

**FAMILIES AND CARERS: ITALIAN FAMILIES' EXPERIENCES OF THE
TRANSITION TO THE 'MIGRANT-IN-THE-FAMILY' MODEL OF
ELDERLY CARE.**

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Abstract

Employing ethnographic methods, this thesis examines the experiences of Italian family carers and live-in migrant eldercare assistants in order to understand how the meaning of family care, the spaces where care is provided and caring roles change during the transition from a family-based model, when care for the elderly is provided at home by a member of the family, to the ‘migrant-in-the-family’ model, when care for the elderly is provided by migrant care workers, the majority of whom are women, who live and work in the house of their employers.

This thesis makes three distinct contributions to the growing literature on migrant domestic and care work. Firstly, it shows that during the transition to the ‘migrant-in-the-family’ model the concept of care at home changes, cohabiting strategies are excluded and the house of the elderly person is constructed as the proper space to provide care, a space which is kept as separate from the spaces where the rest of the family lives. Secondly, it shows that family employers construct the relationship with their eldercare assistants in terms of family-like relationships in order to establish with them a ‘moral contract’ and pass on them the responsibility of being constantly present in the house of their elderly relatives. Finally, this thesis shows that this new understanding of family care legitimises the emergence of a new social institution, the ‘migrant-in-the-family model’, which reproduces the same gender inequalities of the family-based model. Family primary caregivers, who are in the majority of the cases women, continue to be involved in caring for their elderly relatives managing migrant eldercare assistants and controlling that they provide care according to the ‘moral contract’. In addition, the ‘migrant-in-the-family’ model leads to an emotional exploitation of migrant eldercare assistants.

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CHAPTER ONE. INTRODUCTION

A woman goes out of her house at 6:00 am, she crosses the square which separates her house from that of her elderly mother. She enters in the house, she prepares the coffee, heats the milk on the gas grill, she toasts some bread and spreads some marmalade on it, then she sets the table for the breakfast and helps her mother to get up from the bed. While the elderly woman eats her breakfast her daughter quickly goes to the bedroom, makes the bed, orders the room and then passes to the bathroom and starts cleaning it. Before leaving the house, she tells to her mother to keep the phone near and to call if there are any problems. It is 7:30 am, she runs towards the bus stop, if she misses the 7:45 bus for the city she will arrive late at work. She runs and while she runs she thinks that her mother cannot stay at home alone anymore.

Alexandra arrived in Italy from a small town on the coast of the Black Sea in Romania. She lives and works in the house of an elderly woman affected by dementia, she is a live-in eldercare assistant. Every day she wakes up at 7:00 am, she orders her room, at 7:30 am she prepares the breakfast for the elderly woman. When the elderly woman finishes her breakfast, she helps her to wash and dress, then she takes her to the living room, she switches on the television and leaves her seated on the sofa watching her favourite morning programme. It is 10:00 am and it is time to start preparing the lunch. While she cooks, Alexandra thinks that she needs to tell the daughter of the elderly woman that she needs to take three weeks holiday to go home. She also thinks that before going home she will have to find a substitute.

The vignettes reported above are illustrative of two phases of the caring parabola of families with a dependent elderly member in Italy. The first vignette shows a daughter in the phase which precedes the employment of a live-in eldercare assistant. During this phase, care is provided through the family-based model

according to which care is provided at home by a family member, usually a woman. The daughter in the vignette has not adopted a cohabitation strategy and cares for her mother by going backward and forward from her house to that of the elderly woman. The second vignette illustrates the daily routines of a live-in eldercare assistant who is about to tell her employer that she needs to go home for three weeks. What is missing in the two vignettes is the process through which families move eldercare assistants in the house of the elderly person; the process through which the house of the elderly person is constructed as the proper space to provide care; and the process which leads eldercare assistants to feel responsible to find a substitute if they want to go on holiday. This dissertation aims to analyse these three processes offering an ethnographic account of the journey that families with dependent elderly members take from the phase pre eldercare assistant to the phase post eldercare assistant.

In Italy, like in other Mediterranean countries, caring responsibilities towards the elderly have traditionally been left to the family, in particular to the women of the family (Piazza, 1997; Alemani, 2004; Da Roit, 2007; Degiuli, 2010). However, in the last three decades, the convergence of different trends, including an increased participation of Italian women in the labour market and low fertility rates, has shrunk the pool of potential carers leading to a shortage in the provision of care for the vulnerable members of the family, in particular for elderly people (Bettio et al., 2006). This shortage of care has lately been covered by live-in migrant eldercare assistants, that is to say eldercare assistants who work and live in the house of their employers (Cingolani and Piperno, 2005; Marin and Serban, 2008; Catanzaro and Colombo 2009; Piperno, 2011). This phenomenon has become so widespread that authors like Bettio et al. (2006: 272) have argued that a transition from a family-based model to a migrant-in-the-family model of care has occurred. By introducing

the concept of migrant-in-the-family model, Bettio et al. (2006) could not have coined a more accurate term to highlight the importance of migrant labour when family care-givers become employers and the family becomes an enterprise (Degiuli, 2010).

The migrant-in-the-family model of elderly care has developed in Italy, Spain (Leon, 2010), Greece (Lyberaki, 2008) and is becoming common also in Austria and Germany (Lutz and Palenga-Möllenbeck, 2010; Lutz, 2017). However, what makes Italy a particularly interesting country for the investigation of this phenomenon is the perception that people have of Italy as the quintessential place of the ‘traditional’ family. Literature, movies, commercial advertisements have contributed to imprint in the collective imagination a stereotyped idea of the Italian family as united and supportive. According to this idea Italy is the place where care is provided at home by the women of the family, where the image of the family is associated to love, positive emotions, the warmth of the home, the home as a safe haven (Weicht, 2015). An image which is opposed to that of care in institutions which is imagined as cold and un-affectionate. This poses the question of how the ‘traditional’ understanding of ‘family care’ changes after the employment of a live-in migrant eldercare assistant, and consequently how ‘traditional’ care relationships change in this model. This dissertation aims to contribute to the growing literature on migrant domestic work offering an analysis of how the meaning of care, caring roles and the space where care is provided change during the transition from a family-based model to a migrant-in-the-family model.

This dissertation consists of seven chapters. Chapter Two reviews different strands of literature concerning welfare, care and migration in order to outline the conceptual and theoretical framework of this study. The chapter is divided in two parts. The first part analyses the emergence of new care models at the intersection of

welfare regimes, migration regimes and the culture of care while the second part of the chapter analyses the emergence of new care models at the micro level of the family. In particular, the second part focuses on literature concerning three processes: the process through which care responsibilities are allocated and distributed within the family; the process through which the 'home' changes when commodified relationships are introduced in the domestic domain; and the process through which the working relationship between employers and migrant eldercare assistants are transformed into family-like relationships. Chapter Three illustrates the methodology of this study, this includes a discussion about the sampling strategy, the qualitative methods used in this study, the process of data analysis and reflexivity. This chapter provides also a discussion about the ethical issues encountered in this research. Chapter Four outlines the Italian caring context and examines the development of the migrant-in-the-family model in relation to the Italian welfare state, the culture of care and Italian immigration policies. After Chapter Four follows the three empirical chapters. These chapters reflect the logic of this research which aims to understand the family's transition from a family-based to a migrant-in-the-family model. In line with this, Chapter Five examines the phase which precedes the employment of an eldercare assistant, that is to say the phase when the family identifies its primary caregiver. During this phase not only are care responsibilities allocated but also the space where care has to be provided is defined. A key finding of this study is that the house of the elderly person is constructed as the proper space where care should be provided and that this space is maintained as separate from the spaces where the rest of the family lives. I call this separation, a separation between 'spaces of care' and 'spaces of home'. Chapter Six offers an analysis of the phase which I call of 'adaptation', that is to say the phase when eldercare assistants are 'inserted' in the house of the elderly person. The findings of

this research show that eldercare assistants are expected to act as the ‘control valves’ of the negative emotions generated by the caring process, in so doing they play a fundamental role in maintaining separated ‘space of care’ and ‘space of home’. This chapter shows also that family members and eldercare assistants establish a ‘moral contract’ (Näre, 2011) according to which eldercare assistants are expected to be constantly present in the house of their elderly relatives and care for them until they pass away. Chapter Seven focuses on the role of family primary caregivers after the employment of an eldercare assistant. This chapter analyses how the meaning of care changes after the family has employed an eldercare assistant. Finally, Chapter Eight discusses the main findings of the dissertation.

CHAPTER TWO. THEORISING THE EMERGENCE OF NEW CARE MODELS IN SOCIETY

2.1 Introduction

How do new models of care emerge in society? And to what extent does the meaning of care change during the transition between old and new models of care? These are two of the questions addressed by this dissertation. The first question has to do with who cares in society, how care is provided and where. The second question has to do with how we justify the way we care in society. This chapter reviews different strands of literature concerning welfare, care and migration, in order to provide the conceptual and theoretical background required to understand the transition from a family to a migrant-in-the-family model of elderly care. This chapter is divided into two parts; the first part of the chapter analyses the emergence of new care models at the intersection of welfare regimes, migration regimes and the culture of care. The second part analyses how new care models are implemented at the micro level of the family, focusing in particular on care models which entail the private employment of care workers.

The chapter starts by reviewing the literature on welfare regimes and comparative welfare state analysis. The comparative welfare state literature has started to develop in concomitance with the neo-liberal shift which has characterised Western European countries during the 1990s (Esping-Andersen, 1990; Castles and Mitchell, 1992; Leibfried, 1992). According to this literature, hybrid care models like those that entail the private employment of migrant eldercare assistants are the consequence of a shift in the distribution of care responsibilities between the state, the family and the market, with the latter acquiring a more prominent role compared to the past. However, this understanding of the organisation of care at the macro

level does not explain why countries who have followed similar reform paths have witnessed the emergence of different care models. In the second section of this chapter it is argued that welfare state transformations do not occur solely as a result of social policies applied by a power who works in a top down direction, but also on the culture and the ethics of care of a given society. The third section of the chapter examines the relation that welfare regimes and the culture of care have with migration regimes. Migration regimes play a fundamental role on the way migrant domestic and care workers, in particular migrant women, are incorporated into the private and public care and domestic markets of receiving countries. This section looks at the globalisation of domestic and care work (Hochschild, 2000; Hondagneu-Sotelo, 2001; Parreñas, 2005) and argues that the migration regimes of receiving countries contribute to reproduce gender inequalities both nationally and internationally.

The literature on welfare regimes, migration regimes and global domestic and care migration is very important to the understanding of how and why models which entail the employment of live-in eldercare assistants have emerged in contemporary society. Yet this literature does not tell us how these care models are implemented at the micro level. It is for this reason that the second part of the chapter draws on literature about family employers, migrant domestic work and emotional care work in order to look at three processes that take place at the family level, namely: the allocation of caring responsibilities in the family before and after the employment of a migrant eldercare assistant; the process through which the home changes when commodified relationships are introduced in the domestic domain; and finally the process through which the working relationship between employers and migrant eldercare assistants are transformed into family-like relationships.

