

UNIVERSITA DEGLI STUDI DI MILANO

GRADUATE SCHOOL IN SOCIAL AND POLITICAL SCIENCES

DIPARTIMENTO DI SCIENZE SOCIALI E POLITICHE

DOTTORATO IN SOCIOLOGIA – XXVI CICLO

**“OLTRE IL BADANTATO?” THE DYNAMIC
EVOLUTION OF THE ITALIAN CARE REGIME:
AN AGENCY-BASED APPROACH**

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A.A. 2012/2013

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CHAPTER 1. *OLTRE IL BADANTATO?* GENERAL BACKGROUND AND METHODOLOGICAL ISSUES

1.1 General background and emerging research questions

This thesis stems from (and mainly draws on) past research I have carried out while working at the FIERI (*International and European Research Forum on Migration*) research institute during the last three years. As a policy-oriented research institute on migration and integration processes, FIERI has invested considerably in the analysis of the development and evolving evolution of migrant care labour, which currently represent a substantial share of the whole workforce in the care labour markets over Europe and beyond. Italy stands here a case in point for the analysis of the role of migrant care labour given the massive and pervasive presence of migrant workers (predominantly women from Eastern European or Latin American countries) in new markets for care emerged as a response to booming care needs unmet by public services in the field of long-term care. Such new markets have developed quite rapidly and spontaneously since the early-mid 1990's, following (or determining?) the increasing feminisation of immigration flows to Italy (Colombo, 2003): today around half of migrant women in Italy are estimated to work in the labour market of household and domestic care services (Ministero del Lavoro e delle Politiche Sociali, 2012). However, this remain one of the most problematic and poorly valued labour market sector where poor employment and social protection standards prevail, irregular employment is widespread and cases of exploitative working conditions are far from being rare (Degiuli, 2007; Sarti, 2010; IRES-FILCAMS, 2009).

As a junior researcher at FIERI I have been involved since the beginning in a number of projects which addressed the study of migrant domestic and care workers, in Italy and elsewhere, form a variety of viewpoints and analytical perspectives. Issues related to the governance of migrant care labour, namely the policies in the field of employment, welfare and migration which have affected its emergence and subsequent developments, as well as the effects of such institutional, macro-level factors on individual life and labour trajectories – in a comparative,

cross-national, perspective – have been the focus of a number of research project in which I have actively participated.

At the outset, in 2012, as a member of the LAB-MIG-GOVⁱ research team, I have tackled issues related to the governance of migration policies for migrant care workers, namely the mix of implicit and explicit labour migration policies regulating the admission and stay of care workers from abroad, in comparative perspective, with the ultimate goal of understanding the underlying logics and actual developments of the governance of labour migration supply policy mixesⁱⁱ in the long-term care sector across Europe (Pastore, 2014; Salis, 2014). Drawing on original estimates produced in the framework of the LAB-MIG-GOV project – based on EU-LFS data on entry categories of immigrants in selected European countries – I have showed how official labour migration policies in Europe have remained all in all closed to care labour migration, typically depicted as low-skilled and therefore excluded from the managed migration policy framework dominant in most traditional EU countries (Menz and Caviedes, 2010). Italy and other southern European countries, have remarkably represented partial exceptions to this general rule, by opening their front and back doors to huge numbers of domestic and care workers from abroad. Here, the analytical perspective has been mainly focused on structural and institutional factors affecting the establishment of labour migration policies in this crucial labour market sector (Salis, 2013).

The following year, I took part to the FIERI research team in another research project, led by the International Labour Organisation (ILO) and funded through the European Integration Fund of the European Commission, named “*Promoting Integration for Migrant Domestic Workers in Europe*”.ⁱⁱⁱ Here the main objective was to understand how the interaction of regulative frameworks in different policy fields, mainly in the domain of labour market and migration, affected individual labour trajectories and the overall integration patterns of migrant domestic workers in four EU countries (Italy, Spain, Belgium and France). While still biased towards the structural and contextual levels, the analysis of migrants’ labour trajectories produced in this project provided a better outlook of the ways migrant domestic workers could cope with their subordinate positions into one of the most problematic labour market segments, and eventually gaining empowerment through greater interaction with the Italian society or through ad hoc training. Hence, the crucial role of migrants’ agency face to structural barriers emerged as a key theme there (Castagnone, Salis et al., 2013).

Subsequently, I have been part of the research team of a smaller, locally oriented research project, “*Il nuovo care mix*”, looking at the role of migrant care workers within the policy mix in

the field of long-term care in Italy.^{iv} The scope of the analysis here broadened so as to place the employment of migrant elderly care workers as one of the possible solutions, though not the only nor the most desirable one, to challenges faced by Italian families coping with long-term care needs of their elderly members. The analytical focus was then centred on the role of migrant care workers within the mix of private, public and community care services available at the local level: the existing, and blurred, interconnections, between the two worlds of quasi-familiar care provided by migrant caregivers, on the one hand, and of professional care services provided by qualified care workers in the framework of publicly funded care emerged there as a key theme.

My involvement in such research initiatives have stimulated the work reported in the present thesis in multiple ways. From a theoretical point of view, the thorough and comprehensive review of the existing multi-disciplinary literature on migrant care labour, in Italy and beyond, allowed me to identify what I considered important gaps that past research has left unfilled: a predominant structuralist analytical perspective, which devoted insufficient attention to micro-level factors and individual agency in affecting patterns of labour market insertion and integration of migrant workers in the labour markets of domestic and care services. As I will point out in the following pages, an agency-based and dynamic approach to the study of migrant care workers seemed to be largely missing from the picture: indeed, while much is known on the institutional and contextual factors which determine the actual presence and role of migrant workers within national care labour markets, less has been said on individual experiences and perspectives within and across care occupations, particularly in a dynamic perspective. In fact, most pieces of research that I have been looking at, even those focused in a micro-level analysis of (migrant) care work, quite surprisingly were not giving much relevant attention to existing pathways out of care work, or alternatively, to possible upward labour trajectories from lower, unskilled positions to more skilled jobs in upper positions (Fullin and Vercelloni, 2009). The picture provided by most research of migrant care labour is thus a quite static one, where migrant workers appear to remain stuck in dead-end occupations, usually at the bottom level of the care labour markets, namely in domestic work (Villosio and Bizzotto, 2011).

Besides, by restricting the focus to the analysis of migrant care labour in the Italian context, a further important stimulus to the decision to work at the present thesis came from fortunate encounters I was confronted with during the fieldwork research for the ILO-led project on domestic workers. As a matter of fact, a small number of the migrant workers interviewed at the time had by then obtained a qualification as *operatore socio-sanitario (OSS)*, the necessary credential for social and health care workers employed in public services. Hence, they

worked in private homes with rather different work arrangements compared with all the others employed as unskilled domestic workers: they were mainly employed by social cooperatives or other non-profit organisations and provided assistance to more than one recipient over their working day; they were backed and supervised by social workers or professional nurses and acted on behalf of the local public authorities; they had previously received an ad hoc training and, quite interestingly to me, they declared themselves considerably satisfied of their labour situation, in terms of salary, respect for labour rights, job stability or working time – to a greater extent than their domestic workers’ counterparts. Unsurprisingly, all of those qualified workers had started their working experience in Italy as family assistants in private homes and had subsequently scaled up the occupational ladder through training as OSS. Furthermore, a relevant number of other interviewees manifested their willingness to invest in ad-hoc training – or were already attending classes of the OSS courses at the time of the interview – to get new jobs as OSS.

I therefore started to ask myself whether there were systematic connections between the care work provided at home by family assistants and that of qualified personal care workers, or OSS; or whether, despite the similarities of the work done, the terms of employment and working conditions were as well similar or rather the two jobs differed substantially in terms of social recognition and economic reward; and whether a shift from domestic work arrangements to institutional care was perceived as an improvement by migrant care workers themselves or rather not. In fact, it was at the same time surprising to me to notice how actual contents of the work done by domestic workers, on one side, and social care operators in domiciliary services, on the other, were all in all similar, even overlapping at certain points, though with relevant differences in terms of working conditions, status positions, terms and conditions of employment. While family assistants and social care operators were both in charge of caring for an elderly, often totally dependent, by bathing her, keeping her company and helping with daily home maintenance activities or similar tasks, the specific positions and work arrangements of the two categories of workers, face to the families they worked with and to the wider contexts, were instead quite different. Family assistants interviewed typically complained of widespread disrespect of their labour rights by their employers, as well as of their social isolation; most of them worked under close supervision of their employers, as typically describing their work as “acting as a family member”, with all the contradictions and problematic issues this entails. Conversely, OSS seemed to enjoy greater autonomy in their work, they were subject to less arbitrary assignments since they usually followed assistance plans set by professionals and social workers instead of following rules imposed by the individuals they were assisting; they seemed to

be less emotionally involved with their work. Besides, some of few OSS interviewed during that period also reported other past work experiences in residential homes for the elderly or in hospitals.

Step by step my interest for the existing interconnections between the two worlds of domestic and institutional care in Italy, inasmuch as migrant care workers are considered, grew considerably also because I considered this a noticeable gap in the Italian scholarship on care work. Therefore I finally decided to focus my PhD thesis on such issues.

1.2. Emerging research questions and general objectives

A number of different, though interconnected, research questions initially steered my preliminary approach to the issue: first, I wanted to understand whether there is a pathway out of the domestic sector for migrant workers, especially those involved in care for the elderly. In particular, I wanted to investigate whether there were pathways of occupational and professional upgrading within the realm of care services, where migrant workers are usually found at the bottom end of the occupational spectrum, namely in the household sector, thus disregarding possible pathways out of the domestic sector towards completely different occupations and sectors. It is worth underlining here that my search for answers to such complex questions did not started from a *tabula rasa* but instead I had in mind a set of possible provisional assumptions that could guide my research. In particular in asking that, I was indeed starting from the tentative assumption that experiences with care work accumulated in the domestic sector could bridge migrant domestic workers towards similar though significantly more qualified and less disadvantaged positions in the smaller segment of public (or publicly regulated) long-term care services.

Secondly, I was interested in seeing whether there were clearly identifiable patterns in individual characteristics of those migrant workers shifting from domestic care towards institutional care jobs: were younger workers more prone to undertaking this occupational shift? or could this choice be accounted for by family situation, levels of education or national origin? were there other crucial individual or contextual factors that could facilitate (or conversely, hinder) the legitimate aspiration for professional upgrading? In this case too I had some very tentative assumptions in my mind, drawing on my previous knowledge of the patterns of

insertion and integration patterns within the domestic sector, on the one hand, and on preliminary contacts with workers having already undertaken the occupational shift that I had interviewed in previous occasions. In particular, I did expect that those workers who managed to be rejoined by their children and families initially left behind, or those that formed a new family in Italy could be more motivated to obtain the OSS qualification in order to access more stable and guaranteed jobs that could allow them to strike a better balance between work and family life. Besides, the decision to look for better jobs in institutional care services is certainly closely linked to individual migratory projects and life stages and perspectives: migrant domestic workers in their mature age – actually the majority of this sub-group, especially in specific national groups – who have left behind their adult children, are less interested in a permanent settlement in Italy and are more inclined to return, may indeed show a weaker interest to engage in lengthy and demanding skill upgrading; conversely, younger domestic workers who have built up stronger ties with their host communities and are more oriented to long-term settlement here may display rather different orientations towards upward labour mobility. Levels of education or nationality are other crucially relevant characteristics that could play a role in affecting the patterns of professional upgrading of migrant domestic workers: in particular I did expect to find that better educated workers could be more motivated to shift towards better rewarded and socially valued jobs in institutional care, to escape exploitative working conditions and poorly valued jobs in the domestic sector.

Furthermore, the more I dug into these issues the more new questions came to my mind and oriented my research. In particular while my knowledge of the institutional care sector and of the OSS occupational profile increased I realized that the specific employment status (i.e. whether temporary or permanent) the nature of the employer (i.e. whether a social cooperative, a temporary agency or a public institution) or the actual workplaces where OSS act, (whether a residential or semi-residential care facility, a public hospital or a private home), do play a role in affecting the degree of satisfaction with the choice of professional upgrading as well as the actual content of the work done in institutional care services. A further research question I raised during my fieldwork was then related with existing differences between institutional care work profiles, in particular between residential or domiciliary care work.

In trying to answer such highly complex questions I have adopted a theoretical approach focused on the role of migrant workers' agency, hence giving special attention to individual choices and aspirations about own life and work, to every-day practices and interactions that could bring important changes into their lives and challenge their disadvantaged position within

the labour markets in host communities, to crucial resources that migrant care workers can mobilize to fulfill individual projects and legitimate aspirations toward occupational advancement (See para. 2.4 below). The general idea that has driven my research since the beginning is that migrant care workers are not merely passive agents suffering the hardship of the subordinate position that is imposed to them by powerful structural forces and labour market racialisation processes. They are instead social actors, with partial autonomy with respect to structural constraints and reasonable desires to improve their personal and living conditions which may emerge when looked from a micro-level and dynamic perspective. As I will show in greater details in the following chapter through a critical review of the literature, most research on migrant care labour has mainly adopted a structuralist approach focused on the role of institutional factors, global inequalities, labour market segmentation along gender and ethnic lines in accounting for the subordinate positioning of migrant female workers within the care workforce, usually adopting a narrowly static stance. Much less attention has been devoted to pathways of occupational mobility within and outside the care labour markets, especially when involving migrant care workers. While not neglecting the key role of societal unequal relations, of normative frameworks, or of gendered and racialised labour markets in limiting the range of possibilities for upward mobility of migrant care workers I argue that viewing the latter as social actors contribute to shed light to existing practices of resistance to marginalization and vulnerabilisation.

I argue in particular that such agency-based approach is particularly true and relevant for the study of migrant care workers in the Italian case: here a pervasive “migrant-in-the-family” model of care has developed, where migrant workers are massively employed by households to care for dependent people – mostly frail elderly – in their private homes, often on a live-in basis. Employment in the domestic sector is unquestionably one of the most problematic, poorly regulated and least socially valued position in the Italian labour market. However, though substantially smaller in size, a much more regulated and organized labour market of professional care services provided under the premises of public institutions exists: the contribution of migrant workers to such segment of the Italian care labour markets has been on the rise in the last years, though certainly less noticeably than in the household sector. A considerable share of them actually have past experience as domestic workers in private households. To my knowledge, no systematic attention has been given to such issues in the Italian or international scholarship on migrant care workers and with the research I will present in the following pages I intended to fill these crucial knowledge gap.

1.3 Analyzing migrant care workers occupational pathways: a qualitative approach

After having initially identified my research questions I have found myself confronted with serious methodological challenges and new questions: how to collect sound and reliable data on life and labour trajectories of migrant domestic workers who have managed to find jobs in institutional care services? How to identify and get in contact with care workers that could provide me with such information? While the dilemma between going for more quantitative or qualitative techniques has been easy to solve, the real and most hard challenge was related to the identification and construction of the sample of respondents.

The fieldwork with former family assistants has been preceded by a preliminary, exploratory phase of unstructured interviews with some key informants that could provide me with valuable information that was extremely useful to orient subsequent interviews with migrant workers. At the outset I had in fact a good knowledge of the functioning of the domestic sector, the profile of the migrant workers employed in it, the entry channels and recruitment practices, as well as of the problematic working conditions prevailing there. On the contrary, I had only a superficial knowledge of the mechanisms ruling entry to and functioning of institutional care jobs.

Table 1. List of stakeholders interviewed

ID	Interviewee's initials and position	Interview Date
Social Cooperative I	BP - HR manager	15/03/2014
Province of Turin - Vocational Training Division	MS - Chief executive manager	26/03/2014
Training Agency I	FD - Project manager	27/03/2014
Confcooperative Torino	AB - Chief Research officer	02/04/2014
Training Agency II	SB - Project Manager	17/04/2014
Life-long education and training centre - Municipality of Turin (SFEP)	MR - Activity manager	14/04/2014
National Forum of OSS (MIGEP)	AM - President	06/05/2014

Social Cooperative II	GP - Executive director	12/05/2014
Nursing Home I	RM - Health care manager	29/5/2014
Social Cooperative III	CM - HR manager	29/05/2014
Nursing Home II	LC - Chief OSS coordinator	12/06/2014

I hence had very informative interviews with civil servants or managers of training institutions dealing with the management of training courses for OSS, from which I gained relevant information about the general regulative framework managing access and functioning of the vocational training for social care occupations: how the courses and following traineeships were organized, how the applicants' selection procedures were managed, the recent normative changes, also related to public budgets cuts, the existence of special provisions affecting the participation of migrant workers to courses, and so on. Besides, I interviewed managers of three social cooperatives, both providing a varied range of social care services and employing a large number of OSS, one representative of an umbrella organisation of cooperatives, and the managers of two nursing homes' staff in order to get a first-hand viewpoint on the functioning of this specific labour market segment and on the actual presence of migrant workers there.

All the stakeholders interviewed confirmed the significant presence of migrant workers within the social care workforce in the area of Turin, especially concentrated in residential and domiciliary care services – some even reporting an estimate of a share of around 30% over the total employment – and the fact that most of them have past experiences as domestic workers and family assistants in private homes. However, a second key point raised by many of the stakeholders interviewed was the strong impact of the crisis on this labour market sector

1.3.1 Drawing out aspirations and life processes through qualitative interviewing.

I have early on opted for a qualitative research approach, which I deemed more suitable to gather relevant data and information on individual trajectories, on the aspirations which drive them and on every day practices enacted by social actors in order to fulfil their objectives and adapt to contextual constraints. Qualitative interviewing is indeed one of the research tool more apt to draw out subjective perspectives, meanings as well as to gather sound information on

individual life events and processes that are associated with and driven by personal interpretation of them (Corbetta, 1999). In fact, while some authors make a distinction between qualitative interviewing aimed at eliciting meanings and understandings and that aimed instead at describing events and processes (Rubin and Rubin, 2005) I combined the two goals to a large extent. I was (and I am still) indeed convinced that the two elements are closely interlinked and cannot be practically separated during a conversation but can only be singled out in subsequent phases of narratives' analysis. Actually, my main interest was in understanding both the meanings and desires underlying the decision to get the OSS qualification and access institutional care jobs (i.e. *why* the decision has been undertaken) and the practices through which the fulfilment of the decision could be accomplished (i.e. *how* the desire has been attained). I therefore opted for a data collection strategy based on biographical interviews, through which I asked my respondents describe their past life and labour trajectories and stimulated them to unravel their personal interpretation of past events and experiences leading them to their current positions. By this I aimed at raising knowledge on the meanings attached to their personal decision to migrate, first, to enter and stay in domestic work, subsequently, and to get due qualifications and access institutional care jobs afterwards. Throughout their narratives, while describing the main past events and processes in their lives interviewees intertwined fact description with personal interpretation and opinions on the underlying factors that steered their trajectories.

Although I had prepared a semi-structured list of topics and related specific questions to guide the interviews, in most cases this served as a basis to orient the conversation which was in fact adapted to each individual case. All interviews indeed followed a common pattern, based on the main events in their past trajectories: initial questions dealt with the first arrival to Italy, asking them to talk about the reasons behind their decision to migrate, about how they did in the initial phases after arrival in order to find work and accommodation, who provided most help and support in getting access to jobs, and so on; then I asked them to describe their past experiences in domestic work and their relationships with employers and their families, to assess their degree of satisfaction with their work and to point out to what they considered the most problematic aspects; afterwards, a third block of questions were related to the passage from family assistant jobs to OSS jobs, throughout the choice to invest in training: I have hence asked them to motivate their decision to apply for OSS training courses, to describe the practical ways in which they got access to the necessary information, to mention key persons that acted as gateways to information or supported them during their training; finally a further set of questions concerned their actual experiences in institutional care jobs: how did they got access to first jobs as OSS, what were the key differences they experienced between home care work in private

households and residential or domiciliary public care services, what was their degree of satisfaction with the passage undertaken, what were the most problematic issues in their every day work. This same pattern has then oriented the data analysis that is reported in chapter 4 above.

1.3.2 Building up a sample of professional migrant care workers: a highly challenging task

Since my main research goal was to understand what drives migrant care workers out of the domestic sector and into institutional care services, how do they manage to access institutional care jobs and what's their experience into and degree of satisfaction with institutional care jobs, there were three key criteria I had to use in order to identify and sort out my sample. This had to include people (i) having obtained a qualification as OSS, (ii) working in institutional care services and (iii) having past job experiences as family assistants or domestic workers. Additional, second-level criteria were instead related to personal characteristics that would allow me to increase the internal composition in terms of a) nationalities, b) age groups and length of stay in Italy c) type of job position (i.e. whether in nursing homes, hospitals, domiciliary services and so on) or other relevant features that could emerge after the first testing interviews.

However the task of identifying and getting in touch with potential respondents has been particularly challenging. A first key challenge was related to the lack of reliable sources of data that could allow me to single out the most important characteristics in the sample of respondents, for instance in terms of age or nationality, and therefore orient the sample construction. Although I was not aiming to gather a representative sample I tried to sort out the internal composition of my group of interviewees on the basis of indications emerged from preliminary conversations with key informants and tentative figures based on administrative data. A second important challenge was instead related to identification of relevant entry points. Initially, I had envisaged to get contacts through a combination of personal contacts and employers of social care workers, namely by asking a certain number of large social cooperatives, nursing homes or temporary work agencies to put me in touch with some of their employees that could meet the initial criteria. I had sent e-mails and made phone calls to five different nursing homes, four large social cooperatives and one temporary work agency but actually only

one nursing home and two cooperatives agreed in supporting me in the search for respondents. As an alternative entry channel I therefore decided to ask for the collaboration of a network of service desks set up by the Province of Turin in partnership with seven private agencies (both voluntary associations and temporary work agencies) providing job matching services in the sector of domestic work. Such network was established through an ad hoc project named A.F.R.I-To (*Assistenza Familiare Reti Integrate - Torino*) with the goal of supporting formal job matching mechanisms between labour demand and supply of family assistants in the metropolitan area of Turin. I was already acquainted with the existence of such network from previous contacts gained with the project managers during my past fieldwork research on migrant domestic workers in 2012 and I knew they could be a promising source of respondents' recruitment for three main reasons: first, over the years they gathered a huge numbers of CVs from migrant (as well a tiny number of Italian) domestic workers which composed a rich database of contacts through which it was possible to track past work experiences of those included therein; second, according to what reported by a number of stakeholders, an indefinite though significant number of OSS were facing unemployment and possibly going back to jobs in the domestic sector: I therefore expected to find some of them in the lists of job-seekers within the A.F.R.I-To database; finally, one side-project within the framework of the A.F.R.I-To network was an initiative aimed at the recognition of informal skills aimed at the completion of the first module of the OSS training course: I knew that a significant number of migrant domestic workers had participated in this initiative and I therefore expected that some of them could have then gained the OSS qualification by those means. And in fact, a fairly high number of my respondents were recruited through that entry channel. Beside the substantial help received through this network other relevant entry channels have been, as already mentioned, employers and personal contacts as well as snowballing through respondents themselves.

At the end, 34 migrant care workers were interviewed between mid-June and early October 2014, mainly recruited through the A.F.R.I-To network (n° 12) and personal contacts (n° 10) as well as employers (n°6) and snowballing through 3 interviewees (n° 6). It is worth mentioning that 15 other potential interviewees were contacted but, unfortunately, either they were not available for a number of reasons or did not show up (sometimes repeatedly) at the appointment. Interviews were carried out in different settings, according to the wishes of interviewees themselves: some were interviewed in their workplaces (n°8), some in public spaces such as bars or parks (n°12), some other in my own office (n° 8) or at their homes (n° 8). The duration of the interviews ranged from around 40 minutes to over three hours.

The profile of the different interviewees is quite varied, in terms of nationalities, age, length of stay, family and occupational status at the time of interview. On the contrary, the sample is homogenous in terms of gender composition: all my interviewees are women. While I had initially envisaged to include some men in the sample I later on decided to give up this possibility. In fact, while I initially considered a gendered analysis of care labour markets a crucial theoretical aspects I was then confronted with important empirical and methodological challenges. Recent scholarship on care and migrant care labour has provided insightful contributions on the increasing contribution of men, particularly of migrant men, in domestic and care labour markets in Italy and elsewhere (Ambrosini and Beccalli, 2009; Sarti and Scrinzi, 2011). Abbatecola and Bimbi (2013) rightfully urge to push further the gendered analysis of migration and incorporation processes in Italy, by going beyond the simplistic and superficial juxtaposition of gender as equivalent of women and deconstructing gendered identities and inequalities by including both women and men in the analysis of societal processes. Nevertheless, according to what reported by some of the key informants interviewed and based on 5 interviews carried out with migrant men working as OSS, migrant men in social care occupations are found in relevant numbers (though still a minority) but usually arrive there without previous experiences in domestic work. Indeed, most of them reportedly come from very heterogeneous paths and, particularly in more recent years, they are pushed towards social care occupations by rising unemployment in other sectors (De Luca, 2014). Since I wanted to keep my focus on occupational trajectories across the household and social care sector I hence decided not to include men in my analysis of occupational paths.

The majority of respondents come from Latin American countries, mainly from Peru (N° 12), but also from Ecuador, Cuba, Colombia, Panama or Bolivia (one for each nationalities). The second most represented geographical origin is Eastern Europe, mainly Romania (N° 7), Moldova (N° 2) and Albania (N° 1). Finally, 7 respondents come from African countries (1 each from Morocco, Ivory Coast and DRC, 2 from Nigeria and 2 from Cameroon). Most of them are in their early-middle age: the youngest one is 27 while the oldest one is 54. The majority of them has a quite long migratory experience in Italy since over two thirds of them (N 23) has arrived before 2003 while the reminder has immigrated after 2004 (N 11). The large majority has a family here in Italy, either because they migrated for family reasons, or because they rejoined with their partners and children after their first arrival, in a number of cases because they formed a new family here, in a number of cases (N° 7) with Italian partners. All of them had obtained the OSS qualification but while many completed the training very recently, others made this step earlier on: around one third (N 12) actually obtained the OSS certificate in the last five years,

between 2010 and 2013, but the large majority has a longer experience as OSS and in few cases they obtained one of the previous titles for social care operators (two were already ADEST and one was OTA).

At the time of interview most of them were employed, with a fair balance between temporary or permanent employment, in most cases into nursing homes for the elderly. In a smaller number of cases they were also employed in domiciliary services, in day care centres for mentally disabled or in hospitals. In a number of cases, they had manifold past experiences in different social care fields and in one interesting case one respondent had worked in all possible type of service where OSS may be employed. Besides, in a residual number of cases they were unemployed, or working a very precarious basis, or had even returned to domestic work due to lack of job opportunities as OSS.

Table 2. List of Interviewees

ID	Interview Date	Entry channel	Country	Age	Family situation	Level of Education	Year of Arrival
Be-28-NIG	2014/06/11	Personal contacts	Nigeria	28	In partnership, one child	High School Diploma (University unfinished)	2008
Sa-27-BOL	2014/06/16	A.F.R.I. To	Bolivia	27	In partnership, one child	High School Diploma	2006
Ro-30-PER	2014/06/16	A.F.R.I. To	Peru	30	Married	University Degree	2008
EI-38-PAN	2014/06/17	A.F.R.I. To	Panama	38	Single	High School Diploma	1999
Da-39-ROM	2014/06/17	A.F.R.I. To	Romania	39	Single	High School Diploma	2006
Le-40-PER	2014/06/18	Employer	Peru	40	Married, 1 child	Upper secondary diploma (Nursing)	1994
Na-40-COL	2014/06/19	Employer	Colombia	40	Married, 1 child	University Degree	2000
Ly-45-CON	2014/06/23	Employer	Congo	45	Married, 3 children	High School Diploma	1993
So-33-CUB	2014/06/23	Employer	Cuba	33	Single	University Degree	2008

ID	Interview Date	Entry channel	Country	Age	Family situation	Level of Education	Year of Arrival
Eu-45-NIG	2014/06/26	Personal contacts	Nigeria	45	Married, 3 children	University Degree	1997
He-35-CAM	2014/06/27	A.F.R.I. To	Cameroon	35	Married	N.A.	2005
Mi-43-ECU	2014/06/28	Snowballing	Ecuador	43	Single, 1 child	University Degree	1999
Na-30-MAR	2014/07/01	Snowballing	Morocco	30	Married, 1 child	High School Diploma (*in Italy)	1999
Si-35-ROM	2014/07/01	Personal contacts	Romania	35	Married, 2 children	High School Diploma	2003
OI-48-ROM	2014/07/15	A.F.R.I. To	Romania	48	Single, 1 child	University Degree	2000
Ai-42-CAV	2014/07/16	A.F.R.I. To	Ivory Coast	42	Married, 2 children	University Degree	2007
GI-54-ROM	2014/07/17	A.F.R.I. To	Romania	54	Married, 4 children	High School Diploma	2001
So-33-PER	2014/07/18	Snowballing	Peru	33	Single	High School Diploma	2006
Yr-43-PER	2014/07/19	A.F.R.I. To	Peru	43	Married	University Degree	1999

ID	Interview Date	Entry channel	Country	Age	Family situation	Level of Education	Year of Arrival
Li-38-MOL	2014/07/21	A.F.R.I. To	Moldova	38	Single	University Degree	2006
Da-45-ALB	2014/07/24	Employer	Albania	45	Widow, 2 children	High school diploma	2003
Fl-48-PER	2014/07/25	A.F.R.I. To	Peru	48	Married, 3 children	High School Diploma	2003
Na-44-ROM	2014/07/25	Snowballing	Romania	44	Married, 3 children	High School Diploma	1999
Mi-44-ROM	2014/07/26	Employer	Romania	44	Married	High School Diploma	2002
Mi-33-PER	2014/07/28	A.F.R.I. To	Peru	33	Married, 2 children	High School Diploma	2008
Am-47-PER	2014/08/07	Employer	Peru	47	Married, two children	University Degree	1992
Lo-41-PER	2014/09/22	Personal contacts	Peru	41	Married, 2 children	High School Diploma	1995
Ma-41-PER	2014/09/24	Snowballing	Peru	41	Married	High School Diploma	1995
Ma-35-PER	2014/09/27	Personal contacts	Peru	35	In partnership	High School Diploma	1999

ID	Interview Date	Entry channel	Country	Age	Family situation	Level of Education	Year of Arrival
Ma-44-MOL	2014/09/29	Personal contacts	Moldova	44	Divorced, two children	High School Diploma	2002
Ju-65-PER	2014/30/09	Personal contacts	Peru	52	Divorced, two children		1998
Ed-36-PER	2014/10/02	Personal contacts	Peru	36	Married	High School Diploma	1999
La-47-ROM	2014/10/05	Personal contacts	Romania	47	Married, two children	High School Diploma	2000
De-44-CAM	2014/10/06	Personal contacts	Cameroon	44	Married, three children	High School Diploma	1996

1.4 Outline of the Thesis

The thesis is articulated in three main chapters. I will first review the wide literature on care and on migrant care labour in critical perspective (Chapter 2). Starting from a short reconstruction of the main conceptual and analytical developments around the notion of care and care work, I will define my research object, i.e. the shift from care work in household employment to more or less professionalised forms of care work in institutional care settings. I will thus highlight an insufficient attention devoted to the interconnections between these two key realms of the care labour markets in the Italian and international research on care and contend the key position of the Italian context as a good testing ground to start develop research on such issues. I will then review the two main lines of research on migrant care labour which I single out as the “global care chains” literature, on the one hand, and the “varieties of migrant care labour” literature on the other hand. Both greatly contributed to bring new light on the structural conditions and institutional factors that make up the highly segmented nature of care labour markets, not only along gender and class, but increasingly along ethnic lines. However, I will also contend that the narrowly structuralist focus adopted by such scholarship provide only a limited understanding on the mechanisms ruling the functioning and dynamic evolution of national and international care regimes. Hence I will present one of the key core argument of my thesis, namely the importance of looking at how migrant care workers’ agency might help to understand, not only why migrant women enter and stay in care jobs, but also why and how they manage to overcome structural barriers to occupational advancement and scale up the occupational ladder in care labour markets.

In the next chapter I will recall the main elements of what constitute the Italian care regime, recently evolved from a familialistic to a migrant-in-the-family care arrangement (Chapter 3). I will therefore underline the residual role of the state in tackling booming care needs of an ageing population, the central role of the family and the challenges it is currently facing, and the emergence of the “badanty” system as a low cost and effective solutions to the care deficit resulting from the first two factors. I will then show how Italian immigration policies have played a key role, though certainly ambiguous and controversial, in the development of such innovative long-term-care system in the absence of any substantial reform in such crucial social policy field; what are the main characteristics of the Italian domestic work sector, where the bulk of elderly care work is found; how Italian social research has addressed the issue of domestic and care work in the most recent years. Finally, I will describe the general regulative framework in the field of social and health care occupations, namely that concerning the profile of *operatori socio-sanitari* introduced in 2001 and currently representing the lowest skilled occupation in social and

health care services, and present the scarce evidence available on such relatively new occupations.

Chapter 4 will present the bulk of the empirical work produced for this thesis, with the analysis of interviews carried out with the migrant care workers during my fieldwork. Data will be presented following the evolution of their life and employment trajectories, from their first arrival to Italy, and the main aspirations driving their initial decision to arrive here, to their actual access to and experience with domestic work up to the shift from family assistants' jobs to institutional care work, throughout the decision to invest in ad hoc professional training as OSS. Based on the conceptual and analytical framework proposed in chapter 2, the focus here will be on individual aspirations having steered the evolution of individual life and labour trajectories as well as on every day practices and resources that were concretely enacted and mobilised to fulfil those aspirations. Furthermore, I will give some attention to the existing differences across care work in different institutional settings – i.e. in private homes, nursing homes, hospitals and so on – from an individual and subjective perspective. I will finally outline the future aspirations reported by individual migrant care workers in their narratives.

Concluding remarks on the theoretical and policy implications of the research presented in this thesis will be outlined in the conclusions.

CHAPTER 2. VARIETIES OF (MIGRANT) CARE LABOUR: ANALYZING MIGRANT CARE WORKERS BETWEEN AGENCY AND STRUCTURE

2.1. Varieties of care labour: from domestic work to social care jobs

2.1.1 Origins and developments of theories on care and care work: from reproductive labour to care work.

In order to define my research object a first necessary conceptual clarification needed is related to the term *care* itself: what do we mean by *care*? What is (and what is not) *care* and which kind of activities does it involve? A vast body of research around care has developed over the past decades which has been aimed at the analysis of gender and family structures, welfare states, labour markets, as well as immigration patterns and regimes, among other topics. Care is indeed a crucial issue for both theory and policy, as well as for everyday practices of social actors (Rummery and Fine 2012), at the same time a concept and a practice, subject to complex sets of tensions (Pfau-Effinger and Rostgaard 2011). Care as a scientific concept, involving multiple and intersecting dimensions, has emerged since the early 80's from feminist scholarship interested in defining the nature of the labour involved in caring for the others and keen "*to analyse how this activity and the responsibility for it reinforced the disadvantaged position of women*" (Daly and Lewis, 2000: 283). In fact, care is traditionally associated with feminine attitudes and activities, associated with their long-established role in the distribution of tasks and duties within families. A highly diverse disciplinary scholarship has addressed the issues underpinning care, by developing different analytical and conceptual frameworks used to define the specific disadvantaged position of women within societies, on the one hand, and how this reflects in specific configurations of welfare states and social policies and practices in modern nation states, on the other hand.

The high degree of complexity around care and caring activities, and the great deal of intellectual attention devoted to analysis of care (policy and practice) has arguably posed serious challenges to the development of a shared and agreed conceptualization of care. As Duffy (2005: 67) has underlined, "*despite the recent explosion of scholarship on this topic (or perhaps because of it), there remains a lack of consistent conceptual clarity about what kinds of activity constitute care work*". A simple and straightforward definition is, for instance, the one proposed by Daly (2002: 252): "*Care refers to*

looking after those who cannot take care of themselves. It can be defined as the activities and relations involved in caring for the ill, elderly and dependent young’. Other, more broad and comprehensive definitions are those proposed by Carol Thomas or Jean Tronto:

“Care is both the paid and unpaid provision of support involving work activities and emotional empathy. It is provided mainly (...) by women to both able-bodied and dependent adults and children in either the public or domestic spheres, and in a variety of institutional settings”.
(Thomas. 1993: 665)

“[caring is] a species activity that includes everything that we do to maintain, continue and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web”.
(Tronto, 1993: 103)

While the former definition by Daly put an emphasis on the dependent state of the recipient, whether a child or dependent adult, the latter encompass a larger spectrum of activities and beneficiaries of care, to include also those activities aimed at maintaining both human bodies and the environment surrounding them. Indeed, scientific conceptualizations developed over the years in most cases depict care as a complex, multi-faceted concept which encompasses a wide range of daily activities necessary to ensure both the physical and emotional or psychological wellbeing of individuals (Williams, 2010).

Rummary and Fine (2012), have singled out 3 different and interconnected facets of the concept of care: (i) care as a feeling or emotion involving a disposition towards others, as a cognitive and emotional orientation towards the other involving culturally sanctioned moral sentiments, which can sometimes represent a potential source of stress (Hochschild, 1983; Leidner, 1999); (ii) care as a form of labour, tending to the needs of another, that can be either paid, based on a more or less formal contractual agreement, or unpaid and provided on a voluntary basis by relatives or acquaintances; (iii) care as a social relationship that can be both intimate and familial or occupational and professional, or, adopting the terminology proposed by Ungerson (2005), warm and cold relationships. Although some care theorists tend to highlight one of these facets in their individual theorization of care, most of them try to stress the interconnection between each facet of the concept of care. For instance, the linkages between these different understandings of care and the implications for the distribution of care responsibilities across genders and social actors or institutions were already present in early phases of the care scholarship when an important distinction was already made by Finch and

Groves (1983) between different notions of *caring about* and *caring for*: indeed, the former notion stress the emotional content of care, meant as a disposition towards others whereas the latter is more concerned with the physical activity of caregiving as work.

Conceptual frameworks of care have their main predecessor in neo-marxist feminist frameworks revolved around the concept of reproductive labour (Boydston 1990; Dalla Costa 1972; Hartmann, 1976). Differently from later conceptualizations of care, which stressed in particular the emotional and relational content of unpaid work provided by women within families and households, in the reproductive labour framework the emphasis was rather on the economic content of household work, namely the economic (and even monetary) value incorporated in this particular form of labour, that aimed at maintaining and reproducing the labour force, as a key component of the capitalist structures. The main aim of feminist scholars interested in reproductive labour was then to unveil the invisibility of unpaid work carried out by women in their private homes and put into light the linkages of such work with the (male) paid labour in the public sphere of the market capitalist economy, to address the unequal distribution of such work and unveiling gendered power structures. At that time, care was mainly identified with housework (i.e. cleaning, cooking, shopping, etc.) and child care, while care for frail elderly or disabled was largely missing from the picture (Geissler & Pfau-Effinger, 2005).

Despite being developed in different historical moments and notwithstanding their different focus on emotions and relationships or economic value, it may be argued that the two frameworks are not radically incompatible and even somehow overlapping. Duffy (2005) has labelled the two different theoretical frameworks as nurturance, and reproductive labour. A conceptualization of care as reproductive labour is actually broader and more comprehensive than a conceptualization of care as nurturance, the latter being mainly revolved around the elements of feelings, responsibility, responsive action, and relationship. This distinction, she argues, is crucial when conceptualizations have to translate into methodological choices for the empirical identification of a target population, in particular for the analysis of gender and racial division of care work. She then shows that a choice towards a conceptualization of care as nurturance tend to downsize the role of migrant and ethnic minorities workers in care labour markets, since care occupations with a greater focus on relational elements tend to be more professionalized, and higher paying, then dominated by white women. Beside analytical and methodological concerns, a clear-cut and straightforward distinction between care as nurturance and care as reproductive labour is problematic even in mere practical terms: in many cases, caring for a dependent person, whether a child or frail adult, also imply taking care of the

environment surrounding him and of other practical tasks that (s)he cannot do by her/himself; at the same time, even the more professionalized homework and domestic chores carried out by paid domestic services providers imply a relational aspect related to the fact that work has to be performed according to the demands expressed by the employer or service user (Razavi and Staab, 2010).

