



The Employee Involvement in Personal and Household Services Industry

Research Study

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1.

EXECUTIVE SUMMARY

Personal and household services (PHS) cover a broad range of activities that contribute to wellbeing at home of families and individuals: child care, long term care for the elderly and for persons with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc. One can distinguish between “care” activities and “non-care” activities, depending on the state of being of the recipient of the service or his/her needs. One can say that care services are provided to (dependent) persons with special needs (long-term care for older people, care services to disabled persons, childcare services), while “non-care” services will rather be provided so as to improve the well-being of the recipients. However it is important to note that the same service (e.g., cleaning the home) can be considered as part of the overall care provided to a dependent person, or just a convenience service helping non-dependent people to have more free time or better conciliate their work-life balance. As well as far as conciliation issues are concerned, the distinction can sometimes be difficult to maintain. For the purpose of the present review, non care home-based services such as cleaning, ironing, gardening, maintenance, etc, have been left aside. Indeed, the report mainly focuses on care services and their governance.

A central element of these services is that they all are underpinned by the process of externalising the work of households to external providers.

ElforPHS project aimed at exploring :

- the PHS evolution in EU and in the World the actors and their business models
- the employee involvement experiences with focus on ICP – Information Consultation and Participation
- National Situations in Italy, Spain, France and Greece
- Relevant Practices

The main objective is to give suggestions in order to improve the sector and the Employee ICP rights.

Methodological approach:

The research has been mainly based on:

- Desk research/analysis, set up of best practices criteria, selection of best practices.
 - Focus on business models
 - Focus on governance approaches;
- Analysis of the enterprises operating in the sector
 - Utilizing the EI for FM-enterprises grid tool + Public Role;
- Analysis of the different business models and governance approaches related to the different enterprises;
- Analysis of different levels of ICP related to the different business models and governance approaches Analysis of different levels of EFP related to the different business models and governance approaches utilizing:

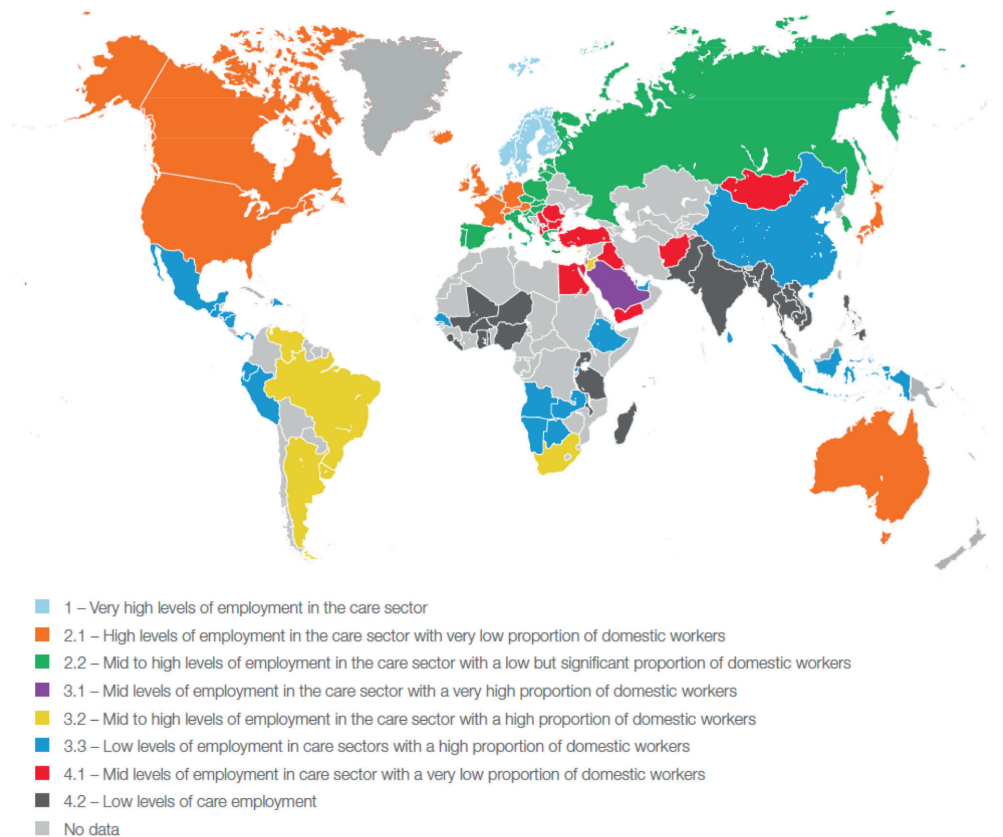
- Ei for Fm – twin pronged employee involvement matrix (Mungo – Winterman);
- Ei for Fm - companies binding rules matrix;
- Ei for Fm- status employee involvement;
- Proefp4 – ICP/EFP interview;
- Best practices rating criteria set up;
- Bespat- Ten best practices criteria (to be implemented and validated);
- Selection of best practices;
- Best practices identification against the rating criteria;
- Outside or within the partnership.



2.

PHS
WORLD AT GLANCE

It's interesting to have a look at what the ILO International Labour Organization in tis Care Work and Care Jobs for the future of decent work (2018) and Providing Care through Coop-
It's interesting to have a look at what the ILO International Labour Organization in tis Care Work and Care Jobs for the future of decent work (2018) and Providing Care through Coop-
eratives (2016) especially looking at their world clusters classification linked to the employment models.



Source: ILO calculations based on labour force and household survey microdata.

And which key messages ILO send to the world, some of those are also the corre of our research.

Key messages

- Care workers tend to the most basic human needs and sustain the well-being of those who are in a relatively dependent position. The work of care workers usually involves a degree of emotional involvement with those being cared for.
- The global care workforce includes care workers in care sectors (education, health and social work), care workers in non-care sectors and domestic workers (employed by households). It also includes non-care workers in care sectors, as they support the provision of care services. Combining these various categories, the global care workforce amounts to 381 million workers, or 11.5 per cent of total global employment.
- The global care workforce comprises 248.9 million women and 132.1 million men. In most places, the larger the care workforce as a proportion of total employment, the more feminized it is. Approximately two-thirds of the global care workforce are women and this proportion rises to over three-quarters in the Americas and in Europe and

Central Asia.

- Many care occupations are viewed as an extension of women's unpaid care work within their own homes and communities. As a result, they carry with them low status, a lack of social recognition and low pay.
- Certain characteristics of paid care work weaken care workers' bargaining position, further contributing to their low pay and providing incentives for high turnover. Many care workers experience a "care pay penalty", ranging from 4 to 40 per cent of their hourly wages.
- The health and social work sector is a major source of employment. It accounts for 130.2 million jobs worldwide, constituting 3.9 per cent of total global employment. As much as 7 per cent of all women employed in the world find jobs in this sector, compared to 2 per cent of employed men.
- Nurses and midwives constitute the biggest occupational group in health care, and nursing remains the most feminized of the health-care occupations. Personal care workers, most of them home-based, face low wages and dire working conditions, and are likely to be exposed to discriminatory practices. Community health workers are frequently undertrained, under-resourced and underpaid or unpaid, and are often engaged to make up for a shortage of health workers.
- There are 70.1 million domestic workers employed by households in the world – 49.2 million women and 20.9 million men, representing 2.1 per cent of total global employment and 3.8 of total female employment.
- Domestic workers experience some of the worst working conditions across the care workforce and are particularly vulnerable to exploitation. Jobs in this sector are notoriously unpredictable and casual and are affected by low labour and social protection coverage. Violence at work is ubiquitous in the domestic work sector.
- The numbers, working conditions and levels of pay of care workers at the country level are closely related to the coverage and quality of care services, and the compensatory role that domestic work may play in their absence. In turn, the working conditions of care workers influence the quality of care provided.
- Informality, long working hours and non-standard forms of employment take particular forms among care workers.
- Public provision of care services tends to improve the working conditions and pay of care workers and unregulated private provision to worsen them, regardless of the income level of the country.
- The existence and representativeness of workers' organizations covering care workers, in conjunction with the coverage of social dialogue mechanisms, such as collective bargaining, also play an important role in determining the pay and working conditions of care workers, as well as their voice in other decisions that affect them.
- A high road to care work cannot be built without decent work for care workers.

2.1 Different definitions of PHS in Europe

The great variety in national definitions of personal and household services immediately results in major difficulties in measuring the size and extent of this sector. One can rely on the two following NACE categories. On one hand, workers directly employed by households have their own statistical category (NACE 97). There were 2.6 million such workers in the EU in 2011. This category has higher employment rates (over 2%) in Southern countries (Cyprus, Spain, Italy, Portugal) as well as France and Luxembourg. On the other hand, employment in service provider organisations is much harder to locate and measure. Care activities are ranged under the category “social work without accommodation” (NACE 88) but non-care activities are scattered into many different categories, depending on the nature of the activity (for example, cleaning aligned with cleaning industry or private lessons grouped with education). In 2011 there were around 4.8 million workers employed in “social work activities without accommodation”. Countries with the higher employment rates in this sector (over 3%) are Scandinavian and North-Western countries. Furthermore, according to national estimates, undeclared work can represent up to 70% of the sector in countries like Spain or Italy and even 90% in Germany. A special Eurobarometer emphasised the fact that in 2007 17% of buyers of household services resorted to undeclared labour.

These definitions depend on public policies that operate in this field. Different policies have indeed been implemented in EU countries in order to encourage the legal purchase of these services, as informal arrangements and undeclared labour reach significant levels in this sector of the economy. These public policies necessarily rely on a prior definition concerning which home-based services might benefit from such incentives.

The “list” of these services can be more or less inclusive and will either focus only on non-care services, sometimes including home renovation services alongside services for private individuals or regrouping all noncore services with care services in a large “personal service” sector.

In other countries, the sector is not defined on the basis of public schemes aimed at developing the sector, but rather on the basis of specific regulations concerning work and employment. As these services are generally provided on a temporary, occasional basis and are submitted to a strong attractive force of the undeclared sector, specific regulation are in place in order to make it easier for a household to use a formal provider.

These regulations can be associated with financial benefits given to consumers so as to stimulate the demand.

2.2 Policy context, PHS Purchasing system and the actors within the scene.

Different public policy tools have been implemented, aiming at encouraging formal employment and discouraging undeclared work. Public tools can be grouped into four categories, according to the main objective followed:

1. Reducing the price
2. Simplification of procedures through vouchers

3. New regulation on employment
4. Fostering the emergence of a supply side.

Reducing the final price for households has been the first goal of many public policies. A key element in households' behaviour is the difference between the average price of declared services and undeclared services.

However, if prices and service affordability obviously play a major role in the decision to outsource services to external providers, non-economic parameters, like prevailing social norms regarding the role of women and the distribution of tasks within families, psychological barriers or attitudes towards domestic work, are also of paramount importance.

Reducing the price can be achieved through several mechanisms.

- first, through a reduction of the VAT rate;
- second, via the reduction of the cost of labour by means of exemptions from social contributions.

Third, the price can also be reduced if a third party (other than the State) pays part of the price – this can be done by companies for instance who offer their employees access to personal services, but also by insurance companies or local authorities.

Finally, the main tool used to diminish prices has been to introduce tax incentives. Tax deduction schemes have been introduced in some countries, mainly linked with a voucher system.

The regulation of employment and occasional work can either be carried out through the implementation of vouchers, specific programmes like Mini-Jobs, or specific status for workers in housework activities.

This approach is developed in countries that favour direct employment by households rather than triangular forms of employment by provider organisations.

Employers are encouraged to rely on these new regulation which offer them some flexibility and financial advantages, which are sometimes linked to the employment of former jobseekers in the context of activation programmes.

Through this specific regulation, households benefit from simplified administrative procedures for registering workers and the labour cost is reduced by means of social contribution exemptions.

This can result in weaker rights for workers and an increase in precariousness. All the above-mentioned tools act upon the demand side.

More rarely, public policies might also try to foster the emergence of a formal supply side. On the one hand, this can mean encouraging entrepreneurship and the development of companies (be they for-profit or not-for-profit), and also improving the structure of the market.

On the other hand, this can also take the form of supporting the emergence of an individual formal supply side by immigration measures. Regularisation measures can result in an improvement in their working conditions, compared to an illegal situation.

It's useful to synthetize the purchasing systems and the actors within the PHS industry.

2.3 PHS Purchasing system in EU at glance

1. Public direct purchasing: where Public entities should respect the European Public Procurement directives;
2. Mixed with accreditation: it's a public accreditation system with partial payment, where the client will choose and pay the balance;
3. Direct grant: where public give a partial payment/grant, and the client freely chooses and pays the balance;
4. Company welfare systems: funds generated within the work system (from specific work agreements/contract) that would benefit the worker and family also with health care services (work package system);
5. Private Social Insurance: client private savings for Health Care and PHS;
6. Client direct purchasing: the client should only respect the service provider contracts.

2.4 The actors within the 'scene': 13 characters in search of an author

1. Parents and relatives: the PHS market demand side (and the offer side as 'care givers')
2. Home/Family Professional Carers 'personal care assistants'.
3. The State and the other big rulers and big financiers
4. Public Administrations at Regional and Municipal level – Rulers, Financers and deliverers
5. Social Enterprises: the new entry.
6. Social Co-operatives: well rooted, resilient, and Natural-Born Employee-Involved.
7. Sociedad laborales: Employee financial participation (EFP) in Spain largely takes the form of Sociedades Laborales (Worker- Owned Companies)
8. For Profit Companies: coming from the Care Homes system, now entering the PHS market
9. Voluntary Associations: mainly they act as voluntary, but some of them are accepted in some public tendering.
10. Co-operatives and/or Associations) of parents and relatives for people with special needs
11. Community Co-operatives and/or Associations: made up of small communities of receivers and deliverers, where the offer and demand side co-exist (geographical level based)
12. Trade Unions
13. Consumers and Citizens Associations

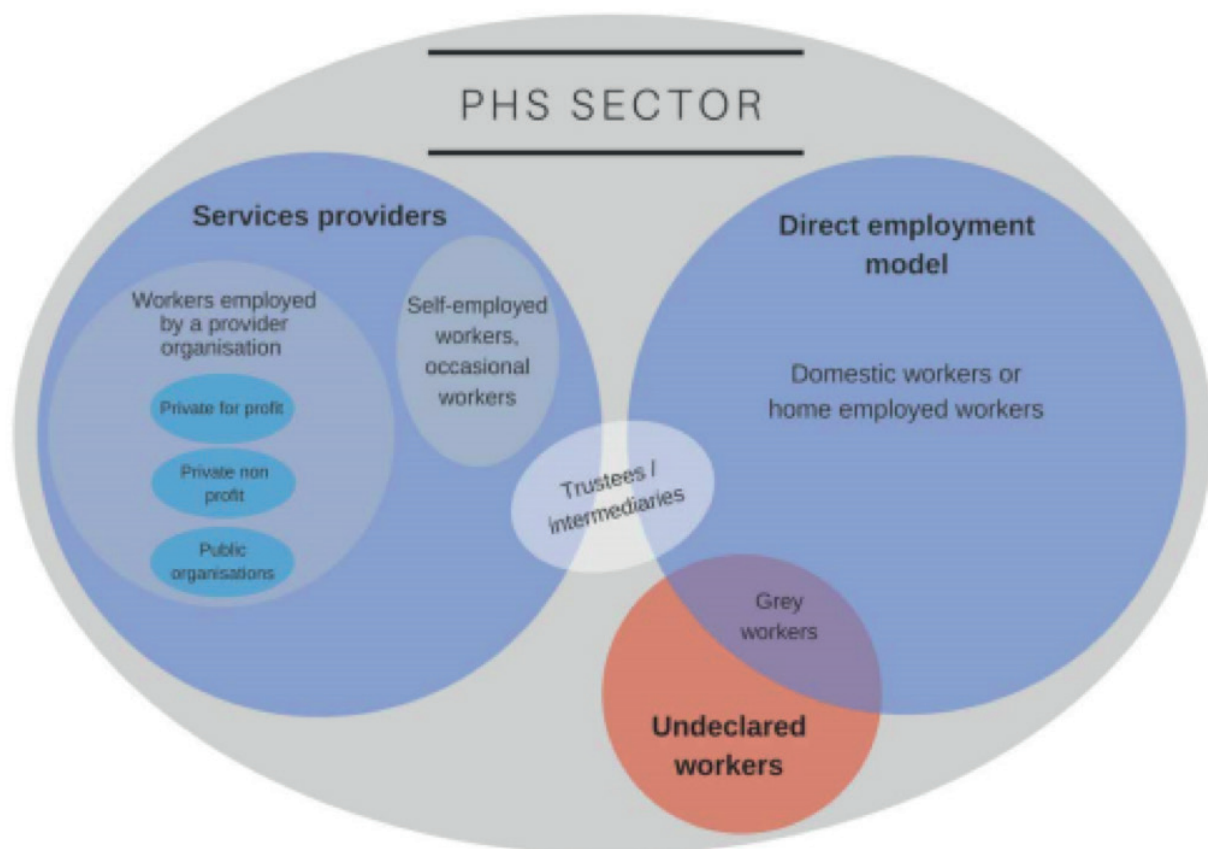
2.5 Two different mayor employment models and 9 producers

Two different mayor employment models of service provision should be distinguished:

1. The direct employment model was historically the first one to be developed: the user is legally the employer of the PHS worker (often described as a bilateral relationship). It corresponds to the definition of a domestic worker given by the Convention No. 189 of the International Labour Organisation (ILO) according to which the common and distinctive characteristic of domestic workers is to be employed by, and to provide services for, third party private households.
2. On the other hand, the provider organisation model corresponds to a classical form of employer-employee relationship: the PHS worker is always a salaried employee, described as an “intermediated” or triangular form of employment, where by the worker is employed by an organisation (private for profit or not) who sells services on the market or by an organisation providing the services (e.g. a public organisation). The beneficiary of the service buys this service on the market or receives the service from public entities. In this form of work, organisations are the employers of PHS workers. Ultimately, this provider organisation model also covers the recourse to self-employed individuals or auto-entrepreneurship because there is no employment relationship between them and PHS users but instead a sales contract.

2.6 Nine ‘producers – way’ to ‘deliver’ PHS

1. Home/Family Professional Carers;
2. Public Administrations at Regional and Municipal level;
3. Social Enterprises;
4. Social Co-operatives;
5. Sociedad laborales;
6. For Profit Companies;
7. Voluntary Associations;
8. Co-operatives and/or Associations) of parents and relatives;
9. Community Co-operatives and/or Associations: made up of small communities of receivers and deliverers, where the offer and demand side co-exist (geographical level based).



See also IMPact, « PHS policies – implementation and monitoring guide », European project co-funded by the PROGRESS Programme of the European Union, March 2016

2.7 Employee ICP -Information, Consultation and Participation in PHS

Employee ICP schemes are mainly found in Co-operatives and Societad Laborales on the governance of the enterprises and on the improvement of the services.

As the cooperative approach to the ICP rights, is the most relevant in the PHS industry, it's useful to summarize Cooperative experience in the world in the care sector.

Providing Care through Cooperatives report set forth fresh evidence of the ways in which the cooperative model manifests itself in the care economy as both an employer and service provider, addressing care needs among diverse populations, including children, elderly, and persons living with developmental, mental and other health needs.

Furthermore cooperatives that provide care vary in terms of members, stakeholders, financial security and nature of membership.

Still, all cooperatives that provide care aim to do so using a membership-based democratic decision making model while improving the health, well-being and autonomy of individuals, families and communities they serve, and providing access to decent and gainful employment opportunities to workers across the care chain.

Key findings from ILO Providing Care through Cooperatives report include the following:

- Evidence suggests that cooperatives may provide access to improved wages, working conditions and benefits and reduce employee turnover. This particularly impacts women, who comprise the majority of care workers coming from low socio-economic status and ethnic minorities.
- While cooperatives provide care in various ways throughout the world, there are regional differences in the types of care provided through the cooperative model that are shaped by local contexts and care needs. For example, cooperatives in Sub-Saharan Africa, including Rwanda and Zimbabwe, have emerged to meet the housing and health needs of persons living with HIV and AIDS. Across North America, cooperatives targeting youth with developmental needs are common. Eldercare cooperatives which provide housing and/or home-based care are prevalent across Asia (e.g. Japan), Western Europe (e.g. France, Italy and the UK), North America (e.g. the US and Canada), and parts of the Southern Cone (e.g. Uruguay).
- Commonly cited cooperative models in the care sector include worker, user and multistakeholder cooperatives, based on their membership structure. There is no one-size-fits-all model as local contexts, beneficiary care needs and worker conditions and characteristics shape the model adopted by members of cooperative enterprise.
- Cooperatives in the care sector are often multipurpose—beneficiaries’ care needs are not singular, nor are the services that cooperatives provide. Cooperatives provide multiple services to distinct populations, including elders, children and adolescent youth, persons living with disabilities (mental and/or physical) and persons living with physical illness. Furthermore, these populations’ needs may overlap. For example, a child living with a developmental disability may require day care as well as specific developmental assistance services.
- Multipurpose cooperatives are a response to care needs through care and other types of services.
- Cooperatives that provide care services can often take on a multistakeholder nature. Such stakeholders include care providers and other workers, beneficiaries and service users, families of service users, governments and community agents, among others. The multistakeholder model is a unique trend emerging from cooperatives’ involvement in the care sector.
- Cooperatives that provide care services may grow out of other types of cooperatives. Most often this takes the form of care services added on to existing cooperatives. For example, in UPAVIM cooperative in Guatemala, childcare and education programmes were added on to a women’s artisanal producer cooperative. Add-on care services were prompted by women worker-members’ care needs.
- Cooperatives providing care may also prompt an inverse outgrowth of other types of cooperatives. In this model, other forms of cooperatives emerge from what started as a care cooperative. Such is the case with Sungmisan Village in South Korea, in which a consumer cooperative and cooperative school grew out of a cooperative day care centre.
- There is room for building and fostering collaboration to support cooperatives providing care. Such relationships are needed across the care sector as well in partnership with other stakeholders from within the cooperative movement.

A relevant approach has been highlighted by the research 'Nuove relazioni industriali e partecipazione organizzativa nella cooperazione dell' Emilia Romagna', especially those related to the Organizational Participation. that is participation in the workplace and in the organization of work.

In the sector of social cooperatives, the organization of work is conditioned by legislative and regulatory provisions, by specific protocols to be observed especially in the two main sectors, nursery schools and residences for the elderly.

Here the innovation, more than in the organization of work, is in the effort to improve the quality of the service, also determined by the fact that, given the decline in public customers, the cooperatives increasingly turn to private clients.

Regarding the participation in the organization of work, there is a high level in the sector percentage of skilled work, which is accompanied by a well-established tradition of groups of work, called "collective", in which the planning of work, of the qualitative improvement, shifts, training for new entrances, exchanges experiences on best practices.

In other cases, on the other hand, organizational participation has now been formalized, according to fairly established standards, with working groups that meet on a pre-determined basis to examine the progress of production, the problems that have occurred, identify solutions and improvements, and whose reports arrive at the competent organizational levels and up to the rank of director of the business unit.

Here the participation of workers (and their accountability) in the process production is really a fundamental component of the company's success.

Alongside these forms of "strong" organizational participation there are others. There is a topic that seems to be quite transversal in all areas, and that is that of working time.

Participation, and to some extent even the self-management of different time segments among workers (often: female workers) seems to be quite widespread and constant.

