group		secondary (ISCED 3-4) % of the age group		tertiary (ISCED 5-6) % of the age group	
	women	men	women	men	women	men
In the city						
25-39	18,13	30,14	53,85	52,96	28,02	16,90
40-54	29,40	41,20	48,71	45,71	21,89	13,09
55-64	61,27	55,80	30,79	29,21	7,94	11,99
In the country						
25-39	28,19	34,92	48,29	49,31	23,51	15,77
40-54	44,92	48,13	41,72	39,97	13,36	11,90
55-64	64,70	58,12	25,32	30,48	9,99	11,40

Source: national survey on the labour market (Istat, Forze lavoro 2010)

What is the share of women and men (aged 25-64) participating employment related education and training (lifelong learning) in the city compared to the national level. Please provide statistical information from the most recent year or estimates if statistical information is not available.

The percentage of women and men involved in LLL is quite low in Italy, especially in comparison with other EU countries (Isfol, 2009). In this framework, according to the most important national survey on the labour market (Forze lavoro, Istat) women are usually more represented than man in LLL, with the exception of the age group 25-39. As far as the regional level is concerned¹⁹, in general, in Emilia Romagna the percentage of people involved in LLL is higher than the National context (approx. 1,5% more); in addition, also at local level women are more represented than men in LLL, with the exception of the age-group 55-64.

However, some other information related to the Provincial level are available, although not suitable in a comparative prospective (Provincia di Bologna, 2007). In 2000 - 2006, the Provincial Administration has funded 4,131 projects, involving a total of 101,639 attending students; of these 47,725 were women, 47% of the total population. As far as the typologies of courses are concerned, the 25% have attended training organized by their own companies ; approx the 20% have been involved in activities to prevent school

¹⁸ Written by Roberta Cucca in collaboration with Tatiana Saruis.

¹⁹ Due to low abs numbers in the survey "Forze Lavoro" at municipal and provincial level we are considering the Regional level (Emilia

Romagna).

dropout; 14% have attended courses for youngs and adults oriented to foster their integration and reintegration into the labour market; approx. 7% have attended courses specifically oriented to women.

Table 2: Number of women and men by age group participated in employment related education and training (lifelong learning) in the city and in the country (most recent year available)

Age group	Women				Men			
	in the region		in the country		in the region		in the country	
	abs	%	abs	%	abs	%	abs	%
25-39	19.684	4,39%	172.022	2,75%	16.158	3,53%	178.206	2,87%
40-54	23.703	4,73%	215.557	3,18%	20.195	3,98%	200.815	2,92%
55-64	4.370	1,57%	59.217	1,65%	4.547	1,75%	38.591	1,02%

Source: national survey on the labour market (Istat, Forze lavoro 2010)

2. Educational policies of the city towards life-long learning (in relation to national policies)

Are there specific local policies and/or development plans for employment oriented lifelong learning/education in the city (e.g. in official documents)?

As better explained in the next sections, the most important actor planning policies in the area of LLL is the Regional one. At local level, the Provincial level of government plays a central role in planning the LLL activities, trying to match the Regional Guidelines with the specific needs of the territory. The most important document at local level is LINEE DI PROGRAMMAZIONE PER IL SISTEMA DI ISTRUZIONE, DI FORMAZIONE E PER IL LAVORO (Guidelines for planning the educational, training and labour market system): it defines the most important aims and the general framework of this area of policies. There are not meaningful document at city level.

What are the main aims of such policies? Are there some specific groups that are targeted? Are there any specific policies for women/certain groups of women?

In general, LLL policies are supposed to be organized in accordance with policies oriented to employment and economic development, combining competitiveness with social protection (Provincia di Bologna, 2011). A general objective is to focus on few general priorities, promoting a large involvement of public and private actors, and attempting to collect other financial resources in addition to the traditional public one.

The main goal of the last document is the promotion of a resumption of the socio-economic development of Bologna's Province. Interventions should be generally oriented to:

- enhancing investment in research and innovation, to boost the production system by creating new lines of economic development, new jobs and new knowledge, integrating the training policies with local development policies, the economy and the welfare;
- enhance enterprises, as organizations able to produce and innovate professional skills. They can contribute to the design and implementation of training processes at work;
- accompany the processes of strengthening of territorial welfare with targeted policies;
- implement policies focused on keeping people employed into the labour market, as well as on re-inserting people expelled from the labour market. This kind of policies have some specific targets:

- job placement and support towards people with disabilities and those at risk of exclusion;
- integration in the educational process and into the labour market for foreigners;
- support for the participation of adults in training;
- training to foster the employability of young people;
- the promotion of equal opportunities of access and permanence in education and work;
- promote actions to ensure the quality, stability and regularity of work, the culture of safety and risk prevention.

