Welfare provision beyond national boundaries: The politics of migration and long term elderly care in Italy

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Summary

In the context of population ageing and changing gender roles, the organisation of social care is becoming of prime concern for all developed welfare states. Analyses of the ‘mixed economy’ of care are abundantly available, but these neglect the option of care being provided by immigrants. This paper sets out by demonstrating that a lack of public care provision can lead to a demand for migrant labour. It shows that this is the case in Italy, and that Italian public policies have strongly favoured and reinforced the practice of hiring a migrant care worker in response to needs for long term elderly care. The second part of the paper explores the political dynamics behind these specific policy outcomes. It is argued that these policies were initially not the result of a conscious political ‘choice’ favouring migrant care workers over public care provision, but of a combination of institutional constraints on the reform of social care and a widespread positive attitude towards migrant care workers. Moreover, the presence of migrant care workers as a convenient solution seems to avert the pressure on current Italian governments to reform the still highly fragmented social care system.
Introduction

Around the turn of the millennium, two at first sight unrelated puzzling developments took place in Italy. In 2000, in the context of an increasing scope for policy reform, the Italian centre-left government enacted a first comprehensive social services and assistance act. However, while many other European countries, motivated by population ageing, had in the mean time reformed their elderly care systems, the new Italian law did not induce such a reform. Instead, the issue of long term elderly care was conspicuously absent in the many debates that preceded the 2000 law. Two years later, the new centre-right government introduced an immigration law which was named after one of the most fervent anti-immigrant politicians of the Lega Nord. One article in the law explicitly allowed for the regularisation of domestic and care workers. As a result, the centre-right government became responsible for the regularisation of some 316,000 undocumented domestic and care workers.

That these two developments are not unrelated appears once we take into account that Italian families have in recent years increasingly relied on immigrants to take care of a dependent elderly family member. In fact the popularity of migrant elderly carers has become so clear, that observers have spoken about 'the transition from a 'family' to a 'migrant in the family' model of care' and a 'complete overhaul of the long term care sector' (Bettio, Simonazzi et al. 2006: 272, 278). Below it will be shown that public care policies – or the lack of them – are an important explanation for the popularity of migrant care workers, while this is reinforced by permissive migration policies.

The main question to be answered in this paper is how this configuration of public policies conducive to migrant care work could have emerged. Why do policies accommodate and stimulate these developments, even though there is generally a strong anti-immigrant sentiment? And why did Italy not reform its long term care system - understood as a variety of services for persons who are dependent on help with basic activities of daily life (OECD 2005: 20) – in a time when many other countries, such as France and Germany, did? Although the literature on migrant care work is expanding, so far it has not studied the political explanations for, and implications of the phenomenon.

Below the issue of migrant care work is placed within the context of welfare regime theory. Such a context helps to explain why public policies are an important factor in shaping demand for migrant labour in the care sector. Subsequently, the dynamics behind Italian migration and elderly care policies are explored. A list of explanatory factors is derived from, on the one hand, the literature on welfare state responses to new social risks, and on the other hand from scholarly works on the politics of migration. It is not attempted to single out one ‘prime mover’ of Italian developments, but rather to show how these different elements have interacted and contributed to specific policy outcomes.

The growing importance of immigrants in private, home-based care work is not restricted to Italy. It is believed that households throughout Europe increasingly employ immigrant workers to carry out domestic tasks or to care for dependent elderly or children. The spread of this practice has been particularly clear in the Southern European countries (Anderson 2000; Bettio, Simonazzi et al. 2006), but recent developments in, for example, Austria (EIROnline 2007; Österle and Hammer 2007) and Germany (Lutz 2008) suggest that immigrants are increasingly employed as private carer in these countries too. Since these developments raise urgent questions about the social rights of the migrant employees, the equal access to care services among all
citizens, and the sustainability of the reliance on migrant care work, a study of the political dynamics lying behind these developments becomes needed.

Although the Italian case is not unique, it is an extreme case within the European context. The extent to which Italian families rely on migrant care workers may be matched by their Spanish counterparts, but probably surpasses the Spanish situation. Since a couple of years the word *badante* – signifying a private migrant home carer, usually engaged in elderly care – has become a common word in Italian vocabulary. The high prevalence of migrant care work makes the Italian case an excellent case for a first inductive study of the political developments that are related to the phenomenon.

Below the issue of migrant care work is first of all placed in the context of welfare regimes. The following section shows how the increasing popularity of migrant care workers in Italy can be related to choices in public policies. After shortly setting out the factors that have to be taken into account in an analysis of social and migration policy developments, the second half of the paper explores the political dynamics behind such policies in Italy. Where possible the Italian situation is placed in an international perspective. The last part of the paper, finally, raises some problematic issues associated with current developments.

**Welfare regimes and migrant care work**

Social care, here defined as ‘the provision of daily social, psychological, emotional, and physical attention for people’ (Knijn and Kremer 1997: 330) is closely related with the ‘mixed economy’ of welfare provision. State, market, family, and community (voluntary sector) each play a role in the division of care labour, responsibilities, and costs (Daly and Lewis 2000: 287). Gendered analyses of welfare regimes have shown that many welfare states were built upon the assumption that social care would be provided within the family, by women. Some welfare states, through generous benefits and insurances for the ‘male breadwinner’, endorsed this gendered division of labour (examples are the Netherlands, Germany, Italy, the United Kingdom), while other states took a bigger responsibility in the provision of social care services at an early stage (examples are Sweden and Denmark) (see e.g. Lewis 1992; Sainsbury 1994).

A number of recent social and demographic changes have made the ‘male breadwinner’ model outdated and untenable (Lewis 2001). As table 1 shows, women’s labour force participation has increased massively over the past decades. Therefore, the unpaid care provided by women can no longer be taken for granted. Moreover, women’s participation in the labour market is increasingly encouraged through public policies and rhetoric. The European Union, for example, continuously emphasises that women’s paid employment is indispensable for the future of European economies (see e.g. European Council 2000).

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1 Since the word has some negative connotations, it will be used only sporadically in this paper.