The less intense level of organizational participation does not necessarily correspond to a lower participatory will of the cooperative leadership, nor to a lower efficiency or "social" participation, but sometimes to constraints to some objective extent, in others perhaps to an underestimation of how much to bring in light and to some extent formalize the "submerged" organizational participation can help to improve efficiency, motivation and to some extent the same cooperative image.

The task that could be imagined for the immediate future is, therefore, on the one hand that of bringing to the knowledge of the whole cooperative world the most virtuous and consolidated experiences of organizational participation, without the pretension of extending them in an undifferentiated manner, but taking care of make available practices and materials from which each company can draw elements for improvement and, secondly, to urge cooperatives to reflect on themselves and on the little or so "submerged" that can help them to work better.

In this scenario the role of the trade unions is the same.

Mostly present and attentive to the more traditional claiming craft, the union.

In the final analysis, if union involvement still seems useful, both to consolidate and extend existing practices, and because, in a more utilitarian logic, the Italian trade union is far from the “liquefaction” mentioned by W.Streeck (2017), it seems appropriate to proceed, in this field, with due prudence and gradualness.

A first hypothesis could start from the definition of joint training initiatives between companies and trade unions on the themes of organizational participation.

2.8 PHS, Jobs and 7 'temporary recommendations'

Personal and household services have long been considered to have huge potential in terms of job creation. Several drivers operate at the European level that support the development of this sector, moreover, these activities are still mostly provided by means of informal arrangements and/or undeclared labour in many of the EU countries.

This is also a driver for policy reform with an aim for public authorities of obtaining new receipts and also improving working conditions as undeclared labour puts workers in risky situations.

This potential for job creation is confirmed by the analysis of national data. Public measures supporting the demand-side have resulted in new jobs.

However, the quality and working conditions of these new jobs has been an issue of concern. In terms of working time, wages, working conditions, job security and other aspects, jobs in PHS are highly precarious. Employees' rights can sometimes be reduced compared to standard contracts.

This sector is sometimes thought of as being on the margin of the labour market, but now times are changing and policy measures should therefore incorporate tools for ensuring decent working conditions and basic and ICP workers rights.

One should also take into account the real net cost of policy interventions in the field of personal services. Because of the job creation potential of this sector and the extent of undeclared labour, public intervention may prove necessary with the aim of reducing the face value of these services and thus making them competitive when compared with undeclared forms of labour.

This is an investment which should be carefully scrutinised. As these measures are costly, it is important that a well-informed public debate should be based on the net cost and the earn-back effects of these measures. Further research at national and European levels in order to define better tools of assessment and reliable methodologies would be needed.

ElforPHS project want contribute with 7 Temporary recommendations PHS and I&C:

1. In public procurement, contracting entities should promote the European Public Procurement Directives, and in particular art. 20 relative to reserved contract for enterprise whose mission is the work integration of disadvantaged or disabled persons, and art. 77 regarding a series of services of general interest.
2. Public procurement, in applying the EU Directives, should avoid areas in service provision

that are not clearly defined (such as those acquired by voluntary associations) and should request the full application of national labour contracts and awarding eligible enterprises with clear ICP rights.

3. In order to add value to ICP employee rights, the transposition of Art. 77 (on tendering procedures for cultural, social and health services) of the Public Procurement Directive within the Spanish legislation (law N. 9/2017) should be considered as a model: indeed, according to this law, the public administrations can also use awarding criteria for enterprises adopting employee participation schemes or employee ownership.
4. The accreditation systems should be applied for single professionals and for companies/firms.
5. When direct grants are provided, the traceability of the contracts should be assured with free choice by the final client linked to the accreditation system.
6. Company welfare systems should allow workers the possibility to have an option for PHS too.
7. The cooperative model, and in particular multi-stakeholder cooperatives, should be actively promoted in the field of PHS

2.9 Looking for the Sources

Although PHS play a key role in the economy and are constantly developing, until now, statistical overviews were based on statistical categories imperfectly covering the sector, in fact PHS are not considered as an economic activity within European statistics NACE

The European PHS Statistics has been developed based on the ISCO data. In this case, it is no longer the type of employment (direct employment model vs. provider employment model) which will be decisive, but rather the occupation, that is if it is a care-related or a household-support related job. In this case, two groups will be of particular importance:

- group 9111 of domestic cleaners and helpers,
- group 5322 of home-based personal care workers.

The Eurostat data related to the ISCO classification are not available for all Member States, especially when it comes to the group 9111. This is why, in order to obtain a wider coverage, data have been complemented with:

- national sources, figures of the European Federation of Cleaning Industries (EFCI) and extrapolations.
- other statistical resources have been used such as from the OECD, the European Union Labour Force Survey (EU LFS) as well as Eurofound and Eurobarometer's surveys.

2.10 PHS Market Today and Tomorrow

THE PHS SECTOR: 8 MILLIONS JOBS THROUGHOUT EUROPE

● PHS jobs in the EU economy

In the EU, the PHS sector represents



Personal services offer important opportunities to lighten the burden for working people and create jobs. In 2016, employment in the PHS sector represents almost 8 million jobs (7,918 million) in the EU 24.

PHS JOBS IN THE EU ECONOMY: 4 % OF EU EMPLOYMENT

These 8 million jobs amounts to almost 4% of total employment in EU24. This share varies greatly as it can reach 6% in some Member States and less than 1% in others.

According to Eurostat (EU LFS), in 2016 PHS workers amounts to 80% of the number of workers in the hospitality sector and 55% of employment in the construction sector.

WOMEN AND THE PHS SECTOR: 7,5% OF WOMEN EMPLOYMENT

Other important data is the importance of female employment in the PHS sector since the share of female workers in PHS reaches 91% in the EU 24. Female employment in the PHS sector accounts for nearly 7,5% of all female employment in the EU 24.

● Women and the PHS sector



EMPLOYMENT DISTRIBUTION IN THE PHS SECTOR

Other important data is that **70% of PHS workers are hired through the provider employment model.**

With **70%** of PHS total employment,
the **provider organisation model** is
predominant

 **40%**
of PHS workers mainly provide
household support services

UNDECLARED WORK IN THE PHS SECTOR: 70% OF THE MARKET IN THE ABSENCE OF PUBLIC SUPPORT

A 2016 report from the European Commission reveals that PHS are the third most common identified sector for **undeclared work**, after the construction sector and hotels, restaurant and catering.

In the spring 2013, the European Commission conducted a Eurobarometer survey on UDW in the European Union. It reveals that 11% of the respondents admitted having bought goods or services involving undeclared work in the previous year.

Among them:

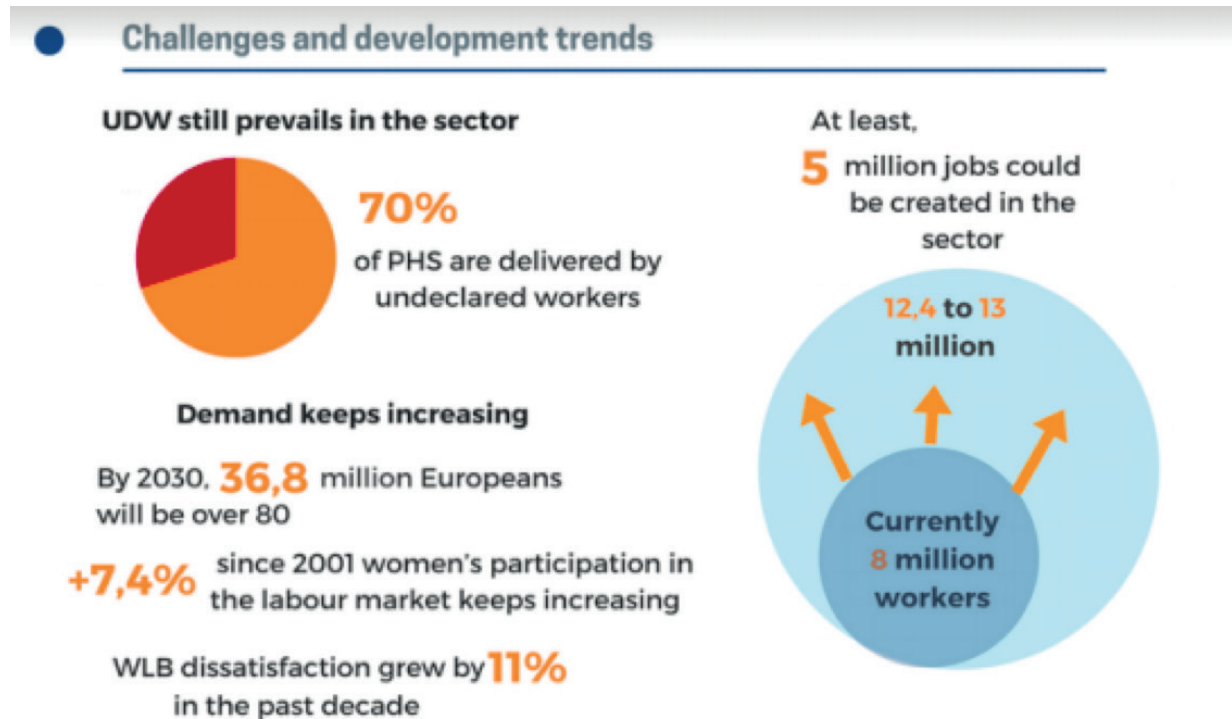
- 15% acquired goods or services in relation to home cleaning, which is most likely to be purchased in Luxembourg, Cyprus, the Netherlands and Austria. With the exception of Romania and Croatia, home cleaning services are not purchased by more than 6% of the respondents in any country in Eastern and Central Europe as well as in Malta,
- 10% of the respondents purchased gardening services or products, which are most likely to be bought in the UK, Romania and Ireland and are at the second most widely mentioned purchase in these countries,
- 3% of them said they paid for assistance for a dependant or elderly relative. These services are particularly prevalent purchases among respondents in Austria, Luxembourg and Sweden.

We can add that respondents also admitted having purchased home babysitting (5%), ironing clothes services and tutoring (3%) as well as babysitting services outside their homes (2%).

Extrapolating these numbers to the entire EU population reveals that close to 12 million EU

citizens bought PHS services on the undeclared market.

MAJOR FACTORS ARE DRIVING GROWTH IN THE INDUSTRY



Among the major factor that increase the opportunities of growth in the industry of PHS on of the must significant are challenges societal face of the EU. The population ageing will be a determining factor for the evolution of PHS needs.

This unprecedented and general aging of our societies increases demand for home help and care services. Currently, ageing people's wish to remain at home longer is partially met by informal help and care coming from family carers and undeclared workers. As such, across Europe about 80% of care provision hours are delivered by informal carers, mainly women aged 45 or more 13.

Some of them provide care to their relative out of choice, but others do not and are obliged to reduce their working hours or, in some cases, to withdraw from the labour market to meet their relatives' needs. In the long term, this situation is not sustainable, nor is it economically or socially acceptable.

These future needs are to be compared with the constant increase in the female employment rate, from 57.9% in 2001 compared to 65.3% in 2016. However, women are the main providers of PHS self-production.

The recourse to PHS is an option for EU workers – and especially women – for determining their life choices. It complements the possibility to use parental leave, part-time work and other forms of flexibility. Reconciling between work and life is a long-standing concern of the EU and it remains high on the agenda of European Institutions.

The latest European Quality of Life Survey (EQLS) revealed that the proportion of respondents claiming that they experience work-life balance issues at least several times

a month increased substantially between 2007 and 2016, but especially so between 2011 and 2016. Thus, 60% of the respondents claim to be too tired from work to do household jobs in 2016, compared to 49% in 2007.

The countries where this unbalance has increased substantially since 2007 for both men and women are Croatia, the Czech Republic and Romania. Furthermore, this data clearly highlights that work-life balance is affected by the number of children and the caring responsibilities a person has and their working hours.

Moreover, women experience tiredness due to work more than men. In 2016, 2/3 of women under 34 claim to be too tired from work to do household jobs at least several times a month. In general, 62% of women report that they experience work-life balance issues at least several times a month compared to 57% for men.

Faced with the necessity to regularize undeclared work, to better meet the needs of frail and elderly people and to ensure a better reconciliation of work and private life, Member States can implement different PHS policies.



3.

**INFORMATION
AND
CONSULTATION
IN THE EUROPEAN
DIMENSION**

The right to information, consultation and codetermination belong to the notion of social market economy since the rise of the German capitalism. In the historical perspective of the European social model, the Welfare State aims at warranting wellbeing amongst citizens, but mostly for business to fulfil a social function linked to the broader development of society.

The European model of industrial relations is participative, yet incomplete in many countries. However, industrial democracy is a historical condition of the paradigm around which European industrial relations have developed through the years. It is in the 1975 Green Book for the European lawmaker to weld the notion of enterprise to that of participation and to advocate the European Company status.

Thus, vocabulary evolves to represent the characteristics of industrial democracy from a community perspective. The concept of employee “involvement” encompasses the rights to information and consultation, as well as of the right to influence employers’ decisions. The concept of participation is left undefined by the European lawmaker, if not in the negative, in order to exclude “codetermination” from his range of options. There is no explanation for participation, which is content of social dialogue and of rights. In a comparative analysis, it is left to member states to shape their own systems, included financial participation. Today the concept box of participation expands to encompass company welfare. In a context of strongly strained welfare state, collective bargaining takes onto itself the building of services. A collective tool to shape services for individual use.

At European level, information, consultation and participation rely on a corpus of seven Directives. However, the legislative framework is far from static. The European Commission carried out a fitness check on three of these Directives (Directive 2002/14 and the directives on collective dismissals and transfer of undertakings). The Commission has been the recipient of a social partners’ framework directive proposal to extend the rights to the public sector. The EWC Directive is now under fitness check.

Worker involvement has therefore not succumbed in the crisis of collective bargaining, but must find its place in the context of the Union’s new priorities.

Within the European project, re-launching the social dimension implies a dialogue touching upon not merely labour, but also upon themes such as energy, migration, digitisation, social investments, etc. There is a strong call for social partners to be involved in the European project in a more holistic and therefore more responsible manner.

The sharing of knowledge remains instead a crucial matter. Participation consists in sharing knowledge, therefore in sharing power. Participation is democracy. This in turn links back to the debate around economic democracy and around the “social” role of enterprise.

To speak of participation in Europe is to speak of the development of SMEs. It is said that the European Union has pushed industrial systems towards a model of participatory industrial relations. Information and consultation impact on social dialogue in a way that enhance a participative approach responding to need of change and innovation.

Information & consultation respond to a participatory model of corporate governance:

more participation of employees and other stakeholders means more social integration and an integrated development of the whole society.

This took place, firstly, through legislation, which “constitutionalised” workers’ rights to information and consultation. The right to be involved in a company’s strategic choices appears in Article 27 of the Charter of Fundamental Rights of the European Union, in the chapter on Solidarity. Since the entry into force of the Lisbon Treaty, the Charter has the same programmatic and binding force as the rules of the Treaties.

In particular, during the years the European Union has produced several legislative acts in order to ensure the involvement of the employees in the most important decisions of the enterprises. Social dialogue engages institutions and social partners in the search for participatory relational methods as opposed to the exercise of conflict. In the business world, social dialogue means “participation”. The idea is to promote a new model of corporate governance: through more participation of employees and other stakeholders, for more social integration and an integrated development of the whole society. A deeper workers’ participation has a positive impact on the development of a good work climate and contributes to the mitigation of human resource problems contributing at the same time to the improvement of the company’s performance. In this sense, information and consultation impact on social dialogue in a way that enhances a participative approach responding to need of change and innovation. In this field it is possible to find several provisions at International, EU and National level. These rights are recognised at international level in the Article 21 of the European Social Charter (Council of Europe) where it is affirmed, *“Workers have the right to be informed and to be consulted within the undertaking”*.

At European Union level these rights are recognised in the Community Charter of the Fundamental Social Rights (1989) and also in the Charter of Fundamental Rights of the European Union (2000), where it is stated (Article 27) that *“Workers or their representatives must, at the appropriate levels, be guaranteed information and consultation in good time in the cases and under the conditions provided for by Union law and national laws and practices”*.

Even though their recognition in the Community Charter of the Fundamental Social Rights, a proper legal basis for information and consultation has been introduced only with the Treaty of Amsterdam in 1998 that incorporated the Agreement on Social Policy into the text of the treaty. The legal basis is nowadays represented by the articles 151 and 153 of the Treaty on the Functioning of the European Union (TFEU) where it is given to the Council and to the European parliament the power to act. In particular, article 153 TFEU is particularly interesting because it represents the legal basis for the European action, entrusting the Parliament and the Council to adopt measures designed to encourage cooperation between Member State; and Directives setting out minimum requirements for gradual implementation.

During the years, the European Institutions laid down many Directives to implement the new approach based on the participation of the employees in the undertaking’s life and on social dialogue. The corpus however is not homogeneous and the description has to divide the whole subject in three different groups.

A first group of directives concerns employee involvement in relation to certain situations, which are often an effect of the internal market. In particular this group of directives deals with the right of workers to be informed and consulted at national level on a number of important issues relating to a company's economic performance, financial soundness and future development plans which could affect employment.

The first group of directives includes:

- Directive 75/129/EEC on collective redundancies, as amended by Council Directives 92/56/EEC and 98/59/EC, under which employers must enter into negotiations with workers in the event of mass redundancy, with a view to identifying ways and means of avoiding collective redundancies or reducing the number of workers affected and mitigating the consequences. The
- Directive also provides for a notification procedure for public authorities;
- Directive 2001/23/EC on the safeguarding of employees' rights in the event of transfers of undertakings, businesses or parts of undertakings or businesses (consolidating Council Directives 77/187/EEC and 98/50/EC), under which workers must be informed of the reasons for such a transfer and its consequences; it also contains material provisions on safeguarding employees' jobs and rights in the event of transfer;
- Directive 2002/14/EC, which set up a general framework for informing and consulting employees in the European Community, which lays down minimum procedural standards protecting the right of workers to be informed and consulted on the economic and employment situation affecting their workplace;

The second group concerns the transnational dimension and addresses different issues related to cross-border companies foreseeing form of workers representations:

- Directive 94/45/EC (amending acts Directives 97/74/EC and 2006/109/EC) on the establishment of a European Works Council or a procedure in Community-scale undertakings and Community-scale groups of undertakings for the purposes of informing and consulting employees. The Directive applies to all companies with 1,000 or more workers, and at least 150 employees in each of two or more EU Member States. The setting up of the Works Council may be done on the basis of an agreement between the central management and a special negotiating body.

The central management:

- is responsible for the creation of the conditions and means necessary for the setting up of a European Works Council or an information and consultation procedure;
- initiates the negotiations on its own initiative or at the written request of at least 100 employees or their representatives in at least two undertakings or establishments in at least two Member States.

This Directive was repealed by Directive 2009/38/EC with effect from 6 June 2011 when the latter enters into force. The mentioned act brings a modernisation of the sector in order to

strengthen the existing rights: it aims to ensure the effectiveness of employees' transnational information and consultation rights, to increase the number of European Works Councils and to enable the continuing functioning of their constituent agreements. These provisions also aim to strengthen legal certainty for the establishment and functioning of European Works Councils⁷.

- Directive 2004/25/EC on takeover bids.
- Directive 2011/35/EU on mergers of public limited companies.

A third group of directives lays down rules applicable to situations with a transnational component, granting partial rights to participation in the corporate governance:

- Directive 2001/86/EC of 8 October 2001 supplementing the Statute for a European company with regard to the involvement of employees: the Statute for a European public limited liability company, adopted by Council Regulation (EC) No 2157/2001, is complemented by a directive establishing rules on the participation of workers in decisions concerning the strategic development of the company. Not only are employees informed and consulted through a body similar to a European Works Council, but provision is made for board-level employee participation where this form of participation was applied in the national founding companies, as is the case in the national systems of many Member States (the so-called 'before-and-after' principle);
- Directive 2003/72/EC of 22 July 2003 supplementing the Statute for a European Cooperative Society (Council Regulation (EC) No 1435/2003) with regard to the involvement of employees: this directive sets rules on the mechanisms to be provided for in European Cooperative Societies (ECSs) in order to ensure that employees' representatives can exercise influence on the running of the undertaking. Cooperatives have a specific governance model based on joint ownership, democratic participation and control by members;
- Directive 2005/56/EC on cross-border mergers of limited liability companies also contains rules on determining the employee participation regime to be applied to the merged company.

The core of the EU framework however can be found in the EU Directive 2002/14/EC that sets minimum principles, definitions and arrangements for information and consultation of employees at the enterprise level within each country. Given the range of industrial relations practices across the Member States, they enjoy substantial flexibility in applying the Directive's key concepts (employees' representatives, employer, employees etc.) and implementing the arrangements for information and consultation. Management and labour play a key role in deciding those arrangements.

Information and consultation are required on:

- the recent and probable development of the undertaking's or the establishment's activities and economic situation;

⁷ <http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=URISERV:c10805&from=EN>

- the situation, structure and probable development of employment within the undertaking or establishment and any anticipatory measures envisaged, in particular where there is a threat to employment;
- decisions likely to lead to substantial changes in work organisation or in contractual relations.

To avoid undue burdens on small and medium-sized enterprises, the Directive applies only to undertakings employing at least 50 employees, or to establishments employing at least 20 employees, according to the choice made by the Member State⁸.

It is important to mention that a recent development in the practice has seen the conclusion, between companies and workers' representatives, of transnational company agreements (TCAs). This is appending against the background of the growing international dimension of company organisation and the increasing emphasis on corporate social responsibility, including new approaches to dialogue between management and employees. In its resolution of 12 September 2013 on cross-border collective bargaining and transnational social dialogue, Parliament proposes that the Commission gives consideration to the need, in the interests of greater legal security and transparency, for an optional European legal framework for European TCAs, which would include clauses designed to ensure that the conclusion of a TCA does not result in an evasion of national collective agreements⁹.

8 <http://ec.europa.eu/social/main.jsp?catId=707&langId=en&intPageId=210>

9 http://www.europarl.europa.eu/atyourservice/en/displayFtu.html?ftuId=FTU_5.10.6.html



4.

COUNTRY REPORTS

4.1 ITALY

Introduction

For an association like Legacoop, characterised by a cooperative membership base, speaking about participation might seem obvious, although in reality it is not as straight forward as it might seem.

Despite the positive bias based on which a democratic governance required by law and regulated by statute guarantees the effective participation of workers, the reality of everyday experience confirms that for these processes to be effective, they must evolve as a dynamic element that have to be cultivated and sustained within an organisation. For these reasons, continuing to promote the benchmarking and exchange of good practices determines opportunities for growth and continuous improvement. To play a substantial role, statutory and regulatory requirements, which identify participation as a fundamental component of the cooperative model, must be supported beyond the scope of the required formalities thus becoming a powerful element of development.

It is necessary to focus on the “quality of participation”, exploiting its impact which becomes a guarantee of the democratic nature of organisations, extremely essential in nature especially when working in the social economy sector, while at the same time supporting a work scenario that proves to be more stable, more “tailored” on the needs of people and which, consequently, favours motivating and inclusive working environments.

Regarding the participation of workers in the management of the company, the practice of worker buyouts appears to be particularly significant, combining innovation, equity and the ability to face the new challenges of a rapidly changing market.

Where the work carried out so far has brought us.

From the analysis of the country reports and in particular based on a number of research initiatives which we have promoted in Italy, it emerges that certain forms of participation are tied to greater business success and a greater capacity for innovation. In particular, in the transformation of the labour market, the models identified as successful are those of the learning organisation (e.g. advanced lean models) in which the central elements are competence and the participation of workers.

