

DEVCOBA

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

WP3 Country Report ITALY

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1. General introduction

This report aims to **analyze a repertoire of actions and initiatives adopted by Italian social partners to tackle three critical dimensions of work in the LTC and ECEC sectors**: 1) the extension of collective bargaining coverage 2) the increase of social partners' membership and the strengthening of collective representation and bargaining and 3) the tackling of labor and skills shortages.

We selected **three case studies** targeting one or more of these critical dimensions. The cases respond to a *novelty criterion*, being either first-time initiatives or initiatives whose strategy and logic present innovative elements compared to past ones.

The first case is that of the **National Observatory and the Network of Regional Observatories on subcontracting and accreditation**, which was created with the latest renewal of the Social Cooperatives' NCA to monitor public tender procedures. The Observatories were established to watch the implementation of the NCA by the contracting companies, to check the procedures and contents of calls for tenders and public procurement, and to verify the timely execution of payments by the public contractor. The case represents a first-time effort at structured collaboration between the social partners and was selected as **an example of an attempt to 1) extend and 2) strengthen collective bargaining in the sector**.

The second case is the “Zefiro” Project, which is a **project for the international recruitment of healthcare assistants for the elderly care sector**, developed by two big catholic non-profit LTC service providers of the Veneto region – Fondazione Pia Opera Ciccarelli and Cooperativa Insieme si Può – under the impulse and direction of the regional branch of the Employers' association UNEBA. **The project represents a first-time attempt to address the labour and skills shortage problem by establishing a structured channel for the influx of qualified foreign workers.**

Finally, the third case is the **“Safe Professions” project** which is a **strategy for the representation of workers in the private care sector (profit and non-profit)** developed in the province of Modena by the local branch of the public workers' union of the CGIL - the FP CGIL Modena - in collaboration with other structures of the local *Camera del Lavoro*. The project was initiated in response to the increase in health and safety issues in the sector and uses individual protection requests as a lever to challenge those employers' organisational strategies that contribute to worsening working conditions. For this reason, **it was identified as a case study that deals with the strengthening of collective representation.**

2. Case Study 1: The bilateral national observatory and the network of regional observatories on outsourcing and accreditation

2.1 Introduction

The bilateral National Observatory on Outsourcing and Accreditation was established in 2024 with the renewal of the National Collective Agreement for Social Cooperatives. The unions participating in the agreement are FP CGIL, FP CISL and UIL FPL (the unions representing public sector workers affiliated to the three main union confederations, plus workers in subcontracted and accredited services in the case of CGIL), and FISASCAT CISL and UILTUCS (the unions representing cooperative workers for CISL and UIL). On the employers' side, the contract was signed by AGCI Imprese Sociali, CONFCOOPERATIVE Federsolidarietà and LEGACOOOP Sociali, which are the three leading organisations representing social cooperatives.

The contract establishes the creation of a bilateral National Observatory and a network of Regional Observatories, focusing on subcontracting and accreditation, which will be responsible for monitoring the procedures and contents of public calls for tenders and ensuring the rightful implementation of the Social Cooperatives' NCA across the country. The case was selected as a **novel example of collaboration between the Social Cooperatives and the Unions, responding to two of the critical dimensions of work in the care sector: 1) the extension and 2) the strengthening of collective bargaining.**

The analysis of the case is based on four semi-structured interviews with national officials from FP CGIL, CONFCOOPERATIVE Federsolidarietà, LEGACOOOP Sociali, and AGCI Imprese Sociali, who were directly involved in the creation and implementation of the Observatory. Two of the interviewees are the current Coordinator and vice-coordinator of the National Observatory, while one is the Coordinator of the Regional Observatory of Emilia Romagna. The data collected through the interviews was complemented by the analysis of the text of the Social Cooperatives' NCA and by information collected during the interviews conducted for WP2.

2.2 Description of the case

2.2.1 What are the Observatories? Structure and tasks.

The National Observatory is composed of 12 members, divided equally between unions and employers' organisations, and defined as *Coordinamento* (Coordinating Body). The *Coordinamento* elects a coordinator and vice coordinator, according to a bilateral representation criterion, and their mandate lasts 3 years. The current Coordinator is the national president of CONFCOOPERATIVE Federsolidarietà, while the vice coordinator is a member of the national secretariat of FP CGIL. The Structure of the Regional Observatories mirrors exactly that of the National Observatories. All observatories should meet at least every four months, with the possibility of increasing the frequency of meetings as needed.

The official tasks of the Observatory, as listed in the National Cooperatives NCA, are:

- The monitoring of the **full application of the NCA by the contracting companies.**
- The monitoring of the **procedures and contents of public calls for tenders.**
- The monitoring of the **procedures of the public procurement system** and of the **timely execution of payments by the public contractor.**

The information necessary for the monitoring activity is collected through the **Regional Observatories, which are responsible for monitoring the procedures and outcomes of local calls for tenders, collecting data, and signalling or contesting anomalies to local administrations.** Their focus is on municipal call for tenders, regional accreditation systems, and the tenders issued by prefectures for services that fall under ministerial jurisdiction. More in detail, the regional observatories are responsible for:

- monitoring local call for tenders and **ascertaining the adequacy of the starting bidding price**, ensuring that the public contractors have considered the cost of the implementation of the NCA into their offer and have recognised the right skills' profile of the workforce necessary to implement the service (and, consequently, its cost).
- **Monitoring and evaluating the design of the awarding criteria** and, when necessary, reporting issues, submitting requests for clarification, or raising concerns regarding the regularity of the tender procedures and outcomes.
- **Overseeing the correct application of social clauses**, which are the rules regulating workforce retention in the case of contract reassignment within public procurement procedures.
- **Monitoring the timeliness of service payments by the public contractor** and the proper implementation of the procedures for adjusting the price of an ongoing service following tariff increases.

The Regional Observatories report the results of their activity to the National Observatory, which, in turn, can use this information to draft joint documents and national reports assessing issues and concerns across the country. While the National Observatory primarily has a coordination role, it also has the task of monitoring national-level tender frameworks. Moreover, it tracks the development of relevant legislation at the national level and uses all the collected information to implement its dissemination and lobbying activities.

