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**Immigrant Care Workers and the  
Invisible Welfare: Why the Social  
Order Depends on Alien Labour**

I. INTRODUCTION

Elderly care is a fundamental societal challenge in developed countries, as 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 the EU, this challenge is addressed through different arrangements, according to different “welfare regimes” (Esping-Andersen 1999). Italy, and Southern Europe more in general, follows a “welfare regime” in which households maintain a crucial role, in comparison with public policies and markets (Ferrera 2012).

The Italian welfare regime has responded to the challenge of a growing demand for elderly care without changing its main features (i.e., the central role of households and domesticity), but incorporating immigrant women as care workers in domestic settings (Bettio, Simonazzi, Villa 2006). Here a “triangle of care” is established, involving frail old people, relatives as “care managers” and immigrant “careworkers”. As these immigrants at the beginning very often were irregular from a legal point of view, Italian families have played a crucial role in regularization campaigns for unauthorized immigrants (Ambrosini 2016; Bonizzoni 2017). The recent amnesty (2020) confirmed this trend.

2. A “CARE REGIME” STILL CENTERED ON THE PRIVATE HOUSEHOLD

After World War II the expansion of the welfare state in Western Europe absorbed a number of tasks previously devolved to the self-organization of families and community networks: early childhood services, education ser-

vices for children delivered across most of the day, services for people with disabilities, services for home care for older people, and nursing homes. These developments, however, did not follow a uniform trend: studies on welfare regimes illustrate the different combinations of family, state, and market in providing social services (Esping-Andersen 1999). In Scandinavian countries, public services underwent greater expansion, covering a wider range of social demands (“social-democratic welfare system”); in the UK and Ireland, more space was left to the market (“liberal welfare system”). Germany and other countries in Central Europe focused more on corporatist arrangements and cooperation between the state and third-sector organizations (“conservative-corporatist welfare system”: Esping-Andersen 1999). According to several scholars, Southern Europe followed a distinct pattern, with more traditional welfare schemes based on income transfers and the continuing centrality of families as providers of services to individuals (Flaquer 2000; Moreno 2002). Although in recent decades reforms have sought to close the gap with the European partners – mainly in Spain with the reforms enacted to promote gender equality and the participation of women in the labour market – Southern Europe is still considered a distinctive “welfare regime” (Ferrera 2012), often called “Mediterranean welfare regime”.

Even if in most more affluent countries, the family and private households are still seen as the appropriate sites in which frail people should receive the care that they need, in Europe this expectation remains particularly strong in Southern countries, and to some extent also in Central Europe: Germany, Austria and Switzerland. To be more precise, the expectation is that adult women fulfil these tasks. But at the same time, families and women are overburdened for many reasons; they face growing difficulties in coping with such social expectation (Bertani 2013; Bettio, Simonazzi, Villa 2006). Two reasons are of paramount importance: the growing participation of adult women in paid employment; and the increasing number of the elderly to assist (Degiuli 2016). The main solution that households have found, in order to combine the participation of both adults in the labour market and the provision of care in family arrangements, is the hiring of immigrant women as live-in care workers (Triandafyllidou, Marchetti 2015).

Thus, in the past three decades, Italian households have shifted from direct care provision to the management of a care system centred around

the figure of a paid migrant care worker (Bettio, Simonazzi, Villa 2006; Da Roit 2007; Tognetti Bordogna, Ornaghi 2012), like their counterparts in Spain and Greece (León 2010; Lyberaki 2008), and also in Germany (Lutz 2011), in Austria (Weicht 2010), and more recently also in the Netherlands (Bruquetas-Callejo 2019). This solution has enabled numerous adult women, culturally loaded with the burden of caring for fragile members of the family, to combine paid work, care of their family, and looking after elderly parents (Ambrosini, 2015a). I use the term “invisible welfare” to denote this system of elderly assistance operating in parallel with the official welfare system, managed by families and based on the work of migrants, mainly women, and often irregular (Ambrosini 2013; Triandafyllidou 2013).

Unlike traditional domestic services, which are mainly associated with upper-middle social class conditions, aging and the need for assistance involve individuals and families of all social levels (Ambrosini 2013). Thanks to pensions, public allowances and economic aid from their children, also many seniors in weaker economic circumstances are cared for at home by a migrant care worker.