2.2 The organisation of care at the macro level: welfare regimes, migration regimes and the culture of care

Since the 1990s, an extensive literature on comparative social policy has developed (Esping-Andersen, 1990; Leibfried, 1992; Castles and Mitchell, 1992; Castles, 1993, 1998; Daly and Lewis, 2000). Cross-national empirical research on welfare state policies has focused on the specific profiles of welfare state institutions, namely state, family, market and voluntary sector and how the responsibility to care is divided between these entities. The most influential book of this strand of research can be considered Gosta Esping-Andersen's (1990) 'The Three Worlds of Welfare Capitalism'. In this book Esping-Andersen identifies three different types of welfare regimes: liberal, conservative and social democratic. This classification is made on the basis of two concepts: the concept of *de-commodification*, and the concept of *stratification*. De-commodification is defined as 'the degree to which a person can maintain a livelihood without reliance on the market', while stratification refers to the type of 'social stratification', that is the degree of solidarity promoted by social policies within the welfare state (Arts and Gellisen, 2002: 142). According to this classification, Scandinavian countries belong to the social democratic model, the United Kingdom belongs to the liberal model while Italy and in general Southern European countries belong to the conservative model. These clusters of welfare states are founded on 'basic principles' which refer to values, ideas of solidarity, the role of the state, family and the market. Italy, as a country belonging to the conservative model, is based on the principle of subsidiarity, according to which 'the state will only interfere when the family's capacity to service its members is exhausted' (Esping-Andersen, 1990: 27). In this way, care is provided at home and

the family is the one assuming the majority of the emotional and the economic cost of care provision.

Esping-Andersen's classification has been criticised in different ways. In particular, scholars pointed out the lack of attention to gender-related issues (Lewis, 1992; Borchorst, 1994; Daly, 1994; Sainsbury, 1994) and to race related issues (Williams, 1995). Yet, this classification continued to inspire other scholars, Ferrera (1996), for instance, developed Esping-Andersen's classification further and argued the existence of a Mediterranean model of welfare which he called the 'Southern model'. Ferrera (1996: 30) claimed that Italy, together with other Mediterranean countries like Greece and Spain, are part of an independent welfare model characterised by four main traits: 1) A highly fragmented income maintenance system displaying a marked internal polarisation: peaks of generosity (e.g. pensions) accompanied by macroscopic gaps in protection (lack of services); 2) A low degree of state penetration in the welfare sphere; 3) The departure from corporatist traditions in the field of healthcare and the establishment of National Health Services based on a universalistic principle; 4) The persistence of clientelism. Subsequently, Esping-Andersen (1999: 48) revisited his classification 'through the analytic lens of the family'. The main innovation of this revision was the conceptualisation of the social policy function of the family. Esping-Andersen (1999) distinguished between *familialistic* or *de-familializing* systems. This distinction was made according to the role played by the family in the provision of care for its members. While in *de-familializing* systems, households' welfare is relaxed via welfare state provision or via market provision, in *familialistic* systems, public policies assume that households must carry the principal responsibility for their members. Nevertheless, the limitation of this classification is that it does not consider that even in *de-familializing* systems the family continues to be the main

provider of care, moreover, as Leitner (2003) argues, Esping-Andersen assumed the absence of the state in *familialistic* systems.

Leitner (2003) further shows that Esping-Andersen did not take into account that the unpaid care provided by families is usually sustained by some form of cash transfers from the state, for instance direct payments that include care allowances; tax reductions or cash paid through social security (Ungerson, 1997; Leitner, 2003). On the basis of this critique, Leitner (2003) borrowed Esping-Andersen's concepts of *familialistic* and *de-familializing* to propose a new and more accurate classification of welfare states based on their family policies. Leitner (2003) argued that *familialistic* policies, like direct or indirect transfers (e.g. care allowances or tax reductions) strengthen the role of families as providers of care at the same time as reinforcing the dependence of the person cared for on his/her caregivers. By contrast, *de-familializing* policies, like the public provision of care through social services or public subsidy of care services through the market, 'aim at unburdening the family in its caring function', they reduce the family's responsibility to provide care for their members and reduce the dependence of the person cared for on his/her caregivers (Leitner, 2003: 359). Leitner (2003) considers two indicators to measure familialism: paid parental leave and formal child care services for children under the age of three. While in terms of eldercare, she considers as indicators: the percentage of elderly people receiving home care services and the availability of cash transfers.

Familialistic and de-familializing policies are not mutually exclusive and according to the balance between the two, Leitner (2003) identifies four ideal types of welfare regimes: 1) Explicit *familialism* which strengthens the role of families as care providers through *familialistic* policies; 2) The optional *familialism* which is characterised by *familialistic* policies but also by *de-familializing* policies which give families other options to provide care for their members; 3) The implicit

familialism which neither offers *de-familialization* nor actively supports the caring function of families through any kind of *familialistic* policy; 4) Finally, *de-familialism* which is characterised by *de-familializing* policies which strengthen the role of both state and the market in the provision of care services, while *familialistic* policies are limited or absent (Leitner, 2003). Using this classification, Catarino et al. (2013) argue that Italy, in terms of childcare, falls into the ‘explicit familialism’ type, while in terms of elderly care it falls on the ‘implicit familialism’ type.

Another influential classification of care regimes is the one proposed by Bettio and Plantenga (2004). Bettio and Plantenga’s (2004) classification is based on the amount of informal care provided by the family. These two authors have used micro data on the volume and distribution of informal care in households from the European Community Household Panel (ECHP 1996) to compare European countries on the basis of the involvement of adults in care activities. In particular, Bettio and Plantenga (2004: 87) used two indicators: 1) The number of adults devoting at least two hours per day to caring for children (younger than 16) or other sick, elderly, or disabled persons, divided by the number of dependents, namely children under the age of 16 and elderly above the age of 74; 2) The share of households, out of all households with children, that do not pay for regular childcare. Afterward these two indicators were combined into a single index labelled ‘index of informal care intensity’¹. On the basis of this index and on the basis of the reliance on the policy mix composed by pensions, domiciliary assistance and residential care, Bettio and Plantenga (2004) have identified a continuum of five clusters of countries at the extremes of which there are respectively Mediterranean

¹ Bettio and Plantenga (2004: 103) have created this index ‘subtracting the lowest country value from all national values, subsequently setting the highest country value to 100 and expressing the remaining country value as percentage of the top value. Secondly, the two standardized values for each country were averaged, thus obtaining an index that also ranges from 0 to 100’.

countries (where informal care is more intense) and Nordic countries (where informal care is less intense).

The shortcoming of the literature on welfare regimes and comparative welfare state analysis is that it only looks at the organisation of care at the macro level. Scholars like Daly and Lewis (2000) have pointed out that an analysis of the organisation of care in society should also include an analysis of care at the micro level. Introducing the concept of *social care*, Daly and Lewis (2000) have argued that changing patterns in the organisation of care at the macro level cannot be fully understood without a consideration of the implications that these changes have at the micro level. *Social care*, according to these two authors, is composed of three key dimensions: 1) Care as labour; 2) Care as located within a normative framework of obligations and responsibility; 3) Care as an activity which has financial and emotional costs, costs which extend across public/private boundaries (Daly and Lewis, 2000). The table below illustrates an elaboration of Daly and Lewis's concept of *social care*, the table also highlights the empirical indicators to analyse the changes occurring at the macro and at the micro level.

	Macro-level	Micro-level
Conceptual reference	Division of care (labour, responsibility and cost) for children and elderly or ill adults between the state, market, family and community.	The distribution of care (labour, cost and responsibility) among individuals within the family and community and the character of state support for caring and carers.
Empirically indicated by	The care infrastructure (services and cash). The distribution of provision between sectors.	Who performs the caring. Who is the recipient of any benefits and services that are available. Which kind of relations exist between the caregiver and receiver. Under what economic, social and normative conditions care is carried out. The economic activity

		patterns of women of caring age.
Trajectory of change	More/less: state; market; family; community.	An alteration in the distribution of caring activity. An alteration in the identity of carers. An alteration in the conditions under which caring is carried out and the nature of the state's role therein. An alteration in the relations between care-giver and receiver.

Table 2.1 Elaboration of the concept of social care (Daly and Lewis, 2000: 287)

Although very useful, this conceptual framework considers the changes in the organisation of care as the result of social policies applied by a power which works in a top-down direction and does not tell, for instance, why similar social policies applied in different countries can lead to the emergence of different care models (Da Roit and Le Bihan, 2010).

It has to be highlighted that the comparative welfare state literature started to develop at the beginning of the 1990s in concomitance with the neo-liberal shift which characterised most Western European societies. This neo-liberal shift in welfare systems was the consequence of the convergence of different trends, including an ageing population and the increased participation of women in the labour market (Ungerson, 2003). Policymakers recognised how these trends had hastened a shortage in the provision of care for the vulnerable members of the family and tried to find solutions to compensate for this *care deficit* (Hochschild, 2000). Countries like the United Kingdom, France and the Netherlands, introduced forms of direct cash schemes which allowed the care user to employ care workers or to buy other care services from the private sector (Ungerson, 1997). These reforms re-considered the relationship between care users and social care systems with the

expectation of transforming the role of individuals and families from passive receivers to active actors in the organisation of their own care arrangements. As Fine (2013: 430) points out, hidden in the cash-for-care schemes introduced by most European countries in the 1990s, there was the intention to transfer the 'responsibility for budgetary control and for rationing resources from those responsible for funding services to the consumer or the consumer's family'. As Tronto (2013: 42) states, the message associated with this transfer of responsibility was: whenever an individual is not able to take care for his/her family, it is not the welfare system in which the individual lives responsible for this failure but it is the individual himself/herself 'to blame for not having made enough sacrifices or taken enough responsibility'.

Ungerson (1997) describes the developments that occurred in the welfare states of Western countries in the 1990s as part of a process that she defines as *care commodification*. With the term *commodified care*, Ungerson (1997, 1999, 2003) refers to informal care delivered to disabled people in their homes (that is to say the domestic domain) which has some form of cash subvention attached to it. Within this commodifying process, care receivers meet their needs through market mechanisms (Pavolini and Ranci, 2008; Simonazzi, 2009). This process follows the neo-liberal ideology according to which individuals are seen principally as workers and consumers and the state as an entity entitled to apply policies which can maintain a free market (Tronto, 2013). Within the free market individuals are thought to be 'free' because they can organise their care arrangements by buying the care services that best fit their needs. The problem is that choice is not a synonym of freedom, firstly because, as Tronto (2013) points out, if one individual is oppressed he/she will be only able to make 'bad' choices. Secondly, because choice is not always rational. If choices, for instance, are made according to the culture of a given

society and this culture is made of a system of values and beliefs that function ideologically to sustain gender inequalities or other forms of exclusions, then, individuals will probably buy services in the market which will continue to replicate these inequalities. The role that culture plays in the distribution of care responsibilities in society and in the development of care models cannot be underestimated, suffice it to consider the fact that, although the countries who adopted cash-for-care schemes in the 1990s have followed similar patterns, the outcomes have been different according to the care culture of each specific country in which these schemes have been introduced (Da Roit and Le Bihan, 2010; Brennan et al., 2012; Williams, 2012; Williams and Brennan, 2012). Concerning elderly care, in Mediterranean countries, care allowances have been used by beneficiaries to develop a model which entails the employment of live-in migrant eldercare assistants. This model, defined by Bettio et al. (2006) as a migrant-in-the-family model of care, is consistent with the cultural and ‘moral imperative’ according to which care should be provided at home avoiding the institutionalisation of elderly people (Degiuli, 2010: 765). While in the UK or in Netherlands nursing homes continues to be the most common solution adopted by families with dependent elderly relatives (Davies and Nolan, 2004; Da Roit, 2010). In order to understand the emergence of care models and their transformation through time the following section examines the relationship between welfare regimes and what Pfau-Effinger (2005) defines as ‘the culture of care’.