Moreover, in social cooperatives that operate in the “care” services sector, an organisational model emerges centred on team work and on processes of internal autonomy attributable to evolved lean models, whose characteristic elements are the presence of formalised and inter-functional operative teams and the presence of continuous improvement groups.

Furthermore, winning experiences are primarily implemented bottom-up, irrespective of the presence of prescriptive actions which, on the contrary, if present risk stiffening and inhibiting these practices.

Good practices in Italy’s country report were identified on the basis of these elements, but

at the same time attempting to represent the workers' participation across the different levels.

The experience of the Innesto community cooperative finds a strategic role in participation, placing it at the base of the motivations that led to the very existence of that experience and, at the same time, determining the relative development assets. Participation aims to develop services and employment opportunities for that community, while partners and members of a community come together, not just workers of the cooperative. Participation makes it possible to provide answers that are “close” to people, more effective and quicker, to respond to the needs and to share the development objectives of that enterprise.

As part of the “Visiting” project, participation becomes a tool for evaluating the quality of services managed by cooperatives in the field of mental health. The method of peer accreditation is based on an inter-organisational participation of the employees. The process of evaluation and improvement of the services offered is managed transversely between the different (equal) organisations, which decide to implement an evaluation process aimed at improving the quality of the service itself, adopting an open model that promotes exchange and improvement actions, in addition to guaranteeing the third-party prerequisites necessary in every evaluation activity.

At another level, finally, the role that the association (Legacoop) may play in supporting participation processes, recognised as a driving force for innovation and as success factors for entrepreneurial development, where participation (which is part of our DNA) becomes an engine of innovation and fair and democratic development.

In conclusion, the decision to engage and commit to the issue of worker participation is essential:

- in order to develop the participatory model without taking it for granted, even in an association like ours, knowing that growth can only be guaranteed if it becomes part of a dynamic path necessary to support and nurture through exchange with other experiences, as well as providing a normative framework that fosters its development and makes the most of it, including through the inclusion of rewarding elements.
- because we are convinced that participation is a fundamental element in order to support the growth of a fair economic system, inclusive and democratic, as well as being the success factor of the company, a determining factor for a better quality of services and at the same time of the work, able to reduce uncertainty, improve salary compensation and positively impact on the working environment as a whole.

Facts and Figures

Data provided by Eurostat on PHS workers in 2014, shows that in Italy there are almost 756,200 workers recruited to perform domestic tasks (NACE 97) and 233,400 workers fell under the “social work without accommodation” category (NACE 88), while according to the Italian National Institute for Social Security (INPS), domestic workers in Italy in the

same year totalled 909,417 and 866,747 in 2016. The discrepancy in data could arise from:

- The terms used to describe the types of professions differ according to the source of data. Administrative social security system data collects information about regular domestic and care workers and only recently it is possible to split data according to the occupation (domestic and care workers). Survey data for this employment category was collected under the general definition of “family services – domestic works”. Thus the information is not directly comparable.
- Lack of consistent categorisation of the social care sector by type of services offered in the survey datasets. There is no data available regarding the share of employees offering services to old people, people with disabilities or to disadvantaged groups (only per capita expenses and beneficiaries covered).
- Impossibility to disaggregate Labour Force secondary survey data by types of occupation (only one-digit level) and by nationality from the National Statistical Institute’s data warehouse.
- Only Labour Force surveys provide updated data. Information on the profit and non-profit sector, SNS provides specific data until 2015 about enterprises operating in the sector.

A first key element to be highlighted is that domestic and care work still largely persists as a female activity, regardless of the nationality of the workers.

In 2016 the share of women was equal to 83.1% (791 thousand units) and recorded a decrease of 5% compared to 2004 (88.9%) due to the increase during the same period of the number of men (+131.8% against +66.3% of women), who grew from 55 to 153 thousand units.

The proportion of male workers out of the total increased from 11.2% in 2004 to 16.2% in 2013. However, the rate of female workers decreased only in 2009, when many men registered as domestic workers in parallel with the migrant workers’ regularisation.

It should be stressed that the trend observed in the group of migrant men employed as domestic workers is probably related to the evolution of migration policies.

Indeed, greater possibilities for legal entry or regularisation in the domestic sector have pushed many migrant men to register as domestic workers, although this was not always their actual occupation.

Legislations and evolution of the PHS in Italy

The State with his legislations is a big ruler in this sector. The main framework is the law 328/2000 Framework Law for the Implementation of the integrated system of social services, (Legge Quadro Realizzazione del sistema integrato di interventi e servizi sociali) in terms of harmonizing the system of aid and social services, the central state provides a minimal level of aid throughout the whole country. Specific Fund: Non- self sufficiency

National Fund (Il Fondo Nazionale per la Non Autosufficienza) Law n. 296, 2006. The PHS milestone: the attendance allowance or ‘indennità di accompagnamento’.

The new framework: the Third Sector Reform of July the 3rd 2017 Legislative Decree.

The next: Waiting for the Care Givers Law in November 17 the amendment to the Legge di Bilancio 2018 set up a three year 60 million euro fund for care givers. Finally, relating to the Employee rights to ICP, the Bill on ICP (Disegno di legge Delega al Governo in materia di informazione e consultazione dei lavoratori) is still in process. The Public Administrations at regional and local level ((Municipality, Local Sanitary ‘Firm’ -ASL- Aziende Sanitarie Locali, Regions) are at the same time: PHS rule makers, deliverers and buyers/procurers. The law 328/2000 has established the implementation of local integrated system for social services, for which municipalities are responsible. Therefore, municipalities are in charge of certifying public and private organisations that intend to provide their services to users, through municipalities. This concerns essentially the care sector. The responsibility for quality assessment is therefore in the hands of municipalities and results in obvious variations across countries. For long-term care services, the challenge is such that, when audits of the service are carried out, they are executed by the municipalities’ social services and by the regional health service managers of integrated health services (ADI) involved in the home.

At the regional level in Italy there are two concrete examples of this approach: Friuli Venezia Giulia and Emilia Romagna, which already carried out the development of a local integrated social services system. More in detail:

Friuli-Venezia Giulia Region

Since 2005, this Region has progressively developed a “home based” approach for social services targeted to the elderly, promoting “assisted living at home solutions” and avoiding - by respecting the patient’s personal decisions - hospitalisation.

Against the backdrop of an ageing society and a rising demand of care, in 2008 the regional Health Care and Social Department launched the “Abitare Possibile” initiative as an alternative measure to nursing homes. Citizens may access these services by calling the Districts or the municipal social work services.

In 2015, the regional council of Friuli-Venezia Giulia approved the Resolution no. 671/2015, providing guidelines for the “Abitare Possibile” and “Innovative Assisted Living at Home” initiatives, while in 2017 the Regional Decree no. 2089/2017 set up a framework of rules for the improvement of the accessibility of built environment and the promotion of allowances for the elderly, carers and families through the so-called “Fondo Autonomia possibile”. Through the Fund, provision is made for the financing of benefits and services intended for subjects who, due to their condition of non self-sufficiency, are not able to take care of themselves, with priority given to interventions aimed at supporting home care.

Table 1. A brief description of the long-term care formal network of care in Friuli Venezia Giulia

LONG TERM CARE SERVICE	BRIEF DESCRIPTION
RESIDENTIAL CARE	
Hospital Rehabilitation	Rehabilitation after acute events
Hospice	Structures for terminally ill patients
Residential care homes	Structures for extensive rehabilitation
House Accomodation	Nursing home for self sufficient
Guest House	Nursing home for self sufficient
Diversified uses	Nursing home for self sufficient and not self-sufficient
Multi - prupose	Nursing home for not self-sufficient
Multi - prupose Form A	Nursing home for not self-sufficient
Protected residences	Nursing home for not self-sufficient
COMMUNITY CARE	
Home nursing service	Formal Home care Services provided by the nurses
Home rehabilitation service	Formal Home care Services provided by the physiotherapists
Planned home care	Home care provided by the GP
Planned integrated care	Home care provided by the GP

Emilia Romagna Region

In 2013 the number of in-home care patients amounted to 102,531, a small decrease to the previous year (103,728) due to the lower available funds allocated at the national level.

Nevertheless, as far as 65 year olds are concerned, the share of handled patients for integrated in-home care services puts Emilia-Romagna among the first places at the national level. The number of patients handled (i.e. the in-home care paths planned for a person or for a family of cohabitees, according to the level of care needed) is 125,725 (130,637 in 2012) with a total of more than 2.5 million services provided by assistants for in-home care. Considering the specific rates by age group, people aged over 80 use in-home care services the most - 160 for every 1,000 inhabitants in the 80-84 age group (169 in 2012), 294 in the 85-89 age group (314 in 2012), 439 in the 90-94 age group (461 in 2012).

The in-home care system takes care of non self-sufficient or people at risk of non self-sufficiency, who have clinical conditions that can be treated at home, live in suitable conditions and can be supported by the family or neighbours. This form of care aims to avoid unsuitable hospitalisations, while guaranteeing care continuity, enhancing autonomy and relational abilities, supporting families and simplifying access to medical aids. Support to home care is one of the priorities of the Regional Fund for non self-sufficient people.

Care allowances

In 2013 in Emilia-Romagna, the number of people who received care allowances was 15,033, of which 13,394 were elderly and 1,639 disabled. The number of beneficiaries decreased with respect to 2012 (16,263 of which 14,700 were elderly and 1,563 disabled). Regional resources allotted to care allowances were essentially constant, compared to a fluctuation of national resources which in recent years created uncertainty as to the total available resources.

In 2013, expenditure for care allowances for the elderly and disabled was approximately Euro 44.8 million (45.9 million in 2012), representing approximately 10.2% of the total resources of the Regional Fund for non self-sufficient people used in 2013.

In regard to the elderly who received care allowances, 55.5% were over 85 years of age (specific rate, 66.1 per 1,000 inhabitants). As to people with disabilities who received care allowances, 41.2% were in the 45-59 years old age group. Regarding the additional contribution of Euro 160 for the regularisation of family caregivers, in late 2013 there were 5,944 contracts activated for the recognition of this contribution, a decrease of 723 compared to the previous year (6,667 in 2012), with a total expenditure of about Euro 5.4 million. The financing of care allowances is included in the resources allocated to the Regional Fund for non self-sufficient people and represents about 30.4% of the total resources allocated to the same fund and used for "in-home care".

Places in nursing homes for elderly

In 2013 in Emilia-Romagna there were 30,057 (30,146 in 2012) Health Service funded residential and semi-residential places in the social-health and healthcare service network

for the elderly, people with disabilities, mental health problems, pathological addiction: 21,427 in residential facilities and 8,630 in semi-residential facilities. In 2012 there were 21,499 residential facilities and 8,647 semi-residential facilities.

Of the 21,427 places in residential facilities, 15,743 (73.5%) are for the elderly, 2,416 (11.3%) for the disabled, 1,968 (9.12%) for people with mental health problems and 1,300 (6.1%) for people with pathological addictions.

Of the 8,630 places in semi-residential facilities, 4,593 (53.2%) are for people with disabilities, 3,034 (35.2%) for the elderly, 807 (9.4%) for people with mental health problems and 196 (2.3%) for people with pathological addictions.

Care for the elderly

During 2013 a total of 30,686 elderly were hosted in facilities of which 25,274 are residential facilities and 5,412 semi-residential ones. Care has been mainly provided to people in the 85-89 age group (27.2% in residential facilities and 27.7% in semi-residential ones) and the over 90 age group (31.2% in residential facilities located in the region). The total number of admissions both in residential and semi-residential facilities and 17.9% in semi-residential ones. 70% of the total of hosted elderly are female, with an average age of 58 years. The admission rate is equal to 4.5% per 1,000 resident inhabitants out of the total population. The specific rate in the over 90 years age group is about 120 every 1,000 (120 of the over 90 years age group on 1,000 are hosted in residential facilities - the same person can be admitted more than once in the same year) or 34,022.

The analysis per admission type shows that admissions in residential facilities were: 71% long-term stay (86% in semi-residential facilities); 12% temporary relief stay (7% in semi-residential facilities); 2% temporary stay for people with significant cognitive and behavioural deficit (7% in semi-residential facilities); and 16% recovery/rehabilitation following hospital discharge.

Market Drivers

In Italy there are five main market drivers for PHS sector:

1. Public direct purchasing: where Public entities should respect the European Public Procurement directives
2. Mixed with accreditation: it's a public accreditation system with partial payment, where the client will choose and pay the balance
3. Direct grant: where public give a partial payment/grant, and the client freely chooses and pays the balance
4. Company welfare systems: funds generated within the work system (from specific work agreements/contract) that would benefit the worker and family also with health care services (work package system)

5. Client direct purchasing: the client should only respect the service provider contracts.

The ‘indennità di accompagnamento’ (attendance allowance) is the most important and widespread measure launched in Italy that supports the development of personal and household services for non-self sufficient persons regardless of their age or income.

It was launched in 1980 by the central State, and consists in an economic support provided by the National Institute of Social Security (INPS) to people with severe disabilities, regardless of their financial situation. However, there is no obligation for the beneficiaries to purchase specific goods or services as the allowance is aimed at improving the personal condition of persons with disabilities. Therefore, it can easily be used to compensate the household for informal care or home help. Other cash benefits are provided by some municipalities on the basis of the means of the beneficiaries.

Most importantly, the national law No. 328/2000 entered into force in November 2000 with the aim to establish a minimum level of social care services to be provided throughout the country. Nonetheless the tools (financial and normative) provided to pursue this goal became increasingly weak, mainly due to progressive budget cut.

In 2003, the legislative decree 276/2003, has led to the creation of a national voucher system to promote legal employment and to regulate occasional work in the PHS sector - among other sectors - in the context of the labour market reform law 30/2003 (also known as the “Biagi Law”).

The measure turned out rather ineffective given that it only takes on board “occasional activities”, in which PHS only constitutes a marginal share. In this law, the domestic sector is defined as follows: “occasional domestic work only covers services provided in an occasional and discontinuous way to meet [the users’] family needs that are related to family care and house work and which are accessory. They include babysitting and dog sitting”. Old-age care and child care have thus been voluntarily excluded so as to prevent overlaps with publicly funded PHS services. Since 2008, the use of this system has grown, but remains marginal when it comes to the recourse to PHS. According to the National Institute of Social Security (INPS), only 2.8% of the vouchers sold in 2013 were used for the provision of domestic work, against 19.2% for the commercial sector, 14.2% for other services or 12% for tourism. Vouchers were abolished in April 2017.

In 2004 a tax benefit for families employing domestic workers has been introduced whose main target was to reduce undeclared work through an incentive to buy vouchers. Financing is provided by the state (through tax exemptions), the regions - which are responsible for personal services and employment policy - and the national social security system (INPS).

Although there have been important developments in the scheme since 2010, its impact has been rather secondary.

The 2017 Budget Law and Decree Law no. 50/2017 provided for the tax exemption of productivity bonuses, benefit reserved for private sector workers.

The new regulation provides for the recognition of the right to workers with an annual gross income not exceeding Euro 80 thousand per year, expanding the application of the

measure to include categories of workers with a medium-high income (middle managers, managers).

The premium amount limit or corporate welfare measure for which the application of tax benefits is envisaged with a 10% substitute tax is Euro 3,000 gross, net of social security contributions.

It should be noted, for the purposes of our study that for companies that equally involve workers in the organisation of work, the tax benefits increase, with a substantial contribution cutback consisting in the complete reduction of the contribution rate to be paid by the workers and a reduction of 20% of that paid by the recognised employer, within the Euro 800 limit.

These incentives provide businesses and labour organisations which intend to experiment with company participation processes with important resources, able to financially reward the worker in function of an increase in productivity defined on the basis of performance indicators, previously established with the labour organisations, which are comparatively more representative.

It is also important to emphasise that the employer may choose, as an alternative to the aforementioned productivity payment in the form of bonuses, services provided to the workers through the adoption of welfare plans.

Welfare plans, in fact, can contain different types of services, focused on the needs of the employee, including domestic services and personal care services.

Italy still lacks a comprehensive policy aiming at promoting the evolution of personal and household services, the reduction of undeclared work, and the creation of a formal and structured economy for this sector.

This also results in the fact that the PHS sector is not defined based on public schemes specifically aimed at developing the sector, but rather on the basis of a specific regulations concerning work and employment on one hand, or social services to families on the other hand.

Business models and Figures that operating in the sector

- a) Parents and relatives:** the PHS market demand side (as PHS ‘facility managers’) and the offer side (as ‘care givers’). Waiting for the caregivers national law, at the moment it is in force only in Emilia Romagna, meanwhile an amendment to the Legge di Bilancio 2018 set up a three year 60 million euro fund for care givers. According to ISTAT, there are more than 9 million family care givers in Italy, who care for a relative free of charge. This status is not yet recognized by operators or the general public. Most of the time, family care givers act as personal assistant without any for of training, although the relative they care for may be dependent and/or with severe pathologies. They often face a situation where they also have to coordinate various services such as family or

social assistance.

- b) Home/Family Professional Carers (Badanti):** the biggest part of the offer side They are mainly not Italian and non EU citizens. Even if it's present a National Labour Agreement, the work is mostly undeclared. For household activities, households or their relatives may contract directly with the so-called colf (the acronym for collaboratore/trice familiare or 'family helper'). For long-term care activities, they may contract directly with badanti (coming from the verb "badare", which means to 'take care of'). Badanti constitute the major part of the social care work for the elderly in Italy and will be also referred to as 'personal care assistants'.
- c) Social Co-operatives:** well rooted, resilient, and Natural-Born Employee-Involved. They represent a big part of the PHS market in Italy with at least 1,5 Billions of euro, almost 100% of the of the work is declared and in respect of the national agreement. (now they can be also labelled as Social Enterprises)
- d) For Profit Companies:** coming from the Care Homes system (Case di Riposo), now entering the PHS market. At the moment they represent a small part of the market.
- e) Voluntary Associations:** mainly they act as voluntary, but some of them are accepted in some public tendering, this possibility creates some grey areas when they do not apply labour contracts agreements
- f) Co-operatives (and or Associations) of parents and relatives** for people with special needs: where the offer and demand side co-exist (close relationship level based)
- g) Community Co-operatives (and or Associations):** made up of small communities of receivers and deliverers, where the offer and demand side co-exist (geographical level based)

especially when it comes to the group 9111. This is why, in order to obtain a wider coverage, data have been complemented with:

- national sources, figures of the European Federation of Cleaning Industries (EFCI) and extrapolations.
- other statistical resources have been used such as from the OECD, the European Union Labour Force Survey (EU LFS) as well as Eurofound and Eurobarometer's surveys.

Focus on the cooperative model

Employee ICP rights and labour contacts

There are many kinds of working organizations within this sector and they are organized in different ways. Our research found at least 17 kind of organizations/firms varying from big multinational companies to a single person with 14 National Labour Agreements, and no one of the agreements have compulsory rules for the enterprises regarding employee ICP rights.

We found that only one of them is really focused on employee information, consultation and participation models: **the cooperatives** with their ICP members compulsory and constitutive rights. A new evolving option to improve the ICP process within the Co-ops is highlighted as a Dualistic Governance system forecasting a Surveillance Committee.

In addition, the research ‘Nuove relazioni industriali e partecipazione organizzativa nella cooperazione dell’ Emilia Romagna’, highlighted, within the social cooperatives, a relevant approach related to the **Organizational Participation**, that is employee participation in the workplace and in the organization of work. The social cooperatives operating in the PHS utilize this approach mainly in the effort to improve the quality of the service.

An important chapter of the agreement is entirely dedicated to worker participation in the company. It recognises “the economics of participation” as an economic and social system based on the involvement of workers in the decisions of the company, reconciling the solidarity typical of the European social model, with the efficiency required by the global market. It also affirms how the participation-based economy can assume and, at the same time, determine a business model and a system of Industrial Relations increasingly more attentive to the value of people and of work, as active subjects in the development of the company aimed at enhancing the well-being of all those who contribute to the positive growth of companies.

It is therefore the definitive union of two key objectives, namely the “quality of work” and “quality work”, which find their synthesis in the process of worker participation in the life of the company, first as workers (organisational participation), based on the provisions that the contractual system is able to put in place, and secondly, often as shareholders, by also participating in the formation of social capital and, consequently, in the strategic choices of the cooperative (strategic participation).

In Italy labour organisations, as part the agreement recognise as the cooperative model, by their very nature represent the type of business that best lends itself, thanks to its characteristics of mutuality, to the adoption of participatory models.

In this context, signatory organisations have committed themselves to adopting processes and procedures for the implementation and dissemination, in the different sectors, of organisational participation, considered an instrument capable of raising the quality of work, of productivity, and through it, the competitiveness of cooperative enterprises.

This commitment will result in the establishment of an Observatory in which it will be possible to capitalise on and promote the positive practices of organisational and strategic participation in cooperatives, also taking into account a subsequent exploitation during national bargaining.

Moreover, this activity can also be combined with an in-depth evaluation of current welfare experiences, which can even be linked to company performance.

Social Cooperatives evidence high level of skilled workers, which is accompanied by a well-established tradition of team work, that consist in work planning, quality improvement,

training for new entrances, exchanges experiences on best practices. In many cases, on the other hand, organizational participation has now been formalized, according to fairly established standards with ISOs, with working groups that meet on a pre-determined basis to examine the progress of production, the problems that have occurred, identify solutions and improvements, and whose reports arrive at the competent organizational levels and up to the rank of director of the business unit. Here the participation of workers (and their accountability) in the process production is really a fundamental component of the company's success.

There is a topic that seems to be quite transversal in all areas, and that is that of working time. Participation, and to some extent even the self-management of different time segments among workers (often: female workers) seems to be quite widespread and constant.

The less intense level of organizational participation does not necessarily correspond to a lower participatory will of the cooperative leadership, nor to a lower efficiency or "social" participation, but sometimes to constraints to some objective extent, in others perhaps to an underestimation of how much to bring in light and to some extent formalize the "submerged" organizational participation can help to improve efficiency, motivation and to some extent the same cooperative image. These approaches are at different levels presents in all the practices collected.

Contracts, Actors involved and purchasing system

In Italy, long-term care is characterized by a significant **institutional fragmentation**, the sources of funding, governance and management being shared between local and regional authorities.

The State supports the provision of formal PHS through tax incentives and sets wide rules for health and social services that must be met in the country.

The Regions, who are competent for the organisation and administration of health-care services through the ASLs (local health authorities), fund their own initiatives and implement their own employment strategies.

Finally, local authorities fund and organise 'integrated care services systems' at local level, including through local health units.

The State has significantly evolved in the last decades, starting from a big government with a near-monopoly on social services, to a State which makes the main frameworks / rules and continue to support the long tradition of social cooperatives to take over the running services at local level: they employ social care operators to provide beneficiaries with the services need on behalf of municipalities.

As a matter of fact, social cooperatives of 'type A' (which are recognized as welfare organisations that are beneficial to the public benefit) are the first service providers in the PHS sector; the rest of the service providers being public institutions and private for-profit organisations.

Recently, new private actors have entered the market, which is now much more competitive but also more unstable. They have the same role, which is to manage and implement PHS on behalf of local authorities.

Generic caregivers (*badanti*) provide care to the elderly or the disabled with no medical content. They are directly employed, either on a permanent, casual or living-in arrangement.

On the other hand, 'social care operators' (or OSS, from 'Operatore Socio-Sanitario') are trained caregivers who usually operate more in residential care rather than in mobile long-term care contexts, where they provide their services only when they are funded/delegated by public authorities.

On the other hand, the collective agreement for workers employed as personal assistants (which includes activities performed inside the household such as housekeeping, house cleaning and baby-sitting) states that personal assistants can only be employed directly by private households.

