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Female migrant carers for the elderly in Italy: macro, meso and micro analyses in studying LTC regime

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Abstract

Taking into account the current model of the italian care regime, i.e. *migrant-in-the-family*, as well as the main phenomena that had influenced the development of this regime, interserctionality's theories and methods could be key instruments in analyzing the majority of care workers employed in LTC (i.e. female migrant workers). In fact, their marginalization's traits (gender, migration background and class) are characteristics that both present obstacles and difficulties for these subjects and, at the same time, reveal fundamental aspects of elderly care work in Italy, since these carers have started to create and perfome a new professional ethos. In this regard, it becomes essential to understand what are their strategies of transnational workers and how they interact with other actors (i.e. families, the State, private work agencies, the Third sectors, unions and other individuals of same ethnicity/profession) involved in the perfomance of this ethos. The identification and study of the networks care workers are present into could help to understand why *migrant-in-the-family* model was enstablished, by which dynamics is substained and what kind of consequences all of this could have. To this aim, the present paper presents a research that is articulated on three levels of analyses: macro, micro and meso. Firstly, identifing national and regional policies regarding elderly care work, as well the demand in the labour market, taking into account the specific contexts of analysis, is a preliminary step to frame the organization of the sector; then, for a deeper comprehension, it will be important to gather informations about the actual performance of care workers, including their needs and goals, throughout an intersectional lens. In the end, the recostruction of the networks will be furnish a more complete picture of the strenghts and weaknesses of the sector. With the conclusions, further aims of the research will be presented as well as possible future perspective of the sector.

1. Care work for the elderly: international debate and current challenges

In more recent times, waged care work is gaining attention within the international debate due to the rising phenomena that, even in different forms and grades, are evolving all around the world, and especially in Western countries. Among these phenomena, the most revelant are: the increasing of ageing both as the rising percentange of elderly population and as the higher presence of people over 80 (definied "fourth age"; Pugliese 2011). This per se implicates several political, economic and cultural transformations: on the one hand, work-related policies about health assurances and pensions are directly engaged in garanteeing the achievement of care services; on the other hand, the greater risk of morbidity for the over 80 requires specialized services that due to the crisis of welfare systems, are more and more furnished by private actors. Both these aspects are influencing the current care regime, because of the necessity of flexible (and qualified) carers that could meet the requests of care recipients, developing ever more specific and high competences. Several comparisons (Da Roit, Weicht 2013; Frericks *et al.* 2013; Naldini *et al.* 2016; van Hooren 2012) among countries with different welfare systems and path dependence were conducted in order to identify which policies and measures have been implemented and with which consequences. In particular, the impact of different forms of money tranfers *vs* and services leads to broader considerations about the economic possibilities of citizens that need care, the public resources, the differences – sometimes, discriminations – among the recipients and, moreover, the cultural behaviours that condition these choices. In fact, even though public care services are generally considered more cost-efficient in the long run and that could offer a better quality of care, at the same time are quite expensive for more strict welfare systems and, in many cases, don't allow more personalized care that could better meet the preferences of the recipients. For example, some studies (Rummery, Fine 2012; Glendinning *et*

al. 2000) analyzed how care recipients often prefer to directly employ their carers in order to manage both the tasks perfomed by carers and the relationship with them (and this could lead them to better engage their agency as well), even though this kind of agreement could sometimes expose both recipients and carers to more risks, like abuses and unfair work conditions. Saraceno and Keck (2008) underlined then that the preference between money transfers and services could depend on other social and cultural factor, among which there is the grade of famialization/defamialization of the context under exam (where more familistic welfares tend to privilege the first option, that could be perfome by family itself).

These analyses lead to other two important phenomena that have a strong influence: the first one is the female partecipation to the labour market. Nowadays, there is not a single country where care isn't still performed informally (in the majority of the cases by the relatives of the care recipients, but also by neighbours and members of the community) and, regarding the amount of tasks and time, women continue to be the most entitled to performe it, even in those nations where gender relations are more balanced (EIGE 2022). For this reasons, in many countries some norms were implemented that entitled family members to receive a sort of salary for their work – or some money transfer as an aid. Not all the states considered relatives as eligible and, most in general, where the transfer are loosy regulated is more probable that family utilized them to pay one of their members; this is the case of Italy, with the care allowance (*indennità di accompagnamento*). In any cases, the less availability, respect to the past, of female family members for caring requires if not proper substitutes, at least a competent aid to performe these tasks. And, basing on the current meaning of care, this aid has to respect specific characteristics: the worker has to be flexible, sensible, trustfull, skilled, possibly low-cost. Because, as many authors noticed (Rummery, Fine 2012; Stone 2005; FitzGerald Murphy 2014; Vianello 2022), care is not just a matter of physical tasks, but involves also emotional and relational spheres between the actors, that have to be built together in order to achieve the overall wellbeing of the recipient. The health (physical and mental) of the carer has to be taken under consideration as well, especially because they engage all their competences to adapt properly to the care recipient, while they keep going to perfome care for their own family, even from far distant; also for this reason, Yeates (2004b) and then Murphy have talked about "global care chain" and trasnational care.