2 This paper is based on work in progress. Interviews with involved policy makers, social partners and NGO representatives still have to be carried out. All results are thus of a preliminary nature.
Table 1: Women's labour force participation as a percentage of all women between 15 and 64 years old.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>39.8</td>
<td>51.2</td>
<td>59.5</td>
</tr>
<tr>
<td>Denmark</td>
<td>58.0</td>
<td>73.8</td>
<td>75.1</td>
</tr>
<tr>
<td>Finland</td>
<td>61.3</td>
<td>69.1</td>
<td>72.9</td>
</tr>
<tr>
<td>France</td>
<td>48.5</td>
<td>59.3</td>
<td>63.8</td>
</tr>
<tr>
<td>Germany</td>
<td>48.0</td>
<td>60.9</td>
<td>66.9</td>
</tr>
<tr>
<td>Ireland</td>
<td>34.3</td>
<td>45.8</td>
<td>60.3</td>
</tr>
<tr>
<td>Italy</td>
<td>32.9</td>
<td>41.9</td>
<td>50.4</td>
</tr>
<tr>
<td>Netherlands</td>
<td>28.0</td>
<td>57.3</td>
<td>68.5</td>
</tr>
<tr>
<td>Spain</td>
<td>28.4</td>
<td>46.3</td>
<td>59.1</td>
</tr>
<tr>
<td>Sweden</td>
<td>59.4</td>
<td>77.0</td>
<td>76.6</td>
</tr>
<tr>
<td>UK</td>
<td>50.7</td>
<td>67.1</td>
<td>69.7</td>
</tr>
</tbody>
</table>

Sources: 1970 (OECD 2001: 39); rest (OECD 2006). 1 2004

Women’s increasing paid employment, in combination with the population ageing that all Western societies face, has intensified public and scholarly attention for the provision of social care. Numerous studies have discussed the (changes in) systems of social care for frail elderly, children, or both (see e.g. Lewis 1998; O’Connor, Orloff et al. 1999; Jenson and Sineau 2001; Antonnen, Baldock et al. 2004). These studies have shown how public interventions – ranging from public provision of care or subsidies for community services to service cheques or vouchers, care budgets, tax credits, and benefits for family carers – shape the interplay between the state, market, family, and voluntary sector in the provision of welfare. However, these studies do not take the option of border crossing labour into consideration (but see some contributions in Ungerson and Yeandle 2007).

An analysis of care services brings up a fundamental problem of private, labour-intensive service provision in developed welfare state. In the context of an encompassing welfare state, the options for care services provided by the market are limited. Due to high taxes, social security contributions, and minimum wages, wage costs are high. At the same time there is limited room for productivity growth in labour intensive services (Baumol's law). This, in combination with relatively limited wage-dispersion, makes care services provided by the market become too expensive for most citizens. In Esping-Andersen’s words: 'the net, post-tax cost of hiring one person (say, a child- minder) begins to approach the net earnings of, say, the mother. In either case, it does not pay to substitute market services for family self-servicing' (1999: 56). The only real alternative, according to Esping-Andersen, is therefore public provision of such services. If the state fails to provide such services, ‘one might speak of concomitant welfare state and market “failure”’ (ibid: 64).

In case of such a double failure, Esping-Andersen expects care provision to remains confined to the family. However, what he (and with him most other analysts of social care and the welfare state) omits, is the possibility of border-crossing labour supply. Already in the 1970s, Piore noted that a demand for migrant labour emerges in certain sectors in which natives do not want to work. The jobs that are filled by immigrants are usually unskilled, though not necessarily low paying, have a low social status, are characterised by hard or unpleasant working conditions with considerable insecurity, have limited chances of job mobility and are ‘usually performed in
unstructured work environment and involve an informal, highly personalistic relationship between supervisor and subordinate' (Piore 1979: 17-19).

Many of these characteristics apply to market regulated care services. If Piore’s thirty years old argument still holds, it should thus not come as a surprise to find immigrants employed as care workers in those countries where an increased participation of women in the labour market has not been met by state provision of care services. Or more precisely: we can expect a demand for migrant labour in those countries in which public provisions are limited, or stimulate a private and unregulated market for care services through cash benefits.

Another domain of public policy that is normally not involved in a study of welfare regimes but that is highly important when studying migrant care work, is migration policy. Below it will be explored how social and migration policies shape the employment of migrants as private care workers. It is recognised that if one wants to explain the employment of migrant care workers and its variation across time and place in more detail, more factors have to be taken into consideration. Developments in women’s employment, population ageing, the supply of immigrants willing to meet demand, and preferences for certain care arrangements each play a role. However, since these factors do not contradict the importance of public policies for the creation and sustenance of the employment of migrant care workers, they are only sporadically taken into account.

Migrants in Italian long term elderly care

Public or publicly funded provision of elderly care is limited in Italy. Since the 1950s, both public and private institutional care (i.e. nursing homes, old people’s home) have been available for at most two percent of the Italian elderly (+65) population. Public residential care constituted only a last resort when all other options for care are exhausted (Da Roit 2007: 252). Equally limited is the public provision of home care (i.e. ambulatory services, community care).

It is difficult to compare the availability of institutional and home care across Europe, because national systems and definitions tend to be very different. Direct public provision of services is usually rare and many social care systems consist of a complex mix of public, community, and private care services. Nevertheless, some estimates and comparisons are available and the general picture that emerges in these estimates is well reflected in the figure below, showing (predominantly) public care provision. Italy, together with the other Southern European countries (Greece, Portugal, Spain) lacks behind in the availability of public services. At the other extreme Scandinavian countries together with the Netherlands and the UK are frontrunners. In between, France and Belgium come closer to the former, while Germany and Austria come closer to the latter (Bettio and Plantenga 2004: 98; Ranci and Pavolini 2007: 5).
Since the organisation of social care in Italy is delegated to regional and local governments, there are substantial geographically differences. In the early 2000s institutional care was available for 3.24 percent of all elderly aged over 65 in the north, but only for 0.94 in the south (Comas-Herrera and Wittenberg 2003: 69). Some regions have also initiated forms of home care provision, but this is (still) limited (Comas-Herrera and Wittenberg 2003: 69; Da Roit 2007: 252).

Instead of public service provision, the Italian welfare state provides relatively generous cash benefits for the elderly. Besides generous public pensions, everyone in need of long term care can claim a cash allowance. This ‘indennità di accompagnamento’ is needs but not means-tested. It is a flat rate allowance (€465.09 per month in 2008), which can be spent freely. The allowance is currently paid to a total of 1.59 million beneficiaries. Of those 1.15 million is aged over 65, which means 9.8 percent of the Italian population above 65 receives the allowance, a figure that rises to 24.5 percent for those over 80. This implies that while almost 10 percent of the Italians aged over 65 get a cash allowance due to their dependence on constant care, institutional care caters for only 2 percent, and perhaps another 2 percent receives community home-care services (Trifletti 1998: 186). Consequently, a large share of Italian elderly is dependent on continuous long term care, but receives no other public support than a monthly cash benefit.

As many observers have noted, in recent years there has been a continuous flow of migrant workers into domestic service employment (Andall 2000; Sarti 2004). This is not a new development. A census in 1978 estimated that between 70,000 and 100,000 migrant women were working as ‘colf’ (collaboratrice familiare = literally family helper) (Andall 2000: 57). What seems to be new, however, is the magnitude of the phenomenon, and the types of jobs that these immigrants carry out. The following paragraphs attempt to sketch these developments.