There is a unique tradition of a specific contract for *colfs*, that also foresees a specific fund, the so-called "CAS.SA.COLF", which provides *colfs* and employers with various services, including health and insurance services, on top of services provided by the public administration.

The 328/2000 law, introduced in 2000, has led to the creation of various professions.

Social care operators now have a national regulation, whereas their training is regulated at regional level.

This implies differences in terms of training, and thus the quality of jobs and services. Knowledge of the Italian language and the lack of confidence thereof represent important barriers to many training possibilities for foreign workers. Some associations provide training to empower migrant workers. Some municipalities also have carried out initiatives to improve qualification and skills of personal assistants. However, such training was targeted at regular migrant workers only.

Many personal assistants would like to attend the training courses to become social care operators (qualified caregivers). Some workers in fact succeed with that, whereas others are stopped by the fact that final examinations are in Italian language. Concrete effects on the career opportunities of most care workers are still small.

Personal assistants of the PHS sector are indeed covered by a collective agreement. The current collective agreement is effective since 1 July 2013 and will expire in 2016, and, as usual in Italy, it's not renewed, however undeclared work is still a huge problem. This can be explained by the fact that a personal assistant would cost 30 to 40% less on the irregular market than on the regular one. The domestic work sector is characterized by one of the highest rates of irregular or underground employment, and migrant workers are widely solicited in this system too.

An important part of irregular domestic workers co-reside with their employer – especially in the case of long-term elderly care – thus giving them fewer possibilities to build their

network outside this relationship. This leads to other drawbacks for (illegal) migrant domestic and care workers, who often enjoy little rest, work long hours and encounter difficulties in resisting undue demands due to their weak contractual position. The legal status of workers deeply affects their work, life quality and prospects, in particular in terms of training, professional development, links with public services and access to welfare provisions. Thus, migrant workers are considered the weaker segment of domestic and care workers. Yet, in 2012, 76,7% of domestic workers were foreigners (42% of which coming from Romania, Ukraine and Philippines). Now many Italian women are forced to return to the activity of domestic workers due to the economic crisis.

It's difficult to assess and the quantitative evaluations of undeclared PHS employment range from 40% (National Institute for Statistics - ISTAT) to 70%.

Social care operators being usually employed by the public administration or by cooperatives, they enjoy better employment conditions, which can be assimilated to that of public workers or social workers, depending on whether they are employed by municipalities directly or thorough cooperatives.

Recommendations / Conclusions

Data and sources

Aligning the collecting data systems in order to have clear data

Activating virtuous purchasing circles:

- Direct Public Purchasing, applying the EU directives, should avoid 'grey' areas in service providing (such as those acquired from voluntary associations) asking for the full application of national labour contracts and awarding social enterprises and organizations with clear ICP Employee rights, such as the latest Spanish law.
- The accreditation systems should be applied for single professionals and for companies/firms.
- When direct grants are given, the traceability of the contracts should be assured with free choice by the final client linked to the accreditation system.
- Company welfare systems should allow workers the possibility to have an option for PHS too.
- The ideal Client direct purchasing system should be linked to a more general accreditation system, e.g. setting up local register.
- Specific attention is attributed to the beneficiaries of Social Enterprises work. Often reference is made to the stakeholders which however represent a generic category of subjects, not clearly comparable to "users" and which require specific and different forms of involvement with respect to those of workers;

Implementing Employee ICP rights within the labour contacts

Implement the 14 National Labour Agreements, with compulsory (or at least stricter) rules for the enterprises regarding employee ICP rights.

Exploiting the provisions set out in Article 11, paragraph 4 of Legislative Decree 112/2017, which provides that the statutes of Social Enterprises must regulate the participation of workers and users in assemblies;

Specifically defining the approaches for the participation of workers and beneficiaries\users in members or shareholders assemblies, including through their representatives;

Stimulating the creation by the social enterprise of appropriate organisational conditions, so that the subjects concerned by the activities of Social Enterprises can be consulted and/or actively participate in the life of the enterprise itself.

It would be really effective the adoption in Italy the part of the Spanish law N. 9/2017, concerning the public sector contracts (Contratos del Sector Público), where the administrations not only may restrict the right, for some organizations, to participate on tendering procedures for cultural, social and health services but they can also use awarding criteria for enterprises adopting employee participation schemes and democratic approaches.

Employee ICP rights and digital transformation

Exploiting the role of digital tools as an opportunity for the development of workers' participation in the company

Reducing the digital divide between players acting on the basis of continuing education, in order to prevent that groups of workers are excluded from the processes of transformation resulting from digital transformation.

Digital tools should serve as a lever for developing new forms of organisation in health and care systems.

Digitisation processes must not be used as a package to save on healthcare budgets, nor should they lead to the "reorganisation" of services, with consequent staff reduction and performance cuts.

4.2 SPAIN

Relevant issues that arises when conducting research in this area are:

- The lack of consistent data for the sector;
- Some data are too general, under the heading “home workers” sometimes we found more than one profession like a gardener, chauffeurs or housekeeper, we can’t do an objective analysis. It would be important find specific information for the research;
- Similar problems arise for the legislations (in addition Spain is one of the main decentralized state in EU it is the ‘State of Autonomies’ integrating 17 autonomous communities with 50 provinces and 2 autonomous cities) but legislative efforts have led to a good framework for the homecare system, an increase of the employment, a reduction of the undeclared domestic work (even though it still remains an important part of the sector) and from the point of view of the workers, they have obtained more rights;

Legislations and evolution of the PHS in Spain:

One of the most important recent measure is the “dependency law”, based on the legislative act 39/2006 for the Promotion of Personal Autonomy and Care for People in a Situation of Dependency (ley de Promoción de la Autonomía Personal y Atención a las Personas en Situación de Dependencia LAPAD). The managing Authority are Autonomous communities, the main objectives are guarantee comparable public support across Regions for people who cannot lead independent lives for reasons of illness, disability or age. The nature and type of public intervention depending of their level of dependency, individuals may benefit from various in-kind benefits and services. If the competent administrations are unable to offer these services, the dependent person is entitled to receive financial benefits to access care services, to hire personal caregivers or to compensate informal caregivers (i.e. non-professional carers). In the report published by EFSI it appears that: overall, between 2009 and 2012, the number of social workers for the elderly and disabled has increased by 48%; the dependency law would contribute to the creation of between 300.000 and 500.000 formal jobs – including the 115.000 existing informal carers of elderly people – by 2015. So far, the employment creation directly linked to the Dependency law has been estimated at 125.987 people in 2008. According to a document of the University of Murcia the new job between 2009 and 2010 were 165.000 (72.000 in 2009 and 93.000 in 2010). The employment in the general sector of domestic workers are 425.975 at the beginning of 2017, but the source does not highlights the differences between general domestic workers and care domestic workers, so we don’t know if the occupational objective has been reached. The Dependency Law has put the emphasis on the importance of qualification and professionalisation of the workforce, as a means of developing employment in the sector. By 30 November 2014, there were 729.313 beneficiaries with effective benefits and 167.869 people currently waiting to receive benefits (a decrease of 45,13% compared to January 2012). As far as for the public cost, the General State budget has transferred to the regional governments 3.68 billion euros for financing care provided to people in

a situation of dependency. In addition, regional authorities and local authorities funds the system up to respectively 30% and 50% of the total public funding. The central state makes a conventions with the Autonomous Communities (las Comunidades Autónomas) to co-found the services. Autonomous Communities have the competences to manage the health and social services, some of this services shall be conducted by Local Corporations (Corporaciones Locales). To help the process of managing there are two organisms: the SAAD (Sistema de Autonomía y Atención a la Dependencia) is a public network, that must integrate and coordinate the public and private services; and the “Consejo Territorial de Servicios Sociales y del Sistema para la Autonomía y Atención a la Dependencia” that should ensure the cooperation between the Central state and the Autonomous Communities.

In 2011, the Spanish government adopted a new regulation concerning the direct employment of a domestic worker by households through the Act No. 27/2011 on the adaptation and modernisation of the Social Security scheme, the Royal Decree 1620/2011 updating the labour relationships of domestic employees and the Royal Decree 29/2012 on the improvement of the management and social security provisions of the special scheme for domestic workers.

These texts attempt to bring domestic work legislation in line with legislation in other economic sectors, to foster the transfer of domestic workers from the undeclared to the formal economy and to promote their professionalization.

Thus, the previous Special Social Security scheme for domestic workers has been incorporated into the general Social Security Scheme.

The right of domestic workers to social security protection (i.e. health care, occupational rehabilitation, invalidity, retirement, family allowances, social services and social welfare benefits) under the terms and conditions laid down in the General Social Security Scheme has been established.

Nevertheless, domestic workers remain excluded from unemployment benefits. Furthermore, the Royal Decree 1620/2011 planned an evaluation of the new social security provisions for domestic workers. Following it, the Royal Decree 29/2012 set up a eight level scale of reduced social security contribution for domestic workers, which corresponds to a monthly salary, ranging from €172.05 to €753.01. From 2014 until 2018, the threshold will be increased in the same proportion as for the minimum guaranteed interprofessional wages.

Adopted in November 2011, the Royal Decree 1620/2011 apply to any labour relationship between a household (as an employer) and an employee who provides services for remuneration within the employer’s family household. Labour relationship concluded by temporary employment agencies, by care-providers (whether professional or otherwise) of person in a situation of dependency are excluded from the scope of the Decree. The main provisions of the Decree are :

- the recruitment by the household of the worker should be direct or through the use of public employment services or duly authorized placement agencies;

- a verbal or written contract is compulsory and is assumed to be for an indefinite period. For fixed-term contract of a duration of four weeks or more, the written form is compulsory;
- the minimum inter-occupational wage is guaranteed in proportion of the hours worked and cannot be reduced by in kind payment. Some deductions from wages for accommodation and maintenance are allowed and wage increases are determined by an agreement between the parties or in accordance with the collective agreement;
- a normal working week shall be a maximum of 40 hours. The daily rest period is a minimum of 12 hours and the weekly rest of 36 consecutive hours. Employees are entitled to all leave covered by the Labour code and to 30 days' annual leave.

Another important law for this sector it's the law 9/2017, approved on 8 November 2017, concerning the public sector contracts (Contratos del Sector Público).

In particular the administrations may restrict the right, for some organizations, to participate on tendering procedures for cultural, social and health services and especially set awarding criteria for Employee Participation and for enterprises democratic organizations .

Organization that want to take part in the tender must comply with the criteria of:

- a) the objective must be a realization of public service mission in the fields previously mentioned;
- b) the profit must be reinvested with a view to achieving the organisation's objective. Where profits are distributed or redistributed, this must be based on participatory criteria;
- c) that the structures of management or the ownership of the company that performing the contract are based on employee ownership or participatory principles, or require the active participation of employees, users or stakeholders;
- d) the organisation has not been awarded a contract for the services concerned by the contracting authority concerned pursuant to this Article within the past 3 years.

This new law is a transposition of EU directive (2014/23/UE; 2014/24/UE).

Business models and Figures that operating in the sector

In this sector there are various types of business models and related figures, there are many kinds of actors within this sector and they are organized in different ways.

Our research found at least 7 main actors operating in this sector from big multinational companies to a single person.

Only two of them are really focused on employee information, consultation and participation models: the worker cooperatives and the sociedad laborales.

- a) Parents and relatives, friend or neighbors (cuidadores no profesionales): the PHS market demand side (facility managers). Only the 2,5% are not parents and relatives, and it appears that who's taking care of dependents are women, married, housewives and with more than of 45 years old. In cases of families caring for elderly or disabled persons, only 10,2% of them hired a caregiver. Furthermore, the care service at home leads the market, if we consider the coverage by private company (old people's homes) represents only the 0,4% of the market.
- b) Home/Family Carers (cuidadores): the biggest part of the offer side. 35% undeclared work, 58,7% are not Spanish according to data from "Encuesta de Población Activa", in 2000 were 31,8%. The academic literature showed that in the last 20 years the high demand of workforce has attracted the woman migratory movements. Anyway, there's still a percentage of Spanish female workers: with more than of 45 years old (44,1% of this workers have been between 50 and 64 years old, on the contrary immigrant workers, in this age group, are 14,1%) and with a low level of education. The date showed that there are no generational replacement of female Spanish workers (only 7,1% under 30). According to data from "Encuesta de Población Activa" the immigrant workers have a greater level of study (11,5% of them have a university education) compared to Spanish (3,5%). In the last years there was an increase of recruitments of men (9% of employees in this sector). Overall, there was an increase between 1998 (0,9%) and 2008 (3,8%) of domestic workers that have the resident in the same house of his employer. According to Seguridad Social (Social Security) estatistics, at the beginning of 2017, the employment in the sector of domestic worker are 425.975 (in August are 425.355), unfortunately the source does not highlights the differences between general domestic workers and care domestic workers.
- c) For Profit Companies: coming from the Residential Care system, now entering the PHS market.
- d) Voluntary Associations: mainly they act as voluntary, but some of them are accepted in some public tendering.
- e) Co-operatives: well rooted, resilient, and Natural-Born Employee-Involved.
- f) Sociedad laborales: Employee financial participation (EFP) in Spain largely takes the form of Sociedades Laborales (Worker- Owned Companies).
- g) Cooperatives of Social Initiative (and / or associations) of parents and relatives for

people with special needs: where supply and demand coexist (in them there is a closer level of relationship)

Focus on the worker cooperatives and laborales models

1. Co-operatives: well rooted, resilient, and Natural-Born Employee-Involved.
The Cooperatives of Work in Spain are present in all the productive sectors. The average turnover it is estimated in 1,3 millions of €. There are currently 17.150 Co-operatives and employing directly around 255.000 persons. Women represent 49% of the workforce and the 39,3% of management positions. Of these 17,150 worker cooperatives it is estimated that approximately 500 enroll in the sector of Social Initiative and care for people. The number of people employed in this sector is more than 19,000, of which 98% are of an indefinite nature.
2. Sociedad laborales: Employee financial participation (EFP) in Spain largely takes the form of Sociedades Laborales (Worker- Owned Companies). This concept is probably one of the most innovative EFP scheme existing across the EU applying to small and smallest companies. A Sociedad Laboral is a specific form of incorporation, majority-owned by its permanent employees, permanent workers must own more than 50% of company shares, the minimum number of working partners is two, but no partner may own more than 33% of the company's stock, public organisations may own up to 49%. An Sociedad Laboral may take the form of Sociedades Anónimas Laborales or SALs (Public SL) or Sociedad Limitada Laboral or SLL (Limited Liability SL). In 2012, there were a total of 13,465 worker-owned companies providing 74,438 jobs and representing 3.8 per cent of Spain's private sector firms with more than two employees.
3. There are two types of Social Initiative Cooperatives:
 - those created by workers to provide these services of a welfare nature,
 - those created by parents and relatives of people with special needs who also associate in a cooperative so that their family members receive the care they need or develop an activity that allows their socio-labor insertion. Both types of cooperatives are integrated in COCETA through their territorial organizations.

Purchasing system

In Spain there are five main PHS market drivers that mix this factors: public procurement, public subsidy and private procurement, private procurement, acquisition through private funds and or assurances.

- Public direct purchasing: where Public entities should respect the European Public Procurement directives
- Mixed with accreditation: where a public accreditation system with partial payment, where the client will choose and pay the balance

- Direct grant: where public give a partial payment/grant, and the client freely chooses and pays the balance.
- Welfare systems of the company: funds generated within the work system (based on work agreements / specific contracts) that would benefit the worker and his family and that would also include health services (as an integrated package). This system is not widespread in Spain and only some companies make it available to their workers.
- Client direct purchasing: the client should only respect the service provider contracts.

Recommendations / Conclusions

In Spain, the PHS sector grew considerably over the years. Whereas 360 000 domestic workers were registered in 1998, there were 655 000 domestic workers in 2012 which represents a 81.94% increase. This increase has also been observed in the number of domestic workers enrolled in social security but to a lesser extent (from 181.932 persons in 2004 to 420.471 in September 2013, in December 2016 are 426.765). The total of affiliations as of December 31, 2017 is 413.266 workers, with 42,05% distributed in non-residential establishments, and 57,95% in residential establishments. The number of beneficiaries pending receiving the benefit as of 12/31/2017 amounted to 310.120 people.

The care of dependent persons is in line with the provisions of the Law, prioritizing services over economic benefits. Service benefits are increased by 2.96% with respect to the economic benefits of care in the family environment.

Indeed the difference between these figures reflects the persistence of undeclared work, which is currently estimated to comprise about 35% of the sector.

The new regulations resulted in an increase in the number of domestic employees affiliated to social security and a decline of informally employed domestic workers. Thus, the objective of affordability, accessibility, availability and transparency seems to have been achieved for users. However, administrative procedures still needs to be simplified. Concerning workers, despite improved working conditions the objective of a regular jobs with all the associated rights and benefits has been partially achieved whereas the objectives of professional status, access to professional trainings and recognition process of prior informal learning have not been achieved.

Finally, no improvement was noticed for service providers as they were excluded from this new regulation whose scope is limited to situations where the household is the employer of the domestic worker.

Is to highlight and disseminate to the other countrys the Spanish law N. 9/2017, concerning the public sector contracts (Contratos del Sector Público), where the administrations not only may restrict the right, for some organizations, to participate on tendering procedures for cultural, social and health services but they can also use awarding criteria for enterprises adopting employee participation schemes and democratic approaches.

4.3 FRANCE

It can be said that France has been pioneer in terms of promoting personal and household services (services à la personne). The sector has been considered with attention since the early 1990s. In particular, a first intervention that is still in place was the 1991 tax deduction for these services.

After this intervention, in 2005 the so-called “Borloo Plan” - after Jean-Louis Borloo, the Minister of Employment and Social Affairs- defined the sector in legal terms with the adoption of a list of personal services (decree of 29 December 2005) that got access to public subsidies for consumers, mainly in the form of a tax deduction. At the moment the list includes more than 20 activities have been defined as belonging to the scope of personal services. One major difficulty is this very comprehensive definition including two types of services, which are very different in their logic and history and have been pooled in this new sector:

- on the one hand, social services including the care for dependent persons, which is mostly attributed to the non-profit third sector;
- on the other hand, so-called “comfort” or lifestyle services to private individuals with these services mostly attributed to the private sector or direct employment with a specific employer (when someone directly recruits one person for household work, for instance).

Since 2002 (when the Act no. 2001-647 on dependency entered into force), individual assistance, technical assistance and specific adaptations in the homes of dependent persons is partially funded with an “individual autonomy allowance” called APA (allocation personnalisée d’autonomie). This universal allowance is transferred to “any senior citizen residing in France who is incapable of offsetting the consequences of a deficit or loss of independence due to his/her physical or mental situation”. It is “intended for persons who - notwithstanding the care they are likely to receive - need help to accomplish essential activities of their daily lives or whose situation requires regular supervision”. It is granted only to persons over 60 following an individual medical and social assessment. APA rates are fixed on the basis of a national evaluation matrix called AGGIR on the groups of gerontological independence on the basis of their remaining internal resources (scale from 1 to 6). Only GIR categories 1 to 4 are entitled to the individual autonomy allowance. The amount of this autonomy allowance is determined by the Ministry of Labour, Social Relations and Solidarity as either in-home assistance or institutional care. The allowance is managed by local authorities, the Conseils Généraux. The allowance is granted upon first application to 76% of the persons asking for in-home assistance and 90% of all persons living in institutional care.

In 2005 was introduced the Disability Act that foresee services compensations (PCH) for adults with disabilities (under 60 years of age or over 60 years of age and receiving no APA). This will progressively replace the compensatory allocation for third parties (ACTP) introduced in 1985.

In 2008, the PCH compensation was extended to children and adolescents with disabilities as a complement to the education allowance for children with disabilities (AEEH).

The French system foresees also the CAF system (Caisse Allocation Familiale) to provide support for parenthood.

In terms of intervention we can notice a strong heterogeneity. In particular, it is possible to distinguish between a) service organisations that employ qualified workers to provide the and b) workers directly employed by the users.

- a) The APA system can finance various forms of intervention for household services. Here the service provider employs one or several persons working at the user home available. The persons providing personal care are employed by the service organisation which covers the full range of employer obligations. The services provided generally result in an invoice to the competent Authority which then directly transfers the APA amount to the service provider. The user pays “the moderator ticket”, which is a contribution based on the type of service and the financial situation of the user.
- b) The direct employment model has been available for a long time and enjoys relevant political support. This system is typical of the French and sees the providers directly employed by the recipient of the service. It must therefore comply with the provisions foreseen in the Labour legislation and the national collective agreement for employees of private employers. This method is based on mutual agreements.

Next to this system of services for dependent persons, the state has taken the option to support the more comprehensive sector of “personal care services” since 2005 (Borloo Act). Personal care services include both assistance to dependent persons and services for non-dependent persons (household duties, ironing, small repairs, shopping etc.). In general these services are realised at the recipient’s home. All these personal care services entitle the user to a 50% tax deduction or tax credit For APA recipients, this tax credit is calculated on the basis of the amounts paid to personal care companies or to the person directly employed.

This tax incentives model has existed since the beginning of the 1990s and has accompanied and fostered the growth of the employment in the PHS sector particularly for low-skilled workers.

Employee Involvement

In France trade union have a strong support, despite having a low membership rate and being divided into a number of rival confederations, competing for membership: the main confederations are the CGT, CFDT, FO, CFTC and CFE-CGC. Collective bargaining takes place at national, industry and company level and at every level there are detailed rules about who can negotiate and the requirements for an agreement to be valid.

The French system of employee representation at workplace level is quite complex and operates through the unions and the structures directly elected by the whole of the

workforce. Where trade unions are present, the key figure will be the trade union delegate⁴⁷.

French employees and elected representatives benefit from a very progressive legislative approach to access the social and financial information essential for the negotiations, as well as the assistance of independent experts. However, the negotiating margins of employee representatives in retail companies in France are relatively limited, depending on the financial situation of the companies but also because decisions are not often made locally.

As for the PHS sector, in France there are three collective agreements in the field of personal and household services: one for non-profit associations, one for for-profit companies and one applying to direct employment. All these three collective agreements respect the national minimum wage. The sector of personal services is a sector with low qualified workers. The majority of employees have little or no qualification. According to Employment survey data, 70 % of housekeepers (mostly recruited under direct employment model) and 50 % of home careers (mostly working for provider organisations) have little or no qualification. Only 15 % of the employees in PHS have at least a high school degree. The most important level of qualification for domiciliary workers is the DEVAS, which corresponds to an ISCED level 2. Around 30% of the workers in the sector possess it. This qualification is necessary to work as a personal career but not for simple tasks like cleaning the home. Employees directly employed by private individuals do not have minimum requirements in terms of qualifications⁵.

4 <https://www.worker-participation.eu/National-Industrial-Relations/Countries/France>

5 <http://orseau.com/wp-content/uploads/2015/11/Thematic-review-on-personal-and-household-services-Final-Synthesis-Report.pdf>

4.4 GREECE

The general outlook of the Greek economy and related labour shows a strong positive trend, almost 8 years since the start of the national economic crisis. According to the latest data from the Greek National Workforce Organisation “Όργανισμός Απασχόλησης Ανθρώπινου Οργανισμού” (OAED) and the new Social Insurance Institute’s (IKA-EOPYY) Information System “Ergani”, the balance of paid employment flows in the first nine months of the year 2017 is positive and stands at 265,871 new jobs, the highest performance for the first nine months of 2001 (see Fig. 1).