The other phenomenon to be taken under consideration are the changes within families. In particular, the passage from a multigenerational model of family to the solo-family (where elderly people often live on their own) involves a new organization of families duties as well a new perspective regarding active ageing. Then, together with the fact that in Italy the institutionalization of eldery people in need of care is very low (with higher percentage in the North than the Centre and the South; Istat 2022), involves also housing policies and how they are implemented. In this regard, it is not surprising that migrant carers, just arrived in the country looking for an employment, could accept to live with the person they care about, with a labour contract of 52 hours per week.

This consideration leads to the last important phenomenon of this analysis, that is the one concerning migration flows. In LTC sector, especially in private sector, migrant workers are a relevant percentage, and in particular in those professions that are lower skilled and with more unfair work conditions, where tasks are havier and there are less possibilities of up-grading, like the one of care assistants (*badanti*). Due to traditional and cultural features connected with care, this profession is mostly perfomed by women, with precise standards, so nowadays it is possible to talk about a "feminization" of migration flows for caring (Calloni, Lutz 2000). Beyond the gender, the fact that LTC work in Italy is perfomed by immigrants is allowed by policies that permit the irregular work of many migrants, who then can be regulate through the tool of sanatories. This kind of instrument could be seen within a broader political approach to migrant work, that is Ranci and Sabatinelli (2015) "institutional inertia". This concept indicates the disposition of the State to please what are the preferences of its citizens, implementing policies that follow and integrate actions that already

manifest in the private sphere; in this regard, the preference of citizens to directly employ their carers is allowed by migration policies. It seems that also migrants workers could prefer this kind of organization, because permit them to firstly find a job that then could be later regulated, after they enstablished; that said, the unfair conditions that come with irregular or "grey" work are a main problem to face. Both the gender factor and migration background are essential in analyzing the current care regime; in fact, this two characteristics together have shaped the current organization of the sector and the relationships between carer and care recipient (and their family) are structured upon the image of carer that is a "female migrant". Starting from this consideration, intersectionality could represent an essential theorical and methodological framework to adopt.

2. The importance of intersectionality as theoritical framework and methodology

Intersectionality studies identities (and their related issues) where at least two features of discrimination are involved; with this it is intended all the characteristics an individual (and groups of individuals with the same characteritics) have for which they systematically – within the broader society (through policies, laws, cultural norms, labour market dynamics, the media and other aspect of society) – encounter difficulties, obstacles and prejudices. Intersectional identities are subjected to false knowledge about their characteristics (g.e., racist believes about a specific ethnicity), to processes of invisibilization and, eventually, can achieve less resources than non-intersectional individuals (Crenshaw 1989). In this regard, author like Crenshaw have studies specific cases (g.e., she has analyzed some trials in the USA) to stress how much the absence of proper instruments that could recognized and interact with intersectional identities could lead to unfair results, showing the biases of the same and increment the discriminations of the group under consideration. In this regard, intersectionality shows its pontential (as many authors debate on) as a theory that intertwines several approaches (Davis 2008) – and it is evident in Crenshaw's studies in law) – or, moreover, as a proper paradigm with a specific set of terms, theoritical inventions, premises and and strategies (Walgenbach 2010, in Lutz 2014). More in general, two considerations are considered important for the present papers, i.e. intersectionality intended as a complex methodology, that includes a general philosophy as well as peculiar instruments for social research (McCall 2005) and Lutz's idea of euristic instrument «[…] particularly helpful in detecting the overlapping and co-costruction of […] strands of inequality» (2001, in Lutz 2014). These, together with the application proposed by Crenshaw, are main inspirations in studying care sector in Italy nowadays, in order to identify the interactions between the different social fields (and actors) involved and to observe a social group whose "class awareness" (or, for better saying, "group awareness) hasn't been verified yet. What is the main point to understand about intersectionality is that intersectional identities are not the sum of more discrimination factors, but the product of these – that, in this sense, are not divisible in its constitutive parts. In the first case, the approach adopted would be the one of multiple discriminations; at the opposite, an intersectional identities is linked to specific outputs that are strictly the result of the interaction between the society and that identity, and they cannot reoccur with other identities. For all these reasons, in utilizing an intersectional approach, it is fundamental from the beginning to collect informations that are gathered from intersectional identities, and not just derived as a second step (Hancock 2007). Even though some author, like Nash (2008), evidenced the possible problematics derived from an excessive particularization of intersectional identities (to the extent of a sort of existentialist lens), intersectional analyses concentrate upon systematic discriminations, studying what are the hystorical evolution and how they were received by society. And, even when there are some characteristics that haven't been studied before (g.e. sexual orientation is a more recent feature than to race, gender and class), this doesn't change the potentiality of research of intersectionality, where these discriminations indeed sistematically exist. In this regard, again