At the opposite end of the social scale, it is noteworthy that even families that could easily afford to place a relative in a good-quality residential facility for seniors, consider it more respectful and loving to keep that relative in his or her own home (see, for a parallel with Germany: Lutz, Palenga-Möllenebeck 2010), hiring a migrant care worker, or even two if necessary. A culture of home-care practices and distrust of institutionalization have found their way also into the conceptions of good elderly care. Needless to say that the Covid-19 pandemic has fuelled this attitude.

But the desire to maintain the elderly in their home environment and to ensure them constantly available personal assistance entails, in many cases, the imposition of a highly restrictive work and life regime on the workers hired to take care of them (Redini, Vianello, Zaccagnini 2020).

To recap, today, in Southern Europe and other parts of the world, millions of seniors depend for their daily lives on the work of immigrants, often undocumented or in questionable or uncertain circumstances. On the other hand, many families depend on immigrants to reconcile their care obligations to elderly relatives with their work, family commitments, and normal social life. A decent life for a large number of Europeans depends on the labour and harsh circumstances of care workers from poorer countries (Bocagni 2016): mostly women, often mothers, often with irregular legal status, and often hired without formal contracts and the attendant rights (Marchetti, Venturini 2014).

### 3. THE “INVISIBLE WELFARE” AND THE TRIANGLE OF CARE

The employment relation around which invisible welfare rotates is a triangular one, involving the three subjects mentioned above. Formally, the employer is the elderly person receiving the care. But besides him/her, a large part of the practical management of the employment relation is undertaken by another family member, usually a daughter; or if not, by a son, a daughter-in-law, or another relative. This is the person that I call ‘care manager’: a person who in the past was involved in providing direct and material care to the old relative, especially if she was an adult woman, and now supplies care by hiring a care worker and giving her instructions on the work to do.

Entrusting care to a person external to the family enables the children to avoid part of the emotional labour of a relationship that reverses the roles of parents and children in many respects.

The switch from the role of caregiver to that of a care manager, however, entails a psychological and organizational recodification of the relationship with the elderly person. It means opening the doors of the home, the intimate space *par excellence*, to a stranger who will live in the home as long as she is needed. This is a difficult decision, which is often taken with hesitancy and apprehension. Consequently of importance are what we may call ‘trust intermediaries’: people or institutions endowed with a moral or professional authority that help with putting the future care manager in contact with the care worker to be hired. For instance, a medical doctor, a religious institution, another family member (Ambrosini, Cominelli 2005).

The highly informal configuration of this care arrangement and the fact that immigrants, particularly female immigrants, are the main providers of labour, concur in the devaluation of the occupation of a domestic care worker. The term *badante* commonly used in Italian to denote the carers for elderly people (for a discussion, see Sarti 2011) is indicative of this devaluation: literally, *badare* means ‘to supervise’ or ‘watch over’. In fifteenth-century Italian, it denoted a minder of livestock. Today, the term has been transposed to the ‘surveillance’ of seniors in need: on the one hand, it belittles the various activities of housekeeping, personal care, and emotional support, that workers actually perform. On the other hand, it emphasizes only one aspect, perceived as the one most critical and necessary: the continuous monitoring of the person being cared for, independently solving simple problems and raising the alarm in the case of more serious crises.

In regard to the work of home carers, many of the employers interviewed by E. Colombo (2007) commented that there were not many things to do, that they did not require much effort, and that they gave the carer a great deal of free time. The work consisted substantially in ‘keeping an eye’ on the elderly person and ‘being present’ in the house for any need that might arise. In fact, however, the tasks performed, although varying from one situation to another, are much more complex and delicate than this. They range among household chores, feeding tasks, cleaning the person, and nursing care (administering medications, giving injections, treating bedsores).

Actually, even though the work is described in such dismissive terms, the expectations of elderly care recipients, care managers, and families as a whole are very different. Family members need someone to perform complex and delicate functions in nurturing, listening, and providing emotional support, not to mention those having to do with bodily hygiene and health care, traditionally undertaken by the same family members – more precisely, by adult women in the family. Families purchase labor, but what they really want is affection: the labour contract, if it exists, prescribes several materials and specific tasks, such as cooking, cleaning the house, bathing the old client. But family members actually require more than that: listening, talking, smiling, filling the empty time of their old relatives (Ambrosini 2015b). Sometimes the care manager complains that the worker, although irreproachable in terms of her professional services, does not give what the mother or the father needs: empathic communication, companionship, and moral support. An ambiguous narrative of “familization” often develops, in which immigrant care workers are presented as quasi-members of the family.