Domestic service employment often concerns undeclared work by undocumented immigrants, which makes it hard to estimate the magnitude of the phenomenon. However, repeated regularisations of undocumented immigrants, and yearly quotas of work permits that are specifically targeted at domestic work – here understood as a broad occupation that may include cleaning and cooking, but also caring for a dependent family member – have facilitated an

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3 Figures are for 2007, [www.inps.it](http://www.inps.it), Osservatorio sulle Pensioni
emergence of these jobs out of the grey market. As table 2 below shows, there is an increasing number of migrant domestic workers regularly employed.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total domestic workers</th>
<th>Migrant domestic workers (‘stranieri’)</th>
<th>Stranieri as % of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1972-82</td>
<td>100,430</td>
<td>5.603</td>
<td>5.6</td>
</tr>
<tr>
<td>1992</td>
<td>263,956</td>
<td>53.861</td>
<td>20.4</td>
</tr>
<tr>
<td>1994</td>
<td>186,214</td>
<td>52.251</td>
<td>28.1</td>
</tr>
<tr>
<td>1996</td>
<td>250,496</td>
<td>126,203</td>
<td>50.4</td>
</tr>
<tr>
<td>1998</td>
<td>238,077</td>
<td>117,099</td>
<td>49.2</td>
</tr>
<tr>
<td>2000</td>
<td>256,539</td>
<td>136,619</td>
<td>53.3</td>
</tr>
<tr>
<td>2001</td>
<td>268,730</td>
<td>139,505</td>
<td>51.9</td>
</tr>
<tr>
<td>2002</td>
<td>541,098</td>
<td>409,307</td>
<td>75.6</td>
</tr>
<tr>
<td>2003</td>
<td>542,651</td>
<td>411,425</td>
<td>75.8</td>
</tr>
<tr>
<td>2004</td>
<td>502,547</td>
<td>371,830</td>
<td>74.0</td>
</tr>
<tr>
<td>2005</td>
<td>471,085</td>
<td>342,065</td>
<td>72.6</td>
</tr>
</tbody>
</table>


The enormous jump in the number of regular migrant domestic workers between 2001 and 2002 can be explained by large scale regularisation of domestic (and other) worker following on the 2002 ‘Bossi-Fini Law’, which will be discussed in detail below. Out of the 646,829 migrants that were regularised, almost half (49%) was registered as domestic worker. Since 2002 there have been yearly quotas of work permits available for domestic workers. That these quotas are not quite sufficient can be inferred from the fact that in 2007 around 343,000 applications were filed for 65,000 available domestic work permit. Until the 1990s, migrant domestic workers originated primarily from Asia (especially the Philippines), South America (Peru), and Africa (Cape Verde, Eritrea). In the 1990s the sector was largely ‘overtaken’ by migrants from Eastern Europe (Romania) and the former Soviet Union (Ukraine). In the 2002 regularisation Ukrainians and Romanians accounted for almost half of the regularised domestic workers, followed – at a respectable distance – by Ecuadorians, Poles, Moldavians, and Peruvians (Istat 2007: 52). A survey among 1000 migrant domestic workers showed that most of them entered Italy on a temporary tourist or student visa. The great majority (81.5%) of the sample has been irregularly present in Italy for at least some time. While many have been able to regularise their status, at the moment they were interviewed, a quarter of the respondents still resided in Italy irregularly, another quarter resided regularly, but worked undeclared (not paying taxes and social security contributions).

The same survey produced another notable finding: of the respondents the majority (over 51 percent) worked as carer for an elderly or disabled, usually full-time, while living in with their employer. Around 31 percent performed only part-time domestic tasks (cleaning, shopping, cooking) and 17 percent was employed as babysitter. What does this imply for the elderly care sector in Italy? How many migrants are currently caring for dependent elderly? The official data presented in table 2 do not allow a repartition according to the type of work that migrants carry
out. However, a repartition into the average number of hours worked per week shows that migrants are clearly overrepresented in the groups that work 20 hours per week or more\(^4\). Since elderly care, contrary to e.g. cleaning, mostly involves full-time jobs, the INPS data may suggest an overrepresentation on migrants in elderly care.

There are many circulating estimates of the number of migrant elderly carers in Italy. These estimates vary between 650 thousand and 1,134 thousand (see e.g. Spano 2006: 32; Da Roit, Le Bihan et al. 2007: 665; Savioli 2007). For various reasons these estimates are often not very reliable. Authors assume that the official estimates (presented in table 2) represent only half or less of the actual domestic workers in Italy. While this is probably true for native domestic workers, it should be noted that immigrants benefit significantly from regularising their status and are therefore likely to regularise their status whenever possible. Or immigrants may even try to register as a domestic worker, while actually doing something else, just because it is the easiest way to get a residence permit (Colombo 2005: 440). Other estimates are based on inferences drawn from local studies, assuming that the ‘density’ of migrant care workers in one community is representative for the whole of Italy (this is how Spano 2006: 32, comes to an estimation of between 713,000 and 1,134,000 badanti).

One way to go beyond these unreliable estimates is to look at the demand side: the households employing (migrant) care workers. As can be seen in table 3 below, the use of domestic services has increased significantly between 1996 and 2002. The most frequent users are single elderly, followed by elderly couples. These are also the types of households that show the largest increase in use of domestic services. The data show the use of any type of domestic services. Some households may only use services a couple of hours a week. Data from the same survey (Indagine multiscopo sulle famiglie) suggest that in 2000 7.4 percent of all families with at least one elderly (>75) employed a full time private care worker (Sarti 2004: 4). This is more than twice as many as the 3.6% of elderly in the same category that make use of institutional care (Trifletti 1998: 182).

<table>
<thead>
<tr>
<th>Type of household</th>
<th>1996</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single elderly (&gt;75 years)</td>
<td>10.1</td>
<td>24.6</td>
</tr>
<tr>
<td>Single non elderly</td>
<td>10.5</td>
<td>8.9</td>
</tr>
<tr>
<td>Couple of elderly (&gt;75 years)</td>
<td>7.4</td>
<td>17.8</td>
</tr>
<tr>
<td>Couple without elderly or children</td>
<td>5.2</td>
<td>5.9</td>
</tr>
<tr>
<td>Couple with one child</td>
<td>5.3</td>
<td>6.0</td>
</tr>
<tr>
<td>Couple with two children</td>
<td>6.3</td>
<td>6.7</td>
</tr>
<tr>
<td>Couple with more than two children</td>
<td>6.7</td>
<td>5.3</td>
</tr>
<tr>
<td>Single parent with children</td>
<td>1.2</td>
<td>8.6</td>
</tr>
<tr>
<td>Others</td>
<td>7.3</td>
<td>7.7</td>
</tr>
<tr>
<td>Total</td>
<td>7.3</td>
<td>8.4</td>
</tr>
</tbody>
</table>


In a recent study Mensini and Gambino estimated that between 42 and 46 percent of all public and private expenses on long term care are spent on private care assistants (Mensini and Gambino

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\(^4\) [http://servizi.inps.it/banchedatatistiche/domestici/index.jsp](http://servizi.inps.it/banchedatatistiche/domestici/index.jsp)
2006: 79), while only between 10 and 15 percent is spent on home care services and around 41 on residential services. Since the costs of staying in a residential home are much higher than those of hiring a private care worker, it can – again – be inferred that many more elderly make use of private care services than of residential care.

