

The Perpetuation of the Migrant-in-the-Family Care Model in Italy

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Abbreviations

ACLI-Colf	Christian Association of Italian Workers – Domestic Workers
EU	European Union
DOMINA	National family-employers’ association
IdA	Attendance allowance (<i>indennità di accompagnamento</i>)
ILO	International Labour Organisation
INPS	Italian Social Security Institute
ISTAT	Italian National Institute of Statistics
LTC	Long-Term Care
MCW	Migrant Care Worker
NHS	National Health Service
OSS	nurse assistant/socio-medical worker (<i>operatore socio-sanitario</i>)
PNRR	Italy’s National Recovery and Resilience Plan

List of Papers

The Papers A, B, and C that comprise this cumulative dissertation are already published in peer-reviewed journals under open-access licenses and therefore do not appear in this printed version. They can be accessed at the websites of the respective journals.

- A) **Seiffarth, Marlene.** 2021. 'Crisis as Catalyst? Romanian Migrant Care Workers in Italian Home-Based Care Arrangements', *Sociológia – Slovak Sociological Review*, Vol. 53 (5), 502-520,
<https://doi.org/10.31577/sociologia.2021.53.5.19>
- B) **Seiffarth, Marlene and Aureli, Giulia.** 2022. 'Social Innovation in Home-Based Eldercare: Strengths and Shortcomings of Integrating Migrant Care Workers into Long-term Care in Tuscany', *Int. J. of Environmental Research & Public Health* (IJERPH), Vol. 19 (17), 10602,
<https://doi.org/10.3390/ijerph191710602>
- C) **Seiffarth, Marlene.** 2022. 'Collective bargaining in domestic work and its contribution to regulation and formalization in Italy', *International Labour Review*, Accepted Author Manuscript,
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Abstract

Italy's population is among the oldest in the world, and while longer lives are a blessing, they increase the likelihood of multi-morbidity and may require longer periods of caretaking. But smaller family units, increased female labour market participation, and extended working lives make it difficult for families to take care of their own dependent relatives in old age. Families in industrialized nations have thus resorted to employing care workers in their own homes, who are mostly women and migrants. Although family caregivers shoulder the bulk of eldercare, home-based eldercare provision by migrant workers has become the second most important pillar of Italy's long-term care system. When migrants replace family members as the main care provider, we speak of the *migrant-in-the-family model*, of which Italy continues to be the main representative due to the longstanding relevance and significant size of the migrant care work sector in the country.

This cumulative dissertation analyses the development of this care model since the 1990s and its implications for regulating working conditions of migrant care workers in Italy who primarily come from Eastern European countries. This analysis uses secondary literature, not publicly available statistics and 30 expert interviews. Previous literature presumed the *migrant-in-the-family model* to be characterized by low levels of institutionalization, high levels of informality, limited representation, and inadequate working conditions. This dissertation contributes to a more nuanced understanding of Italy's migrant care work sector and shows how actions and non-actions of the state, families, and non-governmental actors have perpetuated the *migrant-in-the-family model*, also by producing constant – even if incremental – changes towards more formal employment and better working conditions. While there have been no national-level attempts at reforming the sector, this research demonstrates that regional governments have leeway to bring about change regarding family-employers' behaviours and working conditions for migrants. However, without support and incentives, most families engage in do-it-yourself welfare to arrange this type of home-based eldercare provision via personal recruitment strategies, payment off the books and no registration with social security. The actors who have most effectively intervened in this informal mode of employment are the so-called social partners. Employers' associations and trade unions have institutionalised Italy's domestic work sector: They engage in collective bargaining and provide conducive environments for formalization as they support family-employers and migrant care workers with administrative and legal issues, as well as offering training. Hereby, presumptions of the impossibility of organizing this sector and regulating employment in private households have been revoked by this research. Notwithstanding the social partners' efforts and the resulting improvements, the *migrant-in-the-family model* remains fragile and ultimately unsustainable given its reliance on global inequalities and its reproduction of intersecting inequalities for migrant care workers.

1 Introduction

Italy's population is among the oldest in the world, and while longer lives are a blessing, they increase the likelihood of multi-morbidity and may require longer periods of caretaking. Smaller family units, increased female labour market participation, and extended working lives make it difficult for families to take care of their own dependent relatives in old age. The employment of migrant care workers (MCWs) has become an integral part of how families in Western Europe take care of their older relatives who no longer can take care of themselves. In a context of exacerbated demographic ageing and marginal public care infrastructure, this phenomenon has become one of the main modes of long-term (LTC) provision in Italy. With an estimated total of one million, Italy is the main receiving country of MCWs in Europe.

When the predominantly female MCWs live in the same household with their care-receiver, this type of care is considered '24-hour care' or live-in care. Bettio et al. described the "transition from a 'family' to a 'migrant in the family' model of care" (2006: 272) of Southern European countries in the 1990s and early 2000s where home-based privately organised eldercare has been increasingly provided by migrant workers. While there are differences regarding the hiring process as in direct recruitment and employment by private families or via service providing agencies, working conditions associated with this type of employment converge. The migrant care work sector features high levels of informality, irregularity, and overall precariousness (King-Dejardin 2019; ILO 2021).

The main processes that characterize care labour markets in general are gendered, increasingly marketized and 'migrantized' (Rothgang et al. 2021). Women are overrepresented in almost all sections of the care labour markets. Care labour is often characterized by precarious working conditions, stemming from the de-valuation of reproductive labour (Federici 2012). Marketization is linked to the commodification of care on the one hand, and to an introduction of market-principles and non-public actors in care provision on the other (Ungerson 1997; Auth 2019). Both is true for Italian eldercare: health services have been subject to rationalization and public management reforms, but the "Italian-style peculiarity of the LTC market" is characterized by a care

market where families' spending for privately hired (migrant) care workers is the double of public spending on community care (Ranci and Sabatinelli 2014: 236).

At the onset of the COVID-19 pandemic, Italy's residential care homes became the world's symbol of the severity of the virus and the failure of Italian healthcare. At first, this distracted from the fact that Italian eldercare provision is sustained not through public residential care homes, but through the labour of workers who are mostly directly hired by families, of whom 90% are women, and 75% migrants (2019) (De Luca, Tronchin, and Di Pasquale 2021). Before the pandemic, but even more so after, Italian families with relatives in need of care resort to employing MCWs. This decision is made based on the preference to remain at home rather than being cared for in an institutional setting. Care homes are not perceived as a viable option due to their high costs (Da Roit and Moreno-Fuentes 2019), but since the COVID-19 pandemic also due to fears of contagion and mismanagement in nursing homes.

Throughout the last three decades of research about the phenomenon of migrant workers in home-based care arrangements, Italy has remained the prime example for the *migrant-in-the-family model*. The employment of MCWs in private households is historically rooted and here to stay. The literature attributes the growth of a private market for MCWs mainly to the limited and fragmented public care infrastructure, the expansion of the cash-for-care benefit, and migration amnesties (van Hooren 2012; Da Roit and Le Bihan 2019). However, hiring migrant workers in private households had started already in the 1970s in the country's colonial and religious contexts (Sarti 2008). The phenomenon grew exponentially with increased immigration from Eastern European countries in the 1990s exerting faith-based migration paths and laissez-faire immigration policies in Italy (Sandu 2015). Whereas all these factors help in understanding the emergence and establishment of the *migrant-in-the-family model* in Italy, the literature lacks a perspective on the institutionalization of the model. It is mainly presumed that the migrant care work sector is characterized by low levels of institutionalization, high levels of informality, limited representation, and inadequate working conditions. This dissertation seeks to provide a different perspective by asking the following overarching research question:

How does the migrant-in-the-family care model become institutionalised in Italy, and in what way does the model impact informality and intersecting inequalities of migrant care workers?

In contrast to most existing literature in the field, this dissertation does not focus on the funding of this model by cash-for-care allowances nor on its concrete provision and individual experiences of MCWs. Instead, it looks at how this mode of care provision is regulated and organized by different actors in the field. In Paper A, both Italian as well as transnational families are put centre-stage to investigate their role in shaping the *migrant-in the family model*. It illustrates the overlaps of the gender, care, and migration regimes at national and transnational levels and how they respond to different crises. As the literature continues to testify to a national policy inertia in the field of LTC in Italy, Paper B looks at the regional level of policymaking and interventions into LTC provision in the region of Tuscany. This region has a high concentration of live-in care workers and is therefore a good representative of the model. The absence of national-level policymaking in the regulation of migrant care work has not meant that there are no national-level actors. In fact, Italy has one of the oldest national collective bargaining agreements for the domestic work sector across the world (in which MCWs belong due to being employed by private households), which is why Paper C analyses the role of the national social partners as collective actors in this bargaining process. Trade unions and associations of family employers not only regulate the sector and enable formalization, but also lobby for larger transformations in the sector.

This framework paper starts with some conceptual groundworks and a literature review to find out how the existing literature answers my overarching research question and to identify the research gaps this dissertation addresses (Section 2). This provides the background for the research process and its outputs that will be presented in Section 3. The findings of the three articles of this cumulative dissertation will be discussed regarding their theoretical and empirical contributions to the literature in Section 4, before concluding with a summary and policy recommendations (Section 5).

The manuscripts of the three papers that form this cumulative dissertation can be found in the annex to this document.

2 Conceptual Framework and Literature Review

2.1 Definitions and Background

2.1.1 Long-Term Care, Long-Term Care Systems, and their Italian Configuration

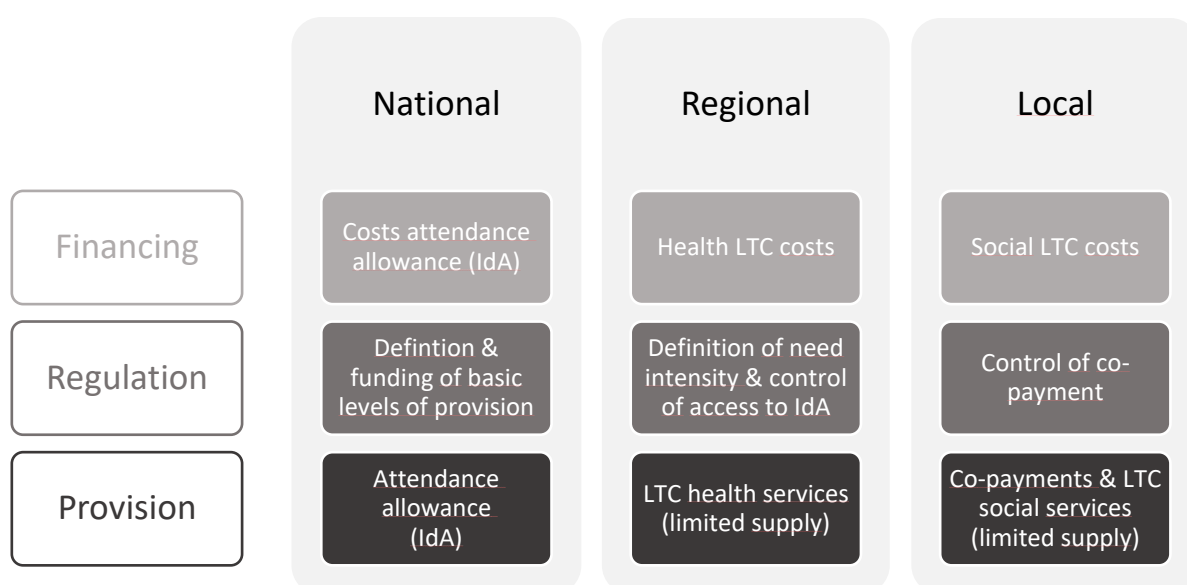
The term long-term care (LTC) refers to “a range of services and assistance provided to care dependent persons who need support with daily living over an extended time period due to physical and/or mental impairments” (de Carvalho and Fischer 2020: 8). In Italy, dependent persons are those considered ‘non-self-sufficient’ (*non-autosufficiente*), which is why the concept of *non-autosufficienza* is used to speak of LTC as defined above. Technically and in reference to financial benefits, non-self-sufficiency equals to a state of 100% disability. This state is determined by a commission “based on a medical assessment of certain deficiencies or illnesses and does not take into account the extent to which assistance or support in everyday life is needed” (Ranci et al. 2019: 555, my translation). In contrast to other countries, there is no gradual classification of disability in Italy (ibid.). LTC is often conflated with eldercare, although it also includes disability care (Brenna and Gitto 2017). In instances when policy instruments are solemnly targeted at the older dependent population or when reference are made to explanatory factors such as demographic ageing, the use of the term eldercare is preferred.

I follow the definition of a LTC system provided by Fischer, Frisina Doetter, and Rothgang (2019) “as the sum of societal arrangements dealing specifically with LTC as an area of social protection” (37). Societal arrangements refer to the three functional dimensions of financing, regulation, and provision that are generally used in welfare studies (Powell 2019; Burau, Theobald, and Blank 2007). Financing concerns public and private funding and insurance schemes; whereby the latter is not particularly widespread (Fischer 2022), public expenditures are constantly contained and ultimately private resources – financial and in the form of unpaid labour – mainly sustain LTC funding. Regulation defines and allocates responsibilities across levels of government and welfare sectors,

whereas provision is the LTC delivery structure and can consist of monetary benefits or services such as community or residential care (Österle and Rothgang 2021).

In Italy, LTC is not a distinct area of social protection, but rather characterized by fragmented arrangements by different areas of social protection, namely healthcare and social services. Hence, Italy classifies as an indistinct LTC system (Fischer, Frisina Doetter, and Rothgang 2021). Elements of the financing, regulation, and provision of LTC are spread across different levels of government (see Figure 1).

