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## **Working with a Family. How a Family-Oriented Welfare System Opens the Border for Migrant Care Workers**

**Maurizio Artero<sup>1</sup>, Minke H. J. Hajer<sup>2</sup> and Maurizio Ambrosini<sup>3</sup>**

This article focuses on the immigration of foreigners to work in the Italian sector of domestic elderly care. In Italy, the care system has allocated a crucial role to the family, rather than to professional care organizations or institutions. This is a result of “weak” public policies and the widespread idea that care can be best provided close to home and within the family (Ferrera, 1996). However, because caring for an increasingly dependent family member can be especially difficult to combine with formal employment or other commitments, the hiring of a live-in care worker to take care of an elderly family member is a common solution. In Italy, this type of care work is often performed by immigrants, especially by immigrant women (Degiuli, 2016).

The role of care workers within families has been extensively studied. Care workers commonly live together with the elderly person in the same home, and their proximity encourages the development of warm personal relations between the care worker and the elderly person. Over time, the care worker can become seen as a family member by the elderly person, and vice versa. However, this proximity, the blurring of the boundaries between work and private life, and the difficulty of recognizing the professional dimension of care work may act as a breeding ground for the exploitation of care workers (Marchetti, 2016).

This study, based on interviews with migrant care workers, elderly care recipients, and their care-managing family members, starts by showing how care workers play a crucial role in supporting a family-centred system of elder care. Care workers, indeed, may often be seen by their employers, but also by

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1 Postdoctoral Fellow, Department of Social and Political Sciences, Università degli Studi di Milano, Via Passione 13, 20122 Milano, Italy; maurizio.artero@unimi.it

2 Postdoctoral Fellow, Department of Social and Political Sciences, Università degli Studi di Milano, Via Passione 13, 20122 Milano, Italy; minke.hajer@unimi.it

3 Full Professor of Sociology, Department of Social and Political Sciences, Università degli Studi di Milano, Via Passione 13, 20122 Milano, Italy; maurizio.ambrosini@unimi.it  
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public authorities, as an extension of the family. They are considered to perform a crucial task within, and make a valuable contribution to, Italian families. They therefore enjoy higher levels of social acceptance in Italian society. This is mainly manifest in the “silent tolerance” of their presence even if they do not possess a regular residence permit (Ambrosini, 2016). This paper focuses on both the development of family-like relationships among migrant care workers, the elderly, and Italian families, and the role of affection. By analysing these dimensions, it aims to deepen the way in which the literature has often explored and evaluated these relationships as primarily negative and exploitative (Arnado, 2003; Marchetti, 2016). To this end, the article provides a short overview of the debates intertwining care regime, migrant domestic work, and migration regime. It then illustrates the contexts and the methods employed for this study. Against the background of pervasive home-based elderly care work, the core of the article compounds two main dimensions emerging from this empirical material. We first explore the circumstances in which the employment of migrant care workers is considered to be socially acceptable. Then we describe four common types of relationships characterizing elder care work, analysing, in particular, the issues raised by the familization of this employment relationship. The article concludes by discussing the empirical findings in light of the theoretical debate.

## **Domestic Work, Social Acceptance and Deservingness**

Numerous studies have described the contradictory nature of immigration governance (e.g., Mulvey, 2010; Darling, 2014; Nicholls, 2013), where on the one hand policies tend to close borders while, on the other, the market pushes to open them for (some) migrants. While immigration policies appear increasingly characterized by global mobility restriction, the scientific literature has abundantly shown that they are best characterized by a selectivity that favours the entrance and settlement of some types of immigrants (e.g., investors, skilled migrants, health professionals) to the detriment of other groups (e.g., asylum seekers) (see for instance: Mezzadra and Neilson, 2013; De Haas *et al.*, 2018). Social acceptance has a crucial role in this scenario, because it can pave the way for tolerance and, when possible, regularization of irregular immigrants (Ambrosini and Van der Leun, 2015).

The literature provides some examples of the social acceptance of migrants in care work. It has been noted that migrant workers from the global South have increasingly become criminalized, and that they experience practices of exclusion that can be linked to racialized and gendered notions of nation (Anthias and Yuval-Davis, 1989). Here, skilled migrants or expatriates from the global North are generally perceived as an added value, while asylum seekers or low-skilled migrants from the global South are considered a threatening burden (see also Hollifield *et al.*, 2014; Farah, 2020). Care workers, on the contrary, benefit from social acceptance and large practical tolerance (for Germany: Lutz and Palenga-Möllenberg, 2010).

In Italy, scholars have highlighted the “positive” connection among groups of immigrants that are perceived to have added value, social acceptance, and a sort of preferential treatment. Van Hooren (2010), for instance, shows how immigrant

domestic workers, even when irregular, have both been able to work in the sector without any restrictions, and have been the target of legalization measures. This is a surprising finding, given the strong anti-immigrant sentiments within the population. However, Van Hooren ascribes it to the fundamental role that migrant workers play in the Italian system of elder care, which in turn fosters the characterization of immigrant domestic workers as both harmless subjects and necessary helpers. Moreover, in her study on irregular immigrants, Bonizzoni (2017) states that the gender of care workers, predominantly female, and their work in the domestic environment, projects a sense of deservingness to the general public and the workers themselves that contributes to explaining a high level of successful regularization. The relationship between the domestic environment and the acquisition of legal status highlights the importance of a good relationship with an employer, because they play a vital role in obtaining a residence permit, either via normal procedures or through regularization measures (Caponio, 2009). Caponio, moreover, finds that the majority of domestic workers who possess a long-term residence permit have been helped either by trade unions or by their employer. Näre (2011) argues that, although domestic worker/care receiver relations are characterized by unequal power sharing, they involve complex forms of affective and economic exchange beneficial to both the employer and the immigrant worker. In particular, whilst the employer receives reliable help (often both emotional and physical support) from the care worker, the latter benefits from bonding with the employer in many ways, including legal aid and regularization. In other words, social acceptance by employers and public opinion — based on the widespread assumption that immigrant workers are indispensable for families and the perception of their deservingness — influence state policies and their implementation. Indeed, if the Italian political system believes that there exists an anti-immigration sentiment among the public, this certainly does not apply to immigrants employed in domestic care-work. In fact, the many regularization programmes that have taken place in Italy over the past two decades, most recently in June 2020, have always included domestic care workers (Bonizzoni, 2017); indeed, they have often been tailored specifically for care workers. The social acceptance of families plays an important role in the legal authorization of immigrant care workers. In what follows, we will examine the dynamic between families and care workers, and the crucial role that the latter have in the Italian system for elder care and hence in Italian society.