The evidence presented above is not very coherent. One major problem with the figures on households’ use of domestic services is that they do not distinguish between native and migrant domestic workers. Nevertheless, taking the information on immigration and on the use of care services together, it seems indubitable that a strong increase has taken place in the employment of private elderly carers and that these jobs are predominantly filled by migrant workers. Moreover, migrant elderly care seems to have become numerically more important than any other non-family form of care provision.

Although the combination of generous pensions and care allowances make Italian elderly relatively well-off, these incomes are insufficient for buying continuous care at ‘normal’ market prices. The costs of institutional care vary highly by area and by type of institution, but are normally at least 1400 euros per month, an amount which includes (means-tested?) public subsidies (Mensini and Gambino 2006: 59). Qualitative research suggests that the costs of a full-time, live-in migrant care worker, instead, lay between 700 and 900 euros a month (Da Roit 2007: 257-8). It is in this context that it becomes understandable that those in need of care have turned to migrant care workers and that many Italian elderly can afford to hire such a care worker.

The Italian case thus seems to confirm the expectations formulated above. In the context of population ageing and increasing women’s participation rates, the combination of limited public service provision and relatively generous and wide spread cash benefits makes hiring a migrant care worker the only viable option for many Italian families. The Italian government has further facilitated the employment of migrant care workers through regularisations and the availability of work permits. At the same time, social care policies have remained mostly unchanged. How can these particular Italian policy outcomes be explained?

Explaining policy outcomes

Welfare state responses to the need for long term care for the elderly can be placed within a context of ‘new social risks’. New social risks are ‘the risks that people now face in the course of their lives as a result of the economic and social changes associated with the transition to a post-industrial economy’ (Taylor-Gooby 2004: 2-3). The increase of women’s paid employment is one of these social changes, hence the risk of having to provide care for a dependent family member is generally considered to be a new social risk.

Bonoli has argued that welfare state adaptations to new social risks can be accounted for by the same factors that ‘were identified as responsible for the development of post-war welfare states’, i.e.: problem pressure, political mobilisation, and institutional effects (Bonoli 2006: 14). Moreover, of crucial importance would be the timing of the processes that characterise these factors. In other words, it makes a big difference whether problem pressure manifests itself in times of budgetary constraints, or whether it coincides with a high mobilising capacity of its would be beneficiaries (ibid: 14).

There are already some studies on the political explanations for long term care reform (or the lack of it). Some of these suggest that both problem pressure and political mobilisation are of limited help for explaining policy developments. Public opinion and interest groups do not
mobilise around the issue of long term care, because ‘it appears that those who are still healthy have some difficulty in projecting themselves into a situation of dependency’ (Morel 2006: 230), while one can reasonably assume that the frail elderly themselves are not really able to mobilise. Moreover, the informal care giver experiences caring as a personal, moral duty, which ‘offers little potential for collective mobilisation’ (ibid: 230). Besides, problem pressure can be asserted ‘as a reason not to expand access to publicly supported long-term care’ (Campbell and Morgan 2005: 892-3).

Instead, these authors point at institutional explanations. In Germany and France it were the rising costs of existing elderly care programmes that gave policy-makers an incentive for reform, which implies that policy legacies were the main incentive (Morel 2006: 244-5). Campbell and Morgan, on the other hand, point at the specific structures of federalism in the US and Germany. The greater power of the German Länder enabled them to push the federal government into undertaking reform, while the American states lacked the mechanism to propel such reform. The specific set up of the German Länder is thus the most important explanatory variable (Campbell and Morgan 2005: 909-10). Alber, finally, adds the importance of church-state relations to the list of explanatory factors (Alber 1995).

So far the explanatory factors (problem pressure, political mobilisation, and institutional effects) are derived from theories on welfare state development. Yet the theoretical expectations taken from migration policy literature also have to be taken into account. In recent years an extensive literature has emerged on explaining migration policy outcomes (see for an overview e.g. Lahav and Guiraudon 2006; Boswell 2007). Much of this literature is concerned with explaining the ‘gap’ between the desires of a largely anti-immigrant public and the expansive bias of migration policies (Freeman 1995). It should be noted that such a ‘gap’ cannot be taken for granted in the Italian case. It has to be empirically assessed to what extent there is a gap between public opinion on migrant domestic workers and the actually policies.

When trying to explain policy outcomes, migration scholars mostly point at the factors that were already mentioned before. The equivalent of problem pressure is demand for labour; the attention for political mobilisation is unchanged (Statham and Geddes 2006); and institutions are expected to matter mostly in terms of electoral systems (Lahav and Guiraudon 2006). There are two factors that were absent in the previous list, but indispensable when studying migration policies. The first is the role of public opinion. Attitudes towards migration are often very pronounced. They increasingly play a role in political campaigns and debates throughout Europe. Especially after the political successes of anti-immigrant parties, public opinion on migration can no longer be disregarded (Schain 2006). Secondly, various authors point at the importance of supranational institutions. Of primary importance here is the European Union, which has increasing competences in the area of migration. Moreover, with the introduction of the Schengen area, European states have become much more interdependent when it comes to border control.

Table 4 below lists all the above described explanatory factors. In the following analysis of the development of Italian social and migration policies, these factors will be used as guidelines. It is not attempted to single out which variable matters most, but rather to show how these different elements have interacted and contributed to Italian developments, which are placed in a comparative European context.
Table 4: Relevant explanatory factors for developments in social and migration policies

<table>
<thead>
<tr>
<th>Level</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Input factors</td>
<td>Problem pressure / labour demand</td>
</tr>
<tr>
<td></td>
<td>Public opinion</td>
</tr>
<tr>
<td></td>
<td>Political mobilisation</td>
</tr>
<tr>
<td>Institutional filters</td>
<td>Policy legacies</td>
</tr>
<tr>
<td></td>
<td>Political system</td>
</tr>
<tr>
<td>External influences</td>
<td>European Union</td>
</tr>
</tbody>
</table>

Source: loosely based on (Bonoli 2006; Lahav and Guiraudon 2006)

The lack of reform of Italian long term elderly care

Although the Italian welfare state has developed quite generous social insurance schemes, especially for pensioners, and a universal health care system (Ferrera 1996), its role in the provision of social assistance in general, and of care services in particular, has always been limited. The Italian welfare regime relied heavily on the family as provider of welfare for financially or physically dependent family members. The strong ‘familialism’ of Italy and other Southern European welfare regimes is closely related to the Catholic conception of the natural role of women as carers, the strong emphasis on the subsidiary role of the state vis-à-vis the family, and in relation to the latter, the reliance on voluntary (mostly Catholic) organisations as welfare providers of last resort (cf. Saraceno 1998; Naldini 2003). Families’ obligations, reaching beyond the nuclear family, are even stipulated in law. According to the civil code, reformed in 1975, the group of kin ‘with responsibility for maintenance’ includes spouses, children, parents, siblings, sons and daughters in-law, and parents in-law (Naldini 2003: 122). The implication of this far-reaching family responsibility is that if there is a need for institutional elderly care, ‘the state will not assume the financial burden for the family/kinship dependent members until the means of all these kin, who are legally responsible for maintenance, have been thoroughly investigated’ (Naldini 2003: 123).