2.2.2 Goals and strategies of the National and Regional observatories

The creation of the Observatories is deeply connected to the political process of renewing the Cooperatives' NCA. During the latest renewal round, the social parties found common ground in the necessity of fighting those structural mechanisms that favour downward competition in the allocation of contracts for public services. As elaborated in the WP2 report, both the Unions and the Social Cooperatives are negatively impacted by the type of competition created at the intersection of a fragmented and competitive bargaining system and the systematic use of externalisations and outsourcing for cost-containment purposes. Non-profit employers have been losing organisational autonomy and are threatened by cut-throat competition from purely profit-oriented employers.

Meanwhile, their inability to properly remunerate and valorise workers within the current system has led to the intensification of the labour shortage problem.

Being, on the one hand, aware of the historical and economic moment that local authorities are going through, and, on the other hand, also aware that we would have struggled on our own, we asked for an alliance with the unions to jointly request recognition of the new tariffs. (Interview 2)

Unions, on the other hand, find themselves negotiating improvements within a narrow range of manoeuvre due to insufficient service funding and competition from NCAs signed by scarcely representative organisations.

The tender specifications and the procedures for awarding contracts under the accreditation system essentially concern the very livelihood of the workers. For this reason, [...] the adequacy of the tariffs is fundamental to ensure the payment of fair wages and the correct application of the National Collective Labour Agreement; it is one of the key and principal elements. (Interview 1)

The activity of the Observatories is supposed to complement the renewal of the NCA by providing support for everyday lobbying activities around shared goals:

- **Strengthening of the social cooperatives' NCA and prevention of downward competition:** This goal is to be achieved primarily through **monitoring** and **lobbying**. In general, the monitoring activity should allow the social parties to influence the implementation of the fairest contract procedures possible within the context of the current legislative framework, **preventing the distorted application of the “cost saving” principle in call for tenders**. In other words, it should **prevent underbidding under a certain threshold** by ensuring that the starting bidding price reflects all the elements of the service cost – including **a calculation of the labor cost that is based on the tariffs set at the national level considering the most representative NCA**, which is currently the Social Cooperatives' one. The monitoring activity should also enable social partners to verify that the public contractor adheres to the rules set out in the national code for public calls for tenders, regarding the revision of the service price during performance in the event, for example, of an increase in labour costs through an NCA renewal.
Monitoring is, in practice, a form of **soft enforcement**, as observatories cannot draft legally binding documents; however, they can leverage the institutional and political power of their member organisations to put pressure on their public counterparts through reporting. The Observatories wish to **leverage this institutional and political power also for lobbying purposes**, especially towards regional governments, to incentivise the adoption of the principle of the most representative NCA and mid-contract price updates, as well as **in the regional guidelines for accredited services**.
- **To gain public recognition for the importance of care work and the social and health services sector, and to increase investment in the sector.** The gathering of data on local contracting practices should be used to support a joint lobbying activity for the recognition of the social and economic value of the sector.

It serves a political function, in addition to its technical role. The political function is to shine a light on the sector and all the distortions that exist within it [...] Because, if someone does not recognize the political value of those who deliver a public service on their behalf—and refuses to acknowledge the necessary tariff increases—then we are facing a severe problem. And on that point, we must put pressure, through diplomatic or more forceful means, because it is a matter of the sector's survival. (Interview 3)

- **Strengthening of the cooperation between the social partners.** By establishing permanent venues for dialogue and discussion, the observatories should facilitate the continuation of this coordination experiment between the unions and social employers. The ambition is to create these venues where they do not already exist, and to strengthen concertation in those territories that already have such a tradition.

2.3 Outcomes and Limitations

Although the creation of the observatories is relatively recent, it is already possible to list a few practical outcomes of their activities and outline some of the potential limitations of the project.

2.3.1 Outcomes: What has been achieved so far?

The first result identified as a significant political achievement by all social partners is the establishment of the Regional Observatories. This outcome was not taken for granted, given the lack of a solid relationship between the social partners in several regions and territories. A previous attempt to create permanent venues for resolving local disputes – the Joint Equal-Representation Committees (Comitati Misti Paritetici, hereinafter JEC), established with the 2017 renewal of the NCA – had yielded mixed or negative results. The JECs had only been created in those regions that had a consolidated industrial relations system and a tradition for confrontation and concertation (like, for example, Emilia Romagna, etc.). Instead, **within one year of the NCA signing, all Regional Observatories have been established, and these collaborative efforts have resulted in the establishment of several new regional JECs.**

Together with this key outcome, it is possible to observe the **first results of the monitoring activities.** The Regional Observatories have begun their monitoring activities, as has the National Observatory. Specifically, **the National Observatory has successfully contested the contents of the directive issued by the Interior Ministry for migrant reception services in 2024.** The framework directives comprise regulations and procurement procedures that local prefectures must adhere to when issuing calls for tenders. The observatory signalled that the reference tariffs listed in the directives were calculated based on the 2017-2019 NCA rather than on the most recent one, obtaining a subsequent update. It also contested the apparent creation of a hybrid profile between the “social service operator” and the “socio-sanitary operator”, which shared some of the tasks from one or the other, a profile that does not currently exist in any NCA. The Ministry then revised the formulation to eliminate any potential ambiguity.

In terms of lobbying for the strengthening of the NCA, the observatories participated in discussions on increasing regional tariffs in several regions. For now, only Emilia Romagna has approved an increase (by collecting funds through regional tax increases), but Lombardia and Veneto are also far along in the process. Other regions, such as Toscana, Marche, Friuli, and Umbria, have

initiated local debates, while the others lag behind. These processes, however, should not be accounted for as direct results of the observatories, but as the outcomes of general coordination efforts within a favourable political and institutional context.

Finally, **in terms of lobbying for the sector**, the National Observatory has initiated **a discussion table with the ANCI (the national association representing Italian municipalities) to lobby for the across-the-board recognition of contractual increases**. This is an essential first step, considering that municipalities are heavily affected by budget cuts and have been lobbying in turn to mitigate the impact of mid-contract tariff changes.