A broader framework on reproductive labour, which also encompasses the specific activities of care as nurturing work, is particularly helpful for an analysis of the Italian context, where care of dependent adults or children is increasingly provided by paid domestic workers, mostly coming from abroad. As I will show in greater details in the next pages, the Italian care regime is characterized by a great reliance on family members – an primarily women among them – to provide care and support to their members in need. However, recent transformations in socio-cultural, economic and demographic structures have substantially challenged the viability of such care system. The solution to the consequent care crisis has been a re-definition of the family model of care towards a “migrant-in-the-family” model of care, where migrant workers are directly employed by households to care for frail elderly, prepare their meals, clean their houses, look after young children, and carry out a wide range of *reproductive labour* tasks. Whether (migrant) domestic workers are hired to mainly care for children or frail adults or simply to clean and cook, their work contract is the same, and no specific professional profile, nor training path, distinguishes between care workers (so called *badanti*, or family assistants) and home cleaners (so called *colf*). Care work is thus predominantly carried out in private homes and legally framed as domestic work: indeed, as Ambrosini (2013, p. 62) rightly points out: “*the issue of care at home is inextricably bound up with that of domestic labour, of which care represents an evolution*”. The distinction between domestic work and care activities is less problematic in more professionalized and regulated forms of care work, in Italy identified with the job of *Operatori Socio-Sanitari* (OSS, See infra, para. 3.4) which provide care and personal assistance in residential settings like nursing homes, hospitals or day-care centres but also at the homes of the care recipients. While the actual content of care work provided by domestic workers (i.e. family assistants) and by social care workers (i.e. OSS) may resemble in many instances, the specific working contexts and the normative framework regulating these two occupations may bring about important distinctions, especially in terms of personal experiences with respect to job satisfaction and social recognition. For such reasons, the focus of this thesis will be on a more comprehensive reproductive labour lens, by looking at the two worlds of domestic work and professional care work, and at the interrelationships occurring between them, more specifically in the care of migrant care workers. Is there a shift from domestic work in private homes to social care work in institutions? What

are the main personal motivations (or, aspirations, see *infra*) driving such shifts? How individual (migrant) domestic workers manage to scale up the occupational ladder and access jobs in institutional care? These are some of the key questions that have inspired my research and that will be addressed in the next chapters.

2.1.2 Care goes public: care labour across the private and public sphere and underlying professionalization processes.

While in early phases of the scholarship on care the main interest of researchers was mainly on informal unpaid care provided by women within families to their relatives in need, either children or dependent adults, the focus has been progressively enlarged to include also care work provided by non-family members as a result of a contractual arrangements, upon remuneration, often in professional forms and sometimes with some form of public support – either through monetary benefits or in-kind service provision – in institutional or domiciliary settings. The distinction between formal and informal care, and the inherent tensions implicated in such distinction have been the object of a great deal of scholarly attention (Lyon and Glucksmann, 2008; Motel-Klingebiel, Tesch-Roemer, et al., 2005). According to Anttonen and Zechler (2011: pp. 20-21) “*the distinction between informal unpaid care work and formal paid care work has been one of the most important analytical tool for defining and studying care*”. The academic debate during the 1980’s, especially in the UK and Nordic countries, was centred upon the distinction between unpaid, informal care and formal, paid care work. Whereas the former was deemed to be provided out of love and obligation the latter was not considered care at all since “*caring work by professionals and strangers is not based on a shared history or commitment and its content is not determined by positive emotions*” (p. 19). This vision was particularly strong in British research on care while in Nordic research informal and formal care were seen as neither totally different activities nor opposites.

Later in the ‘90’s the two approaches were combined to a large extent and, in both theoretical and practical terms, the boundaries between the two became more blurred, due, among other factors, to the expansion of new schemes and instruments that provided various forms of remuneration or income loss compensation for informal caregivers: such new forms of care work, mixing up formal and informal arrangements, have been defined as semi-formal care work (Geissler and Pfau-Effinger, 2005) or hybrid forms of care work (Ungerson, 2004).

Ungerson (1997) has identified 5 main types of such hybrid forms of informal/formal care work: (i) carer allowances paid to (family) carers to compensate for their time spent in caring and not in productive work; (ii) proper wages paid by the state that differ from the previous type in that they are set to a level equivalent to the wages that the particular carer could otherwise earn; (iii) symbolic payments, where “symbolic” refers to the extremely low level of remuneration offered to carers; (iv) paid volunteering, which involves contracting caring labour from strangers to work in the private domain and paying them symbolic payments rather than proper wages; (v) routed wages, paid through “direct payments” schemes which allow the care users either to pay a relative or kin or to buy care services in the private market. The latter are indeed those that paved the way for an expansion of new markets for (home) care, where many migrant women workers have found employment.

This hybridization processes broadly stems from what Ungerson (1997) has called a commodification of care work. Commodification and consequent marketization of care has been induced by wider societal transformations resulting from the combined effects of ageing, increased female participation in labour markets and related socio-cultural transformations, e.g. change in family size and structures, forms of cohabitation, of intergenerational solidarity patterns etc. (Anderson, 2003). The substantial increase in care needs of growing parts of the population, both linked to assistance to dependent (in most cases elderly) people and to booming demand for households services, has generated what has been labelled as the “care deficit” (Hochschild, 1995). On the one hand, steady demographic ageing has dramatically increased the absolute size of older cohorts and simultaneously the health and long-term care needs of the old-age population. On the other hand, the massive increase in women’s participation in the labour markets in the new “adult worker model”, insufficiently compensated by a rebalancing of task distribution across genders within households, has brought about a new demand for household and domestic services essential to conciliate work and family life. Such care deficits have been met with a growth in formal care provided either through enhanced public support or market-based mechanisms, a process that has been described by Anttonen et al. (2003) with the claim that “social care is going public”. The extent and forms of such commodification of care work, the role of the state in steering it through various types of intervention and the relative weight of market mechanisms in providing care substantially vary across states (see para. 2.2.2 *infra*). Notwithstanding these variations, it is undisputable that care is subject to strong and complex tensions between its formal and informal components. (Jensen and Møberg, 2011; Büscher, 2008; Bonsang, 2008).

Formal paid care work encompass a wide range of occupations and tasks, ranging from professional nurses to domestic helpers, through health aides and home assistants. The degree of professionalization achieved by various types of care work varies accordingly. Professionalising care and domestic work represent a long-standing challenge for both policymakers and workers' movement. Despite remarkable pressures and efforts made to enhance the professionalization and qualification of care work in the most recent years (Atkinson and Lucas, 2013) throughout Europe (although with important cross-national differences) it generally remains framed and depicted as unskilled or low-skilled work, as a traditional 'women's work' for which no specific or technical skills are required (Anderson, 2012; Davies, 1995). Eleonore Kofman (2013) argues that these challenges are based on gendered differences in the configurations of knowledge and skills in the contemporary circuits of globalization, that she exemplifies with two emblematic figures: domestic and care workers as bearers of different types of skills, defined as *embodied* and *encultured*, juxtaposed to ICT (Information & Communication Technology) workers holding *encoded* or *embrained* skills. The latter type of knowledge (*embrained*) is that dependent on conceptual skills and cognitive abilities while *encoded knowledge*, is that embedded in signs or symbols to be found in books, manuals, codes of practice etc.; Knowledge and skills associated with domestic and care work are instead of an *embodied*, i.e. that resulting from experience gained from physical presence, practical thinking, material objects, sensory information and learning-by-doing, and, *encultured* type, i.e. 'soft skills' based on shared understandings, responses, ways of behaving and communicating. Even in contexts where the process of professionalization has been pushed further, with clear definitions of skills and training paths, care and job quality standards, it has been argued that the professionalization process has followed a "masculine logic", that is one privileging an instrumental interpretation of care focused on practical or technical tasks rather than on relational aspects (Atkinson and Lucas, 2013; Davies, 1995). As a consequence of such enduring devaluation of skills and knowledge associated with it, care work, especially when carried out in domestic settings, still remains a low-status, poorly paid and, definitely, "dirty" work. Nevertheless this should not underplay crucial existing differences across different occupations in the care labour markets: indeed the institutional settings and employment forms wherein care work is performed, either private homes in household employment, or residential care structures in standard forms of employment, play a great role in determining the extent to which care work is socially and culturally recognized as well as lawfully regulated in terms of credentials for access, employment standards and protection, remuneration and so on.

Domestic work, including care work performed under its premises, is often hardly recognised as real work (ILO, 2010) and persistent historical legacies of the servile nature of such work still represent important barriers in the process of recognition and professionalization of this kind of work (Sarti, 2006; 2010). Beside the gendered representation of such work, and the resultant devaluation of skills necessary to ensure the quality of the work, other factors should be accounted for in explaining the poor achievements in professionalizing care and domestic work: one is certainly related to what Lutz (2008) defines as the “elasticity of demand”, namely the unavailability of employers to pay more for services that could be easily re-internalized into the family domain (p. 50: “*domestic work can be reconverted from family unpaid work into paid work and vice versa at any moment*”); similarly, Bailly et al. (2013, p. 309) underline that “*households are psychologically unwilling to pay very high prices for services they believe they have the ability to provide for themselves*”. Challenges in recognizing the professional content of care work provided by people outside the family are especially relevant when it is performed through live-in arrangements: here workers tend to be seen as “quasi-members of the family” (Ambrosini and Cominelli, 2005; Ambrosini and Boccagni, 2012; Degiuli, 2010) and their employers dislike the idea that their care work simply stems from a contractual arrangements (Anderson, 2007). Instead, “*They want to see mutual advantage, a genuine desire to be at their service and, one might add, genuine emotional involvement on the part of the persons who, by living and working with them are embedded in the fabric of everyday family life*” (Ambrosini, 2013, p.63). This may often leads to a blurring definition of work tasks and to unbearable workloads, as well as to high emotional stress. The special nature of domestic work, its peculiar setting within private homes and its dependence on direct employment is among the reasons for the lack of protection and recognition of labour rights for domestic workers.

A different picture emerges when care work is performed in residential or semi-residential care settings, and/or when it is framed in a standard employment relationship where the employer is a corporate business, a service agency or a public body. As also acknowledged by Bailly et al. (2013), the potential for enhancing the professionalization and social recognition of care work, meant as personal assistance to frail elderly and disabled adults in satisfying basic needs is higher with respect to domestic work. First because activities associated with long-term care work *stricto sensu* are more easily associated with specific skills: caring for mentally or physically impaired people often necessitates basic knowledge and limited use of health care techniques that are more easily defined and transmitted through formal training. Beside its crucial relational element (based on the form of embodied and encultured knowledge recalled above), care work is made up of instrumental tasks (e.g. feeding, bathing, medicating, etc.), based on a form of encoded knowledge that can be both taught and learned, on the one hand, and

objectively recognized and enhanced, on the other hand. Secondly, social care work, more often than restrictively defined domestic work, is provided both in domiciliary and residential settings and, in many instances, in the framework of publicly provided or publicly funded services: as a consequence, it is subject to substantially more stringent and detailed regulations related to quality-of-care standards which often imply a clear definition of training paths and credentials as a pre-condition to access care occupations as well as formal recognition of the specific role of personal care workers, also with respect to other professional profiles (e.g. professional nurses, social workers, etc.) with which they interact. Furthermore the organisation of care work in the public domain, especially when provided in institutional settings such as hospitals, nursing homes, assisted living facilities and other residential care settings, is typically associated with better working and employment conditions, greater labour rights in terms of paid leave, sickness and maternity leave, occupational health and safety guarantees etc. More secure and stable employment relationships, where either public agencies or private (for profit or not-for-profit) organisations are the employers, clearer and more restricted definition of work tasks and schedules, less social isolation, greater collaboration and balanced distribution of responsibilities with co-workers and supervisors or managers of care services: all these are elements that differentiate care work in institutional settings from care work in home-based, direct employment arrangements and that, at least in principle, positively impact on the job quality of care occupations and enhance the degree of professionalization of care work with respect to domestic work.

Existing research on care work is almost unanimous in showing that it is everywhere affected by a low degree of social and professional recognition, is universally associated with low pay and poor working conditions in whatever form or setting it is provided. Nevertheless, at least to my knowledge, no study has systematically compared care work provided in institutions, in a highly regulated public or private sector, with care work provided in domestic settings, in a much less regulated and often informal household sector. I think that Italy offers an interesting and distinguishable context to look at existing difference and connections between these two essentially different forms of care work. In fact, as I will show in greater details in the next pages, in Italy the bulk of care work is provided in domestic settings, by (mostly migrant) care workers directly employed by families, in a largely unregulated and often informal household sector, while a much smaller but highly regulated quasi-market (Le Grand, 1991) of professional residential or domiciliary care services has developed so far. While care workers in the household sector, so-called *badanti* or family assistants, lack a legal recognition of their specific occupational profile and are assimilated to cleaners and home helpers, care workers in public care services (including

those outsourced to private agencies) needs to obtain a specific qualification as *operatore socio-sanitario*, following specific training organised and managed at local level (See para. XXX below). Though no research has addressed these issues so far I contend that there are important connections between these two segments of the long-term care sector: though less extensively and visibly, migrant workers constitute a substantial share of the skilled workforce in professional long-term care services (around 25% of the total, Salis, 2014), and many of them have past experiences in the domestic sector as carers of frail elderly or disabled. If the domestic sector is ostensibly the first and main entry door into the Italian labour market for the majority of migrant women (Catanzaro and Colombo, 2009), some of them manage to scale up the occupational ladder in the wider long-term sector and access higher level occupations within nursing homes or other residential care facilities. In this thesis, my focus will be primarily on formal care work: I will mainly look at those workers engaged in care for elderly people though the specific activities, in which migrant workers engage may span well beyond that by including experiences in child-care, health care or cleaning and home maintenance activities. More specifically my research object will be the shift from an unprofessional, unskilled form of care work, typically performed in home settings and often in irregular forms, to professional care work performed either in institutional or domiciliary settings in the framework of publicly funded social care services.

2.2 Varieties of migrant care labour: the internationalization of care labour

2.2.1 The international division of reproductive labour and global care chains

During the 1990's, scientific developments in the analysis of care policies and practices have been enriched by taking up the intersectionality approach in their analytical framework, therefore by including new dimensions in the analysis of inequalities related to care work and provision (Bürkner, 2012; Lutz and Palenga-Möllnbeck, 2011). In particular class and ethnicity (or race, in Anglo-Saxon scholarship) have been progressively included in the theoretical frameworks underpinning research on care, following the claims made by some authors that blamed the feminist research on reproductive labour produced by then for overlooking the interweaving roles of socially constructed notions of gender, race, and class in producing

stratifications in the unequal distribution of domestic and care tasks, in both public and private realms (Nakano-Glenn, 1992, Duffy, 2007).

Indeed, the growing contribution of migrant workers to care labour market has not gone unnoticed by scholars on care work and practices. Although an historical perspective contribute to discuss the novelty of migrant domestic and care labour (Sarti, 2006; Duffy, 2007), in all western (and even non-western) societies, the magnitude and scope of the redistribution of care work along class and ethnic lines has increased dramatically over the last decades, especially in Europe (Ehrenrich and Hochschild, 2003; Salis, 2014, *forthcoming*). Besides, while domestic workers of the old times were typically recruited among rural migrants coming from the countryside on a short-distance, international migration is nowadays the main source pool of migrant care and domestic workers in richer societies of Europe, the USA and beyond (Parrenas, 2001; Hondagneu-Sotelo, 2001; Huang et al, 2012; Ogawa, 2012; Williams and Brennan, 2012; Gavanas, 2011). Furthermore, while in some cases employment of migrant care workers shows important continuities with servitude and paternalistic forms of employment typical of the past (Colombo, 2007; Colombo and Decimo, 2009; Anderson, 2000), the span of care and domestic occupations, the forms of employment, the tasks associated with them and the class positions of employers of domestic workers have considerably changed. The recent revival of domestic work, and the new key role played by migrant workers in this process has been thoroughly analysed by scholars through the categories of gender and ethnicity: a number of academic works in the late '90s have observed that the redistribution of domestic tasks in contemporary times is substantially reframed along ethnic lines, where migrant women find themselves concentrated in the bottom positions of the redistributive scale, doing the most "dirty work" (Anderson, 2000), and complex hierarchies emerges across different national (or ethnic/racial) groups, based on racialization processes imposed by employers (Andall, 2000; Anderson, 2007; Hondagneu-Sotelo, 2001; Lendaro and Imdorf, 2012). Andall (2000) has described the new redistribution of domestic work as the outcome of a *post-feminist revolution*: middle-class women in western and affluent societies, failing to achieve a full and balanced gender redistribution of their domestic work charges within their households and families and striving to conciliate their family responsibilities with career perspectives, have transferred a large part of their care and housework tasks to migrant women coming from poorer societies.

In the same period, new lines of research have enlarged the focus and the theories on the racial distribution of domestic work have spanned the global level. Such new studies have showed how the care deficit emerging from wider structural and societal dynamics in affluent

societies of the global North has been increasingly tackled through the employment of foreign women from the poorer South, who, at their turn, leave behind their families, children and elderly parents in particular, and use the money they earn by serving in American or European households to compensate for their absence as mothers or daughters of elderly parents, often buying care services in the local market in origin communities. Such transnational division of reproductive labour linking wealthier and impoverished societies has been widely studied and analysed through the concept of “global care chains” (Ehrenreich and Hochschild, 2002; Parrenas, 2001). Although most of the research adopting the “global care chains” framework was based on in-depth studies in specific urban contexts in Europe and the US (See Parrenas, 2001 or Anderson, 2000), the theoretical focus of the global care chains literature was centred upon the global level and existing asymmetrical power relations between (migrant) workers and their (white, western) employers, structured by ethnic and racial stereotypes intersecting with gender inequalities, were analysed through the interaction of global forces that shape the emerging demand in the north and propel increased mobility of women from the south to meet such demand. As Yeates (2012) has stated, research on “global care chains” was, at its core, revolved around describing and analysing ‘personal links between people across the globe based on the paid or unpaid work of caring’ (Hochschild 2000: 131).

Notwithstanding its merits, the literature developed around the concept of global care chains is not exempt from important limitations, some of which have been recently identified in a review of the state-of-the-art proposed by Nicola Yeates (2012). Firstly, by taking the global as the main perspective of analysis it tends to downplay national and even local specificities in articulating the structure of inequalities; as a further consequence of the global focus, the role of the state as a key agent in shaping forms and magnitude of migrant care work is downplayed and underrated; similarly, the global focus has as a consequence the limited attention given to local specificities in care arrangements, organization and provision, derived from particular cultural, institutional and political factors, which have important implications for both care givers and care recipients (Raghuram, 2012). Secondly, by focusing quite restrictively on domestic work, the role of migrant workers in nurturant forms of care work or in care occupations outside the private domain of households (e.g. nursing aides, home helps employed by agencies or public bodies, etc), which seem particularly relevant in Europe, is largely disregarded, or, actually, existing boundaries across these two different realms of reproductive labour are quite blurred in their analytical frameworks. Finally, and most importantly, works in the line of the “global care chains” literature tend to downplay and underrate the role of migrant workers’ agency face to structural constraints linked to global forces and racialised gender structures that place them at

the bottom ladders of the care labour markets; in fact, most of these studies propose a victimizing representation of migrant care and domestic workers, who can only accept the “dirty work” offered to them, due to structural constraints linked to racialised hierarchies in care and reproductive labour, restrictions imposed by stricter migration controls and their undocumented status, obligations imposed by their family situations in countries of origin, which forces them to accept even exploitative and poorly paid work. However, such flaws may be addressed by adopting an analytical perspective where migrant’s agency, i.e. their ability to make choices and find alternatives, to enact practices of adaptation, and even resistance to the hardship connected with their working and living situation, and, possibly, their capacity to pave a way for occupational and professional advancements, could be given the right place (Ambrosini, 2013; Tryandafillidou, 2013). I will dig deeper into these issues and propose ways to address the insufficient attention given to migrants’ agency in para. 2.3 below.

2.2.2 Migrant care workers in national care regimes

The scholarship on “global care chains”, as well as the previous wave of studies on the racialised division of reproductive labour, was originally produced mostly by American (or US-based) scholars and, as a result, had as the main empirical base care and domestic labour markets in the US, with only few exceptions (see Anderson, 2000, Andall, 2000). In most recent years, also European researchers have started to devote a great deal of attention to the crucial role played by migrant workers, and primarily by women migrants, in filling the increasing care gaps affecting European societies. Given the greater weight of welfare states in the European context relative to the north-American one, much of this academic attention understandably stems from welfare and social policy analysts, which have recently included migration and dimensions related to ethnicity and migration status in their analytical frameworks. Italian social research stands out in this picture as one of the few case where the study of the inclusion of migrant workers in the care and domestic sector has been primarily driven by migration scholars, given the peculiarly huge weight acquired by immigrants in the Italian care markets (Ambrosini e Cominelli, 2005; Sciortino, 2004; Colombo, 2003; Catanzaro and Colombo, 2009).

Accompanying the observation of care as “going public”, academic research has started to devote a great deal of attention to the crucial role of welfare states in determining the balance between informal and formal care arrangements (Bonsang, 2008; Costa-Font, 2010), largely determined by the actual policies adopted in the field of welfare and labour markets (among

else), and to the actual forms of care work, that any specific welfare (and care) regime engenders. As a result of this increasing attention, care has recently become a key conceptual tool in comparative social policy analysis, starting from an early feminist critique of the ground-breaking work of Gösta Esping-Andersen (1990) on the three worlds of capitalism (Lewis, 1992; Pfau-Effinger 2005; Razavi 2007).

One of the main insights proposed by feminist scholars is that who should provide and receive care, as well as how and where people are to be cared for are key questions in the analysis of welfare regimes and their answers are to be found in specific gender and political cultures and ideologies within a given society (Knijn and Kremer 1997; Duncan and Pfau-Effinger 2000). Brigitte Pfau-Effinger (2005: 326) has proposed to analyse welfare regimes through the lens of what she defines as the “*care arrangement*”, that is the “*interrelation between the cultural values about care, the relevant sense-constructions in a given society surrounding informal and formal care and the way institutions like the welfare state, the family, the labour market and the non-profit sector as well as social structures frame informal and formal care*”. The underlying idea here is that welfare states, and care policies within them, are highly gendered and their differences are strongly dependent on the way inequality structures, also based on cultural notions of gender, class and ethnicity, are articulated in any given society. By putting the spotlight on the gender dimension in welfare states arrangements, feminist scholars have greatly contributed to identify care as a crucial element in welfare states theory. Daly and Lewis (2000: 285-286) have claimed the importance of (social) care as a key concept in analysis of welfare states and emphasised its multidimensional nature. They identified three main dimensions of care: first, “care as a form of labour”, which draws attention to the conditions under which it is carried out; the second dimension locates care within a normative framework of obligation and responsibility, which helps to highlight the social and societal relations of care and the state’s role in either weakening or strengthening existing norms about care; finally, they see care as an activity which involves costs, both financial and emotional, which extend across private/public boundaries.

With particular regards to Europe, a wealth of scholarly work has been produced in the last two decades that, through an in-depth comparative perspective has identified existing typologies of care regimes and dynamics of change in national care policies, particularly with an interest in processes of marketization of care and privatization of care services. A thorough critical review of the existing literature on the comparative political economy of care and of welfare states goes beyond the scope (and the goals) of this thesis. What is instead important here is to better define, based on the existing literature, what is meant by care regime and how

this interacts with other important policy regimes (primarily in the domain of employment and immigration) in determining the size and forms of migrant care labour in specific national contexts.

2.2.2.1 Typologies of care regimes: converging variations in national care mixes

Drawing on the notion of “regime” used by Esping-Andersen (1990), Lutz (2008: 2) refers to care regimes as the “*organization and the corresponding cultural codes of social policy and social practice in which the relationship between social actors (State, labour markets and family) is articulated and negotiated*”.^v A crucial aspect in this definition is the emphasis put on the different institutional arrangements underpinning the provision and organization of care in a specific national regime, differently biased towards three main social agents and institutions: the Family, the State and the Market. Some authors have complemented this triangle by adding up a fourth set of actors, variously defined as ‘community’, ‘voluntary’, ‘non-market’ or ‘non-profit’ sector and have portrayed the mix of actors and institutions involved in caring through the image of a (care) diamond (Razavi, 2007). This image largely mirrors the concept of welfare mix (Ascoli and Ranci, 2003) used to analyse recent transformation of welfare states towards the progressive mixing of institutional arrangements in funding, organization and provisions of welfare services and benefits that increasingly see the pluralisation and blurring of actors and their respective roles and responsibilities in addressing welfare needs. More recent theoretical and conceptual contributions have instead claimed that the mix does not strictly refers to actors and institutions but that, rather, what is mixed is the different *logics of action* that pertain to each macro-institution (Ponzo, 2014): Brennan and her colleagues (2012) make a distinction between the logic of *market* provision concerned with profit-seeking through competition; the logic of *state* provision oriented at meeting citizens’ social rights through public institutions and state bureaucracies; the logic of *associations* working through formal/private/non-profit bodies whose rules originate in ethical norms and codes; and the logic of informal, private *family* provision whose rules and practices are embedded in moral obligations and emotional/social relations.

Beside the main institutions involved in the organization and provision of care (*who* is responsible for caring?), or their logics of action, other major interconnected dimensions of care regimes based on which differences emerge are: location, mode or funding of care. Within each dimension, variations are certainly not discrete but they rather emerge in continuums: thus when looking at location of care, concrete solutions may range from home-based care to residential

care, both provided by either families or public or private organizations, (or, actually, a mix of both). When looking at modes of care provision, we may find solutions that range from purely informal care provided by (female) family members, friends or kin without any support from the state to formal care provided in public or private settings. Finally, when looking at funding of care, various arrangements may be set up somewhere in between the two extremes of completely privately funded care, on the one hand, to state-funded care services on the other. Actual care regimes thus differentiate one to each other in the articulation of these different dimensions. Furthermore, the organization, funding and provision of care greatly vary according to the type of beneficiary, that is whether care is targeted for young children, disabled adults or elderly people. Finally, another key dimension of care regimes has to do with the way in which personal or social care interact and intersect with other key policy domains: health care, especially when elderly care is considered; education, when child care is involved; labour market and professional training policies, when conciliation between family life and employment or qualification and professionalization of care work is at stake.

Drawing on the literature on the variations in welfare states in the light of feminist scholarship on care, some authors have proposed various typologies of care regimes (See for instance Bettio and Plantenga, 2004; Pfau-Effinger, 2005; Anttonen & Sipilä, 1996; Lister et al., 2007). More recently, new pieces of research have instead highlighted “converging variations” of care regimes across Europe and beyond^{vi} (Williams, 2012). Indeed, beside existing (and still substantial) variations related to specific contextual, institutional and cultural settings of care it has been observed that European care regimes are undergoing a process of convergence towards the increased role of market mechanisms in tackling care needs, either in pure forms or hybrid forms backed by public support, a process strongly and decisively sustained by the State (*See* Brennan, Cass et. al 2012; Williams, 2010; Ungerson, 2003). Several factors may account for these transformations. On the one hand, the demographic and social factors recalled above are affecting the sustainability of state-funded care mechanisms: booming needs induced by population ageing combined with the absolute and relative reduction in the potential number of care providers within families, due to increased female participation in labour markets, are reducing the space of informal care traditionally provided within families (particularly by women) and increasing the demand of care services provided in the market sphere. On the other hand, public budgets constraints are pushing towards a retrenchment of social policy expenditure. The shrinking expenditure is tightly associated with a structural readjustment, linked to neo-liberal ideologies and the related new public management approach^{vii} which is putting pressure on care

regimes to extend the care mix towards a greater role of market mechanisms in care provision and organization (Bettio and Verashchagina, 2010; Williams and Brennan, 2012).

Marketization processes are particularly advanced in the field of long-term and elderly care (Colombo, Llana-Nozal et al, 2011; Spencer, Martin et al. 2010). In fact, the “care deficit” affects all the spheres of the world of care, namely child care, homework and long-term care addressing frail elderly and disabled adults. However, it represents a particularly serious challenge in the field of long-term care, addressing to a great extent older adult people: the share of old age population over total population has been on the rise everywhere in Europe, although following a different pace across European countries: in 2010 the share of people aged 65 and over exceeded 20% in Germany and Italy and approached similar levels in Spain, Greece, Finland or Austria (OECD, 2011). Long-term care, relative to childcare, has witnessed the least growth in public investments, recently re-oriented by the new “social investment” approach inspiring welfare reforms all over Europe (Ferrera, 2009). Consequently, long-term care is indicated by most experts as the realm of social care where marketization has been boosted further (Brennan, Cass et al., 2012).

As a consequence of these transformations a common trend observed in most European welfare state (and beyond) sees the development of “routed wages” in care work (Ungerson, 2003), stimulated by the extensive use of so-called cash for care schemes that endow care users with a given amount of cash to be used to pay for their care needs. Different forms and degrees of conditionality are attached to cash transfer schemes, which may have, at their turns, different consequences in creating and shaping care markets (Da Roit et al. 2007, Simonazzi, 2009). The expansion of cash-for-care schemes has been matched with a process of de-institutionalisation and a resultant emphasis put on domiciliary, home-based care at the detriment of residential care (see Williams and Brennan, 2012; Colombo, Llana-Nozal et al, 2011).

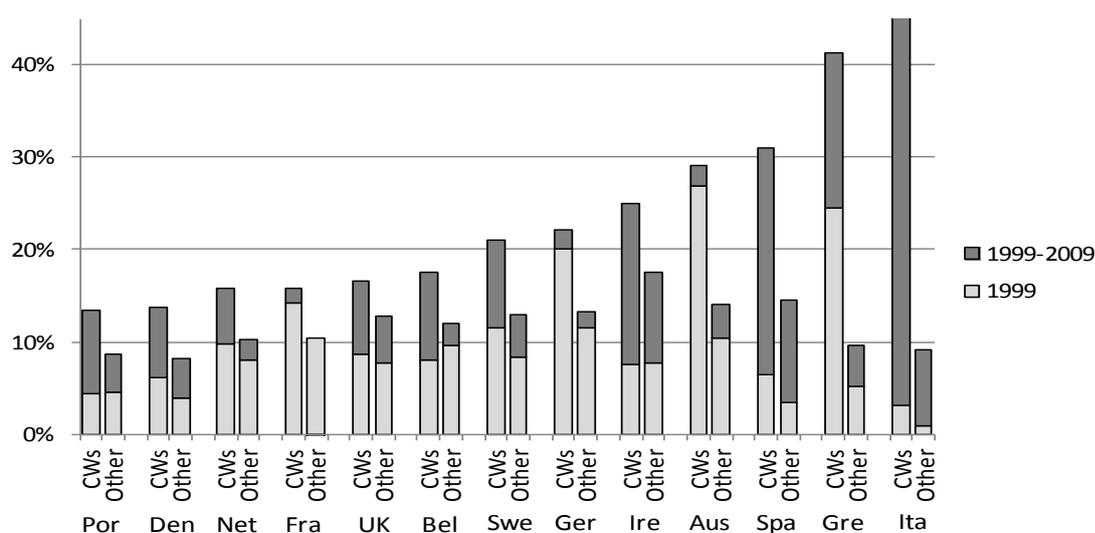
This new demand is opening new space for the employment of migrant workers in the care sector in many European countries. However, the magnitude of the unmet demand for care filled by migrant workers as well as the forms into which migrant care labour is displayed in different national context is highly variable.

2.2.2.2 Varieties of migrant care labour at the intersection of care, employment and migration regimes

Following the developments outlined above, important labour shortages have affected labour markets in the care sector and migrant labour has substantially contributed to fill these shortages in most European countries, particularly in the field of elderly care. As the figure 1 below tellingly shows, in the decade preceding the crisis, migrant workforce has been overrepresented in the total workforce of the long-term care sector, compared to other occupational sectors, in some of the core EU member states.^{viii}

In Mediterranean countries (with the exception of Portugal) the share of migrant workforce in long-term care has exceeded 30 per cent in 2009, with a dramatic increase observed in the preceding decade: in Italy migrant workers represented less than 5 per cent of the total workforce of the sector in 1999 while they raised to almost 50 per cent only ten years after. In other EU countries the weight of migrant care workers has remained at lower level, but still more significant than in all other occupational sectors. In UK, Sweden, Belgium or Denmark the share of migrant workforce in the care sector has doubled or more between 1999 and 2009, whereas in Germany, Austria or France the change has not been substantial.

Figure 1: Foreign born share (%) of the long-term care workforce and other occupations in selected EU countries, 1999 and change 1999-2009



Source: courtesy of Alessio Cangiano, University of South Pacific; calculations based on the EU Labour Force Survey

Therefore, although the extent and forms of recourse to migrant labour in emerging care markets have been considerably varied across Europe, it seems fair to say the European care regimes are going through a steady process of internationalization. A first partial explanation of this variation has certainly to do with the differentiated impact of population ageing across European countries: the different weights of old-age, working age and young-age population may create different needs in each country. However, this diversity finds its core explanation in the interconnection between care, employment and migration regimes in each individual country.

2.2.2.2.1 Varieties of migrant care labour: the demand side

In the most recent years, starting from the observation of the increasing contribution of migrant workers in the care and domestic sectors of many European countries, the literature on care regimes has been complemented by specific attention given to the role of migration regimes in shaping the use of migrant labour in the provision of care work (Lutz, 2008; Kilkey et al, 2010; Williams and Brennan, 2012). According to authors in this line of research, the patterns of migrant care labour are shaped by the specific intersection of (gendered) care, employment and migration regimes in each (cluster of) country. As Fiona Williams (2012: 364) effectively puts it: “*variations in the employment of migrant care labour emerge in the ways these three regimes intersect within any one country*”. In particular, on the one hand, the actual articulation of care and employment regimes in individual countries greatly contributes to explain the emerging labour shortages (i.e. care demand) in the care sector, both in purely quantitative terms and, most importantly, in qualitative terms, namely in understanding the specific positions of migrant workers (also differentiated by specific nationalities/ethnicities) across the skill spectrum and different forms of employment. On the other hand, a deeper look into migration regimes contributes to account for the characteristics and patterns of labour market integration of the labour supply available: rules related to admission and labour market access, rights and entitlements linked to immigration status, patterns of integration and immigration history of any given country are all key elements that contribute to explain the relative position of migrant workers in national (care) labour markets. Nonetheless, despite a distinction between a demand explained by care and employment regimes and a supply provided through immigration policies is useful for heuristic purposes, it is worth pointing out that it is nothing but a necessary simplification for analytical purposes. Indeed, demand and supply may also dynamically interact with each other and

sometimes, an abundant supply has even stimulated a new demand that was not previously expressed (Ambrosini, 2012; Colombo, 2003).

The transformation occurred in most European care regimes towards the commodification of care through the shift from in-kind services to cash provision has set off the development of new markets for care. However, the outcomes of these policy developments in terms of labour market impact vary considerably according to country-specific organization of cash-for-care benefits or care services and especially on the degree of regulation (or lack of it) imposed on the recruitment and management of care workers outside the family circle (Ungerson 2003; Da Roit et al, 2007). These latter aspects are indeed crucial in explaining emerging shortages in care labour markets. The regulation of care and domestic work related to skills and credentials, forms and conditions of employment, working conditions, social security entitlements, among other factors, greatly explain the attractiveness of this kind of work for native workers and, consequently emerging shortages in the sector: native workers tend to shun those jobs with poorer employment and working conditions, lower wages, and bad social recognition. Consequently, as Geerts (2011) has showed using EU-LFS data for Germany, Netherlands and Spain, migrant workers are particularly concentrated in the lowest layers of the occupational ladder in the long-term-care workforce, while they are marginally represented among skilled professional care workers.

Indeed, as Simonazzi (2009: 216) has argued, specific care regimes “*differ in their capacities to create a care market, either social or private*”. Drawing on comparative analysis of six European countries, she distinguishes between two groups of countries: one that rely mostly on in-kind provision, either directly or via contracting out, and with a greater reliance on conditional cash transfers (namely Sweden, UK and France) and the other that rely mostly on unconditional allowances paid to the family carer or care recipient (Austria, Germany and Italy). In the first group a formal market for care is created whereas in the second informal care markets prevail (dualistic markets in DE and AU). Simonazzi describes “*national employment models*” in the care sector complementing characteristics of the care regimes with specific labour market regulations in the sector concerning especially pay and working conditions, forms of employment (i.e. direct employment, self-employment or agency work) or skills, training and credentials. Thus, the combination of specific features of national care regimes and employment models explain the emerging gap between care labour needs and supply by native workers (i.e. demand for migrant care labour) and, consequently, the modes of migrant involvement in the labour market.

However, Simonazzi largely overlooks the role of the migration regime in explaining characteristics of migrant care workers in each country and their forms of employment.

Other authors have more effectively included immigration regimes in their comparative analysis. For instance, comparing UK, Italy and the Netherlands, Franca Van Hooren (2012) has identified three different models of migrant (elderly) care labour, originating from specific features of the national care regimes that shape the labour demand in the sector: Italy, where a “*migrant-in-the-family*” model of care has emerged (Bettio, Simonazzi et al. 2006) as a consequence (among other factors) of the prevalence of unconditional cash allowances; UK, with a “*migrant-in-the-market*” model, related to the larger use of means-tested cash allowances and outsourcing of public domiciliary care services by local authorities to private service providers, and the Netherlands where none of the two has been observed and the employment of migrant workers in the care sector is still negligible. Van Hooren also looks at the role of immigration policies in setting up these three different models and she concludes that “*labour migration policies for care workers only had a limited impact on the employment of migrant workers*” since “*many migrants employed in the social care sector rely on residence permits unrelated to employment or [...] are already living in the country as irregular migrants*” (2012, p. 143).

In another study Shutes and Chiatti (2012), drawing on a comparison between elderly care systems in UK and Italy, reveal how trends towards marketization of care, although starting from two very different models, have converged towards a wide use of migrant labour in care services. In both countries, though in rather different forms, marketization has led to major shifts in the employment of care workforce from the public to the private sector where labour and employment conditions are poorer, and to an expansion of the care workforce directly employed by individuals and their families. The authors highlight the role of immigration policies in shaping the employment of migrant care workforce by creating the structure of opportunities and constraints into which migrant care workers act. Thus, migrants in an irregular status can only enter the informal labour markets where low wages and poor or exploitative working conditions are prevalent and, at the same time, holders of regular residence permits may face different sets of constraints and restrictions and, for instance, be bound to employment in a given sector/occupation or to a specific employer.

Williams (2012: 370-1) underlines the importance of looking at “*specific forms of migrant care labour that any individual care regime generates*”: that is whether migrant labour is employed in elderly care or childcare, in (public/private) home-based services or in (public/private) residential care services, in the formal or informal sector, etc. The articulation of specific provisions and

arrangements within each specific care regime contributes to explain the actual forms and conditions of employment in specific segments of the care sector and, consequently, emerging shortages in the care labour markets. Thus in general terms, a greater role of state-provided care services, either in institutional or domiciliary settings, usually entails better employment and working conditions (in terms of wages, employment protection, working hours, etc.), a greater labour supply by native (women) workers and a limited role of migrant labour (Cangiano, 2014). On the opposite side, the widespread use of cash transfers, with no or low conditionality upon their use, lower employment protection or poor regulation, creates strong incentives towards the irregular employment of care workers and make care work unattractive for native workers. Besides, the outsourcing of social care services to for-profit or not-for-profit providers by public authorities may result in low wages and poor working conditions for workers employed by care agencies and a lower native labour supply (Cangiano and Shutes, 2010).