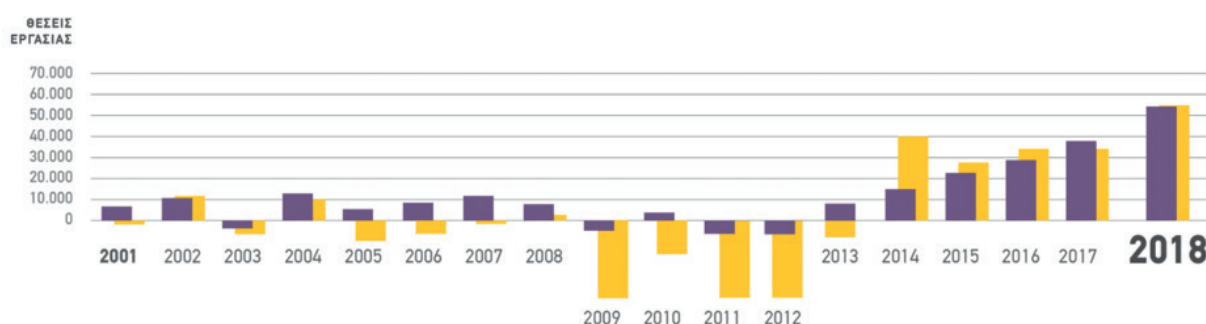


Figure 1: Paid employment flows in Greece (Q1). Source: Information System ERGANI

The above-mentioned data should be prudently evaluated, as elastic forms of employment dominate throughout 2017 according to ERGANI and the Ministry of Labour. In particular, for the period from 1/1/2017 to 31/10/2017, almost 60% of the recruitments were part-time and with rotation employment schemes.

More specifically, out of a total of 2.058.515 recruitments, 1.119.664 were part-time or rotational employment and 938.851 provided full employment. The rate of flexible employment is increasing to 62.26% in October 2017, while 7,450 full-time contracts have been converted in part-time by unilateral decisions by the employers.

According to ERGANI’s data, the recruitment announcements in the private sector amounted to 208.643, while leaving to 307.063 registered a decrease in the paid employment as a negative balance of recruitment - leave with 98.420 jobs. In particular, out of the 307.063 total withdrawals, 81.021 came from voluntary retirements and 226.042 from terminated or fixed term contracts.

Labour data for PHS sector

The Hellenic Statistical Authority, the National Workforce Organisation and other public entities able to provide statistical data, do not have a definition concerning the Personal and Household Services per se. Nevertheless, in order to be in line with the standard EU practices and definitions, the data will be tackled according to the following NACE rev.2 categories, according to the relative EU publication (European Commission, 2013):

- T.97 - Activities of households as employers of domestic personnel
“T.97 Δραστηριότητες νοικοκυριών ως εργοδοτών οικιακού προσωπικού”

- Q.88.1 - Social work activities without accommodation for the elderly and disabled
“Π.88.1 Δραστηριότητες κοινωνικής μέριμνας χωρίς παροχή καταλύματος για ηλικιωμένα άτομα με αναπηρία”
- Q.88.9 - Other social work activities without accommodation
“Π.88.9 Άλλες δραστηριότητες κοινωνικής μέριμνας χωρίς παροχή καταλύματος”
- Q.88.99 - Other social work activities without accommodation n.e.c.
“Π.88.99 Άλλες δραστηριότητες κοινωνικής μέριμνας χωρίς παροχή καταλύματος π.δ.κ.α.”

As stated by national sources, the category “Q.88 - Social work activities without accommodation” ranks among the five highest positive recruitment balances in Greece in October 2017 (see Table 1). On the other hand, there is a lack of information concerning the category of “T.97 - Activities of households as employers of domestic personnel” due to non-publication of results for the specific category.

CATEGORY	E3	E5	E6	E7	TOTAL	BALANCE
Q.88 Social work activities without accommodation	(Recruitment Announcements)	(Announcements of Voluntary Withdrawal)	(Termination of indefinite Time Contracts)	(Termination of time specific Contracts)	Terminations/ withdrawals E5+E6+E7	E3 - (E5+E6+E7)
	3.950	298	77	596	971	2.979

Table 1: Recruitment balances in Greece for NACE rev.2 category Q.88, October 2017.
Source: ERGANI

Concerning the historical and actual data of employment in the sector, social work activities data shows an employment recovery in pre-crisis levels (see Table 2). On the other hand, Activities of Households as employers’ data shows a steep decline, mostly due to undeclared work. It is further intensified, as according to the European Commission, Greece is within the group of Southern European countries where employment within families is the dominant model. In Greece, the informal caregivers are usually women, wives and children caring for parents. It is stated that the reasons for taking care of the elderly is primarily emotional (57%), the sense of duty (15%), a sense of obligation (13%) and lack of alternative (3%). The large percentage of working caregivers is also mentioned (46.8%), while of the non-working caregivers, 54% were occupied with housework and 35.2% were retired (Mestheneos et al. 2004).

CATEGORY	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Q.88 Social work activities without accommodation	22,0	23,0	23,8	22,6	23,4	18,4	17,3	19,2	18,0	22,7
T.97 Activities of households as employers of domestic personnel	76,6	89,8	90,5	73,5	56,1	50,4	48,5	46,9	40,1	35,0

Table 2: Employment amounts (in thousands persons) 2008-2017.
Source: ELSTAT

Undeclared work has preoccupied Greece in recent years, especially since it entered the EC-ECB-IMF MoU processes (2010). The debate is based on the problems that have arisen in the insurance funds with the reduced collection of contributions and, by extension, the effect this at the level of pensions.

Addressing undeclared work is a complex and difficult challenge, especially when a country is experiencing difficult socio-economic conditions where high unemployment, a weak business environment and a lack of fiscal space dominate. In Greece, as in many other European countries, undeclared work remains an important feature of the economy, despite the measures taken in recent years to tackle the problem, such as imposing stricter sanctions, reducing non-wage costs, and limiting bureaucratic obligations and administrative burdens.

A focused debate on this issue started in August 2015 when the Greek authorities and the European Commission approved the European Stability Mechanism (ESM) support program for Greece. The Memorandum of Understanding included a commitment that “the authorities will adopt a comprehensive action plan to combat undeclared and partially declared work in order to strengthen the competitiveness of legitimate companies, protect workers and increase tax revenues and tax revenues / social insurance”.

The Diagnostic Report on Undeclared Labour in Greece was followed by the International Labour Organization (ILO) to 2016. In this context, the ILO, in close co-operation with the Greek government and the social partners, has launched a project funded by the European Commission on “Supporting the transition from the informal to the formal economy and tackling undeclared work in Greece “. The first and only result of this project was the compilation, through a participatory and consultative process, of the “Diagnosis of Undeclared Labour in Greece”.

The Diagnostic Report was endorsed by the Greek Government and the social partners at a high-level tripartite ratification meeting on 6 July 2016. The Ratified Report provides a set of policy recommendations that will lead to a balanced approach combining incentives with compliance measures, as set out in Recommendation no. 204 of the ILO “on the transition

from informal to formal economy”. In addition, on 19 July 2016, the national social partners (GSEE, SEV, GSEVEE, ETEE, SETE) signed a joint statement - a declaration on labour market issues, including the extension of collective labour agreements.

Legislations and evolution of the PHS in Greece

We can summarize the evolution of the legislation about the general field of the care to person with special needs in Greece as follows:

Year	State level concerned	Legislation/Act (number/title/type)	Content (synthetic)
1979, 1984	National (delivery: municipal)	(Open Care Centres for the Elderly- KΑΠ□, pronounced KAPI)	First pilot day care centres (KAPI) were established by the Ministry of Health and Welfare in 1979 in Athens. In 1984, KAPIs came under the jurisdiction of municipalities and opened throughout the country. They are for men and women over 60 years of age, living in the relevant municipality.

1995	National	N2345/sectoral	“Elderly Care Units”: all residence homes for the elderly, operated by the voluntary sector (the church, NGOs, local government) or as private enterprises, are renamed into “Elderly Care Units” and operate under the same rules and regulations regarding the delivery of services.
1998	National	N2639/ sectoral	Law that regulates the Activities of Households as Employees
1998	National	N2646/ sectoral	This law regards the “Development of the National System of Social Care” (the term “social care” appears for the first time in this law)
2000	National (delivery: municipal)	Day Care Centres for the Elderly (KHΦH, pronounced KIFI)	Mostly in urban areas and under the jurisdiction of municipalities, KIFIs provide care services to frail elderly with chronic health problems who either are not able to fully care for themselves or do not have family carers to look after them.

2003	National	N3106/ structural	"Reorganisation of the National System of Social Care"
2005	National	N3329/sectoral	"Regional Organisation of the National System of Health and Social Solidarity"
2010	National	N3852/structural	"New Architecture of Local Government and Decentralised Government – Kallikratis Program": as part of a major re-organisation of local government, planning and delivery of social care services comes under the jurisdiction of municipalities, which are obliged to form "Units for the Exercise of Social Policy and Equality Policy"

Table 3: evolution of the general legislation in Greece. Source: "current organisational framework of elderly care services" (2013) D. vaiou, D. Siatitsa.

The legislation concerning the PHS sector in Greece is defined from the State and it's heavily regulated from each government's relative policies. The modern employment system that directly related to the Activities of Households as Employees is based on the law 2639/1998 "Definition of labour relations, establishment of a work inspection body and other facilities".

On the other hand, important programmes of social care structures were implemented by the central state, within the third framework of EC support (European Social Fund 2007-2013), with the drafting of the according laws and related government gazettes (ΦΕΚ 772/Β/17.05.2007 and ΦΕΚ 781/Β/17.05.2007).

In 2010, the State has approved the new Kallikratis Programme with the law 3852/2010

(Government Gazette 87 A / 2010) “New Architecture of Local Government and Decentralized Administration - Kallikratis Program”, where a new framework for the development of Local Governance was formed through the elected Regions and a new, strengthened social services structure. According to the Kallikratis law, municipalities were held responsible for the implementation of core social structures and the relative social services, while the regions were in charge for the

The responsibilities between the regions and the municipalities are outlined below:

- Welfare responsibilities are being transferred mainly to municipalities
- Responsibilities in the areas of employment, social inclusion and health are being delegated to the regions
- Responsibilities concerning the care sector are being delegated to the regions.

Regions and local authorities, within the limits of their competences, are called upon to take initiatives to strengthen citizens and local communities by designing and implementing independent-run policies aimed at the coordination of existing and the design/implementation of new social programs that respond to the demands of vulnerable social groups of the population and their dynamic integration / reintegration into the economic and social life, contributing substantially to the development and upgrading of the quality of life.

A new methodological approach was agreed, in order to solve older Social Care pathologies, with the following characteristics:

1. Integrated Design / Diversified Implementation
2. Implementation of the principle of subsidiarity and the scope of social care policies
3. Horizontal Programming and Complementary Allocation of Competencies with complementarity of actions either by taking specific functions based on a comparative advantage (inter-municipal social protection services) or by assuming joint supportive functions (such as management support) that also entail economies of scale from a broader entity at the level of decentralized authorities (eg Voithia sto Spiti programme)

Under the auspices of several Ministries and with the funding support from the ESF (National Strategic Regional Fund 2007-2013 and 2014-2020), municipalities were called to implement the programme “Voithia sto Spiti” (Help At Home). The Help At Home programme provides primary social care services at home:

- To elderly people who are not self-employed
- In Disabled People.

Priority is given to the elderly who are not fully self-employed and to disabled people with temporary or permanent mental or physical health problems who live alone or do not have full family care or whose income does not enable them to secure the required services to improve their quality of life. The aim of the program is to keep older people and people

with disabilities in their natural and social environment, to maintain family cohesion, to avoid the use of institutional care or social exclusion, to ensure dignified and healthy living and to improve quality their lives. Concerning the PHS sector, the programme subsidises the following services:

1. Nursing Care: Takes care for the implementation of Health Education and Prevention of the needful assistance of individuals, such as visits to the patient's home. Instructions are given to the patient to improve their health in relation to their diet and the appropriate diet, in collaboration with the designated Doctor
 - a. Escorting to health services of the program's attendants who are necessary or preferable to move accompanied.
 - b. The personal hygiene of people who are not self-employed.
 - c. Therapeutic interventions (control of AP, sugar, cholesterol).
 - d. Health education for the individual and the community.
 - e. The medication of the servants.
 - f. Cooperation with private or public health bodies.
 - g. Family education for health issues that concern her.
2. Family Assistant: The Family Assistant is responsible for taking care of the personal hygiene and cleanliness of the person who needs help in home care and meeting practical living needs such as the supply of medicines, food and other basic necessities. Where necessary, it deals with household cleanliness, food preparation, as well as food aid, if necessary.

Business models and Figures that operating in the sector

Define the "personal household services sector" in a way that is commonly acceptable across different countries is also not an easy task.

In the European comparative literature, we can find the general terms "social care" that usually refer to the personal social services and a wide range of informal support and activities provided by families, friends, neighbors, colleagues and volunteers on an unpaid basis (Munday 2003; Munday, 1996a).

In Greece, as in other Southern European countries, the public sector of service provision for individuals with special needs (elderly people, children, disabled, etc.), in according to the sources, has always been insufficient. The state contributing selectively and mainly through monetary transfers (subsidies and pensions) and not through the provision of services. Private sector services have developed significantly since the 1980s, along with rising incomes, while the role of voluntary sector has been limited. (<http://www.cost-is1102-cohesion.unirc.it/docs/working-papers/wg1.greece-care-for-older-people-d-vaious-and-d.siatitsa.pdf>)

The research have found different types of help for persons with special needs (in particular for elderly people):

- **Home care:** for the reasons above, the great bulk of care has been, and is, accommodated in the families, through the unpaid work of its women members and intergenerational divisions of labour among women. This model of family care entered into crisis in the 1990s, as a result of a combination of demographic and economic changes: life expectancy has increased and people over 80 years old have become an ever larger proportion of the population, thus amplifying the need for elder care; women have been entering rapidly and in large numbers into the labour market and, because of cohort effects, the burden of care started falling disproportionately on women in their forties, who have little time available for unpaid care at this prime time in their working lives; finally, the size decreased dramatically and mobility of households increased, thereby making elder care within the family more difficult. As a result, a chronic care deficit is registered, which, since the early 1990s, has been filled by large numbers of migrant women, who partially replace unpaid care by family women. At the same time these women contribute to the reproduction, in different terms, of the family model of care (Vaious et al 2007): care remains individualised, at home/within the family, involving a renegotiation and division of labour among women, this time local and migrant, and leaving men generally uninvolved. In this sense, and although the services of migrant women are paid, we consider them as part of the “family care”. In this years has become widespread in the families, and more socially acceptable, the elderly care at home through the paid work of immigrants women’s, more socially acceptable compared to the fact of leave a relatives in a home for the elderly or leave a young child in day-care for long hours. On the one hand, pensions and subsidies which, albeit low, ensure the material conditions of existence of these arrangements; on the other hand, migrant women’s low paid labour makes it accessible even for lower income households. The real “home help” carried out by the state was introduced in 1997 to provide care services to elderly dependent person which live alone, in the first year was launched 102 pilot programmes funded by the Ministry of Interior and Ministry of Health and Welfare. Later, funding passed to the 2nd and 3rd Community Support Frameworks (CSF) and Home Help programs expanded. In 2005, the (renamed) Ministry of Health and Social Solidarity (2005) registered 1,163 such programs in operation throughout the country, with around 50,000 beneficiaries. In terms of content, Home Help programs were designed to provide care at the home of frail elderly person, including social work, nursing and assistance services (eg. paying bills, shopping, cooking, cleaning). Such programs later extended to people with disabilities. “Tele-Assistance” was introduced as a pilot program in 2000 connected with Home Help. The aim was to provide beneficiaries (mostly frail, lone elderly persons with health problems) with the possibility communicate with relatives, friends and emergency services. The program was funded by the Ministry of Health and Social Solidarity (2009), which lists 300 beneficiaries in 2009. <http://www.cost-is1102-cohesion.unirc.it/docs/working-papers/wg1.greece-care-for-older-people-d.vaious-and-d.siatitsa.pdf> (for the Home Health nursing care services we can use this document for new informations (2015/2016): <https://onlinelibrary.wiley>.

com/doi/pdf/10.1111/inr.12329)A relevant role in the home health care in Greece is represented by volunteering. Volunteering is characterized as the ‘third sector’ because it provides services and goods that the state cannot provide, contributing in this way to the economy (Zannis 2006). Volunteers of the Hellenic Red Cross supplement the work of its nursing home health care services (Hellenic Red Cross 2015). Their participation in the work of other public home health care services has not yet been documented. The importance of the charitable and social work of the Orthodox Church of Greece is indisputable. Volunteers support families with health and social problems in many ways (Church of Greece 2001). In some NGOs, volunteers follow a specific training programme. Generally, volunteering in this time of austerity has increased at a neighborhood level, local government level (health care, social care and training) and at a central level (Mpourikos 2013). The Ministry of Health requires the registration of NGOs active in the field of health care (Act 3868 of 03/08/2010). Although there are a variety of caregivers, there is no official collaboration and coordination of them (Tsiachristaset al. 2015). (<https://onlinelibrary.wiley.com/doi/pdf/10.1111/inr.12329>)

- **Residential care:** the residential care represent a little part of the total, it’s interesting this (old) data from the year 2001: only 0,6% of people over 65 living in special homes. The services of the residential care are provided, principally, by: the state, non-profit organizations and private institutions. Public provision is implemented through “Nursing Homes for the Chronically Ill” - hence the difficulties in definitions and the variety of beneficiaries across age groups (These institutions were designed to address the needs of disabled persons over 18 years of age who suffer from bodily or mental disabilities and are not self-sufficient.). These institutions are funded by the state budget and by fees that insurance funds contribute for their respective beneficiaries, with the balance of funds depending on the legal status of each unit. They provide long-term care for beneficiaries who lack sufficient means for other care arrangements. The Ministry of Health and Social Solidarity (2009) estimates that 2,600 persons live in such homes. The data show that are around 118 the non-profit organizations (this numbers regard only the elderly care units) which are in operation into the residential care system. The role of the Greek Orthodox Church is important, with 81 units established and run by church-based organizations. They provide residence and care to around 2,800 persons (Ministry of Health and Social Solidarity 2009) and accept persons with low income as well as better off persons. Apart from the Church, funding is also secured through state grants, private donors and fees charged to the beneficiaries according to their means (eg. personal pensions, family resources, etc). As regard the private sector, we have available only old data and we can’t be precise regarding the number of beneficiaries; rough estimates raised their number to 3,200 (only elderly persons) distributed among around 108 units (Ministry of Health and Welfare 2005). (<http://www.cost-is1102-cohesion.unirc.it/docs/working-papers/wg1.greece-care-for-older-people-d.vaiou-and-d.siatitsa.pdf>)

- **Day care (for elderly):** was formally introduced in 1979 via the establishment of the first Open Care Centers for the Elderly (KAPIs), and were funded by the Ministry of Health and Welfare. Many of this new centres was managing by various type of NGO's as, for example, the Hellenic Red Cross. (http://www.lse.ac.uk/europeanInstitute/research/hellenicObservatory/pdf/4th_%20Symposium/PAPERS_PPS/WELFARE_STATE/MOUKANOU.pdf)

Initially the KAPIs was planned to supply a lot of services (principally to elderly persons) like a basic medical and nursing care, psychological and social support, recreational activities (excursion, visit museums, etc.), education programs, etc.; but lack of resources, understaffing and increasing numbers of beneficiaries have led to a reduction of this services/activities. Beneficiaries of the KAPIs can spend few hours every day in these centres where they receive free of charge nursing care and personal hygiene and may follow creative activity programs and social development programs. Some units provide also beds for rest and transport to the elderly persons homes. (<http://www.cost-is1102-cohesion.unirc.it/docs/working-papers/wg1.greece-care-for-older-people-d.vaiou-and-d.siatitsa.pdf>)

Focus on the cooperative model

In Greece, the first law on Society Economy was introduced in 2011 (Law 4019/2011) and provided the first institutional framework for the development of social enterprises and cooperatives (KOIN.S.EP). Then in 2016, it was introduced Law 4430/2016 (Government Gazette A205), the first law attempting to regulate horizontally the social and solidarity economy in the country. Social Cooperatives are directly involved with the decentralised State, as they are operating as subcontractors, mostly for municipalities. Nevertheless, the activity of Social Enterprises and Cooperatives is extremely low in the PHS sector, as was presented in the first chapter.

According to the Special Secretariat for Social and Solidarity Economy, Social Cooperatives were not actively involved in the sector, identifying 8 out of 282 Cooperatives in Greece working in the Health Care Sector and 14 working on the Social Care Sector (see table 4).

CATEGORY	Amount of Coop.	%	Workers	Turnover
Social Care	14	4,96%	43	219.328,98 €
Cleaning services	9	3,19%	67	481.348,68 €
Health Care	8	2,84%	136	102.140,20 €
Total	282	100,00%	773	6.855.279,42 €

Table 3: evolution of the general legislation in Greece. Source: “current organisational framework of elderly care services” (2013) D. vaiou, D. Siatitsa.

Employee ICP rights and labour contacts

Contracts, Actors involved and purchasing system

The measures adopted for the period 2010-2014 to combat undeclared work are eight (8) in total. The introduction of the method of payment and withholding insurance contributions on the basis of the worker is introduced for the first time in the Greek legislation under Law 3863/2010, which is radically reforming the social security system in Greece. This innovation mainly concerns categories of workers with non-permanent or casual employment with one or more employers who provide their employment or services without being practicable or not practicable in the employment of a contract of employment.

The Ministry of Labour in its text to the European Affairs Division of the House of Representatives refers to the institutionalization of the worker as a way of insuring “work going on the boundaries between the formal and informal economy”. However, the workplace does not focus on businesses or individual employers, but on workers, in particular on specific disciplines, occupations or jobs. Consequently, it is in fact a means of combating undeclared work, and in particular evasion, and as such is classified in the Greek legal order and not as a means of limiting the underground economy.

Besides, in the text of the above-mentioned description-evaluation of the measure by the Ministry of Labour (2013) appears that this measure not only focuses on specific categories of workers (rather than on businesses operating in the context of the underground economy) from the outset, mainly homeworkers.

Following the interventions undertaken to date by the legislator with Law 3986/2011, 4144/2013, 4225/2014 and 3863/2010 titled: “Remuneration and withholding of contributions on a temporary basis”, employees that are working in activities categorised under the NACE rev.2 Q.88 and T.97 are being included.

4.5 SLOVENIA

In Slovenia the term PHS, as in many other European Countries, is not used (translation of PHS - as “**Osebnе in gospodinjske storitve**”), so it is hard to collect data and describe the system. There is a lot of activities in public, private and Social Economy sector that offer services which are in “EU dictionary” referred as PHS (social care, help in the home, garden help, personal assistance, baby sitting, elderly care etc.). So it’s difficult to systematically speak of Employee Involvement in PHS: Information, Consultation and Participation (ICP) of workers’ rights (there is of course inclination to EI in cooperatives and so.p. that provide PHS).

PHS in Slovenia is labeled as **Domestic Works, Housework Service, Social Care and Community Care**. PHS is developed in many fields which are not connected good enough.