#### 4. CONCLUSION. DOMESTIC CARE WORK, SOCIAL ORDER, POSSIBLE INNOVATIONS

Hiring a domestic care worker can be seen as an extreme way to save the social order: a care regime in which families (but actually adult women) directly take care of the frail members of the household, resisting their entrustment to an external institution. Because families are no longer able to perform their traditional tasks, they hire domestic care workers to extend their capacity for caring in some way without modifying the frame of domesticity as the appropriate site for care to relatives.

This frame explains the resistance against possible new solutions to the aging challenge of Italian society. Beyond the problem of the costs of a nursing home, most families are convinced that caring at home is the best response to the needs of their old relatives. On the other side, the Italian state saves money by letting families privately solve the issue of elderly care, without providing more public services. In Italy, there are about 4,000 nursing homes for the elderly, with 280,000 places, in comparison with 5,400 and 373,000 places in Spain, 10,500 and 720,000 places in France, 12,000 and 876,000 in Germany. In this regard, Italy occupies the third to last position in the OECD classification.<sup>1</sup>

Possible innovations could go in the direction of distinguishing the role of care receiver (and her family members) from that of the employer. Many ambiguities and mistreatments of care workers are due to the overlap between these two roles in the experience of the households involved, given the extreme privatization of assistance to frail old people. In other words, the rationale for social innovation in this field consists in some form of de-privatization of elderly 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, on the condition of the relative personal autonomy of the persons involved. This solution could favour socialization: gathering between the carees, with the assistance of the care worker, and access to external services, to have lunch or take part in social events. Last but not least, this solution could enable significant savings for the employers.

This solution has been promoted by the Italian Association of Householders (Confabitare), and has been trialed in 53 buildings in the city of Bologna, and then in other Italian cities: Torino, Verona, Milano, Firenze, Roma and Messina.<sup>2</sup> But some observers have noted the scant adoption of this solution: it requires the good health of the beneficiaries, an effort of coordination and maybe a responsible of the arrangement, and agreement by the clients to share the care worker.<sup>3</sup>

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<sup>1</sup> <https://www.secondowelfare.it/innovacare/quale-futuro-per-le-residenze-sanitarie-per-la-lungodegenza.html> (accessed on 12 December 2019).

<sup>2</sup> <https://www.confabitare.it/tools/la-badante-di-condominio-compie-cinque-anni-confabitare-soddisfatta-dei-risultati/> (accessed on 12 December 2019).

<sup>3</sup> <https://welforum.it/il-punto/la-badante-non-basta-piu/badante-condominio-attese-e-risultati/> (accessed on 12 December 2019).

Another possible innovation regards a clearer separation between the role of employer and the role of receiver of domestic care. This entails the insertion of a third subject, beyond care workers and clients, as in France (Martin and Le Bihan 2007) and other countries: an agency which hires care workers, manages them, conducts supervision, and provides substitutes when necessary, for example in the case of holidays, sickness or other problems. The old person and his/her family become more clearly clients of the system. They purchase the service from the external agency and change it if they are not satisfied. The care worker lives in her own home and can have a private life. Here the main problem consists in the costs which intermediation by an agency entails: intervention by the state would be necessary, with the relative impact on public finance. Costs to the state, however, would be at least partially off-set by a reduction of informal payments and tax evasion.

A third form of innovation concerns mixed solutions between private homes and institutions: apartments in which small groups of old people can enjoy personal autonomy but can access common services; or they live in independent micro-apartments in a larger structure where they can access several services.<sup>4</sup> One or two care-workers could attend to the needs of the beneficiaries, without the restrictions of domesticity. The difference from the first solution is that, in this case, the old clients leave their homes and go to live together in an apartment with other old people. This solution has been tried in some pilot-projects, but evidence on their results is still inadequate.

The necessity of immigrant labour for Italian (and Southern European) society could not be more evident than in the case of assistance to the elderly: here the beneficiaries are not conventional employers eager for profit, but traditional families with care needs (Ambrosini 2018). The effort to improve the working and living conditions of immigrant workers, however, should not be dismissed.

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<sup>4</sup> See for example: <https://www.dongnocchi.it/@strutture/centro-ronzoni-villa-dongnocchi/servizi/alloggi-protetti> (accessed on 27 February 2020).

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