Figure 1. Overview of the Italian long-term care system



Source: Adaptation from Arlotti and Aguilar-Hendrickson (2017: 655)

The healthcare component of LTC is funded through the National Health Service (NHS). The universalistic NHS was created in 1978 and is governed at the national level which distributes funds to regions who in turn are responsible for health care delivery. Historically, public LTC provision was basically inexistent up until the 1970s, when residential and community care services were developed by some municipalities (Costa 2013). Up until the 2000s, Italian hospitals used to be quite generous towards older patients, and let them stay longer when family members had limited resources to care (Bettio and Plantenga 2004: 99). But this practice was no longer an option with rationalization and introduction of new public management in the health sector which led to shortages in staff and hospital beds (Di Rosa et al. 2012). Residential services vary with regards to the intensity of care provided for patients. The NHS is responsible for

nursing homes for severely disabled people, but there are also private companies and social cooperatives which run residential homes.

The national level funds the attendance allowance (*indennità di accompagnamento*, IdA) via taxes. This needs-tested cash-for-care benefit had been created for disabled adults in working age and was extended to those above the working age by a court decision in 1988 (Hohnerlein 2018). The take-up rate of the IdA among the over-65s increased from 5% in 1990 to about 13% in 2015 (Gori and Morciano 2019: 543) and was at 11% in 2020 (ISTAT 2020). The numbers of beneficiaries of the IdA doubled from 2000 until 2015, reaching 2.2 million beneficiaries (Hohnerlein 2018: 235), and are at 1.8 million in 2020 (ISTAT 2020). During the 2000s, numbers of beneficiaries grew and so did public expenditures on the IdA, that is why the Italian Social Security Institute (INPS) restricted the definition of eligibility in 2010 and the strong expansion slowed down: Following Law 102/2009 Art. 20, application for the IdA had to be made directly at INPS and not at local health authorities and assessment became more rigorous with the tighter oversight by the INPS via the inclusion of their own doctors in the committees at district instead of regional level (Barbabella et al. 2017: 46). The Italian cash-for-care benefit is the only one across Europe which has no graduation concerning different levels of disability. Consequently, its level of coverage comes at the expense of generosity regarding those with the most severe disabilities (Ranci et al. 2019). The amount of the discretionary care allowance has remained relatively the same over time (incl. inflation adjustment) (2022: 530 Euros per month). Across the country, there is a variety of additional regional and local financial support in the form of vouchers or means-tested care allowances which could fill this gap, but they play a marginal role overall (Barbabella et al. 2017: 35).

Table 1. Long-term care users by sources of public support in Italy (in %)

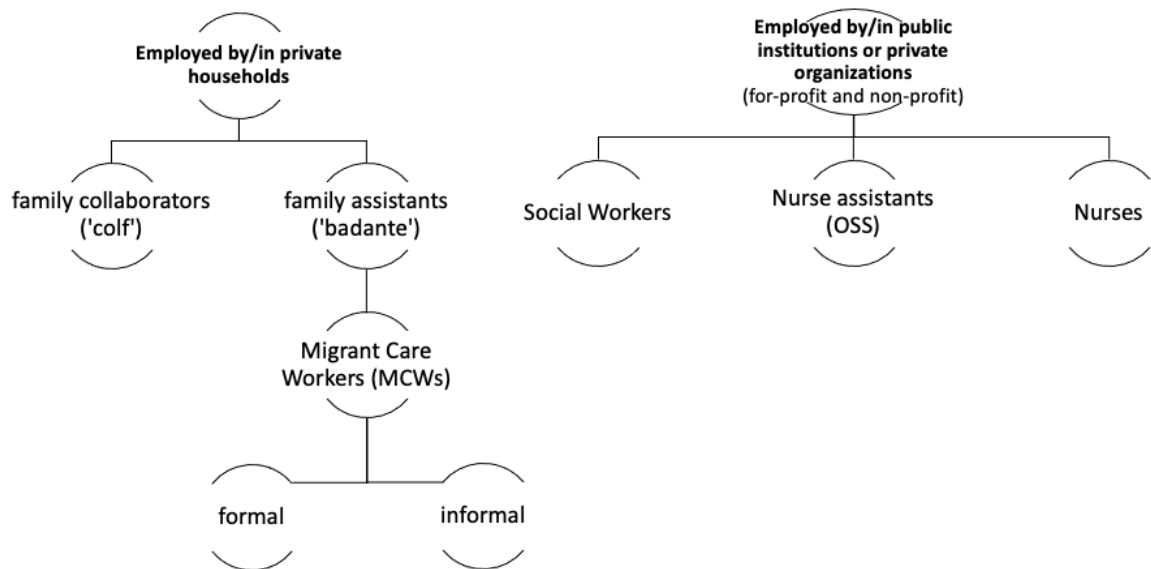
Year	Attendance Allowance (IdA)	Community Care	Residential Care
2000	51	35	14
2010	62	25	13
2015	63	28	9

Source: Gori and Morciano (2019: 545)

2.1.2 Migrant Care Worker

The term migrant care worker (MCW) can be broadly defined as someone who leaves their home country to work in the care work sector of another country. While in other contexts this might include migrant workers employed in public or private institutions like residential care homes or daycare centres, for the Italian context and this dissertation these instances are excluded. Rather, MCW will only apply to migrant workers who are privately hired to work for families in their own homes. MCW is therefore the translation of the widely used Italian term ‘badante’ that describes exactly that situation, although this may also include non-migrant care workers. However, I follow experts in the field who refrain from reproducing this terminology. The term has originally been used for people looking after animals in the agricultural sector (Hohnerlein 2018) and is derived from the verb *badare* meaning ‘to take care’ which arguably de-values the skills needed to care for a dependent older person and obscures the employment relationship. When I started my research, the term *assistente familiare* (family assistant) was the preferred term to use instead of ‘badante’. Therefore, I opted to use ‘family assistant’ whenever I speak of all home-based and privately hired care workers, and MCW when I only refer to those born outside of Italy (denominated as ‘foreign’ in official statistics). I continue with this usage for this framework paper, although, with the Collective Bargaining Agreement for Domestic Work in 2020, the term family assistant became the new all-encompassing term for multifunctional domestic workers (‘colf’ short for *collaboratrice familiare*), babysitters, as well as ‘badante’. Thanks to the efforts of the social partners involved in collective bargaining, ‘family assistant’ is now also a professional title that can be acquired through a training course or upon taking an exam. The bilateral training body Ebincolf is accredited since January 2021 to award the title for this certified professional category. The title is based on the norm UNI 11766/2019, established by the Italian Standardization Agency upon the request of the social partners which aligns with the European Qualifications Framework (De Luca 2020: 39).

Figure 2. Long-term care providers in Italy



Source: Author's own elaboration.

2.1.3 The Formal/Informal Divide

This framework paper does not follow the use of the terms formal/informal as they are used in the LTC literature which uses them to describe LTC provision arrangements. Formal provision is often synonymous with public provision, and consists of services, money, or time-off (Bettio and Plantenga 2004). Informal provision refers to activities by (female) relatives directed towards family members in need. However, a more detailed typology of informal care blurs the lines of this dichotomy. Whereas the solidarity-based and unpaid *informal family care* and *voluntary work* are those traditional associated with informal care, *semi-formal family-based care work* is supported by the welfare state via allowances or paid time-off and *informal care employment* includes the employment of MCWs in private households (Geissler and Pfau-Effinger 2005). Never mind the limitations of this dichotomy, my research considers the regulation of this mode of LTC provision and its outcomes regarding working conditions. Therefore, the formal/informal terms¹ used in labour studies to describe the level of labour protection enjoyed by workers are more fruitful for my analysis. Here, formalization is considered a “process involving incremental steps and

¹ Formal/informal employment and formality/informality are used synonymously.

different dimensions leading towards varying degrees and types of formality' (Chen 2011: 180). Absolute formality would be 'characterized by effective and adequate coverage by social security and labour protection' (ILO 2021: 188). According to Martha Chen (2011) formalization in the case of domestic workers (including MCWs), involves legal recognition, protection as workers, entitlements to rights and benefits of full employment, and regulation and taxation. Informal workers on the other hand, are not registered with social security (main indicator used in the Italian context) and are mostly employed without a contract and receive their wages in cash. Although workers and family-employers might agree to this for short-term benefits, workers lose benefits and protection in the short run, family-employers risk penalties, and ultimately the state loses taxes.

2.2 Conceptual Framework: Migrant Care Models

Feminist scholars criticized Esping-Andersen's (1990) seminal typology of welfare regimes inter alia for his missing concern regarding gender relations underpinning welfare state configurations, lacking consideration for the contribution of paid and unpaid care work to the welfare state mostly performed by women (Lewis 1992; Orloff 1993). Based on these critiques, the comparison of care regimes has become a heuristic tool to analyse converging and diverging characteristics across care economies (Lightman 2020). Within a care system, migrant workers may occupy different roles and the reliance on migrant workers for the provision of care is connected to national configurations of the care, gender, employment, and migration regimes (Lutz and Palenga-Möllnbeck 2011; Williams 2012). A 'policy regime' is the sum not only of policies in a particular domain, but also of its institutions and practices (Williams 2012: 374). The 'migrantization of caregiving' may differ regarding the extent and the form of care migration as a result of the overlap of the policy regimes involved (Rothgang et al. 2021). Two distinct models of migrant care work have emerged from the literature: the *migrant-in-the-market model* and the *migrant-in-the-family model* (Bettio, Simonazzi, and Villa 2006; van Hooren 2012; Da Roit and Weicht 2013).

The *migrant-in-the-market model* describes the employment of migrant workers by public or private care service providers, where care may be home-based, out-patient, or residential. Van Hooren (2012) adapts Esping-Andersen's (1990) welfare regime ideal-types to better capture conditions for women and migrants in the care sector. She finds the *migrant-in-the-market model* to be prevalent in liberal welfare regimes, but not in socio-democratic regimes assuming that universal access and defamilialization of care decrease demand for migrant labour. However, da Roit and Weicht (2013) also include socio-democratic regimes in their version of this model. They call it the *migrant-in-formal-care model* as the employment of migrant workers is prevalent in residential or home care services. Research for the Scandinavian countries with socio-democratic regimes attests to the growing relevance of migrant workers in community and residential care (Rothgang et al. 2021). In general, this model is associated with institutionalized recruitment paths and formal employment. Recruitment for migrant workers may target highly qualified nurses or care assistants with less qualifications (Auth 2017). Migrant workers are often placed in the lower professional categories and working conditions may be characterized by low-wages or unfavourable contractual arrangements (Noack and Storath 2022). This model is common in countries of Western and Northern Europe like the Netherlands, the UK, Sweden, and Norway where migrants are employed in well-developed public or private care sectors (Da Roit and Weicht 2013).

The *migrant-in-the-family model* describes the employment of migrant workers by families or service providers that takes place entirely in the homes of care-receivers. This model is prevalent in familialistic regimes where the bulk of care is shouldered by relatives (or neighbors, friends, volunteers), where relatives are (legally) obliged to care for dependent members of their family, public provision is marginal, and institutionalisation is the last resort. Despite differences in recruitment channels and modes of employment (direct or via agencies), informal employment is widespread. Often, MCWs are 'live-ins' meaning they live in the same household with the persons they are working for. Working conditions are associated with low wages relative to long working hours.

This model is common in Southern European countries, but not limited to those. In Italy and Spain, the model represents a viable strategy for families across classes (Sarti 2010; León 2010; Gallo and Scrinzi 2016), whereas in Portugal, for example, mostly high-income households make use of it (Wall and Nunes 2010). Germany and Austria are also representative of the model, albeit not to the same extent (Da Roit and Weicht 2013). Germany may be classified as a mixed model where migrants are employed to work for families, but also in public care institutions (Rothgang et al. 2021). In Austria, migrants are also present in both spheres but with striking difference regarding working conditions. On the one hand, migrants from Germany are employed in residential and homecare under regular contracts. On the other hand, mainly Slovakian women work for families as so called '24 hour carers' under a self-employment scheme (Schmidt et al. 2015). In the similarly familialistic countries Japan and South Korea, a different variant of the *migrant-in-the-family model* has developed due to a migration regime focussed on marriage migrants. These migrant in-laws, typically women, become care-givers in families, but in Japan also in institutional eldercare (Estévez-Abe and Caponio 2022).

In corporatist welfare regimes, which were not included in van Hooren's (2012) analysis, Lightman (2020) proposes the existence of the *migrant-in-the-middle model*. However, this lacks explanatory value, since it merely describes a different set of working conditions and institutional frameworks for what is ultimately a version of the *migrant-in-the-market model*. Hence, I follow Rothgang et al.'s (2021) analysis of the coexistence of the *migrant-in-the-market* and the *migrant-in-the-family model*. Although the extent may vary, both models may exist in parallel, as migrant workers work for families, and also for service providers or institutions.

2.3 Literature Review

The employment of mostly female migrant workers in private households for eldercare is a phenomenon that has been dealt with from many academic angles for at least three decades. Broadly speaking, authors in the social sciences have looked at it with a view on eldercare and long-term care in relation to social policies and welfare states or with a view on care labour and migration. These two bodies of literature come from diverse disciplines such as gender studies, sociology, human geography, political economy, political science, and social policy. Both find explanations for the emergence and reproduction of the *migrant-in-the-family model* and are the theoretical foundations for this dissertation. This section broadly and deeply reviews the literature by outlining general assumptions about the model, as well as specific theories on its Italian configuration. It ends with an assessment of existing research gaps which this dissertation addresses.

