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**Domestic Care Work: Problems
and Requests Emerging from
the ‘Triangle of Care’**

I. INTRODUCTION

In Italy, like in many countries in Europe, eldercare has become a relevant issue due to the high proportion of elderly people. Nonetheless, the Italian state has devolved the assistance of elderly to Italian families, who in turn often transfer it to (female) migrant workers (Degiuli 2016). The recourse to external care workers, using the immigrant labor, is the preferred eldercare solution of many Italian families, besides self-provision (Pasquinelli, Rusmini 2013). Here, the growing demand for the migrant labor force in elderly care is one of the attributes of aging and migration dynamics (see, e.g., Degiuli 2016; van Hooren 2012; Williams 2010).

The scholarly debate on the interrelations between eldercare in post-industrial societies and migration from poorer countries in the employment arrangement has generally focused on the inequality characterizing this solution (Williams 2010). As Salami *et al.* (2017) found out in a review of the existing literature, the empirical research has tended to highlight the exploitative nature of the employment relation running through immigrant care workers, eldercare recipients and their family members. Arnado (2003), for example, describes the relations between employers and employees as forms of maternalism where employers may tend to control employees' life and abuse their help, in extreme cases. Even when employers treat caregivers like family members, many scholars tend to see it as a tactic of exploitation: for example, Freire affirms that the benevolence of employers towards their care workers is often an act of 'false generosity', enacted to seek unpaid-additional

work (Freire 1970 as cited in Arnado 2003). Consequently, for many researchers, home-based eldercare poses moral and political questions, pushing them to call for a radical revisitation of this model, if not its abandonment (see, e.g., Lutz 2007; Tronto 2002).

However, while a harsh critical attitude toward home eldercare emerged, a few studies have highlighted some 'virtues' of this arrangement. Bruquetas-Callejo (2020) sees care work as a possible strategic choice for some migrants: through it, they can improve their economic position, escape strained family relations, and find a way to develop new personal projects. Likewise, the relationship between workers and employers should not be undervalued. Affective ties and trust run through the protagonists, especially between the supported elderly and their help (Pasquinelli, Rusmini 2013). In this respect, Näre (2011) describes labor relations of eldercare as involving complex forms of affective and economic exchanges, with the employee somewhat benefiting from these dynamics, too. It has been highlighted how care work can be intrinsically rewarding. Indeed, by showing solidarity with other persons, workers can find an element of motivation, making their job 'worthy' (Degiuli 2016).

This work draws on the foregoing debates. In this light, it adopts a three-pronged approach to the migration-care dynamics within the so-called 'triangle of care' – employers, that is care managers (hereafter CMs: namely family members who usually manage the provision of care for their relatives) and the elderly care recipients (hereafter CRs), and employees (migrant women in live-in and daycare paid care tasks, hereafter CWs) (see Arnado 2003; Degiuli 2016; Näre 2011). The empirical material that is used for this chapter is part of a larger project, *Innovacare*, which seeks to contribute to innovating and improving the long-term care assistance of the elderly. Thus, the following research questions guided the study: first, what is the disposition of the 'triangle of care' toward alternative forms of eldercare (from 'traditional' rest homes to innovative services)? Second, which are the main issues emerging from the 'usual' domestic assistance based on the work of external migrant workers? Third, is there any room for revisions and future improvements in this form of eldercare?

The article proceeds as follows. First, we situate the article within aging, marketization and the 'global care chain' literature. We then look at the 'migrant-in-the-family model', putting it within the Italian context, a framework which has become a blueprint for the country's elderly care scheme.

Further, we document the research methodology, main empirical findings and analysis. Based on the research findings, we detail four emerging areas to improve the elderly care model. The final section concludes the paper.