An important issue that arises when conducting research in this area is the lack of consistent data for the sector. The problems regarding the data availability include the following:

- The terms used to describe the types of professions differ according to the source of data. Administrative data of social security system collect information about regular domestic and care workers and only recently it is possible to split data according to the occupation (domestic and care workers). Survey data collect this employment category under the general definition of “family services – domestic works”. Thus information is not properly comparable.
- Relevant information about the evolution of the sector can be obtained from the Ministry of Labor, Family, social Affairs and Equal Opportunities and ZPIZ - Pension and Disability Insurance Institute and Statistical Office (Statistični Urad)

Statistical note: under standard classification Q88 – Social care without accommodation (Socialno varstvo brez nastanitve) there was 4.863 employees in 2017 (out of 856.201 employees all together in Slovenia in 2017). But this number does not cover PHS employees, because there is a lot of PHS services in other classifications like “cleaning”, “catering”, “other services” etc. and we can’t separate the numbers on PHS out of this classifications.

A first key element to be highlighted is that domestic and care work still largely persists as a female activity, regardless of the nationality of the workers.

Legislation and evolution of the PHS in Slovenia:

A main pillar for PHS is the **Social security act** (Zakon o socialnem varstvu, 2004) and the Act Amending Social Security Act – ZSV-D - Official Gazette of the Republic of Slovenia, No. 105/06 of 12 October 2006 is the last reform of the social security ACT.

Activities of social assistance shall include preventing and solving social problems of individual persons, families and population groups.

The state shall provide and develop the functioning of social welfare institutions, provide

conditions for private work in the social assistance activity, as well as support and promote the development of self-care, charity, forms of independent life of disabled persons and other forms of voluntary service activity in the field of social welfare.

The rights to social assistance under this Act include services and measures intended for preventing and eliminating social distress and difficulties of individual persons, families and population groups and the financial social assistance intended for those persons who are incapable of ensuring means of subsistence for themselves due to circumstances they cannot affect.

The state cares for preventing the social deprivation in particular with the systematic measures in the field of taxation policy, employment and work, policy of granting scholarships, housing policy, family policy, health care, children's care and education, and in other fields of influence upon the social situation of inhabitants, as well as upon the development of demographically endangered areas.

Law on Vocational Rehabilitation and Employment of Persons with Disabilities (Official Gazette of RS, Nos. 16/07 - official consolidated text, 87/11 , 96/12 - ZPIZ-2 and 98/14; Zakon o zaposlitveni rehabilitaciji in zaposlovanju invalidov (ZZRZI).

By this law so called Invalidska podjetja - IP (company for people with disabilities) are co-funded or accredited by the state. Status of IP- Companies for employment with disabilities (invalidsko podjetje) is given to a private company if there are at least 40 % of disabled people employed in this company, status given by MDDSZ (Ministry of labour). These employments are meant for the people who have between 70 – 90 % work capacity/ability. In these cases a company has a full exemption from payment of contributions for pension and disability insurance for all the employees in the company, if there is at least 50 % of disabled in the company (this goes for all salaries up to triple minimum wage for nondisabled employees). The company can also get a subsidy for the workers wage (between 10 – 30 % of minimum wage depending on assessment of the work capacity of the disabled, issued by the Employment Service (Zavod za zaposlovanje RS).

By this law also the status of ZC – Employment centre (zaposlitveni center) is given by MDDSZ (Ministry of labor) if there is at least 5 disabled employees and 1 expert in an organization. Employments in ZCs are meant for disabled who have 30 -70 % of work capacity. In this cases a company has a full exemption from payment of contributions for pension and disability insurance for all the employees in the company and a subsidy for the workers wage (between 30 – 70 % of minimum wage depending on assessment of the work capacity of the disabled, issued by the Employment Service (Zavod za zaposlovanje RS). And a company gets financed expert workers/advisers/counsellors.

IPs and ZCs also have tax reliefs on behalf of employing disabled on the profit taxes (on income taxes).

Note: funds for this subsidies comes from the Fund of the Republic of Slovenia for the Promotion of Employment of Disabled Persons (Sklad Republike Slovenije za vzpodbujanje zaposlovanja invalidov), which is not a state-budgeted but is a special public fund organized

separately and the money is paid into the fund by those companies that do not employ the number of disabled by the quota as set by the Law on Vocational Rehabilitation and Employment of Disabled Persons (ZZRZI - Zakon o zaposlitveni rehabilitaciji in zaposlovanju invalidov).

On 20 March 2018, the Slovenian Parliament approved the new **NGO Law** (Zakon o nevladnih organizacijah - ZNOrg). The new law, among other things, uniquely identifies NGOs and removes past confusion and dispersion in more than 20 laws, finally eliminating discrimination and enabling all non-governmental organizations to obtain the public benefit status under the same conditions, while also determining some basic measures that should strengthen and encourage the development of the civil society sector. Equally important is that the law also establishes a special fund for NGOs, which will automatically draw funds from the non-distributed part of income tax donations.

The law on public procurement (Zakon o javnem naročanju - ZJN-3):

- there is a high limit for regulating public procurements in the “social and special services” (this section is not actually used for personal and household services in general, but mostly for social care services specifically). Only procurements above 750.000 in this field have to be announced publicly on the “board of procurements”. Important also: not only the price but also the quality is important.
- there are a reserved public procurement: for social enterprises and enterprises with social component (in accordance with the Law of social entrepreneurship – Zakon o socialnem podjetništvu – ZsocP-A).

In Slovenia there are four main market drivers authorized by the legislation for the PHS:

1. Public direct purchasing: where Public entities should respect the European Public Procurement directives.
2. Mixed with accreditation: it's a public accreditation system with partial payment, where the client will choose and pay the balance.
3. Direct grant: where public give a partial payment/grant, and the client freely chooses and pays the balance.
4. Client direct purchasing: the client should only respect the service provider contracts.

Business models and Figures that operating in the sector:

Forms of providing PHS in Slovenia:

- Mostly public services, some private (only private or with accreditation for services or publicly financed through annual calls or privately financed by users or combinations);
- Public services and accredited services are mostly carried out through public agencies

and financed by Ministry of Labor, Family, Social Affairs and Equal Opportunities and local municipalities;

- Private services are mostly carried out by classical private companies and recently also by social enterprises and cooperatives.

Some key concept useful to understand PHS:

- “Community care” (skupnostna skrb) – mostly carried out by public agencies (the passage from state institutionalized system to community care system like it happened in Italy did not happen in Slovenia)
- “Social care”(socialno varstvo by Social Security Act –Zakon o socialnem varstvu):
- Domestic work / help at home (pomoč na domu);
- Social service (socialni servis);
- Family assistant (družinski pomočnik);
- Social programs for different vulnerable groups (socialnovarstveni programi za različne ranljive ciljne skupine);
- Programs of social inclusion for disabled (programi socialne vključnosti za invalide)
- Companies for employment for disabled (IP - invalidsko podjetje)
- Employment centre (ZC – zaposlitveni center)
- Subsidies: subsidies for wages of disabled
- Exemption from payment of contributions for pension and disability insurance
- Payment of expenses for support services for disabled
- Payment of costs for adjustment of workplace and means for work for the disabled
- Reward for exceeding the quota of number of disabled persons that need to be
- In these cases we mostly have PHS by vulnerable groups for vulnerable groups.

The research has found various types of subsidies:

- subsidies for wages of disabled (subvencija plače invalida);
- exemption from payment of contributions for pension and disability insurance (oprostitev plačila za pokojninsko in invalidsko zavarovanje);
- payment of expenses for support services for disabled (plačilo stroškov podpornih storitev);

- payment of costs for adjustment of workplace and means for work for the disabled (plačilo stroškov za prilagoditev delovnega mesta invalida in sredstev za delo);
- reward for exceeding the quota (nagrada za preseganje kvote)

But many social care programs are financed also by FIHO foundation (Fundacija za financiranje invalidskih in humanitarnih organizacij <http://www.fiho.si/?id=fundacija.php>). This foundation is collecting money through the national lottery system (parts of all lottery – games goes to this foundation). This foundation is financing more than 90 humanitarian organizations and about 30 associations and alliances for disabled people.

Defining social economy subjects:

In Slovenia there are more than 26-thousand non-profit organizations (more than 23-thousand societies/associations, 250 foundations, approx. 3-thousand private institutions), approx. 150 companies for disabled and approx. 60 employment centers and approx. 400 cooperatives. All of them can be declared as “social economy subjects” (SE subjects), **but in the unclearly defined social economy.**

The home care is mostly conducted by public or semi/public institutes as a service that is partly free or partly covered by subventions, so all these SE subject don't carry out as much of social care activities as they could.

Societies in public interest: The Ministry of Labor, Family, Social Affairs and Equal Opportunities grants the status of society in public interest in the area of social care on the basis of the Societies Act. More than 100 societies are in this register. These societies have (like social enterprises) some special treatment in renting public facilities and some of them also in public procurement matters.

All kind of companies and NGO-s and public entities are conducting activities in the field of PHS, and they are mostly classical companies without any membership structure and any democratic involvement values, even if they have a strong social note.

Most of the societies in 2008 were registered as sport and recreational societies (33,9 %), followed by cultural and art societies (14,2 %), societies for people help (13,3 %) and scientific, educational and professional societies (9,0 %). Similar distribution can be observed taking into account the revenues of the societies. According to industry classification, most of the societies had been classified within Other activities (54,3 %), followed by Cultural, amusement and recreational activities (32,7 %) and Activities of public services and defense; activities of obligatory social security (7,4 %). The distribution taking into account revenues slightly differs.

In particular, the biggest share of the revenues were generated within Cultural, amusement and recreational activities (40,2 %), slightly less within Other activities (38,6 %), while

other industries rank similarly, except Health and social security where there were only 2,0 % of the societies registered but there were 8,9 % of total revenues generated. The average society generated 26 thousand EUR of revenues, suggested that these institutions are rather small.

Findings about PHS in Slovenia:

- **Parents and relatives:** the PHS market demand side (as PHS 'facility managers') and the offer side (as 'care givers'). Most of the time, family care givers act as personal assistant without any form of training, although the relative they care for may be dependent and/or with severe pathologies. They often face a situation where they also have to coordinate various services such as family or social assistance.
- **Home/Family Professional Carers / Family assistant (družinski pomočnik):** the biggest part of the offer side. There is 934 personal assistants in 2017 (out of which 663 for disabled people, 271 for elderly people). This of course doesn't cover the needs, just a small part of actual needs. The work of assisting in home care is mostly undeclared.
- **Co-operatives & Social enterprises:** there are only a couple of social enterprises in the field of PHS. Among them only a couple of cooperatives, young freshly started cooperatives, but these are "Natural-Born Employee-Involved." They represent a relevant potential for development of the PHS market in Slovenia.
- **For Profit Companies:** are now entering the PHS market. At the moment they represent a small part of the market, because most of PHS is conducted by public organizations, but still private companies are presenting bigger part in PHS market as social enterprises and cooperative.
- **Voluntary Associations:** mainly they act as voluntary, but some of them are accepted in some public tendering, this possibility creates some grey areas when they do not apply labour contracts agreements. YES.
- **Co-operatives and/or Associations of parents and relatives** for people with special needs: where the offer and demand side co-exist (close relationship level based). Cooperatives – NO. Associations – YES.

Concept of "long-term care": It covers rights connected to long-term care (dolgotrajna oskrba) divided into:

- home help (pomoč na domu);
- the community nursing service (patronažna služba) and;
- Institutional care for children, adults and the elderly (institucionalno varstvo otrok, odraslih in starejših).

Persons entitled to institutional care can choose a home care assistant over the daily institutional care, subject to requirements provided for by the Social Security Act and in cases stipulated therein. An assistant can be a person who lives in the same permanent residence as a person with disability or one of his/her family members. A home care assistant is entitled to partial payment for lost income amounting to the minimum wage. A home care assistant must report to a competent social work centers about the provision of help to a person with disability at least once a year.

Home help

Persons who live in their own accommodation but as a result of old age, illness, or disability require care assistance, but do not have suitable help from relatives, are entitled to home help. This social assistance is tailored to the needs of the entitled individual, for which the extent of help includes basic domestic daily operations and the maintenance of social contact. If the service is carried out within the framework of public services, part of the fee for services (at least 50%) is covered by the authority and part by the user.

Community nursing service

This service is intended for all persons who require home help in overcoming an illness, condition or chronic disability. Preventative and treatment services are carried out by a community nurse. In connection with long-term care treatment, visits are arranged and cover the care of the patient at home, wound care, injections, taking samples for laboratory examination, etc.

Institutional care

Those entitled to institutional care are: children and young persons and persons under 26 who are included in special educational programs; adults with mental development disorders, with mental health difficulties, physical disorders or sensory or other disorders; persons, who as a result of old age or other reasons, are unable to live entirely independently and require further or less direct help and care. Institutional care is also assured by sheltered housing (oskrbovana stanovanja). Institutional care covers: social and basic care as well as health care.

Care services are paid by the entitled person or with the aid of relatives of the authority. Health care is assured by the compulsory health insurance system. Persons entitled to social care services may request partial or full exemption from payment, which depends on their material position. Persons who are included in the compulsory health insurance system are entitled to free community nursing aid.

Focus on the cooperative/social enterprises model

In Slovenia there is an old law (1992) in the general field of the Cooperatives. The Act on Cooperatives of 1992 defines a cooperative as an organisation of an unlimited number of members that has a specific purpose to promote the economic interests and economic or social activities of the members through business transactions between members and the cooperative. The Act is conceived as general legislation referring to all cooperatives regardless of their activity and the status of their members (producers or consumers), leaving a lot of room for internal autonomy of a cooperative.

Cooperatives in Slovenia have a long history, stretching back to the 19th century and marked by several ups and downs, interruptions and discontinuities, mostly due to changes of socioeconomics systems and the changing political demarcation of the territory during the last century and a half.

(<http://www.coopilot-project.eu/wp-content/uploads/2017/10/National-Report-SLOVENIA-COOPilot.pdf>)

In the register of social enterprises (so.p.) there are 252 so.p. ; Approx. 1/3 of all so.p. has a generic (undefined) economic classification in register so we can not know exactly what their main activity is. 17 of all has an activity classification or description in a name that seems to be something from the field of personal and household services (assistance, gardening, cosmetics, nursery, house repair etc.) – only 1 is cooperative, the rest are mostly limited liability companies and some institutes and associations and 1 foundation. 1 is housing cooperative. In the field of the professional and common use of the concept of “social economy” in Slovenia the following types of organizations are included: NGOs, social enterprises (so.p.), companies for disabled (IP – invalidska podjetja), employment centres (ZC – zaposlitveni centri), cooperatives (zadruga – with or without so.p. status), mutuals (only one mutual in Slovenia – Vzajemna zdravstvena zavarovalnica, d.v.z.).

Two changes in legislation in 2018: amended Law on social enterprises unfortunately won't change the financing, only bureaucracy will be a bit better. But the new NGO Act (March 2018) specifies the creation of a fund to support the development of NGOs in the country. The new NGO Act introduces a uniform definition of non-governmental organizations, enabling them all to enjoy “public benefit” status, providing greater clarity and a more level playing field for the sector. (<http://efa-net.eu/member-news/news-from-slovenia/738-new-slovenian-ngo-law-offers-extra-support-for-sector>).

State support for IP, ZC, so.p. and COOP and employment percentage in SE sector

The conditions are very different when we have IP and ZC on one side or so.p. and coops on other if we consider the access to state support (meaning financial support or subsidies). IPs and ZC have systematical finances through the above mentioned public fund. Otherwise we can say that all these types of companies are part of social economy sector and do have similar goals in society. Social enterprises (so.p.) and cooperatives don't have any regular financial support from the state, only sporadically opened calls for some subsidies and

loans. Most of this public calls are opened for all the companies and so.p. and coop can also apply. There are only two special calls for so.p. in last 5 years (1 for subsidies, 1 for credit), both in last year.

According to the study Recent evolutions of the Social Economy in the European Union (by CIRIEC –International for European Economic and Social Committee) Slovenia belongs in the group of countries in which the concept of the social economy enjoys a moderate level of recognition. This study moreover puts Slovenia into a group of countries where social economy remains a small emergent sector, employing under 2% of the working population, if we considered only the employment in the NGOs, COOPs and so.p.; but if we consider as part of this sector also the IP companies (companies for disabled “invalidska podjetja”) and the ZC (employment centres “zaposlitveni centri”) we found that 2,7 % of the total employment are in Social Economy, divided into: IP & ZC 1,4 %, NGOs 0,82 %, COOPs 0,32 %, so.p.0,09 %, d.v.z. 0,04 %

There is a Law on Social Entrepreneurship (Zakon o socialnem podjetništvu, 2012, 2018 amended), this law legislating on who can get the status of social enterprise. Organizations that can operate in the field of social entrepreneurship should have one of the following forms:

- Society/association
 - Institute
 - Foundation
 - Company (like a limited liability companies)
 - Cooperative
 - European cooperative
 - Other legal entity of private law
-
- **General data on the Social Economy:**
 - There are approx. 250 social enterprises in Slovenia. Beside that there are many subjects that comply with criteria for subjects of Social Economy sector like cooperatives, companies for disabled IP and employment centres ZC, NGOs and also one mutual company.
 - The legal category of social enterprise does not capture the full universe of de facto social enterprises that exist in Slovenia;
 - Social enterprises rely on EU project grants, subsidies for employment of vulnerable groups and income from market generating activities;
 - Majority of the social enterprises are associations, cooperatives and institutes, companies for the disabled IP are also an important type of social enterprises

(focussing primarily on work integration), but most of IPs don't declare themselves as social enterprises;

- Social enterprises achieve their social impact through employment of vulnerable groups. Recent trend is observed towards achieving environmental impact.
- But the main social impact is developing qualitative goods and services for people and developing local environment and communal dimension of local societies

<http://www.southeast-europe.net/document.cmt?id=196>

http://www.mgrt.gov.si/si/delovna_podrocja/socialno_podjetnistvo/

Contracts, Actors involved and purchasing system

There are many kinds of working organizations within this sector and they are organized in different ways. Our research found at least 4 kind of organizations/firms varying from big multinational companies to a single person: big companies, public institutes, social enterprises and cooperatives, self-employed "one man bend" companies. Our research found at least 3 National Labour Agreements, and no one of the agreements has compulsory rules for the enterprises regarding employee ICP rights. Even though almost all employees have been covered by collective bargaining in Slovenia – partly a result of the past position where the employers' side included chambers of commerce and industry, of which all employers were compelled to be members, but not anymore.

We found that only one type which is really focused on employee information, consultation and participation models: the cooperatives (sometimes also social enterprise) with their ICP members compulsory and constitutive rights. A case of good practice in Slovenia is a Cooperative Cooperative Goods for good (Zadruga Stara roba nova raba).

Employee ICP rights and labour contacts (collective agreements in Slovenia):

By the Law on collective agreements (Zakon o kolektivnih pogodbah, 2006) there is a register of collective agreements at Ministry of Labor (MDDSZ). There is approx. 50 such agreements, some of them are relevant for PHS field, but not as for PHS in general or specifically for PHS. http://www.mddsz.gov.si/si/delovna_podrocja/delovna_razmerja_in_pravice_iz_dela/socialno_partnerstvo/evidenca_kolektivnih_pogodb/

There are 46 public and private sector agreements registered since the passage of new collective bargaining legislation in 2006, although not all had been updated recently. There is also an agreement covering small businesses, which covers a wide range of sectors. There is no requirement to register company level agreements but EIRO estimated in 2004 that "several thousand company collective bargaining agreements" had been signed.

Some examples of collective agreements that are relevant for PHS:

- Collective agreement for non-economic activities (Kolektivna pogodba za negospodarske dejavnosti) <http://www.pisrs.si/Pis.web/pregledPredpisa?id=KOLP11>
- Collective agreement for public sector (Kolektivna pogodba za javni sektor) <https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/87008>
- Collective agreement for health and social care services in Slovenia (Kolektivna pogodba za dejavnost zdravstva in socialnega varstva Slovenije) <http://www.pisrs.si/Pis.web/pregledPredpisa?id=KOLP78>

Implementing Employee ICP rights within the labour contacts

It is difficult for us to systematically speak of Employee Involvement in PHS: Information, Consultation and Participation of workers' rights, there is of course inclination to EI in cooperatives and so.p. that provide PHS.

Law on cooperatives (Zakon o zadrugah – Zzad-2) and the Law on social enterprises (Zakon o socialnem podjetništvu – ZsocP-A) set cooperatives and social enterprises as democratical organizations, which must include all the stakeholder into management of organizations. But neither of the laws sets as necessity to include employees of cooperatives and social enterprises into the management. But still majority of cooperatives and social enterprises in Slovenia have strong inclination to do so.

Since 1993 in Slovenia there was a Worker Participation in Management Law (Zakon o sodelovanju delavcev pri upravljanju), this was not set for cooperatives and social enterprises, this law was for all companies. One of the most important articles of this law is the 2nd:

Workers shall participate in management in the following way:

- through the right to present an initiative and receive an answer to the initiative;
- through the right to be informed;
- through the right to give opinions, make proposals and receive answers to the proposals;
- through the possibility or the obligation of joint consultations with the employer;
- through the right to participate in decision-making;
- through the right to restrain decisions of the employer.

Moreover the 3rd article says how workers shall exercise the right to participate in management as individuals or collectively through:

- a workers' council or workers' representative
- a workers' assembly

- workers' representatives in company bodies.

Link to the law: <http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO282>

With the “Companies Law” in 2006 the first companies law (1993) was updated. With this updating it was emphasized that:

- Issuing of work instructions to employees;
- Procedures in which the rights of employees are decided;
- Participation of employees in the management of the company.

([https://uk.practicallaw.thomsonreuters.com/4-617-3525?transitionType=Default&contextData=\(sc.Default\)&firstPage=true&bhcp=1](https://uk.practicallaw.thomsonreuters.com/4-617-3525?transitionType=Default&contextData=(sc.Default)&firstPage=true&bhcp=1))

In addition, there have been tripartite national agreements between the unions, employers and government, covering a range of economic and social issues.

Workplace level representation in Slovenia is provided by both the union in the workplace and the works council. Both have information and consultation rights, although the works council's are more extensive, while only the union can undertake collective bargaining. Employees at the workplace are represented both through their local union structures and, in workplaces with more than 20 employees, a works council. In practice work council members are frequently trade union activists, although the extent of trade union involvement varies from industry to industry. In companies with 20 or fewer employees there is a right to appoint a workers' trustee.

Recommendations / Conclusions

Potential for PHS and ElforPHS in Slovenia:

- Public policy : implement the 'deinstitutionalization' process
- Gradual transformation from state institutionalized system to community care system based on social economy organizational type (especially cooperatives – social cooperatives)
- Community Care: like good practice Grunt, a social enterprise in the countryside http://grunt-sop.si/?lang=en_gb
- Domestic Help: like good practice Center for domestic help, social enterprise

- Social Innovative products (PHS service in cooperatives and in so.p.) like good practice Cooperative Goods for good
- Higher state of Employee Involvement and democratic control in social enterprises and cooperatives (at this moment implementation of EI is very weak in SE sector even though there is very strong inclination to EI in this sector)

Activating virtuous purchasing circles:

- Direct Public Purchasing, applying the EU directives, should avoid 'grey' areas in service providing (such as those acquired from voluntary associations) asking for the full application of national labour contracts and awarding social enterprises and cooperatives and organizations with clear ICP Employee rights, such as the latest Spanish law.
- When direct grants are given, the traceability of the contracts should be assured with free choice by the final client linked to the accreditation system.
- The ideal Client direct purchasing system should be linked to a more general accreditation system, e.g. setting up local register.

Quality

The implementation of PHS quality market should be linked to training and qualification of single professionals and organizations.