2.3.1 The Long-Term Care and Welfare Angle

The issue of women migrating for home-based eldercare work has been taken up by the literature on welfare states, social policies and LTC due to its growing importance to LTC provision. In comparison to research on other social policies such as pension or healthcare research, LTC research is a much younger field. LTC is considered a 'latecomer' to welfare state studies (Österle and Rothgang 2010). This literature tends to privilege the so-called formal provision (see above); as in the provision that is delivered in residential care homes, day-care centres, and out-patient care services. Although the contribution of migrant care work to LTC provision is widely acknowledged among scholars (Bettio, Simonazzi, and Villa 2006; Simonazzi 2009; van Hooren 2011; Ledoux, Shire, and van Hooren 2021), only more recently has the employment of MCWs been included in conceptualisations of long-term care systems (Fischer, Frisina Doetter, and Rothgang 2021). Moreover, this literature tends to conceive the issue of privately hired MCWs as part of welfare production and social policies that mitigate demographic changes and social risks, and often in its relation to public policymaking. In other words, the migrant care work sector represents but one puzzle piece of eldercare or LTC

provision and is often analysed through a public policy lens (Burau, Theobald, and Blank 2005; Theobald 2011; Da Roit and Weicht 2013). Moreover, this literature often has a quantitative and/or comparative focus, but there is only limited or restricted access to data about this mainly informal sector making it a challenge to include an adequate representation of this phenomenon in these types of studies. Some have expanded the scope of their analyses to encompass the whole spectrum of welfare provision, which in turn allows to capture the “existence of an important grey market of informal caregivers for dependent elderly” (Longo, Notarnicola, and Tasselli 2015: 7) as part of the welfare mix (e.g. Benazha and Lutz 2019).

To some extent, this expansion in scope started through expanding welfare state analyses beyond Northern and Western Europe. Explanations for the origin and emergence of the *migrant-in-the-family model* responded to the seminal work of Esping-Andersen (1990) on comparing welfare states. These discussions addressed the limited geographical and conceptual scope of his clustering of welfare states. A necessary step was to expand clusters to cover Southern European countries. Those were often grouped together in a Mediterranean cluster regarding their similar characteristics on the role of the family (Leibfried 1991; Ferrera 1996; Anttonen and Sipilä 1996). As described above, comparative studies on care regimes responded to feminist critiques of Esping-Andersen. Italy’s care regime is considered a familialistic regime. The literature on familialism describes how the set-up of the Italian welfare system foresees that the care for dependent elderly people is to be taken up by their family members. In Italy, apart from the socio-cultural expectations of intergenerational care, older persons have the right to make their children financially responsible for their own care in old age, meaning that social assistance may not be granted if children’s support is available (Albertini, Kohli, and Vogel 2007). Another indicator of the predominance of familialism is the preference for home-based care, as shown by the EUROFAMCARE study with family caregiver’s reluctance to place their care-receivers in a nursing home (Lamura, Döhner, and Kofahl 2008: 138). In Italy, the result of this preference are an estimated 3.3 million family members who take care of their dependent older relatives on an unpaid basis (Barbabella et al. 2018). Intergenerational caring responsibilities are borne mostly by female family members. These women are usually the ones of the so-called ‘sandwich generation’ (between 40 and 60 years old),

who are faced with the needs of their own adult children, their grandchildren, and their ageing parents. It becomes difficult for these mid-life women to remain in the labour market or to fully participate in it (Naldini, Pavolini, and Solera 2016). Pressures on this sandwich-generation are heightened in times of economic crisis when their participation in the labour market becomes even more crucial for the family income. Also, the pension reforms of the last decades have extended working lives² and thus decreased family capacities to care.

Over the last decades, there have been extensive academic discussions on the different types of familialism (inter alia Leitner 2003, 2014; Saraceno 2016). The degree of familialism may also vary depending on the policy field (e.g. childcare or eldercare). Many of the discussions around familialism have either solely focused on childcare policies or have limitedly or insufficiently included LTC policies (Saraceno and Keck 2010). In an attempt to revise the existing literature and with a focus on LTC, Le Bihan, Da Roit and Sopadzhyan (2019) have developed a new typology with a longitudinal perspective, in which the Italian system has moved from 'unsupported familialism' of the 1990s, to 'optional familialism through the market' after the 1990s. This shift is marked by a continued focus on the families' responsibility to care, though with some possibilities to externalize care tasks, which are created via marketised in-kind services (as opposed to public/subsidised in-kind services) and financial benefits or paid time-off for family-caregivers. Other countries like Germany or Austria, which have also moved to 'optional familialism through the market', have done so via concrete policy interventions. However, in Italy, this shift is not the outcome of policy design but rather an unintended consequence of policymaking and lack thereof: Several authors have called what has been happening in Italian LTC as some form of 'inertia', either at policy or institutional level, in the absence of any significant national reforms for the past twenty years (Ranci and Pavolini 2008; Costa 2013; Theobald and Luppi 2018; Da Roit and Moreno-Fuentes 2019).

² As of 1 January 2019, retirement ages are at 66 years and 7 months for men and at 65 years and 7 months for women, according to the Decree 5/December 2017, <https://www.gazzettaufficiale.it/eli/id/2017/12/12/17A08386/sg>.

One striking unintentional element of Italian LTC is the growth of the cash-for-care benefit, the attendance allowance (IdA). The IdA has been considered a driving factor of the migrantization of paid informal care work (Ranci and Sabatinelli 2014). First, because the predominance of cash-for-care has led to a ‘crowding-out’ of in-kind LTC services which in turn leaves families with limited options with regards to outsourcing care for their dependent relatives (Di Rosa et al. 2012). Second, because there is no restrictions on what to spend the benefit on after it has been granted, families may privately hire the help they need (Ungerson 2004; Lyon and Glucksmann 2008). According to Le Bihan, Da Roit and Sopadzhian (2019), the IdA is no longer an addition to the family income but supports the purchase of low-paid care (2019: 590), which mostly means that this type of care is provided by migrants.

2.3.2 The Transnational Care Migration Angle

Whereas the literature on welfare, social policies and LTC has included the issue of migrant care work incrementally, the literature on transnational care migration basically has the phenomenon as such as its starting point. This body of literature is more rooted in sociology with a focus on social inequalities and most scholars in this field have a background in gender or migration studies. The first researched care migration corridors were those of Mexican nannies in the United States (Hondagneu-Sotelo 2001), as well as Filipina domestic workers in the United States and Italy (Parreñas 2001). Scholars consider the globalized, gendered, feminized, migrantized, and racialized nature of this phenomenon. The seminal works on the racial division of reproductive labour (Glenn 1992), international division of reproductive labour (Parreñas 2000), and global care chains (Ehrenreich and Hochschild 2003; Yeates 2004) have explained this phenomenon with intersecting inequalities of gender, race, class, or citizenship status. In this line of research, authors focus on illustrating exploitative working conditions, as well as on experiences of migration, transnational motherhood, and transnational families (Hondagneu-Sotelo and Avila 2006; Lutz 2008; Anderson 2000).

The literature from this angle mainly attests how the *migrant-in-the-family model* reproduces social inequalities based on gender, race, class, or migration status across

borders wherever it is in place (Andall 2000). This has multiple and complex reasons. One of the most crucial reasons is the under- and de-valuation of care work, as an activity that was and still is mostly provided by female family members at no cost to the family or the state (Federici 2012; Lutz 2011). When care work is outsourced and paid for, it is usually still women who are employed and often with low salaries as the activities involved are deemed to require few skills and come 'natural' to women anyways (Kofman and Raghuram 2015). When women migrate for care work, they suffer discrimination based on class and/or race and ethnicity and are more vulnerable to exploitation when they are undocumented migrants (Ambrosini 2015; Lutz 2011), while retaining agency (Shinozaki 2015; Marchetti, Cherubini, and Garofalo Geymonat 2021). Therefore, the employment of migrant care workers reproduces and reinforces existing social inequalities. Ultimately it leaves gender inequalities within employer-families intact (Näre 2013; Anderson 2000). However, it may shift gender equalities in workers' families and has empowering potential. But it also creates complex power imbalances within households and across borders, as some receive while others provide care (Andall 2000; Parreñas 2001). Employers of domestic workers may not perceive themselves as employers since domestic and care work is an undervalued activity which is attributed to an innate female quality to 'care, cook, and clean' and women's 'labour of love' provided for the family without pay (Ehrenreich and Hochschild 2003). Claims of employers of domestic workers being 'family members' further obscure the underlying power imbalances and inequalities that structure this employment relationship (Anderson 2000). Whereas the focus in the 1990s and early 2000s was mainly on women who migrate to become domestic workers in charge of cooking, cleaning and childcare, there was a growing acknowledgement of the dimension of 'care' in these professions (Gottfried and Chun 2018). To some extent this is due to the growing element of eldercare within transnational care migration.

The explanations regarding familialistic welfare and its consequences in LTC (policy inertia, limited public investment, and cash-for-care focus) alone cannot fully explain why so many Italian households employ migrant care workers. Another important strand of literature and research focusses on the impact of the Italian migration regime in connection with the labour market regime. For Italy, some socio-economic, political,

and cultural factors need to be considered. Historically, domestic service used to be a feature and a status symbol of the (urban) upper-class, provided by internal migrants from poorer regions (Sarti 2008). Through post-war economic growth, this option became available to the middle-classes (Campani 2000). During the 1970s, African, Asian and Latin American women came to Italy as domestic workers for cleaning, cooking and childcare through colonial links and ties with the Catholic Church (Parreñas 2001; Andall 2000; Marchetti 2014). Employing ‘foreigners’ in one’s private home thus became normal and accepted as a viable option. Filipina and Peruvian women are said to be among the first of these international migrants who went beyond the domestic chores and engaged in eldercare, and they were soon followed increasingly by Eastern Europeans who entered this sector (Bettio, Simonazzi, and Villa 2006).

Like other Southern European countries, Italy moved from being a country of emigration to one of immigration later than Northern countries. When the country was confronted with the need for immigration control, it did so on more ad-hoc basis and its borders were thus perceived as more permeable than others in the Schengen area (King and Zontini 2000).

Throughout the 2000s, Italy engaged in ex-post regularisation campaigns, which were increasingly targeted at domestic and care workers (Bettio, Simonazzi, and Villa 2006). The numbers of those workers who were regularly employed increased significantly after each regularisation, in 2002, 2009, and 2012 respectively, but the majority continues to be employed in the informal market (Da Roit and Le Bihan 2019). The regularisations were only available to those migrants already living and working in the country, but the recurrence of those measures possibly contributed to Italy’s image as a country of opportunities for legal residence.

Apart from possible explanations for the emergence of the *migrant-in-the-family model*, the literature on and from Italy on migrant domestic workers and MCWs has focused on migrant’s experiences (Boccagni and Ambrosini 2012; Verbal 2010), migrants’ networks (Marchetti 2016), migrants’ agency (Ambrosini 2015; Stefanelli 2014), their working conditions (Colombo 2007; Degiuli 2007), or the employer-employee relationship (Näre 2013). Different nationalities of migrant domestic workers and MCWs have been the focus of academic studies, such as Ethiopian and Eritrean (Andall 2000; Marchetti 2014),

Filipina (Parreñas 2001), Peruvian (Skornia 2014), Eastern European migrant workers (Vlase 2006; Piperno 2007; Marchetti 2013, 2016; Cingolani 2016; Solari 2017; Cojocaru 2020). This literature highlights domestic and sex work as entry points for migrants into the labour market, the exploitation of migrant workers in the domestic work sector due to harsh working conditions and power asymmetries with their employers, the heightened vulnerability of undocumented migrants and victims of trafficking, as well as the overall informality of the migrant care work sector.

2.4 Research Gaps

The previous sections illustrated that there is already a rich body of literature on the *migrant-in-the-family model* from different angles. However, the literature has certain limitations and gaps which this dissertation seeks to address. Considering the *migrant-in-the-family model* as one configuration of welfare, we can use the dimensions that are applied to welfare systems: provision, financing, and regulation (Powell 2019). In my view, the literature has privileged the first two and neglected the latter. Within this model, the dimension of provision – as in “the actual act of caring” (Fischer, Frisina Doetter, and Rothgang 2021) – has been especially prominent as numerous authors have analysed migrant workers’ living and working conditions and shared their stories of transnational caregiving. This literature often stresses the precariousness and hardships of this type of employment. Moreover, especially the LTC policy literature, has focussed a lot on the financing dimension of the *migrant-in-the-family model*, as the many publications on cash-for-care illustrate. For Italy, this is definitely an important factor, since more than half of public expenditure for LTC is spent on the care allowance IdA (Ranci and Sabatinelli 2014). However, the main data basis for these analyses are numbers of IdA beneficiaries and because beneficiaries do not have to disclose what they are spending the allowance on, it is not possible to draw links to employment of MCW that may be financed with this allowance (Da Roit and Moreno-Fuentes 2019). Despite these limitations of the previous literature, it has covered two important dimensions of the *migrant-in-the-family model*. The dimension of regulation, however, has received less scholarly attention so far. The previous literature rather often cements

the assumption that the migrant care work sector is highly precarious and informal, as well as characterized by low levels of institutionalization. Little is known of how informality is tackled, and which institutions and actors actively shape the sector and in turn the Italian configuration of the *migrant-in-the-family model*. Whereas in the welfare state and LTC literature the dimension of regulation is often associated with the state (Koop and Lodge 2017), its scope as an “intervention in the behaviour or activities of individual and/or corporate actors” (ibid., 97) allows for a comprehensive conceptualisation inclusive of non-state actors as well, as proposed by Fischer et al. (2021).