McCall's analysis about categories in intersectionality could be stimulating. The author distinguished three different approches, within a specific spectrum, to these constructions: anti-categorical, intra-categorical and inter-categorical. Focusing on the last two, intra-categorical methology looks at the ways categories are created, highlighting their instability and permeability through the observation of subjects who are on the edge of more categories, who cross these borders and test their solidity. Then, inter-categorical metodology (that is the one priviledge by the author) doesn't discuss categories as they are but studies the relationships between several ones in order to identify inequities and how the configurations of these inquities could change within different dimensions. At this aim, McCall has executed relational multigroups' analysis of groups aggregated on different poli-variables dimensions in order to investigate the nature of systemic inequities and the influence of contexts. Among the final considerations of the author there is a direct critique to (cuurent) intersectionality's methodologies regarding the difficulties to practically employ its concepts. That said, the tension of the author to relativism, to be intended as the focus on the strong influences of contexts, are surely important in order to identify the specific realities of several intersectional groups, but, at the same time, risks to understimate the essential systemic trait of discriminations. What is important to underline, instead, is that intersectional identities stay the same even in more favourable contexts due to the diffusion of dyanimics of marginalization (and this is even more relevant considering globalization). So, about care assistants, who are also transnational workers, what are the main interserctional features (i.e. gendere, migration background and class) are as well the ones that allow to identify common difficulties and characteristics of the group and to lead analysis within broader societies and some of their fields (like the labour market). More useful in this sense could be the attempts to mark additional differences within the same groups, and this is in order to show the multiplicity of experience, not as a reductionism on single individuals, but to contrast invisibilization; in this regard, the context become essential to understand the manifestation of certain problematics – and, moreover, to illustrate what could be possibile solutions – without negating the nature of an intersectional group (or, for better saying, their status as intersectional group). This consideration is well represented by the concept of "translocational positionality" by Floya Anthias (2002).

Highlighted the main concepts of intersectionality, it is important now to understand why this could be an essential instrument in studying female migrant carers. Once it has to be enstablished that they are intersectional identities (because they possess three characteristics of discrimination, i.e. gender, ethnicity and class), then has to be verified how they live a different group experience than, for example, other female carers or migrant carers. Studies about female migrant carers have evidenced that both the gender and ethnicity factors, putting together, condition indeed their strategies in searching for a job, their attitudes on the workplace, their professional dynamics with other carers and the perception of their own figure of carer (what are behavioural features that could be appreciated or not by clients). And, even the negative outputs derived by their identities are conditioned, g.e. the unfair conditions of work and the risk of abuses. Therefore, the meaning of care, within this new regime, seems to change, as well as the interpretation of care as a peculiar service; in this regard, it could be supposed that a raising, new professional ethos of carers for the elderly is been costructing (and modifying) by these carers, as proper agents in the society, beyond the osbtacles that occur. Concerning the idea of a "new professional ethos", what it can be observed is how the instances, deriving (and demanding) from society – and families/employers of care workes in particular –, of an high personalized care, where the familiastic relantioships have to be simulated in order to get alligned with the duties that families themselves feel to have towards their elderly relatives, are intertwined with the necessities and goals of migrant female carers. In fact, these workers are trying to redefine the figure of "carer" engaging several strategies (that are influenced by their intersectional identities and by the way they are received by italian society). First of all, there is the balance between the performance of physical tasks for health issues (like for other sanitary professions) and the

creation of intimate bounds and the managment of emotions (for care workers as substitudes of family's members), that makes the ethos of this profession neither as a "classic" service (that is organized on workplace norms, rigid time schedules, static praxes and processes of detachment between the worker and the client/patient) nor as unwaged care as it is performed by family's members (g.e. utterly flexible, based mostly perceveid duties and sentiments and that, many times, is organized unequally on gender); at the opposite, even with many difficulties and negative outputs due to its instability and unfair work conditions, care assistants are proposing themselves as professionists who are, in many cases, able to learn and then execute health tasks (similar to nurses) and, at the same time, incorporate the relational and emotional spheres in their activities through dialogue with their recipients, fullfilling the labour contract (with its rules) with all those activities (executed in flexible ways) that can achieve the whole wellbeing of recipients (and, even if is still uncomfortable, of workers themselves). Then, there is the interaction between care for the recipients and the one for worker's own family, where the two "kinds" of care are never divided, but at the opposite the experiences from the two contexts, each with different requests, influenced each other and adds complexity to the meaning of care and how it is performed. Lastly, it has to be considered how group's dynamics (of professional's and ethnic's base) are structured and engaged. Even if isolation is an allarming phenomenon regarding care assistants, at the same time the relevance that individuals with same intersectional characteristics have in exchange and co-costructing praxes and in defyning collectively this new figure of carer is high. In fact, even when an immigrant arrives in Italy can find in others care assistants of same/similar assistants alleys in understanding what this profession requires. Moreover, what is the most important point of these dynamics is that the creation of this figure follows the labour market's requests and, at the same time, proposes an alternative that could meet halfway these requests, taking into account care assistant's background and identities. For the same reasons, it is possible to observe how the "ideal" care assistant in Italy is indeed structuring on this creation (that is completely different from (female) family members or health professionists).

At this aim, again, the relational sphere seems to assume a strong role in balancing different preferences, needs and goals, in what could be defined not just a flexible approch to work, but moreover "fluid".