2.3.2 Limitations

Besides some structural and institutional limitations to the effectiveness of the action of the observatories, the most significant limitations are political ones:

- **The major political obstacle is that, so far, there seems to be no national political willingness to invest in the care sector systematically.** At the same time, **the political climate varies significantly from one territory to another.** This condition, in turn, favours a defensive stance among local administrations and their representatives, who must provide local services within the limits of severely constrained budgets. In practice this has meant that within the contest of the most recent reform of the national code for public call for tenders, **municipalities have lobbied for – and obtained – the introduction of exemptions and limitations to mid-contract price revisions** for those ongoing public contracts that had not regulated price adjustments in the original call for tender. **This reduces the effectiveness of the monitoring activities of the Observatories on ongoing contracts.**
- Besides partially hindering the efficacy of the monitoring activity on tariff increases, this situation **could create tensions between unions and Cooperatives around the full implementation of the pay raises stipulated in the NCA.** While the NCA establishes an overall pay increase to be distributed over several instalments, it also introduces the **institute of the gradual implementation**: Cooperatives lamenting intense economic hardship can ask for a delay in the implementation of the raises, to be evaluated, case by case, by the regional JECs. While, so far, the general climate of cooperation that surrounded the renewal has prevented the premature activation of the instrument (in the first year of life of the NCA there was no request for a delay in the payments), in the absence of mid-contract revisions some cooperatives might decide to activate the procedure – **which could lead to tensions between the employers and the unions at the local level, especially in those territories where relations have been traditionally strained.**

2.4 Conclusions

The creation of the National Observatory and the Regional Observatories for subcontracting and accreditation represents an **innovative experiment in coordination around common goals** between social partners operating in the socio-sanitary sector. It is **too soon to assess whether its activities can significantly reduce the impact of dumping strategies in the procedures for**

externalising public services and consequently ensure the application of the most representative collective agreements. If properly implemented, **it could address both critical dimensions by providing a lobbying platform for reforming the socio-sanitary sector and improving** service and working conditions. So far, its most important outcome was to **create multiple venues for coordination and dialogue between the social partners**. Considering the current political climate, **the major challenge for the experiment will be to maintain this dialogue in the face of the pressures and tensions derived from the process of implementation of the NCA**, especially in those areas of the country where industrial relations have been traditionally more tense (or weak) and where there is an unfavourable political context.

List of Interviews

Interview Code	Type of Organisation	Role and Organisation
1	TU	Union Official, National Secretariat of FP CGIL, Vice Coordinator of the National Observatory
2	EO	President of Confcooperative Federsolidarietà, Coordinator of the National Observatory
3	EO	President of Legacoopsociali
4	EO	Vice President of AGCI Solidarietà, Coordinator of the Regional Observatory of Emilia Romagna
Relevant Interviews from WP2		
5	TU	Union Official, National Secretariat of FP CGIL
6	EO	President of Confcooperative Federsolidarietà, Coordinator of the National Observatory
7	EO	(Former) President of Legacoopsociali
8	EO	Vice President of AGCI Solidarietà, Coordinator of the Regional Observatory of Emilia Romagna

List of documents consulted

AGCI IMPRESE SOCIALI, CONFCOOPERATIVE FEDERSOLIDARIETA', LEGACOOP SOCIALI and FP CGIL, FP CISL, FISASCAT CISL, UIL FPL, UILTUCS (January 1, 2024) *Verbale*

dell'accordo di rinnovo del CCNL Cooperative Sociali: January 1, 2023 to December 31, 2025.
<https://www.fpcgil.it/settori/terzo-settore/cooperative-sociali/contratto-nazionale/>

AGCI IMPRESE SOCIALI, CONFCOOPERATIVE FEDERSOLIDARIETA', LEGACOOP SOCIALI and FP CGIL, FP CISL, FISASCAT' CISL, UIL FPL, UILTUCS (2019) *CCNL Cooperative Sociali: January 1, 2017 to December 31st, 2019.* <https://www.fpcgil.it/settori/terzo-settore/cooperative-sociali/contratto-nazionale/>

3. Case Study 2: The “Zefiro” Project

3.1 Introduction

The Zefiro Project is a project for the recruitment of international workers for the elderly care sector, developed by two big catholic non-profit LTC service providers of the Veneto region – Fondazione Pia Opera Ciccarelli and Cooperativa Insieme si Può – under the impulse and direction of the regional branch of the Employers’ association UNEBA (the most representative employer’s association of catholic non-profit care service providers in the LTC sector). The activities of the project are supported by the Samaritanus Foundation, a foundation established by the Catholic employers’ associations ARIS and UNEBA as a platform for convergence and collaboration among Catholic and Christian-inspired healthcare, socio-health, and social welfare organisations.

The Zefiro project was ideated between 2024 and 2025 and was officially launched in April 2025, following the necessary ministerial approval. Zefiro was developed in response to the intensification of the shortage of *healthcare assistants* in the LTC sector, and it represents a first-time attempt to systematically structure and organise regular in-migration channels for these professional figures.

The project was selected as a case study because it aims to address the critical issue of labour and skills shortages in care work by systematically increasing the labour supply. This is a different logic from that followed in recent NCA renewals, which focused on the valorisation of the sector through the overall improvement of working conditions and wages. In a situation of scarcity of resources and where the chances of a systematic investment in the development of the sector are low, lobbying for the formalisation of (care) migration influxes presents itself as an alternative strategy to job quality improvement.

The analysis of the case is based on two semi-structured interviews conducted with the project’s coordinator, supplemented by an analysis of relevant documents, including the press release for the project's launch, its website, and presentation materials produced by UNEBA Veneto to introduce the project to its network.

3.2 Description of the case

2.1 What is the Zefiro project? Functioning and structure.

Still in its early stages of development, the Zefiro project has been designed to recruit international personnel to serve as care assistants in **facilities located in the Veneto region**. The project aims to **provide a stable channel for the influx of foreign qualified workers into the local care system**. The plan is to recruit workers who have been trained as care assistants in their home country and provide them with the necessary training to match their skills profile to the qualifications required by the Italian LTC care system.

Workers are recruited through a network of Catholic church schools and institutions, as well as non-profit Catholic associations, foundations, and providers. The Samaritanus Foundation has sponsored the creation of several agreements with international Episcopal

Conferences, particularly with Peru – the country of provenance of the first group of workers recruited within the Zefiro project – with Tanzania, with Sri Lanka and, more recently, with Kerala (India).