Another gap in the existing literature concerns the lack of analysis of regional policymaking in regulating the migrant care work sector. The care migration literature is characterised by case studies of local or regional scope, but there is often no link made between specific regional interventions and the migrant care work market. The welfare state and LTC literature often features comparative studies which tend to neglect regional differences. And the specific literature on Italian LTC focusses on regional differences with regards to public LTC elements (Barbabella et al. 2017), but has tended to neglect migrant care work even though it one of the most important pillars of LTC.

Filling these gaps may not only further academic discussions, but it is also of high importance for activists and policymakers alike in Italy and beyond to learn about strategies to regulate and tackle the working conditions of privately hired care workers.

3 Dissertation Overview

This section provides an overview of this cumulative dissertation and outlines the research aims and questions, as well as the research process, design, and methodology. I construe my use of an actor-centred approach to the *migrant-in-the-family model*. I then summarize the individual papers and presents their findings, as well as their contributions to the respective fields of research.

3.1 Research Aim and Questions

Following from the gaps and limitations of previous research, this study aims at understanding the role of sub-national and non-state actors in the field to regulate the migrant care work sector and ultimately to reduce its shortcomings concerning working conditions of MCWs. This objective is addressed by answering the following overarching research question:

How does the migrant-in-the-family care model become institutionalised in Italy, and in what way does the model impact informality and intersecting inequalities of migrant care workers?

This overarching question is addressed by all three papers of this cumulative dissertation and their respective research objectives and questions (see Table 3 and 4). Whereas this section provides an overview of these three papers, including their individual contributions, I will discuss their answers to the overarching question in the following Section 4.

Table 2. Overview of research questions per paper

Paper A	<i>What dynamics have been at play regarding transnational care migration between Italy and Romania? What are the consequences for countries of destination and origin of migrant care workers?</i>
Paper B	<i>In which ways is the region of Tuscany using social innovation to respond to challenges in long-term care provision and to incorporate unregulated migrant care workers into its policies?</i>
Paper C	<i>How has collective bargaining developed in Italy's domestic work sector? And how does collective bargaining with its organized social partners contribute to the regulation and formalization of domestic work?</i>

3.2 Research Process, Design, and Methodology

This research was based in the research project “Transnational Service Provision in Long-Term Care between Western and Eastern Europe” led by Prof. Dr. Karin Gottschall and Prof. Dr. Heinz Rothgang at the University of Bremen, who also supervised this dissertation, alongside my third supervisor Dr. Giovanni Lamura (INRCA). My fellow project members oversaw case studies on migrant care workers in Poland (Dr. Anna Safuta), Germany (Kristin Noack), and Sweden (Greta-Marleen Storath), besides this case study on Italy. All research carried out in the project was conducted using similar methods; retrieving and analysing statistical information, as well as expert interviews (mainly policymakers, academics, other professionals, and also migrant care workers). The project had a coordinated process on data protection and for obtaining informed consent. The regular discussions on the individual case studies as well as on comparative aspects informed the publications of this dissertation. The discussions for and the writing of the following articles have also informed this dissertation:

- **Rothgang, Heinz, Karin Gottschall, Anna Safuta, Kristin Noack, Marlene Seiffarth, and Greta-Marleen Storath.** 2021. 'Migrantization of long-term care provision in Europe. A comparative analysis of Germany, Italy, Sweden, and Poland', *SOCIUM SFB 1342 Working Papers*.

- **Seiffarth, Marlene.** 2022. 'Potenziale für „gute Arbeit“ im Privathaushalt? Regulierung und Interessenvertretung migrantischer Pflegekräfte in Italien', *WSJ Mitteilungen*, 75: 386-93.

The COVID-19 pandemic had a massive impact upon this research project and its design had to be adapted to the changed circumstances. Originally, it had been planned to conduct most interviews in person during one longer field visit to Italy in March 2020. These plans had to be amended due to travel restrictions and health concerns, and with the continuous prolongations of lockdown and restrictions, the in-person strategy was ultimately abandoned, and the research design was adapted to an online strategy. This had an impact on the kind of experts that were eligible for interviews, which had to be both easily detectable via online research tools and receptive to talking to a researcher from a German university. Building a personal network and trust among potential interviewees is crucial for any qualitative researcher. Yet, the conditions for this to occur were not in my favour as an outsider to the Italian domestic and care work sector who was unable to build in-person connections in pandemic times. Moreover, staff directly or indirectly involved in the provision of long-term care were under additional strain and found themselves in an emergency situation due to the pandemic. Out of respect for their limited resources, I thus refrained from including the perspective of these types of experts. Alternatively, I recruited interviewees whom I could detect via online searches and then asked them for other important experts in their respective fields. For Paper A, additional interviews were conducted during the very first months of the pandemic and not all potential experts responded to my invitation. The interviewees for Paper C were recruited based on their public signature of the collective bargaining agreement of 8 September 2020 and since the whole bargaining process had taken place online in the previous months, all experts were receptive and routine to being interviewed online. Experts for Paper B were recruited with a snowball technique, starting with identified experts of the regional project *Pronto Badante* which had some information of involved staff available publicly online. Upon analysis of the first interviews, I realized that my recruitment strategy produced a bias towards experts closely linked to the project and I decided to expand the pool of interviewees to include civil society actors from the region of Tuscany whom we identified through online research of local organizations. The aim was to gain perspectives from outside the regional administration and its project and

recalibrate a possible bias. This strategy proved to be successful, and these rapid interviews provided fruitful insights to better evaluate the region's project and policies.

3.2.1 Data Collection

Resulting from the research design and process, a total of 32 experts were interviewed and 29 of these interviews were used as material for analysis (see Annex D). Moreover, not publicly available statistical data was obtained from the INPS (see Section 3.4.1.). Whereas seven explorative interviews were held in person during my three-week stay at INRCA in Ancona, Italy, all other interviews took place online using videoconferencing tools. All interviewees received a personalized formal letter of invitation and guidelines on data protection and informed consent prior to the interview. Upon request, I also provided a bullet-point list of topics that would be covered in the interview. All interviewees signed the informed consent forms and sent them to me electronically after the interview. The level of my Italian did not allow me to speak entirely off a topic guide, which is why I formulated questions and sub-questions in advance. However, the interviews were semi-structured and therefore included mainly open-end questions, and my intervention in case the interviewees were wondering too far off topic (Leech 2002).

Expert interviews are a type of qualitative interview that seeks to reconstruct specialist knowledge (Pfadenhauer 2009). For my research, the experts I identified had access to somewhat exclusive information; either by virtue of years-long experience and resulting overview of the field that I was unable to acquire in a short amount of time or because they were part of processes that are not publicly shared or documented. Although I did as much background research possible prior to each interview and thus became a 'quasi-expert' (ibid.), I was often not attributed with this status because of outsider position in the Italian field and lack of full fluency in Italian. This had the advantage that the experts did not presuppose knowledge of certain aspects and gave in-depth explanations. On the flipside, at times I was under the impression that some aspects were omitted or not covered comprehensively, since possibly deemed too complicated for an outsider to understand. Whereas this situation is rather common in expert interviewing, accessing the field "through a zoom lens" had not been but has become the only viable option for many social scientists with the COVID-19 pandemic (Howlett 2022). Building the

necessary trust and rapport with the interviewee (Leech 2002) would have been much easier offline, but I made sure to always start with some small talk and a quick introduction of myself and my research project to simulate an in-person encounter and make the interviewee feel comfortable enough to share their knowledge and thoughts freely. My experience is mirrored in Howlett's (2022) findings that attest to the fact that online interviews decrease the formality of the situation and in turn lead to less restricted conversations and possibly more depth, also because people forget that they are being recorded since they do not see the device in front of them. Overall, and despite some challenges, the expert interviews conducted in these trying times yielded valuable material for analysis.

3.2.2 Data Analysis

Analysis of the collected material took place after data collection for each of the papers. The interview transcripts were analysed using the software MaxQDA and manually. The transcripts were analysed in their original in Italian and in part translated into English using the online software DeepL (www.deepl.com). I translated the respective text passages per paragraph and pasted them into the document that I coded; in that way I could always refer to the original version in order to minimise mistranslations. For colloquial terms or proverbs used by interviewees, I consulted our project's Italian-native speaking student assistant.

I followed qualitative content-analysis techniques and used a mix of mainly deductive and some inductive coding strategies (Kuckartz 2014; Schreier 2014). I started each analysis project (per paper) with a list of deductive codes that derived from the literature and my research questions which helped me organize the material. Whatever content emerged from the material that did not fit these deductive codes, I created new codes which I then grouped thematically. I proceeded to map out themes across codes and their relationships between each other manually, and deepened analysis during the writing process.

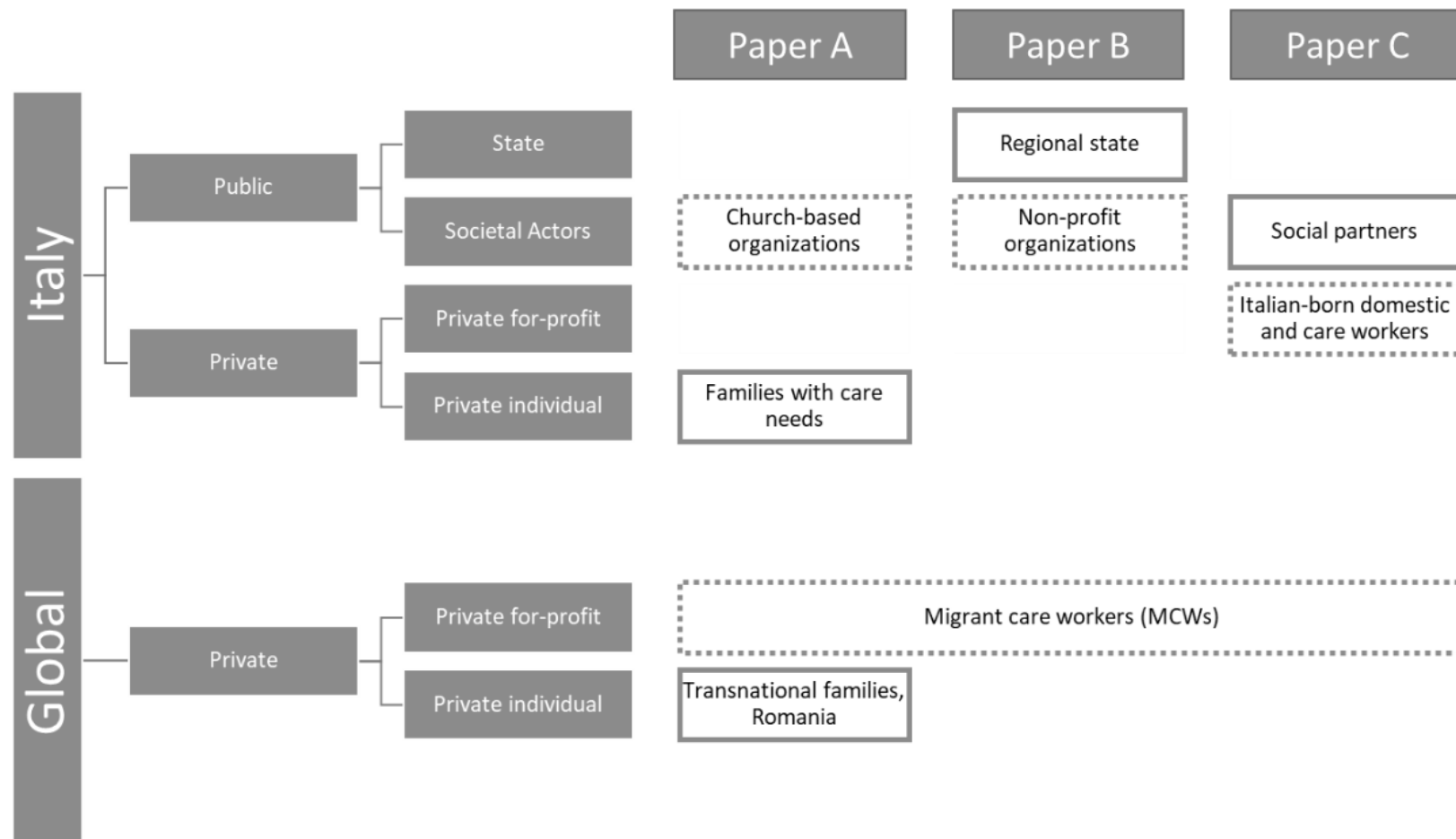
3.3 Actor-Centred Approach

As Section 2 demonstrated, the different models of migrant care each are the result of the interaction and intersection of policy regimes (Lutz and Palenga-Möllenberg 2010; Williams 2012). Whereas a regime focus is of great value for comparative studies, the analysis of national configurations of these models may benefit from also considering actors. The respective migrant care models represent a particular constellation of actors who are responsible for the model's emergence and maintenance. I apply the actor-centred approach for LTC system actors as proposed by Fischer, Frisina Doetter, and Rothgang (2021) to the case of the Italian *migrant-in-the-family model*. Whereas Fischer et al. have identified these types of actors as a tool for internationally comparing LTC systems, I have adopted their overview to match the actors who shape the Italian *migrant-in-the-family model* as one pillar of the Italian (indistinct) LTC system. Considering a general policy inertia in the field of LTC in the country (see Section 2.3), sub-national state actors and non-state actors become especially relevant. A focus solely on policy regimes may conceal the actions of the important contribution of individual and collective actors who reproduce a certain care arrangement (Geissler and Pfau-Effinger 2005). Centring actors is even more important when analysing the regulation of the *migrant-in-the-family model*, as is the goal of this dissertation.