2.2.2.1.2 Varieties of migrant care labour: the supply side

While the intersection of care and employment regimes in individual countries contributes to explain the emerging demand of migrant care workers (both in quantitative and qualitative terms) the characteristics of the available supply of migrant care labour are better explained by immigration policies or regimes. Sainsbury (2006: 230) defines an immigration regime as a set of *“rules and norms that govern immigrants’ possibilities to become a citizen, to acquire residence and work permits and to participate in economic, cultural and political life.”*

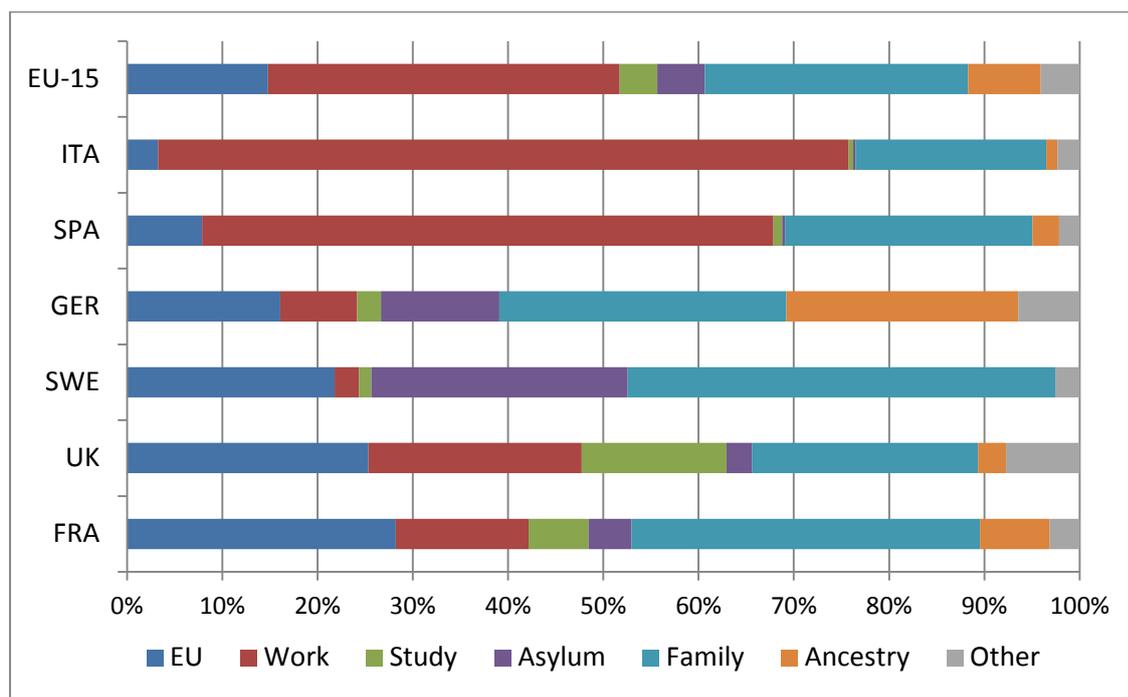
Indeed, the legal and migration status attributed to migrant workers by specific migratory policies significantly influences their labour market behaviour (see Cangiano 2012, Büchel and Frick, 2005). Migratory policies thus not only impact on the overall (quantitative) availability of migrant workers but: first, they, either explicitly or implicitly, select them on the basis of national origin, skill level, gender etc.; second, they affect the level of irregular migration, which represents a substantial supply of labour for the informal care markets (Devitt, 2011; Ambrosini 2013; Tryandafillidou, 2013); third, they define the set of rights and entitlements that affect labour market behaviour of migrant workers after the initial admission (Sainsbury 2006; Ruhs and Anderson 2010). Migratory policies are thus a key component of the “opportunity structure” in which immigrants’ agency develops.

Over the last few decades, legal avenues for the admission of migrant domestic and care workers have remained overall limited in most European countries, though the situation is quite variegated across countries. Southern European countries are those which have showed a greater openness to MCWs. Italy represents here as an exemplary case where the labour market for domestic and care services has rapidly become the main entry door of (care) labour migration into the country with the adoption of ad-hoc entry quotas and mass regularizations for domestic and care workers during the most recent years (Salis 2012; Castagnone, Salis et al. 2013). Since the early phases of the Italian immigration experience migrant domestic and care workers have benefited of preferential provisions in admission procedures (Einaudi, 2007). Between 2005 and 2010 a considerable share of new work permits issued through annual quotas targeted jobs in the domestic and home care sector: from around a third of the total in 2005 to over 70% in 2008. After the 2002 ‘great regularization’ through which around 300,000 irregular domestic workers obtained legal status (i.e. almost half of the total regularized population), an ad hoc regularization for domestic and care workers was adopted in 2009, despite the rising unemployment caused by the economic crisis. Although less noticeably, Spain as well made the domestic sector a major entry door into the national labour market by either opening up job-search entry routes for domestic workers or through mass and individual regularization schemes (i.e. so-called *arraigo*) (Arango and Finotelli, 2009). At the opposite end, France stands out as a case where job vacancies in the care sector have been scarcely filled by migrant labour and, in most cases, MCWs did not enter France for employment reasons. Indeed, this is in line with the general closure to labour migration adopted by France since the late 1970s to the mid-2000s, when a shift from ‘*immigration subie*’ to ‘*immigration choisie*’ was claimed by the then President Sarkozy (Devitt, 2012). Therefore, as Condon and her colleagues (2013, p. 16) effectively put it, social care policies in France have in no way relied upon immigration policies. Other major destination countries lie somewhere in between these two extremes, with only small avenues open to MCWs, usually at the higher skill levels, and a relative openness to care labour migration from new EU member states after 2004: in the UK pre-2008 work permit system, senior care workers (with qualifications at level 3 of the National Qualification Framework) were eligible for admission and in the period between 2001 and 2006 over 22,000 new work permits were issued to migrants meeting the established criteria^{ix}. At the same time, a fairly high number of low skilled jobs in the social care sector was filled by citizens from the A8 countries between 2004 and 2009 (Cangiano and Shutes 2010; Cangiano, Shutes et al. 2009). In Germany a pilot program of ‘controlled migration’ for home helpers was introduced in 2002 but only 3,000 workers were sourced through it, whereas the overall number of migrant elderly care workers was estimated to be

between 150,000 and 200,000 (Lutz and Palenga-Möllnbeck 2010). Most of these foreign care workers were nationals of the newly accessed Eastern European member States entering with tourist visas or exploiting the loopholes of EU mobility regulations by working as self-employed or employment agency care workers (Morokvasic, 2004; Shire, 2014). In some Nordic countries, although not politically nor legally framed as a form of migration, au pairs have represented an increasing supply of labour in the domestic and care sector in the last decade (see Isaksen, 2010 or Anderson, 2007).

I have elsewhere produced some empirical figures that broadly confirm this picture (Salis, 2014, forthcoming). Figure 2 below allows to describe the main recruitment pools of MCWs in the year 2008 in selected EU-countries^x.

Figure 2: Composition of the migrant care workforce by entry category,^(a) EU-15 and selected EU countries (2008).



Source: courtesy of Alessio Cangiano; estimates based on the EU Labour Force Survey

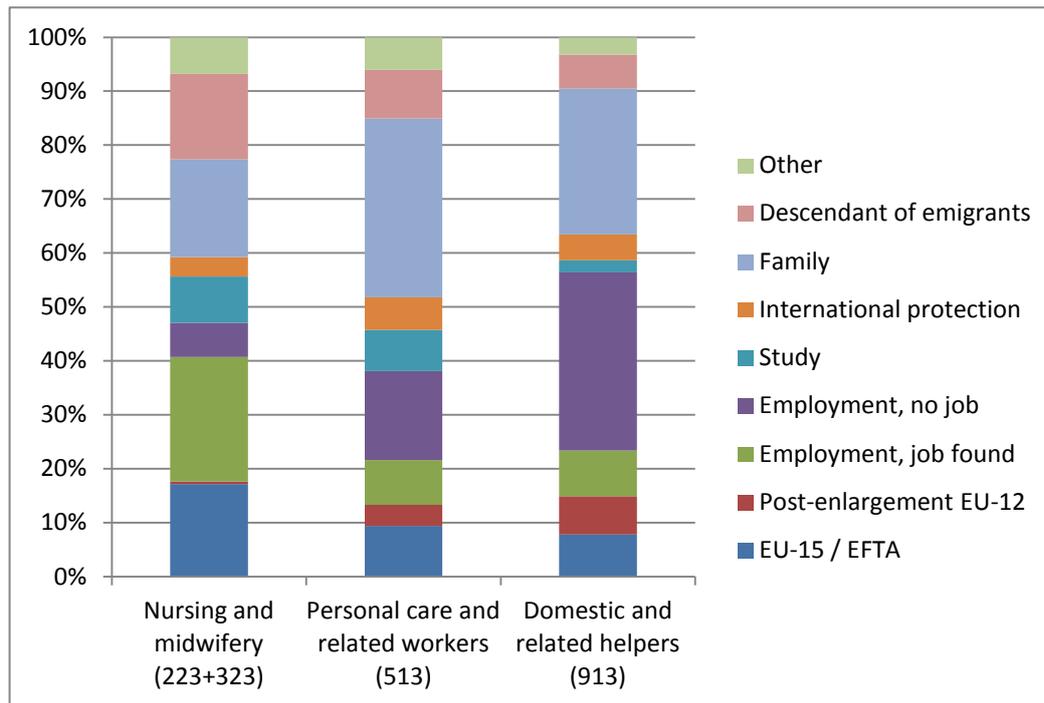
Note: (a) The category EU includes nationals of EU-15 countries and post-enlargement EU-10 migrants (nationals of EU accession countries who moved to the selected destination countries in or after 2004). Migrants from Central and Eastern Europe who moved before 2004 are included in one of the other entry categories for non-EU nationals.

At the EU-15 level, around 15% of the migrant care workforce is represented by EU mobile citizens, over a third of MCWs has entered the host country for reasons of employment and another third for family reasons; all other entry categories are only represented in minor percentages. Unsurprisingly, entry routes related to employment seem to have been more important for care workers in Italy, Spain and, to a lesser extent, in UK, namely the three large EU countries that have showed a greater openness to labour migration in the pre-crisis decade (Pastore and Salis, 2013). On the contrary, given their generalized closeness to economic migration until very recently, France, Germany and Sweden have sourced MCWs from alternative entry routes, especially family reunification, intra-EU mobility and humanitarian migration. Also, ancestry-based immigration has had a greater role in Germany.

Despite some relative opening in southern European countries, however, immigration policies across Europe have remained quite close to immigration of care workers, largely pictured as low skilled and therefore undesirable and useless: therefore, as Bridget Anderson (2011: 51) puts it, *“There [has been] an ostensible mismatch between immigration policies, which have taken little account of the implications of its emphasis on the ‘highly skilled’, and the demand for low waged, flexible workers from the social care sector.”* Nevertheless, the official restrictiveness towards immigration of care workers, has not certainly prevented the growth of migrant care labour in most European countries. In the vast majority of cases migrant care workers have entered through alternative migration channels or, quite often, they made large use of irregular avenues and overstaying.

Indeed, as figure 3 below shows, around a quarter of skilled and highly skilled MCWs have entered the host country for employment reasons, often upon the availability of a job offer before entry (in around 23% of cases), while intra-EU mobility, family reunification or ancestry-based immigration have been other relevant entry channels. It is worth noting that within this sub-group, the share of workers entered for study reasons and of intra-EU-15 citizens, is greater than for the other two sub-groups implying that most of them have probably gained training and credentials for the exercise of their profession while already in the EU. Entry routes for employment reasons have been much more relevant for unskilled MCWs in the ‘domestic and related helpers’ sub-group. However, the vast majority of them have entered the host country without a job offer, therefore presumably through irregular avenues^{xi}. Compared to the other two occupational sub-groups, post-enlargement intra-EU mobility has been more significant for migrant domestic workers. Within the intermediate positions of ‘personal and related care workers’ the mix of entry channels has been more varied, although with a greater role of family migration routes.

Figure 3: Distribution of care migrant workers at the EU-15 level, by occupational category and entry route, 2008 (%)



Source: courtesy of Alessio Cangiano; estimates based on the EU Labour Force Survey.

The size of irregular migrants working as care workers, usually privately employed by households in home-based care, has been (and probably still is) massive in Mediterranean countries characterized by vast unsatisfied care needs. But also in other EU countries the phenomenon has not been negligible (Ambrosini, 2013; Tryandafillidou, 2013; Gavanas, 2011). For instance, Germany, which has kept until very recently a quite restrictive stance towards labour immigration (and low skilled immigration in particular), seems to have largely tolerated a sizeable pool of undocumented or irregular migrants working as home-based carers for the elderly, an attitude that Lutz and Palenga-Möellenbeck (2010) have defined of “complicity”: an “open secret” to which the German governments have turned a blind eye. On the one hand, home-based care work, especially when carried out in live-in situations, provides irregular migrant workers with key resources that allow them to cope with difficulties related to their irregular immigration status (Ambrosini 2011). On the other hand, irregular status of migrant workers, or, alternatively, strong linkages between their labour and immigration status, is a key factor in explaining the demand for their labour by native households. Not only irregular

migrants are more prone to accept badly paid and precarious jobs, but they are also particularly desirable for employers which hold additional means of control over them (Anderson, 2007).

2.3 Bringing back agency in the analysis of migrant care labour

Research produced in the line of the “varieties of migrant care labour” literature have addressed some of the limitations identified in the “global care chains” scholarship, namely the role of institutional factors and of public policies in shaping different forms of migrant care labour across national contexts and the limited focus on domestic work, by showing that migrant labour is found in a number of care occupations, spanning both domiciliary care and institutional care settings, direct employment by families as well as agency employment, self-employment and corporate service provision. Comparative social policy analysts have provided mindful theoretical insights on the crucial factors that may explain the diverse forms of migrant care labour in different countries: the degree of marketization and privatization of care, the use, actual design and implementation of cash-for-care schemes, the level of public or publicly funded care services provision, the forms of regulation and professionalization of care work, the rules regulating admission, labour market access and residence rights of (various categories of) migrants workers, and so on. However, the “global care chains” and “varieties of migrant care labour” literatures share in common a narrow focus on structural factors, which largely disregards the role of migrants’ agency in affecting the patterns of labour market insertion into the care and domestic labour markets. This is a crucial critical point that I will address in my thesis and which has inspired and oriented my research.

The limited attention given to migrants’ agency in both streams of research is indeed partly explained by the research questions and goals from which they have originated. On the one hand, scholars adopting the “global care chains” framework aimed at discovering the structures of inequalities along gender, racial and class lines, roused by globalization processes, that underpinned the contemporary racial division of reproductive labour, where white, middle-class women in the North and West outsourced their care burden to other women coming from abroad, who, at their turn, transferred their care responsibilities to female relatives or paid workers in their left-behind communities. The main interest here was to reveal how migrant care workers were assigned the most menial and burdensome tasks, sometimes in a contemporary version of pre-modern forms of servitude (Parrenas, 2001; Anderson, 2000) whereas their

mistresses kept the most “spiritual” or “managerial” caring tasks for themselves (Nakano-Glenn, 1992), on one side, and on how these processes were for the most part driven by global forces, on the other side. As a result, most studies on global care chains tend to depict migrant care workers as ‘*a migrant-victim best understood in terms of [...] her role as the object of global capitalist expansion and restructuring*’ (McKay, 2007: 177). Little or no interest was put on understanding if and how migrant workers could adapt to and accept this situation or possibly enact practices and use their resources to resist exploitation and eventually find new and better ways to meet their ends in other jobs or occupations.

On the other hand, the scholars that have comparatively analysed the variations in the contributions of migrant labour across European care labour markets, in both quantitative and qualitative terms, were ultimately interested in explaining how macro-processes of marketization and privatization of care, variously produced and managed in different national welfare states, have ended up in distinct forms of migrant labour across national contexts. Here, the attention was mostly given at the complex interaction of three main policy regimes – in the field of care, labour market and migration – in producing either an unregulated market of domiciliary care services where migrant workers were directly employed (often irregularly) by private household – the “migrant-in-the-family” model of care observed in Mediterranean countries – or a regulated private market for care services mostly provided by for-profit or not-for-profit agencies, with little support from the State – such as the “migrant-in-the-market” model of care produced in liberal welfare states – or other possible variations along these two extremes. Here, again, migrant care workers and their individual trajectories, were left for the most part out of the picture and little attention was given to their interests and practices to cope with their subordinate positions in care labour markets of countries of destination.

With this thesis I contribute to address these limitations by claiming the need to bring back agency in the analysis of migrant care labour. This entails shifting from theoretical perspectives that represent migrant care and domestic workers as passive agents – bearing the consequences of highly segmented labour markets, restrictive immigration rules, limited opportunities for occupational and professional advancement – and put forward a different theoretical perspective that rather sees them as social actors. In this view, stressing the fact that migrant care workers are social actors imply to first acknowledge their partial autonomy with respect to structural constraints and, secondly, to place emphasis on their desire to improve personal (and family) living and working conditions, in a dynamic perspective (See Ambrosini, 2013, p. 18). With this I aim at overcoming the “victimizing framework” and at putting new emphasis on the “*diversity of*

responses to a situation and the frequency of initiatives that lead these victims to become actors by constantly redefining their horizon, their possibility for action and the nature of the obstacles facing them.” (Touraine, 2000: 902)

In order to do so, I will draw my analysis on the concepts and analytical frameworks originally developed in the growing existing literature on the agency of irregular migrants. However odd the analogy between irregular migrants and migrant care workers may sound I argue that there are important elements that partly justify it. At a first level, it is widely acknowledged that in many cases migrant care workers enter their destination countries through irregular avenues or pass through a period of irregular status in the early phases (though of variable duration) of their migration experience, due to a lack of legal avenues open to less skilled care workers as showed in para. 2.2.2.1.2 above (Tryandafillidou, 2013; Ambrosini, 2013; Gallotti and Mertens, 2013; Cyrus, 2008). Thus the two groups somehow overlap at a certain point.

Secondly, and possibly most importantly, there are significant similarities in the way both groups have been studied: both migrant care workers and irregular migrants are often represented as victims of structural and contextual conditions, as passive subjects to whom possibilities for improving their living and working conditions are largely denied. In both cases, theoretical accounts on their forms of incorporation and integration in host societies tend to neglect their capacities for managing their material and immaterial resources to achieve their objectives and strive to improve their lives. In fact, structural accounts of migrant care labour tend to depict a victimizing and static representation of migrant women employed as domestic workers, often epitomized through the image of a “domestic work trap” (Fullin and Vercelloni, 2009). Employment in the domestic and care sector is often described as one of the few opportunity for labour market inclusion of migrant women, who end up in the most labour-intensive and often exploitative segments of this labour market sector (such as live-in employment forms) because of lacking opportunities in other sectors and of the increasing racialization of domestic and care work. The sector of domestic and care services is often indicated as one where few opportunities for professional advancement exists and where little space for improving working and employment conditions is observed (Fujisawa and Colombo, 2009; Bailly et al, 2013). The focus is often restrictively centred upon institutional barriers related to restrictive immigration regulations, protective regulations related to foreign credentials recognition rules, limited access to training and labour market integration measures, and so on.

While I do not mean to neglect the importance of existing structural barriers, or their crucial role in restricting potential avenues of occupational mobility for domestic and care

workers, I claim the importance to pay closer attention to micro-dynamics of change and individual trajectories out of the domestic sector which represent a significant gap in the existing knowledge of the domestic and care labour markets, in Italy and elsewhere. Besides, to my knowledge, the few studies that addressed life and labour market trajectories of migrant care workers in Italy were biased by a narrow empirical focus on migrant workers that were still employed in the domestic sector at the time of interview (Fullin and vercelloni, 2009; Castagnone, Salis et al. 2013). In fact, little – or possibly nothing – is known about those that have found a way out of such trap and that managed to change sector of employment or to scale up in the occupational ladder, from live-in family assistants to social care workers and possibly other care occupations in higher positions, such as nursing professions. However, most existing studies either do not explicitly undertake a dynamic, long-term perspective aiming at analysing life and occupational trajectories of migrant domestic and care workers. How did they took the decision? What were their main motivations? What type of resources did they deploy? Was the change subjectively perceived as an improvement in own living and working conditions? These are key questions that have been seldom asked by research on migrant domestic workers to date and that I have tried to inquire into with the research I present in this thesis.

Indeed, one major consequence of such limited theoretical perspective focused on structural barriers is the insufficient attention given to important dynamics of change that might stem from individual practices and life trajectories of migrant care workers. Migrants' practices, developed along their life and labour market trajectories, and the motivations for their actions constantly change to adapt to structural constraints and to seize the opportunities for improvement offered by their contexts of action at the micro-level. Therefore, one of my core arguments here is that it is crucial to look at individual practices and motivations for action in order to understand processes of change at both micro (i.e. patterns of occupational and/or professional mobility) and macro (i.e. possible changes in contextual conditions linked to the sum of individual actions) levels.

2.3.1 Out of the trap: aspirations for professional upgrading

In the huge stream of research on irregular migrants, and in particular in those studies emphasising the agency of irregular migrants, the latter was mainly framed in terms of a set of “*survival strategies*” that irregular migrants enact by mobilizing the scarce resources available to them in order to enter the destination country, avoid police controls and escape detection and

expulsion, at the same time gaining access to the formal and informal labour markets, find housing and building up social relationships (Datta et al., 2006; Ambrosini, 2012; Broeders and Engbersen, 2007; Cvajner and Sciortino, 2010). However, both the notion of “survival” and the term “strategies” are somehow problematic and often used rather uncritically.

On the one hand, the use of the term “survival” resonates with the idea that irregular migrants only strive to satisfy their basic needs, while in most accounts their actions are oriented towards finding ways to better their situations, by finding work or eventually achieve a regularization of their status. Besides, the idea of “survival”, as noted by Van Meeteren (2014), suggests an underlying victimising representation of irregular migrants, depicted as powerless and unable to achieve nothing better than survival:

“The story portrayed in most studies is a narrative of irregular migrants struggling to survive. While they had high expectations before they came, little is left of these once they arrive, and survival becomes the central theme in their lives. The implicit assumption that the original expectations of irregular migrants fade upon arrival has been strengthened by the commonly held idea that irregular migrants have little control over their lives.” (page 25)

Similarly, in most structuralist accounts, migrant domestic and care workers are depicted as “entrapped” in the domestic sector (Fullin and Vercelloni, 2009), to which they are driven by powerful structural elements that constraint their agency and restrict their ability to choose this or another job or to move towards different occupations and labour market sectors. Global economic imbalances and the restructuring in productive systems in countries of origin and destination, the care deficits emerging in richer societies, the bonding role of social networks which prompt and structure migration flows and the labour market insertion in the sector of domestic services, cultural stereotypes about supposed innate aptitudes towards care work or restrictive immigration policies: all these are usually advanced as explanatory factors to account for the entry and persistence of migrant workers in the household sector. By no chance these are mostly elements that draw from institutional and contextual frameworks. Most accounts just take for granted that migrant domestic workers have no other opportunities but to remain in low-paid, unskilled, unregulated jobs in the domestic sector and while individual subjective perspectives are hardly brought in the analysis. My claim here is that those accounts give a limited and short-sighted view of the reality and thus fail to reckon with important social and individual dynamics of change: many migrant domestic workers actually manage to flee from the

“trap”. Hence an agency-based approach to labour market integration of migrant care labour helps to overcome these limitations in important ways.

First, by acknowledging that individual workers may deliberately choose to access these labour market positions, find satisfaction and gratification in care work and attribute positive meaning to their work, or, possibly, may see domestic work as a “bridging occupation” (Sarti, 2006)^{xii}, namely as a channel for horizontal or vertical mobility, or, to put it simpler, as an intermediate, temporary occupation that would allow them to access different (or better) positions. Various motivations may be found behind the decision to enter care work and stay in the sector, as well as to shift between different positions across sub-segments of the care labour market, in particular from domestic work to institutional care work. One key point here is that it is key to look at these various motivations, which I will call *aspirations*, and on how they vary according to personal characteristics of individual workers and on the assessment of feasible options available to them. Secondly, by focusing on every day practices and material or immaterial resources mobilised by migrant care workers it is possible to understand how and through which mechanisms pathways of occupational mobility are initiated and structured, how micro-level actions and initiatives challenge structural barriers for mobility and seize existing opportunities no matter how small and hardly accessible the latter are.

On the one hand, a focus on macro-structural factors fails to account for individual experiences in domestic and care work, which may not always be as negative and oppressive as one would expect. In a recent ethnographic study on home care workers in the U.S. Stacey (2011) has smartly and insightfully contested the victimizing vision put forward by works inspired by the “emotional labour” framework proposed by Hochschild (1983), which stressed the exploitative and alienating nature of emotional work in care services. Investigating why home aides choose to enter and stay in their jobs notwithstanding structural disadvantage affecting these low-status, poorly paid and highly stressful occupations, Stacey puts the emphasis on the importance of emotional resources and subjective meanings attached to this specific type of work for individual workers. Through in-depth interviews with 33 home care aides she analyses their subjective experiences uncovering how they make sense of their structurally disadvantaged position through constructing a positive meaning of their work, a situated identity that she calls the “caring self”, hence contributing to explain “how identity forms in the context of inequality” (p. 42). By framing their work as a “service to the others” and by drawing clear boundaries between themselves and the “uncaring” others, the aides interviewed by Stacey affirm their social utility and restore the dignity of their work often viewed as “dirty work”. With a similar ambition to investigate individual experiences and sense-making in the context of structural disadvantage,

Sardadvar et al. (2012) provide a comparative analysis of home care workers in five EU countries (UK, Italy, Denmark, Lithuania and Germany) focusing on how individual workers elaborate on their past and current job experience to construct meaning of their work and cope with structural vulnerabilities. They thus point out the central ambiguity in (home) care work, that is the unfavourable combination of physical and emotional demand, worries about negative health outcomes, low pay, job precariousness, on the one hand, and the high degree of satisfaction, as well as positive values and sense of usefulness attached to their work expressed by individual workers: the authors thus show how home care workers are “*underpaid, overworked, but happy*”. The “assertion of social utility” is certainly a crucial resource available to migrant care workers that allows them to endure structural disadvantage, to plead for respect and to claim for dignity and importance of their work (Ambrosini, 2013). Hence, an agency-based approach contributes to contest victimizing representations of care workers as simply “entrapped” or oppressed by unfavourable structural conditions and may instead elaborate a strong sense of utility and dignity of their work.

However, I think that a further step is needed to understand why and how home care workers, and particularly migrant workers, choose to remain in care work while upgrading their skills and looking for different positions with better terms and conditions of employment, shifting from domestic work to institutional care work. Indeed, while the construction of a caring self and sense-construction in home care work tells a lot on why workers decide to stay in care work, it is less useful in understanding why and how individual workers decide to stay in care work while scaling up the occupational ladder of care occupations, quitting the highly problematic segment of domestic care to enter the more regulated, less precarious and better rewarded segment of institutional care work. The same concept of “caring self” proposed by Stacey as well as her whole analysis, has been addressed at explaining the permanence of aides in direct care at the home of their clients in contrast to care in residential contexts. I argue that a different conceptual focus is needed to look instead at processes of change and occupational upgrading. Again, theoretical work on the agency of irregular migrants provide useful analytical tools that adapt well to the dynamic analysis of life and occupational change for migrant care workers.

Starting from a critique to the use of the notion of “survival” in the analysis of irregular migrants’ settlement patterns, deemed as too static and reductive, Van Meeteren (2014) proposes to look instead at personal **aspirations** of migrants, as an analytical tool that would allow to account simultaneously for the agency of migrants and the structural constraints they face. Indeed, she argues, aspirations are necessarily the outcome of a constant balancing of personal

desires, on one side, and opportunities offered by actual contexts of action and interaction, on the other side, that may repeatedly change and oscillate over time. They are thus both about “wants and preferences” and “choices and calculations” (p. 40). Furthermore, I add, the fact that aspirations may, and actually do change over time in response to barriers and constraints faced by individuals in their personal trajectories does not devoid the concept from analytical strength, as argued by some authors (Hondagneu-Sotelo, 1994; Mahler, 1995). Instead, I argue, the adaptation and possible re-direction of aspirations face to structural obstacles is precisely what is important to look at when analyzing dynamic patterns of migrants incorporation and labour market integration through an agency-based approach. Therefore, I disagree with Ambrosini (2013) when he criticizes the analysis of aspirations on the grounds of their transient, oscillating and unrealistic character. Personal aspirations, though oscillating and recurrently changing, do orient individual actions by striking a compromise between personal wishes and available options which necessarily adapt to changes occurring both in personal life courses (e.g. migration itself, family formation, health or physical impairments etc.) or in exogenous factors which may facilitate or hinder the fulfilment of a given goal (e.g. facilitation in access to training). Just like personal aspirations of irregular migrants span well beyond the simple objective of survival, personal aspirations of migrant care workers goes beyond the desire to remain in the domestic sector and to adapt to their disadvantaged position and they may drive them towards new jobs that could better fit their wishes and chances. I will therefore look at personal aspirations of migrant care workers and at how these have changed along their life course and migration experience, aiming at identifying different types of aspiration that have guided and oriented the shift from domestic work to institutional care work. Besides, I will look at how these aspirations are fulfilled through actual behaviours and at specific resources mobilised by migrant care workers to achieve their goals.

2.3.2 Every day practices and resources of migrant care workers

As recalled above, theories on the agency of irregular migrants often adopt the notion of “survival strategies” to analyse their actions and behaviours adopted to overcome structural barriers to mobility and settlement in destination contexts. I have already discarded the use of “survival” and suggested to look instead at migrants’ aspirations which I deem better fit for apprehending the diversity of migrants’ courses of actions, their main drivers and the dynamic analysis of their life and labour trajectories. However, even the use of the term “strategies”,

widely used in the abovementioned literature on irregular migrants, is not exempt from some criticism in that it assume, rather uncritically, that irregular migrants are able to strategize and act on the basis of rationality and intentionality, while in most cases, their actions are “*closer to micro-adaptation to constraints of contexts, to learning by trial and error*” (Ambrosini, 2013: 19). In fact, irregular migrants, as well as migrant care workers and other individuals included in marginal or powerless groups, act more on the basis of a tactical rather than a strategical calculation, where the distinction between strategies and tactics draws on the theoretical framework of the French anthropologist Michel De Certeau (1984: 35-39). In his formulation, strategies are attributed to the Subject, meant has the one who holds will and power, and who can thus manipulate power relationships to delimitate his own *place* distinguished from an *environment* composed by targets and threats posed by the Other: strategies are thus the art of the powerful and strong and strategic behaviours are attributes of subjects such as businesses, armies or scientific institutions. Conversely, tactics are attributed to the Other and defined as the *art of the weak*, of those who cannot count on full autonomy and complete knowledge of their environment to delimitate their own place.

“Lacking its own place, lacking a view of the whole, limited by the blindness (...) resulting from combat at close quarters, limited by the possibilities of the moment, a tactic is determined by the absence of power just as a strategy is organized by the postulation of power” (pag. 38)

The notion of tactics, or every day practices of marginalised individuals, has already been applied to the study of irregular migrants by few scholars: Datta et al. (2007) purposively adopted the concept of tactics, instead of strategies, to look at ways through which migrants try to cope with barriers faced in an hostile labour market and society, as that of global cities as London, in order to secure work and decent income, to balance productive and reproductive activities or to counter social isolation and exclusion from mainstream white British society. Collyer (2012) look instead at the tactics adopted by undocumented migrants in Morocco to subvert practices of migration control at their advantage and achieve their objective of crossing the Euro-African borders.

My main point here is that the agency of migrant care workers is better described by the notion of tactics, rather than by that of strategies: rather than starting from a comprehensive knowledge of options available and a careful calculation of the whole range of options available, migrant care workers mainly assess their opportunities and exploit the few avenues for labour market advancement available to them, sometimes taking stock of sudden or casual events in

their lives. Being unable and badly posited to openly challenge the structural pre-conditions of their disadvantaged position as domestic workers, they seize available opportunities of professional training and mobilise their scarce resources, they capitalise on their past work experiences to get access to more secure and professionalised positions in the social care sector. Such tactics are not simply a form of a adaptation to marginalised position nor necessarily a carefully and thoroughly evaluated strategy but they are instead embedded in every day practices. Hence I will place every day practices (i.e. tactics) at the centre of my analysis, following Ambrosini (2013: 19) when he states: “*The concept of practices fits somewhere between mere adaptation and intentional strategies. It incorporates the dimension of aspirations, but it emphasizes the operational, concrete, everyday aspects of actual behaviours*”, which are driven, among other factors by migrants’ aspirations.

CHAPTER 3. THE ITALIAN CARE REGIME AND THE EVOLVING “MIGRANT-IN-THE-FAMILY” MODEL OF CARE

3.1 Italy as a familialistic care regime: the unmet demand for care.

The Italian welfare model has been identified by many as a "familialistic" welfare and care regime, namely one where families hold a primary role in meeting the demand for care and support of their members in need (Bimbi, 1999; Saraceno 2003; Ferrera, 2009a). This feature is particularly relevant in the field of care for frail elderly people, where, notwithstanding the small progress observed in the pre-crisis years (Naldini and Saraceno, 2008) the role of public services and monetary benefits remains residual with respect to the family and, increasingly, the private market for care (Bramanti, 2011; Gagliardi, Di Rosa et al., 2012). The "corollary" of the Italian welfare model is thus the extremely low weight of residential or domiciliary care services, whether directly provided by the public or publicly funded through outsourcing to private care service providers, and the prevalence of monetary transfers –mostly unconditional with regards to their use and not means-tested – as the main instrument of policy related to dependency (Da Roit, Le Bihan et al, 2007; Barbarella, Chiatti et al., 2012). Considering these enduring characteristics, it is easy to understand why Italy remains one of the few European countries (together with Greece) who has not yet adopted a national comprehensive regulatory framework on long-term care, despite the various reform options have emerged over the last decade (Caruso, Gori et al. 2013; Da Roit, Gonzalez-Ferrer et al. 2013).

3.1.1 The residual role of the State

Following the constitutional reforms enacted between the late 1990s and early 2000s introducing new forms of institutional decentralization, the competences on social and health policies, namely those encompassing long-term care, have been gradually transferred to regions and local authorities with the central government keeping a role of coordination and harmonization of regional competences. This decentralization process, combined with the absence of a comprehensive national regulatory framework, has produced an extreme fragmentation of policies on dependency and care which resulted in the development of distinct

regional care policy models of policies in this area (Gori 2008; Chiatti et al., 2010). Healthcare and social care services, are therefore under the primary responsibility of sub-national authorities, which organize, manage and provide, based on their available funds and the regional norms adopted, both residential and domiciliary care services. Over the last years, regions and local authorities have implemented new policies that introduced cash transfers to care recipients aimed at supporting private expenditure on care services, in most cases conditional upon proof of buying care services, including through the recruitment of domestic workers or professional carers. However, it is worth reminding that the main policy tool for dependency in Italy, the attendance allowance (*Indennità di accompagnamento*), currently remain under central government control, financed through general taxation and implemented by the national social security institute (*Istituto Nazionale della Previdenza Sociale, INPS*).

After a short phase when public spending on long-term care policies has been on the rise, in the pre-crisis years, such expansion has been slowing down in recent years, as a consequence of the squeeze on public finances, and in particular on local authorities' budgets, imposed by the recent debt crisis (see fig. 1). At an aggregate level, an accurate and reliable estimate of the total long-term care expenditure in Italy is a particularly challenging task, given its fragmentation across several sections of the national public budget. However, some experts have tried to accomplish this operation by combining multiple official sources and have thus produced some estimates (Pelliccia 2013). Depending on the final outcome of their estimations, which sum up items related to the attendance allowance with expenditure for locally provided social services as well as with healthcare expenditure items devoted to LTC, budgets allocated to LTC in 2011 would absorb less than two percentage points of GDP in total and represent about 4% of total public expenditure (see figure 1). This would thus represent only a tiny part of the total national expenditure for social protection, which is around 20.4% of GDP in 2011, in large part devoted to old age and survivors pension spending (Pelliccia, 2013). The establishment 2006 of a National Fund for LTC by the Prodi government in 2006 was initially interpreted by many as a first step towards a greater public intervention in LTC policies. However, the tiny amounts allocated – extremely small in relation to other budget items such as an attendance allowance – and the subsequent evolution towards a drastic reduction (and even zeroing) of this Fund in 2010-2011 have greatly reduced the initial optimism. Further signs of concern are related to the dramatic cuts imposed on the National Fund for Social Policies (FNPS), the main source of social policy funding: the fund has decreased from 670 million in 2008 to 10 million in 2012 (ANCI 2012).

Table 3: Public Expenditure on LTC, billions of EURO and % over GDP, years 2000, 2005, 2010 and 2011.

	2000	2005	2010	2011
a. LTC expenditure	1,3	1,6	1,86	1,85
Of which: healthcare	0,6	0,8	0,86	0,85
Of which: attendance allowance	0,5	0,6	0,81	0,79
Of which: other LTC items	0,1	0,1	0,19	0,21
b. Total LTC expenditure (net of interests)	39,5	43,7	46,6	45,5
a/b = LTC expenditure over total GDP (%)	3,3%	3,7%	4,0%	4,1%

Source: Pelliccia, 2013; estimates based on data provided by ISTAT and Ragioneria Generale dello Stato.

The information derived from the data presented in table 1 above confirm the predominant role of monetary transfers (mainly through the attendance allowance) as policy instruments in the context of the Italian LTC system. In the two following sections we will present separately the reality and the recent developments in public policies of LTC in its two main forms: cash transfers, on the one hand, and residential and domiciliary care services on the other.

3.1.1.1 Cash-for-care policy tools

The attendance allowance is by far the most important policy tool to support dependency of elderly and disabled adults in Italy. It was introduced in the early 1980's as a form of support for civil invalidity but at the end of that decade the coverage was extended to elderly beneficiaries (over-65 years) – previously excluded – which currently account for over 90% of the total number of beneficiaries (Lamura and Principi, 2009). In 2010 it was delivered to about 1.5

million elderly, that is 12.5% of the total population in this age group, with an increase of 1.7% compared to 2005 (Barbabella, Chiatti et al., 2013). The overall expenditure allocated to the attendance allowance amounted to almost 12 billion euro in 2011 – of which three-quarters allocated to over-65s – when a decrease compared to previous years has been observed for the first time (Chiatti et al., 2012).

The attendance allowance is a universal measure, uniformly regulated at national level, tax-funded and implemented by the national social security institute (*Istituto Nazionale per la Previdenza Sociale, INPS*), in a fixed amount which for 2013 was set at 499.27 Euro. However, the implementation of this measure is strongly differentiated at the regional level since eligibility is evaluated by the regional health authorities that, in the absence of a standard definition of non-self-sufficiency, may apply very different evaluation criteria. This leads to considerable variations in the coverage rate across regions, ranging from 8.4% in some regions to over 20% in some others (Chiatti et al., 2012). From the overall design and the implementation of this measure to support dependency, therefore, would result, according to many experts, serious equity problems related, on the one hand, to the regional differentiation in its implementation, on the other hand, to the lack of differential allocation based on the real needs of the beneficiaries and their respective economic capabilities. In fact, the monthly allowance is paid to all beneficiaries in equal measure and is not linked in any way with the income or assets of the beneficiaries (or their families). Nor its amount is adjusted according to the different degree of non-self-sufficiency and therefore the actual needs of assistance. Furthermore, the lack of any form of conditionality upon its use is unanimously considered a strong incentive towards the use of irregular labour, in many cases provided by migrant care workers (Da Roit, Le Bihan et al. 2007; Caruso, Gori et al., 2013).