### **Care and Relationships within the “Family”: Between Exploitation and Mutual Affection**

The social acceptance of migrant care workers has rarely been subject to research regarding migrant care work. The research has mostly described dynamics whereby women from the global South (or from the East) migrate to the global North to care for children and elderly persons in order to support their own families (Marchetti, 2013); a phenomenon referred to as the “global care chain” (see Hochschild, 2000; Nadasen, 2017). This is placed against the backdrop of a “care regime”, i.e., the complex entanglement of policies, practices and ideas about elder care (Degiuli, 2016). In Southern Europe, care is often organized at home, with a central role of families and their ability to support their frail members (see Lutz, 2007; Williams, 2010). In this regard, Italian families

have improvised a sort of private and informal welfare system in which female migrant workers (especially from Eastern Europe and South America and often within irregular arrangements) easily find employment. At the same time, Italian families “exploit” international imbalances between countries and find relatively cheap labour willing to work in a sector characterized by instability and low social status (Ambrosini, 2013).

Scholarship on domestic work often shows how all these dynamics find their way into day-to-day care work. In particular, numerous studies have focused on the social, personal and intimate power relations within families where domestic care is performed (e.g. Anderson, 2007; Näre, 2011). The most distinctive and simultaneously controversial aspect of live-in domestic care is its mix of work and private life, or the merging of the professional and the personal or affective spheres. Analyses have illustrated how many families purchase labour but actually want affection (Ambrosini, 2015). A common thread running through these studies is how the elderly frequently expect their care workers to relieve their loneliness and depression, to substitute for children and other relatives who cannot be as close to them as they would like (*ibid.*). The interwovenness of work and private life is observed not only in the relation between the elderly and their care workers, but also in the relation between care workers and family members. Care managers — the (often female) relatives who manage the employment relation with the care worker — often become involved in the (personal) needs and problems of the worker, and sometimes those of the workers’ family or network.

Moreover, researchers also suggest that, by their participation in household and family routines, care workers often become kin-like figures for care receivers and their family-members, and vice versa (Baldassar *et al.*, 2017). The concept of “social family” (Connidis, 2010) is used to depict families as units more inclusive than those defined with merely biological or legal parameters, as well as to describe how people from different contexts can develop feelings of trust or love whereby they become attached to others, like one can become attached to family. Care workers may thus be seen, and treated, as family-members for the time of their employment (Lin and Bélanger, 2012), and possibly also thereafter. Consequently, studies regarding the role of domestic workers have increasingly used the concept of “fictive kin” to refer to the process by which care workers can become “adopted family-members” who assume obligations and form instrumental and affective ties similar to those of more conventional family members (Sussman, 1976, in Lin and Bélanger 2012: 303).

However, this blurring of personal and professional spheres may also give rise to various forms of exploitation (Palumbo, 2017; Arnado, 2003; Anderson, 2007). The paradox of family-like relations is that, often, care workers are not fully seen as family members, nor are they fully seen as employees (Teo *et al.*, 2006). In particular, a body of studies treats asymmetrical power relations as an intrinsic characteristic of domestic work (see Arnado, 2003). As these studies highlight, the frequent emphasis of care managers and also of the elderly on their family-like relations with the care worker tends to put the duties and expectations by the employers much more at the forefront, than, for example, to increase the rights or freedom of the care workers. In recent years, however, a few studies have criticized the tendency to evaluate these relationships essentially in

“negative” terms. First, as seen above with regard to the Italian context, scholars have pointed out how there emerge some opportunities for immigrants within this employment arrangement (Degiuli, 2016; Näre, 2011). Such findings also hold beyond the Italian setting. Neuman and Hunger (2016), for example, show how care work enables personal life-projects through the recourse to practices of circular mobility. Likewise, Bruquetas-Callejo (2020) sees care work as a strategy to improve perceived life chances, because care work can be a way to leave unsatisfying life conditions behind, accumulate skills, and enable self-realization by taking care of other persons with whom care workers establish positive relationships. In this vein, Näre (2011) argues that the care worker/care receiver relationship should be framed within the notion of moral economy. This notion describes labour relations within the family as dominated by a moral contract which is based on reciprocity, shared duties and responsibilities, rather than on the logic of profit maximization or economic contracts. This dynamic has been confirmed by Baldassar, Ferrero and Portis, who highlight how care work may be “experienced as mutually shared and reciprocated, even in paid care relationships” (Baldassar *et al.*, 2017: 536). The aim of these studies is not to hide the more exploitative aspects of care work and the fact that the relationship between care worker and care receiver starts as unequal due to the different distribution of power. However, they direct attention to the emotional side of this relationship. Indeed, this works in both ways: if at one extreme there exist asymmetrical relations, at the other we can find more reciprocal, and instrumental bonds linking workers and employers.