However, as testified by the civic servants (Province) interviewed during this research, although a strong rhetoric on this point into the institutional documents, the specific employment situation of women is not supposed to be a priority in this area of policies, because of the high percentage of women employed in the Bologna County. In the framework of the Regional guidelines, there is a special attention to women, but it doesn't represent an emergency, at least till today.

Who are the main actors formulating these policies (national level regulation/ legislation, city itself, regional authorities, employment authorities, educational institutions, companies/employers and their organisations, labour unions etc.)

In Italy the central actor in the field of the LLL policies is the Region, since the largest amount of public expenditure devoted to LLL is from European Funds (ESF) . Emilia Romagna Region sets up the main aims of the policies and plans the service provision in accordance with the Provinces, through special Agreements. The most recent one, "Agreement between the Region and the Provinces 2011-2013", identifies the general objectives and the resources (regional, national and European) to implement these kind of policies. The provincial planning must take into account the different skills and socio-economic features of the province, also consulting together with Unions and Employers' associations . Conversely, Municipalities have weak competences on this area of policy (Riva, 2008).

Partnerships and cooperation between different actors?

In general in Italy there is a high level of rhetoric related to the participation of Unions, representatives of entrepreneurs and the NGO's sector in the planning and provision of LLL services, both at the National and the Local level.

In Emilia Romagna as well, the most important actors involved in the elaboration of this field of policy, in accordance with the Region and the Province, are the representatives of Employers and the Unions. They are important stakeholders of the Provincial Commission for the Consultation in the field of LLL policies, that is ruled by Regional laws (12/2003 and 17/2005).

At local level, they are also involved directly in the planning process of a special National program, called "inter-professional funds" for lifelong learning. Since 2003, companies may allocate the share of 0.30% of contributions paid to INPS (National Institute for Social Prevention) -the so-called "mandatory contribution for involuntary unemployment"- as funds for training to their Employees. These funds are devoted to special Association formed by Unions and Employers Organizations in one specific economic sector. These Inter-professional associations finance training plans, at sectorial or territorial level, that firms or groups of firms may decide to promote for their employees. The result of this system, however, is a high level not only of territorial fragmentation but also sectorial differentiation: in fact, in some economic sectors Unions and entrepreneurs have been more able to gain funds than others, promoting huge disparities among workers (Lodigiani, 2008).

Are there specific features in local education policies compared to national policies?

At Regional level it is important to mention that an important aim of the “Document of economic and financial policies 2007-2010” concerns the fight against the social exclusion, also through labour and lifelong learning policies, especially towards the most fragile part of the population, who are often women.

This principle has been introduced also in the Regional planning of ESF for 2007-2013. In accordance with the Regional law 17/2005, differently from other Italian Regions, the main aim is not so much oriented to develop the employability of women (especially because in Emilia Romagna the Lisboa target on women employment has been already achieved), but much more focused on fight against the horizontal and vertical segregation characterizing the female work condition in Emilia Romagna. Another important target is to avoid the risk, among women, of going out from the labor market after the first child, although the good network of child-care services available in Emilia Romagna. The actions against this risk are especially focused on the promotion of more effective skills among women, especially in the field of ICT (Riva, 2008).

In accordance to European and Regional guidelines, the policies of LLL of the Province does not lack a certain sensitivity to equal opportunities, inclusion of women in training and work, as well as the need for conciliation. This attention is visible in the intersection of interventions related to LLL. However, because the employment condition of women doesn't represent a priority of intervention, the amount of specific funding for LLL devoted to women are, as noted above, modest. The great challenge in this area of policies is to coordinate the provision of training, that usually is financed by different channels of public resources. At present the Province is working on this point, but this is a goal far to have been achieved.

Are these policies formulated more at the local or the national level?

As far the lifelong learning is concerned, the National State is responsible for the main legislation (i.e. the Law 236/93; “Treu's agreement” 1997). However, some important tools decided at the national level may require the direct involvement of other territorial level, especially in the planning and provision (i.e. “Fondi paritetici interprofessionali” 388/2000 and 2002/ 289).

Instead, the level of government responsible for vocational training and training for adults (also financed through ESF), after the reform of the Constitution, in 2001, is the Regional one. Consequently, regions may decide for planning activities and duties among Provinces and Municipalities with respect to this field. Differences among Regions in the system of governance are huge (Lodigiani, 2008).

As far Emilia Romagna Region is concerned, it sets up the main aims of the policies and plans the service provision in accordance with the Provinces through special Agreements. Conversely, Municipalities have weak competences on this area of policy (Riva, 2008).