Beside the attendance allowance, since the late 1990s, a number of regions and local authorities have introduced new cash-for-care schemes aimed at supporting the care needs of the elderly and dependent adult population, which have rapidly become the "intel" of regional policies on dependency (Gori and Pasquinelli 2008). In some cases, these monetary contributions have been adopted with the explicit goal of tackling the irregular employment of paid caregivers, tying the delivery to the formalisation of a regular job contract with qualified caregivers, also registered in ad hoc regional or municipal registers (see par. 3.3 below), thus combining the aim of supporting the care needs of the elderly with the regularization and qualification of care workers. During the last decade, public spending on this type of intervention has been constantly increasing. However, the overall impact of these new measures seems to have been all in all

modest though significant variations are observed across regions: the number of total beneficiaries oscillates around an average 1% of the total population and the amounts of care allowances has remained at very low levels, in most cases insufficient to cover the full costs of formal job contracts (Gori and Pasquinelli, 2008). In recent years, the economic crisis and the subsequent squeeze on public finances have put brakes (in some cases a full stop) to the funding of care allowances by regions and municipalities. In some other cases, where the funds were still available, the choice was rather to reduce the amounts of individual allowance while at the same time broadening the number of beneficiaries (Lamura and Principi, 2009).

3.1.1.2 Residential and domiciliary care services

Regions and Municipalities, in their respective competences, are also in charge of the organization and provision of care services in their home and residential components. As noted above, the weight of these services as a response to the growing demand for care – concerning especially elderly people – has been limited, although some trends towards expansion had been observed in the pre-crisis years. In line with international trends towards de-institutionalisation of care services, national and local care policies, however, have been long oriented to favour domiciliary care institutional care in nursing homes or other LTC structures, undoubtedly more expensive and disliked by care users (Colombo et al., 2011) .

Domiciliary care services are funded and provided by municipalities, within the framework of regional norms and regulations. Despite considerable differences in organizational forms across regions and municipalities, the domiciliary services may be essentially grouped into two main types: integrated social care and health care services (*Assistenza, domiciliare integrata*, ADI) managed in partnership with the Local Health Authority (*Azienda Sanitaria Locale*, ASL) and social care (*Servizi di Assistenza Domiciliare*, SAD) independently managed by the municipalities. With reference only to the latter type of services, the latest data released by ISTAT, referring to the year 2010, show that, at the national level, the share of elderly having access to social care services represent about 1.4% of the total (176,000 people): Approximately 93% of municipalities in the northern regions offers this type of service while this is the case in respectively 84% and 78% of towns in central and southern areas of the country (ISTAT 2013). ADI services involve a greater number of people, around 4.1% of the over-65 population in 2011 at national level, while they were only 2.9% in 2005. However, it is necessary to stress once again the extreme unbalanced coverage rate across regions: from 10.6 percent of elderly

beneficiaries of ADI in Emilia-Romagna to 0.4% in the Valle d'Aosta (Barbarella, Chiatti et al. 2013). In addition, the studies carried out so far show an inverse relationship between the number of beneficiaries and intensity of the service, in terms of time provided (Barbarella, Chiatti et al., 2013).

According to the most recent data available, the elderly housed in residential care facilities are about 345,000, corresponding to approximately 3% of the reference population (AGENAS 2012). Even in the case of residential services is to detect a significant difference in the level and characteristics of supply at the regional level. Indeed, according to data elaborated by the national statistical institute the number of elderly hosted in residential care structures over the reference population (*indicatore di presa in carico degli utenti*) varies from 270 out of 10,000 seniors in the Trentino region to 10 out of 10,000 seniors in Sicily (Ministero del Lavoro e delle Politiche Sociali, 2013)

3.1.2 The central role of the family (under stress)

Given the familialistic character of the Italian welfare model recalled above, families, and more specifically women within them, are the key actors in the provision of care and support to their members in need. The family-based approach to the care of the elderly seems to have strong cultural roots, since about 75% of Italians consider "a good thing that future generations will take care of their elderly parents more than they do today" (Di Rosa et al., 2012).

However, the deep demographic and socio-cultural changes taking place in recent decades are putting the sustainability of the family-based model of care under strain: changing family structures are causing what has been called a "*morphogenesis of intergenerational relations*" (Bramanti 2011, p. 221). As a result of reduced fertility and increased employment of women in the labour market, the number of potential family caregivers has been steadily decreasing over the years and these trends are expected to continue at similar or accelerated rates in the coming years (European Commission 2012). Family structures are thus becoming "longer and narrower" as a consequence of the reduction in the number of children and the rise in the average age of the parents, which makes the informal care a much heavier burden than in the past (Istat 2011; Degiuli, 2010). This charge falls primarily on married women in their mature age who often find themselves taking care simultaneously of their young grandchildren and old-age parents (ISTAT, 2014). In addition, the co-habitation of the elderly with their adult children is no longer a widespread practice and a large number of elderly people live alone: according to the survey

"Aspects of Daily Life" conducted by ISTAT in the years 2008-2009, over 23% of Italian households were made up of a single person aged over-65 (Bramanti 2011: 237).

These changes occur in a context where care needs are rapidly and extensively booming due to demographic ageing. Italy has long been one of the countries with the highest ageing rate in the world, close only to Japan and Germany. As a result of complex structural processes related to the joint decline in the birth and mortality rates and increasing life expectancy, currently the elderly population in Italy far exceeds, in purely quantitative terms, that of young age: according to ISTAT, in 2012, there were 144 people aged 65 and over for every 100 with less than 15 years, while 20 years before this same ratio was 97 to 100 (ISTAT 2012). Relative to the overall population, the elderly (over 65 years) in 2012 accounted for over 20 per cent of the total, while the young (under 15 years) just over 14 percent. And not only people live longer but also live better, as a result of improved living conditions and health, which led to a significant increase in life expectancy in old age: always between 1992 and 2012, the average life expectancy is increased by 5.4 years for men and 3,9 years for women; besides, on average, an 65 years old Italian man still has in front of him 18.4 years of life and an Italian woman 21.9 (ISTAT 2012). Nonetheless, while it is true that the improved living standards have improved health conditions of older people, as a whole, it is important to recall the fact that higher life expectancy has been accompanied by higher incidence of chronic diseases and neurodegenerative disorders such as Alzheimer's, Parkinson's disease or senile dementia among the very old (WHO, 2012). In general, therefore, we live longer and better, yet, as age increases, the autonomy of the person decreases and her care needs blow up, both related to health or to activities of daily living.

Conciliating family life and caring responsibilities with work is currently a big challenge, especially when an elderly member of the family is in need of continuous care (Da Roit and Naldini, 2010). While informal support by family members – namely women within them – still represents the main resource to cope with booming care needs (See Cangiano, 2014; Gagliardi, Di Rosa et al. 2012) the forms and patterns of family care provision have significantly changed with the growth of the private market for care in recent years. In fact, family members have transformed their role from that of care giver to that of *care manager* (Ambrosini, 2013; Antonioli and Comminelli, 2005; Degiuli, 2010), by outsourcing care tasks to paid care workers, in most cases migrant women. While they delegate the most hard and demanding chores to care workers, they keep a role of coordination and supervision, by substituting care workers in their holidays or leave, by managing the employment relationship and other administrative issues, or by mediating the relationship between the care worker and the recipient.

3.2. The shift from a family to a “migrant-in-the-family” model of care

The easiest and cheapest solution to tackle the care deficit produced by the feeble and inadequate role of the State and the weakening role of the family has been the development of a private market for care, through the massive (and often irregular) employment of domestic workers, mostly coming from abroad, caring for children and, to a greater extent, frail elderly in their homes, often on a live-in arrangement. The phenomenon of so-called "*badanti*"^{xiii} (or family assistants) has started to emerge as a relevant issue since the mid 1990s, along with the gradual feminisation of immigration in Italy, but it has emerged to the forefront of public debates with the "great regularization" of 2002, after which the "official" number of foreign domestic workers has nearly doubled from year to year (Sciortino 2004).

This phenomenon has given rise to a new profession, though not yet recognized and regulated in its specificity: the "*badante*", or family assistant. The large number of studies produced over the past few years has defined the system of home care centred upon the role of family caregivers with terms as diverse as "homemade" (IREF, 2007), "hidden" (Gori, 2002), "underground" (Ranci, 2002), or even "invisible" welfare (Ambrosini, 2005), all of which emphasize its often informal character. Bettio et al. (2006) have instead described the recent changes in the Italian LTC system as a transition from a family-based to a "migrant-in-the-family" model of care.

The private market for care revolved around the paid work of foreign family assistants has thus become a major pillar of the system of care for the elderly in Italy, if not only for of the sheer number of people involved. A reliable estimate of the number of family assistants currently employed by Italian families is a quite challenging task: first because the sector of household and domestic services is traditionally characterized by a high rate of irregular employment, which is therefore hardly and inadequately "captured" in official statistical data available (Castagnone, Salis et al., 2013; Demaio and Giovannini, 2011): according to recent estimates produced by the National Statistical Office,^{xiv} during the last decade around half of the employment in the domestic sector has been performed irregularly; secondly, even official statistics available are affected by a number of bias limiting their reliability: the main source of information is in fact the INPS database on domestic workers, which records all those individuals who have made at least one day of work over the year, thus overestimating the actual number of people regularly

employed in the sector; furthermore, in the absence of legal recognition of the family assistant profession, it is not possible, on the basis of available data, a clear-cut distinction between domestic workers, primarily involved in cleaning and home maintenance activities, and family assistants, specifically engaged in caring for a dependent person. Despite all these methodological warnings, some expert have attempted to provide an estimate of the number of family assistants in Italy through different information sources: according to them, the total number amounts to around 830,000 workers, 90% of which with foreign nationality, caring for approximately a million dependent adults, that is more than double those hosted in residential facilities or using home care services provided by municipalities (Pasquinelli, 2013). According to the Ministry of Labour (2011), about 6.6 percent of seniors over 65 is assisted by a family assistant at home (with higher percentages in north-central areas of the country) and the overall expenditure in care services provided by privately employed care workers is as high as over 9 billion EURO (equal to 7 percent of health care spending of the Regions), a figure close to that spent by the state for the attendance allowance.

The employment of domestic workers providing a wide range of personal and homecare services has become increasingly common within Italian families in recent years. Their number has almost tripled between 1998 and 2008 and, for its most part, this growth has involved foreign domestic workers, either EU citizens or third country nationals (INPS 2011). In 2011 more than 80% of the registered 881,702 domestic workers were foreign citizens. Besides, these official figures are nothing but the tip of the iceberg, as domestic work sector is characterized by one of the highest rates of irregular or underground employment, often linked to the irregular status of migrant workers themselves.

As I will show in the next paragraphs, immigration policies have sustained and accompanied the development of the domestic sector in Italy, both tolerating and subsequently regularizing irregular migrant domestic workers and opening up legal entry channels for domestic workers (Sciortino 2004; Van Hooren 2010).

3.2.1 Origin and evolution of the regulatory framework for the domestic sector: a long-standing differential treatment

Domestic workers are universally considered a vulnerable category of workers, especially when working as live-in, particularly exposed to exploitative working conditions, irregular employment or isolation (ILO, 2011; Razavi and Staab, 2011). In Italy, despite a long-established

regulation of domestic work (Sarti 2010) and a relatively well developed normative framework compared to other EU countries (Carls, 2012), domestic workers are not fully granted the same rights and employment standards as in other sectors yet.

Since 1958 Italy has adopted ad-hoc legislation on domestic work, which for the first time explicitly recognized the nature of domestic work itself as a form of employment and established some important labour standards in the sector. The law 339 adopted on April 1958 applied to workers that performed paid (in cash or in kind) domestic activities for the same employer for at least 4 hours per day. It regulated different matters such as job placement and hiring, the trial period, weekly rest and annual paid leave, working time and seniority allowance. Before the law 339 of 1958 significant steps towards the recognition of important labour rights were made in the field of maternity allowance (with the law 860 of 1950), illness insurance (with the law 35 of 1952) or Christmas bonus (with the law 940 of 1953).

The law 339/1958 has been a crucial advancement in the recognition of important rights to domestic workers. It contributed to compensate for the absence of a collective agreement imposed by an article of the Civil Code in force at that time, which explicitly forbade collective bargaining in the domestic sector. However, it maintained the special regime based on the assumption that domestic work is not like any other kind of work, and did not treat domestic workers equally to all other categories of workers, with respect to important fields such as dismissal or maternity protection (Sarti, 2010).

Around 10 years after the enforcement of the 1958 law, a sentence of the Constitutional Court opened the way to collective bargaining and in 1974 the first collective agreement for the domestic sector was introduced. Compared to the law of 1958, it applied to all domestic workers and not only to those employed by the same employer for at least 4 hours per day. Besides, it introduced 3 occupational levels, according to professional skills and specific tasks performed by the workers; it set maximum working time at 11 hours per day and 66 hours per week, and minimum wages. Since then, the collective agreement for the domestic sector has been renewed 7 times, but no substantial changes have been introduced until the last renewal in 2007. In the last collective agreement, adopted in 2007 and freshly renewed during the drafting of this report in April 2013, important provisions were introduced reflecting the developments of the sector in the last decade (Ioli, 2010). In particular:

- Classification of occupations: domestic workers are now classified into 8 different categories: A, B, C, D (according to the tasks performed and the necessary degree of

autonomy) each one sub-divided into “normal” or “super”, where the latter identify care workers, assisting autonomous or dependent people. This reflects the reality of the sector, with a growing presence of specialised care workers, to be distinguished from workers responsible for simple cleaning and home maintenance activities.

- Working time: maximum working time has been gradually reduced to 40 hours per week for live-out workers and to 54 hours per week for live-in workers; the 2007 agreement has introduced the possibility of reduced working time of maximum 30 hours per week in the case of live-in workers in charge of homecare activities or personal care to autonomous people; this possibility is excluded for caregivers assisting dependent people.
- Job-sharing: art. 8 of the collective agreement introduces the possibility of job-sharing between two workers providing personal care services to the same family.

Despite these important advancements, domestic workers still enjoy a differential treatment with respect to other categories of workers in important fields such as maternity protection, illness or occupational safety and health (Bonizzoni, 2013).

Since the late 1990s general labour laws (e.g. L. 30/2003, so called Legge Biagi) have introduced increasing flexibility in the Italian labour market, with a wide number of contractual forms in fixed term employment. However, it is worth noting that in the domestic sectors these atypical employment forms are not common and the standard open-ended contract is still the most widespread form. To some extent also agency work, where the individual domestic workers are formally employed by private employment agencies, is used, however reliable information on it is still lacking.

3.2.2 Immigration policies and their role in the development of the domestic sector.

Migrant women coming from Capo Verde, Philippines or Ethiopia employed as domestic workers have been among the pioneers of labour immigration flows to Italy since the 1960's and early 1970's (Andall, 2000; Einaudi, 2007). Today, migration for domestic work is among the main reason for entering Italy and even during the current economic crisis, the domestic sector has been largely unaffected by the rising unemployment observed in other economic sectors (Salis and Villosio, 2013). Italian immigration policies, since their embryonic phases, have accompanied and sustained, although sometimes in a contradictory way (Colombo, 2003;

Catanzaro e Colombo, 2009b; Ambrosini, 2013b), the growth of migrant domestic workers in Italy and the development of a welfare mix where migrant women (and to a lesser extent men) have a primary role.

3.2.2.1 The domestic sector as the main entry door into the Italian labour market

The first regulatory tools regulating the employment of foreign domestic workers date back to the early 1960s and the following decade (Einaudi 2007; Colombo, 2003). Although a comprehensive immigration law was still lacking, a series of memorandum issued by the Ministry of Labour tried to regulate the employment of foreign women as domestic workers that were starting to be a (quantitatively) relevant phenomenon.

Only at the end of the 1990s Italy managed to enforce a comprehensive regulative framework on migration, with the adoption of the so-called Turco-Napolitano law in 1998 (Law 40/1998). Different matters, as rights of foreigners, admission mechanisms, control of irregular migration, integration and access to social services were regulated by this law. Despite important – and sometimes substantial – amendments introduced subsequently by the so-called Bossi-Fini law of 2002 (law 189/2002) and other legislative provisions, the norms of the Turco-Napolitano law are still at the core of the current regulation of immigration in Italy.

As for the matter of admissions for employment reasons, the general rule imposed by the law is that of nominal hiring from abroad: it is an employer-driven mechanism where extra-UE workers are allowed entry and employment only upon a specific, individual request advanced by a national or regularly resident employer.^{xv} Admissions are subject to quantitative taps, based on an annual planning of new inflows determined by the government on the basis of the estimated labour demand and available labour supply. Employers' and workers' organizations may be consulted although they can only provide a non-binding advice. Quotas are distinguished by seasonal or non seasonal employment or, in some cases, special quotas are reserved to specific sectors or occupations, as it has been repeatedly the case with domestic work in the second part of the last decade. Indeed, since 2005 a growing share of the general quotas for non seasonal employment has been granted to workers in domestic or care services sector as the table below tellingly shows: around 30% of the total quota for non seasonal employment was reserved to domestic workers in 2005 and this share has reached 70% in 2008.^{xvi} No quota decree for non seasonal employment was adopted in 2009 and 2010. The slight relative decrease observed in 2011, when quotas for domestic sector represented “only” 36% of the total, may be explained by

the then recent implementation of the 2009 regularization and its effects in terms of absorption of the pool of irregular workers. Quite significantly this trend has been accompanied by a parallel increase in the share of applications concerning domestic workers, which represented 22 per cent of the total in 2005 and reached 73 per cent in 2011.

Table 4: Annual entry quotas for domestic work, 2005-2011

	Total Annual Quota	Quota for non seasonal employment	Quotas for Domestic work	Applications concerning domestic workers	Total number of applications	DW As a % of non-seasonal quotas	DW As a % of Total Applications
2005	79,500	51,800	15,000	56,000	250,880	29%	22%
2006	170,000	78,500	45,000	200,000	540,000	57%	37%
2007	170,000	158,000	65,000	391,864	720,000	41%	54%
2008	150,000	150,000	105,400	^a	^a	70%	-
2011	98,080	82,080	30,000	314,356	430,258	36%	73%

Source: Annual Quota Decrees, Piperno, 2009 and Ministero del Lavoro e delle Politiche Sociali, 2012.

^a No new application was accepted in the occasion of the 2008 Quota Decree: quotas were distributed among the applicants of the previous year.

Over the years these admission mechanisms have shown their high degree of ineffectiveness, both in responding to the needs of Italian employers (especially private households) and in reducing irregular migration, namely two of their original key objectives. On the one hand, planning mechanisms of annual quotas have scarcely addressed real labour needs of Italian economy and especially of the care and domestic sector. Indeed, the persistent, structural gap between planned annual quotas and the total number of work permit applications has been huge in the occasion of every quota decree. Although it is not correct to say that all those applications reflected a real labour demand (Colombo and Martini 2007; Salis, 2014 *forthcoming*), the fact that annual quotas have been set more on the basis of political rather than technical considerations is less questionable (Salis, 2012). On the other hand, the extremely long and burdensome administrative procedures necessary for the admission of third country nationals have made the general principle of nominal hiring from abroad completely unrealistic: several weeks and even months are needed before accomplishing the whole process (Salis, 2012),

too long for a business, even more so for a family looking for someone to care for an elderly in urgent need of assistance. It was instead much more convenient to hire an irregular migrant already living in Italy and subsequently wait for a regularization or try to use opportunities offered by the quota system to regularize the employed workers ex-post. As a matter of fact, admission mechanisms through the quota system have been universally considered a de-facto regularization, even by top-level public officials (Salis, 2012).

Thus, irregular entry and/or overstaying touristic visas has remained the main door of access to Italian labour market (and in particular to the domestic and care sector) also in the past decade: in a survey on migrant domestic workers carried out in 2005 by the IREF research institute, 63.1 per cent of the respondents entered Italy with a touristic visa and overstayed their visas while 18.4% of them were totally undocumented while the remainder (less than 20%) entered through legal channels, either employment visas or family reunification or study (IREF, 2007).

3.2.2.2 Regularizations and the domestic sector

Despite the rhetoric against irregular migration constantly adopted by high-level members of the centre-right ruling coalition in power (Colombo and Sciortino 2003; Geddes 2008), regularizations have remained the main functional equivalents to effective labour migration policies also in the last ten years (Salis, 2012). And migrant domestic workers have been among the main beneficiaries of the three (and a half^{xvii}) regularization campaigns carried out since 2002.

The “great regularization”^{xviii} started on the fall 2002, was initially conceived to address exclusively migrant workers employed as domestic or care workers by Italian households. In early discussions on the reform of immigration law promoted by the centre right government in power since the spring 2001, the possibility of a new regularization scheme was initially excluded. This attitude changed soon, under the pressure of vocal protests by many civil society and catholic organizations lobbying for the regularization of the so-called “*badanti*”, caring for thousands of elderly in need of constant assistance. The possibility to regularize domestic and care workers was eventually included in the “Bossi-Fini” law (n° 198/2002) adopted on July 2002. Following likewise lobbying action from employers’ organizations, the regularization scheme was soon after extended to workers in all other sectors.

Around half of the 702,000 applications presented concerned domestic or care workers, namely 330,000, of which 190,000 for domestic workers and 140,000 for family assistants (Zucchetti 2005). Almost 90% of applications in the care sector concerned women as well as 78% of applications in the domestic sector. Most of them came from Eastern European countries, and in particular from Romania, Ukraine, Poland and Moldova, while the second region of origin was Latin America and particularly Ecuador and Peru. In early 2004, more than 90% of the applications were accepted. With the “great regularization” the “home-made” welfare provided by migrant domestic workers became a publicly recognized mass phenomenon (Sciortino, 2004; Ambrosini and Salati, 2004).

Only few years after the conclusion of the 2002 regularization campaign a new opportunity to regularize migrant domestic workers living and working irregularly in Italy was offered in 2009. This time a much more selective regularization scheme was adopted that exclusively targeted workers in the domestic sector. This happened despite the severe economic crisis that was having a deep impact on the Italian labour market and in particular on migrant workers. Employment in the domestic sector, which is dominated by migrant women, has continued to grow even during the years of the crisis (Ministero del lavoro e delle politiche sociali, 2011). A second key element to bear in mind is more of a political nature. In fact, in July 2009 a new law (n° 94/2009) introducing the criminal offence of irregular stay in Italy was enacted, introducing harsh sanctions for employers of irregular workers. Shortly after the enforcement of the new law important representatives of the center-right coalition in power started to ask for a new regularization campaign, primarily meant to avoid that a huge number of families employing irregular workers could run into very serious consequences. Despite the open opposition of the anti-immigrant Northern League party, the pro-regularization positions soon gained a broad (although not very vocal in the media) consensus within the political majority and the regularization program was enforced at the beginning of August 2009.

The applications were thus presented between 1st and 30th of September 2009 and at the end almost 300,000 (294,744) applications were filed, 61% of which for housekeepers or baby sitters (*colf*) and 39% for family assistants. around one year and a half after the closure of the application procedure (March 2011), around 75% of the applications has had a positive outcome (222,182 new stay permits) while 12% were rejected (34,559).^{xix}

Finally, a new regularization campaign has been opened on 15 September 2012. This time the pretext was offered by the transposition into the Italian legislation of the EC directive n°52 of 2009, the so-called Employers’ Sanctions directive, in June of the same year. Differently from

the previous one, the 2012 regularization campaign was open to all categories of workers. The final number of applications has been overall quite low, at least with respect to previous experiences: 134,576 applications were filed as of 15 October 2012 (final date for receptions), 86% of which for domestic workers and the remaining 15% for all other categories.^{xx}

3.2.2.3 Immigration policies and the domestic sector: a matched evolution.

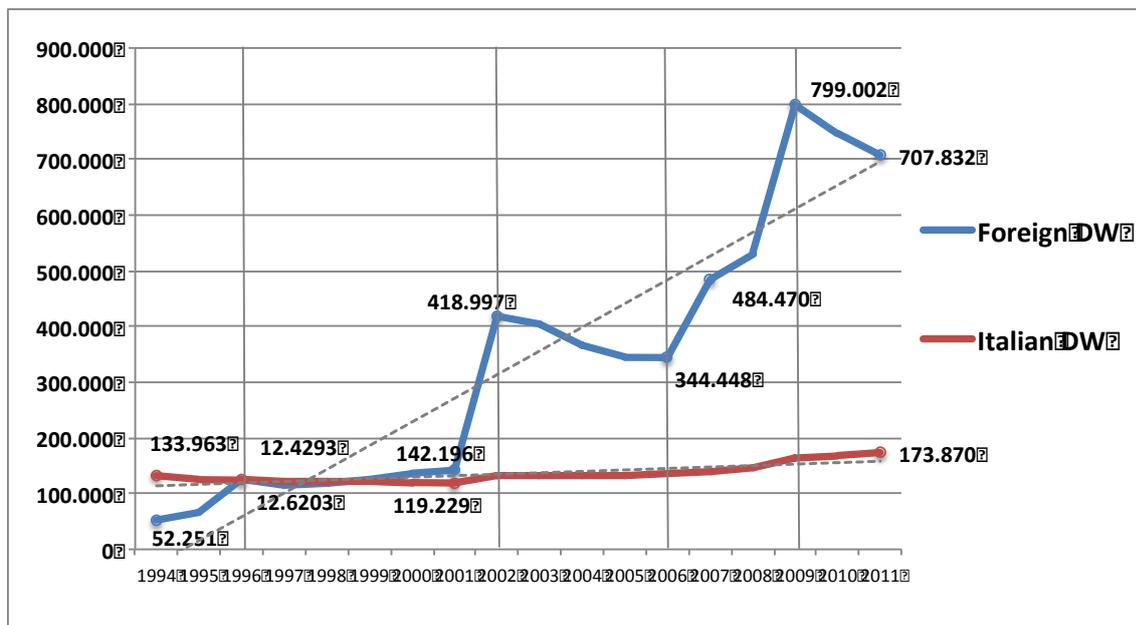
Overall, a close linkage between the evolution of immigration policies and the growth of employment in the domestic sector can be observed.

Between 1994 and 2011 an overall fourfold increase of workers – both Italians and foreigners – (from 186,214 to 881,702) is recorded. If we compare Italian and foreign domestic workers, we can see how the former have been increasing very slightly, from 133,963 workers in 1994 to 173,870 in 2011 (+22,9%), while in the same period migrant workers rose from 52,251 to 707,832 (+92,6%). The dotted grey trend-lines display in fact a modest growth of Italian workers in the care sector and an overall sizeable growth for foreign ones. However, while Italians display a steady growth (the red line), data on foreign workers (the blue line) highlight five discontinuous periods, largely corresponding to significant changes in immigration policies.

The first phase (before 1996) corresponds to the early phases of immigration boom in Italy in the early 1990's. At that time native domestic workers still outnumbered migrant workers to a significant extent. But the regularization campaign (*Sanatoria Dini*) started in 1995 definitely reversed the situation. In a second phase (1996-2002) the number of officially registered migrant domestic workers has kept growing at a slow pace and it exceeded that of Italian workers after 1998, that is after the adoption of the “Turco-Napolitano” law and the joint regularization scheme. The steep increase observed in 2002 is obviously related to the implementation of the “great regularization” of 2002, when a huge number of irregular domestic workers were registered all in once, recording a variation from 1996 to 2002 of +69,9%. In a third phase (2002-2006) we observe a significant decline in the total amount of foreign domestic workers, with a reduction between 2002 and 2007 of -21,6%. Manifold explanations may account for this fact: in some cases the newly obtained stay permits have allowed domestic workers to change sector of employment, in some other cases once attained the regular status the employment relationship has continued in an irregular form once again. Moreover, in a number of cases the regularization as domestic workers has been probably used to obtain the stay permit by workers that were actually employed in other occupations and that formally changed sector of

employment afterwards. The fourth phase (2006-2009) coincides with the adoption of special quotas for domestic work in the annual quota decrees and with the accession of Romania to the EU, with the consequent acquisition of regular status of Romanian workers, and it ends with the peak observed in 2009, largely explained as a consequence of the 2009 regularization campaign. Globally the domestic workers register in this period an increase of 56,9%. Finally, the most recent phase (2009-today) sees again a decline in the stock of officially registered foreign domestic workers (with a variation of -12,9% between 2009 and 2011). This is partly explained by the same reasons advanced above for the 2002 regularization and partly by the effects of the economic crisis: as Pasquinelli (2012) hypothesizes, rather than reflecting a real job contraction in the sector, these data could also suggest a growth of irregular employment.

Figure 4: Matched evolution of domestic sector and immigration policies in Italy (1994-2011)



Source: INPS (data 1994-2001 in Colombo, 2010; 2002-2011 from Osservatorio sui lavoratori domestici INPS – Accessed on line on 01/2013)

However, this evolution of Italian immigration policies, which has made employment in the domestic sector one of the main entry doors into Italian labour market is not exempt from

ambiguities and dark sides. Despite no systematic research has been conducted on this issue so far, the opportunities offered by the relative openness to domestic workers, both by regular admission through quotas and by mass regularization, have allowed a significant number of foreign workers, not necessarily employed as domestic workers, to access the Italian labour market on legal grounds. In the occasion of the 2009 regularization campaign a great number of applications has concerned nationalities, such as Morocco (around 36.000 applications), China (around 21,600 applications) or Senegal (around 13,600 applications) that are only marginally represented among officially registered or surveyed domestic workers (see tab. 2 in this report). Furthermore, in many cases applicant employers were immigrants themselves: around 8,000 Moroccans, 5,000 Senegalese or 3,000 Chinese (Pasquinelli and Rusmini, 2010). To interpret these figures we advance the hypothesis that the 2009 regularization scheme has been used to regularize not only domestic workers: in particular for Morocco, Albania and India and in general for all other EU nationalities, the number of male domestic workers substantially decreased during the two years following the regularization campaign, supposedly because of a change of sector once obtained the legal status. Similar clues emerge from the official data relative to the 2012 regularization campaign: among the almost 116,000 applications concerning domestic workers presented (two thirds of the total) almost 70% concerned male workers, especially from Bangladesh (14,279), Pakistan (10,369) or Morocco (10,285).

Some evidence supporting our argument, although weak and partial, is also found on data relative to the admission mechanisms through the quota system in the recent years. Data reported by Colombo and Martini (2007: 126) confront national and foreign applicant employers according to the economic sector for which the work permit was requested during the period 2005-2007: it emerges that foreign employers from Ghana, Senegal, Philippines or Peru, massively requested work permits concerning the domestic sector (respectively in 95.6%, 86.3%, 83.4% and 69.6% of cases). In most cases these requests were probably sustaining enlarged family or chain migration rather than responding to a real labour demand in the domestic sector.

3.2.3 A booming growth accompanied by extensive research

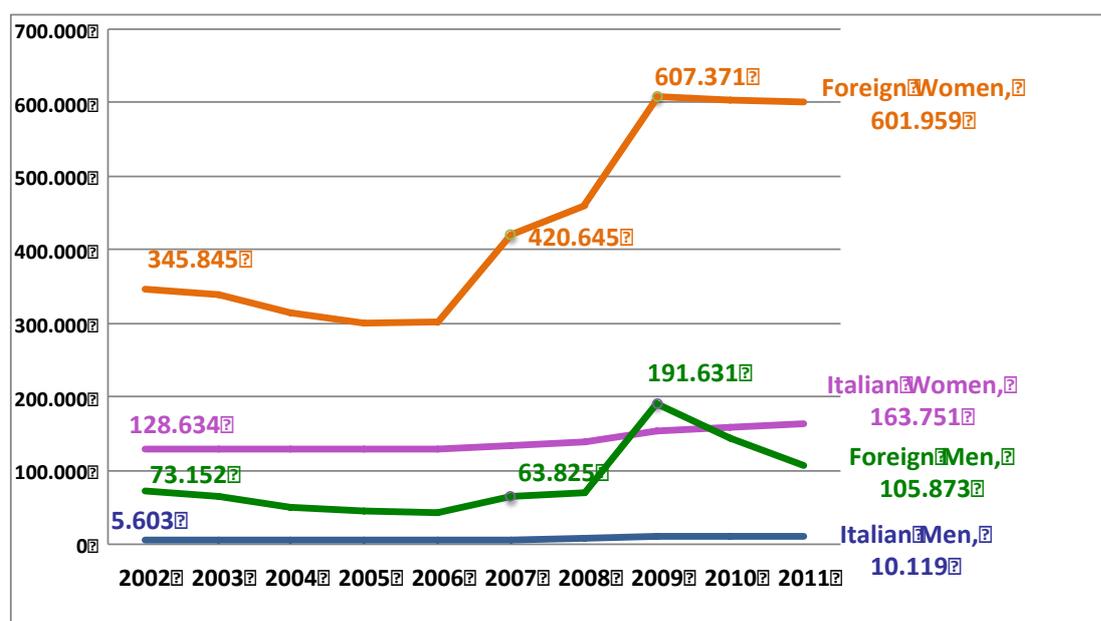
3.2.3.1: Facts and figures on migrant care workers' profiles and main features of employment in the domestic sector

The main features the domestic sector in Italy will be here highlighted, sketching a socio-demographic profile of (migrant) domestic workers and describing the characteristics of domestic work, their recent patterns and dynamics. This section will draw on a variety of statistical sources, both official administrative data provided by the National Social Security Institute (INPS) and survey-based data produced in the framework of *ad hoc* research carried out in the recent years. In fact, the massive growth of the domestic sector employment has been accompanied by increasing attention by policymakers and researchers aiming at grasping a better knowledge of the phenomenon. A large number of survey has been carried out in recent years, at both national and local level, to collect relevant information on the individual characteristics of workers employed in the sector, of the type of job performed and of their employers (See in particular Catanzaro and Colombo, 2009; Da Roit and Facchini, 2010; IREF, 2007; CENSIS, 2010; Pasquinelli, 2011; Mesini, Pasquinelli and Rusmini, 2006, among others). It is worth underlining that most quantitative survey on migrant domestic workers carried out are based on non-representative samples, due to the lack of any reliable source of information on the overall presence and employment of foreign domestic workers (see para. 2.2. above).

An highly feminized and ethicized workforce..

A first key element to highlight is that domestic work still persists as an activity revolved upon women's work, whether provided by national or foreign workers: women represents around 85-90% of the overall workforce in the sector. However, if the gender composition of the domestic sector has remained largely unchanged, one of its major evolutions is related to drastic changes in its ethnic composition: as already noted above, the boom of the Italian domestic sector has been almost exclusively fed by huge inflows of migrant workers, and especially women among them. The figure 2 below, based on official INPS data, gives a more detailed description of how the gendered labour division has been reproduced both among Italians and foreigners in the last decade.

Figure 5: Domestic workers in Italy by nationality and sex, years 2002-2011.



Source: INPS (own elaborations)

In figure 4 we highlighted that migrant workers outnumber Italian workers in the domestic sector since the late 1990s. After the “great regularization” of 2002, migrant women represent the vast majority in the stock of domestic workers in Italy, followed by Italian women (with the partial exception of 2009), migrant men and a small number of Italian men. Furthermore, while the growth of migrant women in the sector has been impressive, the number of Italian workers (both women and men) has increased at a much slower pace. The trend observed in the stocks of migrant men employed as domestic workers is less stable and this is probably to be related to the evolution of migration policies: as noted above, greater chances for legal entry or regularization through employment in the domestic sector have pushed many migrant men (and possibly women) to register as domestic workers although this was not always their actual occupation.

Immigration flows to Italy in the past decade have involved for a wide majority people from Europe, and particularly from Eastern Europe. This is reflected also in the nationalities recorded within the growing group of domestic workers: since 2002, eastern-Europeans – both EU and non-EU nationals – are the most represented among foreign domestic workers. This sub-group has witnessed an accelerated growth notably in 2007, when Romania (and Bulgaria) entered the EU, producing an overall increase of the registered domestic workers (see phase 4 fig. 1). In 2011 60.1% of foreign domestic workers come from Eastern Europe. Asia and the

Middle East represent the second area of origin of the migrant workforce in this sector, providing 19.6% of the overall workforce in 2011, followed by Latin America (12.4% in 2011). Finally, a minority of foreign domestic workers come from the African continent, and in particular 4.8% from North Africa, and 3.1% from sub-Saharan Africa.

...Unevenly distributed across Italy...

Officially registered foreign domestic workers are not evenly distributed across the national territory and important differences may be observed in the distribution of the national and foreign workforce between the north, centre and south of Italy. In fact, the majority of foreign domestic workers are concentrated in the central-northern Italian regions: Lombardy and Latium account for over a third of domestic workers throughout the country in 2011 (respectively 20.2% and 17.2%), followed by Emilia Romagna (9.8%), Tuscany (8.5%) and Piedmont (8.0%). Latium (88.1%), Emilia Romagna (87.8%) and Lombardy (87.5%) are the regions with highest incidence of foreign domestic workers on the total workforce in this sector.

Rome, Milan and Turin are the first three provinces as for the number of domestic workers: the capital city, with more than 109.000 workers registered into INPS archives, hosts 15,5% of the domestic workers in the country, followed by Milan (11,7%) and Turin (4,8%).

...younger and better educated...

Migrant care workers are on average younger than their Italian counterparts, though most of them are in their mature age. According to INPS data, the age group over-40 account for 74.8% of Italian workers, compared to 60.4% of the foreign counterpart, whereas younger cohorts (aged 40 or less) represent almost 40% of foreign workers and only a quarter (25.2%) of Italian workers.

An ad hoc survey produced by the CENSIS research institute on a non-representative sample of around 900 domestic workers (both Italian and foreigners) provides some information on their family situation. In most cases migrant women employed as domestic workers are also wives and mothers: more than two out of three employees have children (67.5% foreigners and 68% of Italians), while more than half are married or in partnership. The same source confirm what already pointed out in international and Italian research, namely that migrant domestic workers are on average better educated than national workers and, in most cases, overeducated with respect to the occupational skills required (Facchini, 2010; Ehrenreich and Hochschild,

2002): 37.6% of the former holds a secondary education degree and 6.8% holds a university degree, compared to respectively 23.2% and 2,5% of the latter.

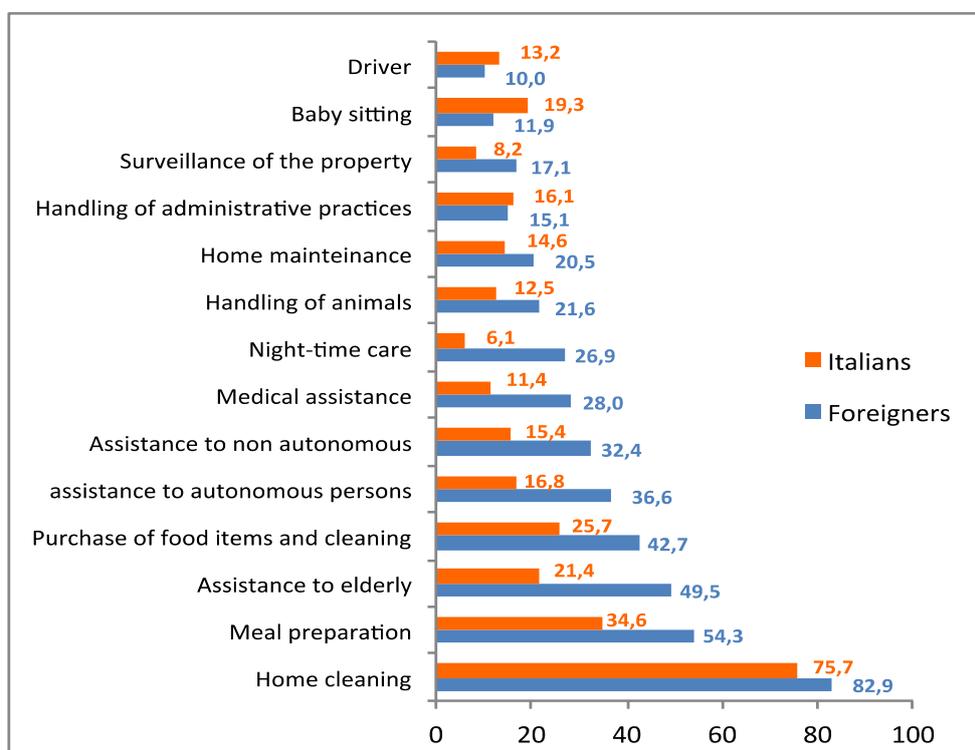
...with a multitasking, multiemployer and (often) live-in working profile...