Within the project, the workers receive the required language and technical training to obtain the qualification of *Operatore Socio Sanitario* (OSS, Socio-Sanitary Operator), which is the qualification necessary to perform auxiliary nursing tasks. This qualification is in high demand, as the health conditions of the population in need of care, particularly those arriving in care residences, have been deteriorating over time.

The workers are initially screened by their home institution and then undergo a remote interview process. The first stages of complementary training also occur remotely, while the second part is delivered in Italy, where workers receive training while on the job. They typically begin at a basic qualification level, usually as an Assistente di Base (ASA), a professional figure who performs basic personal care tasks and supports the work of healthcare assistants. While working, the workers receive the second part of the linguistic and technical training necessary to obtain the OSS qualification. The content and length of this training are expected to vary depending on the content of the training in the country of origin and how closely it matches the Italian requirements. Regarding language skills, it is expected that workers will reach a certifiable A2 level of Italian before moving to Italy, while they need to achieve a B1 level to obtain the OSS qualification. The language training is delivered with the support of an external language training company, while recruiting and technical skills training are provided by internal resources, particularly those of the cooperative *Insieme Si Può*, which is also a registered staffing agency.

In the first phase of the Zefiro project, workers are being selected to work directly for the facilities and services provided by the Foundation and the Cooperative. In a second phase, other social employers will be able to utilise the structure and resources established for the project in exchange for financing the recruitment activities.

2.2 Goals and Strategies of the Zefiro Project

The project was created to provide a systematic response to the intensifying problem of the shortage of qualified labour in the local LTC sector. As illustrated in the WP2 report, the issue of labour and skill shortages in the private Italian LTC sector is a problem that has been intensifying significantly over the past five years, especially since the public sector initiated a hiring campaign in response to the COVID-19 pandemic crisis. The pandemic also accelerated a broader trend of sector abandonment, with fewer people willing to enter the profession and an increasing number of employed healthcare assistants deciding to exit the sector due to increasing workloads and deteriorating working conditions. According to the president of UNEBA Veneto, however, the shortage of workers also depends on structural population trends that are independent of the sector and that exacerbate the current shortage problems, making it impossible, in his opinion, to tackle the issue exclusively by improving the attractiveness of the job to native or long-term resident workers.

So, whether we like it or not, the global population is growing while the Italian population is shrinking. And it's not just Italy—it's all of Europe. According to statistics, over the next twenty years, Europe will be short a

hundred million workers across all sectors. I'm not just talking about care workers or physiotherapists—this is an issue affecting every industry. (Interview 1)

Along this line of reasoning, several individual employers throughout the region had already begun to establish bilateral agreements for the recruitment of international workers, primarily nurses but also healthcare assistants.

An opportunity for the development of a more structural strategy was provided in 2023 by the approval of an **amendment to the national Immigration Act** (*Testo Unico sull'Immigrazione*)¹. The amendment created an exception to the *annual entry quotas* set by the Immigration Flows Decree (*Decreto Flussi*). The so-called quotas are the maximum number of non-EU foreign nationals who can enter Italy each year from abroad for work purposes. The amendment establishes that, in those economic sectors where trade associations have officially reported a labour shortage problem, non-EU citizens who have completed vocational and civic-linguistic training programs approved by the Ministry of Labour can obtain a work permit *outside of* the annual quotas. **With this amendment, while continuing to abstain from coordinating international recruitment processes, the government facilitated the expansion and development of private recruitment initiatives.**

In this context, the project was created with the ambition of:

- **Gradually replacing bilateral agreements between individual employers and foreign institutions and coordinating the management of international recruitment in the region:** Although the initial stages of the project are handled mainly by the two founding service providers, **the ambition is for the project to evolve to provide support to all the employers who want to resort to international recruitment**, especially those who do not have the internal means and resources to autonomously set up bilateral agreements and training. To support this effort, **non-profit confessional service providers can mobilise a vast international network of actors connected to the catholic church**, which allows them to set up international programs without the support of the state.
- **According to its creators, the project should lead to the reduction of uncertainty and costs inherent to transnational hiring processes:** The program aims for **the standardisation of the evaluation of requirements and skills**, which would reduce the information gap at the time of hiring and therefore also the skills-mismatch risk for employers hiring from abroad. To this end, **the Foundation Samaritanus is also collecting the necessary data for classifying international schools, which is the first step in establishing equivalence criteria.** By relying on their global network to obtain the required information, Catholic employers are again **replacing the state in the governance of international migration.**
- **The broader ambition is to turn Zefiro into a model for the development of similar initiatives in other regions.** To this end, UNEBA Veneto is conducting a dissemination and information campaign with the support of UNEBA Nazionale.

¹ Law 50/2023

3.3 Results and Limitations

The Project is still in its **first phase of development**, making it too soon to evaluate its impact. The first group of workers began remote training in late March 2025, immediately after the ministerial authorisation was issued, and will arrive in Italy in June of the same year.

There is evidence, however, that the project has generated interest amongst employers. UNEBA Veneto has launched its information campaign, and several local employers and associations have started to reach out for information. Moreover, UNEBA Veneto has been contacted by UNEBA Lombardia and UNEBA Friuli to consult on the details and assist the two regional branches in setting up their projects.

While it is also too soon to assess the project limitations, it is possible to **foresee some of the practical obstacles** that will need to be faced once the project takes off and grows in volume:

- The main issue will be the **tailoring of the recruitment process to groups of workers who have received different standards of training depending on the codification of the qualification of healthcare assistants** in their home country. A similar issue arises concerning the tailoring of **language training**.
- **The other main issue will be to guarantee retention levels and limit turnover.** Workers' propensity to stay might be enhanced by the administrative and day-to-day support received within the project (according to plans). However, **working conditions in the Italian private care sector remain inferior to those in the public sector and those in other European countries, which may provide an incentive for workers to leave.** If the move to Italy might represent an initial improvement in the economic conditions of the workers involved, the fact that the average income in the sector is not keeping pace with the increasing cost of living in the country may lead to a later exit.
- Connected to the issue of retention, there is the **practical matter of housing scarcity and solving it will require a structural effort as the number of workers recruited through the project increases.**
- Finally, the employers will have to deal with the lack of structured support from the state and with the possibility that migration regulations will be tightened again, which introduces uncertainty in future programming.