2. TWENTY-FIRST CENTURY ELDERCARE: AGING, MARKETIZATION AND THE GLOBAL CARE CHAIN

Eldercare has gone through a profound transformation in many postindustrial societies since the 1980s (see, e.g., Degiuli 2016; Lutz 2007; Williams 2010). While in the past eldercare was left to either family caregivers or institutions, today the elderly are increasingly assisted in their homes by external workers often coming from abroad (Degiuli 2016). To explain this change, scholars tend to point at three intertwining dynamics about the care question: demography, welfare policies and migration (see, e.g., Williams 2010). Starting from the demography, data show a dramatic increase in life expectancy over the last century. In particular, in the EU, the share of the population aged 65 years and over is 20.2 percent in 2019 (Eurostat 2020). With aging comes increased prevalence of age-related diseases, and so the need for elderly care (Degiuli 2016). This growing demand for care comes at a time when the ability of the family to provide it is declining due to growing labor mobility, women's participation in the labor force, and the thinning of families. The result is a *care deficit* (Hochschild 1997), namely the fact that families are struggling to provide for the care needed for social reproduction, worsened by general disinvestment by public institutions. Indeed, since the early 1980s, welfare states are increasingly retrenching due to a growing concern with financial sustainability (Amin 1994). In this context, we have witnessed the introduction of reforms targeting cost-containment in eldercare. In most European countries, states have chosen to pass the burden of care management on to individual consumers instead of promoting in-kind forms of care and financing eldercare facilities (see Anderson 2007). Against this backdrop, governments have begun to introduce allowances for care users to purchase care services on the market. There is thus a strong and enduring tendency towards the privatization and marketization of long-term care in many EU countries such as Belgium, Germany, Finland, Lithuania, the UK (Spasova *et al.* 2018). Within this context of the marketization of care provision, governments have intro-

duced cash-for-care schemes aiming to push care work out of hospitals (Degiuli 2016; Lutz 2007). The cash allowances have increased the elderly and families' capacity to acquire private services with the (relatively) lack of institutional solutions (i.e., nursing homes, retirement houses), persuading them to conceive eldercare as a commodity to consume at home (see Ambrosini 2015; Farris, Marchetti 2017). In England, for example, private providers supplied 89 percent of domiciliary services and 94 percent of residential beds for the elderly (Spasova *et al.* 2018). Here, the introduction of these neoliberal market policies has led to different 'care markets' across countries. There is the growing emergence and institutionalization of formal care labor markets with the presence of multiple private agencies, for example, in the Netherlands, England, Switzerland, the United States (Anderson 2007; Bruquetas-Callejo 2020; Schwiter *et al.* 2015; Solari 2006). In many other countries, such as Germany, Italy, and Spain, there is a prevalence of 'do-it-yourself' solutions, that is the resort to personal contacts and informal labor market for recruiting workers (Ambrosini 2015; Degiuli 2016; Farris, Marchetti 2017; Lutz 2007). In these contexts, the preference for informal home-care is tied to the cultural aversion to nursing homes as well as the high costs of residential care settings and the possibility of having 'no-strings-attached' cash paid to a caring family member, that is economic transfers not contingent upon actual evidence of expenditure on care (Shinozaki 2015).

The result of all these concomitant developments is a powerful pulling mechanism for contemporary intra-and extra-EU migration flows. As many scholars have pointed out (Anderson 2010; Lutz 2007; Parreñas 2001), the impoverishment of many countries has contributed to the establishment of a global economy of care. This, in turn, triggers what Parreñas (2001) called 'global care chain', that is a situation "in which women from the global South migrate to care for the children and households of employed women in the global North to support their children whom they leave in the care of female relatives" (Williams 2010, 386). In many countries, then, research has begun to document the adoption of often contradictory migration policies channeling migrant workers, particularly women, in the widely segmented labor market of eldercare (see, e.g., Anderson 2007, 2010). Consequently, the European labor market of eldercare is increasingly made up of people found amongst working-class and (undocumented) migrant women from poorer countries, who are considered cheap and flexible labor (Marchetti 2015).

