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**Constraint or Vocation?
Changing the Narrative
of the “Familization”
of Employment Relations
between Migrant Live-in Care
Workers and their Employers**

I. INTRODUCTION

Progressive ageing is one of the most salient social challenges experienced by the world population, and in particular by highly industrialized countries (Lutz *et al.* 2008). Societies demographically change over time as a function of structural changes, scientific achievements (e.g. the release of new vaccines) and important changes in life conditions (mainly in terms of nutrition and hygiene). During the last decades, an increasing number of people have reached an older age, and the number of years that these people are expected to live has also increased. The question then is, who will take care of this increasing number of elderly persons? In Italy, care for the elderly is commonly organized ‘at home’ and performed by migrant care workers, often referred to as ‘Badante’, rather than in a system of institutional care. Italy has increasingly moved from a familistic care regime, where the elderly were taken care of within the family, to a ‘migrant in the family’ system. This system facilitates the development of close relationships between (immigrant) care workers, the elderly, and their family members. In this article, we will show how these close relations between care workers and families are a fundamental aspect of the Italian care regime, but at the same time it is a system in which care workers risk to be overburdened. Yet, we will argue that at the same time, it is important to acknowledge how these special employment circumstances and relations between families and care workers provide a vital way of coping with the difficulties of aging as well as care taking, and can be a source of empowerment for care workers.

2. TAKING CARE OF AN AGING POPULATION

In the year 2000 the world population aged 65 or over had reached 420 million individuals (UNFPA, HelpAge International 2012); and this number has increased since then. Currently, one in nine persons are 60 years old or older, and this proportion is expected to reach one in five persons by 2050. In the EU, the share of the population aged 65 and over is increasing in every single member state (Eurostat 2020). Yet, this demographic trend isn't equally distributed over European countries, with Italy (22.8%), Greece (22.0%), Portugal and Finland (both 21.8%) having the highest shares of older people and Ireland (14.1%) and Luxembourg (14.4%) the lowest. In Italy, specifically, there is a growing weight of the elderly on the total population; the aging index has doubled in the last fifty years and forecasts show that in the next fifty years the growth will be another 35% (Mazza, Capacci 2006). Together with low fertility rates; the European population is progressively ageing with Italy and Spain at the top of the ageing pyramid.

2.1 Care-taking in a familistic welfare state

The process of ageing has a series of different economic and social implications. Particularly, the need of care and assistance is increasing (WHO 2017). Generally, the last stage of life represents the greatest challenges for both, the elderly and the family around them. Mainly because the individual is often no longer able to live alone and requires more attention, care and other personal services, especially if suffering from chronic and long lasting diseases (Laslet 1992; Tamanza 2001). Nevertheless, care for the elderly could be interpreted much broader than just physical or medical care, as aging relates to more than just physical challenges. For instance cognitive changes, economic difficulties in connection with retirement or lack thereof, psychological challenges of changing social roles, the loss of a spouse, relatives, or friends, and a potential sense of isolation and loneliness. The term "Long Term Care" or LTC, also referred to as "long term assistance", is therefore defined as "any form of assistance provided to non self-sufficient people during an extended period of time without a predefined end date" (OECD 2011).

In Southern Europe, public policies regarding LTC are still characterized by great fragmentation; and rely on families to take responsibility and provide care for their own elderly family members. The family, and especially

women within the family, therewith has a central role in the Italian welfare state (Naldini, Saraceno 2008), which could be seen as a “familistic welfare regime” (Esping-Andersen 1996; Ferrera 1996; Da Roit 2007). Such a regime is mostly based on subsidizing care rather than providing care, and relies on the persistent centrality of families acting as care managers and suppliers of services for non-autonomous and fragile elderly (Ferrera 1995; Flaquer 2000). Yet in Italy, a lack of available resources for the amount of care activities in an ageing society has been observed and defined as “care shortage” (Simonazzi 2009), in particular due to the growing amount of people requiring care, and the lack of resources to provide for such needs (Ambrosini 2013). In familistic” countries, the growing participation of women in extra-domestic work has contributed to this care shortage (Bettio *et al.* 2006). Culturally speaking, there is still a strong tendency to identify care and domestic work as a ‘female task’. In addition to this, there is a wide spread preference of Italian families to organize care at home, because it allows the elderly person to remain in an atmosphere of familiarity, at least until this situation does not require sophisticated medical treatments that require hospitalization.