2.3 The culture of care

Mahon et al. (2012) argue that the variation in the outcome of cash-for-care schemes can be explained by specific discourses about tradition, care, the role of the family and the state, in sum this variation depends on the different cultures of the contexts

in which these policies have been implemented. An attempt to integrate the role of cultural ideals in the analyses of welfare states is provided by Pfau-Effinger's (2005) 'welfare arrangement approach'. According to this approach, welfare state policies develop in broad cultural contexts which shape specific welfare responses. The definition of culture adopted by the 'welfare arrangement approach' is the one proposed by Neidhardt et al. (1986: 11) according to whom, culture is a 'system of collective constructions of meaning by which human beings define reality'. Following Neidhardt et al.'s definition, welfare cultures can be seen as a series of ideals, values and stocks of knowledge which come together to form a certain idea of how to provide welfare (Pfau-Effinger, 2005). Thus, welfare cultures comprise ideas about the role of central social institutions like the labour market, the family, welfare state institutions and broader ideas about the relationships between these entities. For instance, ideas about social services and the type of care that they should provide; who in the family should care and where; when families should turn to the market to provide care for their elderly and what type of services they should buy. Williams and Gavanas (2008: 15) define 'care culture' as the 'dominant national and local cultural discourses on what constitutes appropriate childcare, such as surrogate mothering, mothers working and caring part-time; intergenerational help; shared parental care, or professional day care'. In sum, different welfare cultures express different meanings of care. However it must be highlighted that, as Duncan (2005) points out, care cultures vary according to class, ethnicity and location. This means that the dominant culture of care may differ from the culture of care within ethnic minority groups, for instance, but it can vary also according the geographical area within the same country.

Pfau-Effinger (2005) argues that care policies have a complex interrelation with the cultural context in which they are implemented. The production of new care

ideals and practices depends on this complex interrelation (Pfau-Effinger, 2005). Thus, the social practices of individuals are not simply the outcome of state policies, on the contrary, the behaviour of individuals is a process which is influenced by cultural ideals and values. This explains why in certain countries, ideas about the provision of welfare may be shared by the majority of the population independently of their material interests (Pfau-Effinger, 2005). As a matter of fact, the impact of welfare state policies on the behaviour of individuals is not always the consequence of an economic rationality but also the consequence of what may be defined as a 'moral rationality' (Duncan and Edwards, 1998; Pfau-Effinger, 2005), that is to say what is considered 'good' and 'bad', acceptable and unacceptable in a given society. Hochschild (1995) points out that each care policy carries with it a specific normative and moral message. However, the way this message is received by the recipients of the policy depends on what is already considered morally 'good' or 'bad'. The care policy solution emerges out of the negotiation between new and old ideas of what is considered 'appropriate' and 'non-appropriate' and it is out of this negotiation that new ethics of care are generated. In what follows, I consider the contribution given by Hochschild (1995) to the analysis of care policies.

Hochschild (1995) states that care arrangements develop according to different ideals of care, that is to say different ideas of what care is, who should provide care and where. Specifically, this author distinguishes between four 'ideals' or 'images' of care: 1) The 'traditional' ideal of care sees care as performed by women in the domestic domain, that is to say the sphere of the family and the home. This ideal of care goes hand in hand with the male breadwinner model and the principle according to which care is provided to fulfil kinship moral obligations; 2) The 'postmodern' ideal of care sees care as a burden that needs to be minimised as much as possible by both care recipient and care giver. In order to minimise this

burden care needs are either denied or fulfilled making resort to new technologies. This image of care does not consider the emotional aspect of caring and puts emphasis on the assumption that care receivers should live independently without seeking support. This ideal of care expects that individuals find their own private caring arrangements, buying services on the market; 3) The 'cold modern' ideal of care claims that care is a burden that needs to be minimised but rather than expecting individual solutions like the postmodern ideal it sees care as a collective issue which requires more state intervention. According to this ideal, care (especially elderly care) should be taken away from families and provided by other institutions; 4) Finally, the fourth ideal of care is the 'warm modern' ideal which sees care as something that involves both women and men. According to this ideal the structure of work should be adjusted in order to allow individuals to fulfil their caring needs. According to Hochschild (1995) this is the most difficult ideal to achieve in contemporary societies.

These four ideals are not mutually exclusive, they may coexist in a given society (Hochschild, 1995). For instance, the establishment of a postmodern ideal may coexist with the persistence of a traditional ideal of care. Practices of traditional care may persist in specific segments of society even though the postmodern ideal has become dominant. Vice versa it could happen that the traditional ideal remains dominant even though the postmodern ideal has spread among specific and circumscribed segments of the population. Furthermore, there may be also cases where these ideals mix like in the case of hybrid arrangements which entail the employment of live-in eldercare assistants and where elements of both the 'traditional' and 'postmodern' ideals coexist within the same segment of the population. Pickard (2010) suggests that the way we provide care, how we are cared for, how we negotiate caring responsibilities, cultural values, beliefs and norms

about care, reflects the ethics of our culture. This scholar states that carers do not want to simply follow rules, they want to be moral, they want to be ‘good carers’ and in so doing they reflect upon themselves as ethical subjects (Pickard, 2010). Sevenhuijsen (1998: 36-37) defines ethics as the ‘systematic and critical reflection on human action in the light of good and bad, right and wrong’ while morality is ‘the totality of rules, codes, values, norms which are used to justify behaviour by labelling it right or wrong’. In other words, what is conceived as good care and a good carer is the result of negotiations between the ethics of care of a specific time and those practices of care which are considered morally acceptable.

During the last thirty years a strand of literature which focuses specifically on the ethics of care has developed (Fisher and Tronto, 1990; Sevenhuijsen, 1998, 2004; Tronto, 2013). This literature considers care as central in human life. According to care ethicists, care is relational, it involves all of us because all of us experience vulnerability independently from our age or gender. For this reason, the ethics of care literature adopts a universalistic approach which overcomes the dichotomy between care receiver and care provider insofar as we are all receivers and providers of care (Tronto, 1993; Sevenhuijsen, 2004). In this respect, care can be considered a political concept to improve democratic practices and to achieve equality and justice in society (Tronto, 1993, 2013). Within the ethics of care literature, I consider the definition of care proposed by Fisher and Tronto (1990) to be of particular relevance to understanding the transition between different models of care. According to these authors care is ‘a species activity that includes everything that we do to maintain, continue and repair our “world” so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment, all of which we seek to interweave in a complex, life-sustaining web’ (Fisher and Tronto, 1990: 40). The ethics of care framework sees care as a

continuous social process characterised by four phases which accompany people throughout the whole cycle of their life. These four phases of care are: 'caring about'; 'caring for'; 'caregiving' and 'care receiving'. Each of these phases is characterised by specific values or moral qualities which are respectively: attentiveness; responsibility; competence; and responsiveness. 'Caring about' requires seeing and recognising care needs; paying attention to the factors that determine survival; having knowledge of particular situations; understanding needs and choosing various strategies of action, which will be culturally and individually shaped. This phase requires the moral quality of being *attentive* to these needs. 'Caring for' comprises taking responsibilities for initiating caring activities; having detailed knowledge of particular situations; seeing what is necessary in a given situation and employing the means necessary into action. This phase requires the moral quality of being *responsible* for meeting the needs identified in the previous phase. 'Caregiving' entails directly meeting the needs for care; carrying out the daily routines and developing a thought knowledge of them; 'Repairing and maintaining the world'. This phase requires the value of *competence*. Those who do the *caring for* have to see, together with caregivers, whether or not the care provided is appropriate. Finally, 'care-receiving' requires the involvement of the recipient of care in order to know if his/her caring needs are met. This phase requires the moral quality of *responsiveness* that means paying attention to the reaction of the care receivers in order to evaluate the quality of the care provided. Those involved in caring will use *responsiveness* to determine what type of care is necessary to meet the needs of the elderly person.

This definition of care has been criticised because it is considered too broad (Groenhout, 2004; Held, 2006). By contrast, I believe that the flexibility of this definition and the capacity to adapt and define more specific forms of care is to be

considered its main strength, especially if it is applied to investigate how the four phases described above change during the transition from old to new models of care. It must be highlighted that Sevenhuijsen (2004: 37) adds a fifth value, *trust*, which she defines as the ‘oil in the wheel of care’. Trust, according to Sevenhuijsen (2004: 37) entails: ‘the possibility of entrusting ourselves to the care of others. [W]ithout trust the continuity in the four phases is hampered, and care becomes fragmented and diminishes in quality’. More recently, Tronto (2013: 23) has introduced another phase of care, the phase of ‘caring with’, according to which ‘caring needs and the way in which they are met need to be consistent with democratic commitments to justice, equality, and freedom for all’. The problem is that caring responsibilities in advanced capitalist societies continue to be allocated through non-democratic processes. As Tronto (2013) noted, some groups in society continue to receive ‘passes out’ of specific forms of responsibilities and in so doing they are allocated with what Tronto (2013) defines as ‘privileged irresponsibility’.

Tronto (2013) describes the process through which ‘privileged irresponsibility’ is allocated as an ‘irresponsibility machine’, that is a series of mechanisms which allow certain groups and institutions in society to escape from specific forms of care (for instance the responsibility to provide direct, physical and personal care). A ‘feminist democratic ethics of care approach’ (Tronto, 2013) seeks to understand how these mechanisms work and argues that democratic politics should re-allocate caring responsibilities in a more equal and just way. In line with the ethics of care approach also the issues raised by Williams (2001) are important to achieve what she defines as a *new political ethics of care*. Williams (2001), like Tronto (1993), argues that care should be recognised as an activity which binds people together. Recognising that all of us are receivers and givers of care would lead us, according to Williams (2001), to learn virtues like trust, responsibility,

acceptance of diversity and tolerance for human fragility. This recognition would eventually lead to a democratisation of care relationships independently of whether these relationships are relationships based on blood, kinship, friendship or relationships based on a working contract (see also Tronto, 2013). According to Williams (2001), all actors involved in caring should have a voice, especially those who historically have been marginalised, starting with the disabled, the elderly and paid and non-paid carers. Last but not least, Williams (2001) argues that care should be recognised as a political issue characterised by dynamics which operate at different levels: local, national and international. These dynamics, particularly those that operate at the international level, have created new forms of gender exploitation which involve a gendered flow of migration from relatively poor countries directed towards the care markets of richer countries (Ehrenreich and Hochschild 2002; Parreñas 2005). As a matter of fact, the experiences of the European welfare states that have gone through the neo-liberal reforms of the 1990s have in common the increasing reliance on female migrant care workers (Williams, 2012). Female migrant care workers cover a fundamental role in the sustainability of European welfare states. This leads to the discussion in the following section, which examines the literature on global domestic work, the feminisation of migration and the relationship between welfare regimes and migration regimes.