This 'invisible welfare' is so strong that, in countries such as Spain and Italy, this 'market' has become institutionalized through government policies like 'migration quotas' or 'recurrent regularization' targeting care-workers (Ambrosini 2013; Bonizzoni 2017; Van Hooren 2010). In this care arrangement, migrant women occupy a crucial role in the wellbeing and existence of a large number of the elderly and family. To highlight the importance of migrants in this care regime, scholars have thus used the label of the *migrant in the family* to define such a model (Bettio *et al.* 2006).

3. ITALY AND ITS QUINTESSENTIAL MIGRANT-IN-THE-FAMILY MODEL

Italy is one of the countries with the longest life expectancy (Eurostat 2020). According to the Italian Institute for Statistical Studies (ISTAT), people aged 65 or older are about 14 million (ISTAT 2020). At the same time, in the last decades, Italy has experienced an increase of international migration, including women: regular immigrant women are circa 2,700,000, slightly over 50 percent of all regular immigrants (*ibidem*). Both dynamics have deeply affected the contemporary Italian 'curoscape' (Ambrosini 2015). Indeed, the meeting between two needs, Italian families' need for care and immigrants' need for work, in Italy has laid down the foundation for the establishment of the contemporary migrant-in-the-family eldercare model.

In effect, Italy offers an excellent case study to explore this model and understand its success. The contemporary Italian eldercare, based on the migrant-in-the-family arrangement, comes after a history of general underdeveloped in-kind services (Gori 2017). Following a widespread trend, over the last decades, the Italian response to the care deficit has taken the shape of cash for care policies instead of the production of public services (see Sarli 2014). Its most important policy measure remains a sort of 'Indennità di Accompagnamento' (i.e., Companion Payment) – it is a cash allowance that can be spent at the complete discretion of the beneficiary (Farris and Marchetti 2017). The 'Indennità' is untied; it does not foresee a monitoring process and is not accompanied by services of referral, information or guidance. As such, it tends to give room to the hiring of care workers from the 'shadow or gray market'. Interestingly, public policies seem to tolerate it if not foster this labor market and the presence of immigrants within it. Immigrant care

workers, especially immigrant women are prevalent in this sector¹ and thus enjoy relatively favorable migration policies (Miyazaki 2019). The EU free movement regime facilitated the regular arrival of migrants from Eastern Europe whereas non-EU and irregular domestic workers and care assistants have been often targeted by generous quotas and regularization measures, the last one dating back as recently as the summer of 2020. Additionally, they are more generally surrounded by a widespread tolerance by part of the authorities (see Ambrosini 2013; Van Hooren 2010).

As Van Hooren (2010) posits, this exceptional position of immigrant care assistants can be explained by the help they give to maintain a fictional familistic status quo. Moreover, this model allows the Italian state to progressively disengage itself (within a neoliberal logic) from traditional welfare functions (Degiuli 2016). All in all, nowadays, such eldercare system appears well-ingrained in the Italian society because it is proven convenient for all the actors involved: Italian families, for a relatively small sum, get the needed fundamental assistance (i.e., immigrant workers) in the increasingly difficult task of elderly care; immigrants find a way to enter the Italian labor market; public services may skimp on the resources in a time of state's disinvestment in welfare provisions.

4. METHODOLOGY AND FIELDWORK

Given the nature of the research that focuses on 'everyday lifestyles' and 'lived experiences', we employed a qualitative approach. We thus conducted in-depth interviews on the home care of elderly Italians in the Lombardy region. Unlike other studies focusing on one 'figure' within domestic eldercare, this study builds on an archive of in-depth interviews with both employers and employees, giving a voice to the 'triad of eldercare' (eldercare recipients, 'care managers', and 'care workers'). The interviews for this article were collected within the Innovacare project between December 2019 and July 2020. We conducted 90 interviews: 14 eldercare recipients, 32 care managers (mainly elderly's daughters but with a significant portion of husbands and sons), and 44 migrant care workers in live-in and daycare paid care tasks (all women,

¹ It has been estimated that in 2018 immigrants represented around the 75% of all workers in domestic and care-related services, while women are around 88% (Domina 2019).