This persistent care shortage observed in Italy has given rise to semi-professional figures dedicated to domestic services and care for the elderly, most often migrants, colloquially referred to as “badante”. Shifting from care provided directly by family members, to what scholars have referred to as a “migrant in the family system” (Bettio *et al.* 2006). These migrant care workers are commonly employed to provide continuous care and assistance at home for elderly family members, as complete institutionalization is commonly seen as a last resort for the severely disabled. A ‘badante’ functions as a general caregiver, i.e. helping the elderly with taking medications, washing, getting dressed, moving around, accompanying them to medical visits or bureaucratic tasks, or simply walking around. They can also perform the duties of a housekeeper, but these are not her/his main functions. The caregiver generally does not perform more complex medical operations, but it helps to supervise the general health of the elderly and, maybe most importantly, he/she often represents the main source of company for the elderly person during the day.

Families often indicate a necessity to hire immigrant workers due to the high prices and the lack of flexibility of nurses, other highly qualified (native) care workers, or care homes. Care-workers most frequently (29.8%) have a workweek of between “25-29 hours”. However, in practice over 50% of these

workers are employed more than 30 hours a week, yet these ‘undeclared’ hours aren’t reflected in official data. The annual salary care workers ranges between 10,000-13,000 euros (INPS 2017). Italian families spend approximately 7 billion euros per year on ‘regular’ domestic and care work; it is estimated that about the same amount is spend on ‘irregular’ care work. Less than 15% of this spending is supported by public aid (state, regional or municipal), which mainly covers expenses and is identified in the accompanying allowance, the civil invalidity pension and tax deductions (INPS 2017). Consequently, the majority of the costs are covered by the elderly themselves or by their family. This ‘migrant in the family system’, while directly or indirectly subsidized by the state, remains to a large extent outside government’s evaluation.

2.2 Open borders for care workers

Nowadays, domestic and care work provides an occupational niche for foreign women. At the beginning of 2018 there were circa 865,000 regularly registered domestic and care workers, of which 73% were from foreign origin, and the majority women (88.3%). 45.6% of which, are employed as “caregiver” or “badante”, these are workers who in 90% of cases are female and in 80% of non-Italian citizenship. To these numbers, nevertheless, must be added at least another 50% of care workers that are employed in conditions of irregularity, contractually and/or in terms of legal status (Maioni, Zucca 2016; Domina, Fondazione Leone Moressa 2019). The country of origin of these domestic care workers varies considerably in terms of the more specific occupational niche. In the case of domestic workers, or “colf” locally, there are people mainly from the Philippines, Sri Lanka, Ecuador or Peru; while in the case of family assistants, there are mainly female workers from Eastern European as well as Latin American countries (Bonizzoni 2013).

The phenomenon of migrant workers in domestic care has particularly described in terms of dynamics in which women from the global South migrate to the global North to care for children and elderly in order to support their own families in the country of origin (Marchetti 2013); also referred to as the “global care chain” (see Williams 2010). Yet, in the Italian case, this type of care-worker, formally or informally employed, is not completely new. From the first surveys carried out by ACLI Colf during the 60s and 70s, we can observe the employment of care workers. Then usually rural, lower class, un-schooled, unmarried, Italian women of a certain age. In that time, this type

of work was already considered low on the social scale; a job that forced poor women to live in constant contact with bourgeois environments were many of them felt despised and exploited, subjects of social marginality and usually victims of a strong personal isolation (Turrini 1977). Later, all these conditions were reproduced for care workers of foreign origin, in particular in irregular conditions, who in a way substituted Italian care workers performing 'three D jobs'; jobs that are Dirty, Dangerous, and Demanding (Orrenius, Zavodny 2013; Ambrosini 2017). Since 2001, the domestic and care sector has reached nearly one million workers; tripling in less than twenty years, only this time with a majority of foreign workers (Maioni, Zucca 2016).