Looking now at the characteristics of the work performed by domestic employees, the CENSIS survey reports that the average working time is around 33 hours per week: more in details, 31.8% of respondents works less than 25 hours, 21.6% between 26 and 35 hours, 24.6% between 36 and 40 hours and 22% over 40 hours a week. Preliminary results of a recent survey carried out by the trade union Research centre IREF (*Istituto di Ricerche Educative e Formative*) on a non-representative sample of 837 domestic workers record an average working day of around 9 hours for a 6-day working week and around two thirds of the sample declared to work over 54 hours per week (beyond the limit imposed by the national collective agreement of the domestic sector).^{xxi}

A tiny majority (55%) of the sample interviewed during the 2009 CENSIS survey declared to work for one single employer/household while another 45% worked for two or more employers at the same time. In many cases, migrant domestic workers live in the same house of their employers (over 35% of the sub-sample) while live-in working arrangements involve Italian workers in less than 4% of cases

Unsurprisingly, looking at the specific contents of domestic work, available data display a highly diversified and, at the same time, blurred picture. Domestic workers typically show a multifunctional profile: especially when they are mainly charged with caring for an elderly or disabled adult, their work usually entails to carry out a wide array of activities that range from housecleaning, cooking or shopping to providing basic medical care or handling administrative practices. The specific contents of domestic services performed hugely depend on specific arrangements negotiated – and constantly renegotiated – by employers and workers. Besides, when comparing Italian and migrant domestic workers, the latter clearly show a highly multitasking professional profile: being more often than Italians employed as family assistants, they are more extensively involved in multiple activities, particularly those entailing a personal interaction with the assisted person, such as night-time care (26.9% against 6.1% of Italians), the assistance to an elderly (49.5% against 21.4) or to autonomous (36.6% against 16.8 per cent) and dependent persons (32.4% against 15.4).

Figure 6. Type of tasks performed by domestic workers, by nationality (%)



Source: Censis survey, 2009

...a work often fully or partially irregular

The domestic sector is traditionally the one where the highest rate of irregularity of employment is found: according to official estimates produced by the ISTAT still in 2009 around half of the employees in the sector (51.1%) were not hired with regular job contracts whereas irregular employment concerned 37.2% of workers in agriculture, 5.2% of workers in industry and 10.7% in the service sector (ISTAT,2011). Nonetheless, substantial advancements are to be highlighted since the extent of irregular employment in the domestic sector has greatly decreased in the last two decades, as in the early 1990's it attained almost 70 per cent of total employment in the sector.

Available survey data seem to broadly confirm this picture and add some elements related to situations where employment is partly regular and partly irregular, that is when job contracts cover only a part of the total working hours while the remainder is often paid off the books. According to CENSIS data, on average 40% of interviewed domestic workers did work

irregularly, 22% partly regularly and 38% fully regularly. Besides, significant differences are observed across the different areas of the country: irregular employment is widespread in the southern regions (around 60% of the total) while is less common in the north-west (24.4%).

Furthermore, the 2009 CENSIS survey provide disaggregated data on irregular employment by specific features of the employment relationship and by nationality or age class of the workers. Data highlight that 61.6% of domestic workers employed by one single household have a job contract and only a third of them (33.1%) works irregularly whereas only 8.7% of those working in more than one household holds a regular job contract, 48.2% work irregularly and 43.1% partly irregularly. Regular employment is more common among live-in workers (71%) and less so among live-out workers (25.8%). Migrant domestic workers hold a regular job contract to a larger extent than Italian ones (42.1% of the former against 27.5% of the latter) but in many cases they are only partly regularly employed (23.3% against 18.6% of Italian workers). This is easily explained by the fact that in most cases migrant domestic workers need a job contract to grant their stay permits and are therefore less available to work irregularly. Finally, CENSIS data show that irregularity of employment decreases when working experience increases: almost half of those with less than 4 years of experience in the sector but only 30% of those with over 10-years experience work completely irregularly.

Information gathered during our fieldwork seems to show an increase in the rate of undeclared work in the sector in the most recent years, due to the impact of the current economic crisis.

3.2.3.5 State of the art of research on migrant domestic labour in Italy

The expansion of employment in the domestic sector in Italy and the increasing involvement of migrant workers within it have been extensively studied by social researchers in recent years. Migrant women's experience in domestic sector can in fact be considered one of the first research topics in the field of migration in Italy, as if it was “*the appearance of the figure of the migrant domestic worker as a phenomenon and as a subject of research to proclaim, in fact, the transition of Italy from a country of emigration to a country of immigration*” (Santagati 2007, p. 45).

At the outset, studies on migrant domestic work were carried out mainly by scholars from black and feminist studies focusing on the relations between gender and race in the domestic sector and on the analysis of the different forms of discrimination and exploitation of migrant

women (Zanfrini, 1998; Colombo, 2003; Scrinzi, 2004). The influential book by Jaqueline Andall, “*Gender, migration and domestic service: the politics of black women in Italy*” (2000), represented a path-breaking step for research on migrant domestic workers in Italy and elsewhere. Indeed, a number of other non-Italian authors have adopted the Italian context as a fieldwork for extensive research on the resurgence of domestic work, in the line of the racialization of domestic labour approach (Anderson, 2000; Parrenas, 2001). In this line of analysis, an ethnographic study by Francesca Scrinzi (2004) has contributed to shed light on the dynamic interaction of gender, class and racial dimensions in producing a culturally constructed image of foreign domestic workers as “*professioniste della tradizione*” (“professionals of tradition”), where workers are selected on the basis of their supposedly cultural ability in caring and administering an house – if not explicitly of their ethnicity or skin colour – and are trained to adopt submissive attitudes and be fully available to respond to their employers’ needs. As a result of socio-cultural representations displayed by employers and existing intermediating agencies (religious organizations, voluntary associations, employment services, etc.) a hierarchy of migrant domestic workers emerges, where some groups (e.g. Filipinos) are preferred to others (e.g. Black women).

Beside a focus on the socio-cultural processes underpinning the racialization of domestic work in Italy, another key topic addressed by this early line of research has been the everyday relationships, conflicts and intercultural exchanges between migrant domestic workers and their Italian employers (Casella Paltrinieri 2001, Miranda, 2002; Colombo, 2007). In many cases, research carried out by Italian scholars has significantly contributed to go beyond the simplistic scheme of an oppressor/oppressed or master/servant relationship put forward by other pieces of international research, and has instead highlighted the complex set of tensions enshrined in domestic employee-employer relationships. In a study on everyday multicultural practices of Italian families employing family assistants, Enzo Colombo has singled out four different forms of relationship between migrant care workers and their employers, in response to emerging dislocations (see Parrenas, 2001) linked to gender, race and class differences: an *aristocratic* relationship, where the two parts interact as in the traditional servant/master model, the distance is marked and status positions between the two parts are clearly distinct; a *contractual* relationship, where the two parts are viewed as equivalent and the focus is put on the exchange between money (on the part of the employers) and care (on the part of care workers), yet, distance between the two parts is still marked and ethnic difference contributes to legitimise such distance; a *maternalistic* relationship, where the employer act with a protective and charitable manner towards the care worker, supposedly in need of help and support, unable to deal with her life: despite the “good” intensions, this type of relationship is still strongly asymmetric and

distance is narrowed in a unidirectional sense, namely the employer getting interested in the employee life but not the other way around; finally, a last type of relationship is defined as *personalistic*, because in this case the two parts see each other and interact as equal and their distance, both meant as cultural or in terms of status, is narrow. Tensions and ambiguities involved in relationships between foreign domestic workers and their Italian employers have been deeply analysed through the conceptual lens of the familiarization of domestic workers by Maurizio Ambrosini and other colleagues (Ambrosini and Boccagni, 2012; Antonioli and Cominelli, 2005)

Beside the attention given to micro-level relationship between migrant domestic workers and their employers, or assisted person, more recent contributions have instead looked at the ties between migrant domestic workers maintain with their families and communities left behind in origin countries. Following the line of research opened by the scholarship on “global care chains” **transnational families and relationships** between migrant care workers in Italy and their families left behind have been analysed by a bunch of Italian studies. The transnational dimension was adopted to look at both micro-level interaction at distance between migrant women working in Italy as care workers and their children, partners or other relatives in their countries of origin (Boccagni, 2012; Bonizzoni and Boccagni, 2014; Banfi, 2009), and at the macro-level analysis of the impact of the migration of mothers on the welfare systems of their sending countries, through the conceptual lens of the care drain (Castagnone, Eve et al. 2007; Piperno, 2007).

Before being analyzed in their transnational dimension, social networks of migrant domestic workers in Italy had received some attention, especially in understanding how they affect patterns of migration (Cvajner and Sciortino, 2010) and of subsequent integration (Cvajner, 2009; Ambrosini and Boccagni, 2012). The functioning of social networks has been analysed in particular with regards to access to the domestic sector, showing that informal networks of co-nationals or intermediary Italian agencies, especially those linked to catholic institutions and trade unions (Zanetti Polzi, 2005; Scrinzi, 2004) plays a crucial role in affecting recruitment processes in the domestic sector (Ambrosini and Salati; Vianello, 2009; Avola; Cortese et al. 2003). Many of these studies have stressed the double-edged nature of social networks of migrants: if it is true that co-nationals provide good help and support in facilitating access to the labour market and foster integration, they may also strengthen labour segregation in ethnic niches, as observed in the Italian domestic sector, restricting upward social mobility (Ponzo 2002; Fullin, Reyneri et al., 2009; Scrinzi 2004; Ambrosini 1999). Furthermore, networks

may hide abuse and exploitation: sometimes access to job is mediated by co-nationals and entails payment of a fee (Mazzacurati 2005; Ambrosini and Boccagni 2003; Tassinari and Valzania 2003).

While In the early phases research broadly targeted the general category of domestic workers, growing attention has been dedicated to the emerging figure of family assistant, caring for elderly or other dependent adults only after the turn of the century with the 2002 regularization representing a crucial turning point in re-addressing research focus on the domestic sector. Since then many researches and studies related to specific national groups (e.g. Ukrainians and Moldovans) and/or specific territorial areas in Italy (see below) were realized, sometimes upon the initiative of some migrants' organizations (Miceli 2003; Mingozzi, 2005), or commissioned by regional authorities (Ambrosini e Comminelli, 2005; Ambrosini and Boccagni, 2012; Pasquinelli, 2011). This second key stream of research has instead targeted more specifically the LTC care sector and the role of family assistants in the so-called "home-made" or "invisible welfare", stressing in particular the link between the emerging demand for care stemming from ageing and the unreformed Italian familialistic welfare, on the one, and patterns of immigration and labour market integration in Italy. Here the focus was mainly in the interaction of policy domains, especially in the field of care and migration, in affecting the emergence and development of the "*badanti*" system, in the line of the "varieties of migrant care labour" literature presented in para. 2.2.2 above. (Da Roit and Sabatinelli, 2013 Da Roit and Facchini, 2010)

The actual content and forms of domestic work provided by migrant workers has been another key topic addressed by academic and non-academic research. A number of studies have investigated, both through qualitative and quantitative methods, the poor working conditions, low pay, high level of informal employment, long working hours and work-related health risks faced by migrant domestic workers in their labour (IREF, 2007; Chiaretti, 2005; Degiuli, 2007; Da Roit and Facchini, 2010; CENSIS, 2010 - V. anche saggi in in Sarti, 2010). In a few cases, some attention has been devoted to identify patterns of labour mobility within and outside the domestic sector (Fullin and Vercelloni, 2009; Marcaletti, 2010; Castagnone, Salis et al. 2013). The problematic working conditions of caregivers, emerged from the research on the field, have stimulated a reflection on the role of training and education as a strategic tool for promoting pathways for enhanced socio-professional insertion of domestic workers. Some of these projects have also implicated carrying out of action-oriented research related to the attitudes of migrant

domestic workers and caregivers towards training and education (Da Roit & Castegnaro, 2004; Mesini, Rusmini, Pasquinelli, 2006; Lazzarini, Santagati et al. 2007).

3.3 Recent evolutions: regularization, qualification and the impact of the crisis

Although the “*badanti*” system has represented and still represents a low cost and effective solution to the growing demand for care of Italian families, it nevertheless faces a number of problematic issues, recently exacerbated by the effects of the economic crisis on public and private budgets which contribute to cast some doubts on the medium- and long-term sustainability of this system (Pastore, Salis and Villosio 2012; Di Rosa, Melchiorre, et al., 2012).

First, on the demand side, the economic crisis and its effects on the economic situation of Italian households are further undermining the sustainability of the “*badanti* solution”: even in the absence of ad-hoc studies and data available recent trends seem to be going towards a reformulation of the care demand by households mainly in terms of lessening hours of care purchased on the market, re-internalization of care by family and a resurgence in irregular employment (Ponzo 2014; Paolisso, 2013).

Secondly the effectiveness and efficiency of the system has been grounded on subordinate integration patterns for foreign care workers (Ambrosini, 2011; Villosio and Bizzotto 2011; Fullin et al., 2009). In fact, the domestic service sector, is characterized by high rates of irregular employment, low wages, lack of social security protection, little opportunity for career and professional advancement, high turn-over (Castagnone et al., 2013; Sarti, 2010). As pointed out in the previous pages, working conditions in the field of home care for the elderly can be very hard, with indefinitely long working hours, night work, social isolation, particularly in live-in situations, unsafe workplaces, which can thereof lead to problems of work-related stress and sometimes psychological phenomena of burn-out (Ferrua and Giovannone, 2009; Bonizzoni, 2013). Besides, the convenience of the “*Badanti* solution” has been grounded on massive and continually reproducing inflows of foreign workers, in most cases with irregular status, with no family links in Italy, short-term and profit-maximising migratory projects, and thus more prone to accept live-in arrangements and the absence of contractual protections. However, many of these conditions are progressively fading away. First, the pool of irregular workers has been

gradually reduced, as a result of recurrent regularization campaigns (including one targeting exclusively domestic workers in 2009), EU enlargement and the progressive reduction of migration inflows due to the economic crisis which makes Italy less and less attractive for potential migrants: according to recent estimates, the stock of irregular migrants has been decreasing both in absolute and relative terms from approximately 500,000 units in 2003 (about 22% of total foreign residents) to 443 thousand units in 2011 (8%) (ISMU 2013). At the same time family reunification has steadily increased and in recent years, new permits for family reasons have outnumbered those for working purposes for the first time (Salis, Villosio, 2013), following to a path typical of the more mature phases of a migration cycle. Also many domestic workers, including family assistants have managed to reunite with their children and partners displaying a clear intention to settle down in Italy: the presence of their family in Italy makes them less available to work in cohabitation with their clients and more willing to enjoy a full and autonomous family life (Castagnone, Salis et al., 2013; Fullin et al., 2009). Furthermore, the gradual acquisition of experience and better knowledge of the Italian labour market, often following professional training experiences, led many of them to develop a different view of their work and their profession, with a progressively raising awareness of their rights as a worker: this has made many of them less willing to accept menial working conditions and minimum wages offered by Italian families, as well as more assertive and aware of their role (Castagnone, Salis et al., 2013). As I will show in greater details through the analysis of empirical data emerging from interviews with migrant care workers, at the individual level all these processes may bring about legitimate aspirations for occupational and professional upgrading: regularization of migration status, family formation and progressive stabilization, increasing knowledge of the local context and labour market opportunities, are all important factors that may push many migrant women out of the most problematic labour market of domestic services towards the more regulated and rewarding market of institutional care services.

Although the signals that I have reviewed here should not lead to declare the final crisis of the "badanti" solution as the core of the system of long-term-care Italian, there are few doubts that in years to come this could undergo significant transformations both in quantitative and qualitative terms.

3.3.1 Policy experiments addressing employment and working conditions in the domestic sector

Given the extensive development of the private care sector dominated by migrant workers and the problems arisen by the spontaneous and informal nature of this work, public authorities, both at national and local level, have tried to tackle some of the most serious challenges. A number of measures have been developed mostly at local level since the early 2000s. In general, they have sought to address both sides of the care market, namely the demand represented by households and families and the supply provided by migrant workers. Therefore their twofold objective was to support families, through financial schemes, information and legal counselling services, on one side, and to improve working conditions of domestic workers by propelling their regularization, enhancing their qualifications and skills or orienting them in job search, on the other side (Pasquinelli and Rusmini 2009). It is worth underlining that these measures have concerned almost exclusively family assistants caring for elderly or disabled people, while much less has been done in addressing domestic workers providing homecare or childcare services. Furthermore, action in this field is largely subject to territorial variations, linked to significant differences in availability of public funds, fundraising capacity of local actors, social policy planning and institutional framework, among other factors.

The plethora of measures implemented by regions and municipalities can be synthesized into four main types of intervention, sometimes combined with the others and sometimes as an isolated action:

- *Cash for care schemes*: in many cases regions and municipalities have implemented new cash-for-care schemes where some constraints linked to the use of private care services offered by a family assistant has been introduced, with the explicit aim of tackling irregular employment: in these cases the formal hiring of the family assistant is a precondition to the enjoyment of the monetary benefit (Pasquinelli e Rusmini, 2009);
- *Professional training courses*: The enhancement of qualifications and skills of family assistants has been identified as a key priority in public policies addressing long-term care. Nine regions had regulated in a comprehensive manner professional training courses for family assistants in 2009 (Rusmini 2009). Beside official training provided in the framework of regional social policy planning, a wide number of courses has been activated by training institutes, NGOs or voluntary organizations (Demarchi and Sarti 2010);

- *Service Desks*: One of the most often adopted measures has been the creation of ad-hoc service desks aimed at facilitating the matching between demand and supply in the private care market, between families in search of care workers and (qualified) family assistants (Pasquinelli and Rusmini, 2009; Demarchi and Sarti, 2010).;
- *Registers*: Often matched with the service desks, official registers of qualified family assistants have been introduced at regional or communal level in order to provide an additional source of information and to reduce informality in the job-matching process (Rusmini 2012).

In few cases, the four types of measures are integrated into more articulated programs of intervention, combining the four types described above altogether. This has been the case of the projects “*Insieme si può*” (Together we can) or “Equal-Aspasia”, described by Demarchi and Sarti (2010). Experts and policy analysts monitoring the development of these actions and of the private care market unanimously agree in claiming that only a comprehensive strategy based on the integration of monetary benefits, training and recognition of qualifications, tutoring and job-matching services, with a leading role of public actors and institutions, can achieve the objective of reducing informality and enhancing the quality of care in the sector (Pasquinelli and Rusmini, 2009; Demarchi and Sarti, 2010). However, in most cases these interventions were project-based and not part of a comprehensive public policy. Their effectiveness and regularity has been therefore limited.

However, whereas its effects at a macro-level were all in all of a limited extent, these measures may have had significant impact at the micro-level in as they have sustained in a number of cases individual empowerment processes and have contributed to enhance awareness of own labour rights for many of the women involved, especially those participating in training and other support measures. One of the key results emerging from the ILO-led project in which I was involved in 2012 (See the introduction of this thesis) was indeed the overall positive impact of ad hoc training in enhancing knowledge on the technical aspects of care work, understanding how to better manage relationships with employers (families) and the assisted persons, to re-elaborate their own experience, and eventually reaching a greater awareness of the work, to be assertive for their own rights, and, ultimately, to promote empowerment of workers themselves (Castagnone, Salis et al., 2013). Besides, in some cases, ad hoc training for family assistants was openly matched with initial training for social care operators, allowing many to attend initial modules of the training path for *operatori socio-sanitari* and eventually paving the way for individual choices towards further training and new jobs in the institutional care field. This was for instance

the case of the projects A.F.R.I.-TO and A.F.R.I.-Pro implemented by the Province of Turin between 2011 and 2013, through which over 300 migrant care workers were allowed to complete the first module of the OSS training path –upon recognition of their skills acquired on-the-job – and a number of them seize this opportunity to go on with the training and eventually get the OSS qualification. Some of them are among my respondents.

3.4 The labour market of social and health care services: the *operatori socio-sanitari*.

Beside the huge market of care services provided by (mostly migrant) care workers in the household sector, a much smaller, though not negligible, market of social care services has been developing in Italy. Residential, semi-residential and domiciliary health and social care services are now provided by a large number of for-profit and not for profit private agencies, mainly social cooperatives or other third sector organisations, as well as by the public sector. Differently from care work provided in the household sector, institutional care work is a much more regulated form of labour, in terms of credentials to access these occupations (i.e. locally provided vocational training), labour rights (e.g. protection against dismissal, maternity leave, sickness benefits, etc.) as well as in definition of tasks and responsibilities or cooperation with other professionals (e.g. social workers, nurses, doctors, etc.). Indeed, while institutional care work is provided by a number of specialised professionals, such as nurses, physiotherapists, medical doctors, the bulk of personal care is performed by lower-status workers which are currently defined as *operatore socio-sanitario* (OSS), or social and health care assistants.

This relatively new professional profile of care worker was introduced in 2001 by an inter-institutional agreement between the national government and regional authorities^{xxii} and it was meant to consolidate a number of different social and health care auxiliary occupations that were previously introduced by national and regional norms such as the OSA, ADEST, OTA, all involved, at different stages and with different work assignments, in personal care activities within hospitals, nursing homes, day-care centres or other forms of social and health care services. The proliferation of different professional profiles in these occupations had thereby created a great deal of confusion and uncertainty regarding the regulation of social care occupations, and the introduction of a one single recognized profile aimed at reducing uncertainty and arbitrariness in the use of these auxiliary workers within locally provided care services and enhance the quality of care services themselves. A general framework for the

definition of working tasks as well as of training paths and credentials to get the OSS qualification was eventually introduced with the above mentioned agreement.

The need to introduce clear basic norms concerning the role and profile of OSS was also urged by the process of professionalization of nursing occupations prompted by waves of successive reforms introduced since the early 1990 that have deeply transformed nurses' role, tasks and educational profile (IRES L. Morosini, 2008; Tousijn, 2004). The definition of nurses' role were deeply transformed to get closer to that of health professionals, with important medical tasks, and lessening involvement in basic personal care needs of the patients: these changes paved the way for the creation of other auxiliary occupations which, under close supervision of professional nurses, should provide basic assistance in activities of daily living of patients in acute or long-term care services. After around a decade of "anarchy" linked to the proliferation of different occupational profiles introduced at regional level, the introduction of the OSS profile tried to consolidate a set of basic rules concerning the definition of the main tasks associated with this new profile and the necessary credentials to access such occupation.

In the national agreement it was stated that qualification as OSS could be obtained after completion of professional training courses, managed and provided at local level, of at least 1000 hours, articulated between classes and practical traineeships, in matters related to psychology, health and hygiene, law and socio-cultural basic norms. Besides, it was stated that qualified OSS could work in both health and social care services, either of residential, semi-residential (e.g. day care centres) or domiciliary type in close collaboration and under the supervision of nurses, social workers or other type of health and social care professionals. OSS are defined as those primarily in charge of taking care of basic needs of people, as well as of ensuring their wellbeing and autonomy, in the context of social and health care services: their main activities are defined as primary assistance in activities of daily living (e.g. bathing, eating, cooking, etc.), supporting their recipients in maintaining residual their psycho-physical functioning, collaborating with other co-workers and professionals in assessing the health and social conditions of the assisted persons. Indeed, the actual content of care work provided by family assistants or by OSSs is very similar in mere practical terms. However, the institutional setting and concrete contexts where such work is provided entails a wide array of differences in terms of job quality, remuneration, job guarantees and so on. I will let emerge the main difference between these two different forms of care work in the next chapter, through the concrete experiences of social care workers and other key informants interviewed during my fieldwork.

The 2001 inter-institutional agreement has constituted a basic general framework that had subsequently to be transposed in more specific and detailed regulations at regional level. However, a thorough and detailed review of regional norms transposing the 2001 inter-institutional agreement is not relevant here.

It is worth underlining here the lack of scientific interest for these relatively new occupations, compared with the long-established attention given to the phenomenon of migrant care workers in private homes. As a matter of fact, only a tiny number of studies on the actual content of social care work within institutions and social services have been produced to date and even less have addressed the contribution of migrant workers to the overall workforce in residential or domiciliary care services. A recent study promoted by the Ministry of Labour in 2010 has produced relevant data and information on the social care work performed by OSS which allow to draw a general picture of the forms and content of this occupation in the Italian relatively small care sector (Iseppato and Ricchini, 2011). According to this study, based on a national survey on a non representative sample of 3,526 OSS, the majority of them is employed in residential care services (51.3%) serving the needs of elderly and disabled adults (64%). Women represent largely over two thirds of the workforce in the sector (85%), which is on average in a mature age (over 62% of them are 40 or older) and work in this sector since less than 10 years (66%). Two thirds of OSS surveyed for this study are employed in the private sector, mostly by social cooperatives (around 60%) or religious charitable organizations (15.6%), especially those working in residential (81.7%) or semi-residential (73%) care services. Unfortunately, this national study does not tell us anything about the contribution of migrant labour to the social care workforce nor to existing differences in the personal profile of national or foreign workers employed in this sector.

However, there are important hints that lead to think that the share of the migrant workforce in the labour market for professional residential or domiciliary health and social care services has been substantial in recent years, though at a decreasing rate throughout the post-crisis years. According to tentative estimates produced in the framework of the WORK→INT research project and based on the ISTAT Labour Force Survey (*Rilevazione Continua sulle Forze di Lavoro, RCFL*), in 2009, migrant workers represented around 14% (24,183 out of 172,380) of the employment in the occupational group “qualified workers in health and social care services” (*Professioni qualificate nei servizi sanitari e sociali*) in the Italian classification of occupations,^{xxiii} which largely include OSS, while their share decreased to 9.3% in 2012 (14,638 out of 157,065) (Castagnone and Salis, *forthcoming*).^{xxiv} It is worth underlining that these average figures at national

level hide important differences in the distribution of migrant labour across specific localities, linked to the uneven presence of migrant workers or the extent of local care services available. We might then expect that a higher proportion of migrant workers among OSS or other social care occupations is found in northern regions, where both the share of migrants in the local workforce and the supply of social care services is higher.

3.4.1 The role of migrant OSS in the area of Turin: tentative available evidence

In particular in the Piedmont region, the share of migrant workers among locally employed OSS seems to be highly significant. As already acknowledged for the national level, existing data sources on the weight of foreigners among students in the OSS courses or in the social care labour market are highly fragmented and largely unreliable, being mainly based on administrative data. In the table here below, which I draw from a local study on foreign nurses and nurse assistants of some years ago, a glimpse on the involvement of foreigners in training activities for OSS in the city of Turin is provided.

Table 4: Share of foreigners among applicants to selection procedures and among pupils enrolled to OSS training courses in the city of Turin, 2003 to 2008.

	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
Total Applicants	1,441	1,247	1,014	979	781	1,084
% of foreigners	22%	NA	32%	27%	33%	42%
Total Enrolled	125	125	150	130	150	175
% of foreigners	9%	NA	14%	14%	10%	18%

Source: Rossi and Colombo, 2008.

Though such data should be interpreted with some caution, it is worth noting how the share of immigrants both among applicants to selection procedures and among people enrolled to training activities has considerably increased over the past decade, at least until the outburst of the crisis in 2008. This obviously include only those participating in training activities managed

by the city of Turin, while a fairly higher number of immigrants might have participated in training and acquired the OSS qualification in different areas or regions.

Mirroring tentative data for the national level mentioned above, in the metropolitan area of Turin OSS are predominantly employed by social cooperatives and temporary work agencies in the private sector, especially as far as foreign workers are concerned. In fact, according to a study commissioned by the local section of *Confcooperative*, one of the main umbrella organization for cooperatives, migrant workers represent around 25% of the OSS employed by local cooperatives providing social and health care services in the province of Turin (Finco, Zaltron et. al. 2010). Drawing on administrative data on new job contracts at local level provided by the Labour Market Observatory of the Turin Province^{xxv} it is possible to observe the labour market demand for social care occupations and the role of migrant labour in satisfying it: in 2008, out of 7,358 new job contracts for OSS and other social care occupations, 47% of them involved migrant workers (of which 18.6% with EU nationality). In 2013, due to the effects of the crisis on local social spending cutbacks, labour demand in this labour market segment has been drastically curtailed: an overall decrease of new job contracts by 37% has been largely borne by migrant workers, for which the observed decrease was around 70% (1,052 new job contracts in 2013 against 3,446 in 2008).

According to most key informants interviewed during my fieldwork, a large part of the OSSs with a migration background actually have previous experiences as family assistants in the household sector though their profile has been gradually changing during the most recent years, with increasing number of young foreign people, whose parents or relatives were OSS, who decide to follow their paths even without any previous experience in care work.

Q: How many of the students came from experiences in domestic work? A: In the past, almost all. This year, no. In the sense that many, especially among Peruvians, have relatives already working as OSS but they themselves do not have experiences of as family assistants because often they are very young. The Romanians instead almost everyone has already past working experiences as family assistants. More than Italians they come here with their experience in family care jobs. (Training Agency I)

The majority of the students are women with an average age of about 30 years, a good percentage of them have university degrees in their country of origin, which are not recognized in our country and almost all have achieved t lower secondary school grade at the CTP (Territorial centers for adult education). Generally they come from Eastern Europe and South America and Africa. Almost all

members have a job as family assistant or domestic workers often on a part-time job and many work without contract. (Training Agency II)

In the following pages I will draw on migrant care workers' narratives to uncover the main aspirations lying behind their decision to engage in professional training and obtain the OSS qualification, the actual practices enacted and resources mobilised in order to overcome structural barriers to their occupational advancement, and the actual experiences in institutional care jobs accessed after the obtainment of the OSS qualification.

CHAPTER 4. LABOUR TRAJECTORIES IN THE ITALIAN CARE MARKETS: AN AGENCY-BASED ANALYSIS

4.1 Pre-departure migrant care workers' aspirations: beyond coping strategies.

As a first step, I will look at different types of aspirations reported by my interviewees when speaking about their main motivations behind the decision to migrate. In fact, initial aspirations are a crucial element in shaping the reasons underlying the decision to migrate put forward by migrant care workers and in orienting future re-adjustments of life and labour trajectories: whether one decide to leave mainly as a way for improving her socio-economic conditions and financially support her family left behind, or for rejoining her partner abroad or, rather, to complete her education in a European country, is indeed a crucial aspect in framing individual expectations in relation to the migration experience as well as in determining individual migration patterns and the set of option available to them for fulfilling their aspirations. When looking at the initial motivations for migrating to Italy the range of responses raised by the respondents interviewed during my fieldwork was quite diverse.

As predictable, in the majority of cases my respondents arrived to Italy for **economic reasons**, to search for a decent job and find a way out of unemployment and economic crisis in their countries of origin. Some had already a good job position at home but a progressive deterioration of the economic situation in their country and the exchange of information with friends or relatives already living in Italy about existing job opportunities here convinced them to try the migration experience. Quite interestingly, many recalled that the economic situation in their countries before their departure was similar to the one currently affecting Italy, with booming unemployment, drastic cuts in public expenditure and in public services, looming future perspectives. Some others decided to leave shortly after having completed their studies, or after having been forced to interrupt their university training due to economic hardship, looking for better opportunities abroad either to complete their studies or managing to save enough money to finish their educational path.

“We emigrated because of the crisis. At that moment money was useless, it had no value, it was a catastrophe. All families cried to be able to emigrate. In my family the first leave was my brother.”
(Yr-43-PER)

“I was a kindergarten teacher I worked nine years. Then work did not go well because the nine kindergartens that were in the city diminished and the children went less. With the crisis and the fall of the Berlin Wall we were left without jobs. They gave us money for one year, like they do here with the INPS, then my husband lost his job too and did some small jobs, we had to pay the house, he went to Moscow and things like that. Then I arrived here with the help of my aunt, I borrowed the money from her.”” (La-47-ROM)

“Well, when I came here we were having a bad time in my country, the same that is happening here now. Education reform, healthcare reform, the same process that you are living now I lived already in my home country, I’m talking about 1995, which was a bad period for us because all the big industries were closing ... say textile, shoes, everything ... people were living well, they earned their salary --- as it was here at the time I came.” (Ju-65-PER)

Their initial aspirations were therefore mainly related with the goal of improving theirs and their family’s socio-economic conditions, to get out of what they perceived as a dead-end in terms of employment opportunities in their countries of origin. This was especially the case of those with young children and families, that were usually left behind at least during the initial phases.

However, in many cases, economic needs were not the main, or at least the only one, motivation leading to the decision to leave but in a number of cases this was matched with a genuine aspiration to emancipate from own family and sometimes oppressive society and to try out for a different way of life that, before their departure, they could only see and be acquainted with at distance. In fact, many of them were not mainly or solely motivated by serious deprivation or poverty. This is certainly in line with what already repeatedly demonstrated by most migration theories according to which candidates to migration are usually selected among the better-offs in their areas of origin, namely those that have access to the necessary economic and cultural resources to start a migratory project (Castles and Miller, 2009; De Haas, 2010). Indeed, even among my respondents, some juxtaposed economic motivations with a authentic

curiosity for experiencing a life abroad, getting in touch with different cultures and ways of life, knowing European cultures at first-hand, after having looked at it at a distance. Many explicitly said that they were primarily interested in trying **the experience of living abroad**, initially meant to be an exploratory experience, in some cases deciding to leave a good job in order to fulfil their desire. Those that reported this kind of aspirations typically underlined that they were not primarily moved by economic needs, as in many cases their families of origin had a good, even very good in some cases, economic situation and did not need monetary remittances to improve their conditions. In most of these cases, the decision to choose Italy as a possible destination was mainly related to the existence of previous contacts with Italian friends, or employers, or with relatives and friends already living in Italy with which they exchanged information and who stimulated the curiosity to try the migratory experience. Once here, the ease in finding jobs and the calculation of the economic benefits of the labour insertion in Italy compared to that in their countries of origin convinced them to turn what was meant to be a tentative, temporary experience into a permanent one.

“My family was not in need of financial aid. My father is in the Peruvian Navy, surely he has no financial problems. I came because I simply wanted to leave that place, to travel, to do something different. But my father didn’t want me to go. There was no need for me to support the family. I had tried to enter university and didn’t manage. I was demoralized, and wanted to go away, to travel, to get to know Italy, or the U.S.A., and so I arrived here, because my uncles were already here.” (Ma-35-PER)

“In Peru I worked as a teacher in a school administrated by Italian nuns. They invited me to come to Italy. That’s how I got there as a tourist first, and then, since the school where I worked were often visited by families who adopted children, we always got invited to meet them, and eventually visit the adopted children, to see how they were doing. That’s why I came. I was supposed to get to know Italy and then return home.” (Am-47-PER)

“Well, I arrived in Italy in 2003. I was on vacation. My mother was already here, since 2001 and we hadn’t met yet. Then, when I arrived in Torino I immediately said “How beautiful!”, I even liked the smell. I said to my mother that I absolutely had to come. At that time I lived well in Romania, working as a secretary in a clothing company. The work was gratifying, I wasn’t a mere worker. I lived with my parent’s and thus didn’t have a lot of expenses. But I never had the

experience of living in a different country, with a different language, and that interested me a lot.”
(Si-35-ROM)

In a smaller number of cases my interviewees followed more traditional **family migration channels**, rejoining with their partners or close relatives already living and working in Italy, even when this meant giving up promising job opportunities in their countries of origin. In these cases, the tensions between initial individual aspirations for fulfilling a personal career and pursuing a satisfying professional experience in the country of origin, on the one hand, and for building up a family with the partner already living in Italy was evident, and soon resolved by favouring family aspirations over the desire to develop a personal professional career. However, this was in no way regretted or presented as a bad choice and in their accounts personal aspirations for professional achievements were easily side-lined for the greater objective of getting a stable and gratifying family life. However, this did not necessarily implied to wholly give up personal aspirations for own career and autonomy achieved through work and all of them actively searched for jobs once in Italy, initially as domestic workers and family assistants and after gaining some experience and acquiring the necessary knowledge and information about the Italian labour market they decided to upgrade their position and start a new job as OSSs.

“Before I left I spent one year doing civil service, which is something that everybody has to do after finishing studying. You have to go to a place that is different from the one where you were born or where you studied, so that you can know other areas of the country. The State gave you a reimbursement to help you cover the expenses. I did an internship in one of the biggest factories of the country for the production of drinks, since I had a degree in nutrition science this was my sector and so it was very good for me. They had even promised me a job. But you know, when love and family call we women are like this...we tend to follow and leave everything. And so I came here.” (Eu-45-NIG)

“I worked with [MSF] during 4 months. Then my boss made me a wonderful offer, if I had accepted it I would travelled around the world. One has to take risks, then the future will decide. But in the end I followed my husband, because he was afraid for my safety, and so he came to pick me up, because of the war, he took the chance. Then I accepted because I was in love.” (Ai-42-CAV)

“I spent only 6 months at university, but I did not understand many things...I was in love, but he was in Peru. In the end he convinced me to go to him in Peru, I left everything and from 2005 I never went back to Bolivia. When we settled there in Peru he decided to move to Italy because his mother was there and after 8 months I also arrived. (Sa-27-BOL)

Beside the aspiration for improving own and family socio-economic conditions, for experiencing different ways of life outside their countries of origin, for building up a family life, another key type of aspiration initially put forth by migrant care workers interviewed during my fieldwork was more directly related to human capital enhancement, which turned migration into a sort of investment for future professional life. Indeed, another key motivation for migrating that was disclosed in my interviews was instead related to the willingness to complete tertiary education in Italy, reported in particular by those who migrated in their early adult age and in more recent years. In fact, especially among those that left their countries in young age, economic motivations were also associated with the idea of **completing their university studies**, especially when the economic situation in the family at home did not allowed them to achieve their goal. In their initial projects there was the idea of conciliating work and university studies in Italy, where access to tertiary education was thought to be easier compared to highly selective and elitist university systems in countries of origin. High selectivity in the access to tertiary education was a major obstacle perceived by these migrant workers for fulfilling their aspirations for further education at home, matched with economic hurdles related to much expensive tuition fees and the need to conciliate study and work not to burden on their families' budgets. By information exchanged with friends and acquaintances already in Italy they draw the idea that it would have been easier to fulfil their aspiration by migrating to Italy, where tertiary education is less expensive, due to the widespread presence of public universities, and more easily accessible, and where they deemed more feasible to conciliate studies with part-time work. Those respondents already knew that they could easily find jobs in the domestic and care sector and they considered this a good opportunity to earn some money while at the same time attending university courses. However, in most cases, these aspirations revealed to be much too unrealistic and harder to achieve than initially expected.