except one interviewee) aged between twenties and sixties, and mostly from Eastern Europe and South America. The interviews were conducted in Italian. We were guided by ethical principles to ensure our informants' anonymity. Consequently, the names of the research participants have been anonymized. We used snowball sampling to recruit participants through different gateways (see Dotsey, Lumley-Sapanski 2021): for example, 'job-matching services', help-desks, immigrant service centres, and previously-established personal contacts. The resulting participant pool has the peculiar characteristic of having intercepted in large majority people within regular employment relations (only in four cases the respondents admitted to being in an illegal relation) – an important element to consider vis-à-vis our findings and analysis.

Our study employed thematic analysis to answer questions on how the Italian informal welfare arrangement, based on the 'migrant-in-the-family model', is potentially reformable. The analysis aimed not to identify the generalisability of results across a population, but use the range of views held within the respondents' population to contribute to providing answers to the research questions.

5. DOMESTIC ELDERCARE: AN IRRESISTIBLE SOLUTION

Findings from the qualitative analysis show that the large majority of elderly care recipients want to remain at home for as long as possible. They often perceive home as a familiar setting, where privacy and control are guaranteed, unlike in institutional settings.

I prefer to stay at home because here I've all my stuff, all my memories, I can self-manage them, and I realise this is meaningful for me. If I was forced to go out into a rest home in the same space with unknown people? I'm sociable, I'm not misanthropic... but I would loathe it (Emma, 89, CR).

This commitment to care within the domestic setting is also shared by their reference family members. To abide by this desire is, however, not free from hardship. Many CMs also have their own family requiring attention. Many also grappled with health problems, given their advanced age. Nearly all said that caring was tiring: some caregivers experienced physical and emotional difficulties, and worried about how this might affect their ability to provide care. Frequently stated reasons for resisting the idea of placing the elderly in residen-

tial homes despite facing difficulties pertain to the assumption that the elders' homes are irreplaceable protective settings; thus, as in the next excerpt, to confine elders to a rest home means to endanger their stability.

In her home, she moves with ease. It's probably the ancestral relation with this setting, her cocoon. Within this cocoon, she is comfortable. If I move her to another place... I fear it'll be traumatic (Luca, 57, CM).

This 'culture of home-care' is so strong that even families that could afford to place the senior in a good quality residential facility consider more respectful to keep him/her at home. After all, stereotypes surrounding rest homes are near-universal (Bond 2007). This attitude is increasingly encouraged also by policies that, in many countries, are oriented towards home care. For many CMs, thus, rest homes symbolize the last stages of people's lives, spaces that would hasten the elderly's death. Such belief is further reinforced by the perceived material conditions of these institutions, for example, originating from indirect experiences as in the following interview with an eldercare recipient.

I have a dear friend; [...] at one point, he fell sick and his daughter moved him to a nursing home. We talked over the phone... he told me it's such a hellhole! (Elsa, 95, CR).

During the interviews, questions have been raised to understand respondents' willingness to enroll or make them enroll in innovative initiatives like 'shared assistants' by multiple elders. However, both family members and elderly are averse to such solutions; generally, they fear that such initiatives will not respond to their needs in terms of continuity and personalization of assistance, especially when the elderly is less autonomous. Thus, it is not infrequent to receive answers like:

I don't know this initiative [i.e., a shared assistant] and, honestly, I'm not interested. [...] I'm skeptical because I can't figure out how beneficial this help could be, given the continuous assistance my mom needs (Lea, 66, CM).

Once both institutional placement and innovative alternatives are discarded, respondents thus believe that the only solution is to turn to the market of paid caregivers. This eases their burden of care-giving while maintaining the senior in a family-like setting.