Suggesting also: implementing Employee ICP rights into the control system of measuring social impact in social enterprises, which is supposed to be measured by the Ministry of economic development and technology. The ministry is planning of issuing a Sub-Act about the rules of measuring social impact in social enterprises.

Implementing Employee ICP rights within the labour contacts

Implement 2 National Labour Agreements with compulsory (or at least stricter) rules for the enterprises regarding employee ICP rights: one for private PHS companies and one for public institutes that provide home care and services.

Most important for PHS and EI for PHS in Slovenia is: gradual transformation from state institutionalized care system to community care system through the process of developing social cooperatives and other types of social economy organizations with high standards of employee and other stakeholder involvement.



5.

**PRACTICES
IN THE
PHS SECTOR**

ElforPHS project aims at enhancing information, consultation and participation rights of employees working in Personal care and Household Services enterprises. In this sense, the partnership has developed a Survey focusing on 5 Countries: Italy, Spain, Slovenia, Greece, and France, aiming at identifying good practices, business models, and governance approaches that ensure the effective involvement of employees in PHS enterprises.

Personal services are taken to mean activities as such looking after children, elderly, and people with disabilities or long-term illnesses, with a particular focus on services rendered with the incorporation of new technologies.

To identify and describe practice the partnership has elaborated questionnaire related to employee involvement in PHS enterprises that provided element to analyse successful PHS business models.

The approach followed by the partnership focused on qualitative data and was based on facts and figures enabling identification of whether the practice produced positive results, whether it can be sustained over time and whether it showed a trend towards continuous improvement.

Therefore, the questionnaire was based on 2 blocks.

1. The first block is related to the identification of the practice and the context where it is developed.

Here the analysis focused on:

- Content: General and specific goals, -Targeted groups
- Maturity: Has it had enough time to evolve to stabilize the processes involved and the results obtained?
- Sustainability and resources assigned: Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time? What are the public and/or private resources used in the development of the good practice.
- Innovation: Has it created or adopted innovative mechanism? Has it generated different alternatives to the traditional options for managing the problem?

2. The second block aimed at identifying Information, Consultation and Participation (ICP) of workers' rights:

- Are workers aware of their rights of information and consultations? Describe the system of Information, Consultation and Participation (ICP) of workers' that are in place in your organisation.
- Are workers involved in the governance of the enterprise?
- Evaluation and monitoring: Are monitoring mechanisms in place? Are its results regularly evaluated?

In all the featured countries the partnership has identified experiences related to personal and household services characterised by involvement of employees in terms of information and consultation; but also in terms of corporate governance.

In Italy the partnership focused on a community based social cooperative that provides PHS services for persons in needs, marginalised people, and people with disability. At the same time the attention also focused on an innovative project aimed at encouraging therapeutic communities to generate a circular exchange of good practices, procedures and materials.

Italy has an important presence of companies active in the PHS Sector. Here however, major role is played by social economy and in particular by Legacoopsociali. The federation of social cooperatives has an important role in promoting quality services and good working conditions for its associates. Furthermore, when it comes to creating better working conditions and promoting a higher quality in PHS services, participation of employees is a Key Factor to create full, decent and quality employment while reducing undeclared work. In this Legacoopsociali invests a lot of energy in the promotion of employee involvement in PHS service cooperatives.

In Spain, as in many other EU Country, population is ageing. It is estimated that in 2020 the Country will have more than 8 million people aged over 65 years old. Assistance to people with disability or dependency has a relevant role. The tendency is to provide the necessary assistance to enable users to receive services in their own surroundings a specialised service. This is why it will be more necessary every day to provide personal assistance services and to reconcile professional and family lives. At the same time is also necessary to be up to date and effectively access trainings. The practices identified respond to these needs as they refer to home services and trainings. The companies protagonist of these practices belong to cooperative or sociadades laborales and in this sense they foresee a model of corporate governance that see an active role of employees.

In France the focus has been on two different realities of the PHS sector. France has been a pioneer in terms of promoting personal and household services (services à la personne). Since the entry into force of the Borloo law in 2005, which liberalised PHS, the sector has grown dramatically counting today 34,902 organisations operating in this area (2016).

The 22% of the market is occupied by associations and public bodies, but private companies have made a remarkable breakthrough in this segment and represent today the 78.3% of players in the PHS sector. The research was therefore enriched by the analysis of 2 different experiences in the provision of PHS services related to a National federation representing more than 400 public and private not-for-profit organisations and associations that employ more than 400k workers, and a young innovative start-up involving 35 professionals active in the Ile de France Region.

In Slovenia the partnership identified two innovative practices that refer to the provision of services for elderly people, people with disability, and people with dependencies, with the aim to provide high-quality services that are focused on integrated care by a multidisciplinary team. On the other hand in Slovenia the Prtnership focused on a social inoovative practice related to the reuse of old goods and hat tries totackle the issues of

homelessness and social exclusion.

Finally, in Greece we look at practices that bring the services closer to the users. In the Hellenic Republic people and their families in their own home and if necessary transport them to hospital in an emergency situation. There is a selection of highly trained professionals that follow rigorous training to be able to cope with the challenges of their role. At the moment, the company is focusing in medium sized territories by building a strong business network.

5.1 ITALY

■ L'INNESTO <http://www.innesto.org/>

L'Innesto is a community based social cooperative active at regional level in Lombardy (Italy). It was founded in 1999 in Cavallina Valley (Bergamo Province) with the aim of creating working opportunities, into the territory and for the territory, especially for those people in the most difficult situations, giving value to the local culture and environment. An inspirational model for the community based cooperatives, L'Innesto aims at local development, working in the fields of social care, agriculture (green areas maintenance, horse breeding and farming), tourism and multi services, in synergy with the local community.

To face the crisis that affected the area of Val Cavallina In the second half of the '90s, the local community decided to engage themselves in a collective business to help stop the ongoing process, with the aim of creating opportunities for development and socio-economic growth on the territory and for the territory.

Nowadays the community based social cooperative l'innesto stands as a territorial reference in the care and safeguard of the territory, research studies, and promotion of local culture, history and traditions. In all its production activity, l'innesto employs disadvantaged people, cared for by tutors closely integrated in the local community. More specifically, all productions are based on local seeds which are being reproduced in order to transfer knowledge to the future generations on the traditional agricultural practices of the Cavallina Valley. The cooperative, operate in several sectors relevant at local level:

- Farming
- Tourism
- Training and Education
- Social and Care Services
- Gardening

At present, the cooperative reaches its development goals thanks to contracts with local authorities of the Cavallina Valley and the Bergamo Province, but also with private companies. The Cooperative acts to promote working inclusion according to the Italian law 381/91, also offering opportunities for internships in the new "Centro Coltivazioni di Valle" (Valley Farming Centre) areas.

As for its legal form, l'Innesto is a community based social cooperative and this mean, by definition, that it is a multi-stakeholder social enterprise based on the the active participation of its members who work together to ensure development and employment in Val Cavallina Area. As a cooperative, workers who are also member of the company takes part in the Assembly, the highest level of cooperative democracy. Moreover l'Innesto, to ensure a real and effective involvement of its members, has developed additional channels of participation such as Area and Service meetings and informal meetings to

involve community. The cooperative also provides education and training for its members, managers, and employees so they can contribute effectively to the development of its activities.

L'Innesto cooperative has been working since 1999 to guarantee the sustainable development of Val Cavallina and ensure to its citizens effective job opportunities and a good quality of life. Now the cooperative is struggling with the problem of generational transition because after 20 years of activity the founders' group need to involve young associates expressing a real interest in working for the community sustainability.

L'Innesto business model is certainly innovative and focuses on providing community services with the fundamental aim to relaunch local economy. It aims at enacting more participation and direct control, reactivating forms of collective entrepreneurship in public services and this represents an innovation through a comeback to origins of cooperation model. Services are offered to local administration but also to private customers.

In terms of employee participation, transparency and information on decisions and choices of the cooperative are the basis of L'Innesto, for a democratic participation and control on the decisions of social bodies.

The cooperative produces an annual social report to present the choices, activities, results and use of resources in terms of corporate social responsibility and give account on values, explain the vision, emphasize the relationships with social partners and the ways in which value is produced.

■ The Project VISITING DTC

This practice is an example of workers and end-users involvement in co-creating and assessing the service in order to improve it. Created in 2010, Project Visiting DTC is a Scientific Professional Accreditation Programme, based on the Democratic Peer Accreditation focused on the assessment of the quality of mental health residential and housing services. These Services are so accredited according to their compliance with a Therapeutic Community Democratic model. Visiting has its theoretical roots in the research of Lewin, and began in England in the early 2000s when the Community of Communities network, led by Rex Haigh, introduced this project structured on both peer- and self-review for monitoring the quality of treatment settings in mental health services (for adults, minors, prisoners, etc.). The core of the project is the democratic peer accreditation and the relevant role played by stakeholders. The project focuses on therapeutic communities (TC) that are small, cohesive communities where patients (people with mental health diseases) have a significant involvement in decision-making and the practicalities of running the unit. Key principles include collective responsibility, citizenship and empowerment, and TCs are structured in a way that deliberately encourages personal responsibility and discourages unhelpful dependency on professionals.

The Italian Visiting project has the aim of encouraging TC communities to generate a circular exchange of good practices, procedures and materials. This can enable more

evolved experiences accessible to communities that have been unable to produce them. An essential feature of the Visiting project is the absence of that judgemental aspect often implicit to assessments in general. Accreditation membership and process is based around the peer review. The process is inclusive of staff and resident members. Accredited members report that this quality mark is helpful for commissioners seeking reassurance of the quality of their service.

The assessment process is articulated in:

- internal assessment/self-assessment that each community conducts regarding its work;
- external assessment conducted by the “peer” delegations on their community visits;
- integration of internal and external assessments;
- comparison with the theoretical standards for the functioning of the Democratic Therapeutic Community

The practice is deployed at national level with 40 communities encompassed in the research activity for empirical research for the understanding and assessment of how therapeutic communities function. It enjoys human and economic resources ensured by the involved partners: mental health care services, cooperatives, public authorities, associations, families and patients. The practice is considered innovative because it involves workers and end-users (patients, families and caregivers) in the process of improvement of policies related to mental health care.

In terms of information and consultation, project VISITING DTC LGACOOPSOCIALI ensures the following qualifying aspects in terms of ICP rights of workers:

- a consensus conference: which periodically brings together all the participants in the assessment process;
- peer exchanges: of visits, consultations, materials, visits and eventual patient referrals.
- The training of workers on common methodologies through the introduction of empirical research for the understanding and assessment of communities functioning;
- the shared drafting of manuals: for the presentation of guidelines, procedures, best practices.
- the involvement of managers and leadership;
- drafting of shared procedures for conducting the experience.

The democratic governance of this practice is based on:

- the annual Forum related to accreditation programs (Sicilia, LegaCoopSociali, AUSL Area Vasta Sud-Est Toscana).

- The Assembly of the staff of VISITING project (specialists and evaluators)
- Coordination staff related to accreditation programs(Sicilia, LegaCoopSociali, AUSL Area Vasta Sud-Est Toscana).

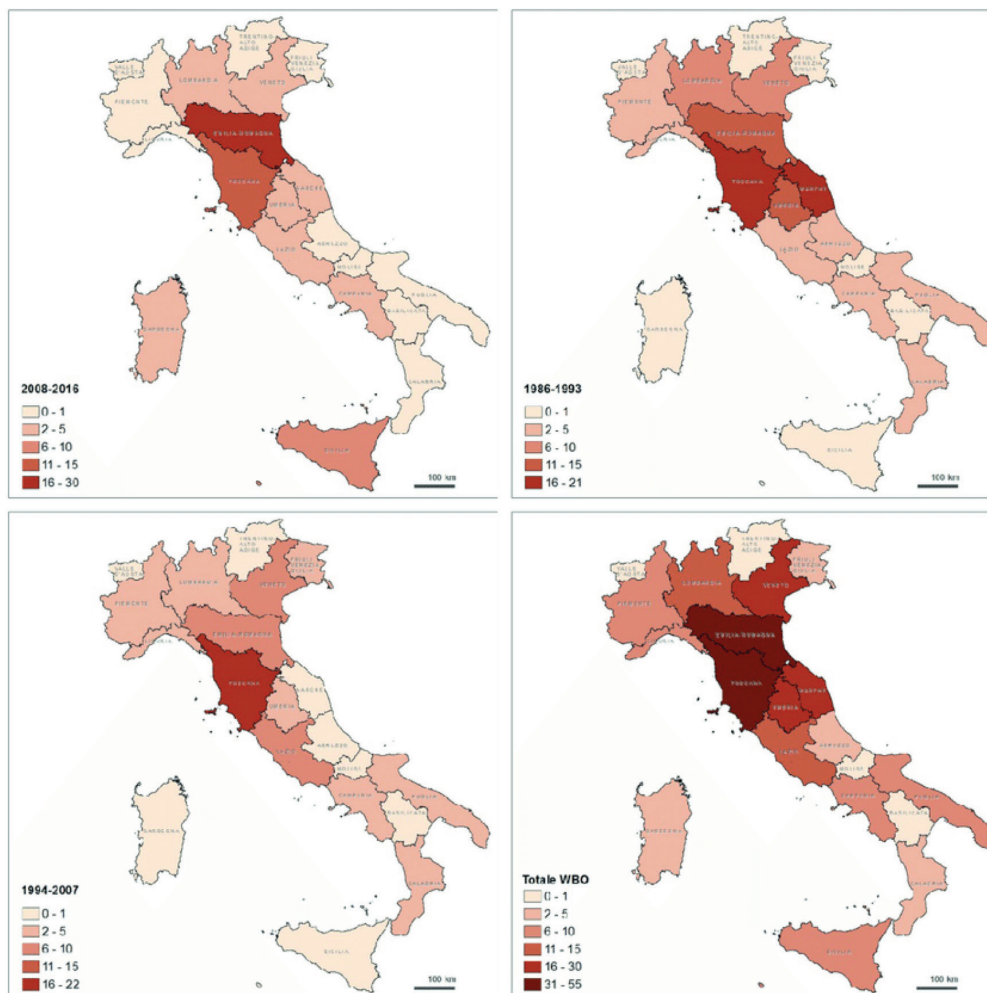
Furthermore, the project ensures the involvement of the following stakeholders:

- patients: asking for affordable and high quality mental health services enhancing personal autonomy;
- families asking for information and supportive services enabling them to take care of mental health patients at home;
- clinicians and health workers asking for continuity of care and job security;
- mental health services asking for financial, human and technical resources;
- local communities asking for affordable and efficient mental health services and requiring a legal framework able to ensure integrated mental health care and higher quality of life for patients and their families;
- politicians asking for cost – effectiveness of mental health therapies.

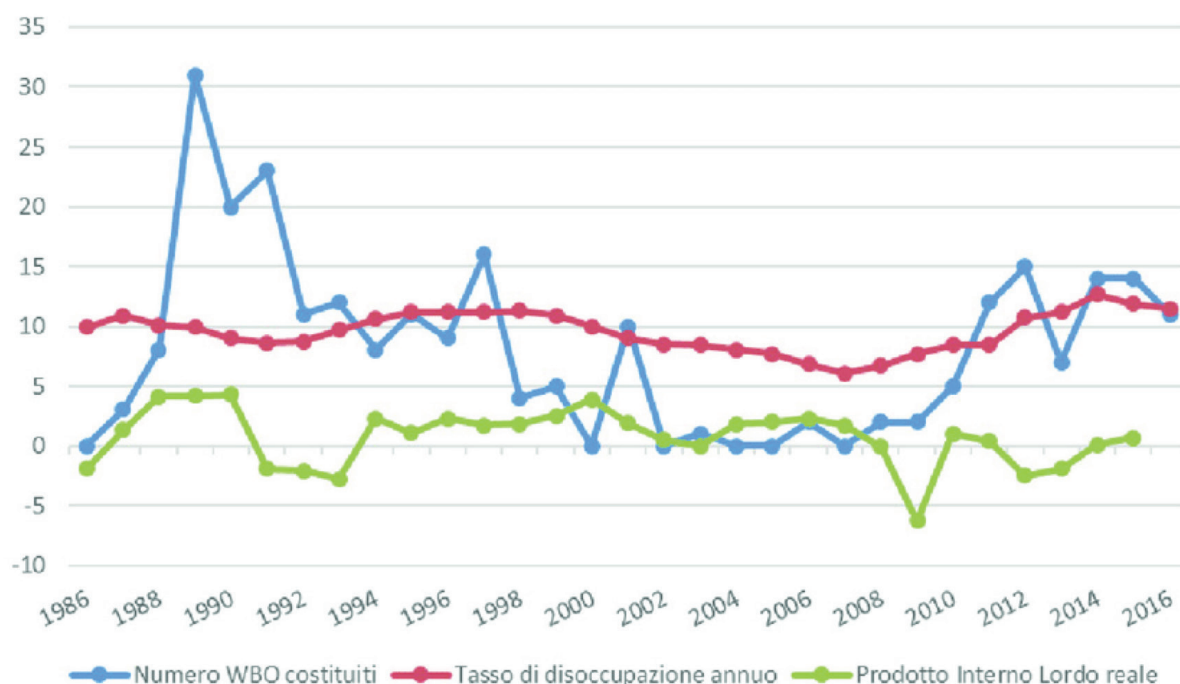
WORKERS BUY OUT in Italy - Case Study⁷

Definition

A worker buyout (WBO) is an employee-led business rescue, restructuring and conversion process whereby employees purchase an ownership stake in the entire business that employs them, or in a division or subsidiary of the business. In its more progressive expression, a WBO also includes workers' participation in the running of the firm - employees both co-own all or part of the firm and are involved in its management, either directly or through the election or appointment of management.



1- Distribuzione-geografica-dei-WBO-per-regione-1986-2016



2 Evoluzione-WBO-a-confronto-con-il-tasso-di-disoccupazione-e-il-prodotto-interno-lordo.

WBO in Italy - legal framework

Italy's comprehensive legislation concerning WBOs began with Law no. 49 of 27 February 1985. Officially entitled "Provvedimenti per il credito alla cooperazione e misure urgenti a salvaguardia dei livelli di occupazione", today Law no. 49/1985 is commonly known as the "Marcora Law" in honour of its founder. Overseen by the Ministry of Economic Development, in agreement with the Ministry of the Economy and Finance and the Ministry of Labour and Social Policy (Article 7 of Law no. 49/1985), the provisions of Law no. 49/1985 were introduced with the intention of encouraging and funding interventions aimed at the economic and social development of cooperatives for the protection of employment levels. The original iteration of this piece of legislation promoted, above all, the formation of cooperatives among workers who were laid off, placed on temporary layoff benefits (so-called "Cassa integrazione guadagni straordinaria" or CIGS), or who were otherwise under threat of unemployment due to business bankruptcies and closures. The law is now applied more broadly to assist with the creation of work-generating cooperatives, work-related social cooperatives, and for the development and consolidation of established work-centred cooperatives. Moreover workers at risk of redundancy can now draw on and receive advances of unused portions of their unemployment insurance allowance to create new cooperatives or buy out their former places of work. The Marcora Law fundamentally sets up two funds to facilitate the creation of work-generating cooperatives: Title I of Law no. 49/1985 sets

out the framework for the so-called Foncooper Fund (Fondo di rotazione per la promozione e lo sviluppo della cooperazione), while Title II stipulates the framework for the so-called Special Fund (Fondo speciale per gli interventi a salvaguardia dei livelli di occupazione) (Corte dei Conti, 2002, p. 25). Both are publicly funded pools of cash intended to stimulate the use of cooperatives for the protection of employment levels, to finance cooperative de

velopment, and for the consolidation or the formation of new employment-enabling cooperatives, including WBOs.

WBOs in Italy - role of the LEGACOOOP Association

For the worker buyout process in Italy, the cooperative form is well suited to WBOs. In addition to being less complex for restarting a business for former employees and offering various tax advantages, Italian cooperatives are rooted in the mutualism of members, which inherently embraces expectations of full participation, member solidarity, collective stewardship, the minimisation of risks and the sharing of benefits.

The results achieved through the WBO initiative in Italy were indeed very good, enabling 350 enterprises to be saved and allowing around 14,000 employees to keep their jobs). In Italy, WBO also represents an interesting opportunity to deal with the generational transition. On 21 June 2018, the Legacoop Produzione e Servizi association, along with the Legacoop Bologna and Legacoo Estense associations, launched a new website titled “WBO Workers BuyOut”) (<http://workersbuyout-cooperative.it>) on which the Association provides an overview of the legislation, tools and practices related to WBO.

5.2 SPAIN

■ AYUDA A DOMICILIO DE MOLINA DE SEGURA S.L.L

<http://www.ayuda-domicilio-molina.com>

Ayuda a Domicilio de Molina, S.L.L is a Company set up in Molina de Segura providing home support services in the region of Murcia. The company has been set up in 1989 to cover the growing demand for home help service. The request reaches the company either through the public Social Services system or directly from the user on a private basis. The request and the conditions and particular situation of the user are looked at in order to assign the right personnel to provide the service. Over its 25 years of experience in the sector the company has strengthen its structure and has now the appropriate infrastructure and personnel to perform these duties, which range from the simplest domestic assistance tasks such as cleaning the residence, looking after the laundry, making meals and shopping for and providing food, to more complicated tasks such as organizing the home, in a wider sense. In cases with certain types of users, such as people with mental disabilities or children, the duties can include teaching how to complete domestic tasks and social skills. Personal assistance tasks could include washing clients and helping them to wash themselves, personal care, feeding or helping with eating, accompanying clients when they go to medical appointments, shopping and other matters.

Ayuda a Domicilio de Molina has a workforce composed of 50 professionals, the majority of whom have over 15 years' experience in the sector. All the personnel have the appropriate attitudes, such as empathy, cooperation, responsibility and dedication to service. The company offer its services to public and private costumers and it resources comes from the services provided. Its innovativeness resides in the attention to new developments and to the training of its professionals. Obtaining certificates of professional competence, reusing the knowledge gained through experience and incorporating new knowledge through ongoing training of the home help operatives is increasingly accessible thanks to the agreements with the regional federation (AMUSAL) which gives access to a broad range of study options available in its training centre.

In terms of employee involvement, the company is a participatory enterprises where the majority of its employees are members and usually participate in the Assemblies organised that are organised on a regular basis. Furthermore, a group of its employees participate in the Board of Directors of the Company

As for the evaluations, the services provided are monitored and evaluated in different ways: Based on the implementation of the UNE EN ISO 9001-2000 quality assurance system, users are visited on a monthly basis and are polled as to the different aspects of the service, while the work performed by the home help operative is supervised. In addition, every three months a report is drawn up on the service's activities. The social services area of the department in charge of social wellbeing at the Molina de Segura Town Council carries out periodic monitoring of the cases, as well as assessing the intervention.

■ SERDOMAS SLL

<https://www.serdomas.es/>

Serdomas is a participatory company set up in 2004 to provide assistance for people and homes support by selecting the most suitable candidates, based on requirements, through proprietary management software. Domestic workers are registered through the software, including information on availability, training, professional experience and the location where they can work. Since Serdomas Sistemas began operating in November 2004 and today provides care services for over 2,313 users who have used our assistance services, whether for domestic help or for personal assistance. Serdomas Sistemas, S.L.L., uses completely innovative proprietary management software called Aydara, which it holds the copyright to. This is encrypted; it has also been registered with the Spanish Data Protection Agency, as is obligatory. The software supports extensive databases of both users and domestic workers which contain all the essential information (personal details, availability, training, professional experience, etc.) so that when a request for a new personal assistance service is entered, the system simultaneously crosschecks the requirements against the details of its care workers by using the necessary filters: suitability, availability and proximity to the home. This enables the person with the well-suited profile to be selected to provide the service. This system makes it possible for worker professionalism to be improved by enabling workers to obtain skills and allocating appropriate personnel to each user of the service.