Most of these obstacles stem from a care governance model that devalues care work in general and migrant work in particular. UNEBA argues that this project is working against this model by building a virtuous alternative to informal networks and to one-on-one commercial agreements handled by for-profit staffing agencies (that are currently trying to expand their activities to transnational staffing). However, this solution might continue to place the cost of cost containment on migrant workers. It is true that the project provides bureaucratic support and ensures the formalisation of the employment relationship. Moreover, following the social cooperatives, UNEBA has recently renewed its NCA, providing partial compensation for inflation. However, the model of the employment relationship within this project is still based on the concept of "vocation" and "community of values", which, while being an essential part of non-profit work, has been obscuring the necessity of improving working

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[conditions. The expectation that the vocational aspect of the job will continue to compensate for substandard working conditions and wages might indirectly hinder efforts to valorise care work and achieve the necessary reforms.](#)

3.4 Conclusions

The Zefiro Project is a first-time experiment in systematising international recruitment strategies to address the labour and skills shortage in the LTC sector. The idea of the project is not just to expand the labour offer, but to ensure that the workers recruited possess the required skills, and to reduce the costs of the hiring process by addressing bureaucratic obstacles and narrowing information gaps. It is too soon to assess whether this strategy will lead to the actual systematisation of international recruitment processes and a stabilisation of the workforce influx. The expansion of the project will require additional investment, including human resources and dedicated spaces for project activities, as well as housing for the workers involved. [It is unclear whether this project can provide a long-term solution to the labour shortage problem.](#) The biggest challenge will be to provide international workers with sufficient incentives to stay in the medium to long term in a system that, for now, is failing to reward work in the care sector adequately.

[It also remains to be evaluated whether a project based on expanding labour supply will continue to place the cost of cost containment on migrant workers and whether this solution will ultimately represent an alternative to structurally improving job quality in the sector.](#)

List of Interviews

Interview Code	Type of Organisation	Role and Organisation
1	EO	President of UNEBA Veneto (*regional branch of UNEBA)
2	EO	President of UNEBA Veneto

List of documents consulted

UNEBA Veneto (2024, October 11th) *Assistenza ai fragili, formazione, valori – Il Progetto Zefiro porta dall'estero gli operatori sociosanitari per gli enti Uneba Veneto* [press release] <https://www.uneba.org/oss-stranieri-per-gli-enti-uneba-formati-in-istituzioni-cattoliche-progetto-di-uneba-veneto/>

Facci Francesco (2024, October 11th) *L'Impegno di Uneba nella cura di chi cura* [Presentation]. Convegno Uneba nazionale “Valori e valore nella cura della persona anziana”. <https://www.uneba.org/oss-stranieri-per-gli-enti-uneba-formati-in-istituzioni-cattoliche-progetto-di-uneba-veneto/>

Websites

<https://progettozefiro.it/>

<https://www.fondazionesamaritanus.org/>

4. Case Study 3: The “Safe Professions” Project

4.1 Introduction

The "Safe Professions" project (*Progetto Professioni Sicure*) is a **strategy for the representation of workers in the private care sector** (profit and non-profit) developed in the province of Modena by the local branch of the public workers' union of the CGIL - the FP CGIL Modena - in collaboration with other structures of the local *Camera del Lavoro* (lit. Chamber of Labour, the local organisation unit of CGIL), in particular with the Welfare Office (in Italian the *Patronato*, the institution of the CGIL responsible for the provision of welfare services), the Compensation Office (the *Ufficio Risarcimento del Danno*, responsible for legally supporting the workers in the filing of compensation claims), and the Health and Safety Department, which is the local office responsible for handling relations with the relevant public authorities on health and safety issues. The project was initiated in 2022 in response to the increasing number of individual requests for protection and support related to health issues from this constituency.

The project **has been identified as a relevant case study because it attempts to address the critical dimension of developing collective representation in the care sector**. Within the scope of the study, the case is especially relevant for LTC, as the majority of protection requests within the project have so far come from this sector. However, educators in the ECEC sector are also part of the target population.

The analysis is based on five semi-structured interviews – three with union officials responsible for implementing the project and two with representatives of the locally most relevant employers' organisations in the sector (Legacoopestense and Confcooperative) – and on a review of documents related to the project's development and implementation. Moreover, the analysis is based on data collected by the union through the project activities, which were reorganised and elaborated together with the researcher over several working sessions, where the contents and goals of the project were also repeatedly reviewed. The collected data includes demographic information, such as workers' ages and sex, as well as details on the reasons they sought union support, the development of their protection processes, and the outcomes of concluded disputes. Specifically, the data covers the results of union or legal disputes (supported by a category-specific lawyer), as well as outcomes of requests for recognition of occupational diseases, disabilities, work-related injuries, and applications for the single allowance, supported by the Patronato and INCA. Additionally, data has been gathered on the activities of the Compensation Office and of the Health and Safety Department, which maintains relations with the SPSAL (the Local Health Authority's Workplace Prevention and Safety Service) and the Collegio Unico del Lavoro. The department is responsible for reporting issues to the former and contesting workplace medical evaluations to the latter.

4.2 Description of the case

4.2.1 Project Structure: What is the “Safe Professions” project

The FP CGIL Modena created the “Safe Professions” project in response to the **growing number of workers’ support requests for workplace issues stemming from the onset of health conditions that impair workers’ ability to perform job tasks.**

“The numbers keep rising, occupational diseases are increasing. A few years ago, we practically had none. In just three years, they have more than tripled.” (Interview 1)

Most of the workers approached the union after receiving a medical evaluation from the Medico del Lavoro that formally prescribed a partial or total abstention from certain work tasks due to the emergence of specific health problems. Following this assessment, the workers are often put on unpaid leave or, as an alternative, their working hours are reduced and/or they are reassigned to a different service under unfavourable conditions. In the case of workers who exceed the maximum statutory sick leave period, they can be directly dismissed.

