



When Institutional Inertia goes Along with Huge Social Reorganizations around Care Needs: the Italian LTC Policies Case

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Giuliana Costa, Politecnico di Milano



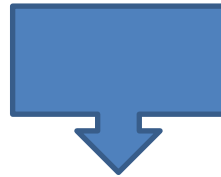
PART OF A COMPARATIVE PROJECT



Reforms in Long Term Care Policies in Europe
Investigating Institutional Change and Social
Impacts
Ranci, Costanzo; Pavolini, Emmanuele (Eds.)
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My central argument for Italy

A substantial **inertia** characterized the LTC policy arena at the national level in the last two decades but in a context of huge social transformations



as a result, the LTC field has undergone only an “incremental institutional change” (Streeck & Thelen, 2005).

The Italian care regime

- strong role of family in the organization, provision and financing of personal care
- “Implicit familism” (Saraceno)
- Very low provision of services (even if territorial differentiation is very high, the north-south divide”)
- weak entitlements related to caring needs

Being in need of LTC as a social risk

- Ageing of the population and growing numbers of very old and dependent people
- Women get into the labor market: nowadays 51,9% of those aged 40-59 (the sandwich generation) is working, in 1993 they were 39,5%.
- Family instability
- Dependency is becoming an impoverishment factor for Italian families (in 2009 it has indicated as the second one after unemployment)
- Scarcity of in kind services for dependent people in old age, for «ageing in place»

Ageing and Dependency in Italy

	The 90's	The 2000's	Variation over time	
	(1993/94)	(2005/08)	Absol.	Relative (%)
No. older people (millions)	8.7	11.9	+3.2	+36.7
No. older people over 74 (millions)	3.7	5.7	+2.0	+54.0
No. dependent older people (millions)*	1.8	2.0	+0.2	+9.4
No. dependent older people with severe limitations (millions)	0.7	1.0	+0.3	+35.6
No. dependent older people with less severe limitations (millions)	1.1	1.1	-0.0	0
Disability rate amongst older people (standardised): general	21.7	18.8	-2.9	-13.4
Disability rate amongst older people (standardised): severe limitations	8.8	9.3	+0.5	+5.7
Disability rate amongst older people (standardised): less severe limitations	13.3	10.3	-3.0	-22.6

Why inertia?

- Even though the Italian social protection system has undergone some reforms over the last two decades, LTC issues have been systematically neglected over the same period
- It is only since the beginning of the new millennium that LTC has entered the public reform agenda but without any significant outcome in terms of policy making at the national level BUT
- in 2001, a Constitutional reform delegated most of the responsibilities for social care to the regional governments and moved towards a more federalist structure of the Italian State.
- The main LTC support, the “indennità di accompagnamento” has not been being modified since its creation (in 1984 elderly people accounted for 20% of all the beneficiaries, in 78% of the total amount of them).