3. *Metodology: macro, micro and meso levels*

About the current research, the first question is: considering the multidimesional nature of care, the transnational character of the same (when is perfomed by migrant carers) and the intersectional characterisitcs of these carers, which are the physical (intended regarding health and safety), emotional and relational needs of carers – and, more of this, are they satisfied by the current care regime? The hypothesis to be verified is if the current organization of the sector, together with the policies of other fields (first of all, the migration ones), put carers in a position where they couldn't easely substain their double role of care workers and care givers for their own family, that could cause high levels of stress and suffering for these workers (exacerbated by the already challenging and hard physical tasks they have to performe). Therefore, the absence of a sufficient wellbeing for carers could influence their personal relationships. In this regard, the second question is to understand which dynamics (engaged by carers) and which actors could improve their situation; in this case, the hypothesis is that recipients, their families and carers' peers, that are the people the carers spend most time with, could have an essential role. At the same time, considering the links between individuals of the same ethnicity and how they could co-construct strong network, where they exchange and share knowledge and praxis, their influence as well as to be considered – and how they could distinguish themselves from other actors, g.e. care recipients' families. Then it is important to verify what are the actors' behaviour and strategies toward carers as workers, that means how they could influence the

choices and possibilities; in this regard, policies, the action of the private market and the Third sector have to be carefully studied. Eventually, the third question is: starting from the consideration that a new professional ethos is indeed rising, it would be important to understand if some forms of group professional awarness is constituting nowadays among carers, in order to comprehend how this know-how is spreading.

In order to verify the hypotheses, the research (that has started on May 2023) will be articulated on three levels of analysis, i.e. macro, micro and meso, conducted with different methodological instruments, In the macro analysis, there will be analyzed the current policies regarding care work, at the national level firstly, and then with a focus on three italian regions; in contextualizing the analysis, the role of the private market and the other actors will be considered as well. The necessity to carry out a micro level analysis derived from the lack of informations regarding carers according to an intersectional lens. This means that in studying care work for the elderly in its whole complexity (i.e. the tasks and duties – even the one that are just perceived as duties – of caring, the relational dynamics with the several actors involved and the emotional needs of carers and recipients and the consequences on their wellbeing), it is essential to analyze what are the experiences of carers as intersectional identities, within the systematic dynamics (as well as the more specific context of action) of discriminations. The results of this analyses are partially derivied by the story-telling of carers themselves, that could let emerge topics and problematics that are not longer considered or known – in the right (and sufficient) space for their expression. For this reason, intersectionality favour in-depth interviews as methods of research. As well in the present study, for micro level analysis this is the main instrument utilized, engaging some tecniques elaborated by several authors. In particular, the interviews led here are based on the ones proposed by Lutz (2014): the starting point for the inteviewers to prepare the interview is to take under control, once they are identified, what could be their own personal believes and biases, in order to eleminate or at least contain as much as possible their influence (during the gathering of informations; obviously their competences have to be engaged to generate interpretations). So, the interviewer has to control the course of the interview, stressing those points that could be interesting for the research's question(s) and to make order on what emerge in the narration, but a more directing interview would risk to ignore what could be essential informations. So, the interview has to be controled by the interviewer, but led by the interviewee. And if impartiality is fundamental for every social reseach, in the case of intersectional interviews this warning assumes a stronger role. A point to underline is that at the opposite of other studies (Vianello 2019; Marchetti 2016), there isn't a selection of the carers basing on their ethnicity: even though there are many evidences for which ethnicity could represent a strong factor of differentation (due to political and economic agreement between Italy and the other countries – that obviously influence migration flows, permits and, eventually, the goals and possibilities of these migrants – as well as, like the previous results of the research show, the perceptions regarding carers basing on their origins (due to racist prejudices), the "intersectional feature" that seems to be the most relevant in this case is the one of "migration background". So, in the attempt to systematize a more general intersectional analysis of the group, that studies the inteaction between the group itself and actors in other fields of society directly and undirectly connected with care sector and its workers. this will be the factor taken under control. In the present research, it was entablished to proceed in the following way: first of all, the sample selected is constituted by LTC carers, females and migrants. The interviewees have been reached through several channels, i.e. social media (in particular, social media groups with a professional base), the snowball tecnique and personal contacts; work agencies could be another way to find out carers, but, at the moment, there hasn't been the possibility yet. The interviews were conducted mostly through telephone, in order to meet the work schedules of the carers and to reach the ones that live far distant, but the possibility of utilizing videocalls and face-to-face meeting are not excluded. Each interview is divided in two parts: firstly, there is a conoscitive

interview, when it is comunicated to the interviewee the contents of the reseach, which are the aims and main questions, to inform about privacy (and ask for the permission) and eventually to explain how the interview will be led. After the interviewee has accepted the terms, some preliminary questions have been posed, about carer's personal data, age, time spent in Italy (and with which frequency), educational level (and, in case of university degree or professional certificate, what are their subject specialization), career (in particular, if the carer have/is working in other sectors), familiar status and which are the main conctats they have at the moment. The last question is directed to identify which actors have to be taken under consideration for the meso level analysis of the network. Then, the second part of the interview, that lasts 1h ca., is oriented upon few questions – deliberatly constructed in order to stimulate the storytelling of the interviewee – focused on some areas, that are related to: contents and organization of work; relationships with the care recipients and their familiy; personal care (of carer, and this is based upon the analysis of Vianello on times, 2022, that includes: caring time, me time and time to look after yourself) and networks. There are then secondary topics within each area. The "contents and organization of work" is constituted by: daily professional tasks; time schedule of work (including breaks – and this is organized on weekly base); identification of more high-skilled tasks (due to health necessities of the care recipient); emotional and relational strategies that are considered functional for the work; recurring problematics; innovative strategies on the workplace. The area of "relantionships with recipients/families" is: quality time spent with the recipients; creation of intimate bounds; setting of boundaries; on-work learning; workplace environment; household management; satisfaction/delusion. "Personal care" area includes: the three times of Vianello (so, the time spent to taking care of themselves (including rest), the one that is more similar of "free time", that could be dedicated to hobbies and social activities, and the one focused on personal health); the time dedicated to learning and career (designed by carer's will and goals); activities for personal expression (especially linked to emotional and psycological balance). Lastly, "networks" area is about: relationship with carer's own family (and its dynamics, especially when the family is far distant); interactions with work agencies; sharing of experiences with other carers; support from peers (friends and/or individuals of same/similar ethnicity); interactions with unions; interactions with public authorities and agencies; interactions with the Third sector. All the previous ones indentify not just the frequencies of interactions, but also the reasons why the relationships are enstablished and with which aims; eventually, here are analyzed levels of satisfaction/delusion as well.