To tackle this growing demand, the union set up an articulated representation strategy composed of several elements and activities:

- 1) **A data collection effort:** all the structures involved in the project participate in pooling the data derived from each office’s activity, creating a database that the officers keep constantly updated. This effort enables the coordination of activities across various offices.
- 2) **The training of union representatives on health and safety issues and how to effectively provide answers and solutions to workers.**
- 3) **The organisation of rounds of assemblies** across the major service providers in the province to disseminate information, collect grievances and make the project known.
- 4) **The organisation of discussion tables with service providers.**
- 5) **The organisation of public awareness-raising events** involving service providers, the municipality, and relevant public authorities, such as the inspectorates, INAIL, and SPSAL.
- 6) **The strategic planning of lawsuits** to contest workers' suspensions and terminations following the emergence of health problems **and disputes** challenging the contents of the assessments of occupational diseases from public authorities.

4.2.2 The context: The worsening of working conditions and the deterioration of the care workers’ health

The high concentration of severe health and safety issues among the workers within the project is due to the fact that workers typically seek union support when their conditions have deteriorated to the point of jeopardising their employment. However, there is reason to believe that this surge reflects a broader trend in the sector. The cross-referencing of data produced by the Welfare Office, by the Modena Chamber of Commerce, and figures provided upon request by private sector operators in the province seems to confirm a **general increase in the incidence of health and safety issues.**

Based on data filed with the Modena Chamber of Commerce in the third quarter of 2023 and on figures provided by individual service providers in response to a formal request from the category, the Public Service of Modena estimates that the social and healthcare sector in the province employs over

7,000 workers across more than a hundred services. These include residential care homes for the elderly, home care services, day centres, assisted living apartments, and residential and day centres for people with disabilities. Of these workers, over 5,000 are employed by social cooperatives, with nearly 2,000 working for the two largest cooperatives in the area. Additionally, around 600 are employed by local public entities, particularly ASPs (Public Social Assistance Agencies). Within this workforce, the Welfare Office reports that between 2021 and 2023, 152 workplace injury claims and 39 occupational disease claims were filed. Among the approximately 2,000 cooperative workers, the cooperatives themselves report that hundreds of employees have been prescribed partial working limitations, while cases of both temporary and permanent total disability are on the rise. For example, in one cooperative, the number of total or partial unfitness assessments rose from 0 in 2021 to 14 in 2023, highlighting a worsening of staff health conditions.

The data also confirms that this issue is more relevant in the private sector (both accredited and non-accredited) than in the public sector. According to the calculations of the Welfare Office, the number of claims filed for the recognition of occupational sickness between 2021 and 2023 in just one of the two primary cooperatives is equal to the total number of claims filed across both of Modena's public healthcare companies.

The most common health and safety issues detected by the FP CGIL Modena involve:

- **Musculoskeletal disorders (MSDs)**, particularly affecting the lumbar and cervical spine, with a more recent rise in shoulder-related conditions. In Italy, the latter are still not systematically recognised as a typical occupational disease in the sector.
- **Psychological and psychiatric disorders**, which are on the rise and are beginning to be acknowledged as occupational diseases, though they typically receive lower disability ratings compared to physical conditions.
- Furthermore, **workplace injuries** related to assaults by patients or service users appear to be on the rise, often leading to psychological or psychiatric conditions as a result.

The assessment of the FP CGIL Modena is **in line with the general trends for the sector observed by the European Agency for Safety and Health at Work**, whose latest report (2024) confirms that **workers in the health and social care sector – especially healthcare workers and residential care workers – are on average more exposed to MSDs and psychosocial risk factors than any other group of workers.**

Like the EU-OSHA report, data collected by the FP CGIL Modena indicate that the decline in workers' health is correlated with the ageing of the workforce. Based on social balance sheets from cooperatives, their responses to formal data requests, and demographic records from the Chamber of Labour, the Public Service of Modena estimates that 30% of workers in the sector in the province are over 50 years old. However, **the analysis of project data suggests that worsening health conditions might not be solely attributable to the ageing of the workforce.** The decline in

workers' health also affects employees who are in the middle of their careers or beyond, but still far from retirement. The recorded cases are evenly distributed across the age groups 40-49 (10 cases), 50-59 (11 cases), and 60-69 (10 cases). Moreover, even in the 40-49 age group, the severity of health conditions was significant.

According to the FP CGIL Modena, **the worsening of working conditions emerges as a key factor in the deterioration of care workers' health.** While the OSS (Social-Health Operator) role was already considered strenuous and poorly paid, the union has observed a further deterioration in working conditions since the post-pandemic period. **This decline is mainly due to the worsening health of the elderly population, with cases of dementia and other severe conditions on the rise.** Both public and private care services are struggling to cope with this increasingly complex demand. This assessment aligns with the EU-OSHA report.

"Residents in elderly care facilities now have increasingly severe and complex conditions. Nearly all of them are non-self-sufficient, which wasn't the case a few years ago; there used to be a more diverse mix. Now, almost everyone requires full assistance, making the workload for caregivers significantly heavier." (Interview 1)

The worsening of working conditions has led to an exodus of workers from the sector, creating a labour shortage that, in turn, results in longer and more intense shifts, as well as an increasing reliance on last-minute call-ins. The burden of service disruptions is shifted onto the remaining workforce through intensified workloads and increased work volumes. This vicious cycle further deteriorates the working conditions of those who remain.

The situation is further exacerbated by employers' inability to address the organisational consequences of heightened workloads and demands. In response to the growing number of negative health assessments, many employers have adopted strategies aimed at pushing workers out of the sector rather than accommodating them.

"There's been a huge increase in job restrictions or unfitness for specific roles, and companies are struggling more and more to reassign these workers. If an OSS (Social-Health Operator) can no longer perform their duties, a municipal employee might be reassigned to a civil registry office. But in a cooperative, where there's far less flexibility, it becomes really complicated." (Interview 1)

Another symptom of the sector's organisational failure is the lack of support for workers facing extreme situations, such as violence from patients. According to the union officials, **the intensification of the psychological and emotional burden —combined with the worsening conditions of the patients— is one of the key drivers behind the increasing relevance of mental health issues such as anxiety, panic attacks, and depression among workers in the sector.**

4.2.3 Goals and Strategies of the Safe Professions Project

The increase in the incidence of health issues amongst care workers speaks to the necessity of improving working conditions in the sector, a task that, as detailed in the WP2 Report, is complicated by the **difficulties encountered in building strategies for collective representation.** Across the entire care sector, membership numbers are relatively low (although slowly increasing), and the organisation of collective action is hindered by several factors that make workers more vulnerable and less likely to participate in collective action. The frequent isolation of the workforce in their daily

activities further reduces the propensity to tackle issues collectively, and workers predominantly approach the unions individually.