The Italian constitution, adopted in 1948, delegated the main responsibility for the provision of social care services to regional and local authorities. After the Italian regions were created in the 1970s, the constitutional provision was implemented, while the national parliament never enacted any encompassing guidelines for the provision of social services (Fargion 2000: 76). Such a lack of clear guidelines is related to the continuous dominance (until the 1990s) of the Christian Democrats (Democrazia Cristiana, DC) in Italian politics. This party protected the status quo of reliance on Catholic voluntary and semi-public organisations. The laws that local and regional authorities enacted also gave little thought to how social care services should be organised, and what means were available (Trifletti 1998: 183). Consequently, little change took place and the provision of institutional and home care remained mostly confined to existing (Catholic) co-operatives and voluntary organisations that were contracted by the local authorities.
In the 1980s, the high costs of frail elderly occupying hospital beds put long term care for the elderly on the national political agenda (Trifletti 1998: 183). In 1987 a national plan to create more nursery homes and to expand domiciliary and day care services was introduced. However, the plan was very slow to get off the ground, and its impact has been limited (Da Roit, Le Bihan et al. 2007: 658). Initiatives were re-launched when in 1992 the parliament adopted a plan for the improvement of older people’s health, in which the development of a network of social services at the regional and local level was envisaged. The plan reinforced regional policy initiatives, leading to experimentations with different types of service provision and an increasing differentiation between northern and central regions on the one hand, and southern on the other. Overall, however, the initiatives did not alter the scarcity of social services in quantitative terms (Da Roit, Le Bihan et al. 2007: 658). The limited implications of the 1992 plan can be found both in the complex bureaucratic procedures and in the lack of financial means available (Trifletti 1998: 186).

Compared to the limited Italian public care services, many more frail elderly could benefit from the instalment of the earlier discussed ‘indennità di accompagnamento’. In 1980 the cash allowance was at first only targeted at disabled adults, but it was soon expanded to include the frail elderly. Over the years it has been attempted to tighten eligibility criteria (work incapacity and need of constant care in order to carry out every day activities) for this disability allowance, because these still left a lot of discretionary room for interpretation for local administrators, thereby becoming an instrument of clientilist practices (Da Roit, Le Bihan et al. 2007: 661). Such reforms have not been successful, probably partly because of the interest of clientilist politicians in maintaining them. Consequently, the number of beneficiaries has increased continuously (see above).

In Italy as well as in many surrounding Southern and continental European countries the supply of social services for the elderly remained part of social assistance regulations and therefore means tested. The elderly care sector was often dominated by voluntary organisations, which were subsidized by the state but hardly regulated (see e.g. Alber 1995 on Germany). The only exceptions were on the one hand Scandinavian countries, where publicly provided home care services played an important role in care for the elderly, and on the other hand the UK and the Netherlands, which each developed relatively encompassing public residential care provisions (see the country specific contributions to Lewis 1998). The generous and unregulated Italian cash allowance – there are no regulations of how to spend the received money – are more unique. A similar situation could only be found in Austria (Österle and Hammer 2007: 16), while cash for care benefits in the other Southern European countries were (and are) less generous (Bettio, Simonazzi et al. 2006: 272).

Increasingly unique is the fact that Italy has not reformed its long term elderly care system. In the past decades, in response to demographic pressures and subsequent rising costs, many countries reformed their long term elderly care systems. While the Scandinavian countries mostly stuck to their strong reliance of public home care provision, the UK and the Netherlands both, in reaction to the very high costs of institutional care, introduced mixed systems of relatively widespread home care services and regulated – only to be spent on certain services – cash benefits.

France also reformed its elderly care system in response to high financial pressure on the ‘départements’. It were these départements, already responsible for social care services, that mobilised and pushed for a reform. The result was the introduction of the ‘allocation peronnalisée à l’autonome’ (APA), a cash benefit that is managed at the departmental level, while
the state guarantees and redistributes resources across departments (Morel 2006). The use of the cash benefit is highly regulated and teams of specialists help in the organisation of care services.

In a similar way the German Länder mobilised because of the increasing financial pressure on their social assistance schemes, on which frail elderly were dependent as a last resort. Pushed by the Länder, the Christian Democrats (CDU) successfully made the reform a main issue in the 1990 elections. Regardless of opposition from employers’ organisations and doubts of the Liberal coalition partner, the German government introduced the ‘Soziale Pflegeversicherung’, a long term care insurance financed by contributions of both employers and employees. The Pflegeversicherung gives people in need of long term care the choice between cash and in-kind benefits (Morel 2006). Austria, finally, introduced an integrated cash-benefit scheme (‘Pflegegeld’), which replaced the existing fragmented system of care service provision and social assistance. The height of the cash allowance depends on the level of disability and the number of hours of care needed (Österle and Hammer 2007).

None of all this has happened in Italy, even though the 1990s gave a considerable scope for welfare reform. The early 1990s had witnessed some unsettling events, when the judicial investigations known as the ‘mani pulite’ (clean hands) revealed widespread political corruption and resulted in the replacement of almost the entire political elite, including the disappearance (or renaming) of all important political parties. As a consequence, the dominance of political parties, for which the Italian political system used to be known, decreased (Bull and Newell 2006: 11-12), giving more room for reforms induced by the government. At the same time, a broadly shared will to enter into the last stage of the Economic and Monetary Union (the introduction of the Euro) increased the scope for far-reaching welfare reforms, provided that they helped decreasing Italy’s vast budgetary deficits (Ferrera and Gualmini 2004; Natali 2004). A third factor in favour of welfare state reform was the first ever centre-left government which took office in 1996 (Fargion 2004).