2.4 Globalisation, migration regimes and the role of migrant care work in advanced capitalist societies

During the 1990s a dramatic ageing process combined with an increased participation of women in the labour market and a low fertility rate put the traditional male breadwinner model under pressure, leading to a crisis in the social care systems of European countries (Saraceno, 1997). This gap in the provision of

care for the vulnerable members of the family has led many European welfare states to rely on migrant carers (Williams, 2012). As demonstrated by historical studies, like the one conducted by Raffaella Sarti (2008), domestic work² provided by migrants is not a new phenomenon. Nevertheless, what is new about contemporary forms of domestic work is its global dimension. The globalisation of domestic labour is strictly related to another global phenomenon, that of the feminisation of international migration (Castles and Miller, 1993). Although several studies have documented the growing presence of migrant men in the domestic sector (for instance Sarti and Scrinzi, 2010), the vast majority of migrant domestic workers are women (Da Roit and Gori, 2002). About this point, Parreñas (2005) has argued that this flow of migrant women from less developed countries to the domestic markets of more developed countries has generated a new ‘international division of reproductive labour’. Similarly Hondagneu-Sotelo (2001) has talked about a ‘new world domestic order’ while Hochschild (2000: 131) has coined the term ‘global chains of care’ to define ‘a series of personal links between people across the globe based on the paid or unpaid work of caring’ so that when one woman emigrates to provide care for an elderly person or a child in the families of a richer country, she creates the conditions for which another woman from an even poorer country takes her place to provide care for her children or her elderly parents left behind.

There are different theoretical models to study global labour migration, the orthodox model, for instance, takes a classical economic approach which

² The term domestic work refers here to work in the domestic domain. However, in this dissertation I distinguish domestic workers, who are involved mainly in cleaning and cooking, from live-in eldercare assistants who are involved in cleaning, cooking and caring (the ‘three Cs’ outlined by Anderson (2000)). This distinction is important because, as Näre (2011) points out, while the demand for domestic work remains connected to the upper-class lifestyle, the demand for care work, particularly the demand for live-in eldercare work cuts across different social strata.

presupposes that individuals make rational choices through an evaluation of the advantages and disadvantages of leaving their home country. In other words, their decision to migrate is the fruit of a rational evaluation about the benefits and the costs of migrating to another country (Todaro, 1969, 1989; Piore, 1979; Borjas, 1989). However, the rational ‘choice’ approach does not explain how the actions of ‘rational’ individuals then translate into macroeconomic processes. As Phizacklea (1998) notes, the migratory choices of single individuals take place within a framework which is outside the control of individuals. Within this framework the immigration policies of destination countries play a crucial role. Numerous studies have shown how immigration policies and immigration control play an important role on how flows of migrant women are incorporated into the private care markets of host countries (Van Hooren, 2008, 2010, 2012; Williams and Gavanas, 2008; Kilkey et al., 2010; Wall and Nunes, 2010; Shutes, 2012; Shutes and Chiatti, 2012; Williams, 2012; Catarino et al. 2013; Näre, 2013). These studies have shown that contemporary forms of domestic service are configured at the intersections of welfare, gender and migration regimes, but what is a migration regime? Giuseppe Sciortino (2004: 32) defines a migration regime as:

‘a mix of implicit conceptual frames, generations of turf wars among bureaucracies and waves after waves of ‘quick fix’ to emergencies, triggered by changing political constellations of actors. The notion of a migration regime allows room for gaps, ambiguities and outright strains: the life of a regime is the result of continuous repair work through practices.’

In line with this definition, Altman and Pannell (2012) have pointed out that immigration policy can be intentionally vague and that gaps in the immigration legislation can be left intentionally to allow flexibility in the enforcement of migration laws. This interpretation of migration regimes seems confirmed by the

study that Van Hooren (2010) conducted in Italy, a study which shows that gaps in the Italian immigration policy have allowed a tacit acceptance of undocumented workers in the care and domestic sector. Italian immigration laws will be examined in detail in Chapter Four, for now suffice it to say that in the last three decades, Italian governments of both right and left have been implementing stringent measures against illegal immigration, nevertheless, these measures have always guaranteed an exceptional position to migrant care workers allowing them to enter in the country through a system of quotas and amnesties (Van Hooren, 2010; Catarino et al., 2013). Similarly, Lutz (2017: 362) argues that the German state keeps care work 'out of their *managed migration* monitoring practices' turning a blind eye to illegal practices of employment because the private employment of undocumented care workers by German families allows the German policy maker to postpone expensive reforms in the care sector.

What the cases illustrated by Van Hooren (2010) and Lutz (2017) show is that migration regimes adapt to the needs of the labour market. The problem is that, as Lutz (2008) notes, within the needs of the labour market there are always inscribed gender norms, consequently migration regimes contribute to reproduce gender asymmetries both nationally and internationally. In order to illustrate this point, Lutz (2008) reports the case of the West German 'guest worker' system which was in place from 1955 to 1973. This system was implemented not because of a shortage in the labour market but to guarantee the maintenance of the 'housewife marriage' model which was possible only through the recruitment of male foreign workers and through the choice of avoiding the implementation of policies to encourage German women to enter the labour market. Similarly, Williams (1989) reports the case of Britain where, during the 1950s and 1960s, cheap labour was recruited from British colonies to sustain the institutions of the welfare state and to

meet labour shortages which otherwise would have been filled by married women disrupting the normative practices of a society based on the male breadwinner model that entails that the men of the family go out to work while women take care of the home. Today, in a changed context where the male breadwinner model has been substituted by the so called 'adult worker model' where both partners are expected to work (Sainsbury, 1999; Daly and Lewis, 2000), migrant workers care for the elderly and for children giving women of the household the possibility to work (Andall, 1995; Williams and Gavanoas, 2008). However, within this model a woman takes the place of another woman replicating the same gender asymmetry which was present in the male breadwinner model. Furthermore, gaps in immigration policies generate a context where the lack of rights to work regularly in the country of destination can lead migrants to irregular types of work characterised by precariousness, poor working conditions and exploitation (Anderson, 2010; Shutes and Chiatti, 2012).

As Phizacklea (1998: 30) shows in her study on the sex and 'maid' industry, the experiences of migrant women are mediated by immigration policies 'which often in very subtle ways continue to treat women as confined to a male regulated private sphere'. Phizacklea (1998) points out that, although it is illegal for employers to hire undocumented domestic workers, the governments of receiving countries turn a blind eye on these practices while the domestic workers are confined to the household of their employers but if they decide to leave their job or if they are fired by their employers then these migrant women find themselves being deported. This situation creates favourable conditions for those employers who want to exploit the work of domestic workers as they can threaten or intimidate them with potential deportation if they complain about working conditions (Phizacklea, 1998). To use the words of Macklin (1994: 30), these types of migration regimes generate a

‘revival of semi-indentured servitude’. But what is the role covered by migrant domestic and care workers in advanced capitalist societies?

Gutierrez-Rodriguez (2010) notes that domestic and care work is fundamental not only for the reproduction of the family but also for the sustainability of capitalist societies in general. Despite it, the value attached to care and domestic work is low, as demonstrated by its low financial compensation. Drawing on Marxist theory, Gutierrez-Rodriguez (2010) points out that this happens because within domestic and care work no commodities are produced. While care and domestic work are characterised by what Marx defines as ‘use-value’, they have no ‘exchange-value’ which is indispensable for capital accumulation. ‘Exchange-value’ is acquired when a commodity can be exchanged with other commodities while ‘use-value’ might be defined ‘a concrete experience of value, covering immediate human needs’ (Gutierrez-Rodriguez, 2010: 90). In other words, while ‘exchange-value’ is related to the position of the commodity in the market, ‘use-value’ is related to the fulfilment of needs. The problem is that the goal of capitalism is to accumulate capital and not to satisfy people’s needs. As Gutierrez-Rodriguez (2010: 91) points out, it is ‘the “exchange-value” attached to commodities that keeps the capital going as [capital] is created through the exchange and circulation of commodities’. On the contrary, ‘use-value’ does not generate ‘surplus-value’ and for this reason it is not useful for the accumulation of capital.

The important question that needs to be addressed is, why are care and domestic work at the bottom of the ‘value ladder’? Gutierrez-Rodriguez (2010) explains that the devaluation of domestic and care work is linked to the feminised and racialised character of the workers who perform this labour. Value is produced out of ‘a complex network of exchange activities attached to a framework of social and cultural meaning production’ (Gutierrez-Rodriguez, 2010: 90). The value of a

commodity is produced by social relations, thus it is not 'natural'. If domestic and care work are considered unskilled and low-value labour it is because society perceives them as naturally given:

'Domestic work is perceived as a form of "raw material". It is extracted as something that is a "naturally given" without considering the labor-power and labor-time that actually goes into it. This perception of domestic work as naturally given is a social outcome' (Gutierrez-Rodriguez, 2010: 95).

The devaluation process of care and domestic work has a long history, however the industrialisation period can be considered one of its cornerstones. In the eighteenth century the site of work moved out from the household. The separation between the domestic space and the site of production was accompanied by an ideology according to which men and women cared for the family in different ways. Men cared bringing at home the salary while women cared 'performing the necessary reproductive labour to allow men to continue to work' (Tronto, 2013: 80). This separation between households as the site of reproduction and the workplace as the site of production also had an impact on the conception of citizenship. As Tronto (2013) points out, before the Second World War, a citizen was the one who could protect the country doing the military service, and after the Second World War a citizen was the one who could work and produce for the country. Yet, because the only work considered productive was the work outside the household, women did not obtain a full citizenship like that of their fathers, husbands and sons. As a consequence of this, men became 'citizen workers' and women became 'support staff' that performed reproductive labour at home (Tronto, 2013: 82). In doing so, men 'earned' a 'production pass' which allowed them to avoid caring activities that took place in the household (Tronto, 2013).

As Kofman and Raghuram (2006) note, systems of production and systems of reproduction are inseparable, they are mutually constitutive. This means that any reorganisation of the production system is accompanied by a reorganisation of the reproduction system (Truong, 1996). Kofman (2014) notes that during the last three decades there has been a change in ideologies of care, an example of this change is the de-institutionalisation of care into the community, discourses of choice and new distribution of care responsibility and care provision between state, family, market and voluntary sector. These changes can also be linked to the process of informatisation which started during the 1970s and led to a shift from industry to tertiary sector. This transition has led to a situation where in many European countries, the capacity of families and households to reproduce themselves depends on the employment of migrant care and domestic workers. Within this new reproductive model domestic workers do the reproductive work at home allowing men and women of the family to be engaged in what is considered productive work outside the home. In light of this reorganisation of the production and reproduction system, the questions to pose are: what is actually happening inside the family? How are care responsibilities re-allocated within the family after the employment of a migrant care or domestic worker? Have women earned a 'production' pass (Tronto, 2013) like their male counterparts? And what happens when commodified relationships are inserted into the domestic domain, a domain that has traditionally been considered as the antipode of the market?

In order to answer these questions, the level of analysis needs to shift from a macro to a micro level, this leads us to the discussion of the second part of this chapter. The second part of the chapter is divided into three sections. The first section examines the process through which caring responsibilities are distributed and allocated within the family. The second section looks at the geographical

organisation of care, that is to say the organisation of the spaces where care is provided. Finally, the third section examines how the ‘home’ changes when it becomes a workplace. This section focuses in particular on the relationship between employers and migrant care workers and the process through which working relationships are gradually transformed into family-like relationships.