Locally, **the emergence of complex organisational problems stemming from the rise in health issues has further complicated this picture. Still, it has also created the incentive for a strategic shift in approach to representation in the sector.**

The situation described in the previous paragraph has gradually led to a deterioration in labour relations, even in a province like Modena, where relationships with major service providers—primarily cooperatives—have traditionally been well established. The project's data confirms that, while many cases are still resolved through informal or formal agreements with the union, a significant number have escalated to legal proceedings.

"To be fair, I do manage to resolve or at least provide a partial response to most issues through union channels. That means I step in, request a meeting, send a letter, and try to find a solution. [...] But the number of cases we can't resolve at the union level is increasing. [...] Since the number of cases is rising, even the cooperatives tell us: 'Before, we could meet and find a quick reassignment; now, that's no longer the case—resources have shrunk.' [...] The majority of cases that end up in court are related to fitness or unfitness for duty, failed reassignments, and dismissals for exceeding sick leave limits—sometimes involving workers with disabilities." (Interview 1)

This shift posed a strategic challenge for the union. Traditionally, labour disputes in the sector were managed through strong institutional relationships, which allowed for individualised solutions—often through informal channels—or through facilitated exit agreements with financial compensation. While in some cases, workers themselves sought these agreements, this approach proved inadequate in addressing the broader, systemic deterioration of workforce health conditions.

As a result, the coordinated efforts of the FP CGIL and the Chamber of Labour have focused on **changing this approach, shifting from case-by-case solutions to more structured, organisational responses:**

- The ambition is to use **individual protection requests as a lever to challenge those employers' organisational strategies that contribute to worsening working conditions.** By systematically challenging terminations and suspensions, the union aims to put pressure on employers to negotiate improved workforce management practices that respect work-life balance and the health of workers. The primary objective is to establish regular working schedules and ensure sufficient rest time between shifts.
- Moreover, the FP CGIL Modena aims to go beyond interactions with individual service providers and foster systemic interventions at the territorial level by strengthening **local-level NCAs.** The union has elaborated a series of proposals that she would like to be implemented through collective bargaining: 1) **The establishment of a joint commission** to monitor occupational diseases in the sector and identify shared prevention and damage mitigation strategies; 2) The creation of **compensation funds** to support workers whose contracts are reduced due to job-related health issues; 3) **The development of widespread redeployment practices** through cooperative networks to ensure workers with restrictions can be reassigned; and 4) **The implementation of training and requalification programs** for those deemed

entirely unfit for their original roles - potentially financed through interprofessional training funds.

To pressure their counterparts to acknowledge the problem and favour structural solutions, **the union has promoted a public discussion on the state of the social and healthcare sector**, involving employers' associations, the local government and key public entities, such as INAIL - the Italian National Institute for Insurance against Accidents at Work, responsible for managing mandatory insurance for work-related injuries and occupational diseases - and SPSAL - the Italian regional health service unit accountable for workplace health and safety inspections, enforcement, and prevention activities. The objective is to **frame worker health as a public policy issue**, making it a fundamental aspect of the design, management and evaluation of care services.

- **The legal advocacy component** of the project plays a crucial role in **updating the definitions and risk assessments associated with social and healthcare work**. By challenging inadequate assessments and filing appeals with SPSAL, the union seeks to **expand the concept of "risk" in care work** and **broaden the definition of occupational diseases** in the sector. This includes questioning the effectiveness of risk assessment criteria, which are criticised for inadequately evaluating postural risks. Expanding these evaluations could lead to the recognition of a broader range of work-related conditions, such as shoulder disorders and mental health issues (burnout, depression), as occupational diseases.
- **One of the expected outcomes of transforming individual disputes into collective action is an increase in union membership**. Individual protection services already serve as a key driver of union affiliation. However, the project's ambition is not just to increase numbers but to improve the quality of this membership by 1) **Incentivising a more stable individual union affiliation** through the strengthening of individual support and counselling services and 2) **Fostering a more conscious and engaged form of union participation**, moving away from a model where membership is purely service-oriented.

This approach **extends beyond health and safety issues to other workload-related concerns**, including staff shortages and resource reductions. Specifically, this includes **individual claims regarding vacation time, leave, and shift organisation**. Due to understaffing, employers are increasingly rejecting leave requests and imposing heavy work schedules, such as back-to-back night and morning shifts. By addressing these issues collectively, the union aims to **raise awareness among workers and establish itself as a trusted reference point for them**. For this purpose, they have implemented a round of workplace-targeted assemblies to raise awareness and share information, and conducted targeted training for **workplace representatives**. Representatives play a crucial role in **informing and mobilising colleagues** on workplace issues, **connecting individual grievances to broader structural problems** and **encouraging active participation** in union actions and negotiations. The union has been **investing in the training** of workplace representatives. It has allocated part of the project's budget to integrating a selected representative into **the union structure**, in support of the project activities.

4.3 Project Outcomes and Limitations

Regarding **the ambition to increase and transform the membership to build support for collective action and bargaining, surely there have been important results in the territory. Still, it is difficult to claim that they were a direct result of the project.** Over the last two years, the FP CGIL Modena **managed to organise two strikes** in two different service cooperatives. Through these strikes, the workers obtained a revision of the internal shift-management practices. One of the representatives who organised the strike was then singled out to become a union officer and support the development of the Safe Professions project. It appears that this achievement reflects a broader shift in approach by the union and its workers. The project could then strengthen the grievances and results emerging from the workplaces by establishing them as collective issues and matters of public concern, to be integrated into second-level bargaining and the design of care sector policies.