This is an innovative practice as the management software using extensive databases makes it possible to foster management oversight when providing the services both as regards monitoring and in relation to service quality. Furthermore, we must highlight how convenient it is for workers to obtain, via the stated agreement with a university, their certificates of professional competence while they are based at the home where they provide the service, as they only need Internet access because the studies are completed online.

Serdomas Sistemas, S.L.L., has an in-house workforce of over 31 employees in the various professional categories necessary to engage in our ordinary business activities. It also manages an external workforce of 90 domestic workers. The company wants for its workers to get a full-time working week, with a triple objective: 1) To foster quality of service by attempting to reduce the effect of excessive turnover; 2) To turn them into true home help professionals; 3) To achieve a certain degree of loyalty towards the firm/hiring company. In addition, it provides occasional or one-off services, such as domestic tasks and services where a companion is required (which amount to 15% of its activities) and childcare (7%).

In terms of workers participation, Serdomas SLL is a company owned by its workers. It also develops a system of information, consultation and participation of its non-partners, which consists of the continuous self-evaluation of systems, services, management and development of the company. In addition, internal satisfaction surveys and strategic plans

for the development of the company are carried out. The resources are obtained through the service provides. The company is also open to support the opening of other franchise companies by supporting them with:

- An organization that makes it possible for you to develop a company through a recognized framework in an up-and-coming sector;
- Proven experience in different markets;
- Training, based on our know-how, so that you have sufficient know-how to facilitate your launch of a business;
- Proprietary tools owned by Serdomas Sistemas and placed at your disposal to help you to manage the business;
- All advisory support for processing the necessary legal requirements so that your service company is duly regulated in accordance with regulations in force;
- Ongoing advisory support for the duration of the business relationship with Serdomas Sistemas;
- Marketing activities aimed at raising brand awareness and therefore at hitting commercial targets too;
- Management software that makes it possible to use extensive databases both of users and of employees, for the formalisation of contracts, billing, etc.

As for the monitoring and evaluation, the company is audited on an annual basis through the Family and Social Affairs Department. It also provides its users with the corresponding complaint forms. The franchise central office has a monthly and annual monitoring system to oversee both indicators of the services rendered, carrying out on-site visits, and economic and profitability indicators. Independently, a permanent evaluation is carried out on a monthly basis with users concerning performance, improvements, weaknesses and attitudes.

■ **EL ROBLE SCA**

<http://www.elroblesca.es>

El Roble SCA is a cooperative operating in Andalusia region whose general objective is to encourage training and participation of people by improving the internal processes of the organisation and at the same time obtain a continuous improvement of the training. In particular, El Roble SCA has implemented an innovative system to provide continuing education among working people based on the direct participation of the recipients of the training in the development of the contents. The idea is to make the trainings fully adapted to the needs of the final users of the services.

The training is given to small groups of maximum 5 people, so that their active participation

is encouraged, and it develops as follows:

1. The training material developed by the recipients is sent by email. This materials are very well worked out in advance and each file is made up of a maximum of 7 pages to make it more understandable and comfortable to study;
2. The material is studied by the participants who are encouraged to make comments o modifications if needed;
3. The documentation is modified according to the received contributions and it is transferred again to the participants for the training.

The training sessions last approximately 20 minutes because the contents are previously worked on line.

In this way, it is possible to have a training that is absolutely adapted to the jobs and which, in its development, has the participation and experience of professionals in the sector.

This practice is innovative as it improves the participation of workers in the training processes. In this sense, this system has changed the focus of traditional training making it more efficient because the results obtained are worked out together with the participants, timings have been shortened, and the groups are made more effective.

In terms of participation, the company foresees the presence of a delegate that coordinates union representation.

This person collects all the proposals of his colleagues and maintains periodic meetings with the management of the work centres. After a dialogue with management, the representative transfers to his colleagues the results of the same and the acceptance or not of their proposals and claims. The Management is always open to listening to workers and there is a good level of communication and participation of all workers, so that they feel involved in the business project.

Workers are involved in the governance according to the cooperative model. Furthermore, before any substantial change in the organizational systems of the company, the workers are previously informed, so that they can give their opinion to said changes and express suggestions for improving them.

As for the evaluation, workers are invited to complete an annual satisfaction survey that covers also the way the company covers participation, information and consultation rights and modifications in the way they are respected are envisaged by the workers. Furthermore, the cooperative El Roble has implemented a quality system in which the degree of implementation of the proposals and suggestions expressed by the workers is also analysed.

■ SERLICOOP, S. COOP. V
<https://www.serlicoop.com>

Serlicoop is a cooperative that provide PHS services in the Valencian Community (Spain). The company is guided by transparency and openness and tries to make the users aware of the costs of the services so they can appreciate the final results.

The company approach is innovative in two ways. On one side, clients undergo in-depth interviews carried out in order to identify the real and underlying needs of each family unit to respond to the needs in a global way. On the other, with regard to the management of human resources the personnel involved have access to very personalised services to make their work more effective, such as: free children's playroom for the children of workers in school vacations, vacations according to needs of conciliation, flexible schedules for family or social organization. Furthermore, the company foresees a system of "companionship" where a veteran worker helps or collaborates with a new one for the adaptation in the position and get a full perspective of the culture of the company.

In terms of participation, employees are invited to take part in the regular meetings with the management. In particular, every year workers are provided with a detailed calendar for meetings with the management team. These meetings are occasions to talk about the way of governance of the company, and facilitates the possibility of proposing options for improvement. Furthermore, employees can participate in the annual assemblies, and in team meetings.

As for the evaluation, the company has carried out internal audits in human resources, trying to generate a perspective of the issues for each position according to the values, functions and tasks that are executed daily in the company. Performance evaluations occur in a circular manner, and can all be access by everyone. Self-assessment questionnaires are also provided to generate moments of reflection in the continuous improvement.

5.3 FRANCE

■ ALENVI

<https://www.alenvi.io>

Alenvi is a start-up operating in the Ile-de-France Region (France) that offers home care services for the elderly people with an innovative organisational approach centred on the autonomy of the carers. The model is inspired by Buurtzorg model, which starts from the client perspective and works outwards to assemble solutions that bring independence and improved quality of life. Alenvi rethought home care for the elderly people around the concept of “desire”. The company has created a supportive and empowering framework for auxiliary assistants: by promoting the profession of auxiliary they can guarantee a stimulating and quality support to all the customers.

Auxiliaries work in autonomous communities of about ten people, with a unique working conditions:

- 35-hour fixed-term contract guaranteed;
- Autonomy and independence in the planning and management of services for beneficiaries;
- Regular training provided by a team of neurologists;
- Co-operation between colleagues and regular community meetings (every 2 weeks);
- Participation to the community development;
- Access to the shared platform.

The autonomy of the communities is made possible thanks to Pigi, the mobile virtual assistant that ALENVI developed for them. It puts at the disposal of all the personnel the information concerning schedules, beneficiaries, trainings, and indicators of the company. Pigi allows each auxiliary to be an actor of his profession, without depending on a person who centralizes the information.

This software makes the company extremely innovative as it is a decentralised system where auxiliaries have the ability to take autonomous decisions in relation to:

- recruitment
- planning
- prospecting and commercial aspects
- quality analysis

The company has 8 employees at headquarters including 3 seniors (founders) experts in the social business and management of teams in the field of services. It also enjoys the support of 35 professionals (auxiliaries) in PHS.

In terms of participation, ALENVI approach is based on transparency and shared information. The company shares economic and financial information with all employees in biannual meetings. It is in the process of establishing a total transparency approach on remuneration.

The company is young and is planning a transformation towards a participatory company model (SCOP) to strengthen its corporate governance.

Due to its recent setting-up, the company has not yet a system of evaluation in place.

■ **ADESSADOMICILE**

<http://www.adessadomicile.org>

Adessadomicile is a national federation resulting from the merger, in 2009, of two federations of non-profit employers (ADESSA and DOMICILE). The federation aims to defend and support the development of the activities of its members associations and non-profit management structures. Its aim is to provide support to families by supporting its members. Recognised as a public utility since 1938, Adessadomicile represents almost 400 associations and non-profit management organizations (SCOP, CCAS ...) providing in home care and personal services. These structures employ nearly 25,000 people in metropolitan France and in the DROMs and COMs (Martinique, Guadeloupe, Guyana, Mayotte and Réunion). Faithful to the values of solidarity, quality, professionalism and the primacy of the person, Adessadomicile anchors its action in the field of the social economy. Adessadomicile is also a training organization that offers, every year, a hundred training actions open to all professionals of home care and assistance: quality approach for care and home care structures, for sector managers or directors of associations or non-profit structures. The network covers the 18 French regions with non-profit associations and structures are present in more than 90 departments, including departments, communities and overseas regions (Guadeloupe, Martinique, Guyana, La Réunion, Mayotte).

Its innovativeness resides in the facts that all Adessadomicile members tend to promote innovative practices and the federation support this attitude. The Federation looks favourably to modernisation programmes and Social innovation is one of the flagships of the Federation.

The Federation regularly proposes systems of monitoring for its members for the quality of services and the improvement of the practices. However their aim is only of advice and support. The company resources are made by membership fees and, on specific occasions. In terms of figures, Adessadomicile has almost 25000 members that provide services to more than 240 000 persons, for a total of 40 000 employees.

As for workers' participation, the most relevant moment for confrontation is the General Assembly, an occasion for exchanges with the members. The Federation participate to the general system of social dialogue... which is sometimes tense as the sector is characterised by low salaries and sometimes difficult working conditions.

The Federation support its members and is available for advice and support.

5.4 SLOVENIA

■ CENTRE OF HOLISTIC HOME CARE LLC, SOCIAL ENTERPRISE

<http://www.cco.si>

The Centre operate, since 2017, in two important Slovenian regions: Central-Slovenian region and Gorenjska region. It was formed in response to the needs of the elderly. For the first time in Slovenia they offer services of integrated holistic home care in a multidisciplinary team. They offer in - home services of nursing, physiotherapy, occupational therapy, cleaning and additionally hairdressing services and medical pedicures at home. Everything a person could need to stay in home environment, despite the illness and weakness. The goal and vision is to fill in the gaps of the supply on the market, with a new range of services of integrated care in a multidisciplinary team. Therefore, services are professional and high-quality for affordable price. From the experience they have acquired during the course of the project Active and Quality Aging that they did in 2015 - 2016, they find that more and more elderly wish to remain at home. From the survey "Innovative approaches — individual focused care", which they conducted in the beginning of the implementation of the project, they found that quality and adequate care lead to improved health status of the elderly, better management of chronic conditions in the home environment and recovery after long hospitalization and injuries. Therefore, they can achieve better physical and mental condition of the elderly and chronically ill people, and consequently reduce the need for re - hospitalization and the cost of hospital treatment. The main purpose is to provide high-quality services that are focused on integrated care by a multidisciplinary team, with the aim of achieving the rehabilitation and quality ageing in the domestic environment. For the first time in Slovenia they provide services of care and nursing, and medical-therapeutic services in one place, with the implementation of the integrated supply at home, especially for the elderly over 65 years old, chronically sick and people with disabilities. With the implementation of service, they launched in Ljubljana with the population of 280,000 inhabitants, with 18% of the elderly over 65. Center of holistic home care (social enterprise) is a young non-profit organization. With the inclusion of social entrepreneurship in long-term care they can offer a 30% lower prices than are currently on the market for comparable services at home.

The company has private nature but receives a small subsidy from the Ministry. It is also included in the social economy sector activities in Slovenia and are often recognized as a good practice in the field of social entrepreneurship.

This is an innovative reality as for the first time in Slovenia are provide services of care and nursing, and medical-therapeutic services in one place, with the implementation of the integrated supply at home, especially for the elderly over 65 years old, chronically sick and people with disabilities. Therefore, its innovations consists in a multidisciplinary team in home care services, wider range of services in a package available also during weekends and holidays and night-time.

The company legal form is the one of social cooperative, which means that workers are involved in the company governance.

In terms of participation, workers are aware of the social entrepreneurship approach their enterprise is built upon. They are regularly informed by CEO and are co-makers and co-creators of the story of their company. On the weekly meetings workers propose changes, improvements, new work processes. They all have equal vote in the company.

At this phase of development (only one and a half year old company) the Centre has not yet developed mechanism for monitoring corporate governance and ICP. However developed mechanisms to monitor quality of their services. The vision of the Center of holistic home care is to provide quality aging in the home environment and reducing the loneliness of having an integrated offer of services. The goal of the new service are affordable integrated care in a multidisciplinary team to achieve high-quality treatment of mainly elderly populations in the domestic environment. With the documentation and testing in the beginning of integration of services, they measure the effectiveness of their therapeutic work. Furthermore, they will, after one year of operation, carried out comparative research which will indicate the effectiveness of the multidisciplinary approach to the structure of home care. Annual customer satisfaction survey will be carried out and an analysis of the supply of services and research needs for additional services.

■ COOPERATIVE GOODS FOR GOOD, SOCIAL ENTERPRISE

<http://www.robaraba.si>

Goods for Good is a cooperative operating in Slovenia since 2010. Its primary service is second hand shop called Stara roba, nova raba (in translation it means the new use of old stuff). It sells donated goods (books, clothes, furniture, toys, kitchen equipment, art, antiques ...). All the earning goes for employment and training of homeless people who are also employed in the shop as vendors, storehouse person ect... Afterwards they also developed another social business on the basis of skills and knowledge of their involved members. It offers a moving and cleansing service. It functions well with their primary service because they also get a lot of used goods when people are moving. Its general goal is environmentally and socially oriented (reuse of old goods and dealing with the issues of homelessness and social exclusion). Specific goals are: employment of homeless people, establishing a safe and pleasant working environment, collecting and selling used goods, offering a professional cleansing and moving service.

The practice enjoys good support from the local and wider community, also from the NGO sector. The political support is not so strong. The law on social entrepreneurship is not yet executed in practice regarding the support for social enterprises. Although they include the most marginalized groups of people – homeless people they don't receive any state support yet. They have help from private sector – voluntary support from the professionals in the field of antiques from the beginning. They are working towards strengthening their position on the market to gain more financial stability since they operate autonomously.

The cooperative is an example of social innovation. It is a model of how socially excluded people can gather their strengths and with the support of wider public take care for themselves and gain financial autonomy and working experiences. At the same time they raise public awareness about social issues and problematize the stereotypes about homeless people.

In terms of participation the company approach is based on cooperative rules, which also cover the ICP system. Besides that, every week workers meeting are organised, during which the everyday work and organisation is discussed. Once a year it is organised the general assembly on which all our members are invited. All the workers are included in the process of decision making since the company follows the international rules on cooperatives.

The legal form affects also the corporate governance scheme, which see the participation of employees. Since it is still small cooperative it is easier to include all workers and also volunteers in the decision making process. Since the cooperative is the association of people working together toward common goals they debate all important decisions together.

As for the monitoring, the company evaluates the activities with mechanism related to social work (as it works with vulnerable groups of people). In this sense, once a month the personnel have a meeting with professionals where they evaluate their work and talk discuss all the problems emerged.

5.5 GREECE

■ HELP AT HOME

<https://www.kmop.gr>

Help at Home is a Greek initiatives Overall, aimed at improving the operational management and implement a continuous improvement training for the employees. Help at Home introduced an innovative educational system for the workers. There is intense and significant training for the professionals both after the hiring process and during their stay with the organisation. The aim of this great practice is the adaptability to the existing jobs and reach to the final users of services, which is the expected outcome. Depending on the experience, the training sessions may last from 2 weeks for the employees that have just joined the organisation to few minutes later on in their career, to keep the knowledge always updated.

Help at Home is mainly sponsored by the public authorities. As a result the funding, the technical and human support can ensure the continuity especially because the implementation of the program has already helped thousands of individuals. This initiative is innovative because not only created an innovative approach but was the first program that allowed a great number of individuals in need of these services to have immediate access to them. Moreover, the program consists of a variety of well-trained scientists that gives a versatile and highly adaptable character to the teams. Additionally, the participation of workers in the processes is very active and is also encouraged in order to increase the effectiveness of the initiative.

Here workers are actively involved in decision making and changes in the organization, since they are the first line of action and contact with patients. They are always informed about potential changes and have the ability to express their opinion.

As for participation, workers are completely aware of their rights of information and consultation. There are authorised responsible colleagues that hold the necessary documentation. These individuals also conduct the meetings according to the needs of the project and guidelines from the senior management. Moreover, senior management is always in close contact with all workers to make them feel involved and actively participate in the projects.

In terms of evaluation and monitoring, workers are involved in regular survey there are surveys. Moreover, the workers are asked about their opinion regarding 10–20 items. After that step, their responses are analysed and taken into consideration for further improvement.

■ NURSE AT HOME

Nurse at home is a Greek company that, since 1983, has been providing excellent quality of services to people in need by choosing the most suitable healthcare professionals and equipment for each occasion. It is one of the first companies globally to offer the combination of primary healthcare services and cover the needs for paramedical equipment. With combined experience of over 20 years, their software database contain critical information for both patients and workers. Additionally, nurse at home is able to find the ideal combination of necessary paramedic and medic materials for each individual, depending on his/her condition. Then, the certified healthcare professional will be able to provide the best quality of service after the successful resource allocation.

The service is addressed to people in need (disability, dependency) and their families in their own home and if necessary transport them to hospital in an emergency situation. There is a selection of highly trained professionals that follow rigorous training to be able to cope with the challenges of their role. At the moment, the company is focusing in medium sized territories by building a strong business network. Nurse was one of the first company in the world to provide paramedical services at home, in a way that is organized and has tangible and measurable results. The problem they are solving is not new, but they had to innovate in order to be ahead of the competition and create a sector that wasn't very well funded or regulated many years ago. Nurse at home was the first company that applied innovative methods in medical and paramedical services more than 20 years ago.

In terms of participation, Nurse at home is a company that literally exists because of their workers. This is a company that is based on human to human interaction and this is the main reason that the employees work very effectively under time pressure and challenging circumstances. There is a continuous evaluation and strategic improvement initiatives when is necessary.

Since it is a fast growing company, but not very big yet, the majority of the employees actively participate in decision making, providing with valuable feedback the founders and the senior management.

The evaluation system here is based on on-site visits and monitoring forms that are analysed and evaluated with care. Exceptional focus is also given at the complaint forms, which illustrate the weaknesses of operations management and indicate the necessary steps for further improvement.



6.

CONCLUSIONS & POLICY RECOMMENDATIONS ON EMPLOYEE INVOLVEMENT IN THE PERSONAL AND HOUSEHOLD SERVICES

ElforPHS Partnership agreed

Whereas:

- A. The study within the framework of the ELFORPHS project coordinated by Legacoopsociali analyses
- the European legal framework related to the enterprises linked to the PHS market as well as the rights of information, consultation and participation (ICP) of the workers in these enterprises.
 - the PHS situation in 5 countries, namely Italy, Spain, Greece, France and Slovenia, focusing on the workers' ICP in the PHS sector at national level, and making an inventory of the national situation in this regard, and showing that the approach towards PHS is different in each country.
 - Relevant practices in the PHS sector
- B. The development of procedures for ICP of workers of undertakings in general and in the PHS sector in particular represents a crucial issue, since workers' involvement in undertakings is conducive to the implementation of social rights and strengthens democracy in the working environment, combining economic competitiveness with social progress. Such involvement not only provides the workers with the opportunity to discuss with management issues concerning company processes such as working conditions, safety and health at the workplace, wages, etc. and ensures that both workers and managers are better informed, but also constitutes a very powerful motivation factor.
- C. The provisions related to the employees' involvement are strictly linked with the dimension and legal nature of the undertaking. Directive 2002/14/EC applies to undertakings with more than 50 employees or to establishments employing at least 20 employees. This Directive introduces ICP rights of the employees and ensures workers' involvement by informing them of the main issues and drivers regarding the undertaking (economic situation, development of employment, substantial changes in work organisation or in contractual relations). The Directive applies whether or not the undertaking has an EU scale activity, so its implementation concerns any enterprise having the above-mentioned characteristics in any EU Member State.
- D. With particular regard to the Personal Household Service (PHS) field, most enterprises operating in the sector have less than 50 employees. This means that if there is no cross-border activity and they are not formed as cooperatives, these undertakings are not obliged to involve the employees by means of ICP rights.

- E. The above-mentioned Directive reflects a commitment to provide employees in the EU with the right to be involved in company decision-making. Since companies increasingly operate Europe-wide, the European level of employee interest representation is becoming increasingly relevant. A stronger participation of workers in strategic business decisions which are often taken at European level is necessary in order to strengthen the long-term viability and sustainability of enterprises.
- F. Deepening the level of employee participation has a positive impact on the development of a good work climate in the enterprise and contributes to mitigating human resource problems, while also contributing to the improvement of the enterprise's performance.
- G. Worker cooperatives (as defined by the 1947 World Declaration on Worker Cooperatives⁷), social cooperatives (as defined by the World Standards of Social Cooperatives⁸) and worker-owned enterprises (sociedades laborales) in Spain ensure a particularly high level of employee involvement, thanks to their specific governance model based on joint ownership and democratic control by worker-members. By means of this particular model, worker-members are fully involved in the decision-making process of the undertaking, even though employees that are not members (usually a minority in these enterprises, may have a different status). From this point of view, it emerges that the highest level of employees' employee involvement is ensured through the constitution of a worker cooperative, social cooperative or sociedad laboral. This high level of participation is particularly relevant in implementing workers' ICP rights.
- H. The PHS sector suffers from a lack of consistent data:
- The terms used to describe the types of professions differ according to the source of data. Administrative data of social security systems collect information about regular domestic and care workers. The data collected in the survey of the EI for PHS project are classified under the general definition of "family services – domestic work", making it difficult to compare the information.
 - There is no consistent categorization of the social care sector by type of services offered in the survey dataset. There is no data available regarding the share of employees offering services to old people, people with disabilities or to disadvantaged groups (only per capita expenses and beneficiaries covered).
 - It is impossible to disaggregate secondary data on employment by type of occupation (only one digit level) and nationality from the data provided by National Statistical Institutes;

7 <http://www.cicopa.coop/World-Declaration-on-Worker-1947.html>

8 <http://www.cicopa.coop/World-Standard-of-Social-1948.html>

Recommends the following:

1. In public procurement, contracting entities should promote the European Public Procurement Directives, and in particular art. 20 relative to reserved contract for enterprise whose mission is the work integration of disadvantaged or disabled persons, and art. 77 regarding a series of services of general interest.
2. Public procurement, in applying the EU Directives, should avoid areas in service provision that are not clearly defined (such as those acquired by voluntary associations) and should request the full application of national labour contracts and awarding eligible enterprises with clear ICP rights.
3. In order to add value to ICP employee rights, the transposition of Art. 77 (on tendering procedures for cultural, social and health services) of the Public Procurement Directive within the Spanish legislation (law N. 9/2017) should be considered as a model: indeed, according to this law, the public administrations can also use awarding criteria for enterprises adopting employee participation schemes or employee ownership.
4. The accreditation systems should be applied for single professionals and for companies/firms.
5. When direct grants are provided, the traceability of the contracts should be assured with free choice by the final client linked to the accreditation system.
6. Company welfare systems should allow workers the possibility to have an option for PHS too.
7. The cooperative model, and in particular multi-stakeholder cooperatives, should be actively promoted in the field of PHS



7.

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