2.5 Who cares? Negotiating care responsibilities and care relationships within the family

Before starting any discussion about how families negotiate caring responsibilities, it is important to highlight that this dissertation shares Finch’s (2007) assumption according to which family does not equate to household. The concept of household as composed by family members who live in the same dwelling is limited for the purpose of this study. Research on transnational migration has demonstrated how families can extend across countries and continents (Williams, 2004). Bryceson and Vuorela (2002: 3) coined the term transnational family to refer to ‘families that live some or most of the time separated from each other, yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely familyhood, even across national borders’. The same could be said about many other types of families where the feeling of familyhood extends to other households, such as those formed through dissolved marriages, same sex partnerships, friendships or broader kin relationships (Finch, 2007). Thus, as Finch (2007: 69) states, ‘the question “Who is my family?” is really a question about relationships –“Which of my relationships has the character of a family relationship?”’. As family relationships are always subjected to change over time, families, who are made of these relationships, change with them. As Zontini (2006: 327) points out, families are not ‘clear-cut entities. They are rather fluid and changing over time, space and

life course of the individuals involved'. Following this line of thought, it is possible to argue that the family should be considered as a process rather than a monolithic entity.

Studies like the one conducted by Matthews and Rosner (1988) have shown that before adopting any type of long-term care strategy, caring for an elderly person involves a network of people with different degrees of responsibility. Due to this unequal distribution of care responsibilities, one of the family members is usually identified as the primary caregiver (Matthews and Rosner, 1988). The primary caregivers of the family are those who provide direct care on a daily basis, where direct care is understood as both physical (like personal care but also domestic care) and emotional. The other members of the family, depending on their level of involvement and degree of responsibility can be defined as secondary caregivers or back-up carers (Matthews and Rosner, 1988). Back-up carers substitute the primary caregiver on specific days of the week or generally when the primary caregiver is absent. Finally, there are support carers (Matthews and Rosner, 1988) who are family members available on demand to help primary caregivers and/or back-up carers. Leinonen (2011) also identifies a fourth category of family member, that is absent carers, who are family members who have dissociated from their caring responsibilities.

In order to understand how families identify their primary caregivers, Qureshi (1990) proposed a model based on a hierarchy of obligations among the network of family members. According to this model, the decision-making process about the provision of practical help to elderly people follows a hierarchy on the top of which there is the spouse of the elderly person, followed by daughters, daughters-in-law, sons, other relatives (e.g. sisters and brothers) and finally non-specified others (friends, neighbours, etc.). However, other studies, like the one conducted by

Finch and Mason (1993), have demonstrated how this hierarchy is not applied straightforwardly. According to these two scholars, the identification of the primary caregiver of the family is the consequence of a negotiation between family members. This means that Qureshi's hierarchy cannot be considered a norm of behaviour, that is to say 'what most people do' but a normative belief, that is to say 'what people think is the right thing to do' (Finch and Mason, 1993). The concept of caring responsibilities as the product of a negotiation within the family contrasts with the idea that people follow fixed rules when it comes to decide how to support a member of the family (Finch and Mason, 1993). Janet Finch (1989), in her book on *Family Obligations and Social Change* suggests that, the concept of 'guidelines' is a more useful concept than the one of 'rules of obligation'. According to this concept family members follow guidelines of what is appropriate to take into account when it comes to deciding whether to and how to offer assistance to a relative (Finch and Mason, 1993). The process of selecting and applying these normative guidelines is a process which involves creating and sharing understandings about what is 'the proper thing to do' (Finch and Mason, 1993). Normative guidelines are strictly related to what is considered morally appropriate or non-appropriate in a given society. As Egdell (2013) points out, every decision taken about care is situated not just within the family context but also within wider social and cultural expectations.

Cash et al. (2013) argue that a sense of moral or social responsibility increases the likelihood that people may not disclose their unwillingness to care. This means that, although many family members take on the role of primary caregiver voluntarily and enjoy this role, this cannot be assumed for all family members who find themselves in this situation. BurrIDGE et al. (2007) in their study about the 'reluctance to care' have argued that the moral discourse of care as

something provided out of love can hinder carers and family members' ability to disclose an unwillingness to care because this does not fit within socially desirable responses. This perspective is helpful for explaining cases where family members become primary caregivers despite their 'bad' relationship with their elderly relatives or for explaining cases in which family members accept more caring responsibilities than other family members who have the same type of relationship with the elderly person (on the unequal distribution of filial responsibilities between siblings see Matthews and Rosner, 1988; Ingersoll-Dayton et al., 2003; Connidis, 2007; Lashewicz et al., 2007; Lashewicz and Keating, 2009; Leinonen, 2011). As stated above, the identification of primary caregivers involves a process of negotiation. Finch and Mason (1993) argue that practices of negotiations can be explicit or implicit (Finch and Mason, 1993). Explicit negotiations are characterised by 'open discussion in which two or more parties seek to develop a common understanding of where the balance of responsibility to give and receive help should lie in a specific set of circumstances' (Finch and Mason, 1993: 60). They may occur to face a crisis in the family or to anticipate situations that are likely to develop. On the contrary, implicit negotiations refer to:

'situations where there is no open discussion, yet people do find ways of communicating with each other about what kinds of responsibility they regard as reasonable for themselves and for other people. Such communication is likely to occur over a period of time, so that sets of commitments develop gradually, incrementally and perhaps almost unnoticed. As a consequence, when a specific need arises it seems obvious who will help' (Finch and Mason, 1993: 61)

In their study on family responsibilities, Finch and Mason (1993) show that, whether the process of negotiation is implicit or explicit, care responsibilities are shared

according to the *legitimate excuses* that each family member can claim in order to reduce or avoid their involvement (Finch and Mason, 1993). According to Finch and Mason (1993) an excuse is more likely to be legitimised by the other members of the family if this excuse demonstrates that a family member is *unable* to provide assistance rather than *unwilling* to provide assistance (Finch and Mason, 1993). In other words, a family member, to dissociate from caring responsibilities, needs a legitimate excuse which demonstrates that she/he is *unable* to be involved. Among the legitimate excuses to dissociate from caring responsibilities Finch and Mason (1993) highlight employment, age, other family commitments, competence, geographical distance and lack of resources.

From this discussion, one may expect that the adoption of long-term care strategies, like the employment of a live-in care assistant or the institutionalisation of an elderly relative de-responsibilise the women of the family, who generally are those more likely to cover the role of primary caregiver. However, this conclusion is only partially true because, as demonstrated by studies like the one conducted by Da Roit and Naldini (2010) and Ambrosini (2016), the women of the family continue to fulfil caring responsibilities even after the employment of a migrant eldercare assistant. Similarly, Davies and Nolan (2004) have shown how primary caregivers continue to feel responsible even after the institutionalisation of an elderly relative. The existing literature on migrant care work shows that the women of the family, after the employment of an eldercare assistant, go from primary caregivers to becoming 'care managers' (Anderson, 2000; Da Roit, 2007; Da Roit and Naldini, 2010; Gutierrez-Rodriguez, 2010; Ambrosini, 2016). This literature highlights that the role of care managers involves indirect (or managerial) responsibilities like hiring, supervising and paying migrant eldercare assistants (Da Roit and Naldini, 2010). In addition, they retain direct responsibilities like cooperating with eldercare

assistants in caregiving activities, giving company to the elderly person, and substituting for eldercare assistants on their days off (Da Roit, 2007). The primary caregivers of the family continue to feel responsible for the care of their elderly relatives also after the employment of a live-in migrant care assistant or after moving an elderly relative into a nursing home (Penrod et al., 1998; Piercy, 1998; Keefe and Fancey, 2000; Davies and Nolan, 2004; Davies, 2005; Wilson et al., 2009). This means that the women of the family, even when they become employers of a migrant eldercare assistant, do not earn the same 'production pass' (Tronto, 2013) of their male counterparts. Women have earned a 'production pass' but their production pass is 'precarious', firstly because they continue to be involved in caregiving also after the employment of migrant care workers, secondly because, as studies like those conducted by Naldini et al. (2016) have shown, whenever the family can no longer afford the employment of a migrant eldercare assistant, female family members go back to their role of primary caregiver. However, the situation becomes complex if we consider that in advanced capitalist societies the household requires two incomes and not just one as had been the case for the male breadwinner model (Stacey, 1990). This means that, potentially, if the family cannot afford a domestic or care worker, women have to cover the double role of workers and full-time carers (Naldini et al., 2016). This flexibility of the women of the family in moving backward and forward from the role of primary caregiver to that of 'care manager' shows that the boundaries between these two roles are blurred. I argue that further research is required to understand how care responsibilities change when primary caregivers become employers. What is missing in the literature on family employers of care workers is an examination of how the transition from a primary caregiver to a 'care manager' occurs.

Shutes and Chiatti (2012: 398) have demonstrated that families employ a migrant eldercare assistant when they have exhausted their 'care potential'. This means that the family experiments first with the 'traditional' family-based model and then, when care provided through traditional care arrangements is no longer sufficient, the family adopts the migrant-in-the-family model of care. The empirical part of this dissertation aims to examine the journey that the family takes during this transition. Looking at the transition from a family-based model to a migrant-in-the-family model is necessary not only to understand how caring roles change within the family but also to understand how the spaces where care is provided change and consequently how the boundaries of the family change with them. As Radicioni and Weicht (2018: 369) point out, 'care is physically and discursively embedded in concrete places, which, likewise, are linked to social relations'. This leads us to the discussion of the following section which examines the process through which spaces of care are constructed. Specifically, the following section uses Ahmed's (2004) model of emotions, to show how the circulation of emotions within the 'affective economy' of the family shapes the geographical organisation of care.

2.6 The 'emotional' landscapes of care

In his book about the meaning of care, Weicht (2015) argues that the home has a double dimension. On the one hand, it is something imagined, associated with emotions and sentiments, and on the other it is something concrete, a material entity where physical care is provided (Weicht, 2015). The emotional and the material dimension of the home are strongly interrelated and influence each other (Blunt and Dowling, 2006). The private sphere of the home is also constructed in opposition to the sphere of the public which is associated to politics, bureaucracy and market. Interestingly, Gal (2004) notes that while the private property is a feature of the

capitalist society, the home is constructed as a sphere which protects the family against economic calculations. This distinction between private and public also reflects a gendered separation where the 'home' is constructed as a place where men seek retreat and relaxation after work, while for women the home remains a workplace, often charged with negative emotions and oppression (Blunt and Dowling, 2006). The fact that the home is experienced differently according to gender is also confirmed by studies like the one conducted by Da Roit and Naldini (2010) on daughters who combine work and care for elderly parents in Italy. These two scholars have demonstrated that women see the workplace outside the home as a free space where they are protected from the overwhelming demands of family care. In this sense, emotions reflect emotional hegemonies and reinforce gender inequalities (Jaggar, 1989). But how is the home constructed as a space of care? Ahmed's (2004) model of emotions is useful when trying to answer this question.

Ahmed (2004) introduced the concept of 'affective economy' to describe how emotions circulate in society and how specific emotions infuse certain spaces rather than others. This scholar argues that emotions do not reside in objects or subjects, on the contrary they are generated by their circulation. The encounter with objects and/or others can 'affect' us in different ways, generating different emotions; it is the circulation of these emotions that creates the boundaries between an 'inside' and an 'outside', between 'us' and 'them', between what we consider 'good' and what we consider 'bad' (Ahmed, 2004). Emotions contribute to the construction of boundaries through the attachment that they generate towards the objects and subjects that surround us (Ahmed, 2004). They reflect processes of 'moving' or 'turning' towards and away from objects and others. For instance, disgust pulls us away from 'objects' we find disgusting while desire pulls us towards 'objects' we love. In so doing, emotions 'work to align social and bodily space' (Ahmed, 2004:

84). Applying this model to elderly care we could argue that the circulation of emotions (negative and positive) shapes the family's 'landscape of care' (Milligan and Wiles, 2010), that is to say the geography of the places where care should be provided and those where care should not be provided. The concept of 'landscape of care' was introduced by Milligan and Wiles (2010) to capture the complex spatialities that care and care relationships entail. These two scholars developed this concept by building on previous geographical work, in particular on the concept of 'therapeutic landscape' which is 'a physical and social environment that is conducive to healing' (Gesler, 1996: 96).