## Context and Methods

In 2013, approximately 2.3 million Italian families chose home-based care for their elderly family members, for the most part performed by foreign workers (Censis, 2013). The sector of home-based care, in which wages are modest, has become a typical niche for immigrants, who amounted to around 650,000 legal workers in early 2017 (Colombo and Dalla Zuanna, 2019). Mainly foreign women, in particular from South America and Eastern Europe, have responded to the demand by Italian families. Women represent 80% of domestic workers, and immigrants represent about 77% of the 1.6 million domestic workers that provide assistance to Italian elderly people (ISTAT, 2015). Millions of elderly Italians and their families now depend on migrant workers as care providers. Interestingly, this system remains largely outside the control of the public sector. The Italian government has introduced allowances for care users to purchase care services privately. A sort of cash-for-care scheme has increased the capacity to acquire private services in a context characterized by a shortage of public solutions (i.e., nursing homes, retirement houses, public assistance at home). However, in Italy, the use of cash-for-care allowances is not monitored: families can receive public funds and pay care workers informally. In this way, irregular employment is not only largely tolerated by public authorities (as is often the case), but even subsidized (Marchetti, 2015; Bonizzoni, 2017).

The crucial role of migrants in this “invisible welfare” has induced scholars to describe the current Italian system of elder care as a “migrant-in-the-family system” (Bettio *et al.*, 2006). This system is characterized by a triangular employment relationship consisting of (i) the “care workers”, often migrants,

mainly women, sometimes irregular; and (ii) the elderly who receive the care, and are often formally the employers of the care workers. However, since the elderly are generally reluctant to make “individual choices” about their care arrangement (Degiuli, 2016), and especially when they have illnesses affecting their autonomy (e.g. dementia), management of the employment relation is often assumed by a family member, the so-called “care manager”, who becomes the third person in the “triangle of care”

Empirically, this article draws on in-depth interviews collected between the end of 2019 and the first half of 2020 in the Italian region of Lombardy. This study was part of a wider project, INNOVACARE, on the topic of elder care in Lombardy which focuses on possible avenues for innovation. The interviews were designed to reflect this “care system” and its triangular form, and included the three main components of the employment relationship: care workers (also called “*badanti*”<sup>4</sup>), elderly care recipients, and care managers. Consequently, this study gave a voice to all the three components within the triangle of care, an original characteristic given the prevalence of analyses focusing on only one “figure” within the elder care arrangement.

The resulting “sample” comprized ninety-three qualitative interviews: forty-two migrant domestic care workers; four migrant care workers in care homes; fifteen Italian elder care receivers; and thirty-two Italian care managers. In particular, the care receivers were cared for in both domestic contexts (nine interviewees) and institutions (six). The care workers, all of whom were women except for two interviewees, were aged between twenty and seventy years old and came from different geographical areas: twenty-one from Eastern Europe and Post-Soviet states (eleven from Ukraine; three Romania; two each from Albania, Georgia and Moldavia; one Russia); fifteen from Latin America (five each from Perú and El Salvador; three Bolivia; two Ecuador); seven from Africa (four Morocco; one each from Senegal, Democratic Republic of Congo and Ivory Coast); three from Southeast Asia (all from the Philippines). As regards the care-managers interviewed, thirteen were the elderly person’s daughter, twelve the son, three the husband, one the wife, one the niece, one the daughter-in-law, and one the son-in-law.

Respondents were recruited with the help of gatekeepers (i.e., public and private agencies matching supply and demand for domestic care work), and through snowball sampling. As this article focuses on domestic side of care work in Italy, the interviews dealt mainly with everyday practices of domestic care work, the triangular working relationships that emerge from it, as well as ethical dilemmas regarding live-in elder care. The initial interviews were conducted face-to-face, in Italian, at locations of the respondents’ choosing, often in neutral settings, such as a café. Later, due to Covid-19 and the subsequent lockdown in Italy, the interviews were conducted via telephone. All interviews were recorded and transcribed. The data analysis utilized an interpretivist paradigm. We conducted thematic analysis (Braun and Clarke, 2006), and approached participants’ narratives by identifying themes based on the key research questions, literature review and conceptual frameworks. In particular, we worked iteratively, moving between induction and

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4 “*Badanti*” (plural) or “*badante*” (singular) is the Italian word colloquially used to refer to (live-in) care workers.

deduction: first, we familiarized with our data; subsequently, we generated initial codes and searched for crucial themes running across interviews; finally we related our definitions of themes to the existing literature.

## **Immigrant Care Workers' "Special Position" within Italian Families**

In recent decades, Italy has enacted several restrictive immigration policies. However, these policies have (informally) spared domestic care workers (Van Hooren, 2010; Bonizzoni, 2014). To explain the "special position" of immigrant care workers, scholars have pointed to two intertwining factors: the close relationship between Italian families and this category of immigrant workers; and their indispensability within the Italian system for eldercare (Van Hooren, 2010; Bonizzoni, 2014).

The interviews collected for this study confirmed that the current Italian elder-care arrangement assigns a large role to families, who in their turn rely heavily on immigrant care workers. Most of the care managers interviewed said that they had been direct caregivers during the early stages of the elderly person's deterioration, but the burden of caregiving had placed them under great psychological pressure. They declared that they had suffered from what the literature refers to as the "subjective care-giver burden" (see Marchetti, 2015; Stuckey *et al.*, 1996), and therefore needed to (partially) delegate their care tasks. As seen, the state's response to this difficulty has taken the form of "weak" policies, mainly consisting of subsidies for care provision. However, care workers, elderly care receivers and care managers alike, complained about the mismatch between the support furnished by the public institutions and their needs. The cash-for-care scheme (generally consisting of between 200 and 500 euros a month), upon which elder-care is based, should stimulate the acquisition of private services on the market by the elderly and their families. However, elderly respondents who received allowances usually received far less than what is considered sufficient to afford professional help, either in the home or in external institutions. Hiring a nurse or a professional health worker would cost about 2,000 euros per month; an amount well above the average income from retirement benefits and old-age allowances. These limited financial means evidently favour employing a non-professional or even irregular care worker, and fuel the limited interest in expensive institutional solutions like nursing homes. In this respect, the care managers interviewed both distrusted institutionalization and considered themselves as primarily responsible for the elder care (see also Näre, 2011; Bertani, 2013). Moreover, one observes a deep-rooted culture of care at home, which is reflected in the fact that most of the elderly persons and care managers interviewed for this study considered homecare to be a moral imperative. The interview below shows how the preference for care at home is influenced by indirect experiences concerning the poor conditions in some institutional settings:

*"I would never take a 'care home' into consideration because I've heard about people there: they are lonely, with poor mental health..."* (Int. 48: eldercare recipient, female, 95, Milan)



Even those elderly interviewees in institutions, although they positively evaluated some aspects, ultimately expressed a preference for domestic assistance:

*"If I could, I'd like to stay with my family because my family completes me. I miss my family."* (Int. 19: elder-care recipient, male, 84, Monza)

Care managers often stated that keeping older relatives at home among their own memories, close to people who care for them, is both a moral duty and beneficial from a health perspective:

*"I believe it's better to be surrounded by your own memories when you're bed-ridden. I think one is more comfortable and this helps to stay better, healthier."*  
(Int. 68: care-manager, male, 50, Milan)

The combination of these factors creates a demand for a specific kind of informal, live-in, care work, which in practice is mostly performed by immigrants. Because this type of domestic care work is challenging physically, mentally, and socially, it is rare to find native care workers in these arrangements. Native care workers tend to accept this type of work only on an hourly or daily basis, but usually do not live together with the client (Domina, 2019). The work is especially challenging when it involves care for elderly persons with severe physical needs or with forms of Alzheimer's disease and dementia:

*"I have had one who was out of their mind [Alzheimer], the poor thing used to spit in my face. Oh Lord, I had to watch out. The work is like that, you need to have patience, and continue to work with your heart and not for the money."*  
(Int. 10: care-worker, female, 44, Milan)

Welcoming a "stranger" in the family is often also a source of anxiety for both elderly care recipients and care managers. Nonetheless, it is usually experienced as a relief, especially by care-managers. Moreover, the interviewees usually experienced the delegation of care tasks as an opportunity to maintain a satisfactory work/family balance:

*"We need this help. My two siblings and I have eight children in total; plus, we have our jobs, our commitments. This arrangement allows us to have a work/family balance."*  
(Int. 64: care-manager, male, 57, Milan)

The employment of a care worker means that much of the daily burden of tasks concerning the basic needs of the elderly, e.g., personal hygiene, food, and surveillance, is delegated. It is a way to combine homecare with other expectations regarding one's role in the family (as husband, wife, or mother) as well as with employment outside the home while the frail family members do not have to be entrusted to an external institution:

*"I'm a pensioner and naturally my children have expectations about me; they ask me for help with their kids when working. Thus, the fact that my mum is cared for by someone who we trust is positive: I'm relaxed now, I don't feel I'm taking something away from someone."* (Int. 25: care-manager, female, 68, Mandello del Lario)

The above interview extracts illustrate that immigrant care workers are considered an indispensable workforce. This helps explain the social acceptance

of immigrant care workers and why immigration policies have favoured care workers.

The particular working conditions and dense personal relations with Italian families strengthen the image of care workers as deserving immigrants. Moreover, as argued by Anderson (2007), the cultural “otherness” of immigrants is often used to justify their inclusion in the lower positions of employment hierarchies, on the assumption that they have an “aptitude” for domestic service. The countries of origin of immigrant workers are often imagined as poverty-stricken and backward, so that the employer can cherish the idea of “doing what’s right.” Consequently, these employers give loans to care workers, help them to access public services, or teach them useful skills:

*“He [the care worker] left Salvador because... there’s nothing there, just violence. [...] So, when I hired him I paid for his driving licence, [...] I taught him how to clean, how to cook.”* (Int. 89: eldercare recipient, female, 89, Milan)

When care managers were asked to specify the characteristics of a good domestic worker, honesty and trustworthiness were among the main requirements. However, due to the lack of formal recruiting and the general lack of formal qualifications for care workers, a workers’ nationality, and stereotypes regarding certain nationalities, guided employers’ choices about who to trust, together with the work of “trust intermediaries” and ethnic networks. Our interviews showed how the stereotypes that (potential) employers have about the nationality of care workers can both favour and disfavour Eastern European or Southern American workers. Eastern European workers were, stereotypically speaking, considered rigid but hard working; whereas Latin Americans were considered sweet and “naturally gifted” but not always diligent. These stereotypes would be of influence, based on what employers considered important qualities of a care worker.

A crucial aspect that links these micro-level of labour relations with macro-level immigration policies is the regularization of irregular employment relationships by elderly care recipients and care managers. In the past two decades, Italy has launched eight regularization measures for irregular migrants, targeting mostly domestic workers, based on the willingness of employers to “rectify” an irregular situation. While our sample comprized only four respondents that were currently irregular, among the workers without a EU passport in our sample, most had been regularized at some point in their career in Italy with the support of their employer at the time. Ursula’s case provides an example. Having come to Italy from the Ukraine in 2007, she had been able to benefit from the 2009 regularization:

*“My first job was with Marisa, a very lovely lady [...]. She was an angel, she helped me to regularize my stay.”* (Int. 50: care-worker, female, 60, Parabiago)

The frequent use of regularization programmes, as in Ursula’s case, questions the idea that employers want to keep their workers “illegal” in order to maximize the possibilities for their exploitation (Ambrosini, 2016 and 2017). In domestic care, workers are responsible for the wellbeing of assisted seniors, and with time often develop emotional bonds with them, as we have seen. It is not easy for a care manager to reject the request for regularization by a person who has

taken care of their mother/father for years, and to retain the same availability and devotion from them. Moreover, the fear of losing a reliable care worker, or of workplace accidents, besides sentimental reasons, push for regularization when a window of opportunity is open.