This first centre-left government led by Prodi set up a commission (‘Commissione Onofri’) which had to evaluate existing social policies and propose new plans. Its aim was not to increase spending on social policies, but to reduce expenses on social insurances, thereby making funds available for the less or non-insured risks, such as poverty and old age dependency. One of its proposals was to create comprehensive scheme of support for elderly in need of long term care. This would exist of a ‘fondo per i non autosufficienti (a fund for the non self-sufficient), which would be financed through a targeted tax. The Commission maintained that changes in the Italian long term care system were indispensable, and that this could only be achieved through a national – instead of regional – reform. (Gori 2006: 29)

Although the ‘framework law’ (Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali, 2000/238) that was the result of the Commission’s advices contains a number of intentions for the improvement of social service provision for the frail elderly, most suggestions of the Onofri commission remained unrealised. Most importantly, no reform was envisaged of the financing of social services. Therefore, despite its intentions, the law did not substantially reform the system of long term care for the elderly (Gori 2006: 29; Da Roit, Le Bihan et al. 2007: 658). Moreover, the subsequent constitutional reforms of 2001 decentralised

\(^5\) From May 1996 till June 2001 central and left wing political parties formed a majority in the Italian parliament. As a consequence the country was ruled by centre-left governments for almost five years. However, due to ongoing political instability, there were no less than four consecutive centre-left governments that took office in this period (Prodi I. D’Alema I & II, Amato II).
the responsibility for social care provision almost entirely to the regions, thereby making national intervention even more complicated.

The lack of reform in elderly care could in part be attributed to the fact that Italy faced a period of strong budgetary austerity. Such austerity was present in most European countries (Pierson 2001), but due to the EMU requirements, it was particularly acute in Italy (Ferrera and Gualmini 2004). However, a closer look at the centre-left’s legislative period shows that the Commissione Onofri was exceptional in its attention for long term care for the frail elderly (Gori 2006: 29-30). The governments were instead much more concerned with other themes, such as families with children and poverty.

The lack of attention for long term elderly care can hardly be explained by budgetary austerity, nor by a lack of problem pressure. The population aged over 65 in Italy doubled between 1960 (9.3%) and 2000 (18.1%) and was in that last year higher than in all other European countries. The percentage of the population aged over 80 tripled to 4 percent in 2000, which was only surpassed by Sweden and equalled by Denmark and the United Kingdom. (OECD 2005: 101). At the same time, as table 1 above already showed, the number of women engaged in paid employment increased substantially. A need for long term care services would thus seem to be as big as, or even bigger than in other countries. Why did it nevertheless not cause a substantial political debate, as it did in many surrounding European countries?

There are two possible explanations for this lack of political attention. One explanation lies in the effects of a policy legacy of very limited state involvement in the area. Since Italians are not used to relying on public care services, they may not consider the state to be responsible for solving their increasing needs. At the same time, local and regional governments have only a limited legal obligation to provide care services, which might explain why they did not – as for example in Germany and France – mobilise in order to convince the national government to take more financial responsibilities.

Another explanation relates to the aversion of problem pressure. The lack of mobilisation both among elderly, who are well represented by for example pensioners’ trade unions, and among local and regional governments, can at least partly be found in the private solution that many Italian families had found in the mean time. While the commission Onofri was preparing its plans, families increasingly engaged private migrant care workers to care for their dependent family members. This would explain why regions were not overburdened by elderly dependent on their provisions of last resort – as was the case in Germany and France. Moreover, since the solution fits with the dominant model of family caring (Bettio, Simonazzi et al. 2006), it was (and is) readily accepted by Italian families.

**Permissive immigration policy**

Italy and the other Southern European countries became a country of net immigration for the first time in the 1980s. While most Western European countries had already experienced immigration as a consequence of guest worker programmes or colonial ties for decades, it was mostly new for Italy. Following increasing political and media attention, the first comprehensive Italian immigration law stems from 1986. It addressed immigrants as workers who competed unfairly (= illegally) with native workers (Zincone and Caponio 2006: 2). The law set both conditions for admission and for regularisation of migrants (105.312 immigrants managed to pass
the test, Veikou and Triandafyllidou 2001: 5). At the same time the law suspended the issuing of labour permits for domestic work, a practice which was in fact common in the preceding years.

It quickly became apparent that the law did not adequately address illegal migration nor did it facilitate immigrant integration. In the context of growing migratory flows, both from Eastern Europe – brought about by the fall of the communist regime – and from other parts of the world (South-East Asia, North Africa, South America), two new legislations, each accompanied by regularisation measures and a series of ad hoc provisions followed in the 1990s6. One special administrative decree allowed entrance of migrants taking up domestic work. It was in force between 1991 and 1995. In these years domestic work was in fact the main reason for issuing work permits, but the number of issued permits was still low (circ. n. 165, 29 November 1991, Andall 2000: 59; Anderson 2000: 66-68; Sarti 2004: 7).

The bulk of legislation that currently regulates immigration into Italy follows from two major legal reforms. The first one is the 1998 ‘Legge Turco-Napolitano’ (40/1998), which was in the same year incorporated into the ‘Single Act’ (‘Testo unico delle disposizioni concernenti la disciplina dell’immigrazione e norme sulla condizione dello straniero’). The second is a reform of this ‘Singe Act’, better known as the ‘Legge Bossi-Fini’ (2002).

The ‘Turco-Napolitano Act’7, enacted by the centre-left government, took a very strict approach towards undocumented immigrants, setting up special detention centres for arrested immigrants that are to be expelled. At the same time the law allowed for yearly immigration quotas and supportive measures for immigrants already present. Reasons for the initiation of this new legislation were, according to an extensive research conducted by Zincone et al., primarily the problem pressure resulting from failure of previous legislation to discourage clandestine immigration and to promote social integration of immigrants, combined with strong European pressure stemming from entrance into the Schengen area (effective as from October 1997), which made Italy’s borders effectively EU borders (Zincone 2006: 352). Although there was fierce opposition to the law from the opposition parties – especially from the Lega Nord, which distinguished itself as an anti-immigrant party – these parties decided not to filibuster the law, primarily out of fear of not being let into the Schengen area (ibid: 357).

While desire for a new immigration act came mostly from inside the government, specific contents were suggested by an active advocacy coalition, consisting of a number of Catholic organisations as well as NGOs with a left wing political orientation8. A regularisation or irregular residents was enacted only after the main law, in a ‘Corrective Decree’ (no. 380 of 16 October 1998), which ‘the government had not intended to grant, [but] was the result of joint pressure by the advocacy coalition and employers’ organisations, which constituted an alignment that was hard to resist’ (Zincone 2006: 258). As a result, around 220,000 undocumented migrants were regularised (Zincone and Caponio 2006: 4).