The crucial role of migrant care workers provides opportunities for female migrants, who easily find employment through "word of mouth" for example through friends, acquaintances or religious institutions. For them, this type of live-in care work can be a strategic choice. Labour migration in general can be a way to improve one's life conditions, as well as those of relatives left behind through sending remittances (Boccagni 2016). Care work can be a way to find a place in the destination country where to live and to establish their residence if they don't have one. Specifically, close relations with the family that employs them can help migrant care workers through both material and immaterial benefits like advanced payments and moral support (Arnado 2003). Moreover, Bruquetas-Callejo (2020) sees care work as a strategy to improve perceived life chances, as care work can be a way to accumulate skills, and enable self-realisation by taking care of other persons with whom they may establish positive relationships.

Furthermore, this crucial role of migrant care workers is also reflected by the high levels of tolerance of public authorities even for the irregular employment of migrant care workers (Marchetti 2015; Bonizzoni 2017), and also society generally accepts their presence contrary to other types of irregular migrants. This is both because they are a necessary and because they are usually characterized as harmless (female) subjects, that usually have a sense of deservingness in relation to the native society (Van Hooren, 2010; Bonizzoni 2017). These notions of deservingness, social acceptance and indispensability of migrant care workers also directly or indirectly influence state policies, as the many amnesties for irregular migrants in Italy have always included domestic and care workers (Bonizzoni 2017; Ambrosini 2018); the most recent example of these announced in June 2020.

2.3 Familization of care work

Over the years, the working conditions of domestic and care workers have relatively improved over the years, and are no longer solely characterised by exploitation, marginalization and isolation (Turrini 1977), as they were in the sixties and seventies. However, as the work itself hasn't changed, certain specific aspects of these working relations have remained. Specifically, the blurring lines between work and private life, and the mix of the professional and the personal or affective sphere, especially for live-in care workers. Care-workers and elderly often live together, and they consequently spend a lot of time together; they talk with each other, share meals, watch television, walk around together. In practice, this demands attention and affection from care workers that often goes beyond what is formally agreed in the employment contract. In particular, the elderly frequently expect their care workers to relieve them of loneliness and depression, to substitute for children and other relatives who cannot be as close to them as they would like (Artero *et al.* 2020).

In the words of Ambrosini (2015): “many families purchase labour, but what they actually want is affection”. Care work therefore has “a strong demand for emotional labour” (Boccagni 2016, 294). Yet, not only on the side of care workers but also on the side of the family members who hire the care workers, who aren't only ‘care managers’ but also become employers. Moreover, families often become an important point of reference for the care worker in case of health issues, the need for financial support, but also in the case of family issues or even romantic problems. Care managers often become involved in the needs and problems of the worker, and sometimes those of the workers' family or network. According to Ambrosini (2015), moreover, they can play a role when family members of the care worker want to migrate as well, something that would be unthinkable in many other labour relations.

This situation of close personal relations in the ‘triangle of care’ (Ambrosini, this issue), which is reproduced during every day activities, usually leads to a sort of “familization” of the work relationship. In this context, mainly care workers but also care managers and the elderly may be perceived as a sort of ‘adopted family-members’, who take on responsibilities, obligations and affection ties similar to those of more conventional/consanguineous family members (Sussman 1976, 303). The paradox of the family-like relations, however, is that care workers often aren't fully

seen as family members, nor are they fully seen as employees (Teo *et al.* 2006). According to some authors, this paradox points at the persisting differentiation of power between care workers as employees, the elderly, and their family members as employers, a difference in power that remains even when a care worker is considered to be a ‘part of the family’ (Artero *et al.* 2020). The main problem of these differences in power relationships together with the blurring line between personal and professional life, and therefore between formal requests and personal favours, is that they may act in detriment of the weakest side of the working relationship, the care workers. Many authors have argued that these family-like relationships may be the perfect context for care workers to be exploited in several ways, Palumbo (2017) for instance, argues that even though a care worker is employed, care work often isn’t considered ‘real’ work. This devaluation of care work can be a prime ground for the violation of labour rights as well as various forms of exploitation. Other scholars have described the personal and affective relations cultivated for care workers as forms of maternalism: ‘a system of power relations wherein the maid is under the mistress’ protective custody, control, and authority’ (Arnado 2003, 154). In this view Anderson (2010), for example, sees domestic work as a new form of slavery, where it is easy for employers to exercise control over their employees. In this way, the increasing “closeness” between employees and employers tends to work much more on the side of duties and expectations by the employers, than for example increasing rights or freedom attributed to the care workers (Artero *et al.* 2020). It is therefore very easy to perceive the care workers in this type of employment relationships exclusively as victims.