The interviews have started on June 2023 and at the point they count for 20; in this regard, the results are utterly preliminary, but it is already possible to outline some thematic fields of interest.

In the end, with the meso analysis it would attempt to outline the networks around carers, identifying the actor involved firstly, and than the weigh they have as welle as the types of relationships created. The future intent is to make a network analysis (hybrid model by Vargiu 2002). The necessity of a meso analysis starts from several considerations: the hypothesis of a sort of subculture that could condition the work (and life style) of carers basing on their intersectional characteristics; the need to study how praxis are created, exchanged and modified in a group dynamics; the importance to understand how the context influences their choices, possibilities and goals, and which obstacles and difficulties presents; the identification of all those actors that contribute to organized the care regime, for a more comprehensive picture. As theoritical framework, the main contributes that are taken under consideration are the *underworld* of Ambrosini (2013) and some aspect of the concept of *community of pratice*. About the first one, the author explained how immigrants, in order to face the norms of the system they entered into (national laws, labour market requests, cultural habits, other socialization dynamics) and that they have difficulties navigating into, creating hidden networks where knowledge, praxis and aims are exchanged and that proposed themselves as alternative respect to the "surface", i.e. the common social organization of citizens. Doing this, immigrants not just could help each other,

basing on their necessities, but also engage their agency in mantaining their own cultural traits and could rely on the support of individuals with similar experiences. That said, even though Ambrosini have studied care work, the concept of the *underworld* is utilized for immigrants in general, as everyone could have the same experiences – when intersectionality says is not the case. What could be useful instead is trying to understand, within the underworld, what the subgroup of female migrants live, and, in particular for this study, what is the reality of famele migrant carers as an analytical category. Then, the other concept engaged is the one of *community of practice*. Firstly theorized by Lave and Wenger, it is a concept that has passed through multiple modifications; more in general, communities of practice «are groups of people who share concern or a passion for something they do and learn how to do it better as they interact regurarly» (in Wenger 1998). The version of Hodges (1998), that is the one priviledged here, discussed how problematics in participatory activities could influence the perception of the self in the community, at the point to a dis-identification.

4. Macro analysis: policies and market actions in national and regional contexts

Analyzing what are the main policies regarding the sector, currently law September 17th, 2022 "Criteri e modalità di utilizzo delle risorse del Fondo per il sostegno del ruolo di cura e assistenza del caregiver familiare" is the one that is most directly oriented, at the national level, to care for the elderly. It prescribes a bonus for families to spend in employing a regular carer or to substain the work of a family caregiver. This approach is within a broader preference for money transfers than services; in this regard, this measure is linked to *indennità di accompagnamento*, that keeps to be a largely utilized instrument. Then, once it is assumed that families could employ carers from the labour market, it is important to taking into account what are the differences within the national territory, in terms of resources and kinds of available care services. In this regard, in this research will be compared regions Lombardy, Tuscany and Lazio, because they present, for several reason, a peculiar organization of the sector.

Starting from Lombardy, people-in-need of care can achieve two measures, that are named B1 and B2 for disabilities and no-autosuficiency (depending on the level of health need); at the same time, Lombardy present a quite structured private organization of the sector, where work agencies are diffused; similarly to other northern regions. Also the numbers of structures for institutionalization are higher than in the rest of the territory. As DOMINA observed (2022), Lombardy presents a higher number of migrant employers of care than all the other italian regions; the reasons of this situations are to be analyzed yet, but it could be supposed that the higher availabilty of the services could be a factor of influence.

Tuscany is currently the region with higher public expenses for families and elderly (371€ per inhabitant vs 301 at the national level for the first voice, and 121€ vs 92 for the latter; Welfare e Salute in Toscana 2022) as well as its Third Sector is more developed for social and familar assistance; at the same time, another interesting evidence is the attention of the region toward migrants' health, to which health system dedicates a peculiar section of its analysis. That said, the role of districts (*comuni*) in Tuscany is rilevant (also for historical reasons and path dependence) and so there could be important difference among them. Lastly, regarding Lazio, Rome is presenting itself as the main centre in looking for care: here there are more work agencies and the Third Sector seems to be more active. Then, there are precise professional paths that a carer could engage within formation, in order to acquire (and validate) more skilled competences and pass to high-skilled professions, like OSS and OSA.