6. THE STRATEGIC ROLE OF DOMESTIC ELDERCARE FOR MIGRANT WORKERS

The literature illustrates how the domestic sector is an important entry channel into Western societies for many migrants (e.g., Shinozaki 2015). At the same time, it has also often emphasized how these same migrants do not get a good deal by working in this sector, given the harsh work and life conditions characterizing these jobs (see Anderson 2007). In this respect, our findings corroborate the idea that domestic eldercare represents a 'secure' but 'forced' entryway into the Italian labor market; jobs that are often at first taken due to the lack of alternatives and the 'push' of ethnic networks. At the same time, as also observed by Hajer and Zilli in this issue, the interviews suggest how these jobs may become a strategic choice for some migrants. Consequently, many workers do not show particular interest in radically changing the modality of their work. Indeed, as we found out, domestic jobs enable migrants to meet several needs at once.

First of all, eldercare leads to secure accommodation, if conducted as a live-in caregiver (which is often the case); additionally, it gives the chance to save a large part of the wage. For these reasons, domestic eldercare can become an economically attractive option. As illustrated in the next quote, workers, albeit initially hesitant, subsequently find it an effective way to improve their economic situation in their home country.

Before arriving in Italy, I disliked the idea of working as a carer. Then, I accepted this situation since through this job I bought first a house in my country, then a second one [...] because I saved some money; you eat with your lady, you don't pay the bills, the rent... at the end, you spend almost zero (Sara, 54, CW).

However, strategic motivations are not limited to economic benefits but also include personal reasons. For example, several respondents illustrate how caregiving may be intrinsically rewarding: one feels self-actualization and motivations in helping others.

In this job, there are people in need of care, in need of love and relations. [...] I like to work with them, [...] because I feel useful, because I know that person needs me (Edda, 41, CW).

As this quote suggests, in some cases, there is a 'human aspect', based on interpersonal relations, that makes this job worthier than other occupations. In this respect, though scholars have often perceived the relationships emerging in

this context in negative terms, we observe workers stating that they feel treated as part of the family, and how important this is to them. After all, domestic eldercare often brings two solitudes together: the one of the elderly (who generally suffers the loss of friends and family members, mobility and health) and the one of the migrant worker (isolated from his/her original social network) (see Ayalon, Shiovitz 2010). In a situation of cohabitation, this can entail a troublesome communal life; however, we also observe the existence of easy and open relationships where day-to-day interaction not only deals with labor commitments. The elderly and migrant workers, in particular, often share each other's life experiences and concerns; they devise relationships that are morally supportive and based on elements of gratitude (see Näre 2011).

In this issue, Hajer and Zilli employ the term *familiarization* to characterize such situations. They show how cohabitation may create a very enjoyable environment not only for the elderly but for care workers, too. In particular, workers may perceive care managers and the elderly as a sort of 'adopted family-members' and important points of reference for financial and emotional support. Additionally, in quite a few cases we found that this employer-employee relation has had 'integrative' implications: e.g., migrant workers have been taught directly Italian by their employer or paid for language schools. More importantly, employers played a crucial role in the regularization of irregular workers:

My first job was with M., a very good person. I'll never forget her since she let me have my permit of stay (Alena, 60, CW).

In conclusion, we would like to underscore the need to acknowledge the imbalances of power in domestic eldercare. However, to negate that in eldercare migrant workers may develop beneficial and meaningful employer-employee relations would not do justice to a viewpoint quite common among our respondents.

7. EVERYBODY HAPPY? EMPLOYERS AND EMPLOYEES' VIEWS ON HOW TO IMPROVE HOMECARE

Against this backdrop, do our results allow us to say that 'everybody is happy' within the 'triangle of domestic eldercare'? Not at all. The findings highlight some serious flaws that are consistent with the previous research, highlighting