In this research, while certainly acknowledging the above, we focus on how familization of care work can also be an instrument to cope with the difficulties that come with caring for the elderly and their closeness to death, for all angles of the triangle of care. Without denying the possibility of abuse and exploitation that can be present in these kind of family-like employment relationships, we do consider (according to the testimonies of the interviewed people) that the familization of work is often purposefully searched by all angles of the triangle, because of the positive effects that it may have in dealing with day by day activities, as well as to face the difficulties of care work itself. Not in the last place because these warm relationships create an opportunity of empowerment for those usually perceived as the “weakest side of the triangle”, i.e. care workers.

3. THE INNOVACARE PROJECT

This article is based on 94 semi-structured interviews collected within the *Innovacare* project, which focused mostly on social innovation of long term elder care in the Northern Italian region of Lombardy, between the end of 2019 and the early months of 2020. The interviews reflect all three elements of the “triangle of care” (Arnado 2003; Anderson 2007; Näre 2011; Marchetti 2016). Respondents were recruited with the help of gatekeepers (i.e. public and private matching agencies), and through snowball sampling. The interviews focused mainly on the impressions, needs, difficulties and everyday practices of domestic care work, the triangular working/personal relationships that emerge from it and the ethical dilemmas regarding live-in elder care. The interviews were made of around 40-45 questions and lasted around 45-50 minutes each. The initial interviews were conducted as face-to-face interviews; while the later interviews were conducted via telephone due to the Covid-19 lockdown restrictions.

4. CHOOSING LIVE-IN CARE WORK

There are a series of collective and individual consequences of the process of ageing; one of the most important is the loss of physical and/or mental capacities that compromise elderly people’s autonomy and sense of protection. Such loss is the main cause for the need of long term care and personal assistance by relatives and other caretakers. However, many people are reluctant to accept beginning of such a process:

My mom struggled at first to accept [the care worker], because while for my dad it was a necessity, she used to say: “I can be alone and I can make myself some food, or I can clean the house.” In reality she couldn’t do it so maybe she struggled a bit in the first moments... it is a necessity for her, because she is absolutely unable to do it all alone. Sometimes she says: “But this is my house and I don’t know where things are in the kitchen anymore” (Angela, 64, Legnano).

While facing and accepting the need of continuous care, due to the effects of ageing and disabling pathologies, most people in Italy prefer care “at home”. It could be alleged that the high prices of professional elderly facil-

ities are an impediment for an important part of the population. However, there is also a strong cultural trend to prefer caring and assisting for the elderly in their homes.

... from the point of view of costs it is certainly much lower than a care home, because my mother, for example, her pension is € 980; then she was granted the money for “the accompaniment” so it arrives at €1005 a month, but then my mom pays also the rent, she’s not the owner of the house. You can pay the caregiver instead of the elderly residence, which costs at least two or three thousand, so if it is possible to have her at home also because at least in this way she is her own habitat... (Agnese, 69, Bollate).

...taking her at my place would have been a bit uncomfortable, because what happens if someone has to go out... But mainly, she wanted to stay at her house, she prefers stay there. In a care home no, such a hospitalization absolutely not (Chiara, 68, Mandello).

Moreover, when the elderly person is still able to take decisions, they often also prefer to stay where they have lived until that moment.

To tell the truth, I would prefer to stay in my house, because I realize that I don’t have so many external interests anymore, but having my things, managing them like I prefer, this gives meaning to my life. If I were to leave the house and cohabit with someone... I have no aversion to having relationships with other people, I am quite sociable, but it would certainly annoy me (Gina, 89, Milano).