5. Micro analysis: the female migrant carers

If strictly individual strategies could be observed, as predictable, all the interviewees until now have demonstrated to navigate administratives dynamics, to be informed about the current norms of the sector (even when they are irregulary employeed) and to be able to make plans in the event of a trouble. And their actions are structured basing on previous experiences: they select what could be the best solutions after have tried different ways, in order to choose which way is better suited with their needs, conditions and aims – and the one of the recipient they currently care about.

Sick leave was…I was paid by Italian State, the labour contract, I knew that and she never respected the contract in that house. There were doctors, and nurses, nurses who…the nurses helped me entering the network, they explained me my rights and don't allow her doing [behave like this], she must do it [respect contract's terms]. They knew everything, they supported me, they helped me.

No, no, you have to understand that I, years ago…I've become a different person. I'm stronger, I'm much more self-confident. But I know laws as well, the norms. And my rights, then? Now, some things…I wouldn't do again some things because in Poland I've never work irregularly.

I say, right?, going to check my blood pressure, to the doctor, going to school [for formation courses], if I want to do these things I have to leave my employment? It's priveldge…there is this [job], nothing else. Io say, I'm sorry if I say so, I don't want to seem arrogant, really, but I got a degree in Colombia, there is a legal "stamp", we can say, there are norms that protect me, protect me as person, as worker. Always, always there on the same issue, and I'm sorry, but remember that I'm not your slave and it is not the period of feudalism anymore. Now, we don't live in feudalism, right. We are in democracy, we live in the XXI century, I mean. Bah...

What is emerged until now is that they constantly improve their abilities while they work through multiple channels: interaction with other carers, individual formation (informal, through the observation of praxis of others and getting information from the outside, as well as formal formation; in fact, there are many of them that have or are currently following professional courses, in order to upgrade their profession); interaction with the recipients. In particular, this last strategy is taking a lot into consideration: the daily interaction and exchange between the carer and the recipient, under the forms of direct "teaching" by the latter and as sperimental praxes by the former, are a huge source of learning for them. In particular, it is interesting to observe how, within these processes of learning, not just notions about the specific physical/health needs of the recipients are acquired, but also more general competences that could be employed with other, future or contextual, recipients, g.e. cooking italian food, preferenced cleaning habits, the identification of most common hobbies (which tv programs to watch, which places are priviledge when they go out for a walk, which other attentions are pleased by the recipients, as hair-styling them or read to them).

All these years I've worked with all deseases, all possible ones. I mean: Alzheimer, Parkinson, brain cancers. I had all, nothing left, anything and everything! And with each family, I mean, I've learnt so many things that were all different one from another. I've always been treated well, I've always been fine, with everyone.

[…] And if I don't know how to prepare [a particular dish for lunch], I ask him: "Love, with internet, on Youtube, we see how to make risotto – that is impossibile making it as we do it [we – romanians].

I mean, they [other care assistants] arrive here and not even trying to study. I asked her, I asked her this question: "Can you speak italian?". If you think to come here…there are courses, late at the evening, and they are free, and give you the book to learn every language and italian. But no, they come knowing nothing. "I

want to gain 10€ per hour from the beginning, but you don't even know how to clean, because cleaning is different here there in my country. You clean here and left the dust around…

Another interesting result seems to be the importance that emotions have in garanteeing the best environment in the workplace: especially the creation of intimacy, founded on trust, availability and deep respect, between carer and recipient is considered fundamental both for the whole wellbeing of the recipient and of carers themselves.

And we make lunch patiently. With patience and we keep them company, we talk, even if I don't understand anything of what they say, but it is necessary speaking to them always with kindness and always being there, always feeling good, smiling.

We can understand how they are through gesture and actions. What can I say to them? Caring about the auntie who had the Alzheimer for a short while, then she died. One year and then I've been stayed alone with the uncle, who after 2, 3 years has taken [Alzheimer] as well and dementia. I have understood that this is what I want to do. […] Looking after people in need, looking into their eyes, when you do what they appreciate and they like. I feel…I mean, I feel satisfied, more than satisfied. I feel joy because I have done something good.

Yes, so that's what I'm saying, when a *badante* is lucky to find a family where everyone is "family" [included the care assistant], they say that is right, I pay you so you can take care of one of my darlings, don't I? For me it is important, I want to know you are a good person, honest, right?, but how you have demanded me these things, we need things too, we demand, to make your relative being fine and healthy as well *badante* has to.

Listen, I mean, I am like I am exactly part of their family.

The last consideration presented in the paper at the moment concerns the difficulties in managing times and the negative outputs that this has on carers. Many of them affirm to be constantly stressed and tired and are aware of the fact that this is leading to health issues. More than that, what is emerging from the interviews is that this continuous state of exhaustion is conditioning their choices, worsening their situation. Opting to remain at (recipient's) home during breaks, making calming activies as reading or sleeping, is limiting again their possibilities of socialization, to concentrate on career or simply to take a proper pause from work, and the following perception is that there are not breaks at all. In some cases, the breaks are not even taken: g.e. the two free hours on the afternoon could be utilized to clean the house of the recipient or execute other similar tasks.