3. Provision and providers of employment oriented education in the city (welfare mix)

Please provide a general description of the educational system for adults in the city

The provision of LLL is basically organized in this way:

1. The Region (in accordance with the Province) defines the guidelines, the aims and the main targets of the policies.
2. The Province defines more specific aims and targets according to the special need and resources of the territory. It opens public competitions to finance projects responding to the guidelines. These projects are in large part financed by the Region, through ESF.

3. The providers (NGOs, public institutions, for-profit companies) selected by the Province are responsible for the training projects.
4. People responding to the targets of the single projects may have access to LLL presenting the request of attendance directly to the providers or through Provincial CPI (Centro per l'impiego-Center for employment). The municipality of Bologna has three experimental services similar to CPI: "Sportello comunale per il lavoro" (municipal desk for employment)
5. The Region is supposed to monitor all the process.

If there are different kinds of training systems (LLL) for different groups, please provide a short description of these e.g. training for unemployed people.

In the years 2007-2010, the lines of provincial planning for training activities have follow three main objectives (Provincia di Bologna, 2011):

- develop systems for training and supporting the adaptability of workers;
- encourage innovation and productivity through better organization and quality of work;
- develop policies and services to anticipate and manage change, promoting competitiveness and entrepreneurship.

The two main different systems of LLL are related to the beneficiaries of the funds available:

- a) a line devoted to companies, in order to improve the workers' skills;
- b) a line devoted to special targets of population (i.e. unemployed, over-45 year, etc).

As far as funds devoted to companies are concerned, due to the crisis, in 2010 the Provincial Program has paid greater emphasis in strengthening the skills of employees in companies affected by processes of economic crisis, as well as of the ones affected by the weakest and most precarious working conditions (funds from the line "adaptability" of the ESF).

As far LLL devoted to special targets of people are concerned, there are different lines:

- training activities aimed at improving the technical and professional skills of workers with disabilities, low education, over-45 years, employed in micro-business with contracts "nonstandard" (8% approx of the total Provincial budget);
- training for workers in companies affected by a restructuring process, who are beneficiaries of unemployment benefits (9.5% of the total Provincial budget);
- activities of qualification and re-qualification for Social and Health operators (15% of the total Provincial budget). These activities are aimed at improve their qualifications, through the attainment of a professional Certificate;
- training to support the creation and the sustainability of new businesses activities have been funded for workers unemployed, or affected by precariousness;
- short training for employed, on individual access, aimed at strengthening professional skills (2.7% of the total Provincial budget)
- qualification training for Intercultural Mediator, (2% of the total Provincial budget).

What are the educational institutions in the city providing such education? Who are the main providers of education (state, local authorities, employment authorities, for-profit /non-profit educational institutions, education organised by companies/employers, labour unions etc.)?

The system is mixed:

- For-profit /non-profit / public educational institutions may be providers, since they are authorised by the Province through a public competition on projects. Some non/profit actors are also financed by Fondations (especially for particular targets –unemployed, immigrants, homeless, etc)
- Companies may provide training to their employees, both through public funding, and private resources
- Labour Unions and Employers’ Associations provide LLL services for affiliated, both through public funding, and private resources

How education is financed? (e.g. funding from local and national government, employment authorities, employers, participants themselves etc.)

As reported in the table 3 (Provincia di Bologna, 2011), the largest part of funds available for LLL training origins from ESF, through the Region: approx the 67% of the total budget.

The second important entrance are companies’ investment. However it’s important to notice that the 80% is an extimation of “lost profit” (since the workers are not working, this is considered as a cost for the company), and only the 20% is a direct investment.

Another important line is the national law ruling the labour market in Italy (n.236/93) that provides funds for LLL training directly to the companies and their employees.

The other public resourses are from different laws ruling different aspects of the labour market (Parental leaves,Regional Funds for disable people, Low on Safefy on the jobplace, etc.)

Tab. 3 – Funds devoted to LLL in Bologna Province (2007-2010)

	Finanziamento (€)	Finanziamento (%)
FSE-1 (Asse Adattabilità)	9.889.347,29	66,62%
L.236/93	1.335.908,32	9,00%
R.O.S.S.	629.133,20	4,24%
Altro pubblico	11.013,20	0,07%
Quota privata	2.979.718,14	20,07%
Totale	14.845.120,15	100,00%

Fonte: elaborazione Provincia di Bologna su dati SIF-ER

Source: Provincia di Bologna

What is the share of the city budget used for employment related education (Euros per inhabitant)?

As far as the municipal level is concerned, the budget is irrelevant because LLL are competence of other levels of government. Regarding the Provincial level the investment is approx. 5 Euros per inhabitant (per year)

4. Affordability and accessibility of education

What are the economic possibilities for women to participate in education e.g. student fees, financial support available etc.