The law did not contain any references to migrant care workers. Such a reference only appeared in the subsequent ‘Bossi-Fini Law’9. This law – besides further tightening criteria for legal entrance and expanding the possibilities for detention and expulsion of irregular immigrants

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6 After the 1990 ‘Martelli Law’, 234,841 immigrants were regularised; in 1995 the highly restrictive ‘Dini Decree’ allowed for the regularisation of 248,501 immigrants (Zincone and Caponio 2006: 3-4)
7 Named after Social Affairs Minister Livia Turco (Democratici di Sinistra) and Interior Minister Giorgio Napolitano (also Democratici di Sinistra?)
8 Examples are GAIA (interfaith discussion group including ACLI, Scouts and evangelical organisations), Caritas (Catholic organisation highly concerned with migrants’ rights), ARCI (NGO with left wing political orientation).
9 Named after Vice Prime Minister Gianfranco Fini (Alleanza Nazionale) and Minister of Institutional Reform Umberto Bossi (Lega Nord).
– included a section on the regularisation of only those immigrants that worked as domestic or personal care workers. More specifically: whoever, in the three months before the law came into effect, had employed a person from outside the EU, engaged in assistance of dependent family members who suffer from physical conditions or a handicap that limit their self-sufficiency, or in domestic work in support of family needs, can – within two months – apply for a regularisation of the involved person (Legge 30 luglio 2002, n. 189, Art. 33). As a consequence around 316 thousand migrant domestic and care workers were regularised. How is it possible that a law, which carries the name of one of the most anti-immigrant politicians in Italy, allowed for the regularisation of such a large amount of migrant domestic and care workers?

In the preceding years – in Italy as well as in many other European countries – migration was increasingly subject to negative public sentiments. In media coverage and public debates, migration was more and more associated with criminality (Sciortino and Colombo 2004: 109). The centre-right coalition led by Berlusconi made use of these public sentiments, successfully making the perceived failings of the centre-left legislation an issue in their political campaign for the 2001 elections (Paparelle and Rinolfi 2002). After having won the elections, one of the main priorities of the government was enacting a new migration law. Negotiations over the law were this time primarily a coalition partners affair, and members of the opposition as well as of the advocacy coalition were deliberately excluded (Zincone 2006: 363). This contributed to a highly polarised and ideological-political atmosphere, very different from the preparation of the Turco-Napolitano Act (ibid: 364). In short, not exactly a context in which one would expect a rigorous change of plans.

Some particular events taking place during the preparation of the new law may help to clarify subsequent developments. In autumn 2001 and winter 2002, manifestations had taken place, in which elderly, accompanied by their ‘badanti’, had demanded the regularisation of these undocumented assistants. Thus, the political mobilisation that was basically inexistent around long term care issues, was visible in relation to immigration regulations. Although these events were only small, it is exemplary for the fact that ‘also centre-right families made and make use of care givers’. In other words, both supporters and opponents of the centre-right government made use of migrant care workers. This, in combination with continuous pressure from the earlier mentioned advocacy coalition and the importance of the consent of the moderate Catholic coalition party UDC (Democratic Union of the Centre), gave the centre-right coalition a strong incentive to comply with the demand for regularisation of domestic and care workers.

After the Bossi-Fini law: reinforcing existing trends

One of the main effects of the regularisation initiated in the Bossi-Fini law was to make the phenomenon of migrant domestic and care workers visible, both for public scrutiny in general and for policy makers in particular.

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10 Note that Immediately after the publication of the Bossi-Fini law, employers organisations, again together with the pro-immigrant advocacy coalition, managed to extend the regularisation to other dependent workers
11 The manifestations were organised by, among others, Viva gli Anziani. (see Sarti 2004: 2) See numerous newspaper articles, e.g.: ‘Anziani in piazza per gli immigrati’ in Corriere della Sera, 23/11/2001; ‘Nonni e immigrati sono in piazza’ in La Nazione, 18/01/2002, ‘Immigrati come uscire dal caos’ in La Repubblica, 23/01/2002. For further information see: http://www.santegidio.org/it/manifestazioni/20011122/index.htm
12 I thank Giovanna Zincone for pointing this out to me.
In the area of social care policy, during Berlusconi’s centre-right rule, more attention was paid to long term care for the elderly than under its centre-left predecessor. This comes primarily at the account of the Minister of Health, Girolamo Sirchia, who has repeatedly underlined the insufficiency of the long term care system in Italy. However, although arguing that 10 billion euros would be necessary for a reform, he failed to present any comprehensive plans. In 2003 the Sirchia gave up on the issue, because of the limited willingness of Berlusconi’s government to push through any reforms of the long term care system (Gori 2006: 30-1).

In the same year, the parliamentary Social Affairs Committee presented their own proposal for a unified law on long term care, including a ‘Fondo nazionale per il sostegno delle persone non autosufficienti’\(^\text{13}\). The proposal included the investment of 4.5 billion euros annually raised through extra taxations. It was broadly supported by parliamentarians from both the governing parties and the opposition (except for the Rifondazione Communista), but was blocked by the government, which was unwilling to increase fiscal pressure in any way. In response the Committee revised its plans and decreased the required tax revenue to 2.1 billion euros, but this did not make any difference. (Gori 2006:31-2). The only noteworthy measure that the centre-right government did take, was making the social security contributions – that employers have to pay when they regularise their domestic workers – tax deductible. The explicit goal of the measure was to make the declaration of a private domestic and care worker more attractive.

In the mean time, some developments took place at the regional and local level. While some regions experimented with an expansion of public provision and voucher systems (Bifulco and Vitale 2006: 503), others opted for additional cash benefits, thereby reinforcing the private elderly care by helping families buying the services they need on the private market. The provision of institutional and especially home care services has remained very limited in recent years (Gori and Da Roit 2007: 64).

Back in power in 2006, the new centre-left government, led by Prodi, ambitiously committed itself from the outset to the establishment of a fund for long term elderly care, of the kind that was described above. Under the direction of minister Ferrero of Social Solidarity the cabinet has indeed created a small budget for such a fund, but it has not had the chance to establish anything substantial. Moreover, the funds set aside came nowhere close to the amounts actually needed.

From 2002 onwards, migrant domestic and care workers have featured prominently in Italian migration regulations and debate. Specific quotas targeted at the group of workers are set yearly and are larger than for any other occupation. When in 2006 it was decided to grant citizens of the new EU member states Romania and Bulgaria unlimited access to employment in some jobs, this was primarily motivated by the need for domestic and care workers, and remained mostly limited to these types of occupations\(^\text{14}\). Finally, proposals by the new (and already old) centre-left coalition for a new migration law (2007) included more flexible quotas, because ‘if for companies the number of migrant workers is foreseeable, it is not for family carers’\(^\text{15}\). Given the recent fall of the Italian government, the law will probably never be implemented.