Even though the home can be a dangerous place where abuse and maltreatment occur (Leeder, 2004), it is generally associated to positive emotions, comfort, security, independence, love and it is constructed in opposition to the institution which, by contrast, is perceived as a cold, lonely and impersonal place (Duyvendak, 2011; Weicht, 2015). Weicht (2015) argues that the home has traditionally been considered the quintessential realm of family care and family relationships. The question is, how can family members maintain the home as a site infused with positive emotions when an elderly member needs care? Scholars like Lutz (2008) have noted how household work generates negative emotions like disgust and shame while anthropologists of death like Hockey (1990) have argued that caring for ill elderly people generates a fear of death. Thus, to what extent do negative emotions shape the boundaries of the spaces in which people care in society? I argue that this is a question which has not been sufficiently considered in the literature on migrant care work. Da Roit (2010), in her study about changing elderly care in Italy and Netherlands, points out that family members exclude cohabitation with the elderly person to preserve their own independence. Da Roit (2010: 127) argues that in Italy, a country usually associated with 'traditional'

family care, cohabitation is considered 'a characteristic of the past'. This separation between the space of care from the rest of the spaces where the family lives reflects another interesting process of separation which characterises contemporary societies, that is the process of the institutionalisation of death (Hockey, 1990; Lloyd, 2004; Barbagli, 2018).

The physical separation of the house of the elderly person or nursing homes from the rest of the society reflects what Hockey (1990) has defined a conceptual separation between 'death' and 'life'. Death is often neglected in the discussions about elderly care, however elderly care is, as a matter of fact, 'end-of-life care' (Black, 2004) and it is precisely the relationship with death that distinguishes elderly care from childcare. Children will become independent producers and consumers while the dependence of elderly people, together with their status of 'incomplete' producers and consumers (Bauman, 2004) is irreversible. In a society where the value of individuals is judged on the basis of their productivity (and their capacity to consume), the human capital of elderly people is depreciated and devalued (Sweeting and Gilhooly, 1997). About this point, the literature on sociology of health has highlighted how long-term care can lead to a dis-alignment between biological death and social death, with the latter occurring before the biological death of the individual (Glaser and Strauss; 1966; Sweeting and Gilhooly, 1997; Lloyd, 2004). According to Sweeting and Gilhooly (1997), there are three groups of people which have the characteristics to be subjected to social death in contemporary society: those in the final stage of their life after a lengthy terminal illness; those suffering from dementia and/or a loss of personhood; and the very old. The characteristics of these three categories of people are in reality overlapping as the very old can also have the characteristics of the other two groups. This strand of literature has also highlighted how social death is not only a process through which

society devalues individuals as social beings, but it is also a process of ‘anticipatory grief’ through which people prepare themselves for the loss of a loved one (Fulton and Gottesman, 1980; Siegel and Weinstein, 1983; Sweeting and Gilhooly, 1990).

Scholars of anthropology of death have argued that there is an element of irrational fear for death which moves relatives, friends and acquaintances away from a fatally ill person, a person affected by dementia or from a very old person (Natterson and Knudson, 1960; Hockey, 1990; Barbagli, 2018). Ahmed (2004) argues that fear can affect people in two different ways: it can paralyse people in front of the object of fear or it can make people run away from the object of fear. Following Ahmed’s (2004) model of emotions one could argue that fear shapes the space where death should take place, it defines its boundaries as a place detached from the rest of society, detached from the places where life should go on as normal as possible. In this sense, nursing homes and hospitals, the two places where elderly people are more likely to die, act as a form of defence which protects society from the fear of death (Knutson, 1970; Hockey, 1990; Barbagli, 2018). Lloyd (2004) argues that the place considered appropriate for a person to die is strictly related to the cultural values of the society in which that person lives (see also Kearl, 1989). Referring to this point, Hockey (1990) has argued that in Western societies there is a tendency to regard the space where people live as an inappropriate place for dying. Chapter Four will discuss statistics about the places where people die in contemporary society, for now suffice it to say that in the majority of Western countries the percentage of elderly people who are cared for and die in nursing homes and hospices is increasing (Barbagli, 2018). Interestingly, Barbagli (2018) notes that death is facing a similar process of institutionalisation to that which occurred to the spaces of birth. The difference between the two is that while the institutionalisation of birth seems now to be complete, as it is a common practice for

the large majority of women in Western countries to give birth in hospitals (public or private clinics), the institutionalisation of death is not yet completed as there are countries where the majority of elderly people continue to die at home (Spain and Italy are good examples).

Following this line of thought, one could argue that the fact that in certain countries caring for an elderly person at home is considered the appropriate caring strategy, while in other countries the perceived appropriate caring strategy is to move the elderly person into a nursing home, is related to what is considered 'the proper place to be at the end-of-life' (Lloyd, 2004: 242). As Hockey (1990) explains, the boundary between 'life' and 'death' is critical in society, as it raises disturbing questions about the meaning of human existence. The rise of these disturbing feelings makes it so that death should take place at the margin of society, in hidden places, out of sight (Hockey, 1990). As Hockey (1990) states, with the marginalisation of death, the categories of people that are associated with this process are also marginalised, suffice to think about the bereaved, the widow, the mortuary attendant, the funeral director but also the elderly person. The literature on migrant care work suggests that a similar process of marginalisation occurs to migrant live-in eldercare assistants, that is to say migrant eldercare assistants that work and live in the house of the elderly person. Studies like the one conducted by Näre (2011, 2013, 2014) have highlighted how live-in eldercare assistants can feel their job is like 'being in a prison' because of the lack of interaction with the outside world.

The literature reviewed in this section has shown how emotions play an important role in constructing the appropriate spaces of care. This section has shown also that the choice of excluding a cohabitation strategy reflects the process through which the house of the elderly person is identified and constructed as the appropriate

place to provide care. I consider that the separation between ‘spaces of care’ and ‘spaces of the home’ is an important feature of the migrant-in-the-family model, a feature which has not been adequately considered by the existing literature on migrant care work. The empirical chapters of this dissertation aim to address this gap in the literature by examining the role that migrant eldercare assistants play in constructing and maintaining the emotional boundaries between the ‘space of care’ and ‘spaces of the home’. However, in order to analyse the role of eldercare assistants in the migrant-in-the-family model it is necessary first to have a theoretical discussion to understand how the home changes when commodified relationships are inserted into the domestic domain.

2.7 Inserting commodified relationships in the ‘home’

Understanding how the home changes after the employment of an eldercare assistant requires an examination of how employers and employees make sense of the old dichotomy between ‘care as love’ and ‘care as labour’. This dichotomy was highlighted for the first time by early feminist writers during the 1980s (Parker, 1981; Finch and Groves, 1983; Graham, 1983; Ungerson, 1987). Feminist researchers argued that the place where care had to be studied was the domestic domain and that both dimensions of care, emotional and material, had to be taken into account (Graham, 1983). Care without its emotional dimension was considered merely ‘tending’, as meant by Parker (1981): ‘the actual work of looking after those who, temporarily or permanently, cannot do so for themselves’ (cited in Graham, 1983: 27). Although subsequent investigations on institutional care have demonstrated that also the activity of ‘tending’ has an affective and emotional dimension (James, 1992), family care is still idealised as the ‘ideal’ form of caring, the only type of care associated with ‘love’. More recently, Lynch (2007: 556) has

argued that human life takes place in a wide range of overlapping networks or care circles. She defines this context as an 'interlocking sets of relational realities connected to each other [...] in complex and often unobservable ways'. According to Lynch (2007) there are three important care circles. The first circle is the circle of primary and intimate relations, this circle is composed by relationships like those between parents and children and it is characterised by strong attachment, interdependence and a deep level of intensity and engagement. The second circle involves relationships with friends, neighbours, relatives and work colleagues. Compared to the first circle, the second circle is characterised by a lower level of responsibility, commitment and emotional involvement. The third circle is characterised by relations with unknown others, in this circle there are responsibilities through statutory obligation which can be either economical or on a voluntary basis (Lynch, 2007). Within these three circles, only the first one is characterised by that dimension of care, 'love labouring', that according to Lynch (2007) is not commodifiable and that is 'undertaken through affection, commitment, attentiveness and the material investment of time, energy and resources' (2007: 557). Lynch (2007) argues that, the love involved in preparing the favourite meal of an elderly parent, watching the television with him/her or making him/her company is something that cannot be exchanged for money. By saying this, Lynch (2007) does not want to suggest that paid care is not necessary. On the contrary, according to this scholar, paid care can complement informal care, it can have a positive effect on the relationship between carers and the person cared for, sometimes it can even be indispensable when intimate care is poor or abusive. However, the shortcoming of this theorisation of care is that it does not take into account that in hybrid forms of caring, like the migrant-in-the-family model, relationships that characterise the third care circle are inserted in the house of elderly people. In the migrant-in-the-family

model eldercare assistants live and work in a locus where, in theory, only 'love labouring' should be admitted. Thus, although useful, Lynch's (2007) classification does not give us an explanation of how informal care and paid care complement each other in the context of families who employ migrant live-in eldercare assistants. This leads us to pose the question of how family employers make sense of this divide between love 'labouring' and commodified care when employment relationships are inserted into the 'home'.

Weicht (2015: 35) points out that, 'even in times of changing traditional family structures, the values and ideals associated with families remain stable'. According to this scholar, not only does the idea of family represent values and ideals associated with elderly care, but it represents '[the] benchmark against which other options of care are evaluated' (Weicht, 2015: 36). Thus, family ideals and values are adapted to hybrid care arrangements like those who entail the employment of eldercare assistants. In this vein, a study conducted by Mehta and Thang (2008) on the employment of migrant eldercare assistants in Singapore shows that even if most of the material and emotional care is provided by paid, non-family carers, care within this type of arrangement is still considered as family care if the elderly person is kept in his/her house. Weicht (2015: 51) argues that, care relationships with professional workers are also constructed in terms of familiarity, '[care relationships] are constructed in opposition to the stranger who is depicted as someone who distorts the realm of family and familiarity'. The question is, how do family employers normalise a professional relationship with an individual who is a stranger to the family? In recent years the domestic migrant care literature has focused on the moral relationship between migrant care workers, care receivers and their extended families (Karner, 1998; Lutz, 2008; Hoff et al., 2010; Weicht, 2010, 2015; Näre, 2013; Baldassar et al., 2017). In particular this literature has focused on

the process through which employers tend to transform the relationship with their employees into ‘fictive kin relationships’ (Weicht, 2010).