the difficulties that domestic eldercare imposes on care workers. In this sense, almost all CW agree that domestic eldercare has harsh working conditions and that these conditions depend on the employers' character and disposition (see Degiuli 2016). In particular, as mentioned by Ambrosini in the introduction to this issue, many workers suffer from an absence of respect. Particularly worrisome are cases of abuse, with respondents recalling cases of physical and/or psychological violence perpetrated by both elderly care recipients and their family members. What is more, many CW report frequent infringements of the work contract: long working hours, limited free time, and insufficient rest for live-in workers, due to the night work they need to provide 'off the book'. Within this framework, the description of workers' daily routines reveals that employers expect them to take on a multitude of roles (e.g., caregiver, cook, housecleaner) all the while providing emotional support. Many CW lament that CM delegate completely the responsibility of the elderly over to them; however, CM still fail in respecting and trusting them and attributing value to their work. Precisely, this delegation worsens the feeling of isolation experienced by many workers, especially live-in carers. For many of them, indeed, their job is a sort of confinement, where spaces and opportunities for their well-being are severely limited (see Boccagni 2016). In many cases, respondents report how their daily routine is constructed in relation to the employer's needs; in extreme cases, they affirm the necessity to suppress their life to do their job (see also Vandrevale 2020).

Our interviews reveal how the current arrangement has setbacks for assisted elderly and CMs too. To allow an external person into one's home is often challenging. For CRs, the hiring of help confirms their own decline and 'forces' them to share their intimacy with someone unknown (Tempia 2017). Often, this brings to the typical 'rejection reaction' (see Perucci 2015). On the opposite side, for CMs, the presence of a care worker means the opportunity to increase the time available for themselves and their own families; however, this often entails the growth of feelings of guilt or anxiety. In particular, many CMs tell us how initially they feared that the care worker was not up to the task or, worse, would hurt their family member. Finally, as we will see, employers consider the actual public support for keeping frail elders at home severely insufficient. In this context, they request better guidance, financial aid and further services by external actors. After this brief overview of the main shortcomings of domestic eldercare emerging from our findings, in the next section, we will expound the suggestions for amendments envisaged by our interviewees.

8. FOUR IDEAS TO IMPROVE DOMESTIC ELDERCARE

During the interviews, we asked our participants for recommendations on the best ways to deliver eldercare. In line with Hajer and Zilli, these recommendations deal with the removal of the main flaws of domestic eldercare rather than its obliteration. As the findings revealed, participants were not very enthusiastic about traditional institutional solutions and not particularly open about some forms of innovation, such as shared assistance schemes. Within a logic of improvement of this model, interviewees asked for increased participation of external actors, especially public authorities. In particular, vis-à-vis the magnitude of eldercare's need in Italy and a public discussion that also stresses the importance of delivering eldercare at home, they lament a limited deployment of public support and external monitoring. This model, including all actors (CRs, CMs, CWs), pays the price of extreme isolation. We now turn to a detailed analysis of the four main areas proposed by our respondents on how to amend the migrant-in-the-family eldercare model.

8.1. Better and easier financial assistance

One aspect that, to a great deal, concerns the elderly and their families is the cost of extended care. Among the employers, many talked about the economic difficulties associated with the hiring of a care worker on the free market, because the allowances are insufficient. Therefore, many families must mobilize additional funding; this is possible only for a fraction of those in need, those who are sufficiently affluent. Our respondents acknowledge this deeply unequal situation.

There's an economic problem because this domestic assistance has many costs; beside the wage, for a regular worker you pay taxes, and for live-in carers, you also must give board and lodging. [...] My parents worked forty years in gainful jobs, no problem; but many people have problems (Lina, 64, CM).

This quote points out another implication: the economic inconvenience of regular workers. As indicated earlier, the large majority of our respondents are regular employees or employers. Many employers, however, are aware that when hiring a regular worker you face additional charges, while controls on workers' contract situation are lax and infrequent. Therefore, to make domestic eldercare more convenient while fighting irregularity, they suggest improving the mechanisms for the tax deduction of regularly hired care workers.

Now we can deduce only up to €1500 while the cost for extended care is much higher. [...] The more you need care, the more you pay, and the less you deduce in proportion. This limit has no sense. Moreover, it favors the resort to the 'shadow market' (Anna, 56, CM).

In addition to increased economic support and tax deductions, many employers ask for simplification of the process for obtaining publicly-funded allowances. Many find the procedures for obtaining them opaque and intrusive, like Mario, whose wife is assisted at home.

