

Informal care and public decision making: the case of Lombardy local welfare

Giovanni Fosti, Ornella Larenza, Francesco Longo, Andrea Rotolo
CeRGAS (Center for Research on Health and Social Care Management), Bocconi University, Milan

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Agenda

INTRODUCTION

- What is informal care?
- The focus of our study

LITERATURE REVIEW

- What do we already know about informal care?
- Why do Italian families choose informal carers?
- What do we know about family caregivers?

RQ AND RESULTS

- Lombardy: a case study
- How relevant is informal care?
- Do public administrations consider this phenomenon?

CONCLUSIONS

- Managerial implications
- Suggestions for future studies
- References



What is “informal care”?

Informal care interventions relate to all “unregulated, mostly unpaid, activities on behalf of children, elderly relatives, or others” (Bettio, Plantega, 2004: 86) in need of care

- Different categories of informal caregivers
 - **Uncompensated informal caregivers** (such as family members or friends who are not remunerated for the care provided)
 - **Informal caregivers who receive cash benefits/allowances** (usually included in dedicated public programs)
 - **Undeclared/illegal informal caregivers** (without regular registration to social security offices and receiving a salary or pay for the service provided)
- Different areas of intervention
 - Eldercare
 - Childcare
 - Disabilities
 - ...
- Differences among countries



Where do we focus our study?



– Different categories of informal caregivers (OECD, 2009)

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**ALL TYPES OF
INFORMAL
CAREGIVERS**

– Different areas of intervention

- Eldercare
- Childcare
- Disabilities
- ...

FOCUS ON ELDERCARE

– Differencies among countries



What do we already know about the phenomenon?

- The exact number of informal care workers is unknown, consequent to the fact that they are mostly hired without regular contract, however Pasquinelli and Rusmini (2008) estimate that **in Italy there are 774.000 informal care workers** (the Italian National Health Service employed about 638.000 units across the country in 2010).
- Geographical distribution of this phenomenon seems to follow **metropolitan areas** (such as Rome, Milan and Naples). Moreover, migrant care work typically **concentrates in the North-central Italy**, although it is spreading also in little towns and hinterlands.
- **The huge demand for eldercare work provides strong impulse to migrations towards the wealthy aging countries**, hence, “given the way migration chains operate, some countries of origin specialize in “exporting” female care migrants to specific destination countries” (Bettio et al., 2006: 276), **such as Italy**, with the result of encouraging further flows.

Why do Italian families choose informal carers?

- This care arrangement is more and more preferred when public services lack or become unaffordable for the household and **public cash-for-care schemes are implemented without restrictions** concerning use options (Österle, Rothgang, 2010)
- Informal care is a fundamental mode of elder care provision in Italy. No structural reforms were undertaken to keep pace with social changes and, in the meantime, **Italian families learnt to “do by themselves”**. As a matter of fact **public resources support informal care market**, such as the attendance allowance (“indennità di accompagnamento”)
- A remarkable international wage differential between Italy and the migrant’s country of origin offers **strong impulse to recourse to foreign workers, since their willingness to earn more than in their countries, coincides with a lower expense for Italian families** if compared to the average wage they would pay to a regular eldercare worker (Lamura et al., 2008)
- Economic convenience is valid as long as **foreign care workers are employed without a regular contract, or work loads are far heavier than what declared in the contract**, which is the most common situation (Lamura et al., 2008)

What do we know about family caregivers?

- “Whilst some of the actual labour of care has been displaced away from **wives and daughters**, they nevertheless **remain responsible for managing the employment of carers**” (Lyon, Glucksmann, 2006, parag.6.4)
- “Estimates suggest that 2,5 million people care for a dependent older relative, i.e. 11 percent of the population over 50: **at least 80 percent of them are women**” (Lyon, Glucksmann, 2008, pag.105)
- Many of them are involved quite heavily in this care, especially in those areas, **mainly concentrated in the “familist” regions of the South** and of rural-mountain districts, where formal service availability is lower” (Polverini et al., 2004: 13).
- Activities included in informal long term care are diverse, carers’ work involves responsibility for the elderly’ s environment, with cleaning and maintenance activities, for the body, through help with washing and dressing, and for the personal wellbeing through company, conversation and emotional support.
- Informal familiar caregivers do not usually deal with nursing activities - since they lack specific knowledge for this - and rather provide help with medicines taking.