“I arrived with a temporary project, I told myself: “I go to Italy for some years and then I go back”. Here I had a friend who told me to try to come to Italy to study, because those who have no economic

means my country don't have any chance to do that, there are not many State universities and so you cannot manage to continue your studies. So my dream was that of coming and hopefully study at the university.” (Ed-36-PER)

“When I was in Peru I had to choose between staying there to study at the university or coming to Italy. I knew that I had to start from scratch and that it would have not been easy. But staying in Peru would not have been easy either. And so I decided to come here and to begin this new path.” (Mi-33-PER)

As these excerpts tellingly show, the range of initial aspirations reported by my interviewees was quite heterogeneous. Though it is difficult to delineate a clear pattern of different aspirations based on individual characteristics in terms of nationality, age or social class at the time of departure, also given the limited number of cases, I can draw some general indications in matching individual socio-economic profile and related aspirations. In fact while women from Eastern countries more often reported economic motivations and aspirations for improving their own and their families wellbeing, those from Latin American countries were more keen in relating their decision to migrate with a need to get new life experiences or to enhance their educational achievements, being less urged by economic needs. Besides, the latter were usually younger and with no family charges at the time of migration.

Notwithstanding the different types of aspirations all of my interviewees ended up in working as domestic workers and family assistants soon after their arrival to Italy, with a fair balance between those employed on a live-in basis and those that opted instead for work arrangements on an hourly basis. However, this was perceived as a temporary solution, as a “bridging occupation”, by most of them and sooner or later they managed to change type of job, sometimes in order to find ways to stick to their initial projects, sometimes as a result of a necessary re-adjustment in their initial aspirations. Thus those that aimed at enhancing their human capital and complete university degree decided to work as OSS with the idea of better conciliating work and study, or those with temporary migratory projects for economic purposes at the beginning eventually decided to settle in Italy, rejoin with their partners and therefore to look for a job that could help them conciliate work and family life. I will describe such evolutions in the next paragraphs.

4.2 Domestic work as the entry door into the Italian labour market.

4.2.1 The functioning of migratory systems.

As widely documented and acknowledged by social research on immigrants' settlement in host countries, their networks with co-nationals already living in the host country are crucial in supporting their first entry and initial settlement (Hagan, 2004; Ambrosini, 2006). Friends and relatives previously migrated in Italy were usually contacted, on the one hand, to help with first entry into the country, often by lending money to finance the trip or by helping with necessary documentation; on the other hand, they helped to get initial accommodation and first jobs into the domestic sector. In fact, before and upon arrival migrants are usually oriented by co-nationals, relatives, or friends (who are often employed themselves in this sector), towards domiciliary elderly care work. Beside direct forms of help, in many cases co-nationals facilitate access to employment through contacts with local services, religious institutions or past employers. The first recruitment often, though not always, takes place through a direct call by co-nationals, initially for temporary replacements, which can then turn into long-term employment relationships or eventually open the way to other jobs, most frequently in the domestic sector but sometimes also in different segments of the labour market. While these networks are the most effective entry channels into the labour market, at the same time, they may trap foreign workers in the employment circuit reserved to migrants: they may thus have both a "bridging" and a "bonding" function (Nannestad et al., 2008). They contribute in fact to pre-establish the cognitive and structural frame within which individual decisions are taken, define the outer limits of the options available, channelling and shaping the migrants' patterns of integration at destination (Ambrosini, 2006).

Jobs in the domestic sector are indeed the first entry door into the Italian labour market for almost all the respondents, also because most of them arrive in Italy already knowing that that kind of job is waiting for them. However, the overall picture is significantly more complex and actual pathways and patterns of migration are certainly much more articulated and diverse: beside individual trajectories strongly relying on the presence and functioning of more or less organised ethnic communities others were more of an individualistic type, making mainly use of individual resources and based on personal networks with a much limited scope and breadth: it is thus worth underlying that individual initiative in making a selective use of such networks and mechanisms is indeed crucial.

The functioning of specific **migratory systems**, as described and analyzed by Sciortino and other authors (Sciortino, 2009; Sciortino and Cvajner, 2010) is at play here. These migratory systems operate functionally to the labour demand for domestic workers, sometimes even channelling migrants who are deemed more suitable to satisfy the labour demand in this sector and who are well aware of the labour opportunities in the domestic sector in Italy already before their arrival. These migratory systems operate through the functioning of more or less efficient and structured networks of co-nationals already living in the destination countries, through mechanisms of *opportunity boarding* (Tilly, 1999) which organises the access of migrant workers into a given segment of the labour market, typically built upon national or ethnic belonging, by granting more opportunities to members of that national or ethnic group rather than to outsiders. In a previous research on migrant domestic workers in Italy Sciortino (2009) has identified 3 different forms of such migratory systems in Italy:

a) Highly structured migratory systems, typical of those that arrive from areas where a strong culture of emigration has formed and with long-established national communities in Italy (as typical of migrants from Philippines); individuals coming through such systems can count on well-established networks of co-nationals and benefit greatly from strong ties with close relatives that preceded them in the migration destination and provide substantial support both in financing and organizing the travel and in granting access to employment in the domestic sector. Actually the very decision to migrate is less the result of individual initiative and more of a choice made by the family member at destination. In fact, the support in funding and organizing the travel is provided only upon expectation of a return to the “investment” done on the part of the sponsor which create a strong selectivity towards those deemed better posited in getting access to jobs and therefore able to repay the loans and stronger obligations for the new migrants to comply with requests by the sponsor.

b) Migratory systems in construction: more recent migrants are usually inserted into migratory systems relatively new, less structured and more composite than the previous ones (typical of migrants from Eastern Europe or Latin America), where many are actually among the pioneers of migration from their communities or may count only on weak ties with friends, acquaintances or relatives already present in Italy and already working in the domestic sector. The absence of well-structured and established networks at destination usually imply greater difficulties in financing the travel, frequently funded through own savings or loans (or a combination of both), as well as loosen webs of contacts that could provide resources in accessing first accommodation and jobs in the initial phases. At the same time, the fact that the

decision to migrate is more the result of an individual initiative and less constrained by familial or communitarian decision imposes weaker obligations on the migrants themselves to repay debts and follow obligations imposed by a given sponsor. This give more freedom to move upward in the labour market through individual strategies.

c) Atomized migratory systems: individual migrants may end up in the domestic sector even through completely different migratory patterns and without any pre-existing link with migrant domestic workers already in Italy. There are indeed a large variety of situations in which migrants arriving for family or study reasons, or for any other type of motivation (health problems, tourism, humanitarian protection etc.), not belonging to nationalities massively present in the domestic sector (or in any case not using ethnic networks to facilitate their migratory project) eventually find jobs as domestic workers simply because the labour demand is high for this kind of work or because the initial contacts established upon arrival steer them towards this type of employment. In such cases usually migrants do not have strong networks of co-nationals that could help with labour market insertion: this drives them to search assistance in local support services such as voluntary associations, immigration help desks or religious institutions.

Within the sample interviewed in my research most cases are part of the latter two types of migratory systems while none is found that has been steered to Italy and the domestic sector through well-structured migration system as that observed in the Filipino community. Quite interestingly, these are precisely the two that, according to Sciortino and his colleagues (2009), leave more space for individual initiative in orienting integration patterns and where agency of individual workers is less constrained by communitarian obligations. In fact, almost all Latin American and Eastern European migrants interviewed arrived here upon their individual initiative but with more or less loose support from friends or relatives already living in Italy and working as domestic workers, which provided the necessary information before the travel, some support in funding the travel and in accessing first jobs as domestic workers, in most cases by introducing them to previous employers or, alternatively, re-directing them towards supporting agencies. In the case of Latin Americans the latter are typically religious institutions, that could provide the necessary help in the initial phases.

“In my family the first one to leave was my brother. He went first to Nicaragua and then from there, with a truck full of potatoes, he arrived to San Francisco. He stayed there 4 years. He did not want any of us sisters to come because the travel was very dangerous. Then he sent me some

money and I went to a holding company to invest it. A cousin of mine wanted to come to Europe and she knew a friend here in Turin. I took the money, I gave it to my cousin and I told her: "when you are there remember that you have to bring my sister, she will make the other sister come and then myself". I arrived through Montpellier with my cousin. Somebody coming from Barcelona waited there for me and took 700 dollars to bring me to Porta Susa by car. I arrived in the winter, it was November. We arrived and immediately a friend of my sister left a job and I took it." (Yr-43-PER)

"Yes, I knew a girl, she let me enter at night, secretly, into the nuns cloister, because she could not host me at her place. The day after I dressed well to go to the nuns who told me to go to the church in via Cumiana to look for a job. In the end they did not find me one, but at least I met other girls from our home country." (Am-47-PER)

"My aunts, who were already here, told me that for a foreigner surely it was not easy, because the language, the costumes, the habits and the job are different. They told me that you could work as live-in carer, or cleaners or other things like that, but that the majority of people had a live-in job. And I was ready for this. I knew it from the beginning. There was this aunt of mine who used to do the cleaning in a parish. People who were in need went to the parson, he contacted her and she told him that she had a niece who had just arrived to Italy and did not speak well the language. I had an interview with the family, I did a trial and they took me for almost one year." (Mi-33-PER)

"I followed my aunt who worked in Italy as a professional nurse. She moved after the '85 crisis who brought us Peruvians to emigrate. (...) Then my aunt married an Italian citizen. My grandmother wanted to go to visit her daughter in Italy, so I proposed my aunt to accompany her, also because I lived with my grandmother and I helped her at home. I asked the visa to the Italian embassy using the documents of my aunt and my uncle, who sent an invitation for me. So I managed to come in November 1994. Here I also had two brothers of my father who were inviting relatives to come to Italy because you could find a job. They were all clandestine, a part from my aunt who was married to an Italian. She and the other relatives were domestic workers. They worked all week and went out only on Thursday afternoon. They stayed in via Cumiana, with the nuns who taught Italian and how to cook. There was a priest there of Spanish origins who celebrated the Mass on Sunday. My cousin went there because she knew a nun who gave her some information about jobs. Once we learned about a lady who had a broken femur and needed a girl. My cousin recommended me to the nun, telling her that I was young, indeed I was 19, and that I was a quick learner. At that time I could not speak a single word of the language. On the 8th of December the nun called my cousin

telling her that a gentleman from the Val di Susa was looking for a girl to help his wife who was injured from a fall and my cousin immediately fixed an appointment to go.” (Le-40-PER)

However a significant share of migrants interviewed in my research were rather classifiable in the latter form of migratory system, more atomized and individualistic. They usually entered Italy through different immigration paths and with completely different migratory and professional projects and eventually ended up into the domestic sector. This was the case of all respondents arrived from sub-Saharan Africa, usually through family reunification channels. In this cases problems in finding an initial accommodation were not existent and the main resources mobilized to find employment were mainly found in loosen networks of friends and relatives or via access to local support services, either private (e.g. immigration desks set up by voluntary associations or religious institutions as Caritas; labour agencies, etc.) or public ones (e.g. *Centri per l'Impiego*, Public Employment centres).

“I found a job immediately through some friends of my husband. I did some little jobs here and there. First I learned Italian, then I worked with a lady, I taught English and French to the children and I did some cleaning. Everything was off the books.” (Ai-42-CAV)

“I have been living here for the past 15 years. I came with my parents because my father worked here. He asked for a family reunification and then we came. I finished schooling here, I graduate from high school and immediately afterwards I found a job with elderly people. I did not even look for it, I found it immediately and I started working in this way. I worked for many years with elderly gentlemen, disabled people and so forth. Maybe because I found it immediately, while for other jobs you have to look for...Instead for this one if you know people you find it.” (Na-30-MAR)

The first access to domestic work for individuals inserted into atomized and unstructured migratory patterns was more frequently directed towards live-out domestic work rather than in forms of employment based on the cohabitation with the employers, more frequently in traditional forms of cleaning and home maintenance activities rather than in personal care to elderly and dependents. Given the weaker role of ethnic networks for managing access to employment in this sub-group, first and following access to jobs was rather obtained through

public and private support services (either religious institutions, or public employment services) as well as words-of-mouth through neighbours or Italian acquaintances. Conversely, Latin American or Eastern European communities were more effective in providing access to live-in jobs, due to their longer and more structured presence in the sector of household services: hence in most cases women from these area started their career in the care sector with live-in positions while they eventually decided to shift towards live-out employment on an hourly basis as soon as possible, i.e. when regularizing their status, repaying their debts, or saving enough to rent an apartment on their own.

However, there were also cases in these category of Latin-American or eastern European migrants which did not looked for support from networks of co-nationals as in most other cases and had a more individualistic path of insertion. This was the case, for instance, of FI-48-PER from Peru. She arrived in Italy in 2005 to escape a difficult situation at home; she has an Italian partner living with her in Peru, father of her youngest son, (they married in 2011) with whom she had built up what she calls “an empire” in mineral trade business: together they owned five shops in Lima and in other towns of the country and a number of mining sites in the Andean region. When their business grew in importance, his partner started to receive serious threats to his own and his family’s safety, with episodes of blackmailing and kidnapping. They both took the decision that she would have left the country, together with their child, which was only 2 at the time, and headed for Italy, where she could have tried to start a new business in import-export of their mineral products, while her partner would have stayed in Peru to manage what remained of their “empire”. FI-48-PER’s partner purposely warned her not to get along with Peruvians in Italy:

“When I came here my husband was very explicit and told me that I had to stay away from the Peruvians. I was sorry. If you hear what he says you think he is racist. Then when I came here I understood. Since the meet only among themselves, they go dancing, they do things that are not right, they lose all restrains and have no demeanour. Actually I told my husband that he has never worked with those who work on the coast, he works with those who come from the mountains who, poor them, have never had any education and are spiritually very poor. When I began studying I met many Peruvians and I’m glad to see that they do well their job. It is saddening to hear how much they suffered to arrive here to do this course and sometimes they are full of sorrow because they feel alone.” (FI-48-PER)

4.2.2 Irregular entry as the main avenue into domestic work and subsequent regularization: the rule and the exceptions.

The organizing function of migratory networks is particularly effective in facilitating entry and settlement when migration occurs through irregular avenue, as it was the case of most respondents interviewed during my fieldwork. An initial phase of irregular presence and work was thus the most common situation among them, which called for a deployment of strategical, or better, tactical practices (see para. 2.4 above) to cope with significant limitations to their agency imposed by their irregular status.

The above-mentioned specific forms of migratory systems structuring the access into domestic work are indeed particularly effective in supporting migrants in the initial phase of their immigration experience, especially when the first entry and stay occurs without the necessary legal authorization. As a matter of fact, it is well documented that immigration to Italy has traditionally been characterized by a high degree of irregularity both of first entry (i.e. without a visa or with a fake visa) and, more often, of subsequent stay, and that the domestic sector has played a crucial role as a magnet for irregular migration (Ambrosini, 2013; Colombo, 2012; Finotelli and Sciortino, 2009). The widespread presence of irregular migrant workers in the household sector is actually a generalized phenomenon which extends beyond the Italian case, mainly linked to the scarce opportunities for legal migration into domestic work offered by official labour migration policies (Salis, 2014; Tryandafillidou, 2013; see para. 2.2.2 above). Despite some openings offered in the second part of the last decade, when a substantial part of official yearly admission quotas has been granted to domestic workers, irregular entry and overstaying short-term visa have long remained the main routes towards the Italian domestic sector, recurrently fixed through mass regularization campaigns. In more recent years the diversification of entry routes to Italy, mainly with the growing share of family entry routes over total inflows, and the lessened attractiveness of Italy due to the economic crisis has slightly changed the picture even in the absence of immigration policy reforms. Furthermore, the presence of irregular migrants in the household sector has been highly tolerated by control authorities and the wider society: while public and political discourse typically framed irregular migrants as a threat to public order and security, irregular migrant domestic workers have always represented an exception to this rule and were rather portrayed as necessary, less dangerous, in a nutshell as

“good (irregular) migrants” (Ranci and Cordini, 2014) and therefore more acceptable by the wider public (Ambrosini, 2014).

These structural conditions are certainly reflected into individual experiences reported by care workers interviewed during my fieldwork. Indeed, many, though not all of them, arrived through the typical immigration pathway to Italy, namely irregular entry or overstaying a touristic visa beyond the allowed time limit. Those channelled through weakly structured migratory systems, as it was the case for most of Latin American or Eastern European workers, could generally benefit from help and support provided by networks of co-nationals already in Italy in the early phases of their stay in Italy, though a great amount of individual efforts was crucial in coping with the difficulty linked to the irregular status. Beside community networks other crucial resources were mobilised to get access to work, find accommodation and eventually achieve regular status: in particular support from solidarity institutions, emotional ties and marriage alliances, especially with Italian men, involvement in familial relationships with employers or access to public services were also crucial means in coping with the difficulties of the first years.

Indeed, kin networks were not always useful to access good jobs at the beginning and afterwards and larger networks, sometimes with people met in random circumstances, proved to be more effective in some cases, often following episodes of deception by co-nationals. Such random encounters could also develop into sentimental relationships

“I did not expect this attitude from them: you know, we went to school together and so we practically grew up together. For me it was a shock, a traumatic experience. Because I saw that the Rumanians, for Heaven’s sake, they are decent people, but when they arrive here they change completely. I do not know why. They are not the people you used to know, with whom you grew up. So, in the end, I arrived here and I did not have a job anymore. In the house of these relatives used to live an Indian guy who in the end became my boyfriend and we have been together for 6 years...And, well, he helped me very much. He looked for a job for me, through a fellow countrywoman, a girl who had to go home to prepare the documents and the permit of stay. So I started working one month, say from February 2007.” (Da-39-ROM)

Am-47-PER first met her Italian husband when he was looking for a cleaning lady and a baby sitter for his daughter, after having lost his first wife. She had just arrived from Peru and

had recently discovered to be pregnant. Her future husband decided to hire her nonetheless and he helped her getting her papers. Subsequently, their employment relationships changed into a marital one:

“Then luckily I met my husband, who had just lost his wife and needed someone to stay with his daughter, a babysitter. I told him that I was pregnant, and I asked him to make me the documents otherwise I would have been sent back to my country. Luckily there was my dear XXX who immediately fell in love with me. And she tells me: “But are you pregnant?” I wanted to tell her everything immediately, because I did not want her to have any surprise. And indeed he told me that there was no problem, that he would have made all the documents. Then through a friend of his we obtain the permit of stay.” (Am-47-PER)

Sometimes networks of co-nationals, especially when based on weak ties with acquaintances, were indirectly useful to get access to solidarity institutions, especially religious ones that could then provide first accommodation and access to first jobs:

“At the beginning I did not have anybody, a part from a friend of my sister. I told her that I wanted to come to Italy, and she told me “better to avoid it”. Then afterwards I understood why: poor her, she did not have a home, she had nothing, and of course she could not host me. Luckily there were the churches, and I think there still are, the Cottolengo and all these places where they give you hospitality. And so she immediately found me a place there because she could not host me. Then I met a priest, he was very good, who was in this place where we always went. Then I explained the situation to him and he must have been sorrowed for me because he told me: “I have a home where you can come, if you like, do not worry, you pay nothing, it is all on me.” So it started well.” (Ma-41-PER)

After an initial period, of variable duration, with no legal status and consequent informal employment, all of my respondents managed to get their residence permits either through one of the recurrent regularization campaigns or, more often among those arrived in the most recent years, through a misuse of the annual entry quotas. Actually most of them took advantage of the

opportunity offered by regularization campaigns adopted in the last decades in 1995, 1998, 2002, and few of them got their permits after the recent ad hoc campaign of 2009 (which exclusively targeted domestic and care workers). Whereas some of those arrived in more recent years, in particular after 2002, could be regularized through annual quotas though the mechanism was largely used as a de facto regularization: contrary to what expected by the formal rules, all of them were already in Italy irregularly and had to get back to their country once the authorization to formal hiring was obtained to get a new entry visa for labour purposes.

“I arrived in December 2006 but I had no permit. A cousin of mine took me to work with her and explained how the job worked. I had the luck to go to work with a family who hired me, that year there was the possibility of entering in a legal way, doing all the documents. I think it was the end of 2007, almost 2008. When I had the documents I managed to go back to my country to do all the documents there too.” (So-33-PER)

“I have been clandestine for two years, then I had the fortune of finding a good person with whom I did the documents for the first time. It was still the online procedure, she opened the office at 6 in the morning because the PC was more powerful and one needed a powerful one that was very fast because there were too many applications and from a simple PC she could not have made it”. (Li-38-MOL)

The **role of employers** was key in achieving a smoother or more troubled regularization (Corrias, 2004; Antonioli and Cominelli, 2005): while some of them were keen in taking the opportunity opened by regularization campaigns or annual quotas, actively mobilizing their own resources to get information about bureaucratic procedures, other were more reluctant and often put an end to the employment relationship when the workers urged them to apply for their regularization. In these cases alternative solutions had to be found through networks of co-nationals and fake employers and a great deal of individual initiative in getting proper information and look for new employers willing and able to hire them was necessary. The possibility to access public services and the role of solidarity institutions were also crucial resources activated to by-pass the unwillingness of employers to regularise them. For instance, Yr-43-PER had to strenuously fight with her employer who did not want to apply for her regularization during the 2002 regularization campaign, and she arrived to the point of getting to

the local police to convince her. A decision that eventually led to the end of her job with that family:

“I arrived in 1999 and luckily there was the amnesty in August that year. So I got the information because there were already two sisters of mine who worked in Turin and they told me that that week I should present all the documents for the amnesty. But my employer did not want to regularize me. Since the documents were very important for me to begin to set in Italy, I took courage and came to Turin to go to the police and take information. The police guy told me he would have helped me and would have come to the lady to convince her to regularize me with the amnesty. He gave her 24 hours, that was it. The lady did not like this at all, she recriminated about this. So I looked her in the eyes and I told her: “Look, Madam, when I came to Italy and we had the job interview I said that I am not just anybody. In my country I have a profession, I studied at the university and so I have a career. If I come here is because I aim at reaching certain goals. So you cannot exploit me, I have my rights!” (Yr-43-PER)

“I took the permit in 2003, with the Bossi-Fini amnesty. At that time I worked per hours for different families as a cleaning lady. When the amnesty arrived none of those for whom I was working wanted to make me a contract. So I went to the priest and explained everything. That I worked for these families who had fired me because they did not want to regularize me and that I was preoccupied. And he immediately found a family with an elderly woman who was in need. During the interview I explained that I was irregular, the priest had told them already, and they have been immediately available. We met at the beginning of September and on the 15th of September they had already made the contract. I was lucky.” (Ed-36-PER)

However, irregular entry and overstaying was not necessarily the only way to enter the Italian labour market: beside the cases where family reunification channel was the main avenue to enter Italy, there were also few cases where formal rules for the admission were respected and annual quotas were used correctly to let in workers still living in their source countries: this was the case especially of those respondents who had already some close relative living here in Italy, usually either the mother or sister, who managed to find a potential employer and to follow up the long and burdensome procedure foreseen by the annual *Decreto Flussi*.

4.2.3 Trajectories and experiences in the domestic sector

Past research has often pointed out that the first access to domestic work for most migrant workers was in live-in employment (Castagnone, Salis et al. 2013), though with relevant differences related to period of arrival to Italy, age at arrival and family situation at home, nationality, etc (Fullin et al., 2009). However, this was not always the case with care workers interviewed during my fieldwork. Actually the sample is quite balanced and around half of the respondents have started their experience in the domestic sector with live-in work arrangements while the other half has rather started with domestic work on an hourly basis either with self-sufficient elderly needing some help with daily home maintenance or as home cleaners or babysitters. The first situation (live-in domestic work as the entry job) is more common among long-term migrants, often arrived around the turn of the century or before, usually alone and with children or younger siblings left behind, with established networks of relatives or acquaintances already living in the destination area, and holding nationality of southern American or Eastern European countries (especially Peru and Romania or Moldova). Whereas recent migrants, arrived in the last decade, as well as those migrating for family reasons or those with a nationality not extensively represented among care workers, such as African workers, more frequently searched for or found jobs on an hourly basis. Reasons for these difference are varied: those arrived through family reunification avenues were obviously less prone to accept live-in employment for reasons related to their own family life while African migrants faced greater difficulties in finding employment in co-habitation with employing household due to more or less explicit racist attitudes by employers themselves. This finding is indeed in line with what some pieces of research on migrant domestic workers have showed, namely that among recent migrants (i.e. those arrived after 2005) co-habitation with the employer was a less common solution than among those arrived in earlier phases (Pasquinelli and Rusmini, 2008).

Among those that have had experiences live-in care work many stressed positive aspects related to the support provided by their employers, either the assisted elderly or their families, in learning the language and other aspects of Italian culture, or the emotional relationships established with them which also helped them to re-build quasi-familiar relationships and hence bear the emotional costs of migrating alone.

“I found a Neapolitan lady where I worked during the first two months and I learned many things there, because she spoke only Neapolitan and I could not understand anything. I told her: “Lucia speak Italian because I do not understand anything in Neapolitan, I do not even understand everything in Italian, imagine how much I can understand of Neapolitan”. But she taught me many things, other habits, another culture, say other things that now I find very good. And the food is so different, making lasagne is a different thing. So I was very happy, I felt very well when I worked there.” (Da-39-ROM)

“They did everything for me. They paid the contributions, the week of 48 hours, they gave me room and board, they made me take the driving licence. (...) I drove him with the car to do the errands, but I could not go out alone at night. He was very protective and he told me that it was dangerous, those were other times. They have been very good to me. They trusted me in everything. They gave the keys of the house, the grandfather gave me money but I brought always the receipts because I did not want to have any problems with the money. In June 2008 the grandfather passed away, but until he was alive I did not want to leave. He passed away two months before my son was born. He closed his eyes with me while I was holding his hands”. (Le-40-PER)

However, the intrinsic ambiguity of care work in domestic settings, which tend to confuse the public sphere of work with the private sphere of emotions, clearly emerged from most interviews. Though showing a certain degree of appreciation for their experiences as family assistants, and gratitude for their past employers, many concurrently emphasized negative aspects such as the social isolation, the lack of freedom or disrespect of labour rights as resting time or weekly leave, or disproportionate working hours. Excessive work burden, especially when the assisted person lived with (or close to) other relatives (e.g. adult children or spouses) was often reported by many of those with live-in arrangements. The ambiguity of care work, especially when provided in cohabitation with the assisted persons, where work and moral obligation and responsibilities towards the care recipients are blurred was consciously expressed and referred as one of the causes for deciding to leave the job and look instead for live-out jobs. Emotional stress was also matched both with the special sympathy that they developed with their employers and their families – which pushed them to overwork and become over-involved in familial situations – and with social (even physical) isolation which live-in jobs usually entails.

“I had two elderly people, husband and wife, and the sons who lived still with them. In the end they were four. I cleaned and ironed for everybody. At a certain point the daughter, who was 55, started to feel unwell and they discovered that she had a brain tumour. From that moment they started to ask me to go also on Sundays, because she felt unwell and could not follow the father who had a sharp mind yet but had had an ictus and did not manage to move alone. And at night perhaps one had to empty the urinary or change him because he sweated. The bad thing was that if you do family care in the end you become a member of the family, but the relationship becomes like this you cannot say anything straightforwardly, like this or that is not right. And then she was sick, for this reason she called me to do some extra hours, because sometime she went to the mountains to take her mind off things. Because really the father was very possessive, so I felt like I was making her a favour because she took of her mind from the father, the family, the cancer. I tried to take him to the park but he did not always want to go. Sometime he went out only twice during one week, he did not accept his condition and took it out on his daughter, who was already sick. And so I saw everything and I felt compelled. At a certain point I could not do it anymore..” (Si-35-ROM)

“So, I started to work live-in, during 5 years, night and day, with an elderly woman from Apulia who was 90 years old. And I tell you that it was very hard. Because I had to make many sacrifices: I knew that my objective was stronger, but I was within 4 walls, I just went out on Saturday and I came back on Sunday evening.” (Yr-43-PER)

“When I arrived I was a domestic worker with a couple of elderly people, I was not carer for them, but I took care of the kitchen and I cleaned: it was terrible because I was not free. When they went to bed I was free, I went to the balcony and I stayed at the bathroom window to cry, so that they could not hear me. In the end it was like not having a life of my own anymore. I tried to belong to something but instead I belonged to this family. It was like being a teenager. I had always to ask whether I could go out. It was not my world, I looked for something else” (Mi-43-ECU)

Few of them have gained some experiences also outside the domestic sector, especially as waitress in bars or restaurants or in manufacturing firms. However, most of these experiences were of short duration and domestic work was preferred because deemed less tiring and more interesting, because of personal contacts with families and elderly in particular:

“I tried to work at CRAI as a shop assistant. They hired me through the employment agency, but I would not do the shop assistant for all the money in the world! There were three clients who drove me crazy! “Subtle but not too subtle, thick but such that one could see through it, and Miss but you are not able to do it just change profession!” And since I was the newcomer when my colleagues recognized the three ladies they left them always to me.” (Na-44-ROM)

“After giving up to the (cleaning) job in Cuneo I told myself, let’s try to do something in a factory. So I went to an employment agency and during one month and a half I worked in a factory near San Mauro that made pieces for FLAT, shame that year the crisis broke out and all those who had a long term contract were fired. Then I found a job in another factory that made plastic pieces, but I left even from there. In that case because they behaved badly, the boss was a very bad person, I do not know how the people who were there managed. He used some very bad words, and nobody said anything.” (Si-35-ROM)

Live-in care work was however always considered as a temporary solution and as soon as they had the possibility, most family assistants decided to opt for hourly domestic work. The trajectory from initial live-in employment to live-out jobs is repeatedly reported as a typical pathway of migrant domestic workers by a number of studies on these issues (Sohler and Lévy, 2013; Fullin et al., 2009). The shift from live-in to live out jobs was most common among younger workers, usually arrived in their early 20’s, which hardly bore the social isolation entailed in co-habitation with employers, or, alternatively, among those that were rejoined by their children, initially left behind in their countries of origin usually soon after having obtained a regular stay permit.

“And then when the lady died I started to say no, that’s enough. I did not want to work live-in any longer because I wanted to do other things. I wanted to study, to go out, to do the things that girls of my age do. I was 20 at that time and I did not want to be blocked in the houses. So I tried to work with hourly cleaning work. I had 8 bunches of different keys. I worked 4 hours in a place and 4 hours in another place. Meanwhile I also worked over the weekend with a countess. I started on Saturday and went out Sunday night because then arrived a Rumanian woman to take over. And so I was busy all the time.” (Ma-35-PER)

“I started working with them from 16 September 1999 till 30 June 2003, then I left because my daughter had arrived and I could not work permanently with them anymore. So I tried to do some part time job, always with elderly people, but I looked for a home for me and my daughter. (Mi-43-ECU)

In many cases, the shift to live-out work represented for many respondents a first step out of the household sector: working on an hourly basis finally allowed them to concretely plan to attend professional training courses, by conciliating the need to earn an income and the wish to study and search for better work and more stable employment. I will describe in the next paragraph what were the main aspirations driving their paths out of the domestic sector and which were the different types of resources mobilized in order to overcome existing structural barriers to occupational advancement as well as what type of practices they enacted to achieve their goals.

4.3 Getting out of the domestic sector: drivers and tactics of professional upgrading

4.3.1 Aspirations for professional upgrading: what drives them out of domestic work?

As already pointed out in chapter 2 above, personal and social care jobs are typically associated with poor career perspectives and few opportunities for professional advancement. This is often considered as a dead-end occupation where no or few possibilities are open for improving skills, enhancing working conditions and getting a more rewarding salary, especially when care work is performed in household settings in a direct employment relationship with the assisted person or her family (Villosio and Bizzotto, 2011). However, few or small opportunities do not mean that no possibility exist for improving personal employment situation and occupational status. Opportunities for skills upgrading and enhancement of care workers professional profile were substantially increased thanks to numerous policy initiatives

implemented at the local level, including in the area of Turin, in most recent years (see para. 3.3.1 above). Specific provisions in the design and organization of training activities for OSS of the Piedmont Region were aimed at facilitating the participation of foreign family assistants in training, therefore providing substantial stimulus to individual initiatives aimed at occupational upgrading (e.g. the articulation of training activities into modules, some relaxation of access criteria relative to educational titles or the delivery of pocket money in training activities targeting migrant workers). Indeed, when looked from the perspectives of individual workers even small changes leading to better working conditions, more secure positions and enhanced recognition of own professional skills may be meaningful and subjectively perceived as important steps forward in own labour experience. In the Italian case, the main window opportunity open to professional advancement for domestic workers is that of upgrading their skills, often taking stock of those acquired on-the-job, and getting a qualification as social care workers, or OSS (*Operatore Socio-Sanitario*). The key focus of my research has been precisely on those migrant workers that decided and managed to engage in such process of skills upgrading and professional advancement, shifting from one position (i.e. as domestic workers) to the other (i.e. as OSS), with the ultimate goal of understanding the main motivations that drove their decision, their personal aspirations and the way the latter have changed along their migratory experience, the concrete practices they enacted to succeed in their professional advancement projects, as well as their degree of satisfaction and future projects. Focusing on individual labour trajectories, on personal aspirations underlying them as well as on actual practices that shaped and structured such trajectories, allow me to highlight the ways in which migrant care workers exercise their agency and ultimately resist (or adapt) to structural constraints that tend to trap them into one of the most troublesome and poorly rewarded segment of the Italian labour market, namely that of domestic and care services. After having summarized the main elements of individual aspirations at the time of migration and of initial labour trajectories in the first phases of their migratory experience in the previous paragraphs, I will here turn to outline the main contents of aspirations and motivations underpinning the decision to invest in professional training and to find a way out of the domestic sector to look for better jobs in institutional care settings.

At the outset, the **decision to start professional training and upgrade their professional skills** is taken for a number of different reasons. Various types of aspirations and motivations are at stake here but some common patterns might be identified: in all cases the choice was mostly motivated by the quest for more and better job opportunities and less unsecure employment. All of them stressed the precariousness of care work with families related to the fact that at one point in time the assisted person eventually die and they have to look for

another job, and, if working as live-in, another accommodation. Many underlined the fact that while jobs in the domestic sector are easy to find given the high labour demand there, the precariousness associated with domestic employment was an important source of stress for them. Professional training was therefore seen as a strategy to access more stable and institutionalized form of care work, as the one of the OSS, to work for cooperatives or other types of employers different from private households which could offer better guarantees in terms of employment stability and protection. Furthermore, at least before the outburst of the economic crisis and its belated effects on public budgets, the sector of long-term care and healthcare services was still seen as one of the few with a growth potential, where labour demand was sustained and job opportunities abundant, an insight broadly confirmed by administrative data reported in para. 3.4 above. Although in the most recent years the local labour markets of institutional care services have witnessed a sizeable retrenchment, especially in what concern domiciliary and semi-residential services (Bazoli and Montemurro, 2014; various stakeholders interviews) the perception of a greater potential for job stability there was not altered. In fact, those that undertook the decision to get the OSS qualification in most recent years also witnessed increasing difficulty in finding good jobs in the domestic sector.

“Instead when you work privately every time you have to start all over again and it is not easy. You have no certainty. When people die everything ends.” (Sa-27-BOL)

“I worked a bit also with agencies. I worked for two years with Obiettivo Lavoro. And then also by word of mouth, through friends, it is all a big network...With the agencies it worked before, now not so much. Now I would not work with agencies anymore because they give you two hours here, two hours there, and you lose the whole day to work just 3-4 hours. If you really need it you do it, but the time you lose is more than the time you gain. And then every month you must go to sign the contract, come and go, and lose more time. It was better before, in 2007-2008 it went well. Perhaps they gave you 5 hours of work per day and 5 hours were good for me. Then perhaps in the morning I worked on my own, so I had all the time. But now they do not give you those 5 hours anymore. Now you lose a lot of time going around for nothing.” (Na-30-MAR)

However, beside this general motivation other factors and personal aspirations accounted for the decision to change type of employment, also related to personal characteristics and family situation of each of them. In those cases where respondents have family charges – either because

they have been rejoined by their children or partners in Italy or because they have formed a new family when already here – their aspiration for employment stability was chiefly related to the need to **conciliate work and family life**. In their view, employment in cooperatives or other corporate employers rather than in the household sector was seen as more secure and guaranteed, working time more manageable and prospective salaries higher. Work in institutions is indeed more regulated in terms of working time, usually limited to 8 hours per day, and shift work usually associated with residential facilities was also seen as good for it allowed to better manage own family life. Getting a job in institutional care facilities was therefore seen as a way to have more and better management of own time, having access to paid leave and find an income stability which is not always guaranteed in domestic work, where the sudden death or health impairment of the assisted elderly may abruptly lead to an end of the employment relationship.

“I took these courses to find something more stable and to have some fixed hours that were certain. Also because I had already the child and I could not leave him like that. If you do not follow him he does nothing, you must really take care of him otherwise he does not improve”. (Ol-48-ROM)

“Let us say that I prefer the nursing home also because you have more time for yourself. Now that also my daughter grows up it is better. Sometimes perhaps she is afraid when I go working at night and when I come back in the morning I tell her that I worked at night and she is a bit surprised because she says that at night people should sleep and not work. But it is better that she gets used to these things, to the schedules of parents. She has to understand that we are not there because we work. (Sa-27-BOL)

“[I wanted to go to working in the nursing homes] because having a girl I noticed that if an elderly person dies you have no job anymore. Instead in the structures there is always work. You do your holidays and these are paid and I liked that. I took the information through some friends who were working in nursing homes and they told me that they had holidays for one month and a half in Peru and to me that looked very strange. Then I remembered the time when I was a teacher. So, once I was stable, with a girl and a husband, I thought of becoming more stable so that I could do my holidays without losing the job and having to find a new one.” (Am-47-PER)

In a number of cases these women had established sentimental ties and built up new families with Italian partners, which took an active role in orienting their decision to give up

domestic work and search for ways of occupational advancement and providing help and support in achieving their goals (see below).

For some others, the decision to get the qualification as OSS and therefore being able to look for a new job in institutional care facilities was quite explicitly motivated by the need to escape exploitative working conditions, isolation and poor social recognition faced during their experience as “*badanti?*” in private homes. A number of respondents straightforwardly framed their decision as responding to the aspiration of **getting out from household work**, as a way to achieve professional recognition, a valorisation of own work and social positioning face to employers and wider society. This kind of aspirations were expressed more decidedly by those that experienced bad employment relationships with families with which they worked, either for the lack of respect of their labour rights, especially in terms of fair payment, or for the absence of the due separation between work and personal life. For some, the emotional aspects of care work as “*badanti?*” which create a sense of obligation towards the assisted person and her family were far too stressful. Care work in institutions was seen instead as a different form of care work, where emotional distance with the care recipients was easier to manage. Besides, care work in institutions was seen by these women as a way to escape social isolation faced when working in private homes, with few or no contacts with the outer society: indeed, in nursing homes you are supposed to do team-work with co-workers as well as a number of other professional figures (doctors, nurses, physiotherapists etc.) with which you can confront and which could support you in your everyday work. Furthermore, some emphasized the lack of recognition of the work performed as “*badanti?*”, both by employers and by the wider society, quite consciously complaining about the devaluation of care work in private homes, implicit in the term “*badanti?*” itself. Improving own skills, even if not too dissimilar from those already used in care work at home, was therefore considered a way to enhance own professional profile so that it could be recognized.