2.7.1 Family-like relationships

In order to describe the process through which migrant care workers are inserted as ‘kin-like’ members in the extended family, Baldassar et al. (2017) draw on the anthropology of adoption’s literature and borrow the concept of ‘kinning’, a concept used in this literature to describe the process through which an adopted child becomes part of an adopting family (see Howell, 2003). Baldassar et al. (2017: 535) point out that the development of ‘kin-like relationships’ is a process, and within this process the most important stage is the passage from ‘a forced or constrained choice of paid care relationship to a relationship which is mutually meaningful and [which] improves the life expectancies of both care worker and care receiver’. Another interesting interpretation of how family-like relationships develop is the one provided by Näre (2011), who describes the process through which families transform working relationships into ‘family-like’ relationships as part of a ‘moral economy’. According to Näre (2011), the relationship between family employers and migrant care workers is not based merely on an economic contract but also on a ‘moral contract’. That is to say that this relationship is based on notions of what is considered good/bad, just/unjust and not merely on economic profit maximising: ‘it is out of gratitude, familial duty and affection that workers should perform their jobs and not for economic benefit’ (Näre, 2011: 407). Through the ‘moral contract’ family employers demand that eldercare assistants provide ‘love labour’ in addition to material care. In other words, employers expect that they invest in the working relationship the aspect of care that according to Lynch (2007) is not commodifiable.

Literature on paid domestic work has emphasised how considering domestic and care workers 'like one of the family' is part of a strategy to exert symbolic power and domination (Romero, 1992; Bakan et al., 1997; Anderson, 2000; Parreñas, 2001). As Parreñas (2001: 180) points out 'the perception of domestic workers 'as one of the family' enforces, aggravates, and perpetuates unequal relations of power between domestic workers and their employers'. Nevertheless, Näre (2011) argues that often eldercare assistants genuinely see themselves as part of the family and that they prefer to work for employers who consider them part of the family because this means being respected and recognised as an important member of the household. Also Lutz (2008: 56) argues that: 'driven by loyalties towards their employers, [domestic workers] construct themselves as "one of the family" and are constructed by their employers in the same way'. However, even if the construction of family-like relationships between eldercare assistants and their employers can be reciprocal, power asymmetry ensures that these relationships will never be 'authentic' family relationships. Catarino et al. (2013), in their study about care workers and social recognition, show that eldercare assistants describe a 'good' employer as an employer who 'recognises' their employees, nonetheless, they also show that the price for this social recognition is the acceptance to work overtime without payment and to anticipate the employer's wishes. Authors like Lutz (2008: 53) have described how domestic workers try to limit their emotional involvement in the caring process, avoiding the development of strong ties or friendship with their employers. This scholar shows that when possible migrant domestic workers prefer to work paid by the hour rather than in a live-in position and in some cases they may also 'feign an urgent trip home as excuse for an exit' (Lutz, 2008: 53). Through these strategies domestic workers adopt a 'distanced attitude' and 'diffuse expectations' (Lutz, 2008: 53). Going back to Näre's (2011) concept of 'moral

contract', the strategies adopted by migrant care workers to diffuse the expectations of employers (Lutz, 2008) could be interpreted as techniques to dissolve or limit the 'moral contract' with their employers. But how has this idea of family-like relationships developed? The following section provides a historical background of the domestic sector in Italy, and analyses the role that Catholic organisations have had in promoting the idea of employer-employee relationships as family-like relationships. Focusing on the Italian context, the following section also examines how recruitment strategies contribute to the ethnicization of the domestic and care sectors.

2.8 Recruitment strategies, ethnic hierarchies and the social construction of the ideal eldercare assistant

Andall (2000) in her work on gender, migration and domestic work in Italy, shows that Catholic organisations like Acli-Colf, have played a key role in promoting domestic workers as family-like members. Acli (The association of Italian Christian workers) emerged in 1944 with the aim of promoting Christian values and catholic morality within the workplace. Subsequently, in 1945 the internal women's committee of Acli created the Acli-Colf (Colf stands for 'collaboratrice familiare': family collaborator) with the aim 'to protect women who worked outside the home and at the same time to safeguard the institution of the family' (Andall, 2000: 90). Through an analysis of the documents published by Acli-Colf, Andall (2000) shows that in the late 1950s, a time when the vast majority of domestic workers were still Italian women, Acli-Colf emphasised a family dual role for domestic workers: the role towards their own families and that towards the families for whom they worked. Female workers were encouraged not to neglect their duties towards their parents. Should their parents be in need of their help, female domestic workers were advised

to leave their domestic service immediately and return home (Andall, 2000). Interestingly, domestic workers' responsibilities towards husbands and children were not mentioned in these documents, implying that the majority of women working in this sector were thought to be single and childless. Furthermore, as Andall (2000) highlights, Acli-Colf encouraged domestic workers to perceive the employing family as a family and not as an employer, they were encouraged to consider the problems of the family as their problems, to sacrifice in the interest of the family employer, and to consider the relationship with the family employer not in terms of salary but in terms of a generous gift. Also family employers were encouraged to consider domestic workers as a member of the family, but generally the moral values promoted by Acli-Colf contributed to create a labour context that subordinated domestic workers to their employers (Andall, 2000). Those outlined above are the moral values that characterised the Italian domestic sector at the beginning of the 1970s, when the number of Italian women working in this sector started to diminish and migrant women gradually started to replace them (Scrinzi, 2008). As Näre (2011: 398) says, during this period started an 'ethnicization' of the domestic and care work sector. Gradually, an occupation which traditionally attracted internal migrants from the countryside and lower working-class women, became 'a migrant labour niche' (Näre, 2011: 398).

In this phase of transition, Catholic organisations continued to play a crucial role in providing assistance to women migrating from Cape Verde and from former Italian colonies in East Africa (Andall, 2000; Scrinzi, 2008). Campani (2000) argues that the Catholic mission in these countries played an important role in sending domestic workers to Italy. In the same vein, Scrinzi (2008) points out that the Catholic church, with its network of voluntary organisations played (and still plays) a key role in assisting migrant women when they arrived in Italy. There are several

studies that have described how voluntary organisations of the Catholic church act as informal mediators between family employers and migrant domestic workers (Andall, 2000; Scrinzi, 2004; Degiuli, 2011). Degiuli (2011: 352) has shown that, when migrant women access the services of these organisations, they are allocated to different domestic jobs according to their ethnic background:

‘it is in the encounter with employers and with cultural mediators [...] that migrant women [...] lose their blanket status of migrant to be differentiated according to different hierarchies’.

Similarly, Scrinzi (2004) has highlighted that, once arrived in Italy, migrant women with different ethnic backgrounds are objectified and classified. Within this process of objectification, ideas of ‘race’, ‘gender’ and ‘culture’ are constructed and associated with the characteristics and competences required for specific domestic jobs (Scrinzi, 2004). Marchetti and Scrinzi (2014) have shown that Latin American women and Filipino women are positioned at the top of the domestic ethnic hierarchy because they are associated with ‘feminine’ qualities like patience, devotion, sacrifice, and respect. Because of these qualities they are thought to be particularly suitable for the care of the elderly (Marchetti and Scrinzi, 2014). Also Parreñas (2001) in her study about Filipino migrants in Rome, argues that although Filipino domestic workers are not recognised as Italians, in the ethnic hierarchy of domestic workers they are classified above other migrant groups. This occupational hierarchy, as Parreñas (2001) notes, is reflected in the fact that the wage rates received by Filipino domestic workers are higher compared to those received by domestic workers of other nationalities. Italian employers believe that women from this geographical area ‘share a value system closer to the Mediterranean one, and will therefore not challenge the values, traditions and habits of the elderly’ (Degiuli, 2011: 354). By contrast, this cultural predisposition is not recognised to Eastern

European women (Marchetti and Scrinzi, 2014). As Degiuli (2011: 354) points out, Eastern European women have a high level of education, they have a deep knowledge and awareness of social and working rights and these are qualities that are not appreciated by family employers who tend to describe Eastern European women as ‘too bossy, too demanding or too knowledgeable of their rights’.

Nevertheless, Eastern European women, particularly Romanian women, are advantaged by their cultural background as Europeans, by the colour of their skin, and by their capacity to learn Italian relatively quickly (Romanian and Italian languages are both Latin languages). Furthermore, as Degiuli (2011: 354) says ‘[being] the last group to enter the country, [Eastern European women] are often willing to accept, at least at the beginning, lower wages and the most demanding live-in positions’. These characteristics make Eastern European women able to occupy a higher position in the occupational hierarchy compared to African women who are discriminated against because of the colour of their skin (Degiuli, 2011). As Degiuli (2011: 256) argues, ‘discrimination related to skin colour is expressed particularly by the elderly, who still reflect colonial notions of difference’. Authors like Merrill (2011) have highlighted how the racial thinking that emerged in Italy with colonial expansion in Libya, Somalia, Eritrea and Ethiopia, provides the foundation for the racialisation of labour today, particularly of domestic and care labour (about racist discourses and practices in Italy under Fascism see Sorgoni, 2002).

The discussion provided in this section confirms what stated by Parreñas (2001: 176), according to whom ‘the experiences of domestic workers vary considerably depending on their racialization, colonial histories [...] and structural location [because these] factors affect the employer’s perception of domestic workers’. However, as Scrinzi (2004) points out, categories such as ‘white’, ‘black’,

'Italian', 'South American' are not fixed categories. Scrinzi (2004), in her study about voluntary recruitment agencies in Italy, has demonstrated that these categories are flexible. This scholar shows that, if a potential employer asks for an Italian domestic worker but there are not any Italian women available, they will promote a 'South American' woman who is 'quite white', discarding other candidates that are 'black'. Or they will promote a migrant woman who 'looks like an Italian' because she is married to an Italian (Scrinzi, 2004). These practices reflect how ethnic hierarchies can change according to the groups of migrants available to work in the domestic sector in a specific historical period. As a matter of fact, if today 'black' domestic and care workers, in the context of the Italian household, are considered 'bodies out of place' (Puwar, 2004), they were sought after in the 1970s and 1980s (Andall, 2000) when Eastern European and South American women had not yet arrived in Italy. This section, focusing specifically on the Italian context, has demonstrated that recruitment strategies contribute to the ethnicization of the domestic sector. The following section shows that, once migrant care workers have been selected by Italian families, they are required to conform to specific ethical principles and moral norms. The following section examines also the emotional dimension of the 'home' when it becomes a workplace.

2.9 The 'home' as a workplace

Inspired by Pratt's (1992) concept of the 'contact zone', Näre (2014: 377) develops the idea that households are not only workplaces, but also 'moral spaces of contact' where migrant care workers 'must conform to the moral order of the household'. In this sense, the household reflects what Rose (2000: 247) defines as a 'spatio-ethical zone', that is a zone where the conduct of people is governed by specific ethical principles in order to reduce specific forms of risk. Näre (2013: 188) says that '[t]he

familist care culture idealises home care, whilst nursing homes for elderly are perceived as an unethical solution that carries the stigma of being abandoned by one's family members'. Following this definition, it is possible to argue that the ethical principle through which the household is governed when an elderly relative needs care, is the principle of 'not abandoning' and that the risk that is managed is the risk that elderly people may be 'abandoned'. I argue that this dimension of the household of elderly people as a 'moral space of contact' needs to be explored further to understand how the ethical principle of 'not abandoning' changes and adapts during the transition from a family to the migrant-in-the-family model.