How relevant is the contribute of informal care if confronted to the overall welfare area? In other words, how much does informal care weigh on the welfare system?

RQ 1



Do public administrations consider this phenomenon when performing strategic planning in social welfare at local level?

RQ 2

Why Lombardy

- Almost **¼ of the 4,5 million Italian immigrants** (both regular and irregular) lives in Lombardy (total population about 10 million people)
- Lombardy as well as other Italian regions is also affected by an incessant **growth of the older population** (aged 65 and more): 31% households have at least an old member between 2002 and 2003, whilst only 27,1% have at least one minor member in the same period (ISTAT, 2010b)
- More than **50 thousand beds out of about 60 thousand residential beds in social and socio – medical institutions** are dedicated to nursing homes for severely impaired elderly (Residenze Sanitarie Assistenziali - RSA) and about **36.500 old people received home care services for an average amount of 16 hours per year** in 2008 (Ministry of Health, 2008)
- 117.057 migrant care workers would be employed in the Lombardy social care sector either legally or illegally out of **126.182 total private informal care workers** (IRS, 2006)
- Lombardy region records a **56,1% female employment rate** in 2009 (ISTAT, 2011a) requiring to be sustained with adequate policies for work-family balance.



In order to answer the 2 research questions, we developed a case study, using the following methods and sources:

**RQ 1**

Is informal care relevant in the welfare system?

- Data on public and private expenditure for local care interventions and estimates of informal care expenditure

Weight of informal care supply in Lombardy

RQ 2

Do public administrations take into account this phenomenon?

- Estimates of informal care expenditure
- Content analysis of Piani di zona (social planning documents) in Lombardy

Informal care relevance in community care planning

RQ 1: Is informal care relevant in the welfare system?

Is public expenditure the most relevant source financing social care in Lombardy Region?

What is its relative weight compared to other sources, including the ones feeding informal care market?

Available resources for the welfare system in Lombardy (2009)

- The **Regional government** intervention in social and socio–medical care sector in amounts at about 1 billion Euros 800 million
- **Municipalities** convey about 1,2 million Euros to social care interventions
- **Provincial government** contribute about 51,6 million
- **Service users** contribute almost 900 million Euros as fees for social care services
- **The National Institute for Pensions (INPS)** provides the most relevant amount of funding directly to citizens in terms of financial transfers for social purposes (excluding pensions) that can be valued at about 7 billion Euros (no use restriction)

| | Sociale care | Socio-medical care | Total for each actor | Per capita | % |
|-------------------------------|-------------------------|-------------------------|--------------------------|-----------------|--------------|
| Regional Government | 350.027.915,72 | 1.458.000.000,00 | 1.808.027.915,72 | 185,58 | 16% |
| Municipalities* | 1.203.909.856,35 | - | 1.203.909.856,35 | 124,86 | 11% |
| Provincial Government* | 51.597.856,00 | - | 51.597.856,00 | 5,33 | 0,46% |
| Service Users | 173.495.774,28 | 720.000.000,00 | 893.495.774,28 | 91,89 | 8% |
| INPS | 4.027.410.041,56 | 3.130.395.791,18 | 7.157.805.832,74 | 734,69 | 64% |
| Total | 5.806.441.443,91 | 5.308.395.791,18 | 11.114.837.235,09 | 1.142,35 | 100% |

More than **72% funding** of a total amount of circulating resources valued at about 11 billion Euros is directly or indirectly (through National Pension Institute) **provided by users** to access care services and about 64% derives from the National Institute for Pensions (INPS).