From personal experience, the process to get the 'Indennità' is difficult. In these cases, one is not well and has to show up in front of three doctors that scrutinize health condition... it's tough, maybe also humiliating (Mario, 76, CM).

In Mario's case, a former manager, the solution is to avoid seeking public help. Similarly, other affluent elderly and care managers decline to seek help out of distrust toward the efficiency and intrusiveness of public authorities.

8.2. Welfare state's stronger role

Although some employers wish to bypass the state, the majority ask for public services to *flank* them. As illustrated earlier, in Italy, eldercare public support has developed mainly via cash transfers; nonetheless, we observe how employers mainly long for in-kind provisions (and better information, as we will see). In this vein, most respondents see financial support useless unless backed up by complementary services to improve eldercare assistance. Many CMs, in particular, bemoan the absence of spaces for those elderly whose loss of autonomy does not dictate their institutionalization but need to partake in activities during the day. In this regard, for example, they request more and better day-care centers where the elderly could engage in a group setting with others with similar needs.

A major problem concerns how my mom passes the day. She cannot stay in front of the TV all the time. [...] One solution is to provide multiplicate places where we can drop around my mom during the day in all safety. [Places] that stimulate her, socialize, without being a rest home (Lina, 64, CM).

Finally, few CMs also call for the provision of services for themselves. As observed, the loss of autonomy is equally a delicate moment for family members. This often entails a change in the relationship between the frail senior

and the CM and turns out to be extremely destabilizing. It is no surprise, thus, that CM would like to receive psychological support as illustrated in the interview excerpt below.

As a family member, you suffer both the burden of the assistance and the emotional stress of observing the decline of the person you've lived with your entire life and shared with the dearest memories. This is deeply disheartening (Cesare, 82, CM).

8.3. The introduction of holistic help-desks

Even before asking for further services and cash transfers, the elderly and family-members request better guidance. In particular, most CMs recognize knowledge as a major need; they need guidance on how to deal with the decline of their frail family member and about benefits and services at their disposal. First, they want to know how to access health and social care services. In Italy, public services and cash transfers are dispersed among different structures, at different levels (Gori 2017). The CMs, in particular, describe accessing care support systems as extremely time-consuming. Second, they want advice about how to select the 'right' CW. Within this framework, as observed in the literature (see, e.g., Ambrosini 2013; Degiuli 2016), Italian families rely mostly on the word-of-mouth sources through informal networks due to the inefficacy of public services. Finally, they would like to know how to manage the labor relationship with the care worker, particularly in bureaucratic terms. Indeed, to regularly hire a care worker means to become an employer, with all the bureaucratic tasks to fulfil, something that many feel ill-equipped to perform given the contractual complexities.

Recently, the Lombardy region has deployed a series of measures that should ideally address these issues; among them, it emerges the introduction of help desks dedicated to helping prospective employers and employees. These support schemes should improve the linkage between CWs who want to disengage from their ethnic network's circuit of labor matching, and future employers who need professional help and guidance. Among our respondents, some workers and employers have utilized help desks. They are generally satisfied, particularly with those help desks which are more 'holistic': those that do not limit the provision of their services to matching between these two figures but 'accompany' their 'users' throughout the entire care

process and try to listen to their needs. In particular, CMs, like the following one, support their diffusion.

My experience is positive. Besides advising you on who to hire, it lent us a helping hand in general. [...] The help-desk clerk did all: he gave us these documents to sign, told us where to go to get support for the pay-check, which allowances we are entitled to (Carlo, 66, CM).

8.4. Policies on qualification and competences' valorization

As observed, domestic eldercare has opened a new sector in the labor market. This sector has been mostly occupied by immigrant women without specific skills; not because skills and abilities are not needed, quite the opposite, in that as documented earlier, they perform multiple, complex and delicate roles. Rather, 'skills' fall victim of employers' inability to assign a professional role to private care work. This is the result of a paradox: albeit often critical of care workers' skills, CMs themselves admit during the research that previous training was not one of their criteria for selecting candidates.