Thus, for choosing a care alternative at home, it becomes fundamental to find the right care worker, that responds to this variety of needs. When looking for a care worker, local associations and personal social networks are important, as care-workers are often found through ‘word of mouth’. The care worker, furthermore, is usually evaluated not only by their professional skills but also, or especially, by personal characteristics that may positively influence the working/personal relationship not only between the elderly and the care worker but also between them and the care manager or other relatives.

I looked around without any precise knowledge, then I inquired and I learned that there was an association in the Tribuzio that looks for these care workers... we [siblings] chose together. It was really a safe choice, no one had any doubts. Dianna [care worker] is a beautiful person, you will see (Irene, 66, Milano).

I had no difficulty finding [a care worker], because I relied on a very small assistance structure on a voluntary basis, one of these non-profit organizations here. I had the names in sequence... not only suitable but wonderful people. Really fantastic people, truly wonderful, who are still tied to my mother... (Giovanni, 54, Mariano Comense).

4.1 The Migrant in the family

Live-in care workers are often not from Italian origin. While the country of origin of the care worker often doesn't play a major role when choosing a care worker, it can become relevant for two reasons: firstly because it influences the kind of bureaucratic practices that are needed to hire a person; and secondly, because it influences the kind of (cultural and linguistic) differences that need to be negotiated between the care worker and the employing family. Families showed particular preference for care workers who are more acquainted with the Italian language and culture.

So, she is a Honduran lady, she is around forty, forty-five years old, she has lived a lot in Italy, so she has always worked as a caregiver with elderly people, who among other things were very respectable, correct people; they made her study Italian, and they have done all the paperwork up to make her have citizenship too, so she is an Italian citizen, which furthermore simplifies all the procedural problems quite enough, so she is hired regularly of course... this also facilitates all these things that are a bit boring to follow (talking about residence permits) (Leonardo, 64, Milano).

She is a foreigner, but she speaks Italian well, she is very polite, and this is important, because in this way she makes me feel at ease, she is very attentive and she has a mania for cleanliness (Luisa, 94, Legnano).

Despite potential administrative difficulties and cultural differences to negotiate, the kind of work and the bond that usually develops between the care workers and the elderly, during cleaning, eating, watching TV, playing cards and several other quotidian activities, have provoked what has been called the familization of the working relationship; a blurry line between work and personal relationships. However, particularly for the care manager this process has become a valid alternative for family care, as it recreates a familiar and so far enjoyable environment for the elderly.

I think she experiences the relationship with my mother as if she were her mother... she always treats her very kindly. Even when my mother doesn't understand the words anymore, I think that in the end my mother hears and in fact recognizes practically only her voice [of the care worker]. If she doesn't hear the voice of the care worker, my mom does not answer, that says a lot about the familiarity that they have with each other... (Marco, 59, Milano).

... she keeps the house clean and she also seems to love my mom very much, she cooks her whatever she wants. That is, I found the right person... because many times it is not even easy... but in this case is very important to have a good relationship... (Agnese, 69, Bollate).

Having constant personal assistance and a good relationship between the elderly and care workers, as well as between care workers and the care manager and/or other family members, is often preferred over the possibility of introducing new forms of care or other socially and technologically innovative arrangements that may—at least theoretically—improve the autonomy and the sense of wellbeing of the elderly (See also Artero, Dotsey, this issue).

I'm not against technology or anything like that, but in these things... things relative to the elderly... is necessary to have personal assistance 24 hours a day (Agnese, 69, Bollate).

5. FAMILIZATION OF CARE WORK: A DOUBLE-EDGED SWORD?

Migrant care workers in Italy could in many ways be seen as a substitute for family care, rather than professional care workers. In fact, the Italian word used to colloquially refer to these (migrant) care workers *badante* stems from the verb *badare* which means 'paying attention to' and 'looking after' as much as it means 'to take care of'. As observed in the above, care workers are often selected based on their personal qualities, i.e., being a warm, loving and caring person, rather than on professional qualifications. But this also worked the other way around, most care workers offered their services as a function of their previous practical experience more than of any other formal training or qualifications for this kind of work; something the vast majority of care workers in our study did not have.