Limited public services' coverage, lack of restriction in use of INPS' individual benefits and **huge availability of informal care** supply, provide evidence of the undeniable informal market weight in the whole social and socio-medical system in Lombardy region and of its main source of funding.

Data show that the phenomenon is relevant.

RQ 2: do public administrations take into account this phenomenon?

What is the relationship between integrated planning Office budget and resources financing informal care in Lombardy Region?

Is there a place for informal care practices within community care plans in Lombardy?

| Actors | Total resources |
|---|------------------------|
| Integrated planning Office (PDZ) | 691.894.383,96 |
| Regional government net of PdZ | 1.574.461.864 |
| Municipalities net of PdZ | 822.098.941 |
| Provincial governments net of PdZ* | 46.928.431 |
| Users net of extra PdZ | 821.647.782 |
| INPS | 7.157.805.833 |
| Total | 11.114.837.235 |

Almost 94% total local expenditure (including 64% INPS resources feeding informal care market) falls out of integrated planning Office budget



Is informal care given the needed consideration in community care plans (Piano di Zona - PdZ)?

Content Analysis of Lombardy integrated community care plans

- 97 Integrated planning areas
- 93 Integrated care plans analysed (1 outlier + 3 unusable documents)
- 119,5 page average length
- 5 keywords searched:
 - “Badante/i” (individual informal caregiver, mostly migrant care worker)
 - “Informale/i” (informal)
 - “Irregolare/i” (irregular)
 - “Caregiver/care giver”
 - “Accompagnamento” (attendance allowance)

Only 3 explicit references to informal care in documents' index

Content Analysis of Lombardy integrated community care plans

Badante/i

- 0,045 times in each page on average (**1 word every 22,2 pages**)
- 18 docs with 0 words per page
- 0,004 < 65 docs <0,098 per page
- 0,11 < 8 docs <0,16 per page
- 2 docs > 0,25 per page

Informale/i

- 0,018 times in each page on average (**1 word every 55,5 pages**)
- 32 docs with 0 words per page
- 0,005 >12 docs <0,009 per page
- 0,01 >19docs < 0,019 per page
- 0,02 > 29 docs <0,09 per page
- 1doc. with 0,13 per page

Irregolare/i

- 0,005 times in each page on average (**1 word every 200 pages**)
- 78 docs with 0 words per page
- 0,0053 >13 docs <0,077 per page
- 2 docs of 0,13 words per page

Caregiver

- 0,030 times in each page on average (**1 word every 33,3 pages**)
- 32 docs with 0 words per page
- 0,004 >24 docs <0,019 per page
- 0,02 > 20 docs <0,059 per page
- 0,06 > 10 docs <0,099 per page
- 0,10 > 7docs <0,20 per page

Accompagnamento

- 0,005 times in each page on average (**1 word every 200 pages**)
- 69 docs with 0 words per page
- 0,001 >24 docs <0,07 per page

Conclusions/Managerial implications

- Despite its relevance (as shown by the statistics available and by the number of proxies and indicators available in public databases) **informal care is hardly included in social care strategic planning**
- Local public actors tend to overestimate their weight in social care service provision and **neglect the effect of national programmes at local level** (attendance allowance almost not mentioned in care plans)
- **A lack of coordination between national and local governments** contributes to stratification of financial measures and supply fragmentation
- What if informal care arrangements were somehow considered by public actors in community care planning? Would it **improve coordination between household care practises and public interventions?**
- Could this perspective help public administration in changing their role **from uneven and poor service provider to care network manager?**

Suggestions for future studies:

Improving knowledge on informal care practices

- Which data would best suit social care researchers dealing with informal care practices?
- How to collect them?

Comparison with other European Countries

- Is the phenomenon in other European countries as relevant as in Italy?
- How do other public administration in charge of community care planning cope with informal care?

Evolution of the phenomenon through time (ex: Lombardy, PdZ 2012-2014)

- How does the attitude towards informal care change in time? (More awareness, more policies...)

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Introduction

Literature
review

RQ and Results

Conclusions

Thank you for your attention