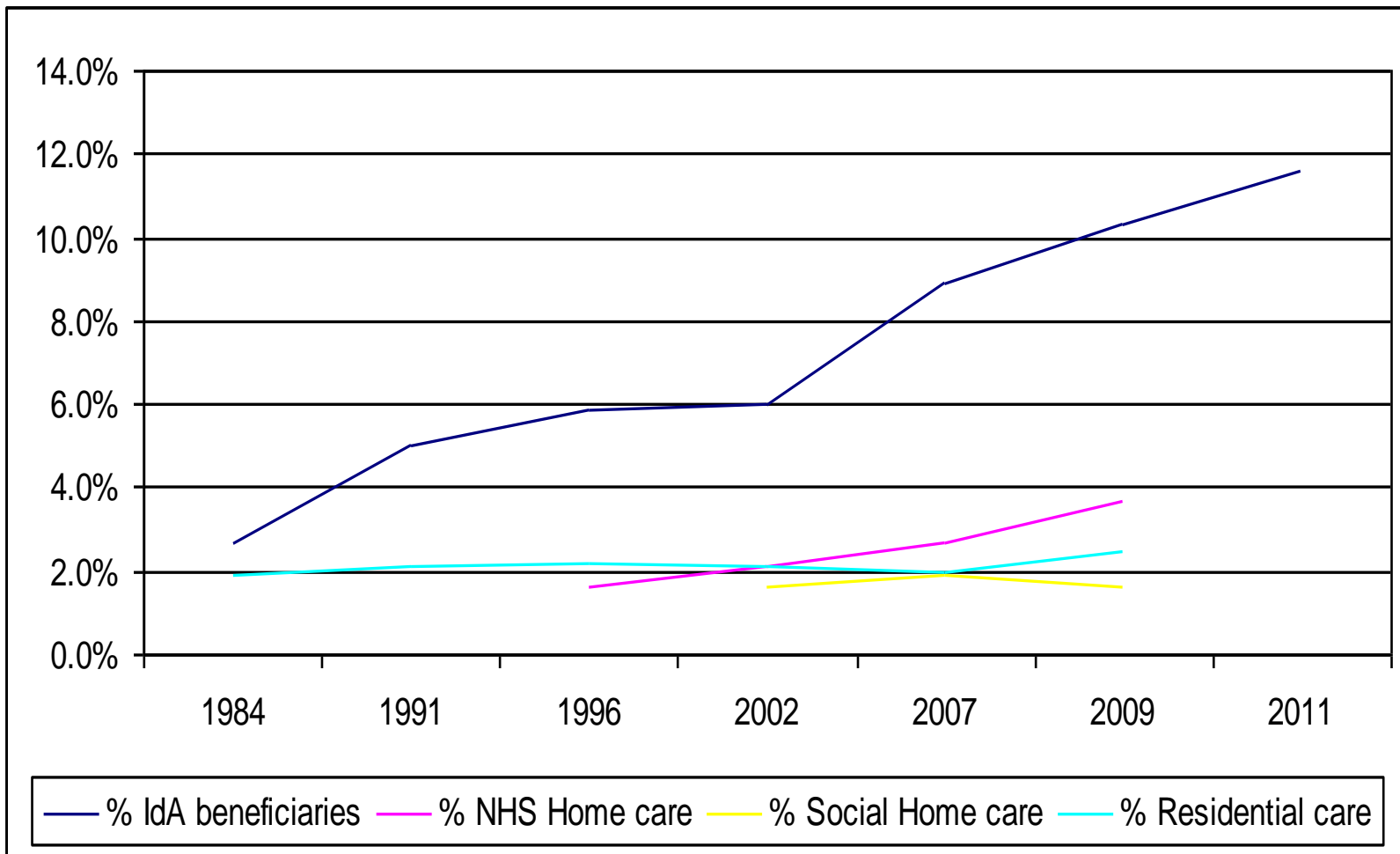
The «Indennità di accompagnamento» is:

- A cash benefit regulated by the central State, managed and paid directly to the percipients from the National Institute for Social Security
- devoted to those who are assessed as completely dependent on a long term basis by local health medical commissions, independently of their age and economic status.
- flat rate allowance of 480 euros per month (2010) used freely

Coverage by the Italian LTC system (2008-2011)

% of over 65 receiving:	Italy	Centre-Northern Italy	Southern Italy
Indennità di accopagnamento (2011)	11,6	10,4	14,7
Social Home care (2008)	1,6	1,5	1,8
Nursing home care (2009)	3,7	4,3	2,2
Residencical care (2009)	2,5	3,0	1,2

In kind services and cash programs for frail older people in Italy 1984-2011



Which social transformations?

- diffusion of migrant personal assistants (badanti)
- transition from a 'family' to a 'migrant in the family' model of care
- 750.000 personal assistants work for Italian families
- Private spending on LTC (what families pay for personal assistants) has been estimated at around 0.59 percent of GDP, equivalent to half of the total public spending on LTC



Numbers of this private market

Kind of family	Private
With 65+	14.0
With 65+ sever. depen.	22.9
With 65+ depend.	14.6
With 80+	23.6
With 80+ sever. Depend.	31.9
With 80+ depend.	22.2

Meanwhile...

- A private care market that developed without any substantial public specific regulatory or financial intervention
- Policies that helps the perpetuation of an irregular and cheap labour market and “institutionalizes” irregularities in the market
- No connection between caring and migration policies

And the result is....

- Indennità di accompagnamento + migrants available to work in caring activities at home + advocacy groups activities “don’t touch the indennità di accompagnamento”= PUBLIC INERTIA + MARKETIZATION OF CARE= incremental institutional change
- public choices towards the regulation of this market in these last ten years have been functional both to the rising demand of (cheap) care by Italian families and to the public sector that avert problem pressure for LTC services.

THANKS FOR YOUR KIND ATTENTION!
YOUR COMMENTS ARE REALLY PRECIOUS!

Giuliana.costa@polimi.it