## **Working and Living under the Same Roof**

Research on the personal aspect of the relationship between domestic workers and their employers has tended to focus on the mix of work and private life, on the professional sphere, and on the personal or affective sphere in the “triangle of care” (Arnado, 2003; Anderson, 2007; Näre, 2011; Marchetti, 2016). Moreover, the literature on in-home care work has focused on the family-like or “familial” relationships within this unit. It has described how these relationships can be based on a system of power relations wherein employers exploit their employees (Arnado, 2003; Marchetti, 2016). Our findings nuance this depiction of elder care employment relations as primarily “negative” and exploitative. Instead, we propose that the relations within the “triangle of care” can be seen as a continuum, where at one extreme they are asymmetrical and exploitative, while at the other they are more benevolent and reciprocal (see also Colombo and Decimo, 2009). For this purpose, we have outlined a four-pronged typology that describes the different ideal-types of relations within the “triangle of care” that emerged from our interviews. This typology comprizes professional relations; reciprocal family relations; exploitative family relations; and abusive relations. Professional relations and abusive relations are based on a moral and emotional detachment that places them outside the domain of familial relations. Both reciprocal relations and exploitative relations emerge within familial forms of relationship. However, while reciprocal family relations are based on material and immaterial exchanges within the triangle of care that make the relationship more symmetrical, exploitative family relations use familial affection as an incentive to subtly oblige workers to perform tasks that go beyond their contracts.

### **Professional Relations**

Some of the interviewees structured the working relations within their home like any other professional activity. Consequently, these working relationships were characterized by a certain “coldness” and/or moral detachment from the emotional dimension of care work. Employers and care workers did not confide in each other regarding personal matters, or did so only minimally. They maintained their personal spaces within the home, and sometimes ate separately. This detachment can also be observed in their choice and use of pronouns: both employer and care worker in these types of relations would use the formal Italian pronouns to refer to each other, while in some instances the employer would refer to the care worker informally:

*“The badante always uses formal pronouns, it's extremely important due to a sort of respect that has to be present among me, my mother and the worker.”*  
(Int. 30: care-manager, female, 62, Milan)

Professional relations are usually based on strict respect for contractual rights and duties: working hours, days off, and breaks from work are meticulously followed.

In this regard, feminist scholars (Romero, 1992; Hondagneu-Sotelo, 2001) have argued that workers must define themselves as professionals to increase the status of domestic work. But some of our interviews suggested that many care workers also value more personal relationships with the elderly and their families. Moreover, some care workers experienced less job satisfaction when the relationship was constructed solely as professional (see also Solari, 2006). Therefore, it might not be a coincidence that professional relations were often dictated by care managers in order to, for instance, avoid special treatments:

*"You must maintain a professional relationship with the badante. Otherwise you start to consider her like a sort of friend and she does what she wants."*  
(Int. 69: care-manager, male, 61, Milan)

In some cases, relations were clearly characterized by an asymmetrical and hierarchical division of roles between employer and care worker. Here, both the care manager and the elderly care recipient demand that the worker follow their orders, without leaving him/her any "room". This behaviour was often considered extremely unpleasant by the care workers interviewed because it underestimated their abilities:

*"When you put everything you have into this job, it is difficult when the employer tells you: look, you're just a badante, shut up and do what I want you to do. But that's what happens sometimes."* (Int. 61: care-worker, female, 41, Milan)

## Reciprocal Family Relations

In reciprocal family relations, the relations between care workers and employers are based on intimacy, and a wish for care workers to become included in the family. In this type of relationship, employers and care workers are often on a first name basis, and the intimate and warm character of the relationship is also reflected in the choice of informal pronouns:

*"We are on a first name basis because, you know, it's like family."*  
(Int. 20: care-worker, female, 37, Lecco)

Our findings suggest that these relations often emerge over time, changing from a distant relation to an affective relationship, as in the case below:

*"At the beginning, there was a cordial but detached relation between my mum and the badante, but over time it turned into a familial one. The badante considers my mum like her own; my mum recognizes her voice and is calm when she's around."*  
(Int. 92: care-manager, female, 51, Milan)

These relations transcend the professional exchange of services and money. Within a "moral economy" (Näre, 2011), families become involved in the lives of their care workers by providing them with loans, advances on their wages, or help with specific needs (for example related to health insurance or changing general practitioner), and conversations that are more than just polite chitchat. Moreover, this support often extends to the family of the care worker:

*"When we go to my second home, I invite him and his family on vacation."*  
(Int. 26: eldercare recipient, female, 89, Milan)

It appears that care workers as well as employers prefer this type of relation; a mutual meaningful relation improves the well-being of both care workers and elderly care recipients (Baldassar *et al.*, 2017). This does not mean that the relationship is devoid of formal aspects (e.g., payment and unequal distribution of power); but features characteristic of informal care like affection and reciprocal material and immaterial exchanges conceal the relationship's most detrimental aspects and make it more symmetrical (*ibid.*).