Figure 1 presents an overview of the actors that I analyse throughout my three papers, using the categories of actors presented by Fischer et al. (2021). In contrast to Fischer et al., I have not included the global public actors (e.g. international organisations, foreign charities) since they have not come up neither in the literature, nor in my research, as having an impact upon the *migrant-in-the-family model*. However, this does not exclude the possibility of such an impact and point to possible explorative avenues for research (see also Section 4.3.). The private global actors on the other hand are prominent in my research. The private for-profit actors in this case are the migrant care workers who make the *migrant-in-the-family model* possible. Although they are at the heart of this study, I have focused my analysis on the actors that enable or shape their employment: The transnational families these workers form part of, the Italian families that they are employed by, as well as the regional policies and the collective bargaining

partners which regulate and organize their work and support their employers. Societal actors are also involved in this arrangement. The Catholic Church and its welfare organisations helped recruit the first migrant workers for private households abroad, facilitate channels for matching demand and supply in Italy, and organise workers and employers of these workers. In Tuscany, non-profit organisations such as social cooperatives are involved as intermediaries between public providers and the migrant care work market. This all helps to further conceptualise the way in which this dissertation seeks to address the research gaps as outlined above.

Figure 3. Overview of actors



Source: Adaption of overview of LTC actors by Fischer, Frisina Doetter, and Rothgang (2021: 41)

3.4 Summary of Individual Papers and their Contributions

Table 3. Overview of papers

	Paper A	Paper B	Paper C
Title	Crisis as Catalyst? Romanian Migrant Care Workers in Italian Home-Based Care Arrangements	Social Innovation in Home-Based Eldercare: Strengths and Shortcomings of Integrating Migrant Care Workers into Long-Term Care in Tuscany	Collective bargaining in domestic work and its contribution to regulation and formalization in Italy
Main findings	The emergence and expansion of the market for migrant care work is linked to a series of crises in the country of destination (Italy) and the country of origin of the largest group of migrant care workers (Romania). Adjustment of employment relations occurred especially during the 2008 global financial crisis and the COVID-19 pandemic.	The Tuscan project <i>Pronto Badante</i> answers to urgent needs of innovating home-based eldercare. Although the project provides important possibilities regarding the incorporation, formalization, and professionalisation of migrant care workers, significant shortcomings prevent it from being fully impactful and sustainable.	Collective bargaining in domestic work regulates the sector in the absence of reforms of national law. Social partners' activities with regards to administrative support and professional training provide a conducive environment for formalization of the sector. Challenges persist regarding unequal treatment and inadequate representation.
Data and Methods	Customized INPS data – descriptive statistical analysis; Expert interviews (9) – content analysis using MaxQDA	Expert interviews (13) – content analysis using MaxQDA	Expert interviews (8) – content analysis using MaxQDA
Author(s)	Marlene Seiffarth	Marlene Seiffarth and Giulia Aureli	Marlene Seiffarth
Publication status	Published in 2021 in <i>Sociológia - Slovak Sociological Review</i> , Vol. 53 (5), 502-520, doi.org/10.31577/sociologia.2021.53.5.19	Published in 2022 in <i>Int. J. of Environmental Research & Public Health</i> (IJERPH), Vol. 19 (17), 10602, doi.org/10.3390/ijerph191710602	Accepted Author Manuscript published in 2022 in <i>International Labour Review</i> (ILR). https://doi.org/10.1111/ilr.12382

3.4.1 Paper A: Crisis as Catalyst? Romanian Migrant Care Workers in Italian Home-Based Care Arrangements

This paper describes and explains the expansion of the transnational care migration nexus between Romania and Italy since the 1990s. Across Europe, Italy hosts the largest population of MCWs, 72% of which come from Eastern Europe. The analysis of unpublished statistical data by the INPS reveals Romanians as the largest group among Eastern European MCWs (45%). Using a mixed-methods research design featuring statistical data, secondary literature and expert interviews, this paper unravels the dynamics of employment of Eastern European MCWs in Italy throughout the last 30 years. These dynamics are the result of complex intersections of care, employment, and migration policy regimes. However, a more nuanced analysis of available data is possible through disaggregation of existing data, and results in questioning previous assumptions on the role of migration policy in shaping the case of transnational care migration in Italy. The paper contributes to the literature by connecting several crises in Romania as the country of origin and Italy as the country of destination of MCWs. Results suggest that these crises act as catalysts for transformations especially at the micro-level of families at both ends: those who employ MCWs and the transnational families who make this type of care provision possible.

Background

Transnational care migration is not a new phenomenon in Italy. On the contrary, the employment of international migrant workers in private households as domestic workers and care workers began already in the 1960s (Andall 2000; Sarti 2010). The literature makes two main assumptions about the expansion of the migrant care work sector in Italy: first, unconditional cash-for-care benefits enable families to employ MCWs and thus spur demand; and second, amnesties targeted at care and domestic workers attract migrant workers and thus spur supply. When it comes to the case of Romanian MCWs, the second assumption does not hold after Romania's European Union (EU) membership. Another resulting assumption is the increase of Romanian emigration with the country's entry into the EU in 2007, but details about the care sector remain under-researched. Even with a growing presence of Romanian women employed

in Italian households for eldercare during the 2000s, the literature seldomly focusses on this case of care migration with a view on Italy as a whole and the overlapping policy regimes involved (except Sekulová and Rogoz 2018). Existing studies centre on the situation of Romanian migrants in general (Anghel 2013; Cingolani 2016), and those that focus on care work do so in case studies of individual regions (Piperno 2007; Verbal 2010).

Research Aim, Questions, and Methods

The aim of this first paper is to describe the origins of the *migrant-in-the-family model* and to explain its stabilisation over time with a focus on migration and employment regimes. Romania had been chosen as one country of origin of migrant care workers in Western Europe, due to the predominant presence of Romanian migrants in Italy. The research questions for this paper focus on the dynamics of this case of transnational care migration:

- *What dynamics have been at play regarding transnational care migration between Italy and Romania?*
- *What are the consequences for countries of destination and origin of migrant care workers?*

Before getting to answering these questions, however, the case itself had to be better described. This was because general migration data and several qualitative studies suggested the prominence of Romanian women in the private care work market in Italy (Piperno 2007; Degiuli 2007), but no detailed data was publicly available to support these observations. The research thus started with a request to the INPS that collects data on the Italian domestic work sector since 1998 and has a dedicated statistical observatory for this sector since 2004. The online database of the Observatory on Domestic Workers exists since 2012 and makes available the annual and quarterly statistics on domestic and care workers registered with INPS via their employers. This data is based on an employer's paper or online communications with INPS and the employer's payment of contributions to the INPS. Domestic workers who have received social security contributions at least once in the respective year are counted in the

annual data which is used for this paper. Via the online INPS database, figures are available for the last ten years prior to the current one, disaggregated by, for example, type of work (domestic workers or care workers/family assistants), gender, region and province of employment, as well as region of origin of the workers. Disaggregation by nationalities of domestic and care workers is not publicly available online. So, when it comes to countries of origin of migrant workers, the disaggregation stopped at world regions level, e.g. “Eastern Europe”. Hence, further disaggregation was requested, and the obtained data covers five countries of origin (Romania, Ukraine, Poland, Moldavia, Albania) which represent 95% of all Eastern-European-born domestic workers according to the INPS data officer responsible for this request. The time period spans over twelve years; to account for the situation before the Global Financial Crisis of 2008, the data series starts 2006 and it ends in 2018, the latest year available at the time of the request. To complement these official statistics and the secondary literature, nine interviews with academic and civic experts from Italy and Romania were held. In the first in-person interview round in Spring 2019, the interviews were of a more explorative nature and thus covered the research questions in a more general way. With the INPS data at hand, five online interviews were held in Spring 2020, confronting experts with the statistical data and getting their analysis of it. This multi-step process turned out to be very fruitful in terms of mixing quantitative and qualitative data collection and analysis.

Findings and Contributions

There are several important findings and contributions that result from this paper. For the first time, a detailed time-series of data on the most important countries of origins from Eastern Europe is published and available to the international scientific community. The data confirms that Romanian MCWs represent the biggest group among Eastern European MCWs (45%), (followed by Ukrainian, Moldovan, Polish, and Albanian MCWs) and among all MCWs (33 %) in 2018 (INPS 2019). More importantly even, the disaggregated data by domestic and care workers reveals the expansion of the private care work market after a low point in 2008 and the simultaneous decrease of the number of domestic workers. Since 2012, there are more registered Romanian care workers than domestic workers (the same is true for Ukrainian and Moldovan care workers). The disaggregation of the data to the country and employment type level

allows for a more nuanced and informative analysis. Regarding Romanian workers, it reveals that the global financial crisis of 2008 resulted in a drop in numbers of care workers, but a significant peak of domestic workers. In this time of economic shock, it was not new hires but a change in employment status that provoked this peak. Families registered their workers as domestic workers, for whom they must pay fewer benefits and lower wages. Over the course of the years following the financial crisis, and Romania being an EU-member state, the numbers of domestic workers steadily dropped while those of care workers increased. This points to a shift in priorities amongst Italian families who were still faced with the aftermath of the crisis: They opted to register care workers and pay social security contributions, as these workers were indispensable and were paid mostly by the care-receivers' pensions. Domestic workers were deemed less necessary and if hired, they were mostly paid off the books, i.e. employed informally.

Another important finding regards the actors involved as a result of the configuration of policy regimes, especially in their overlapping when it comes to the *migrant-in-the-family model*. Interestingly, all policy regimes involved were almost void of actual policymaking. The (long-term) care regime showed no real reforms or interventions at national level, and its cash-for-care focus shifted the responsibility to families. In the onset of Eastern European immigration, the Italian migration policy regime had a *laissez-faire* approach in its essence and Italy's borders were more permeable than other Schengen borders. Subsequent migration policies were not proactive but rather reactive and focussed on ex-post amnesties. In turn, Eastern European families increasingly included Italy as a destination country of their migration projects. However, the case of Romanian care workers in Italy is different from other migrants from Eastern Europe as the Romania-Italy migration corridor did not start to exist because of care migration and it did not start as a feminized migration path. It is important to note that historical migration path from Italy to Romania, significant Italian business investment in Romania, and support from the Catholic Church influenced the scale of this migration corridor. In the 1990s, immigration of Romanians to Italy can be characterized as a family migration; men arrived first to work in construction and upon witnessing the increasing demand for care work, they recruited female relatives to also move to Italy for work. In turn,

female migrants outnumbered male migrants over the course of the 2000s, and even when they migrated alone, they could rely on already established networks.

All these configurations provided for micro-level and do-it-yourself (DIY) solutions and reveal how families become decisive actors in the expansion of the *migrant-in-the-family model*. Both Italian families who privately hire MCWs as well as Romanian families who become transnational families via their migration projects are left to their own devices in the face of these policy voids. Both types of families engage in and adjust the resulting employment relationships and have their gains and losses from it. Through the combination of statistical data and the expert interviews, the paper demonstrates how the emergence and expansion of the market for migrant care work, and therefore the *migrant-in-the-family model*, is linked to a series of crises in the country of destination (Italy) and the country of origin of the largest group of migrant care workers (Romania).

The latest crisis to affect this case of transnational care migration is the COVID-19 pandemic. This paper was published in a timely fashion and thus contributes to the first analyses of the impact of this crisis that highlighted the fragility of the *migrant-in-the-family model*. MCWs workers left suddenly before border closures due to lockdown and had to sacrifice their holidays to quarantine when they wanted to go back to Italy. They were let go in event of death of the care-receiver or due to fears of contagion, and live-ins workers simultaneously lost their income and their shelter. Or family members left care workers alone with the care-receiver which intensified isolation, as well as physical and psychological burdens. Nevertheless, the strict lockdowns and controls on the street by the police resulted in higher numbers of registrations of care workers in fears of penalties and fees for irregular employment.

3.4.2 Paper B: Social Innovation in Home-Based Eldercare: Strengths and Shortcomings of Integrating Migrant Care Workers into Long-Term Care in Tuscany

This paper analyses the role of regional policymaking in shaping the migrant care work sector. Regions and municipalities become crucial actors in a context of institutional inertia at national level, and the fragmentation of health and social assistance which only they can address as they are responsible for the delivery of services. Moreover, regions are faced with permanent austerity and little public investment in care and must make the existing infrastructure work. This study uses a social innovation framework for a systematic evaluation of a regional policy intervention in Tuscany. Thirteen experts from within and outside the Tuscan project *Pronto Badante* were interviewed to evaluate the project's contribution to tackle challenges in the eldercare sector. This project is one-of-a-kind across Italy, as it addresses the work of MCWs who are usually not targeted by other regional interventions. The project establishes case management at the home of the care-receiver, uses an existing voucher to provide ad-hoc care in an emergency. It does so by using a multi-stakeholder network and creating new collaborations between the public and the Third sector, therefore overcoming the common silo mentality. However, its social innovative qualities and success are limited in scope due to lack of financial resources. This paper enriches the literature on social innovation in LTC and its case study design provides for an in-depth analysis seldom found in previous literature.