“I attended this course because I wanted my 9 years to count for something. I wanted to make what I did valuable. I was tired to be called a badante. Ehi, I am not a badante! So, you feel also a bit esteemed, after you do the course. Because you learn many things: the techniques, how to behave at work. At home you do it because you have to, but when you go to school you do it because you know how to do it.” (He-35-CAM)

“One thing that I did not like when I worked with families was this: the more you give, the more they will expect from you, more and more (...) And then they never recognized the extra things you did, never gave any recognition. When you work in an institution instead, the work you do is acknowledged, and then you always meet new people. The monotony was killing me, repeating the same things all the time made no sense to me. Instead, the job you do in a nursing home you find are satisfied because they make sense to you.” (Ro-30-PER)

“In the end I decided to take the OSS course so that I did not have to work with these families anymore. When they hire you they are all very nice, but when the moment of paying comes...some have been nice like this lady, but others are...really, do not make me say anything. (Ma-44-MOL)

“As you know, it is also very difficult to assist elderly people, day and night, because they have their own habits, you have to turn off the light at 10, raise the blinds at 8, you cannot talk to the neighbour...there are many things that upset you. So, I say, having a live-in job is an enormous sacrifice. I wanted, I had to change system to meet my new liberty, because I was not free. Already when I did my first internship in that nursing home I found many situations, elderly who were autonomous and others who were not, the coordinator, the nurse, the doctor, there was an entire team. So I said “Wow, that’s great! Finally, if I will take the OSS course I have one shift and then I go home and live my family in a proper way!” And this was how it started for me.” (Yr-43-PER)

The profile of care workers displaying the greater degree of dissatisfaction with household care work is highly varied. Nevertheless, some common features among them can be singled out: in general terms, they were young (often in their early 30’s), or, alternatively, they were quite young when they first arrived in Italy; many among them were also those that presented their initial aspirations driving their decision to migrate as a desire to experience new ways of life abroad, to emancipate from their families, to seize better opportunities for human capital enhancement. For many of them the shift from domestic work to institutional care work was seen as an intermediate step in their labour and life trajectories, a stage from which they could possibly and eventually proceed towards further advancements (e.g. in nursing professions or other fields). The greater stability of institutional care work and the better organization of own time that it allowed was related to the desire to pursue further studies.

Yet for some others, the decision was more of a sort of second-choice, after years of frustration in trying to find a job more in line with their qualifications and good professional

positions in their countries of origin, also struggling to get a proper recognition of their academic credentials but with no success. The underlying aspiration here was thus to overcome de-qualification experienced in domestic work while at the same time enhancing the value of the skills acquired with care work in Italy. This was especially the case of those women who held university degrees and had worked as professionals or, in any case, in highly skilled positions in their countries of origin. These women have spent a lot of time and resources to get their titles recognized and in trying to value and use at best their past working experience or to give some continuity to it even after migrating to Italy. Nonetheless, they had to adapt their aspirations to the huge obstacles faced in Italy both for a full recognition of their credentials and for the lack of job opportunities related to their status as foreigners: they soon realize that job opportunities for migrant women, no matter their level of qualification, were only open in the domestic and care sector. While initially accepting to do this kind of work to meet their ends and earn some money to support themselves and their families, they did not give up the idea of making a step further and use their skills in a job more in line with their original professional profile. However, after some time they realize that existing hurdles are far too difficult to overcome, bureaucratic procedures for the recognition of credentials too lengthy and expensive, negative stereotypes against foreigners in professional positions quite high and institutional barriers in accessing regulated professions difficult to overcome. However, in spite of the choice being mainly motivated by disappointment and frustration for not achieving better positions, most of respondents falling into this category were quite keen in maintaining that they liked the job and that they tried to do it at their best.

Quite illustrative in this sense is the story of Mi-43-ECU, from Ecuador: in her country she holds a university degree as accountant and she ran an accountancy firm with a number of employees under her direction. Due to the crisis striking her country in the mid-90's she lost her job and decided to leave for Italy, upon the advice of a sister-in-law already living in Milan. After some years working as live-in care worker with a couple of elderly persons, and once obtained her stay permits with the 2002 regularization campaign, she rejoined with her daughter that she initially left-behind with her parents. She then tried to make some steps for getting a job as consultant here in Italy, going to the public employment services and attending vocational training courses organized at local level. She had some experiences as fiscal accountant in local trade unions or in professional accountancy firms, usually accessed through inclusion on active labour market experimental measures (e.g. *cantiere lavoro* or *borsa lavoro*) implemented by the province or by the Turin-based foundation Compagnia di San Paolo. However, none of these job episodes was successful in giving her some stability and once the projects ended she has ever

got a stable job contract. As a result, she decided to give up and turn back to care work, this time trying to get professional qualification as OSS to search for a job in care institutions.

“Well, Italy is not Spain. Perhaps it’s because of the language, but I have girlfriends who work there as accountants in the supermarkets or in the human resources. Instead, here even if you have a degree you do not get access to certain positions. Integrating here was very difficult for me, because you do not have these opportunities. There are no special agreements between Ecuador and Italy, hence those who have an academic degree cannot do anything part from working as a family assistant, the cleaning lady or whatever you have. (...) To occupy my time I attended the OSS course even though I have to say it was not at the top of my aspirations. But given the last events I started attending it to have a certificate that allows me to find a job. To tell you the truth, I’m not enthusiastic, but in the end, step by step, I understood that I am suited for it, it comes easily to me.”
(Mi-43-ECU)

A similar case is the one of Li-38-MOL, from Moldova, a lyric singer and piano teacher with a diploma obtained at the national music conservatory. She repeatedly made attempts to get her qualification recognised, spending a lot of money and time and she even tried to get a new title in the field while here in Italy. But all her attempts were unsuccessful and she finally decided to get the OSS qualification with the expectation of eventually getting a stable job (unfortunately still unfulfilled).

“So I tried to work some hours again, then I tried to have my credentials recognized, I spent a lot of money, I tried to attend some academy for singing and playing piano, I spent again 4000 EURO but they taught me things that I taught at school to 3 year old children and they asked me 400 EURO per month. So I said no. Somebody told me, why don’t you attend this course, so that you can have a job and take the first step towards your objective? Since I had many professional disappointments I decided to enrol and take the exam. (...) So the main motivation was to find a job. It’s not that I do not like it. I do it and I do it well. I will dedicate 100% of myself to it. But my communicative skills are better than my dexterity. And this is my problem. But I worked well and I was professional in what I needed to do. But I would like to do more based on my true talents. (Li-38-MOL)

Within this group I include also those for whom professional training as personal care workers was more of a way to adapt their initial aspiration for heading towards a nursing profession to institutional barriers faced during their migration experience and labour market insertion. Some indeed declared that they initially aspired to start nursing courses at the university, often having already been trained as nurses or nurse assistants in their countries of origin, but that they soon realized that they could not afford to complete a full university degree in nursing, because of limited time and economic resources. Besides, since access to nursing profession in public hospitals is mostly limited to EU citizens an assessment of available opportunities led them to value that these were greater and more secure as OSS rather than a nurse.

“Initially I would have liked to do nursing. But because of my financial situation I did not manage. My mother could not support me. It is always the financial factor that puts some limits to what you want to do. If I could keep studying I would like it, but for now I have to work.” (Ro-30-PER)

“Since I worked with Doctors Without Borders in country, I attended the OSS course. Actually I wanted to become a nurse, but then they told me that this sector is available only to those who have the Italian citizenship, so I only attended the OSS.” (Ai-42-CAV)

“I wanted to keep doing nursing but I did not understand the language very well and the university would have been difficult. In any case I needed to save some money, so I decided to attend first the OSS course that my cousin was doing at the time”. (So-33-PER)

Once taken the decision to invest in professional training and pursue goals of occupational change, how did migrant care workers put into practice their aspirations? What were the main resources available to them to overcome existing barriers? How such resources were mobilised in every day practices they enacted? In the next paragraphs I will focus on these crucial issues in order to disclose ways through which migrants' agency could contribute to surmount structural disadvantage.

4.3.2 The tactics of professional upgrading: micro-practices and resources mobilized to get access to professional training

Once the decision was taken, important obstacles had to be faced in putting into practice the actual project of getting out of domestic work and find employment in institutional care. Coming across the right source of information on training activities, finding practical solutions to the problem of managing a tight schedule where course attendance had to be conciliated with the need to keep on working, and, once the qualification obtained, finding new jobs as OSS were for all substantial hurdles that were to be overcome before fulfilling their aspirations.

Actual practices enacted by individual workers were obviously highly diverse and heterogeneous, depending on individual situations in terms of family and employment situations at the time of training, on availability of supportive networks or access to relevant sources of information concerning training and employment opportunities and so on. As predictable, social networks, both related to close or weak ties, were key in steering up the whole process, both as for spreading information and advice and for helping with everyday problems of conciliating work, family and training, while they were less relevant for getting access to new jobs once the qualification was obtained.

Looking first at concrete ways through which relevant and adequate information about existing training opportunities was obtained it is possible to single out three different channels through which information flowed: networks of friends and relatives, either belonging to the same ethnic community or Italian contacts; public or, more often, private support services such as job-assistance help-desk or private employment agencies; random encounters that stimulated personal initiative.

In the majority of cases, information on training opportunities was channelled through community networks, often by friends or relatives that had already undertaken this path before. The well-studied phenomenon of the ambivalent role of ethnic networks, at the same time bridging and bonding (Nannestad et al., 2008; Portes, 1998), is at play here: while close networks are extremely useful to create bridges and facilitate access to crucial local resources for integration, they also bind possible trajectories within specific labour market sectors, or occupations with high concentration of co-nationals. Indeed, in a number of cases, especially among Latin American or Romanian workers, it was a close relative, either a mother, a sister or an aunt that had already made before the shift from family assistant to OSS that urged their relatives to apply for training courses and stimulated the initiative of my respondents:

“My aunts talked about a course they had followed, and they told me that I should study nursery. Then I wanted to do this course because my aunts had done it in Turin. They had already experiences in homes and in fact they told me that every time you have to start all over again, every time that an elderly person dies. And in any case it was something I myself wanted to do, independently of my aunts. They told me that they did eight hours and then you had all the time to stay at home. Or that they did the night and then you had two days of rest. And that you are not alone like in a house.” (Le-40-PER)

“Meanwhile my mother had taken the OSS course modules. I did not think I could do it, because if I had to attend the courses either I worked at night or I did some hours in the morning, otherwise how do you do it? Instead she insisted to make me do it, but I kept thinking that I could have never made it. My husband and I wanted to have a child, so in October I discovered I was pregnant and in July 2009 I gave birth. In the same month my mother had told me that one could enrol to the OSS courses and in the end I gave in and I enrolled”. (Si-35-ROM)

More often, information rather flowed through weaker ties of friends or acquaintances, sometimes even the employer or a member of his family, that shared their previous experiences or provided useful advice on how and where to get the necessary information related to OSS training courses.

“Then the lady where I was working told me to go and do some training courses, so I did the one in import-export. But afterwards I had an accident and I had to stop: I stayed one month at the hospital and I had to do the rehabilitation. I was very low. Then the lady kept telling me to attend the courses and with an academic degree in English since I could not go back I thought of becoming a nurse. Unfortunately they told me that it is very difficult to work in this field because you need the citizenship. So I attended the OSS. She gave me many information and much advice. Because when one is a foreigner one needs someone to know what to do”. (Ai-42-CAV)

“Then through a girlfriend of ours I learned about the courses organised by the Province. She brought me some papers, like brochures, and among those I saw one that was very interesting because it was about children. Then the husband of this friend told me: “Look, there is also this course for elderly people, why do not try that?” And so I tried to enrol, I passed the oral exam and

then the written exam and I was told that the course for the children had not been funded but there was the one for the elderly. They asked me whether I was still interested and I immediately said yes.” (Na-40-COL)

While there were a number of respondents that could take advantage of past experience of close relatives and who had a somehow smoother and easier access to relevant information – a situation quite common among Latin American immigrants – others could instead rely on a weaker and looser web of contacts already acquainted with this type of job and the related procedures to get access to it. In these cases a combination of chance and individual initiative was necessary to discover existing training opportunities and gaining access to training courses. Random encounters in the streets or temporary job experiences where they first get to know the existence of an ad hoc qualification for social care and the possibility to work in various forms of institutional and residential care may trigger the curiosity of migrant care workers, by then usually working as family assistants or domestics, and stimulate them to acquire more information about existing opportunities.

“Let us say that nobody talked to me about it directly. But during a hiring session for an internship with a cooperative I had an interview and I was asked about the kind of work I wanted to do. I answered that I would have liked to work in the social care system and they told me that to do that it was necessary to take a course called OSS or a course of family care. They told me that it would have been very difficult to access because I had to learn to speak and write well in Italian. I answered that I had already attended university in Africa, that I knew good learning techniques. And in the end I told them “I will make it, I want at least try”. Then, while I did the internship with this cooperative I heard that there was the course they told me about at the XXX and that there would have been a call. I decided to enrol, I did the entry exam and I passed it. Then I did the interview and I passed it. So I decided to stop the internship to attend the course. (Be-28-NIG)

“You know, we used to go out to the little garden, I met an Ecuadorean girl and a Peruvian girl who took care of the elderly and they had taken the OSS course too. During the third year that I was working with this lady I met a girl on the bus who told me that she had a live-in job like I had but she had talked to the elderly man and his family and she had managed to attend the course. Then I thought about this idea very much. I asked where was the school that was near here. I went

to the school to ask about how to enrol to the first module that was available at the time: so I did the entry exam and I passed it, an interview and I passed it". (Yr-43-PER)

"I started working in a nursing home, but always as a family assistant to a person. I went 3 days per week. It was private assistance, I worked for the family. Then working in that home, after two years and a half I liked it even more because it was what I wanted to do. I said:"That is it". And then I said, OK, I attend this course and I started studying." (Da-39-ROM)

Beside informal networks of friends, relatives or acquaintances, another crucial source of information and support in getting access to professional training opportunities was found in solidarity institutions and public services, in particular help and information desks set up by voluntary associations and NGOs, often in close collaboration with public agencies, or in temporary work agencies. During one of the recurrent period of unemployment many went to existing job-search support services to look for new jobs and after a screening of their past working experiences they were proposed to attend one of the OSS training courses available.

"As soon as I took my high school accountancy degree in 2008 I went to the Almamater because I did not want to work all my life with the elderly people. Some people I knew had told me "go to these places, you can leave a curriculum". I did not know anything about the Almamater because the priests had always helped me. Then at the end of 2009, when I was unemployed I went to enrol to the employment agency and there, given my experience, they sent me to attend the OSS course." (Ed-36-PER)

Some respondents first knew of the opportunities for training when they get in contact with unions or domestic workers' associations: there were cases when workers had turned to unions when they had problematic employment relationships and needed legal advice to obtain due recognition of their labour rights; these were also occasions in which unionists invited them to attend training courses: in many cases the first module of the OSS training course. This served as a trigger event to stimulate further initiative in completing training and get the OSS qualification. The association Acli-Colf was particularly active in playing this role of orientation and stimulus.

In recent years the network of information counters created by the project A.F.R.I.-TO, promoted by the Turin Province has played a key role in spreading up information and in providing substantial incentives to stimulate those willing to enhance their professional skills to seize existing opportunities. The project A.F.R.I.-TO was implemented between 2011 and 2013 by the Turin Province, in partnership with the Municipality of Turin and a network of third-sector organizations (plus a for-profit temporary work agency). It was aimed at reducing the informality in job-matching processes in the domestic and care sector by creating a network of information counters, often taking advantage of already existing experiences developed by local associations such as Almamater, Caritas or ASAI. A second key objective was to assess and enhance the skill levels of migrant care workers and an essential component of the project was a mechanism of evaluation of informal skills, already developed on-the-job. Those whose skills were formally assessed as sufficient could be given the possibility to complete the first module of the OSS training course (Basic elements of family assistance) with a reduced time schedule of 50 hours instead of 400, as usually foreseen by the existing regulations on OSS courses. A number of family assistant has had access to these incentives and, among them, also those interviewed during my fieldwork. Some of my respondents in fact went to one of the information desks included in the A.F.R.I.-TO network to search for a job when they were unemployed and when informed about these possibilities were quite keen in seizing the opportunity that was offered to them. Many explicitly referred to this as a great chance to finally fulfil an idea they already had in mind before: the substantial reduction in the amount of time required to get the qualification, made possible by the project, ultimately convinced them that they would be finally able to fulfil their project.

“I knew about the course because I went to the Almamater association. I do not know whether you know it. I went there because I was looking for a job and there I was told about the course. The girl who worked there told me that there was this first module, basically as a family assistant. In fact we attended only 50 hours, I think. I attended it for one month and afterwards I said ‘No, I will not stop, at this point I go till the end.’” (Na-30-MAR)

“I knew nothing about it. I arrived here [at the Caritas] because I had to renew my documents, and XXX told me that there was this OSS course for those of us who already had a job experience. I enrolled hoping that the course schedule would fit with my work schedule. And it did. So I started the 50 hours course in July 2012. When I finished the first module I looked for the second module myself. In the end I knew how it worked.” (Sa-27-BOL)

*“I started the OSS course thanks to a program. I had lost my job with a family where I worked as a baby-sitter. So I went to the city centre and I met XXX who had told me about the project A.F.R.I TO that was organised by the **city council**. This offered 50 hours that substituted the 400 hours of the first module. It went like that. We did the test, then we attended the 50 hours course and we were given a certificate in “Basics in family assistance”. After this we could continue with the second and the third module, so I enrolled to the second. But before that I had already taken some information about where and when to do it. Actually even before beginning it, years before that, I had taken some information about this course, but I did not want to take the module because I knew that it took a long time, even two or three years sometime. I thought of attending the course of one year, but that would have meant leaving the job, and I could not. This 50 hours module was big luck, because it motivated us to go ahead.” (Ro-30-PER)*

Once obtained the necessary information on training courses and getting access to them by succeeding a sometimes arduous selection process, other problematic issues that migrant care workers have to deal with is how to conciliate the course attendance (and following traineeship) with the need to keep on working and earning money. As a matter of fact, the economic situation of many of them often do not allow to fully dedicate to the study and giving up existing jobs, since the courses may last several months and not all of them have enough savings to maintain themselves during the training period and had thus to find creative solutions or make huge sacrifices to conciliate both study and work. The conciliation efforts were even greater when these workers were at the same time mother of young children and, in any case, when they also had their own family burden. In only a small number of cases, in particular among those that could count on supportive – often Italian – partners, a full-time engagement on study was possible.

Within the first group of cases – those with no family burdens – huge efforts were needed on the part of the workers themselves to conciliate both activities. However, the most strenuous endeavours were made by those that at the time of the training had a live-in job. A first problem to cope with was to find an agreement with the employers themselves in order to get the authorization to leave during the course time and to arrange alternative solutions to fill their absence from work. Some could find a good support on the part of their employers that were quite keen in accepting the absence of their family assistant, who was then substituted whether by a family member, whenever possible, or by a co-worker that stayed only upon the time necessary to go and get back from the course.

"It was a sacrifice I took care of the grandfather at night while I studied during the day. Because I attended the 1000 hours course, I got up at 6am and from 8am to 4 pm I attended the course. Luckily the grandfather's family agreed. Even the son told me: "Dad is getting older, so it is right for you to start thinking about your future". They gave me the possibility of being helped by another girl who took care of him during some hours. I prepared his food and she only had to heat it up for him and spend some time with him. But it was hard. There have been moments where I would have liked to give it up. I was exhausted!" (Le-40-PER)

However, employers were not always as cooperative and supportive as in this positive case and in some instances it was the family assistant herself that had to find a solution to arrange her aspiration for professional training with her employers' need for continuous assistance. Usually this solution was to share her own salary with some other friend or colleagues that could substitute her over the time she was away from work. This was undoubtedly a sub-optimal solution since it usually entailed a substantial loss of income in monetary terms. However, it was also perceived as a form of investment in own future which was worth undertaking.

"When I passed this selection I went to the old lady and to her daughter, I asked to be free for one afternoon each week to be able to attend the course and I proposed to find a substitute for me that I would have paid myself. I said to her: "I must look after my future: your grandmother is 92 now, and when she will die I will have to start all over again and I do not want to make this sacrifice, I do not deserve this, you must give me this opportunity". When I told her that she did not have to pay anything she liked it. In 3 years I must have found 120 girls, but nobody liked this old lady. I found girls on the bus, on the street, in the church, but nobody resisted more than once with that lady because she transformed really. She treated them badly, she reproached them, she had a double personality. Of course, in those 4 months I earned only 400 euro because I gave the rest of the money to the girl that substituted me. But I did not mind, because I told myself that studying was an investment, as in any other part of the world. And anything you pay in the end it gives you something". (Yr-43-PER)

In the majority of cases during the training period domestic work on an hourly basis was the ideal solution, which allowed to combine both work and training. However, this still implied a great deal of stress and physical strain in respecting the tight schedule, moving from the place of training to workplaces, usually using public transportation, and taking care of own house and family. Indeed, in a number of cases the decision to work on an hourly basis was purposely related with the desire to start some kind of professional training, or in other circumstances, it simply paved the way for fulfilling a project that was there since a while: it was as if the shift from live-in to live-out work represented a trigger event in their occupational upgrading paths.

“When I did not manage in the morning, I had to attend the course in the afternoon to be able to fit my job schedule with my studying schedule. Because it was done in the morning at the XXX and then I worked at night. I came in at 9 in the evening to take the night shift, but in any case you had to get up two or three times because they had to go to the toilet. Even if tried to make them accustomed to the diapers, but they did not manage. And then there was my daughter that sometime I took care of, sometime my partner did, sometime my mother in law when I had to do the internship or when perhaps I was tired because I had exams and took the night shift. So, luckily there was always somebody. Anyway, this was very stressful.” (Sa-27-BOL)

“In the end I was lucky and unlucky at the same time. I was lucky in that I always had a job, but I was also unlucky in that I had never the time to study. I had wanted to attend this course for a long time. Better said, I wanted to do nursing school but I had neither the time nor the money to sustain myself. But I could do this OSS course. So, when I was with these elderly couple, the lady started to feel unwell, I spoke to the son about my idea of taking the course. When his mother passed away he told me that he needed someone to do the cleaning. And so that money that I earned with him sustained me during the course.” (Ma-41-PER)

A further key resource that some of the respondents were able to mobilize was the help and **support of their Italian partners**: in fact, a number of them had met Italian men with whom they established sentimental relationships and which had an active role in either stimulating the decision to undertake training, get the OSS qualification and work in social care services, or in providing monetary or non-monetary support during the time of training.

“At the time he was a male nurse and he told me to attend the OSS course: “so you do not have to look for any job in a house”, he told me. He told to attend this course, but I told him that I did not want invest the money I had saved because I did not trust him 100%, I was always afraid that he could change his mind, that he would get tired of the foreign girl, of his toy. And so I attended the OSS course. He was the one who brought the money home, I did not contribute but we had made a clear agreement. And so he accepted and I sent to Peru all the money that I had saved to my bank account thinking that, if things would not have gone well, I would have needed them to invest them in a family with him. So he had paid for everything when I was attending the course. I had only studied and he had agreed.” (Lo-41-PER)

4.4 Labour trajectories and experiences in social care services

4.4.1 First access to institutional care work

Once obtained the qualification, after completion of the three core modules of the OSS courses, new challenges had to be faced in finding a new job in the by then unknown world of institutional care. A meaningful distinction here is to be traced between those that obtained the qualification in the most recent years, on the one hand, and those that completed their professional training earlier. Indeed, as already stressed before the crisis has heavily affected the sector of institutional long-term care services, especially in the last few years, due to its high reliance on public funding: severe cutbacks imposed by public authorities in health and social policies budgets have translated into a lessening labour demand for social care occupations or, alternatively, in a sizeable increase in precarious and discontinuous forms of employment (See para. 3.4 above). Thus, while in the past labour demand in social care was high and OSS highly requested – which made access to employment smoother and effortless – more recently newly formed OSS workers often face severe hardship in gaining access to stable waged employment. In most cases, they only find temporary occupations, of very short duration, or, in the worst cases, they are hired with a family assistant position for which they are now overqualified thus generating burning frustration. Conversely, those that gained their qualification before the outburst of the crisis witnessed a much more favourable context, where jobs were easily and rapidly accessed

“You go and leave a CV, but they do not give you any hopes. And so you say to yourself that rather than wasting time with them you should go to work privately and put everything in that, and what’s the point of all the sacrifices you made to study?” (So-33-PER)

“Now I’m working with a contract, but unfortunately it’s just two hours per week. We go ahead like this. The thing that really upsets me is that the contract is to work as a family assistant, but they have also an OSS. Yet to me they make a contract as a family assistant! And that really upsets me! But the difference is in the salary, because the OSS is paid 8 euro per hour, while the assistant is 6 and something.” (Ai-42-CAV)

[Since I got the qualification] I worked more in private assistance, always with the cooperatives but still in the domiciliary services, or in assisted living facilities. I was always paid with vouchers, but I’m sick of these contracts: although I have the qualification I am not paid as OSS (Li-38-MOL)

I finished the course in 2007, then I began to look for job. But I found it right away, you know? Because at that time it was the boom of the OSS. It was enough to just say OSS, and they hired you right away! It was like we have written “graduate” in the face, then I quickly found (Ju-52-PER)

Beside these relevant differences related to the timing of acquisition of the necessary qualification, access to employment for newly formed OSS is mainly related to three different channels: the first is the one that is more widely reported by those long qualified, namely the hiring following compulsory traineeship within residential homes, hospitals or day-care centres. In fact the organisation of training courses for OSS envisage a substantial component of traineeship that has to be carried out on the field in those three types of institutional care settings. Here services are usually provided by cooperatives sub-contracted by public authorities to provide personal care services in hospitals, or domiciliary services or to manage nursing homes for the elderly or those in need of long-term care that cannot be cared for at home. The three different traineeship carried out along the three core modules of the OSS courses are in many cases used as trial period for the pupils of the courses, who, at the end of their training may be offered a job contract by the cooperative managing that specific service.

“I attended the 1000 hours course and then I started doing the internships and I was very happy. I did the first internship in a nursing home, I chose it because I lived nearby. I was very happy here and when I had finished the internship I left a CV hoping that they would have called me back. Fortunately they began to call me. At the end I did some substitutions, and substitutions for people on maternity leave, so they made me a contract.” (Na-40-COL)

“It was 2006 when I started the course. I found a job in the place where I made the last internship in XXX, they made me a contract. In July just when I finished the OSS courses I discovered that I was pregnant of my third daughter. At the beginning it was not an easy thing to manage, I talked with the director of the centre and she has been very nice. The contract would have expired the next month, so I thought that things would have stopped there, and instead they hired me. It was incredible!” (Eu-45-NIG)

“When I finished the course I went back to the nursing home and I left a CV to the coordinator. They called me immediately and they made me a contract to substitute those who are on holidays. I worked there during 4 months, until October. When the holidays finished the employees came back. So in November I started to leave CVs everywhere, in Carmagnola, then in Turin. Then in February I called again the coordinator to know whether there were any news, and they gave me a substitution for a maternity leave that is longer. (Ro-30-PER)

A second widely used method to look for new jobs after finishing their training was to directly spread around their personal curriculum vitae or to directly contact cooperatives, work agencies or other potential employers. In most cases this was made upon individual initiative, but in others it followed a specific advice by some friend or acquaintance that informed them of existing vacancies in a given cooperative.

“I took the exams and they went very well. Everybody was very happy. They gave me a provisional document, I took the telephone and with the phone book I started to call all the nursing homes for the elderly nearby. In one of these places in Collegno they told me to bring a CV because at that moment they were hiring people. I went there, I brought my CV to the coordinator, she looks at my CV and she tells me “We will let you know”. I turn my back to leave and she calls me back immediately. “Miss, miss, can you come tomorrow to do a trial?” And she told me “You stroke me!

When you arrived I told myself this is one who is born to be an OSS". It was a beautiful time!"

(Na-44-ROM)

As these excerpts tellingly show, words-of-mouth job search channel are less relevant in the institutional care sector than in domestic work where instead strong or weak ties with co-nationals are the primary tool used in job search. The different nature of employers in the two segments of the labour market, corporate service providers or cooperatives in the former and private household in the latter largely explain the different role of social networks in job search channels across the two sub-sector of the care labour market. Indeed, as widely documented by past research on domestic work household employment is more reliant on trust and personal knowledge of the candidate workers (Fullin, Reyneri et al. 2009, Da Roit and Castagnaro, 2004): here informal networks, either based on ethnic communities or on local institutions such as the Catholic Church or other community organization are the primary channel through which labour demand and supply are matched. Conversely, the degree of informality in job matching is weaker in social care sector where corporate service providers, social cooperatives or public agencies are the main employers: the existence of formal and certified skills as a precondition for regular employment in institutional care services leads to the wider use of formal job search mechanisms as advertised vacancies and CVs.

However, this does not prevent from using informal networks to gain access to information about vacancies and job opportunities. Indeed many respondents reported that while at the same time spontaneously presenting their candidature and sending around their CVs to cooperatives or temporary work agencies they finally got their job thanks to advice or recommendation by one of their contacts.

"Then I finished the OTA course but I could only work in the residential hall for the elderly because I had only the permit of stay. So I took all the information, and through my husband, who is electrician, I arrived in XXX because he had done some works there. I sent a curriculum and they hired me." (Am-47-PER)

"I work as OSS in the cooperative XXX since June 2008. I started immediately there, because I found the cooperative by chance, through a neighbour who lived here [in my building]. She met me once and told me that she worked as OSS in this cooperative. She told that at that time, it was

June, they were looking for people to do the substitutions. So we did the interview, I had no experience in the nursing homes but at that time they were looking for people to do the home care service. So I told them about the experience with Mrs Maria, who was epileptic, and had a double personality. I told everything I had done with her. So they made me a contract for 6 months to do the substitution.” (Yr-43-PER)

Once they gained employment, either stable or precarious, how do OSS appraise their human capital investment choice? What are their actual experiences in institutional care work? How do they perceive differences between their past experiences as family assistants and their current occupation? What are the existing difference across social care jobs in different work profiles, namely in nursing homes domiciliary services or in other types of care service where OSS operate? These are some of the questions I will address in the next paragraph.

4.4.2 Actual experiences in institutional care: juxtaposing different forms of institutional care work

A qualification as OSS may open the way to employment in a variety of care settings and types of service which go well beyond long-term or elderly care: based on national and regional regulative framework concerning OSS work, they may operate in many different kinds of social and health care services range from hospitals or nursing homes to day-care centres for elderly or mentally disabled, assisted living facilities, domiciliary services and so on. In an interview with a large social cooperative based in Turin employing over 700 OSS (both Italians and foreigners) the range of services where OSS could be placed was as large as to include health care within penitentiary institutions, schools or prevention centres for the treatment of drug addiction beside nursing homes, assisted living facilities (e.g. for lone parents or homeless) and so on.

The field [of nursing homes for the elderly] is not the only one where OSS can work: they work in services with disabled people and in social assistance for the adults, like for instance in assisted living facilities, day care centers or at home, as well as in hospitals. In our cooperative we also OSS working in the gypsy camps, or even in the nursing services in prison. (Social Cooperative, II)

Among the respondents in my sample the employment situation and the range of services where they were employed at the interview time or in the past is quite varied: however, most of them were employed in nursing homes for the elderly, either with permanent or temporary contracts. In a smaller number of cases they also worked – or had past experiences – in domiciliary social care services (mostly addressing elderly care recipients), in public hospitals, in assisted living facilities or day care centres for mentally disabled people.

Hence actual workplaces and organisational aspects of institutional care work may be widely varied and the nature of care work performed in such different settings – whether more centred upon relational and emotional aspects or instrumental activities – or working and employment conditions may change accordingly. Differences are mainly related to the specific characteristics of the care recipients, which vary considerably across specific type of care services, and their needs in terms of kind of assistance needed: in nursing homes recipients are usually very old people, or anyhow seriously dependent elderly, which need a great deal of personal care; while people assisted by public domiciliary services are mostly elderly as well, their degree of dependency is usually lower therefore the type of care they are in need of is more related to help with daily home maintenance activities or administrative issues; in day care centres (i.e. centri diurni) users are mostly mentally disabled adults which are in need of both personal care, though to a lesser extent than dependent elderly, and of relational care which could help stimulate their residual mental resources; patients in acute care hospitals display a yet different range of care needs depending on their health conditions and OSS's work within hospitals is strongly subject to supervision by nurses and doctors and is much more dependent on hospital's organisation and internal regulations.

Organisational aspects related to the nature of the actual workplace or type of care service are indeed an additional, crucial source of differentiation. For instance, shift work and night work is typically associated with nursing homes and other long-term care facilities, or in hospitals, while it is uncommon in domiciliary or semi-residential services where working time usually follow a standard arrangements. Besides, care work in any type of residential service differ from care work in domiciliary services in the degree of autonomy enjoyed by workers: while within hospitals or nursing homes OSS work under tight supervision of nurses, managers or other professionals and in close cooperation with co-workers, OSS providing home care enjoy a greater degree of autonomy and usually work alone, though still upon the instructions and under the supervision of their service managers. They are supposed to develop a fair deal of

creativity in their work to develop concrete solutions to highly diversified cases they deal with. Conversely, care work in nursing homes is tightly regulated and subject to over-detailed time schedules aligned with patterns imposed by regional regulations concerning quality of care and work tasks are therefore much more standardized and repetitive.

Beyond existing variations within the realm of institutional care services crucial differences are to be noted – and will emerge from the narratives of my interviewees – between care work in private homes provided by family assistants and care work in other settings provided by qualified workers. Although the actual content of care may be – and is actually perceived by workers themselves as – similar in terms of practical activities (e.g. bathing, cleaning, administering medicines etc.) and of emotional attachment to recipients, working and employment conditions attached to the two forms of care work are indeed radically different.

The problem of precariousness and fragmentation of job contracts linked to lower protections inherent in the contract of domestic work is typical of family assistants. While our social and health workers all have a permanent contract and contractual arrangements are just different. (Social Cooperative III)

As a matter of fact, contractual forms, and the specific guarantees attached to them, differ substantially in a wide number of aspects and translate into incomparable experiences in individual working lives: just to mention those to which interviewees put greater emphasis one could look greater employment protection in standard OSS contracts, better provisions in terms of sickness and maternity leave, paid overtime or responsibility attached to own work. Conversely, greater precariousness (both in formal and substantial terms), excessive overwork, lack of clear definition of working tasks and attached responsibilities, looser guarantees in case of occupational injuries, sickness or maternity are typically associated with domestic work.

All such crucial differences, both within the realm of social and health care services and between these and household care work, become blatantly visible in workers' narratives. In fact, from the individual interviews it emerges that job experience in nursing homes or other elderly care facilities seems to be the least gratifying and most stressful, though the picture emerging from subjective perspectives on this form of institutional care work is controversial and both lights and shades emerge from workers' accounts. On the one hand, most of them – if not all of

them – underlined the **physical and mental stress** associated with work in nursing homes for the elderly mainly related with the very bad health conditions of the patients, in many cases affected by serious physical impairments and neurodegenerative diseases such as dementia or Alzheimer. Most of the patients hosted in these facilities need help in getting up from bed, eating and bathing or simply to move around and, due to their impaired psychic conditions, may have awkward and troublesome behaviours or become aggressive, which requires a great deal of patience and ability from OSS themselves in managing critical situations. Besides, patients situations is highly varied and variable: the degree of autonomy does not only varies across different people but the same person may change over one day, which imply a great capacity of adaptation from the OSS caring for him or her.

“Because after all they are like children in those moments. They talk and scream all together, and they do not want to change seat, and they do not want anyone near them. One needs to be infinitely patient. Some becomes mad, eh! Nobody is autonomous otherwise you would not need to help them. There is only one person who gets up and dresses up alone, but when you enter the room she does not even remember what she needs to do. You have to say that, because she always asks: “And now what do I have to do?”. Another instead is able to dress but does not know what he has to do. If you let him be he will go to sleep with the same cloths. (Mi-43-ECU)

“It is especially physically exhausting. There are people with problems of dementia who scream sometimes all day long, or a lady who spends all time moving with a chair up and down. In those moments you have to manage them and keep them quite. You make them walk a bit. In situations in which you have to make them stand up – of course we have the instruments and we help each other among colleagues – but from a physical point of view it is tiring. You always bring something home, either a negative memory or a positive one, someone who scratches you, or insults you and someone else who smiles at you or caresses you.” (Na-40-COL)

“Many suffer from bedsores and even if you make them change position and you turn them on their side, they go back to the position they had before, because it is their illness. They cannot keep the position. Anyway, one can make them stand up or move them with a specially soft wheelchair. But it is a heavy job. You must be strong. Because at times it can happen that you have that physical exhaustion I was talking about before.” (Sa-27-BOL)

Work-related physical and psychological stress is also related to the specific **organization of work schedules**, unanimously considered as too tight and inadequate to grant a good-quality care. Time schedules are based on fussy standards imposed by local health authorities, based on minutes of services per person, and compliance with those standards is a pre-condition for delivery of public funding and the basis for staff management and overall organization of care services. In their everyday work OSS have to comply with often unrealistically tight timetables which largely disregards patients' individual and diversified needs and force them to give up important aspects of their work, especially those more centred on relational aspects. Indeed, besides being a major source of stress and strain, this type of work organization may sometimes limit the possibility to deliver good quality relational care, minimizing the time available for non-instrumental activities such as chatting or joking, and downplaying the importance of kindness and communication in human relationships with the care recipients. A peculiar characteristics of care work in residential homes that is notably reproached by many OSS interviewed in my fieldwork as the following excerpts effectively show:

“The entire activity is like an assembly line. You have a very tied schedule and there are many things to do by the schedule one is given. In the morning you have to move all the patients of the ward clean them, dress them, make the bed and clean, prepare breakfast, clean breakfast, then you have to make them walk a bit, and then again lunch, and then you put them back into bed. And they change every day, some day they are more autonomous, other days they are more dependent upon you. It is a beautiful job, of course, but it is very tiring. A part from this there is another aspect of the job, which is that of making them understand that despite the fatigue we are there for them, to talk and relate to them. Sometimes unfortunately when you are in a hurry the second aspect becomes less relevant. And I say that to my colleagues too “we are not in a factory, you cannot take them and throw them under the shower always in a hurry without any care”. I say “but how would you feel at their age? You have to put yourselves in their own shoes, you cannot treat them like that”. Then I do not care if the colleagues think that I am slow or that I make skip a shift. If an elderly person tells me “look Eu-45-NIG you are really done for this”, for me that is all! I prefer their gratitude. And I told this to the director as well. I cannot treat people as if they were some furniture or some pieces of wood. I do not say that they are mistreated, but some way of treating them are not nice.” (Eu-45-NIG)

Nevertheless, others, while acknowledging the risks of downplaying good-quality care through excessively bureaucratised management practices, stressed the importance of personal work attitudes in facing the limits imposed by strict and management-focused rules:

"In the residence we are subject to schedules, to a strict schedule. Unfortunately it is true, it can be lived as a factory, but much depends upon the operator, upon how you make live those 10 minutes that you can dedicate to each guest, as instructed by the cooperative. If you make become those 10 minutes 5 because you're in a hurry or because you are not in the mood, clearly the job is devalued".
(Lo-41-PER)

Quite often and spontaneously, this lack of attention and human touch towards the care recipients was critically juxtaposed with the different type of work – and the different quality of such work – in domiciliary settings when working as family assistant or in other forms of institutional care work such as in hospitals and public domiciliary services. Sometimes this was expressed in quite neutral terms, as a *fait accompli*, which did not put into question their choice to change forms of care work and their appreciation for the shift from family assistant to OSS. But in some other cases this difference was represented in more critical, and even negative terms: the insufficient attention to care recipients' emotional needs was explicitly pointed out as a source of dissatisfaction with own work in residential care facilities:

So, when you work within homes you spend more time with the person, you know her better because you talk a lot. For example the lady that I assisted before was from Vercelli and she came to Turin when she was 42. But before that she lived on the country side. When she arrived here, she opened a shop, a bakery. So you see that when you work in a home you learn everything about the life of a person. Instead, in a nursing home, you might know something about the patients, but you do not interact too much with them. Of course you say hello, but there is not much more. (Sa-27-BOL)

"It is different, because when you're in a house you care for just one person, maybe two. You're there with them, you have more time and you feel closer to that person. But in our case in the nursing home there are 20 people to look after and some are feel really bad because they want more attention and instead you can not, for a matter of time. Yes time is very short in there. There's less emotional involvement. I'm sorry, because I am a sweet, affectionate person. But just sit down with just one

guest I can not, because then the coordinator or the nurse comes and you see there that you do nothing or you're just with one person, how do you do? we are only 2 to look after 20 people (EL-38-PAN)

We have not much time, in the nursing homes is not like at home: at home you have more time because you're there with one person while in the nursing home we are maybe 2 for 20 people who are almost all dependents. We do not have time, it's not our fault, it is the management or even the money that are not enough, is a mess, you see? So you can not devote that much time. Even those moments in the morning when you let them get up ... how they get up though? everything fast, you do not devote time to that person because you does not have the time to wait for the time of the other person, you see? You just have one hour and to raise all twenty people. Then 2-3 bathrooms in the morning. In my opinion this is a big difference, so I prefer the home, for their own good. D. But for your own personal satisfaction? Look, I find it more in the home than in the nursing home facility, I know that at home you do time, I know that if I can, I do the hygiene as it should. In the nursing home is just because I need a stable job, a fixed schedule and that's it. But as for my personal satisfaction I can find it more at home because when you go every day to an elderly, you know her well, you know what are her problems, if she's okay, if she's bad, you know everything. If you see any progress you're happy, it's not like in the nursing homes, also have time to get her for a walk outside for example. There are so many things, so many details. (Na-30-MAR)

However, for some, the lessening emotional attachment towards care recipients that characterizes institutional care work and distinguishes it from family assistants work was rather seen as positive and as a significant improvement in their working life. For these, the type of emotional involvement that the blurring boundaries between family life and labour induced in domestic work arrangements was far too stressful and they straightforwardly maintained that the possibility to separate their own emotions and affective ties from their work was one of the aspects they appreciated most:

“That’s how I started working as an OSS, starting in February 2011. And in the end I stayed because it turned out to be what I was looking for. A job that allowed me to balance home, care for my child and personal gratification. There is no mental effort towards the people whom you work with. Not like at home. You leave, disconnect completely from work and live your life. I wasn’t

obliged anymore to engage with other people's feelings. In the end that was what I wanted.” (Si-35-ROM)

Key differences between care work in the household sector and in institutional care settings were pointed out both by workers and by key informants interviewed during the preparatory phases of the fieldwork and plainly juxtaposed to the different working contexts of institutional care, where OSS rather work in close collaboration with a number of different professional figures (nurses, social workers, psychotherapists etc.).