I succeed. I made her laughing, and laughing, bursting into laughter again, I like trying…to cheer her up. A person that I see is down in the dumps, right? And I go all to change the situation and…once I had a stroke. At 49 years of age, I've been in two hospitals, both doctors, nobody allow me to walk, everyone told me I won't walk anymore. In life…[…] you need [support] if [recipient's] family doesn't meet you halfway, [family] isn't able to understand that you are a human being too, that you have needs too, once in while a medical consultation or doing something else. I don't know…going to send a package, going grocery shopping in order to send something home for Easter. So, if family doesn't understand you, doesn't meet you halfway…no, it's not possibile, you can't care for yourself.

You are good [at your job], you hurry up, back and forth, doing all on yourself. I'm so tired, to do all these things, at this speed. And I don't eat either. Nobody has my back, I say.

6. Meso analysis: the networks around the carer

At the present point of the research, the actors that seem to have a rilevant role in collaborating with carers – for the frequency of their interactions and/or as resources – are: recipient, recipient's family, carer's family, friends, public authorities as tax assistance centres (CAF), unions and work agencies. Unions seem to be utilized as an instrument to solve problems in the moment they rose; the levels of satisfaction/delusion about them have to be verified, but, more in general, unions as group associations to systematize a professional category seems to be absent – and the relationships between carers and unions are not regular.

I had good experiences with unions, I've never have problems, I mean, I've always fund the way to solve by myself, without turnin to unions. But, if it is necessary, you can [contact unions]. […] Unions are always available. At leats, some of them, others are not so [available], but there are persons, even in unions, that are really valid.

At the opposite, the most frequent and influencing interactions are with the recipient, on the one side, and carer's family, on the other.

In my opinion, the most important [thing], basing on what I think it is, if you really like this kind of job, it is not…how can I say…I mean, you give all yourself, without expecting anything in return. […] Because you are fine if you make this your dream. What they [care recipients] want is that you meet halfway, he [her recipient] wanted to know that I liked our friendship. And he liked to talk alot, so I said me: "I got really comfortable with you", in the sense that we confided in each other. We talked about everything, and he taught me so many things. It was splendid. It was really splendid.

[I have] more moldovan friends, yes, here [in Italy] I have just few, but I have my kids [in Moldova] and I spent most the time with them [recipient and recipient's family] that are like a family for me. […] I keep in touch with them [kids and friends in Moldova], yes. I respect the labour contract and contract says I have 26 days of holiday, right? Of these 26 days, I rather spend them in Moldova, at home. There I meet my relatives, brothers, cousins, I help in the household. All my life is here in Italy, but I'll come back in Moldova.

The, considering one of the first hypothesis elaborated – that female migrant carers (especially of same ethinicity or coming from geographically near countries of origin) could share their concerns and compar their experience as a professional category could actually do – doesn't seem the case: when there are interactions with other carers, it is mostly in order to help them in finding a new occupation – so, the relation is strictly related to work issues (with the exception when other carers are also friends, but, even in that case, the job matters are not engaged and they prefer to talk about different topics). That said, what has emerged through the interviews is that carers experience high levels of isolation: this is partly due to the exhaustion derived from their work, but in general their social life is strongly conditioned by both their heavy work schedules, the health consequences of the these and the geographical distance from their relatives. Even when they can spend time on their own, the claim to prefer spending it alone (at least, the most of the time) and when problems occours, they face them without support.

Finding an occupation like this, it is very important. If a family trusts you, in the future that family will give you good references. [The family] says: "that person that works for the me is very, very good and kind". Then, they ask me if I can find someone trustworthy, because it is not easy to let someone enter your household if you don't know them for so long. That's it, that's how it works.

I helped, yes, I helped lots of women. One, you see, we are friends for 20 years. Once I heard at the bar that was frequenting by Romanians, where I used to go too, I heard that there was a miss who wasn't able to find an occupation, she was keeping on her research and she didn't manage. So, I intervened. The granny I was caring about had a nephew. His grandpa didn't need a *badante* in that period, but I talked to him. I came with her [the miss looking for an occupation], I came with her because I was so desperate for this Romanian *badante*. I convinced them [the old man and his family] to employ her. I said: "just for a while, you can always employ someone else, she's very good, she's a friend of mine. Then, they have been so happy. You see, we still keep in touch with all the family on Facebook, we stayed friends, because they didn't need [a care assistant] that month, they would have wait others 4, 5, 6 months, instead they employed her and they were happy. This woman, even now, when I go in town, I visit her.

Work experience? No, I don't consider that with none. I just give recommendation on someone that I know for many years, that I know is honest, that is good at job and that doesn't steal other occupations, of course.