Background

Considering the absence of national policies that address MCWs, the second paper aims at exploring how the *migrant-in-the-family model* is organized and regulated at the regional level of governance. Long-term care provision is the responsibility of regions through healthcare and social assistance. Great divergence exists regarding this provision, especially the publicly funded elements of LTC (Barbabella et al. 2017). Italian LTC is a multilevel governance arrangement characterised by 'vicious layering' as the shortcomings of decentralization are pronounced rather than its benefits, leading to inefficiencies and inequalities (Arlotti and Aguilar-Hendrickson 2017). Public services are thus incapable of absorbing the increasing demand for eldercare, let alone address the

growing grey market of migrant care work. Plus, in the context of permanent austerity, the capacity for social innovation is limited. This is why many regions have funded their local activities using EU programmes, which since the late 2000s foster projects linked to social innovation, ageing, and LTC (Maino and Razetti 2019). Especially the Northern and Central regions seem to be active regarding securing these funding opportunities for interventions in LTC (Pelliccia and Guarna 2021). However, many of these innovative projects focus on problems of public LTC provision (such as day care centres and homecare services) or gaps in LTC governance, at the expense of eldercare provided in the family, either by family caregivers or migrant care workers. And this despite their crucial role in ‘ageing in place’, another prominent concept in EU strategies. The often precarious and informal employment of migrant care workers call for innovative solutions since it represents a compensation for insufficient public homecare and the ever-decreasing capacities of family caregivers in the context of exacerbated demographic ageing.

Research Aim, Questions, and Methods

When migrant care workers are live-ins, i.e. cohabit with the care-receivers, the migrant-in-the-family model is arguably in its most original form. Regional data presented by DOMINA showed that the region of Tuscany had the highest share of live-ins among all domestic workers in 2019; their share was at 56 % compared to the national average of 31% (De Luca, Tronchin, and Di Pasquale 2020). Ninety-four percent of these live-in workers were migrants. Moreover, Tuscany has one of the oldest populations across Italy and the share of people aged 75 and above is at 14% compared to the national average of 11%. Another reason for choosing the region of Tuscany was the mentioning of several public interventions in LTC (Pelliccia and Guarna 2021), as well as the only project in Italy that actively seeks to address the migrant care work sector called *Pronto Badante* (Pasquinelli and Rusmini 2021). Consequently, the paper responds to the following research question:

- *In which ways is the region of Tuscany using social innovation to respond to challenges in long-term care provision and to incorporate unregulated migrant care workers into its policies?*

The paper is a case study of Tuscany which represents an extreme case, since it is not representative of the country, but has potential to highlight possibilities of policymaking in the LTC sector, including the migrant care work sector. In times of travel restrictions linked to the COVID-19 pandemic, a single case was also a reasonable research strategy, as experts had to be identifiable from afar and reachable through videoconferencing.

Findings and Contributions

This paper offers important findings. The main one is the mere possibility of overcoming the silo mentality common in LTC through a regional policy intervention. The silo mentality is created by the set-up of the Italian LTC arrangement, since LTC is located in both healthcare and social assistance and therefore delivered by several institutions who often co-exist rather than co-operate. The Tuscan project *Pronto Badante* is set up in a way that tackles this common fragmentation and isolation of actors in this field. The target audience are older people who suddenly become dependent but can no longer stay in public facilities. The project utilises the capacities of a regional organization who runs the hospital emergency hotlines to also run the hotline for the project. Upon calling this toll-free number, older people over the age of 65 who find themselves in an emergency to find care receive a home-visit within 48 hours. The case workers who visit the homes are social workers employed by local social cooperatives, so yet another existing structure is utilised. The Third Sector acts as the bridging element between the public sector and the home-based care work sector. Before, public institutions perceived these Third Sector actors as competition, whereas in this project both sides can play on their strengths and create new links through co-operation and collaboration. Synergies are also created when the case workers recommend families to find and employ care workers through trade unions or employers' associations. When these referrals are made, formal employment seems more likely as these social partners lift families' administrative burdens to comply with existing standards. However, trade unions seem to be at an advantage according to our (limited) research regarding this link.

This connects to another finding which concerns the incorporation of MCWs. Although *Pronto Badante* is possibly the only project across Italy to attempt at addressing the

migrant care work sector via their intervention, the outcomes regarding the formalization of this sector cannot be measured and are minimal at best. We must acknowledge that formalization is but an implicit goal of this intervention. For the family with urgent care needs to receive such care, the project uses an existing INPS voucher which covers 30 hours of care work. Despite this very limited amount, the voucher can only be redeemed for a formally contracted worker. By using this voucher scheme, the project aims at formal employment, and this is exceptional since interventions of this kind in other regions do not make formality a precondition for their funding. Nevertheless, the project's potential to tackle this challenge is wasted. The case worker enquires the needs of the care-receiver in their own home and is on site to train the care worker if necessary. But the case worker is not involved in arguable the most crucial steps to ensure formalization: they do not help with recruitment, and they do not check upon the employment status of the worker who gets hired via the voucher after the (quick) expiry date of said voucher. The conditionality of the voucher is a good start, but further efforts would be needed to hold employers accountable. This includes intervening in the personal recruiting networks, otherwise people tend to follow the pattern of recruitment via word-of-mouth and private networks which often result in informal employment. More effective strategies to prevent that from happening would be follow-up meetings by case workers, or follow-up benefits and other financial or fiscal incentives to make formal employment attractive in the long run.

Using the social innovation framework as a tool for the systematic evaluation of this project yielded an informative analysis of its strengths and shortcomings. This detailed account of such a social policy intervention in LTC may be helpful to policymakers from Tuscany, other Italian regions, and beyond.

3.4.3 Paper C: Collective bargaining in domestic work and its contribution to regulation and formalization in Italy

This paper analyses the contributions of collective bargaining to the regulation and formalization of the domestic work sector in Italy. Despite its rare occurrence across the world, collective bargaining agreements have been negotiated between social partners in Italy since 1974. This paper enriches the small body of literature on this specific case and contributes to wider discussions of regulation of domestic work and representation of marginalised segments of the labour markets, especially those featuring migrant and/or informal work. This qualitative study is based on expert interviews conducted right after the conclusion of the 10th collective bargaining agreement of September 2020 with representatives of all signatory parties. The analysis reveals the historical roots of the inclusion of domestic workers into this classical instrument of industrial relations and its contemporary impact on regulating working conditions. Moreover, it sheds light on how the now well-established organizations of the social partners address the widespread informality in the sector. Both the trade unions representing domestic workers as well as the associations representing employers of domestic workers make substantial contributions to formalization via their services and bilateral institutions. They facilitate formal employment relationships by assisting both workers and families with contracts, payroll, or legal questions. Bilaterally, they have institutionalised professional training and a specialized health fund. Migrant workers benefit from these institutions just as much as Italian-born workers, which makes the Italian case valuable to industrial actors and policymakers of other countries faced with regulatory challenges in domestic work. Despite these positive outcomes, the analysis of the Italian case shows ongoing differential treatment of domestic workers and limitations of regulation via collective bargaining.

Background

In Italy, MCWs privately hired by families form part of the paid domestic work sector. Although there is legislation governing this sector via special law no. 38 of 1958, it does not provide adequate protection and thus collective bargaining agreements that exists since 1974 effectively regulate the sector. The existence of collective bargaining in domestic work is extremely rare, and only a handful of countries have similar

mechanisms, such as Belgium and France. Domestic work is often deemed an 'unorganizable' sector. Domestic work takes place behind closed doors and domestic workers usually work without colleagues. Due to this isolated and individualized nature of the employment relationship, domestic workers are a difficult target groups for trade union organizers. To further complicate matters, domestic workers often find themselves at the intersection of being women and migrants. Domestic work is a feminized, undervalued sector which often has some of the lowest wages. For live-in workers, hourly wages are well below minimum wages because of their extensive working hours. However, for live-out workers, wages might be low since they cannot generate enough working hours, even when working for multiple households (see ILO 2021). In many countries and in Italy too, the domestic work sector is not only a primarily female labour market, but it also becomes a niche for migrant workers, both internal and international. Especially for international migrants, the sector is an entry point to other segments of the labour market due to its ease of access and informal structures. For migrants with residence permits, even more so for those without permits, they might not easily find their way to trade unions until they master the language of the country of destination or run into serious problems with their employers and get to referred to union structures via personal networks. Fear of deportation prevents irregular migrants from seeking out help and services in the country of destination. All these challenges provide for an environment for limited organization of workers. However, and in contrast to other sectors with similar shares of migrants and informal labour, such as agriculture, the employer side is usually equally weakly organized in domestic work. Despite these limitations, both workers and employers are organized in Italy, and negotiate a collective agreement for the whole sector since 1974.

Research Aim, Questions, and Methods

The aim of the third paper of this dissertation is understanding the contribution of the system of industrial relations – in particular collective bargaining – to regulate and organize the *migrant-in-the-family model* and discussing the potentials for tackling informality as one of the main challenges of the model. The focus of analysis is the employment regime of the domestic work sector as a whole. However, this very much includes migrant workers, since they represent 69% of this sector (De Luca, Tronchin,

and Di Pasquale 2021). Considering the scarcity of literature on collective bargaining in Italy's domestic work sector, the paper answers the following research questions:

- *How has collective bargaining developed in Italy's domestic work sector?*
- *How does collective bargaining with its organized social partners contribute to the regulation and formalization of domestic work?*

These questions guided the empirical strategy for this paper, which is informed by Italian literature on the topic as well as by interviewing experts in the field. Expert interviews were deemed necessary in the context of limited scholarly and grey sources. Information on the bargaining parties rarely went beyond the organizations' self-representation via their online presence. And whereas literature on the workers' side mainly focussed on historical accounts and analyses (Andall 2000, 2004; Busi 2020), the employers' side is so far limited to accounts from within their own ranks (Pogliano 2019; De Luca 2020). At the time of my interviews, the more holistic analysis of the by De Vita and Corasaniti (2021) had not been published yet, but it turned out that our experts mostly overlapped, as well as our analyses (see below). The interviews were thus necessary to gain an 'inside view' of the history and processes of collective bargaining in domestic work, information that has not been shared publicly and remains within the institution due to its often-political character. For Paper A, I had already interviewed two experts which were important to collective bargaining. One was the former general secretary of ACLI-Colf, an association which was central to early organizing of domestic workers but had ultimately not formed a trade union. For this paper, I also interviewed their current general secretary for a somewhat outside perspective to the bargaining process that nevertheless is an important stakeholder in the domestic work sector. The second expert I had previously interviewed was the president of the main family employers' association, whom I contacted prior to reaching out to all signatory parties of the latest collective bargaining process. I was transparent about this prior connection in my invitation emails to the other five bargaining parties, in order to prevent perceived bias and ultimately to gain trust among this group of experts. Reaching out to all signatory parties at the same time and at a time when the negotiations were still fresh on everyone's minds proved to be a successful strategy. All signatory partners agreed to be

interviewed and appreciated the fact that I was inclusive of all perspectives. The interviews took place one after the other, which makes the material very consistent across all interviews. I interviewed all experts via videoconferencing tools in their native language Italian and had the interviews transcribed by a native speaker to provide for the most accurate transcription and get their interpretation of some colloquial terms and expressions to avoid misinterpretation.

Findings and Contributions

The main finding of this paper is the significant contribution of collective bargaining to the regulation and organisation of domestic work in Italy. It demonstrates how regulation can happen in the arena of industrial relations in the absence of national policies and outdated legislation. For almost half a century, collective bargaining agreements have created irrevocable standards for the domestic work sector, such as minimum wages, maximum working hours, paid rest and leave periods. These standards are better than those provided by the still valid special law no. 38 of 1958. Regarding the organisation of the sector, three main developments stand out. First, domestic workers started organising in the second half of the 20th century when most of them were internal migrants, whereas they are less activist today (see also Marchetti, Cherubini, and Garofalo Geymonat 2021). In collective bargaining they are represented by one domestic workers union and three trade union federations that all have their best interest at heart but do not have migrant domestic workers amongst their ranks. Second, the representation of employers on the other hand has continuously grown and has become well organised. The association DOMINA with their own research institute producing annual reports demonstrate commitment to actively shape the sector. Third, all social partner organisations create a conducive environment for formalization, as they help employer families manage payroll and contracts and provide guidance and legal support to (migrant) workers. Concerning the process of collective bargaining in domestic work, it can be characterised as consensual bargaining (albeit not shy of disagreements). These social partners do not represent bargaining between ‘capital’ and ‘labour’, rather they represent two vulnerable groups of people: domestic workers (majority migrants) and dependent older people and their families who seek to share the care load and minimise costs. Nevertheless, formal employment and decent wages

and working conditions represent an important prerequisite for the quality of care from which families benefit. In this sector, the state thus should intervene to provide incentives for families to employ their domestic workers with such conditions, e.g., via favourable tax breaks. The social partners frequently lobby the government for regulatory changes.

This paper presents an important contribution to the small body of literature on collective bargaining in domestic work in general, as well as on the specific case of the Italian collective bargaining process. As stated above, my research shares a similar knowledge base with De Vita and Corasaniti (2021), as their interviews come from the same pool of experts whom they interviewed experts both pre- and post-pandemic. However, their analysis yields similar results than mine. They also attest to the activism of workers' and employers' representatives that results in better conditions for workers and families. However, the authors – along with my argument – see limitations of collective bargaining and underline the importance of public regulation and subsidies, as well as the possibility of expanding the role of cooperatives as intermediaries between workers and families in the recruitment process.

What makes my analysis particularly valuable to the current body of research on collective bargaining and domestic work is my use of the recent ILO framework of formalization. Although formalization as such has been a part of scholarly discourse, the recently proposed framework by the ILO (2021) has so far not been used as an analytical tool for empirical in-depth case studies. In contrast to previous references to formalization, this framework offers a tool for both quantitative and qualitative research endeavours to identify the main barriers to formalization in each context. For Italy, I demonstrate that legal shortcomings exist, and that the regulatory framework is not in line with the ILO Convention Nr. 189 regarding equal treatment of domestic workers in comparison to other workers. This is true for the still valid special law no. 339 of 1958, but also for the current collective agreement (valid 2020-2022) which provides sub-par conditions on maternity protection and creates working time limits which are non-conforming with the EU Working Time Directive. The other barriers to formalization – implementation and compliance gaps – are also present in Italy (see Annex C, Table 2).