The apparently very positive stance towards immigration of domestic and care workers remains surprising in the context of a generally deteriorating attitude towards immigrants. A

\(^{13}\) Reporter: Katia Zanotti (Ds)

\(^{14}\) They are the main reason for which the government decided to open the borders for certain groups of employees (‘Allargamento Ue, porte aperte alle badante romene e bulgare, La Repubblica, 01-01-2007)

\(^{15}\) Minister of the Interior Amato in ‘Immigrazione, via libera alla riforma’, La Repubblica, 24-04-2007
glance at recent newspaper articles and parliamentary debates suggests simply that *badanti* are largely exempted from these negative public sentiments. None of the political parties has openly suggested that migrant care workers are unwelcome. Illustrative is a discussion in parliament in 2005 following the murder of an Italian citizen by an (Albanian) undocumented immigrant. Lega Nord parliamentarian Dario Galli suggested punishing those who give hospitality to an illegal immigrant as if they are accessory to a crime. Minister Carlo Giovanardi (UDC) replied that, without excluding the option, it was something to think about carefully, because: ‘it is one thing to assist in criminal activities but it is another to think about exposing an Italian citizen who hires a ‘colf’ [domestic worker] or ‘badante’ [carer] to assist elderly parents to the accusation of complicity in a crime, with all possible consequences, also of social order (because of the activities of domestic workers and care assistants), that would follow from such a stance’.

In can be inferred that permissive Italian immigration policies do not go against public opinion, at least not when care and domestic workers are concerned. This is thus in contrast with Freeman’s above-discussed assumption that there would be a ‘gap’ between public anti-immigrant sentiments and policy outcomes. Rather, Italian immigration policy largely reflects the public demand for migrant care workers.

**How unique is Italy?**

Although migrant care work is particularly visible in Italy, it is not the only country in which it is increasingly popular. Most similar to Italy are the developments in other Southern European countries. Spain, too, has enacted repeated regularisations of irregular residents of which migrant domestic workers have made substantial use. Moreover, since 1993 the Spanish government sets yearly quotas (‘cupo’) for the influx of immigrants into – among other occupations – domestic work. Escriva and Skinner note that more families can nowadays afford hiring a domestic worker because of increasing average incomes (Escriva and Skinner 2008: 114-6). Similar to Italy, too, Spain had until recently hardly reformed its long term care system. However, in 2006 the socialist government introduced a a new law on long term care, which involves the investment 1.4 billion euros annually and which will be phased in gradually from 2007 onwards (Gori 2006: 19). To what extent this new law implies a comprehensive reform and a break with the inheritance of public social care services as last resort only, remains to be seen.

Another interesting example are recent developments in Austria. As discussed above, the country did reform its social care system, introducing very generous cash benefits which should stimulate a market for social services. In recent years it has been generally acknowledged in Austria that thousands of older people engage the services of irregular foreign workers. Estimates suggest that around 40.000 nurses illegally take care of elderly dependents. In October 2006 public debate was fuelled when the then Chancellor of the ÖVP, Wolfgang Schüssel, admitted that his own mother-in-law had hired an illegal worker. This resulted in a temporary legalisation of home nurses. This step goes totally against the strict Austrian aversion against immigrant regularisations. The government promised to follow soon with a more comprehensive long-term policy agenda. (EIROnline 2007)

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16 XIV Legislatura, Seduta n. 639, 16 giugno 2005, concerning the 'Iniziative per contrastare l'immigrazione clandestina e per modificare la normativa che punisce coloro che la favoriscono - n. 3-04743', own translation
Problems associated with current developments

Although migrant care work may seem to provide a convenient solution for both families that prefer personal care services over institutions, and for states that can curb public expenditures, the developments are not unproblematic for several reasons. First of all, several authors have pointed at the harmful effects of the emergence of a ‘global care chain’, which urges women from poor regions to leave their own family in order to work for a wealthy households elsewhere (Parreñas 2001; Ehrenreich and Hochschild 2002). Against this argument one could bring up that it is migrants’ free choice to leave their own family behind and that those who do so apparently believe that they thereby improve their own and/or their family’s living situation. In any case the global care chain argument reminds us of the fact that the Italian solution creates new problems in the provision of care services elsewhere in the world.

Secondly, it should be noted that the majority of Italian families does not employ a migrant care worker. Partly, of course, because not all families need one, but also because wealth is not equally distributed among all elderly. Low income families are still not likely to be able to afford a private care worker. Therefore, migrant carers will never be a solution for all Italian families. A third issue is the question of durability. Will the supply of migrants willing to work for low wages and under unpleasant circumstances be persistent? And will public opinion stay as permissive towards migrant care workers as it is now, even if numbers increase further? In this context it becomes particularly striking that the current situation has relieved the Italian government from pressures to reform its widely insufficient social care system. If supplies of migrant workers are to fall, Italian families will be confronted with serious problems.

Finally, the Italian developments create a new group of ‘outsiders to welfare’ (Rueda 2005). It is only because the migrant care workers are not fully incorporated into the Italian social protection system that their labour is so cheap and flexible. If the migrant care workers at a certain point decide not to return to their home country – which is implicitly assumed in Italian immigration policies – a growing group of new Italian residents will emerge. Residents who are hardly protected against old or new social risks and will, for example, face enormous problems when becoming dependent on long term care themselves.

Conclusion

In the first part of this paper it has been demonstrated that a lack of public care provisions can lead to a demand for migrant labour. It has been shown that Italian public policies have strongly favoured the practice of hiring a migrant care worker in response to needs for long term elderly care, in particular because of the relatively generous cash benefits provided by the Italian welfare state, which have given many families the financial resources necessary to make use of the private services provided by migrants. Moreover, immigration policies have facilitated the inflows and regularisation of migrant care workers.

The second part of the paper has explored how Italian social and migration policies could become so conducive to migrant care work. It has been shown that this policy outcome is, in first instance, not the result of a conscious political ‘choice’ favouring migrant care workers over public care provision. Rather, it seems to be the result of a policy legacy of limited state involvement in social care provision, in combination with the aversion of problem pressure through the availability of migrant care workers in recent years. While the social assistance
budgets of regional governments in e.g. Germany and France were overburdened by the demand for long term elderly care, Italian families had found another solution. This could explain why reforms of the social care system, which took place in so many other European countries, have not been pushed through in Italy.

With respect to immigration policies, the permissive stance vis-à-vis domestic and care workers, especially striking in the regularisation included in the Bossi-Fini law, seems to be the result of a broadly supported demand for domestic and care workers, which has been verbalised in several demonstrations in the months prior to the Bossi-Fini law. Moreover, the broadly recognised need for care workers is translated into a generally positive attitude towards immigrant employed within private households.

Recent Italian developments point in the direction of a continuation and reinforcement of the reliance on migrant care work. Since the presence of migrant care workers keeps averting problem pressure, it does not seem likely that a reform of the elderly care system will be achieved any time soon. On the contrary, the initiatives launched by Prodi’s centre left government demonstrate the will to support and expand migrant care work, provided that it emerges out of the grey market. Although it remains to be seen how strict Berlusconi’s new centre-right government will be on immigration, the current situation suggests that the Italian model of ‘migrant in the family’ provision of care will be reinforced, this time as a consequence of conscious political choices.
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