

DEVCOBA

Developing **C**ollective **B**argaining in the Care Sector

WP5 Policy Recommendations ITALY

Monica Bolelli and Anna Mori
(University of Milan)

December 2025



Co-funded by the
European Union

DEVCOBA is co-funded by the European Commission – DG for Employment, Social Affairs and Inclusion (Grant Agreement no. 101126385)

First Policy Recommendation

Strengthen coordination and limit fragmentation in private-sector collective bargaining in care services

2. Problems/needs addressed

Research highlights that wages and working conditions in the Italian LTC and ECEC services in the private sector are negatively affected by a highly fragmented and voluntaristic collective bargaining system. In the private sector, the lack of representativeness criteria within a voluntaristic industrial relations framework, together with insufficient horizontal coordination among national collective agreements (NCAs), has resulted in a proliferation of legally applicable NCAs. “Contractual shopping” fosters downward competition and leads to fragmented and uneven implementation of labour standards across the care labour market. These dynamics weaken industrial relations and hinder the capacity of collective bargaining to address labour shortages and improve job quality in care services, especially in a welfare system that relies heavily on private provision via market mechanisms, such as public procurement and accreditation systems.

3. Recommendation

Social partners in the private sector should strengthen horizontal coordination across private-sector national collective agreements by promoting joint bargaining platforms, shared minimum standards, and voluntary convergence clauses aimed at reducing contractual fragmentation and limiting downward competition.

4. Target Actors

- X Trade unions
- X Employer organisations/care providers
- ☐ Bipartite bodies
- ☐ Tripartite institutions
- ☐ Other (specify): _____

5. Rationale and supporting evidence

The Italian private care sector is characterised by an exceptionally high number of applicable NCAs (38 in private LTC and 20 in private ECEC), many of which cover very small numbers of workers. Fragmentation enables employers to opt out of the most representative agreements and undermines wage setting and working conditions. Recent experiences, such as the renewal of the Social Cooperatives and FISM NCAs and attempts at contract harmonisation, demonstrate that coordinated strategies among established social partners can partially counteract cost-containment logics and improve standards.

6. Expected impact

- More homogeneous wages and working conditions across private providers
- Reduced incentives for contractual dumping and opportunistic behaviour among the private care providers
- Stronger and more effective collective bargaining
- Improved attractiveness of the care sector and mitigation of labour shortages

Second Policy Recommendation

Use collective bargaining to improve pay and working conditions to address labour shortages in LTC and ECEC

2. Problems/needs addressed

Both LTC and ECEC subsectors in Italy face persistent labour shortages, closely linked to low wages, high workloads, involuntary part-time, and unstable employment trajectories. Cost-containment policies adopted by public authorities in the delivery of care services, together with outsourcing practices and weak bargaining coordination, have constrained the capacity of collective bargaining to counteract the job quality decline. This, in turn, negatively affects workforce recruitment and retention, as well as the quality of care provision.

3. Recommendation

Social partners should prioritise the upgrading of wages and working conditions in collective bargaining agendas, including reductions in working time, limits to workload intensification, and greater income continuity, while jointly advocating for adequate public funding to support these improvements.

4. Target Actors

- ☒ Trade unions
- ☒ Employer organisations/care providers
- ☐ Bipartite bodies
- ☐ Tripartite institutions
- ☐ Other (specify): _____

5. Rationale and supporting evidence

Wage levels in both public and private care services remain low compared to the rest of the economy and are insufficient to compensate for increasing workloads. Although recent NCAs renewals (specifically the Social Cooperatives NCA in LTC/ECEC and the FISM NCA in ECEC services) have produced significant wage increases compared to the previous agreements, working conditions remain inferior to the public sector, and derogation mechanisms risk weakening implementation. Labour shortages have acted as a catalyst for more collaborative bargaining strategies between trade unions and employers' associations, indicating that job quality improvements are central to workforce attraction and retention.

6. Expected impact

- Improvements in job quality (wages, working time, workloads, employment stability)
- Increased attractiveness of LTC and ECEC professions
- Reduced labour shortages and turnover
- Better continuity and quality of care services

Third policy recommendation

Strengthen trade union organisation and representation capacity in the care sector

2. Problems/needs addressed

Research shows that unionisation levels in the Italian care sector, especially in the private LTC and ECEC services as well as in domestic work, remain low and uneven. Organising workers is especially challenging due to fragmented employment structures, small and atomised workplaces, outsourcing, a high degree of informality, high turnover, and a workforce largely composed of women and migrants. Weak union presence limits workers' voice, undermines collective bargaining coverage in practice, and reduces the effectiveness of industrial relations in addressing poor working conditions and labour shortages.

3. Recommendation

Trade unions should invest in targeted organising strategies for care workers, particularly in the private sector, but also in the public sector, by strengthening workplace representation, expanding outreach through service provision and bilateral institutions, and enhancing coordination across public and private sector union federations.

4. Target Actors

X Trade unions

- ☐ Employer organisations/care providers
- ☐ Bipartite bodies
- ☐ Tripartite institutions
- ☐ Other (specify): _____

5. Rationale and supporting evidence

The findings indicate that union density in private long-term care (LTC) and early childhood education and care (ECEC) services remains relatively low, with higher levels of unionisation primarily found in larger organisations—particularly cooperatives—and within the public sector. In domestic work, isolation, informality, migrant status, and the personalised employment relationship constitute major barriers to collective organisation. Although unions partially reach workers through service provision and individual dispute resolution, this does not consistently translate into political participation or sustained collective engagement of caregivers. Recent organisational innovations, such as the internal coordination strategy adopted by some trade union confederations to bridge public and private representation, suggest that more integrated and sector-specific organising approaches can strengthen union presence and bargaining capacity.

6. Expected impact

- Increased union membership and representation among care workers
- Strengthening of workers' voice in collective bargaining and social dialogue
- More effective enforcement and implementation of collective agreements within workplaces
- Enhanced capacity of industrial relations to improve job quality and address labour shortages