Technically, the regulatory framework created by collective bargaining is only valid for those workers who signed a contract with one of the signatory parties of the agreement and registered with social security. In practice, however, the agreement provides the basis for disputes in labour courts also involving informal workers. Nevertheless, informal workers lack effective labour and social protection. The rate of informality at around 58% is relatively low, compared to for example 90% informal workers in the German domestic work sector (Seiffarth 2022). The compliance gap affects an unknown number of formal domestic workers in Italy who work more hours or in a higher professional category than stated in their contracts, which leads to insufficient levels of protection, especially regarding social security benefits (unemployment, maternity, pension). Identifying these gaps represents an important step for policymakers and activists to lobby for improved frameworks and conditions.

Whereas throughout this research, rates of informality were only available for current years, the Third Annual Report published by DOMINA and Fondazione Leone Moressa in late 2021 (De Luca, Tronchin, and Di Pasquale 2021), for the first time provided a time series of the rate of informality in the domestic work sector (see Annex C, Figure 1). This data shows both the growth of the numbers of formal domestic workers from 1995 until 2021 and illustrates the decrease of the rate of informal employment relationships in the sector.

4 Discussion

Through the original material gathered in expert interviews, but also the constantly evolving landscape of statistical data, as well as grey and academic literature, it has become evident that the Italian *migrant-in-the-family model* is an established feature of the country's care regime. As an arrangement between Italian and migrant families, it is stable and unstable at the same time: On the one hand, it is oddly persistent in contemporary times although reminiscent of feudal or colonial social relations and prone to exploitation (Sarti 2008; Lutz 2011). On the other hand, it is shaped by crises outside of the control for those involved in it directly (Williams 2021) and especially the COVID-19 pandemic exposed the fragility of this arrangement (Safuta and Noack 2020; Leiblfinger et al. 2021). However, although the COVID-19 pandemic has provoked shifts, it mostly has brought to the fore the already existing problems and structures of this central pillar of long-term care provision. As of now, the model has no real alternative and is the only viable option for many Italian families with care needs they cannot shoulder by themselves. For MCWs too, the pandemic has magnified existing problems, but it seems to still represent a worthwhile professional avenue and/or migration project.

Somewhat contrary to existing literature which assumed the model to be mostly informal, barely institutionalised, and with poor working conditions, this dissertation has shown ways in which this model is organized and regulated by a variety of actors producing constant – even if incremental – changes towards better working conditions. The papers have contributed to a more nuanced understanding of the development of this model throughout challenging times. Ultimately, actions and non-actions of the state, families, and non-governmental actors have perpetuated the model, as in causing it to last indefinitely (Merriam-Webster 2022). This discussion is structured along the components of my overarching research question to uncover the process and the implications of this perpetuation:

How does the migrant-in-the-family care model become institutionalised in Italy, and in what way does the model impact informality and intersecting inequalities of migrant care workers?

Whereas the first part will tackle the institutionalisation of the *migrant-in-the-family model* and uncover the process of perpetuation, the second part will consider the implications of this perpetuation and its impact on informality and inequality within a framework on sustainability.

4.1 The Process of Perpetuation

The policy context for *migrant-in-the-family-model* was one relatively well covered by previous literature, but also one continuously pointed out by the experts interviewed. This context is made up by several (in)actions and responses by governmental or institutional actors. These actions range from turning a blind eye to long-term care policy (policy inertia), unsuccessfully managing migration (misused amnesties), to putting in place mostly ineffective punitive measures with low follow-up rates (non-compliance fees by INPS, insufficient labour inspections). Because this context mainly provides for a lack of clear guidance and structure of LTC provision by migrant workers in private homes, this dissertation set out to analyse how the model became institutionalized, as in organized and regulated, through other actors. Results suggest that mainly non-state and sub-national actors were key in this process.

Because of absent or minimal interventions at national policy-level, the *migrant-in-the-family model* is shaped by families, both in Italy and in Romania. However, it would be overly simplistic to reduce this transnational care arrangement to a demand and supply logic (Lutz and Amelina 2017): Beyond the need for relatively cheap labour for essential care work in Italy and the need for employment and incomes higher than countries of origin of MCWs often lie deeper ties and more complex consequences. Both sets of families contribute to the establishment and continuation of the model. And in times of crises that could endanger the model, DIY solutions at the micro-level keep it going. Of course, the global financial crisis of 2008 and the COVID-19 pandemic in 2020 resulted in layoffs of MCWs, but most were temporary and ultimately employer-families found ways – sometimes in agreement with the MCWs – to adjust the employment relationship to their favour. Although these adjustments (registering the worker in a

different professional category or with lower hours than worked) are construed as mutually beneficial, this is only true in the short-term. Maybe except for gaining a residence permit through employment as a family assistant, MCWs jeopardize their future and long-term benefits by not being registered for all their hours worked covering all tasks they do. Therefore, the *migrant-in-the-family model* is strengthened as a transnational care arrangement by means of DIY welfare and crisis management on behalf of families. However, there are realistic possibilities to shape the configuration of the *migrant-in-the-family model* at the regional or local level. The Tuscan project *Pronto Badante* demonstrates how already existing resources of the Third Sector can be utilized to construct new forms of support for older people with emerging care needs. Taking advantage of the strengths of current services and actors to build multi-stakeholder networks is a worthwhile strategy that other regions could also benefit from, especially those already experienced with innovating LTC like Lombardy, Piedmont, Emilia-Romagna, or Marche (Madama, Maino, and Razetti 2019; Casanova, Principi, and Lamura 2020). On the one hand, *Pronto Badante* shows that silo mentality can be overcome but must be tackled intentionally. On the other hand, the Tuscan case exposes how political will and funding are too small to properly address the main challenges. Therefore, although the region of Tuscany points to what is possible, their efforts only scratch the surface of the complex problems that transnational care migration poses. As a result, the *migrant-in-the-family model* in Tuscany has not been altered in its set-up: Italian families and regional policymakers, as well as transnational families continue to use personal recruitment networks and informal employment relationships. Intervening in these modes of employment must be at the heart of regional-level projects seeking to build structures for the migrant care work sector.

One main finding of this research is the role of collective social partners in shaping the *migrant-in-the-family model* more actively than governmental institutions (national and regional). They are key actors in altering employer-families' and workers' non-compliant behaviours which lead to informal employment. This is possible thanks to the national-level social partnership in domestic work between trade unions and employer associations which effectively provides a framework for regulation and formalization. Through organizing and regulating the domestic work sector (which is dominated by

migrant workers and half of which consists of care workers), the *migrant-in-the-family model* becomes an institution. Despite the existence of bureaucratic channels for formal employment set up by agencies like INPS, the social partner organizations have put the mechanisms in place to help families and workers navigate this bureaucracy and help them understand its benefits. Nevertheless, and although they are providing standards via collective bargaining agreement and supporting structures that enable formal employment relationships, there are issues that would need to be addressed by the state, such as maternity protection or financial incentives for formal employment. In any case, the social partners contribute to preserving the *migrant-in-the-family model*, and potentially to making it more attractive to family-employers and workers alike.

4.2 The Implications of Perpetuation on Informality and Inequality

The reduction of informality is one way to address and mitigate negative outcomes of the *migrant-in-the-family model* for the care workforce. Informality is detrimental for workers' human right to social security which reduces poverty and social exclusion risks. Like all other workers, domestic and care workers need protection from unforeseen events (e.g. unemployment, illness) and independence from their employers (ILO 2022). The actions and non-actions of those involved in the perpetuation of the *migrant-in-the-family model* result in a distinct configuration of the model in Italy today. Over the past three decades, the model has changed significantly: It expanded and became the second most important pillar of Italian LTC provision after the provision by family caregivers (Da Roit and Le Bihan 2019; Casanova et al. 2020). Eastern Europeans, and especially Romanians, have become the main group among MCWs (Seiffarth 2021). 'Family assistant' is now a recognized professional figure (De Luca 2020). Finally, and despite the ongoing policy inertia, non-state actors have created an institutional framework which enables formalization and in turn, the migrant care work sector has seen an increase of formal employment relationships (see Annex C, Figure 1). This formalization process has taken place over the last three decades and represents an outcome of the institutionalization of the *migrant-in-the-family model*. In contrast to Germany, for

example, where informality is wide-spread and policymakers also turn a blind eye to the migrant care work sector, societal actors in Italy have stepped in to regulate and formalize the sector (Seiffarth 2022). While the state and society at large perpetuate this model and it represents the most viable solution for families to provide care when they cannot do it themselves, the collective social partners have worked towards a more institutionalised version of the model, the professionalisation of care workers, and have successfully decreased informality in the sector. This revokes assumptions about the *migrant-in-the-family model* as an entirely informal model, as well as about the challenges of care workers' representation in industrial relations (Apitzsch and Shire 2021). The Italian case demonstrates not only that the informal can be formalized, but also that employment in private households can be regulated, and with direct employment, rather than self-employment like in Austria or via service vouchers like in France or Belgium (Leiber and Österle 2022; ILO 2021)

The Italian version of the *migrant-in-the-family model* has significantly changed in its institutional set-up thanks to the formalization and professionalization of the migrant care work sector. However, these processes also point to the preservation of this model from extinction. What is left intact by preserving this model?

Despite the important changes to the configuration of the model outlined above, the essence of this model has remained the same. Rugolotto et al. (2017) describe how migrants help 'keep Italian families Italian' which means that through the employment of migrant workers, traditional and Catholic ideals of family and gender roles remain intact. This contradiction becomes especially evident in the practice of Italy's populist radical right which rhetorically upholds ideals of family care and takes anti-immigration stances, but pragmatically endorses policies that allow for specific categories of migrants to fill the gaps in eldercare provision, such as via amnesties of MCWs (Scrinzi 2017). This contradiction resonates with Mbembe's concept of *necropolitics* – the 'subjugation of life to the power of death' (Mbembe 2019: 92) – which highlights the "fragility between the systematic creation of (racialised) enemies and acute existential dependence upon them" (Williams 2021: 49). This also ties in with discussions on 'wanted' and 'unwanted' migrants, where desirability of some migrant groups are often linked either to specific professional skills they possess or their race and/or ethnicity

(Carling 2011; Kordes, Pütz, and Rand 2020; Fedjuk and Stewart 2018; Safuta 2018). New care mobilities are created to sustain the welfare state, and the essentialist notions of who is available for care is not only gendered, but also increasingly “transnational and racialized” (Isaksen and Näre 2022: 11). According to Williams (2021), the phenomenon of migration from poorer countries into care work in richer countries “encapsulates many of the world’s historical and geo-political inequalities as well as ongoing inequalities of gender, race, and class, to name but a few.” (ibid.:149). It is all these inequalities that are mainly left intact by the *migrant-in-the-family model*. The foundation of the Italian model is the availability of migrant workers to fill the provision gaps caused by demographic changes and increased female labour market participation which are not filled by public service provision. The availability of migrant labour mainly stems from continuous wage differentials and inequalities among countries at the Intra-European and global level. A representative of an employers’ association asked:

“We all age, the whole world population ages, so... We call the Romanians [...], the Romanians will call the Moldovans, the Moldovans will call the Ukrainians, who will call the Chinese, and then what? Once we have made the rounds, what happens?” (Interview with employers’ association, 26.10.2021)

This statement points to the care deficits that are constantly created by transnational care provision as highlighted by the global care chain literature (Parreñas 2001; Ehrenreich and Hochschild 2003). Those who migrate for care work fill in where care is needed, but in turn may leave gaps where they come from (Lutz and Palenga-Möllénbeck 2012; Rerrich 2012), despite communication facilitated by technology (Francisco-Menchavez 2018) and the possibility of care gains (Dumitru 2014). Considering these implications of transnational care migration “helps reveal the diverse socio-spatial dimensions of care provision and consumption globally, the ways in which these take shape in context-specific forms, and who bears the brunt of the unequal distribution of risks, costs, and benefits” (Yeates 2018: 25). All this highlights the fragility and unsustainability of this model as it is built upon and reproduces inequalities. Moreover, it is fragile because the workforce fluctuates and especially live-in care work curtails personal freedoms, apart from being physically and psychologically draining, and is thus mostly not considered a long-term career perspective (Fedjuk 2020). It is also

fragile as a transnational practice that involves regular border crossings and is thus extremely sensitive to changing immigration laws and policies, as was highlighted during the onset of the COVID-19 pandemic (Anghel 2020; Leiblfinger et al. 2021).

The *migrant-in-the-family model* in its current configuration qualifies as an unsustainable practice in two respects. First, when considering global standards of social sustainability that tie in with the inequalities mentioned above. Never mind the fuzziness of the concept, it centers principles of justice along the dimensions of redistribution, recognition, and participation (Eizenberg and Jabareen 2017). Social sustainability has now gained status of equal importance to goals of economic and environmental sustainability (McGuinn et al. 2020). Hence, the United Nations' Sustainable Development Goals (SDGs) cover aspects of social sustainability. For example, Sustainable Development Goal number 10 on reducing inequalities within and among countries³ are relevant in the context of this research, as well as Goal number 8 and its target 8.8 to protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment⁴. Second, when viewing social sustainability as intergenerational equity (Eizenberg and Jabareen 2017), the *migrant-in-the-family model* as the only viable option for LTC provision across classes endangers the development of options for future generations. With an estimated old-age dependence ratio of 67 by 2060 for Italy (Rouzet et al. 2019), meaning 67 people over 65 per 100 working-age adults, these generations will face even more difficulties to provide care. And what if the sector does not mainly feature female and migrantized labour? Currently, female migrant workers form the largest group among privately hired home-based care workers in families, but numbers of registered care workers show an increase of Italian-born care workers and male (Italian-born and migrant) care workers (De Luca, Tronchin, and Di Pasquale 2021). Italian-born care workers now form the second biggest group after Eastern European MCWs (INPS 2022). Among all care workers, the share of men increased from 2.8% in 2006 to 9.6% in 2020 (Pasquinelli and Pozzoli 2021). This

³ United Nations. Goal 10 Reducing Inequalities. Available online: <https://www.globalgoals.org/goals/10-reduced-inequalities/>, accessed 24 November 2022.