The latter is, without a doubt, the most challenging goal to achieve. A change in the organisation of the services would require an investment on both the public and the providers 'side, and while municipalities are operating under tight budget constraints, the cooperatives just approved a significant wage raise nationally and are dealing with the evaluation of its impact. For now, **cooperatives are cautious in admitting that health issues have become a structural matter for the sector, and the municipality has yet to demonstrate any intention of taking responsibility for the problem and intervening in an official capacity.**

Regarding the achievements in the first half of the project period, the first strategy implemented was the data collection activity, aimed at strengthening individual protection processes, increasing membership, and providing **data for public outreach activities**. So far, these are the areas where the project has registered the most important results:

- **In terms of membership, all the workers involved in the project who were not previously members joined the union.** The same can be said about the groups of workers engaged in the strike activity, although, as we mentioned, this cannot be attributed directly to the project itself. **One can observe some initial effects of the project in terms of workers' outreach. According to the unionists, the focused round of assemblies has started to yield its rewards in terms of new contacts, also among constituencies that are, so far, less represented within the project, such as ECEC educators.** The first official assessment round of the project outcomes is scheduled for May 2025. It is expected to provide a more precise picture of the impact of the training for assemblies and representatives.
- The union **managed to improve its procedures for supporting workers' claims to the state.** From mid-2022 to the end of 2024, the project involved 47 workers employed by private service providers operating under direct public management, accreditation, or purely private management in the city of Modena and its province. These workers were healthcare assistants (OSS), care assistants (ASA), educators, auxiliaries (including school collaborators), and environmental workers. Specialised socio-sanitary Operators (OSS) and Basic socio-sanitary Assistants (ADB) make up the majority of workers involved (32 out of 47). Following the protection process, 24 workers were granted the relevant legal and social security benefits. Specifically, the outcomes so far include recognition of 8 occupational diseases, 7 workplace

injuries, 17 civil disabilities, 5 registrations in targeted employment lists, and 1 disability recognition under Law 104/92. Additionally, 2 occupational disease claims are still under review, and 5 are in the appeals process.

- It is also possible to affirm that the union **managed to change its approach to individual dispute resolution: the project has led to an increase in "positive" outcomes for workers, such as job reassignments that maintain working hours and salary** (even if the reassignment involves a lower-skilled role). Individual exit agreements with financial incentives have been facilitated only for workers close to retirement—those eligible for pension benefits—who have explicitly expressed a desire to leave the workforce.

Finally, through its data collection activity, the union managed to paint a credible picture of the impact of health and safety issues on the workers in the sector and to produce enough material to conduct its public campaign. Using this data, the union managed to start a public conversation by organising a first public event in May 2024 that involved all the major Social Employers, the Municipality and representatives of public offices. So far, however, this has not led to any measurable reaction from the municipality besides participation.

4.4 Conclusions

The „Safe Professions“ Project represents an interesting attempt to build a stronger representation strategy for workers in the care sector. Regarding its impact on strengthening collective bargaining and representation, the project successfully altered the union’s approach to addressing individual grievances in the care sector. The union is now offering more structured responses aimed at preserving the workplace and challenging the organisational logics that lead to the emergence of health and safety issues.

Regarding its impact on the propensity for collective action, there isn’t yet enough evidence to suggest that the project directly influenced the workers’ tendency to organise. However, the union successfully organised two strikes in local care services on matters pertaining to work organisation and work-life balance, suggesting not only that the topic is relevant but also that the worsening of the situation in the care sector has brought about a general change of attitude both in the union and among the workers themselves. The project could provide the necessary elements to turn the issue of care service organisation into a public care policy issue; however, this will require time and depend on the political availability of the employers and the municipality, which are now operating under strict economic restraints.

References

European Agency for Safety and Health at Work (2024) *OSH in figures in the health and social care sector*
<https://osha.europa.eu/en/publications/osh-figures-health-and-social-care-sector>

List of Interviews

Interview Code	Type of Organisation	Role and Organisation
1	TU	Secretary of FP CGIL Modena
2	TU	Secretary of FP CGIL Modena
3	TU	Trade Union Official FP CGIL Modena
3	EO	Representative of Legacoop Estense
4	EO	Representative of Confcooperative Terre d'Emilia

List of Documents

FP CGIL Modena (2023) *Progetto Professioni Sicure (2023-2026)*

FP CGIL Modena (2024) *Salute, Sicurezza e Lavoro. Focus sulle professioni Sociosanitarie nei servizi per anziani e disabili. Dall'universalità del diritto al dilemma della scelta: Quando chi garantisce il diritto di cura è chiamato a scegliere tra la tutela della propria salute o del proprio salario.* Text of the opening Statement of the Public Roundtable “*Salute, sicurezza, lavoro. Focus sulle professioni sociosanitarie nei servizi per anziani e disabili*” May, 18 (2024)

5. General Conclusions

The three case studies confirm what has emerged from the first stage of this research project: **the intensification of the labour shortage problem has provided a strong incentive for all actors in the industrial relations system to seek new solutions to address the employment crisis in the care sector.** While the Observatory and the Safe Professions Project aim to achieve this by strengthening representation and collective bargaining, the Zefiro project seeks to increase the supply of qualified labour by organising international recruitment of workers.

While all three projects have significant ambitions, they are still in their early stages of development, and it is too soon to assess their effectiveness in addressing the critical dimensions of work in the care sector.

The creation of the **National Observatory and the Regional Observatories for subcontracting and accreditation** represents an innovative experiment in coordination around common goals **between social partners operating in the socio-sanitary sector.** So far, its most important outcome was to create multiple venues for coordination and dialogue between the social partners. Considering the current political climate, the major challenge for the experiment will be to maintain this dialogue long enough to conduct an impactful lobbying campaign and effectively strengthen collective bargaining. The **Zefiro Project** is a first-time experiment in systematising international recruitment strategies to address the labour and skills shortage in the LTC sector. Its biggest challenge will be to guarantee international workers sufficient incentives to stay in the medium to long term in a system that, for now, is failing to reward work in the care sector. The risk is that [a project based on expanding labour supply will continue to place the cost of cost containment on migrant workers](#), and that [this solution will ultimately represent an alternative to structurally improving job quality in the sector](#). Finally, the **„Safe Professions“ Project** represents a novel attempt to build a stronger representation strategy for workers in the care sector and it could provide the necessary elements to turn the issue of the organisation of care services into a public care policy issue, however this will require time and will depend on the political availability of the employers and of the municipality, which are now operating under strict economic restraints.

The central limitation that all three projects face is that they operate within an unfavourable political context and must deal with a shortage of public resources, which will make public counterparts less amenable to collaboration. The challenge will be to determine whether social partners can mobilise sufficient resources to encourage the state (in all its forms) to explore new alternative solutions in care management, solutions that do not rely on the devaluation of female and migrant care work.