### **Exploitative Family Relations**

Family-like relations are not always "positive." As feminist scholars have highlighted, the family is also the *locus* of forms of violence and exploitation often at the expense of the women (Federici, 1975; Okin, 1982). Our findings shed light on cases where employers (both care managers and elderly care recipients) use informal manners to disguise exploitation of the care worker. Similarly to forms of maternalism (see Arnado, 2003; Marchetti, 2016), in these cases the employer offers economic and moral support, uses kin terms, and integrates the worker into the family. However, the employer, either deliberately or unknowingly, uses this relationship to ask the care worker to assume additional tasks. In this way, care workers are subtly obliged to perform tasks that go beyond their contracts. Exploitative relations emerge especially in situations where the care recipient is particularly dependent on the worker or risks a major crisis without the support of that particular helper. In these situations, the worker feels that s/he is part of the family and feel guilty at turning down the employer's requests:

*"I have no breaks, no vacations, nothing, [...] because she needs me. Sometimes she says: my children don't visit me, I need you, you're my only support, I love you."*  
(Int. 21: care-worker, female, 48, Lecco)

As illustrated by the above excerpt, in some cases care workers need to sacrifice their personal lives to do their jobs. This can worsen the feeling of isolation and make their job a sort of confinement:

*"I have always worked 24/24 hours<sup>5</sup> because I need to raise my children; at the same time, I know I've got no life here in Italy, I just see it through this window."*  
(Int. 11: care-worker, female, 43, Milan)

### **Abusive Relations**

In extreme cases, forms of exploitation neither result from nor require the presence of incentives or expressions of familial affection. These relations, which we call *abusive*, arise from a dehumanization process of care workers whereby employers believe that care workers are naturally inferior and subordinate. Unlike the most hierarchical forms of professional relations, though, contractual obligations and labour rights are not respected and therefore cannot mitigate the effects of such dehumanization. Indeed, our research found cases where the employer withheld the worker from bathing, in their view, "too often"; where

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<sup>5</sup> "24/24 hours" is the term used to indicate the employment arrangement of live-in care workers. These care workers generally do have time off, often two hours in the afternoon, Saturday afternoon, and Sunday. However, they are often expected to be present in the home.

care recipients forbade workers to leave the house, even during their time off; or where the care manager cancelled the worker's days off at the last moment. In our study, extreme abusive relations were often forced upon unexperienced care workers by care managers who did not live in the same home and avoided developing emotional bonds with the worker. They believed that they had the right to regulate all aspects of the worker's day, including his/her outings, sleep, and free hours, without providing him/her with emotional or material compensation, as happens in exploitative relations. As in the example below, in this relational model the demands of the employer are often not limited to the sphere of care activities but also concern the private life of the worker:

*"When my mother was dying and I had to go to my country, the lady [care-manager] scolded me and didn't want me to leave, she said that my mum would be dead by now anyway. But I couldn't work because I had to think about my dead mother and that I couldn't even see her."* (Int. 59: care worker, female, 59, Milan)

At an extreme level, respondents recounted experiences of physical abuse and verbal assault. Although none of the care workers said that they were currently in an abusive relation, many of them had experienced abuse in the past. For example, there were cases in which workers were intimidated by care managers to the point that they experienced intense anxiety and quit their jobs:

*"Her son was terrible: for example, I cooked and he dumped everything in the trash. I quit because of him. He was also intimidating. He used to enter his mother's flat at night to check. I thought: some time he will rape me, so I couldn't sleep."* (Int. 29: care worker, female, 51, Milan)

## **Familization of Employment Relations: When Family Dominates Employment**

As said, relations within the migrant-in-the-family model should be considered along a continuum, where familial relations represent only some of the possible expressions. Familial relations, in particular when considered in their exploitative aspects, have been studied by numerous scholars (e.g., Arnado, 2003; Marchetti, 2016), and they were also highlighted in many of our interviews. The dynamics of these family-like relations are complex and paradoxical; they have both large benefits and disadvantages. In this final section we discuss these forms of relations and seek to shed light on some particular mechanisms that contribute to turning them into exploitative relations.

Feminist scholars have long argued that the norms about the family function as an "ideological camouflage" (Patterson, 1982), or as a justification for both the unpaid labour and the controlling of women (Federici, 1975). In regard to the employment of domestic care workers, forms of familization can be interpreted as concealing the fact that the worker is effectively under the authority, and therefore the control, of the employer. Norms about the family, indeed, may mask even exploitative relations. The blurring of the boundaries between the work and private spheres, propelled by the establishment of personal relations, can generate problems when employers expect additional labour because of "family obligation" (Arnado, 2003; Marchetti, 2016):

*"Every now and then I go home, but she calls me and I go to help her. Maybe the remote control of the television broke, and I go there to change it; but they don't pay me for it. I do it voluntarily, because I consider her like a mum."*  
(Int. 21: care-worker, female, 48, Lecco)

A prime example of familization leading to exploitation is provided by the negotiation of employment conditions. Care work is largely organized in informal ways, and the relation between the care worker and the care manager is seldom a solely professional relationship. Even when their employment contract states certain rights, such as free time, care workers can, in practice, encounter difficulties in addressing and negotiating their employment conditions. The care workers interviewed often said that they had given in to the wishes of employers in order not to ruin their good relations:

*"The daughter doesn't want to take care of the mother, she has her husband. She prefers to be with her husband. She tells me: 'mum cannot be alone, you have to go together with mum', so I say: 'all right.' [...] I told her: 'I also want to go out, but you have to be available.' The 'signora' [the old lady] also has to go out now and then, she cannot stay in all Saturday and Sunday. It's like this; the contract they gave me is like this. No discussion with me, no fighting with me. It's alright, ma'am, everything you say is all right. It's okay."*  
Question: *"Because you don't want to..."*

*"Yes, I don't want to fight. I don't want to say anything and say its ok, all right. Because when you start with her, it's better to stay silent."* (Int. 13: care-worker, female, 51, Milan)

This example shows the complexity of the relationship. The care worker feels a responsibility for the elderly lady and wants her to be well taken care of in her absence (and does not like the idea that she would not go outside for the two days that she is away). Yet at the same time the care worker wants some time off. It shows the difficulties the care worker has to address these problems, fearing the effect it might have. In other words, when negotiating their employment conditions, care workers often have to reconcile their own wishes (e.g., wanting free time) with the responsibility that they feel towards the elderly person that they assist (e.g., they feel obliged not to leave the elderly person alone, with less care, or care that is not up to their standards), as well as with their good relationship with the care manager (e.g., to not fight with them). Negotiating employment conditions can be challenging for care workers when they are considered "family" because they cannot fall back on a sense of "professionalism" regarding their employment. Particularly interesting is the suggestion that the care worker should take the elderly person with her during her time off; which would be unheard of in most other professions.