7. Discussion and conclusions

About macro analysis, the preliminary results regarding policies suggest that it is indeed difficult to talk about an homogeneous national care regime; at the opposite, due to both the local governance of municipalities and regions and the high fragmented labour market, Italy seems to be characterized by multiple care regimes, where the strongest point of communality lies in the scarce offer of servirce and the most prevalent presence of money transfers. That said, families' awareness respect the necessity of high-quality care is partially in contrast with these kind of policies, where the control over the quality of care is fewer; as a consequence, if is true that money transfers allow a) to maintain family's duties as they are culturally perceived and b) to select a personalized (and flexible) care, at the same time the possibilities of families to garantee to their relatives the right care is not easy to verified. In order to execute a coherent analysis, it is important to understand what are the roles of work agencies as well the Third sector (and, within it, the differences between secular and religious one): which kind of carers more frequently looking for agencies for their employment, what agencies looking for in a carer (at the point to understand if there is an "ideal" carer) basing on the contextual requests and how several aspects of work are (types of contract, earnings, safety of the workers, job's opportuinity, as well as possible discriminations). At the same time, considering the strong role that Chatolic Church had in the 80s and 90s of XX as match between migrant carers and employers, it could be interesting to observe what is happening nowadays, with carers coming from different nations and could not share the same religion. That said, in order to answer to the main questions of the current research (and to verify the hypotheses presented) and basing on the preliminary results, the necessity of a macro analysis is confined to its contextual influence: that means that it is essential to understand how different organizations of the sector (and different regimes) interact with care assistants regarding their possibilities and goals and which kind of obstacles these contexts could present to them. In this sense, intersectionality could be utilized on the side of the main subjects of the research (care assistants), observing what are both their requests and answers to specific contexts. Doing so, the focus could stay on the strategies implemented by workers, with a dialogical and innovative approach to policies' and labour market's characteristics (and how care assistants contribute to transform them).

Regarding micro level, from all the interviews result clear that carers fully utilize their agency in their daily life. In this regard, they show to be able to use creativity and innovation, even though not all of them engage forms of resistance when they are subjected to unfair or inefficient responses (in some cases, it seems like they prefer to ignore the situation). Even though the sharing of knowledge among carers in the field, in the end every carer seems to adopt the strategy that most prefer. That said, the influence of the others seems to have a role and a sort of raising common praxises are been structuring.

Then, about professional formation, informal learning seems to be the most engaged and at the same time it is taken a lot under consideration by carers, because in this way they understand what the labour market requires from carers, they try to develop those competences that have to improve/achieve and, eventually, they work to present themselves as the "ideal" carer for the current care regime.

The idea that care is indeed constituted by the three pheres identified by Rummer and Fine is totally clear for carers, at the point that the emotional and relational aspects of care are not considered just useful for work, but essentialy and undeniable. At the same time, when they talk about emotions is always in a perspective of sharing sentiments: it is a bidirectional dynamic where the recipient becomes as important as the carer and it is one of the most important aspect that makes this profession "bearable". This perception is increased by the partial isolation that many carers face (but this would be longer discussed in the next session).

Lastly, about times, similarly to what Vianello has already observed, what carers claim to be a matter of concern is that their free time is insufficient, and not just the one to dedicate to social activities and hobbies, but more of that the one for rest and looking for their own health. In this sense, the strategies implemented are not successful and labour contracts seem not to be protect their safety. Even though breaks are prescribed, the possibility to fully utilize them is not always present and show an allarming problematics regarding the sector organization itself, where workers risks to be deprived by their rights.

Regarding meso level, recipients, on the one hand, and carer's family, on the other, seem fundamental both in more practical needs and emotional/relational ones: through them, carers can organized their life, not just because of the employment, but the support of both families allow them to orient their career and think to long-term personal projects. Then, the intimacy and closeness that carers create with them are the main sources to garantee emotional balance, to face stress and taking care for themselves. Paradoxically, recipients and relatives are, in many cases, as well causes of suffering, anxiety and sense of guilt, and this is due not just because they are, indeed, the persons the carers have to care about, but also because carers feel the necessity to have control on their wellbeing. In the end, these relationships are the most (and most deeply) experienced.

In the end, considering the relationships with other carers (especially of same ethnicity), until now solidarity emerged, but class awareness not. In particular, one of the most important issue corcernes reputation: even though carers try to help each other in finding an occupation, making themselves as warrantors for other carers, in the case where the carer they proposed for a job don't respect the expected standards or behave poorly with recipients, for warrantors that becomes a matter of concern for which they worry about their own occupation – and possibility to be employed again. In this sense, the instability and unsufficient protection of their occupation show all their more negative aspects. So, it would be interesting to analyze which kind of dynamics rise among carers, and in particular the conflict between solidarity vs. competition: in fact, both these tension seems to persist among them. That means that there is not a sort of class awareness yet and the reasons why this is happening have to be carefully studied.

What is the starting point that orient the research is the assumption that female migrant carers are proper agent, i.e. engage their agency in the social context they are into: as Ambrosini as said, looking at immigrants as "victims" or as "villains" are not just discriminatory, but utterly incorrect. That means that, even taking into account the obstacles and difficulties they could encounter, especially as intersectional identities, these actors always operate their agency in an active way. In this regard, the evidence of the rising of a new professional ethos seems valid: on the one hand, carers try to adapt to what are the standards required by the sector in Italy and by recipients' preferences; on the other, they are modifying the nature and performance of care, making it a transnational service based on multiple

interaction with several actors, where the concept of family itself is changing when they become as proper substitutes of (female) relatives in unwaged care. That said, ignoring the role of policies and market dynamics, as well as the aid that could potentially derive by allies as unions, would mean leaving carers in unstable, unfair conditions, when not just the problematics within the sector occur, but also the ones coming from other fields, as gender, housing and migration issues. Therefore, looking at the sector (and broader society, in a sustainable way, it has to be considered that (part of) the care workers of the present will become care recipients of the future; so it is also essential to think about what kind of measure would be implemented at that point to face an additional increment of care demanders.

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