In many cases, CWs interviewees are conscious of the need to get qualifications to correctly perform their tasks. They affirm that specific training would improve their work, in particular with people with special needs. Some also express the desire for a job progression requiring qualification, e.g., from domestic care worker to nurse in nursing homes. Besides, CMs are aware of the importance of training in some cases. Nonetheless, CWs participants point out two main obstacles to their qualification: time and cost. The narratives of the care workers revealed how training programs are time-consuming and often incompatible with their busy schedule (especially for live-in workers).

I've never attended any training because I had no time [...]. If you work 24/24, as I did, you don't have time (Maria, 46, CW).

Moreover, 'qualifying' courses, the ones which allow workers to get a professional diploma, are costly, while employers are not willing to let their workers attend these courses during their shift. Consequently, the majority of our CW respondents are either without any qualification or attended shorter, less qualifying courses. Within this context, one solution suggested by CW respondents is to provide free courses and/or compensate fiscally those employers who allow their workers to take a course during their shift.

This dimension leads us to the important issue of competences' valorization. The valorization of competences includes the recognition of both formal qualifications and 'informal' abilities acquired 'on the job', an important element in a context where the attendance of training is hindered (Pasquinel-li, Rusmini 2013). In particular, for some participants, this recognition entails the creation of a register listing expert CWs, a measure that has been developed in Lombardy but with scarce success.

I wish for a list from which one selects the worker. A list of those workers who are good workers, experienced (Anna, 56, CM).

While public validation and the creation of registers is praiseworthy and necessary, it is not a sufficient condition. The key question is: what happens to those workers who get a qualification? Are employers ready to hire and remunerate these workers? One CW summarizes this issue as follows.

You pay for training, you get a qualification and then you're more expensive because your contract requires a higher pay [...]. Which is the probability you get hired? None, because people seek cheap workers (Elena, 24, CW).

This underscores the fact that the valorization of competences requires a change of employers' cultural paradigms regarding the perception toward care workers: not only replacements of family members but professionals with specific abilities.

9. CONCLUSIONS

Italy has been experiencing increasing population aging rates with limited established facilities for long-term and rehabilitative care. The preferred solution of Italian families to the challenges that these dynamics trigger revolves around the household and draws heavily on (female) immigrants care workers (Ambrosini 2013). Within this context, we looked at three intertwining questions: the disposition toward alternative forms of eldercare; the main issues emerging within the 'migrant-in-the-family' model; and the possibility of revising the eldercare model. This study built on an archive of in-depth interviews within the 'triangle of care', mostly with participants in regular employment relations; this characteristic may have attenuated a 'negative gaze' toward some problematic aspects but also allowed us to identify some critical points.

First, the findings revealed that the elderly home care, via the 'migrant-in-the-family' model, still remains the preferred approach to providing long-term care in Italy. Our findings showed that this model is bedevilled with problems. In particular, care workers somewhat lack visibility and recognition in migration policies and public discourses, albeit being the country's (in)visible 'magic bullet' to long-term care provision, relieving pressures on the country's weak eldercare system. However, we cannot help noticing how home-based eldercare feels more alive than ever. Indeed, with a weak welfare state, lack of (and/or high costs of) formal institutional care facilities, cultural proclivity for home care, and changing role of females in the labor market, immigrant workers have become oft-quoted and looked to as solutions to families with the growing needs for elderly care, including traditional families. Equally, care work is a possible strategic choice for some migrants: through it, they can improve their economic position, develop sentiments of self-actualization, and establish important and 'strategic' interpersonal relations with employers.

In conclusion, the study revealed a clarion call by participants in crafting sustainable, innovative, and action-oriented policies to improve the model. We thus posit four areas emerging from the research that could contribute to improving the care regime in Italy, including better and easier financial assistance to care managers to access health services; increasing the role of the welfare state; introduction of holistic help-desks; and reviewing policies on qualification and its valorization.

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