Conversely, because care workers are not seen as professionals, it can be difficult for care managers to hand over to the care worker. Care managers were often the primary caretakers of the elderly family member before the employment of the care worker, and most did not fully relinquish their role of care-givers when they became care managers. Care managers may find it difficult to let a care worker take over 'control' or accept the care worker's opinion:

*"If I work only with the 'signora' and I can do it the way I've learned to work with people with this disease [Alzheimer], how to treat them. However, it becomes a bit difficult when someone doesn't let you work, and blocks you in your work. For me, it was a bit difficult at*

*the beginning, when I didn't manage to work, they blocked me. I felt discouraged because the family members didn't understand that [...] his wife was deteriorating, and [...] he said to me: 'I've known my wife for fifty years, and you come and tell me how to take care of her?'"* (Int. 61: care-worker, female, 41, Milan)

The behaviour of care managers can, in this case, be characterized by intrusion and excessive demands, as even admitted by care managers themselves:

*"I believe I've been a nightmare for many workers, because I live close, and when I come to my mum's, unannounced, [...] I meticulously check everything."*  
(Int. 30: care-manager, female, 62, Milan)

Often care managers and elderly recipients struggle not only to see the care worker as an employee but also to see themselves as employers. They may be so committed to the idea of maintaining or restoring "normal family life" that they try to impose a family-life relationship with the care worker, only to be disappointed when this does not happen, like the next interviewee:

*"My mum used to have another 'badante', who was really 'good'. In no time, she was part of the family. [...] If I went to my mum from work, or my children did so from school, she made lunch or dinner for us and we ate together. Like in a family, very natural. From the start, this new badante has told me she doesn't cook. [...] I think it's because of her personality but I miss those lunches together."* (Int. 30: care manager, female, 62, Milan)

The above excerpt confirms what was observed previously, namely that familization dynamics among care workers, care managers and the elderly can bring significant advantages. Informal relationships can make it easier to find the resources necessary to live, send remittances to the family, or prepare the ground for a possible regularization (Ambrosini, 2015; Bonizzoni, 2017). However, while many of the employers interviewed said that they had "helped" their workers in various ways, they usually perceived that help as an expression of their gratitude to the care workers. In this way, they not only appeared to consider themselves as benefactors or patrons of their employees (see also Anderson, 2007) but confirmed the idea that the 'migrant-in-the-family' arrangement is a complex mix of support and power, affection and abuse, interests and feelings.

## **Conclusion: Domestic Care Work, an Ideal Arrangement?**

Against a backdrop of selective immigration policies, and growing restrictions on low-skilled immigrants coming from the Global South, domestic care-workers represent an exception, at least in a country like Italy (Van Hooren, 2010; Ambrosini, 2013).

This study, based on interviews with migrant care workers, elderly care recipients, and their care-managing family members, has sought to shed light on the favourable position of domestic care workers *vis-à-vis* the selectivity of immigration governance. Elder care is a fundamental challenge, because the progress of health care has prolonged human life and care systems have to be adapted to assure suitable assistance for frail elderly persons. In Italy, this challenge has been addressed by incorporating immigrant women as care



workers in domestic settings, in what has been called the “migrant-in-the-family model” (Bettio *et al.*, 2006). Many Italian families have outsourced the care of their elderly parents and other relatives to immigrant care-workers, mainly women from Eastern Europe and Latin America. Migrant care workers represent a way to maintain a *status quo* where the elderly are cared for at home, by “substitute family members”. This dynamic seems to favour domestic care workers due to their perceived added value to the social fabric, and in particular to families facing problems of care shortage. In the past two decades, indeed, Italy has devised numerous regularization measures for irregular migrants, targeting mostly domestic workers. In other words, the micro-level of family arrangements can be seen to influence the macro-level of increasingly restrictive immigration policies, by demanding exceptions (in the form of regularizations) for immigrant care workers.

Through analysis of the “triangle of care”, we have shed light on the relations established by Italian families with immigrant care-workers. Much has been written about the special employment relations that live-in care workers have with the families for which they work, and vice versa, but this article has incorporated all the angles of the “triangle of care”. By analysing these perspectives, we elaborated on the negative and exploitative ways in which the literature has often described these relationships. In this regard, we have observed that the relationships between Italian families and immigrant care workers have a crucial role in paving the way for tolerance and, when possible, regularization of irregular immigrants (Ambrosini and Van der Leun, 2015). Our interviews illustrated the role played by elderly care recipients and care managers in the regularization of irregular care-workers, thus questioning a common assumption in the literature: that employers want to keep their workers “illegal” in order to maximize the possibilities for their exploitation (Ambrosini, 2016 and 2017).

However, these relationships are not exempt from problems. In particular, the mix of work and private life that characterizes this type of job within the domestic sphere contributes to the blurring of the personal and professional spheres, and it may lead to various forms of exploitation (see: Palumbo, 2017; Arnado, 2003; Anderson, 2007). Thus, we have proposed that the relations within the “triangle of care” should be seen as a continuum, where at one extreme they are asymmetrical and exploitative, while at the other they are more benevolent and reciprocal. For this purpose, we propounded a typology that comprises both familial and non-familial forms of relationship: professional relations, reciprocal family relations, exploitative family relations, and abusive relations. Familial forms of relationship have been the special target of further analysis. We observed that many relations have undergone a process of familization because employers and care workers share spaces, problems and needs. In these relations, genuine affection can emerge; however, at the same time, these kinds of employment relations often entail invasions of spaces, feelings and relationships pertaining to the private sphere. In particular, familization creates a web of obligations that often puts the duties of care workers and expectations by employers first. Ultimately, familization by employers could, in certain cases, conceal the fact that the worker is effectively under the authority, and therefore control, of the employer.