“There is a big difference between domiciliary care in the public healthcare system and private home care. In private care you develop an exclusive relationship. When the person you assisted dies you have to cope with both the emotional and the financial loss. Both together are hard to deal with. In the public social care system things are organized differently. You usually assist more than one person. You meet once a week with your team, which gives you the opportunity to seek advice on organizational matters or on how to deal with people. You can even be substituted if a case is particularly problematic for you.” (Marzini, Valdocco)

Indeed, a second key aspect that distinguishes institutional care work from domiciliary care of family assistance is the **presence of co-workers and other professional profiles** (nurses, doctors, managers etc.) that may at the same time represents a major source of distress or a fundamental support that help to cope with work-related stress and share the burden of responsibility and mental strain. While social isolation and loneliness are characteristics often associated with elderly care work provided by family assistants, often left alone in facing everyday problems of severe dependency affecting their recipients, care work in institutional settings is usually carried out in close collaboration with colleagues and under direct supervision of health and social care professionals on the basis of highly regulated standards and procedures. Social skills related to team work and the ability to work in hierarchically organised structure was pointed out as a key element that distinguished domestic care work from social care work by some of the key informants interviewed during my fieldwork:

“We must say that being an OSS is one thing, being a family assistant is another. It requires similar competences in care work but in a different way. The OSS is integrated in a service structure, has a team and a series of guarantees, one is not too much involved in the care relationship or in any case even the relationship to the family is different, it is much clearer, because the OSS represents an institution, there are different arrangements linked to the Individual Assistance Plan”. (Rizzato, SFEP)

On the one hand, the presence of co-workers is perceived by respondents as a positive aspect and a substantial improvement in own working conditions because the responsibility for the care recipients’ well-being no longer fall solely on the individual worker but is lawfully (and actually) shared with colleagues or supervisors that may provide duly support in emergency situations or in managing problematic relationships with care recipients. The presence of co-workers and other medical staff at the same time helps to relieve the stress of managing highly problematic cases alone and to discharge important responsibilities that, when working as family assistants often fall upon them though formally forbidden by the law.

“Luckily they exist! Of course, all things have a positive and a negative side, but luckily they exist. Because those things that you see or hear in the news can happen. But if I see a colleague who is mistreating a client I call the supervisor or I call the coordinator, there is always someone else who sees. Instead if you are at home you are alone...” (So-33-CUB)

“At home you do things slowly, you do not have to note down anything, nobody supervises you. Instead, in a nursing home, it is different. But you learn, sometime of course there are things that you cannot foresee, but you always work in a group, so you have always someone who helps you. I call a colleague, I call a nurse, and the problem is solved. You are not alone like at home. If anything happens there, the responsibility is yours, and you have to solve everything on your own. You call the daughter, you call the emergency (...). At the beginning [my colleagues] helped me a lot. Then you are left on your own, they make you choose, they tell you this is how to do things, they make you participate, they tell where to begin with. Now I know everybody. (Sa-27-BOL)

“Now I work in a day care centres for mentally disabled. I work in a team, and there are professionals with whom you can talk and you ask for advice. It is not always easy, because people make comparisons and are jealous, but it is much better. For instance, there is a nurse with us

because we cannot do many things. If we need it we call her or the doctor. Instead at home it happens that you have to do many things that you could never do in a residence, even just an enema. We are not authorized, so you have to call the nurse, she does it and at most you can clean afterwards. Instead at home it happens that you have to do everything. Once for instance we had to make some injections to a lady. The doctor came and explained to me how to do it and told me “try to do it”. But [at home] you are not really protected. Instead in a residence you can refuse or anyway they do not even ask. We need an authorization even to give an ibuprofen, for anything. And in fact you are much more protected in that respect. Your responsibility is limited.” (Ma-41-PER)

On the other hand, and this is actually reported quite often, co-workers may also be uncooperative and deteriorate working conditions when personal rivalry, misunderstandings, and different work values emerge. Relationships with colleagues are particularly difficult to manage at the beginning, during the first days and weeks, when the new OSS has everyone’s eyes on her and her activity is critically scrutinized by more experienced colleagues. This may create a strong pressure on them.

No, there were no conflicts, but always gossip. When I started all eyes were on me. I always tried not to make any mistakes. Everything you do is checked; whether or not I changed my gloves, how I lifted the bed, how I changed my posture to carry weight. These things look straightforward, but you cannot do them good only once, you always have to repeat them, (Sa-27-BOL)

In few cases uncooperative attitudes were openly reported as systematic and recurrently adopted by a whole group, almost approaching situation of bullying. Newcomers may be regularly and purposively left aside, their work constantly hindered, for instance by omitting important information about everyday activities, patients’ situations, equipments and so on. These attitudes were sometimes enacted by a given group of co-workers of a given nationality, that were therefore trying to isolate an outsider not belonging to their inner group for instance by systematically speaking in their own language and not using Italian in everyday communication at work.

“At our place there have been some instances of bullying by colleagues. They made the new arrivals do what they detested, always insisting, until one surrendered and left. And if someone did not surrender then they started to create problems for which they blamed the other person, then they went to the bosses to tell them that this person did not work well and other things. They tried also with me, but I told them “you found the wrong person”, because I have a lot of experience and I became a bit hard, so I stayed strong and did not allow them to mob me. These are some Peruvian guys who have been hired by the nursing home and they take it on those who work [through the agency] instead and try to bully them. But they do things that are not right. For instance, they speak in Spanish when they assign tasks. They are all Peruvians. For instance I have been the only Rumanian and they all spoke Spanish. (Da-39-ROM)

Most interviewees underlined the importance of dealing with such initial difficulties, with the pressure created by uncooperative attitudes by colleagues or by the different approaches to care work displayed by co-workers. However subjective reactions and individual attitudes face to these initial difficulties may vary and while some had more proactive behaviours, confronting their co-workers with which they had difficult relationships other rather preferred to refrain from conflicts and maintain a certain distance from uncooperative or problematic co-workers.

The thing that you must understand when you do this job is to handle situations and relationships with people, and it is a very complicated thing. Many fail to manage it well and there problems come up. Most of the cases that I have seen arise from that fact. For now, however, I had no problem. Maybe if someone says some bad things to me I just don't mind, I let it go. For example in the nursing home everything follows a schedule, since they get up, to breakfast etc. and everyone has their own roles, then there are guests who are a bit 'heavier and others that are lighter. But if you come from another ward and do not know them then it happens that many colleagues if they take advantage of this and leave the heavier ones to you or make you do the hardest work, while they lose time. Yeah that happens. The difficult thing is to understand how a person is, but once you know, you know how to manage it and move on, is not hard. (Ro-30-PER)

Now I am doing good, but at the beginning it was difficult. There are some who pretend to be smart and do not want to work. They don't do team work and work autonomously instead. A week ago I worked with a lady, and she had already irritated millions of times. Sunday I was just fed up, I went in the direction with her and said "you have to respect me and I will respect you. If you want to

do the family assistant go home. There you can work with your own schedule. Here we have to be out here at 9". And she replied to me in such a bad way ... This is what I do not like in team work: the injustice, falsehood. You find many people like that, and is not good. Even in a relationship, if there is not good feeling with your partner is not good. Here it is a work: it may be that I do not like her, but we have to work together, we must work together. After 9 you do whatever you want. But for the moment that we work together we must work together. That's the difference: work at home alone, will organize itself, if the family has confidence in you do everything yourself. And it's less stressful. (He-35-CAM)

Furthermore, different visions of work attitudes and values about quality of care emerge with those with longer experiences in institutional care work: especially at the beginning new OSS workers tend to give more attention to relational aspects of care while more experienced colleagues tend to underplay those aspects and to focus more on technical and instrumental activities. Sometimes, these different work values were explicitly associated both with a longer experience in the sector and with a different ethic along ethnic lines: while older Italian workers were deemed to be less attentive and respectful to patients' needs and more confrontational and assertive in their rights as workers (such as the temporary breaks), foreign OSS workers were seen as more careful, more prone to sideline their individual needs to prioritize those of the care recipients:

It depends on the experience that each of us has had, depends on the way you see the work, too. There are those who see it more as a technical thing, do, clean... For example, maybe it can happen that an elderly asks you something and you try to answer. And the other says "leave her alone but why are you still talking to her." I mean, these are things that might seem silly, no? Maybe you respond to a person who may have Alzheimer, but there's nothing wrong with that, right? Instead there are those who tell you, "but no, don't waste your time." And you'd rather just stand there talking to people. Maybe after a few 'years that you work there you get used to this and everything seems normal like that to you, you start treating people like the machines, no? But for us new ... maybe we'll get used to, and I hope not, but we see other new aspects, not just the person who needs to be changed, washed and everything. Those that are working in this area for long see it differently and then you create this imbalance. " (Na-30-MAR)

"When I arrived [in this nursing home], colleagues were almost all Italians, there were 4 of 38 foreign operators. But it was an ongoing discussion, always clung to each other, lot of rivalry. Instead, as a foreigner I have not seen this malice. I've seen that we had to insert ourselves into a new job, do my best, show that we really wanted to do this kind of work. Maybe we looked a little 'bad because we did not stop like them and they told us to stop, you know, just take it easy! There were some who put the elderly in the tub and let the water run without washing them. Or they returned with empty dishes and said that guests did not want to eat. I've never seen such things done by foreigners. I shut up because I could not speak, but it bothered me. Then the next time I went to hand fed the guests, I did not let them go. With the new Italian colleagues, the younger ones, I have not seen those things anymore, but the older ones.... I see it also with Romanian colleagues who work incredibly hard, they have a different timing, are faster, take less breaks. While Italians always want to take a break. They always say that the break is their right. " (Le-40-PER)

Compared to those working in residential care, OSS working in domiciliary services are less involved in relationships with co-workers and act usually alone on individual cases. However, this is generally highly appreciated by them since this entails a better quality of care, the possibility to devote more attention to users' needs and greater autonomy. Indeed they have the possibility to develop better relationships with the people they assist, to provide what they consider a better quality care by focusing thoroughly on individual needs of people that are often alone and without supportive family or kinship networks. However, this is not translated in a sense of loneliness or isolation as may often happen in domestic work since they may, and actually must, create synergies and relationships with the neighbourhood, with the families or with local services in which their recipients are involved (Family doctors, Pharmacist, shop owners etc.). This aspect is generally appreciated since it implies a greater degree of autonomy, though the higher responsibilities arise by that may be worrisome at the beginning:

"In nursing homes work is stable and well-defined: you work always in the same place, with the same patients, the tasks are quite repetitive and there are doctors or nurses around to help you. In domiciliary care instead you are on your own and responsibility is higher. Of course there is the supervisor in the seat that can help you if a problem comes up but you have to manage everything. There is greater responsibility whereas in the nursing homes you feel more protected and everything is well-organised. [At the beginning] the change was difficult because I didn't want all that

responsibility. But now I like it. It changes a lot, our schedule is highly variable. Many users I care for them since the beginning, others are no longer there. Even If you spend only few hours per week with a user there is a relationship anyway. When I arrive they are happy, you sit down and start chatting with them, for 10 minutes or so and then you start working. It always depends on what you have to do. I always try to get them involved. Words are key. Then I also deal with a lot of bureaucratic issues, with pensions or to book medical visits or I go with them at the pharmacy.”
(De-44-CAM)

I followed about 20 cases, however, but XXX was the most needy of all, because the others had their wives, children, family assistants, and for me her case represented something very beautiful, for my work. It made me grow up and understand that we are all important, even the weakest. This value I learned in the territory, because I really created connections with people, I could do a lot of things, invent tricks to help these people, to make them live, things like that, you know, tell her about my life, draw something. Something to create for a living, because they are bored. I understand that because having worked five years locked in the house with that lady I understand very well the loneliness, and then immediately go into empathy with these people. Sometimes they just need a hug, to speak, do not need much more. They are content and happy with human touch, they only need that. And that made me just go on in my profession. (Yr-43-PER)

Key differences in terms of the quality of care delivered to users, with respect to care work in nursing homes for the elderly, were also expressed by the few interviewed OSS that worked in semi-residential centres for mentally disabled. Differences that were mainly related to the care recipients themselves, more autonomous and in need of relational and emotional attention, but also to the less strict organizational and managerial rules which allowed to work with more loosen work schedules.

Then, the good thing is that working for a social cooperative that manage many different services you can change and move to another place, But for now, I am fine where I am. It is not a nursing home where you have to run, you are always on the rush and you risk to get injured. Where I work we have 11 patients and we are three, sometimes 4. Therefore you have some time you can devote to them, you can shower them properly, cut their nails, apply their favourite nail polish, you have much more time. There are days when you run fast but compared to nursing homes everything is much slower. We have only one patient that cannot stand at all but all the other are fairly autonomous.

Then we go out with them, we take a walk sometimes, we take a coffee in a bar. It's really a different world. (Ma-41-PER)

To what extent the shift from household care work (as family assistants) to institutional care work (as OSS) was perceived as a substantial improvement in own living and working situation? The degree of satisfaction greatly varies with personal profile and past experiences with domestic work, with actual experiences in institutional care, with personal work attitudes and values on good-quality care, with current employment situation among other factors. In very broad terms, those with stable employment in social care services are obviously more satisfied than those with precarious jobs or unemployed, who see a weaker return to their initial human capital investment. Those with higher levels of education and past highly skilled jobs in their countries of origin tend to be less satisfied than those with lower education and low skilled jobs. Those that attach a great value on relational aspects of care work tend to be less satisfied than those that rather see care work as of a work instead of a relation. However, despite existing different positions related to levels of satisfaction of their past choices, almost all declare themselves overall happy with the changes they have brought to their life, mainly related to the new opportunities it has opened to them. I will relate to what stated by Le-40-PER and Yr-43-PER just as examples:

“Working in a structure allows you to have another sort of life. You are on a pair with an Italian citizen. You have the same rights. Many times when you have a live-in job in a home, being the domestic worker, you are bound to a person 24 hours. They do not even rest for two hours after lunch. Instead here if you are ill, or if you need to ask for some time off, you can arrange the shifts. This job has its difficulties but everything is more relaxed. You feel more secure, also economically. If you want to buy a house you can apply for a mortgage. You are not given one with the private assistance. This gives you the security you need.” (Le-40-PER)

“Well, working in a structure allowed me to take care of the business [together with my husband], so I exploited what I had learned in my world in Peru, that of accountancy. I retrieved that part of my life. This has been very important for me. It gave me other expectations, and it made me know other people in a world that was different from my own. A world that I could explore while I also working as an OSS. That which was sleeping in myself while I was a volcano that could still give

many fruits. Those 5 years that I spent permanently at the house of Mrs XXX took away many things that I found again when I started to work as an OSS.” (Yr-43-PER)

Notwithstanding the overall positive appraisal of their current situations few of the interviewees would consider to remain in the same positions for long: while valuing to a great extent care work, most of them report a purposeful willingness to keep on seizing all the available opportunities to improve their working prospects.

4.5 Future perspectives and aspirations:

When asked about their future perspectives, the OSS workers interviewed during my fieldwork provided a wide range of answers, some showing a greater assertiveness in portraying their ideas about future plans while some others being more fatalistic or uncertain and reluctant to systematically plan long-terms projects. However, despite the diversity of prospective plans a somehow clear pattern can be identified. In fact, three main types of future aspirations can be identified in individual care workers accounts. First, the larger group is the one of those that declare themselves satisfied with their current positions as OSS and that would like to remain in these type of occupation at least until they have the possibility to do so.

“I think that even when I will retire I will do some charity work. I like it, I feel good, I have a real good time. There are those cases that move you or those that annoy you, but if I manage even to get a smile for me it is as if I had done something amazing. If the cooperative changes or if the people that it hires do not understand anything about elderly care, then I could change my mind. I know how you have to work, I understood my techniques and my methods, and if it does not work from the management then it's over. When the cooperative will change I will certainly start to look for something else. This is a difficult job, and if you do not have the right team to help you, you become crazy and start to mistreat people. (Na-44-ROM)

However, few of them have declared themselves fully satisfied of their current jobs and many instead envisaged to change their position: most aspired to get a permanent post in public hospitals, deemed more stable and stimulating and less demanding. Others were rather more keen to find new jobs in other types of social care services, as in day-care centres or assisted living facilities for disabled adults where they thought they could have more manageable working time and exercise more good-quality care work than in nursing homes.

“I’ll still be here two or three years but then I’ll have to see what to do. It depends if I get used to it, but I don’t see myself in the same place a few years hence. Maybe I’ll switch to home care or in a center for the disabled. I’d like that because you have more time for the people you assist. You work from 8:30 to 16:30. There are 3 to 4 OSS and an instructor, you organize excursions, it’s very different. Right now, in hospitals it’s more difficult. There are fewer jobs and nobody is leaving. By comparison, in a residence, after a while you are fed up and you leave your post because it’s such hard work. After a few years you start looking for new things..” (Na-30-MAR)

“I think I could try the public competition to work into [by a public hospital]. Just to see what it’s like, to see what is required. That way I could at least know what is expected. Also to change things, because the work in a hospital is much easier than in a residence, both physically and psychologically. It is a different world. It may happen that you are not happy there in the end, but I am considering it. And I believe that every OSS considers working in a hospital. This work is like basic training, but after a while it is too exhausting. (Mi-44-ROM)

“I am fine...but I would prefer to work in a hospital. Judging from the internships I did, the work is more interesting, and more rewarding economically. If you don’t acquire more experience you remain what you are and don’t go anywhere. I like to be up to date, to improve myself. If there is something I can’t do I like to learn it. I’ll say, I want to work in a hospital, they are not private, there is a different pace to the work. You can put into practice that which you have learned while working in a residence. If you are clever and work hard you can learn new things, which allow to advance”. (Mi-43-ECU)

Another smaller group seemed indeed more eager in envisaging future prospects of further professional advancement, by enhancing their human capital through additional education and training in health or social care fields. These women in fact declared that their current jobs were

rather a temporary, intermediate stage before fulfilling projects of further up-skilling and professional advancement. Working as OSS was for them a way to meet their economic ends at the same time striving for conciliating work and study activities. Some of the respondents, especially among the younger ones and those with higher education levels, had in mind to start, or have indeed already done so, university courses, either in health care or other related fields (such as nursing, or rehabilitation sciences) or, in one case, in a completely different field (International Development).

“The fact remains that this is hard work. I have been thinking of working as an OSS for life, but I don’t think I want to anymore. My dream would be to keep on working in the field I studied, acquiring some kind of master. I also had the idea to follow some related university courses, to consolidate everything I learned over the past years. It’s a 3 year degree for occupational therapy. I like the field and it offers many job opportunities. It is still not very well known in Italy, but in high demand in other countries. It is connected to what I do now, though maybe indirectly. At times our lives resemble a puzzle, but I am convinced that in the end the pieces will form a picture.” (Eu-45-NIG)

In include in this group also those that showed an interest in continuing their experience as care work but with further specialization: this is for instance the case of Li-38-MOL, who has in mind to match her past experience as musicians and music teacher with her current position as OSS with ad hoc training in musical therapy techniques; or the case of El-38-PAN, who would like to further specialize as an OSS in health care services, a possibility envisaged by national norms but not yet implemented in the Piedmont region:

“Even though I am there as OSS, hence with the role of an assistant, I would like to enrich my professional profile. What I did until now seems still too little. So, I would like to do this 3°S. I would like it very much. Then I have my nephews, one of them is a doctor, the other is a hematologist, another is a biologist... and everyone tells me that I have to go on.” (Bel-38-PAN)

“I would like to work with handicapped people. I have also a project of music therapy to make them feel well. I even enrolled to the university, but now everything depends on the job, so I stopped all projects for now. The course where I enrolled is more directed to the social aspect rather than to the

music therapy with a social profile. I would like to teach them to play an instrument, trying to combine this social profile with the musical one. As [my teacher] said, "You do not need to be a musician to do music therapy". Of course anybody could do it, but it is better if a musician does these things." (Li-38-MOL)

Quite interestingly, return to their countries of origin was mentioned as a envisaged or desirable option only in a couple of cases, hence showing a solid willingness to settle permanently in Italy.

CONCLUSIONS

With the research I have presented in the previous chapters I have addressed a topic that was barely or poorly studied in existing research on migrant care labour in Italy so far: the pathways of upward mobility of migrant care workers from the domestic sector to the institutional care sector of health and social care public services. As a matter of fact, while the bulk of migrant care workers in Italy is to be found in the highly problematic, poorly regulated and low-status sector of household services, a significant number of them has invested in human capital enhancement and obtained the necessary qualifications to work as social care operators in the much more regulated and socially valued sector of health and social care services provided in hospitals, nursing homes, day-care centres for mentally disabled and in many other settings beyond private homes. Although the current economic crisis might have slightly slowed down previous trends, the growing contribution of migrant care workers to social care labour markets seem to be far from a transitory phenomenon. However such trends have remained largely unnoticed by Italian research so far: due to the indisputably higher numbers observed in the semi-formal domestic sector, no or few ad hoc study on migrant care workers holding more qualified positions in different segments of the care labour market has been produced to date. While there has been some interest, mainly stemming from policy-oriented research (Chaloff, 2008; EMN, 2009), on migrant nurses – mainly arrived to Italy through direct recruitment abroad – the presence of migrant workers in lower skilled positions in health and social care services, as well as their main characteristics in terms of profile and previous migratory and labour experience has remained all in all invisible. With this thesis I have hence tackled this significant knowledge gap trying in particular to understand why and how migrant women working as domestic workers in Italy decide to shift towards qualified care work and what are their actual experiences in institutional care jobs.

I have argued that increasing the knowledge of such phenomenon has important theoretical and political implications. From a theoretical standpoint, looking at the dynamic processes of migrant care workers' labour market integration implies acknowledging their partial autonomy from structural constraints, emphasizing their agency, therefore their role as social

actors and not merely as victims of highly segmented labour markets or global inequalities. In chapter 2 above I have critically reviewed the existing international literature on migrant care labour, in the two main approaches that I have identified as the “global care chains” literature (Parreñas-Salazar, 2001; Ehrenreich and Hochschild, 2002), on the one hand, and the “varieties of migrant care labour” (Williams, 2012; Kilkey, Lutz et al., 2010), on the other hand. Both lines of research have greatly contributed to increase the knowledge and understanding of the current “international division of reproductive labour” (Parreñas-Salazar, 2000); of the processes determining the emergence of a care deficit and the increasing contribution of migrant labour in tackling such needs (Hochschild, 1995; Nakano-Glenn, 1992; Spencer, Martin et al., 2010); of the racial stereotyping processes that steer the labour demand and structure care labour markets segmentation along ethnic lines (Anderson, 2007; Scrinzi, 2004); or the key role of institutional arrangements, in the field of care, employment and migration regimes, in determining different outcomes in terms of labour market contribution and positioning of migrant care workers in national contexts (Van Hooren, 2012; Shutes and Chiatti, 2012; Rostgaard, Chiatti et al., 2011). However, I have argued, both streams of literature share a narrow structuralist and static theoretical approach, which largely disregards the role of migrants’ agency in either adapting to or coping with disadvantaged positions in national labour markets or resisting to and seizing existing opportunities for occupational advancement.

An agency-based approach would contribute, on the one hand, to give account of how migrant care workers, usually found in the most disadvantaged positions in care labour markets such as semi-formal or informal home care work, may find dignity and satisfaction in their own work, develop a strong sense of working identity as carers and decide to purposively remain in such occupations (Stacey, 2005; Sardadvar et al. 2012; Ambrosini and Boccagni, 2012). On the other hand, a theoretical focus on migrant care workers agency would allow to understand dynamic processes of occupational advancement: while structural barriers are there, they may find ways to seize the few opportunities open to them to improve their working and employment conditions while remaining within the realm of care work, by getting proper qualifications and shifting from irregular, low-status, and sometimes para-servile work in household care to better valued and qualified jobs in social and health care services. I have found inspiration in conceptual and analytical tools developed in the literature on irregular migrants’ agency (Ambrosini, 2013; Van Meeteren, 2014; Collyer, 2012; Gavanas, 2011) by critically reviewing one key theoretical notion used there, namely that of “survival strategies” adopted to escape border and police controls (Engbersen and Broeders, 2009) or secure housing and employment (Datta et al., 2007). I have hence proposed to look at migrant care workers

aspirations, meant as a balance between personal desires and preference and opportunities and constraints opposed by local integration contexts. By looking at individual aspirations it is indeed possible to go beyond a reductive image of migrant domestic and care workers as striving to survive or entrapped into dead-end occupations (Fullin and Vercelloni, 2009) and look at the various sets of subjective perspectives that could drive them out of the trap. Furthermore, while aspirations are more about meanings and purposes attached to individual behaviours, it is important to look at concrete ways in which such aspirations are fulfilled or re-oriented by practical behaviours. I have therefore proposed to look at every day practices of migrant care workers, by pointing out to their tactical rather than strategical nature, where the distinction between tactics and strategies lies in the framework proposed by the French anthropologist Michel De Certeau (1985). Indeed, rather than full-fledged strategies, migrant care workers actions are “*closer to micro-adaptation to constraints of contexts, to learning by trial and error*” (Ambrosini, 2013: 19) through which available resources mainly flowing through social networks (both of co-nationals or Italian contacts) are mobilised to fulfil own aspirations.

With this thesis I therefore contributed to shed some light on how migrant care workers agency operate in a context of structural disadvantage, in particular insofar as occupational advancement is concerned. Furthermore, I contend that, beside theoretical implications, this thesis could stimulate significant reflections on the policy and practical implications of processes analysed here. Indeed, as showed in chapter 3 above, with the rapid rise in highly feminised immigration inflows Italy has witnessed a fundamental shift from a family-based to a “migrant-in-the-family” model of care (Bettio, Villa et al., 2006). Migrant care workers, predominantly women from Eastern European or Latin American countries, currently constitute the bulk of long-term care system in the familialistic Italian care regime. They are predominantly employed by private households as domestic workers, with no specific and lawfully recognised occupational profile, often irregularly and in live-in working arrangements. Such low cost solution (Pastore, Salis et al. 2013) to booming care needs brought about by demographic ageing and related societal transformations has been accompanied and sustained by immigration policies which have opened both their front and back doors to care migration and showed a great deal of toleration for the employment of irregular as elderly carers in private households (Salis, 2014; Ambrosini, 2014). According to a number of authors, the development and consolidation of such “migrant-in-the-family” long-term care model has to be accounted for as one of the factors explaining the continuing postponement of any substantial reform of the Italian long-term care system where families still remain the main responsible for continuous care needs of their members, public services remain largely insufficient to cover existing demand and residual with

respect to unconditional cash-for-care schemes (Naldini and Saraceno, 2008; León and Pavolini, 2014). The viability and sustainability of the “badanti” system has rested upon some key preconditions: the persistence of poor employment and social protection standards in the household care sector, where informal or irregular employment is widespread, and elderly care workers lack a legal recognition of their specific occupational profile (Sarti, 2010; Pasquinelli and Rusmini, 2013); the continuous reproduction of a large pool of irregular migration of women without family burdens, more prone to accept sub-standard working conditions in live-in employment; the private financial resources of families with dependent elderly people in need of continuous care to buy cheap care services in the market of migrant family assistants.

However, such key pre-condition might gradually fade out in the years to come. Families’ private budgets have been highly curtailed during the past crisis years and increasing difficulties in bearing the financial cost of employing a family assistant are reported in recent studies.^{xxxvi} Besides, raising unemployment is bringing back family members as main care givers or lead to a recalibration of paid or unpaid care balance within households (Pasquinelli and Rusmini, 2013b). The current crisis has also had a strong impact in affecting new immigration inflows to Italy: new arrivals are smaller in absolute terms (from 515.201 in 2007 to 321.305 in 2012, according to EUROSTAT data) and family reunification channels are now the main entry avenue into Italy, whereas employment-led new inflows are currently at their minimal terms. We can presume that regularized domestic workers, including family assistants, have been rejoined by their children and partners as well. Besides, lessening new entries are matched with an absolute and relative reduction of the number of irregular migrants already present in the country, also due to the recurrent regularization campaigns implemented in the last few years. As a result of such recent trends less and less family assistants would be available to accept live-in care work, since the two main factors that determined the convenience for the workers themselves of a live-in working arrangement, namely being free from family charge and escape police controls in the public space, are now significantly undermined. Finally, although the efforts undertaken by local authorities and third sector organization to enhance the qualification and regularization of domestic work may not always have been fully successful, we can presume that in many cases participation to professional training, information spread through ad hoc desks and awareness-raising campaigns might have stimulated important changes in migrant care workers’ view of their own work, enhanced the awareness of their labour rights or the knowledge of opportunities for professional advancement. Indeed, one key finding in one research project in which I have participated before was the progressive empowerment of migrant domestic workers thanks to active participation in training and to contacts with NGOs and voluntary associations supporting

the rights of domestic workers (Castagnone, Salis et al., 2013). This rendered many of them less prone to accept sub-standard or exploitative working conditions, excessively low-paid jobs or stimulated their interest for further training, for instance in finding access to OSS courses, as showed in the previous pages.

Whether or not such trends will eventually lead to a substantial re-adjustment of the “*badantato*” as we know it today is a totally new research question to be dealt with in future research.

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ENDNOTES

ⁱ See <http://www.labmiggov.eu/>

ⁱⁱ In the LAB-MIG-GOV research project a new analytical framework revolved around the concept of *migrant labour supply policy mix*. A comprehensive assessment of the impact of ongoing macro-economic transformations on migration policies required to go beyond a narrow focus on labour migration policies *stricto sensu*, i.e. meant as targeted admission of foreigners from abroad for specific and explicit working purposes. We therefore included, in the first place, national implementation of EU legislation on labour mobility and, in particular, over the last decade, the actual regulation of transition periods for the purposes of full recognition of freedom of movement to workers from Eastern European acceding countries. Secondly, focusing on country-level migrant labour supply policies implied giving specific attention to what we have defined ‘functional equivalents’ of strictly meant labour migration policies, or ‘indirect’ labour migration policies, namely all policies aimed at granting, facilitating or boosting access to domestic labour markets to immigrants originally admitted for reasons other than work (humanitarian, family, study, etc.). Finally, a further structural component of the migrant labour supply policy field is what we have termed as ‘functional alternatives’, understood as all policies and measures (mainly situated in the fields of employment, education or training) which are explicitly meant to reduce the dependency on immigrant labour by increasing the presence of native workers in given employment sectors. See articles published in the special issue of Comparative Migration Studies, vol. 2, issue 4, *The Governance of Migrant Labour Supply in Europe, Before and During the Crisis*.

ⁱⁱⁱ Please visit the webpage <http://www.ilo.org> for further details.

^{iv} See <http://fieri.it/2014/04/29/il-nuovo-care-mix/>

^v Williams (2012: 371) uses the notion of “regimes” to “denote clusters of policies, practices, legacies, discourses, social relations and forms of contestation that are relevant to the particular care/migration/employment regime”.

^{vi} Problems related to demographic ageing and emerging care gaps seem to be relevant also in South-East Asia, as an emerging literature shows; see in particular: Ogawa, 2010; Huang et al, 2012; Michel and Peng, 2012.

^{vii} In this respect, a lot of attention has been given to issues of choice and control by the care recipients on the type of care received. See in particular Shutes and Chiatti 2012 and Brennan, Cass et al. 2012.

^{viii} The table is based on EU-LFS data. The identification of care occupations is drawn on the methodology proposed by Geerts (2011). In details, care workers included all individuals employed in the ISCO-08 occupational categories 223 (i.e. nursing and midwifery professionals), 323 (Nursing and midwifery associate professionals), 513 (personal care and related workers), 913 (Domestic and related helpers). Migrant workers were identified drawing on the methodology proposed by Cangiano (2012). Here country of birth was preferred to nationality as the operational criterion to identify migrants combined with information on the year of (last) entry, country of birth of parents and, for naturalized citizens, the year when citizenship was acquired. As a consequence, the target population here is only first-generation immigrants, namely foreign-born individuals who migrated to the country of destination when they were 15 or older.

^{ix} However, eligibility criteria for senior care workers' admission were restricted after 2008 (Cangiano, Shutes et al. 2009).

^x For the identification Entry categories used here are derived by the methodology used by Cangiano (2012) in its analysis of the 2008 AHM of the EU Labour Force Survey (EU-LFS). The variable relative to the immigration category was built by combining information provided by the core LFS module on country of birth, nationality and years of residence, with AHM 2008 variables on the country of birth of parents (COBMOTH and COBFATH), main reason for (last) migration (MIGREAS) and the year of acquisition of citizenship (YEARCITI). Thus nine immigration categories were identified: *Descendants of emigrants* (i.e. individuals born abroad but citizens of the country of destination from birth; and migrants whose father and/or mother were born in the country of destination); *EU-15/EFTA* (i.e. migrants born in another EU-15 or EFTA country, including both foreign nationals and those who have acquired citizenship of the country of destination); *Post-Enlargement EU-12* (i.e. individuals born in the EU-12 who moved to the country of destination between 2004 and 2008); *Employment, job found* before migrating (including intra-company transfers); *Employment, no job found* before migrating; *Study*; *Asylum* (international protection); *Family* (including both marriage and family reunification); *Other*.

^{xi} Given the predominant use of demand-driven admission policies granting access only to individuals explicitly requested by a specific employers, our assumption is that those entered for employment purposes but *without a job offer* have entered irregularly and have subsequently been regularized, either through mass regularization campaigns or individual regularization procedure.

^{xii} Broom, and Smith (1963, p. 322) define a 'bridging occupation' as "one which provides, through work experience, the conditions and opportunities for movement from one occupation or cluster of occupations to another".

^{xiii} After the term *colf* (*collaboratrice familiare*), introduced in 1964 by the first union of domestic workers (the Gad, then ACLI-Colf) to indicate domestic workers employed as housekeepers or babysitters (Andall, 2000), the term *badanti* has been progressively introduced into everyday language (and even in some official documents) since the 1990s to identify domestic workers assisting elderly and disabled people. The term is not neutral and it has provoked some debate among experts and practitioners: since the verb "badare" (to look after) is considered diminishing and even pejorative, many have adopted instead the term "family assistant" which, at its turn, do not fully represent the specific professional figure. Although unsatisfactory, we will prefer and use the latter within this report.

^{xiv} See Istat, 21 September 2011, La misura dell'occupazione irregolare nelle stime di contabilità nazionale, <http://www.istat.it/it/archivio/39522>.

^{xv} Before the law Bossi-Fini of 2002 abolished it, another admission mechanism for employment reason was instead worker-driven: in this case foreign workers were admitted in Italy for reason of job-search, upon the guarantee offered by an individual or institutional sponsor (or, under given circumstances, also self-sponsoring was accepted). In this case the foreigner was granted a stay permit for job-search valid for 12 months, after which he/she was expected to return home in case the search was unsuccessful. This entry channel was deemed as particularly fitting labour matching mechanisms in the domestic sector, where trust and personal encounter between prospective employers and workers are key elements in the recruitment process.

^{xvi} The remaining 30 per cent being devoted to nationalities of countries with which Italy has concluded (or was negotiating) bilateral agreement on migration management.

^{xvii} In 2006 two Quotas Decrees for non-seasonal employment were enforced: a first one, in February 2006, set the maximum number of new entries to 170,000. Afterwards, the new centre-left government lead by M. Romano Prodi enforced a second Quota Decree in October where additional 350,000 new entries were allowed, corresponding to the total amount of applications received. According to many, this explicitly turned the quota decree into a *de facto* regularization.

^{xviii} With around 650,000 new stay permits the 2002 regularization campaign has produced almost the same number of regularized immigrants as the 3 previous schemes adopted in 1990, 1995 and 1998, that is 680,000 (ISTAT, 2005)

^{xix} See <http://www.interno.gov.it>

^{xx} See: <http://www.interno.gov.it>

^{xxi} See <http://www.acli.it>

^{xxii} See Provvedimento 22 febbraio 2001 - Conferenza permanente per i rapporti tra lo stato le regioni e le provincie autonome di Trento e Bolzano, *Gazzetta Ufficiale* del 19 aprile 2001, n. 91, Accordo tra il Ministro della sanità, il Ministro per la solidarietà sociale e le regioni e province autonome di Trento e Bolzano, per la individuazione della figura e del relativo profilo professionale dell'operatore socio-sanitario e per la definizione dell'ordinamento didattico dei corsi di formazione.

^{xxiii} See <http://cp2011.istat.it/>

^{xxiv} Villosio, C., personal communication, October 2014. Please note that data for 2012 are based on an average of the number of employees in the occupational subgroup between first and third quarters, while data on 2009 are based on yearly average (I-IV quarters).

^{xxv} I am extremely grateful to Mr. Giorgio Vernoni and to Mr. Omero Lencioni of the local Labour Market Observatory of the Province of Turin for providing me with these very informative data.

^{xxvi} See http://www.ansa.it/salutebenessere/notizie/rubriche/salute/2013/11/28/ANSA-10-famiglie-8-tagliano-badante_9697237.html