⁴ United Nations. Goal 8 Decent Work and Economic Growth. Available online: <https://www.globalgoals.org/goals/8-decent-work-and-economic-growth/>, accessed 24 November 2022.

evidence could point to an upgrading of the sector, and that formalization and professionalization make the sector more attractive to native and male workers, who traditionally would not consider the sector suitable. However, these trends could also imply the consequences of profound economic crisis and diminishing opportunities on the labour market. In any case, with the *migrant-in-the-family model* in place and running smoothly enough, there is seems to be no need to seriously consider alternatives and reform LTC, although these considerations are imperative with the exacerbation of demographic change in Italy. The question of how and by whom LTC will be provided in the future is still open, postponing the inevitable. In fact, the current configuration of the transnational, social and political economy of care is shaped by intersecting crises (Williams 2021: 49). These crises manifest, *inter alia*, in patriarchal structures, systemic racism, and neoliberal globalized capitalism which in turn cannot produce caring societies (Fraser 2016). In this context, the call for a ‘care revolution’ (Winker 2015) envisions radical changes to centre the set-up of our societies around care. This echoes Tronto’s work on ‘care ethics’ (1993) and ‘caring democracies’ (2013) that put forward ideals of interdependent and inclusive rather than individualistic and competitive societies (Schwiter and Steiner 2020).

4.3 Limitations of this Study and Avenues for Future Research

Usually, upon deeper research and analysis, while some questions get answered, also more questions arise. First, some questions arise out of limitations of the selected research design and my chosen research path. Second, other questions arise in the process of analysing the gathered material and point to avenues for more data collection and future research.

First, I consider limitations of this research resulting from the research design. Although the research design was chosen given the resources and time frame for this dissertation, it insufficiently tackles the perspective of those most deeply involved in the *migrant-in-the-family model*: employer-families and MCWs. This dissertation provides a broad view of this transnational care arrangement and how it is affected by crises throughout the

past three decades. However, an analysis of employer-families' and workers' respective decisions and actions could deepen an understanding of how to tackle one of the main challenges of this model: informality. Here, it could be beneficial to use insights from behavioural science to study their compliant, semi-compliant, and non-compliant behaviour. For example, what motivates families who employ MCWs fully compliant, fully formalized? Why does a MCWs agree to semi-compliance? And what are their perceived benefits of formal and informal employment? Insights into their decision-making processes can help design policies to alter the institutional context or implement policies that favour compliance and in turn formalization (ILO 2021).

Because so little was known about the collective bargaining process in domestic Work in Italy, my research focused on the description of how it works and what happened in last almost 50 years of this process. In hindsight, many more research questions arise around the representation of MCWs in the unions present at the collective bargaining table, as well as outside of these union federations such as grass-root trade unions. On the employers' side too, open questions concern the motivations of their associations, as well as the composition and activism of their members. The social partners' intensified lobbying efforts since the COVID-19 pandemic and their links to the societal forces that are advocating for a LTC reform could also be a fruitful research topic. An analysis of the links between the Catholic Church and all social partner organisations and domestic workers' associations like ACLI-Colf could be extremely valuable, as all these organizations have been shaped by Catholicism in one way or the other. This could also highlight the contribution of the Catholic Church to the perpetuation of the *migrant-in-the-family model*.

In addition, whereas the insights into the possibilities of regional policymaking are valuable, my analysis of one region is insufficient to be able to generalize. The analysis of policymaking in other regions would still be productive and useful. A comparative study on a set of regions could help develop knowledge and find explanations for the different degrees of the *migrant-in-the-family model*. Future research of Italian LTC must go beyond the public features of LTC to include the important contributions not only of MCWs, but also of family caregivers.

Second, there are possible avenues for future research for each of the papers, as well as from this framework paper. Although professionalization processes were highlighted in this dissertation, more detailed analyses of career paths and labour mobility of MCWs would contribute to a better understanding of the sustainability of this model, and its interactions with the public, private, and Third sector. Speaking of other sectors that provide care work, more nuance and detail is needed to explore links of the migrant care work sector to the public and Third sectors. A recent study on Moldovan MCWs in Italy suggests that those who go to Italy into home-based migrant care work are younger and come with a long-term perspective (Cojocaru 2020). With the perspective to stay also comes the goal to move out of the sector, either into other industries altogether or into the more professionalized and regulated jobs in daycare centres, nursing homes, and hospitals of the public and Third sectors. The literature attests to the ambition of MCWs to move out of live-in care and into being paid by the hour, in order to be able to live independently from their employers, and overall having more normal working lives including shifts and colleagues. However, little is known about the profession that many migrant workers may move into: assistant nurses or so-called ‘socio-medical worker’ (*operatore socio-sanitario*, OSS). According to the president of MIGEP⁵, the independent trade union for OSS, there are no national-level numbers of how many workers exist (let alone the share of migrants, although estimated to be significant), no uniform training for this professional title, and resistance from the nursing profession to include OSS into collective bargaining agreements.

Moreover, first evidence suggests a rise of for-profit employment agencies especially since the COVID-19 pandemic as families seek to minimise health risks and seemingly trust these agencies to adhere to hygiene protocols (Amorosi 2021). These agencies will impact the current configuration of the *migrant-in-the-family model* and its regulation via collective bargaining could be undermined by their activities. These new developments also point to a corporatization of the migrant care sector that so far is limited in Italy and more common in Central European countries (Farris and Marchetti 2017; Aulenbacher, Lutz, and Schwiter 2021; Leiber, Matuszczyk, and Rossow 2019).

⁵ Interview on 27 November 2019.

5 Conclusion and Policy Recommendations

This dissertation contributes to a more nuanced understanding of Italy's migrant care work sector and shows how actions and non-actions of the state, families, and non-governmental actors have perpetuated the *migrant-in-the-family model* over the last three decades. Parts of the process of perpetuation have been covered by previous literature: In a context of long-term care policy inertia and insufficient public care infrastructure, families in need of eldercare have few viable alternatives to privately hiring MCWs in their homes. This employment model is sustained with relatively generous cash-for-care benefits and the regularization of migrant workers via migration amnesties.

In addition to these aspects, my research shows that regional governments have leeway to bring about change regarding family-employers' behaviours and working conditions for migrants. However, without support and incentives, most families continue to engage in do-it-yourself welfare to arrange this type of home-based eldercare provision via personal recruitment strategies, payment off the books and no registration with social security. This informal mode of employment is most effectively tackled by the social partners in domestic work. Employers' associations and trade unions have institutionalised Italy's domestic work sector. They engage in collective bargaining and provide conducive environments for formalization as they support family-employers and MCWs with administrative and legal issues, as well as offering training. Hereby, presumptions of the impossibility of organizing this sector and regulating employment in private households have been revoked by this research. Moreover, rates of informality have decreased significantly especially in the last two decades, meaning that higher shares of MCWs are registered with social security and benefit from the standards established by collective bargaining.

Although the *migrant-in-the-family model* is not perpetually informal, it is persistently unequal. The perpetuation of this care model implies taking advantage from and reinforcing existing intersecting inequalities based on gender, class, race, and nation. Italian families can outsource eldercare to MCWs because of wage-differentials between countries, disadvantageous conditions for women in the labour market, and discriminatory practices based on race and/or residency status. As such, the model is

fragile and unsustainable in the long run. Calls for radically changing the landscapes of care economies envision more just, sustainable, and caring societies. The realization of these goals needs the dismantling of the patriarchy, systemic racism, and neoliberal globalized capitalism, to name only the major systems that currently shape care economies. Due to the magnitude of these systems, efforts to alter their set-up are long-term and intergenerational endeavours.

In the meantime, and in the short-term, however, the small wins and their contributions to change need to be acknowledged. In Italy, the social partners of the collective bargaining agreement for the domestic work sector play a crucial role not only to regularly negotiate the working conditions for domestic workers (including MCWs), but also to establish institutional pathways to formal employment. With the COVID-19 pandemic, the government's relief measures often excluded domestic workers at first, and the social partners appealed to the government in several joint statements. On 14 January 2021, they published a policy platform directed to prime minister Conte to demand policy reforms concerning maternity protection, sick leave, disability benefits, migration, as well as income and tax deductions for formal employment of (migrant) care workers. All these issues go beyond collective bargaining and need to be tackled at the national policy level. The social partners have reiterated their appeals to the newly formed government of October 2022, but it is too soon to tell how those will be received by Meloni's administration.

As for the LTC sector in general, change is seemingly underway. With the EU Next Generation programme, member states can receive funds to foster recovery and resilience in post-pandemic times. Italy's National Recovery and Resilience Plan (PNRR) applied to these funds, and two of its six missions aim at tackling LTC reforms (MEF 2021)⁶. This momentum was used by a coalition of 50 civil society organisations⁷ and they presented a draft law proposing comprehensive LTC reforms in March 2022. This was taken on board by the Ministers of Labour and Health. As one of its last actions and

⁶ Mission 5 on 'Inclusion and Cohesion' includes measures to support non-self-sufficient people and people with disabilities, and Mission 6 on 'Health' aims at providing homecare services to 10% of the population aged 65 and above (MEF 2021).

⁷ The coalition is called "Pact for a new welfare for non-self-sufficiency" and is led by prominent academics in the field of long-term care, for more information see www.pattononautosufficienza.it.

as part of the PNRR, the Draghi administration passed a bill introducing mandates to the government on long-term care policies in the council of ministers on 10 October 2022 (Diritto&Giustizia 2022). While this is a milestone in the reform process, the new government is responsible for the implementation and budget allocation of the bill, and it still must be approved in parliament in March 2023. The bill includes reforming governance and regulation structures of the LTC system, such as the creation of distinct national eldercare system and the integration of homecare services at regional level. The bill also foresees supporting measures for family caregivers and a new benefit for non-self-sufficient people that is graded depending on level of care needs and provides the choice between monetary transfers and service provision (Patto-Non-Autosufficienza 2022). This represents the first reform of the attendance allowance since the late 1980s and a move away from a purely cash-for-care orientation. The bill thus includes some of the proposals made by the civil society coalition but falls short of proposing reforms for residential care services and the protection of (migrant) care workers (ibid.). Yet again, the migrant care work sector is not addressed by the national policy level, and the reforms seem to not jeopardize the *migrant-in-the-family model* and the Italian state continues to perpetuate the inequalities it implies. Only time will tell whether the foreseen reforms present viable alternatives to the model. However, the social partners in domestic work have proven that even in a context of national policy inertia, and despite room for improvements and ongoing challenges, the *migrant-in-the-family model* can be regulated, organized, and formalized against the odds.

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ANNEX – List of interviews

No.	Date	Type of expert	Paper A	Paper B	Paper C
01	04.04.19	Academia	IP 1/19	-	-
02	09.04.19	Academia	-	-	-
03	12.04.19	Trade union	IP 2/19	-	-
04	16.04.19	Academia	IP 3/19	-	-
05	16.04.19	Social cooperative	-	-	-
06	17.04.19	Academia	IP 4/19	-	-
07	27.11.19	Trade union	-	-	-
08	03.04.20	Academia	IP 1/20	-	-
09	08.04.20	Non-profit organisation	IP 2/20	-	-
10	27.04.20	Academia	IP 3/20	-	-
11	28.04.20	Non-profit organisation	IP 4/20	-	IPw-5
12	08.05.20	Employers' association	IP 5/20	-	IPe-1a
13	13.10.20	Trade union	-	-	IPw-1
14	14.10.20	Trade union	-	-	IPw-2
15	15.10.20	Trade union	-	-	IPw-3
16	16.10.20	Employers' association	-	-	IPe-1b
17	19.10.20	Employers' association	-	-	IPe-2
18	22.10.20	Non-profit organisation	-	-	IPw-6
19	26.10.20	Trade union	-	-	IPw-4
20	05.03.21	Public administration	-	PA-1a	-
21	05.03.21	Public administration	-	PA-1b	-
22	18.03.21	Social enterprise	-	NPO-1	-
23	25.03.21	Social cooperative	-	NPO-2	-
24	25.03.21	Regional government	-	PA-2a	-
25	25.03.21	Public administration	-	PA-2b	-
26	25.03.21	Public administration	-	PA-2c	-
27	06.04.21	Social cooperative	-	NPO-3	-
28	14.04.21	Social cooperative	-	NPO-4	-
29	10.09.21	Employers' association	-	EA*	-
30	16.09.21	Employment agency	-	AG*	-
31	21.09.21	Trade union (local)	-	TU*	-
32	21.09.21	Non-profit organisation	-	MR*	-

*Interviews of shorter length that were summarised instead of transcribed.

General Declaration

I herewith declare that this thesis is my own work and that I have used only the means and sources listed. I also certify that this thesis was written without the use of any unauthorised aids. All citations have been marked as such. I permit the review of this thesis via qualified software for the examination in case of accusations of plagiarism. No part of this thesis has been accepted or is currently being submitted for any other degree or qualification at this university or elsewhere.

Berlin, 29.11.2022

Marlene Seiffarth

Place, date

Signature: Marlene Seiffarth