No. Before coming to Italy, I didn't think about doing this work because I've never done it. But, let's say, there [in Ecuador], it's always us, a child, a grandchild ... or a mother, that takes care of our mothers, and of our grandparents. (...)

We are different; we are more attached to family, so that we get very attached to a person. She [the elderly person] isn't my grandmother, but I love her very much. I love her because I... I'm very far away from my family, but she, we are always together... all these years, I love her very much (Diana, 46, Ecuador).

Moreover, what becomes clear from the previous quote is that within these more informal caring relations a personal connection is established. This personal relation goes to such extent that they see each other as family members; in other words a process of "familization" of the care relation can be identified. This does not only happen for the elderly or their family, as it was said before, but also for the (immigrant) care workers themselves.

It's a wonderful relationship, I don't feel like I'm a 'Badante', I don't feel like I'm working, I feel like I'm with family (Latoya, 51, Morocco).

An important side-note to make is that this familization is often seen as a risk for exploitation of care workers. In particular, the combination of informal working arrangement with low levels of formal professionalization and strong emotional demands of live-in care work can create a situation in which care workers become overcharged with duties and/or responsibilities. Numerous studies have argued that this blurring of personal and professional spheres, which occurs when workers and employers start seeing each other as family members, can lead to various forms of exploitation (Arnado 2003; Marchetti 2016; Palumbo 2017). While it is easy to see how migrant live-in care workers can become overburdened by care tasks or even exploited by the families they work for due to this familization, how migrant care workers themselves view this is largely absent from this debate. Based on our research we argue that the risk of exploitation is certainly not to be underestimated. However, the familization of relations between care-workers and the families they work for can also be a way of coping with the specific situation of live in care work.

Migrant care workers themselves often indicated how the close relations with the elderly persons and their family members meant a lot to them in

various ways. The account of 'Diana' at the beginning of this paragraph, for instance, shows how for her the relation with the elderly person she cares for has personal meaning, and how being far away from her own family made her extra attached to them. It might not be anything but logical that after many years of living in the same house, spending every day together, both the care worker and the elderly person become attached to each other in a personal way. Moreover, pleasant and personal relations can also benefit migrant care workers when the family they work for becomes a point of reference to get to know a 'new' society, many indicated to have learned the Italian language and important cultural customs from the family they worked for. Moreover, the family can become a resource to help out with 'personal' problems, for instance, through advances of salary or loans to help out the care workers family members overseas.

I never asked for an advance of pay, a loan, not even when my son had a motorcycle accident in Bolivia, because my previous employer, where I worked for four years, she gave it spontaneously (Maria, 43, Bolivia).

6. LOVE AS EXPERTISE

As stated above, many of the care workers worked based on their experience rather than having a formal education in care work. However, this didn't mean that they considered themselves to be unqualified for care work. They described the love they gave to the elderly as their expertise and shared instances in which their care caused the elderly person to be happy.

In summer I brought her to a party in the big park and she was happy. I danced with her, she was happy... The whole square said: how lovely your grandmother, she is doing so well. She likes to dance (Jacinta, 55, Peru).

I can make myself useful, I make people happy with my work. A 'signora' for whom used to clean told me: 'when you came in our house, happiness came into our house' (Didi, 32, Morocco).

Care workers often saw the improvement of the mood or the happiness of the elderly persons as a direct result of the care they were able to give them. The concept of 'care', here, goes beyond medical care and refers more to a general sense of wellbeing. Care workers considered the special attention

that they were able to provide important for this improvement in wellbeing. Moreover, care was often seen, not only as attention for the elderly, but as affection given in a more personal way of care.

Interviewer: How do you like it with the lady?

Respondent: Good, good. She is happy, she needs hugs and sweet words.
(Ioanna, 57, Romania)

This type of affection, which also included physical affection like hugs, would not be compatible with many 'professional' working relations. Consequently, not only Italian families, but also many care workers shared the preference for care 'at home' rather than in a 'professional' care home; stating how the elderly living at home with a loving care worker would be better off.