Since women are not “emergency targets” of LLL policies, there are not special financial supports oriented to women. However, if women are dealing with a special situation of necessity, the providers may ask to social services for financial supports. Actually, one important mission of the Municipal Center for employment was supposed to be the coordination between social and training policies. However, due to a shortage of funds available, this aim has not been achieved.

What are the entrance requirements?

The entrance requirements are differently defined into the projects granted by the Provincial government.

How childcare (or other care responsibilities) can be organised during the education?

Since childcare in Bologna is considered quite effective, there are not special supports in terms of childcare for women attending courses. In theory, the ability to match with women special needs in term of care is supposed to be a key point to win a public competition for providers, but actually the real efforts are few.

One example is the training course for social assistant managed by Giovanni XXIII institution , that provides childcare assistance during the attendance hours. In any case it has been found directly by the provider, because there are not special public funds oriented to childcare during attendance hours.

Is there vocational & career guidance available?

The most important actors in this field are CPI and the Municipal Center for employment. However, these services don't provide specific services for women. As already explained in WP4, the most important actor in vocational & career guidance with a gender orientation is the association Orlando.

Does supply and demand for education meet?

According to some investigations carried out at local level (Provincia di Bologna, 2011; 2007), the balance between supply and demand of LLL is based more on the offer of training that the profit/non profit institutions are able to express. Although the Provincial government is responsible for planning, often some needs from the territories are not answered because a low competences of providers on new skills.

5. Educational policies and programmes for specific groups of women

Are there educational policies and programs for specific groups of women (e.g. ethnic minority women, women with disabilities, older working age women, unemployed women) and why? Please provide some examples.

As already mentioned, in the Provincial System of LLL there is a tiny line of financing for activities devoted exclusively at a female target (Measure E, Provincial Plan and European funding - Measures B1 and D3).

These activities have mainly focused towards vocational guidance and training, especially devoted to women affected by social disadvantage, and advanced training courses on both traditional and innovative technical professions, where women are still underrepresented (Provincia di Bologna, 2007; 2005).

The most important area of specialization of LLL devoted to women is the ICT. Women, in particular,

represent about one third of the workers employed in this sector, but still in low skill positions. Another

important factor to highlight is that the few women employed in this sector in management position, usually don't have childcare responsibilities (Provincia di Bologna, 2007). The reasons why women are underrepresented in these key positions are several: the difficulties of conciliation between family responsibilities and duties required at work; an underrepresentation of women into the technical education; the persistence of cultural prejudices about female technical skills.

In order to deal with the underrepresentation of women into certain sectors, some training courses on ICT have been financed during the last years, at different levels. One interesting case are the workshops organized by the NGO Orlando (see WP4 for more details): one workshop is oriented to women (usually over 50 years old or with an immigrant background) who want to achieve basic competences in ICT; one workshop oriented to women who want to specialize in web-design.

Are unemployed women (or women outside the labour force) encouraged or even forced to participate in training (activation programmes)? What kind of training is available for them? Is this training effective in helping women to find employment? What is the percentage of women compared with men participating in such training who find employment after training course?

Unemployed women are encouraged (but not forced) to participate in training. In general, training activities attract a high presence of unemployed women: the 51% of women attending training activities are unemployed, while this percentage is lower compared to men (42%) (Provincia di Bologna, 2007).

However, a strong weakness of these training activities is that they are able to involved women at a first stage of unemployment condition, but not women with a long history of unemployment (Provincia di Bologna, 2007). In fact, the first months of unemployment are often characterized both by greater dynamism in the search for new job opportunities, and a good level of attendance to training activities. However, usually this attitude decreases during the following months. This weakness may lead to a different promotion and dissemination of activities, not only in relation to employment status, but also in relation to the duration of unemployment.

In particular to encourage the participation of the "long term unemployed", it seems necessary to improve the information in "non-traditional" context. An interesting example is the Association "training in network", an NGO originated by an association that takes care of extreme condition of social exclusion (i.e. homelessness) focusing on empowerment and activation. From this experience, the network has developed training courses specifically for unemployed women, both in a situation of poverty, and in necessity to enhance their skills (tailoring, cooking, etc.). In the case of homeless women, is the association that goes to the recipient of the course. As far financial support for attending courses are concerned, all the possibilities offered by the European Social Fund are exploited. In addition, the association attempts to raise funds through several sources (not only the Province or the Region, but also foundations, etc. ..) Moreover, the NGO attempts to involve the social services in order to gain all the social benefits available for such situations (employment grants, etc..).

Interviews

Dott. Vuozzo; dott.ssa Aldovrandi, Provincia di Bologna, Department of Education and Training, February, 2012

Dott.ssa Serenari, Formazione in rete, February 2012

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