Against this backdrop, it appears crucial to devise a way to improve the arrangements within domestic care work. To this end, part of the literature has argued that to improve helpers' living conditions, care workers must define themselves as professional (e.g., Hondagneu-Sotelo, 2001). Nonetheless, our interviews suggest that neither care managers, nor care workers, nor elderly care recipients in general, express any enthusiasm for establishing employment relations that are merely professional. Some care workers, in particular, consider the familistic relation to be a crucial resource. As observed, however, the lack of "professionalism" is an important factor contributing to the exploitation of care workers. In this sense, possible innovations could go in the direction of establishing training programmes for professional development on which care workers would be able to base a sense of "professionalism" necessary to negotiate their employment conditions. Other solutions could focus on the de-privatization of elder care. A first prudent step could consist in sharing the same care worker between two or three clients living in the same building or at a short distance from each other. Another possible innovation concerns a clearer separation between the role of employer and the role of receiver of domestic care. This would entail the creation of an agency which hires care workers, manages them, conducts supervision, and provides substitutes when necessary. In conclusion, we believe that future research should pay more attention to the existent alternatives to the 'traditional' employment arrangements of domestic care work, and focus on how to improve the working and living conditions of immigrant care workers.

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**Maurizio Artero, Minke H. J. Hajer and Maurizio Ambrosini**

**Working with a Family. How a Family-Oriented Welfare System Opens the Border for Migrant Care Workers**

In Italy, the strong desire to take care of the elderly at home and within the family opens the border to migrant care workers. Despite an increasing focus on the closure of borders, migrant care workers are considered desirable immigrants and are generally socially accepted in Italian society because they are believed to fulfil an indispensable role in Italian families. Based on ninety-three qualitative interviews with migrant care workers, elderly care recipients, and the family members responsible for the organization of their care, this article considers the favourable position of care workers *vis-à-vis* the selectivity of immigration governance. Moreover, it discusses the relations established by Italian families with immigrant care workers, in comparison with what the scholarship says about the relationships between immigrant care workers and native families. For this purpose, we propose a typology of domestic elder care relationships, arranging them along a continuum where at one extreme they are asymmetrical and exploitative, whilst at the other they are warm and reciprocal. Finally, we observe a process of “familization” whereby employers and care workers begin to see each other as members of the same “family”. Whilst familialization can be interpreted as genuine affection, it also creates a web of obligations that prioritizes expectations by employers and duties of care workers.

**Travailler avec une famille. Comment un système de soins basé sur la famille ouvre la frontière aux travailleuses des soins domestiques immigrées**

En Italie, la forte aspiration à prendre soin des personnes âgées à la maison et en famille ouvre la frontière aux travailleuses immigrées. Malgré un focus croissant sur la fermeture des frontières, ces travailleuses migrantes du secteur des soins domestiques sont considérées comme désirables, dans la mesure où elles sont censées assurer un rôle indispensable dans les familles italiennes. Basé sur quatre-vingt-treize entretiens avec des travailleuses et travailleurs immigrés du secteur, des personnes âgées assistées à la maison et des membres de leurs familles qui s’occupent de l’organisation des soins, cet article prend en compte la position favorable des travailleuses des soins domestiques face à la sélectivité de la gouvernance de l’immigration. Ensuite, l’article discute des relations des familles italiennes avec les travailleuses immigrées, en rapport avec les visions que la littérature a présentées de ces relations. À cet égard, nous proposons une typologie des relations entre employeurs et travailleuses des soins domestiques, organisée selon un continuum qui à un extrême présente des relations asymétriques et basées sur l’exploitation, à l’autre extrême des relations réciproques et mêlées d’affection. Nous observons à cet égard un processus de « familiarisation », dans lequel employeurs et travailleurs ont tendance à se voir comme des membres de la même famille. Pourtant, même si cette « familiarisation » peut être interprétée comme nourrie d’une vraie affection, elle crée un ensemble d’obligations qui voient la priorité des exigences des employeurs et des devoirs des travailleuses à leur égard.

**Trabajando con una familia. Como un sistema de bienestar social basado en la familia abre la frontera a los trabajadores inmigrantes en el sector de la asistencia y cuidado de personas**

En Italia, el fuerte deseo de cuidar a los ancianos en la propia casa y dentro de la familia abre la frontera a los trabajadores inmigrantes encargados de la asistencia y el cuidado de las personas. A pesar de una tendencia creciente hacia el cierre de las fronteras, estos trabajadores de asistencia y del cuidado son considerados inmigrantes deseables, y generalmente son aceptados socialmente por la sociedad italiana porque se cree que cumplen un papel indispensable en los hogares italianos. Basado en 93 entrevistas con trabajadores inmigrantes en el sector de cuidado de personas, con personas ancianas no-autosuficientes y con miembros de la familia responsables de organizar la asistencia de sus propios parientes ancianos, este artículo considera la posición favorable de estos trabajadores frente a la selectividad del régimen migratorio. Para esto, proponemos una tipología sobre las relaciones entre el cuidado y el cuidador, en donde en un extremo pueden ser asimétricas y de explotación mientras que en el otro extremo son afectuosas y recíprocas. Finalmente, observamos un proceso de «familiarización» en la cual los empleadores y los trabajadores del cuidado comienzan a verse parte de la misma familia. Al mismo tiempo que este proceso de familiarización puede ser interpretado genuinamente como afecto, crea también una serie de obligaciones donde las expectativas de los empleadores y los labores del cuidado se vuelven prioritarias para los trabajadores inmigrantes.