At home it is different than in nursing homes. Treating one person and treating ten is different. It is another relationship, you are right there in the family, they love you and they know that you are able to look after the family well (Sabina, 37, Ivory Coast).

For some of the care workers this was also a reason to prefer working in domestic care, as they indicated that in a one-on-one setting they had more time and attention to spend on one elderly person. For others, working in a care home was seen as a 'step up' towards becoming a professional care worker, as it requires some level of education in care work. Yet, care workers also widely acknowledged that this special attention causes a certain burden on care workers as it calls for a lot of 'emotional labour' (Hochschild 1979; 1983; 2003). Especially patience was indicated as a key quality of domestic care workers.

... a lot of patience, you need to work with love and not for the money. I will also become old. How you treat people, they will treat you. For this work you need a lot of patience and to do it with the heart, because the money comes and goes... (Tessie, 44, Peru).

Care workers often do not earn a lot of money and face challenging working conditions; a general tendency was that care work had to be done 'from the heart' and 'not for the money'. Moreover, they indicated that care work has to be done from the heart because otherwise one wouldn't be able to perform this type of care work long-time. Genuinely caring for an elderly person on both a professional and personal level was seen as a prerequisite of

domestic care work. The personal ‘family-like’ relations between care workers, elderly, and their family members, could therefore be interpreted as a way of coping with the sometimes-difficult reality of migrant domestic care work.

Live-in care work shows us how not all employment relations can be understood in the classic worker-employer dynamic. For instance, because the ‘worker’ and the ‘employer’ spend so much time and parts of their lives together, a purely professional relation between the two would in many cases feel artificial. Moreover, when family is far away, other close family-like relations can help to deal with feelings of loneliness and missing family. Also, seeing a (increased) sense of wellbeing in the elderly person as a result of care can be interpreted as a non-financial reward of work. It would, therefore, be too simplistic or one-sided to view these family-like relations as only exploitative, and the positive accounts of migrant care-workers as false consciousness.

7. AN EXTENSION TO THE ITALIAN FAMILY (CONCLUSION)

Migrant care workers are an essential part of the Italian familistic system for elder care, and therefore are an essential part of Italian families. It can be observed how both the care ideology based on care within the family and within the home, and the specificities of live-in care work, create and facilitate the establishment of family-like relationships between care workers and Italian families. This familization could be seen as based on a mutual dependence between the elderly, their families, and care workers. The employment of a migrant care worker can be a way to organize care that is warm, familiar, and close to home, but fits within the budget at the same time. Care managers often deliberately search for a family-like relationship with care workers, aiming to build a care context for their elderly that reproduces traditional family conditions and familiar everyday life practices in order to make their elderly relatives feel more protected and “at home”. A warm relation with the care worker can be seen as a way in which families cope with the process of aging and dying of their elderly; substituting care given by a family member with the thing closest to it: care given by a family-like care worker.

Yet, this focus on the wellbeing of the elderly sometimes causes the wellbeing of the care worker to be overlooked. Especially these family-like relations can become a possible source of exploitation. As the line between work and private life gets blurred, it can be easy to ‘forget’ about working conditions

and employment agreements, because the line between informal favours and formal requests becomes blurred as well. Moreover, the informal relations can make it difficult for care workers to negotiate working conditions or say no to requests made.

However, rather than seeing these family-like relations as a mere source of exploitation for care workers, we have argued in this article that care work in a family-like setting can also be beneficial to care workers, and familization is also deliberately sought out by them. For care workers, care work provides (relatively) steady employment; a way to improve one's life and potentially support their own family in the country of origin; and a close relationship with their employer can aid their integration. While care workers acknowledge that their work is tough, we described how they use familization as a way to cope with these tough conditions. Care workers construct a narrative to describe their work as a vocation, seeing their work as a personal mission that may be performed only by employing very specific personal skills such as patience, kindness, empathy and even sacrifice. Fostering warm and caring relationships with the elderly and their families, is a way for care workers to develop agency that empowers them, as it allows them to truly own and valorise the expertise that they have developed along the years by working with elderly people, usually in challenging or difficult conditions.

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