The moral dimension of the 'home' as a workplace is strictly related to its emotional dimension, as Lutz (2008: 55) argues, '[t]he balancing of closeness and distance, of patience, care and empathy are the key elements of household work, the prerequisites needed to master this work to the employer's satisfaction'. Emotional work not only means providing emotional care, but also means managing emotions. Hochschild (1983: 7), in her study about the 'commercialization of human feelings', describes how in service jobs, feelings need to be managed in order to create 'publicly observable facial and bodily display'. In care work, management of emotions is even more complex. As Näre (2008) points out, in the case of care work, apart from the superficial management of the face and its expressions, it is also required to sense how the cared-for person is feeling. In care work, 'emotion management extends from self-reflexive techniques to the management of the whole interaction' (Näre, 2008: 203). In order to demonstrate this, Näre (2008), in her study about migrant domestic workers in Naples, adopts Zapf et al.'s (2001: 259) elaboration of the notion of emotional work and distinguishes five aspects in emotional labour:

‘(1) The requirement to display positive emotions (abbreviated as “positive emotions”); (2) the requirement to display and handle negative emotions which also implies a high variety of emotions (“negative emotions”); (3) the requirement to sense the emotion of the interaction partner (“sensitivity requirements”); (4) the influence of the social interaction (“interaction control”); and (5) the dissonance between felt and displayed emotions (“emotional dissonance”)’.

Similarly, Lutz (2008: 50) lists a series of social and emotional skills necessary to successfully perform in domestic work, among these skills there are ‘management, accuracy, diligence, psychological knowledge, empathy, intuition and patience, endurance, the ability to endure frustrations, discipline, the capacity to put oneself in perspective, self-reflexivity, emotional intelligence and good memory’. These skills and those mentioned by Näre (2008) are very difficult to measure and quantify, but their value is priceless if we think that through these skills, carers contain and manage emotions which would disrupt the peace of mind of the family.

It is important to mention that emotions are culturally and historically produced, and contribute to the production and re-production of hierarchies in society. As pointed out by Jaggar (1989), emotions produce ‘emotional hegemonies’ which contribute towards maintaining gender inequalities in society. Jaggar (1989: 150) argues that since the advent of The Enlightenment and modern science, emotions have been conceptualised and associated with the irrational, the private and the female, ‘presocial, instinctive responses determined by our biological constitution’. In this way, discourses on emotions have had the ideological function of maintaining the power of members of dominant political, social and cultural groups, they have been used as means to exercise authority and subordinate other groups (Jaggar, 1989). Paradoxically, even though emotions are considered an

element of disruption and disorder, emotional labour, especially emotional care labour, is fundamental for the sustainability of advanced capitalistic societies. As Gutierrez-Rodriguez (2010) notes, domestic and care labour produces, exchanges and accumulates an 'affective value', a value that although not recognised in society, is fundamental for the organisation and smooth functioning of the cycle of production of the global capitalist economy: 'an additional value that is immediately absorbed into the reproduction of the household and society as a whole' (Gutierrez-Rodriguez, 2010: 94).

The literature reviewed in this section has shown that the 'home' is not an ordinary workplace. Furthermore, it has shown that both the home and the relationship between family employers and migrant care workers have a moral dimension. However, I argue that what is lacking in this literature is an examination of how eldercare assistants are inserted into the house of elderly people, and how they are embedded in the moral and affective economy of the family: are migrant eldercare assistants trained in specific ways to develop a kin-like relationship? Are there specific strategies adopted by the extended family of the elderly person to favour the development of this type of relationship? Or do these types of relationships develop spontaneously when eldercare assistant and elderly person cohabit in a space which is separated from the other spaces where the family lives? Karner (1998), for instance, found that the relationship between care receiver and care worker is more likely to develop into a kin-like relationship if the extended family of the care receiver is not involved in the caregiving. If this is the case, how do family members make sense of the traditional meaning of family care according to which caring means 'being there for someone' (Weicht, 2015)?

2.10 Conclusions

This chapter has reviewed different strands of literature concerning welfare, care and migration in order to provide the theoretical and conceptual background for this dissertation. The literature reviewed in the first part of the chapter has shown that new care models emerge at the intersection of welfare regimes, migration regimes, and cultures of care. The first section reviewed the literature on welfare state analysis and welfare state comparison, showing that the emergence of new care models in society depends on the distribution of caring responsibilities between state, market and family. This literature started to develop in a period when most European countries were adopting welfare reforms inspired by neo-liberal ideals. The convergence of different trends, including an ageing population and the increased participation of women in the labour market had hastened a shortage in the provision of care for the vulnerable members of the family. European states tried to find solutions to compensate for this ‘care deficit’ (Hochschild, 2000) introducing cash-for-care schemes. However, this type of theoretical framework suggests that the organisation of care is the result of social policies applied by a power which works in a top-down direction and does not explain why the countries who have adopted cash-for-care schemes in the 1990s have witnessed the emergence of different care models (Da Roit, and Le Bihan, 2010; Brennan et al., 2012; Williams, 2012; Williams and Brennan, 2012).

Following Pfau-Effinger’s (2005) welfare arrangement approach, the second section of the chapter argued that the social practices of individuals are not simply the outcome of state policies but also of ideals and values which permeate the culture of a given society. As Pfau-Effinger (2005) argues, care policies have a complex interrelation with the cultural context in which they are implemented. Subsequently, this section reviewed the strand of literature on ethics of care arguing

that care should be recognised as a political issue characterised by dynamics which operate at different levels: local, national and international (Williams, 2001). These dynamics, particularly those that operate at the international level, have created new forms of gender exploitation which involve a gendered flow of migration that is directed from poorer countries of the world to the private and public care markets of richer countries (Ehrenreich and Hochschild 2002; Parreñas 2005).

The literature reviewed in the third section has shown that this flow of migrant women has generated what Parreñas (2005) defines as a new ‘international division of reproductive labour’. Within this new ‘international division of reproductive labour’ migrant women do the reproductive work at home allowing men and women of the family to be engaged in productive work outside the home. This section also has argued that the immigration policies of receiving countries contribute to the reproduction of gender inequalities. Authors like Van Hooren (2010) and Lutz (2017) have shown that immigration legislation is characterised by intentional gaps which allow flexibility in the enforcement of migration laws. This flexibility is often used to allow a tacit acceptance of undocumented workers to postpone expensive reforms in the care and the health sector (Van Hooren, 2010; Altman and Pannell, 2012; Lutz, 2017). Although the literature reviewed in the first part of the chapter is necessary to understand the dynamics through which new models of care emerge in society, this literature does not tell us what happens at the micro level when families move from one model of care to another. In particular, this literature does not tell us how care responsibilities are re-allocated within the family after the employment of migrant care workers and how employers make sense of commodified relationships when they are inserted into the domestic domain, a domain that has traditionally been considered as the antipode of the

market. It is for this reason that the second part of the chapter has focused on the literature which analyses care arrangements at the micro level of the family.

The literature reviewed in the fourth section has shown that care responsibilities are not distributed equally within the family (Matthews and Rosner, 1988). Following Finch and Mason's (1993) model of family negotiations, this section has shown that the way the family identifies its primary caregiver is part of the process through which the family creates and shares understandings about what is 'the proper thing to do' (Finch and Mason, 1993). This section also reviewed the literature on family employers, which shows how primary caregivers do not lose their responsibilities and that after the employment of a migrant care worker they take the role of care managers (Anderson, 2000; Da Roit, 2007; Da Roit and Naldini, 2010; Gutierrez-Rodriguez, 2010; Ambrosini, 2016). However, what is missing in this literature is an examination of how the transition from the role of primary caregiver to that of care manager occurs. The empirical part of this dissertation aims to fill this gap in the literature, examining the journey that the family takes during this transition. Looking at the transition from a family-based model to a migrant-in-the-family model is necessary not only to understand how caring roles change within the family but also to understand how the spaces where care is provided are constructed.

The fifth section has reviewed Ahmed's (2004) model of emotions arguing that this model is useful to understand how the home is constructed as a space where care is provided. Emotions, according to this model, reflect processes of 'moving' and 'turning' towards and away from objects and others and in so doing they 'work to align social and bodily space' (Ahmed, 2004: 84). Applying this model to elderly care one could argue that the circulation of emotions (negative and positive) shapes the family's 'landscape of care' (Milligan and Wiles, 2010). In this section, I have

argued that the separation between the space of care from the spaces where the family lives has not been considered adequately by the existing literature on care arrangements and migrant domestic and care labour. For this reason, the empirical chapters of this dissertation examine the role that migrant eldercare assistants play in constructing and maintaining the emotional boundaries of the space where care is provided.

The sixth section of this chapter has reviewed the literature which focuses on the moral relationships between migrant care workers, care receivers and their extended families (Karner, 1998; Lutz, 2008; Hoff et al., 2010; Weicht, 2010, 2015; Näre, 2013; Baldassar et al., 2017). Within this literature, particularly interesting is the interpretation provided by Näre (2011), who describes the process through which families transform working relationships into ‘family-like’ relationships as part of a ‘moral economy’. According to Näre (2011), the relationship between family employers and migrant care workers is not based merely on an economic contract but also on a ‘moral contract’, that is to say that this relationship is based on notions of what is considered good/bad, just/unjust and not merely on economic profit maximising. Subsequently, focusing on the Italian context, the chapter has analysed the role that Catholic organisations have played in promoting the idea of employer-employee relationships as family-like relationships. This section of the chapter has shown also how recruitment strategies contribute to the ethnicization of the domestic sector. Finally, the last section of the chapter has analysed the moral and emotional dimension of the ‘home’ when it becomes a workplace. In this section I have argued that this dimension of the household as a moral space needs to be explored further to understand how the ethical principle of ‘not abandoning’ is adapted to the migrant-in-the-family model. I have also argued that more research is needed in order to understand how live-in eldercare assistants are inserted into the house of elderly

people, and how they are embedded in the family as 'family-like members'. The gaps identified in this literature review will be addressed in the empirical chapters of this dissertation. However, before moving to the empirical part it is necessary a discussion about the methodology used to conduct this study.

CHAPTER THREE. METHODOLOGY

3.1 Introduction

This dissertation aims to deepen our understanding of how caring responsibilities are negotiated and allocated in society by focusing on the experiences of family carers and migrant eldercare assistants during the transition to the migrant-in-the-family model of care. Another important aim of this dissertation is to contribute to the growing literature on migrant domestic work, offering an analysis of how the meaning of care, caring roles and the space where care is provided change during the transition from a family-based model to a migrant-in-the-family model. It must be highlighted that in this dissertation, ‘family-based model’ means care provided at home by a member of the family, while ‘migrant-in-the-family model’, means care provided at home through the employment of migrant eldercare assistants who live and work in the house of their employers. This study is guided by the following research questions:

RQ1: How are caring responsibilities negotiated and allocated within families who employ live-in migrant eldercare assistants?

To what extent does the role of family primary caregivers change during the transition from a family-based to a migrant-in-the-family model of care?

How are the spaces where care is provided constructed during this transition?

How do family employers and migrant eldercare assistants negotiate and make sense of their relationship?

RQ2: To what extent does the meaning of ‘family care’ change when families employ a live-in migrant eldercare assistant?

What kind of ideas, norms and beliefs operate in Italian families concerning care for elderly people? How do these ideas, norms and beliefs change when families adopt the migrant-in-the-family model?

To what extent do ideas, norms and beliefs concerning elderly care in Italy shape the labour context, the life and the migratory practices of migrant eldercare assistants?

In order to answer these questions, an ethnographic fieldwork was conducted in the Italian region of Lazio (central Italy), specifically in the small city of Viterbo and two villages of its province, Cura and Monte Etrusco³. The sites of the research were chosen because they represent a typical, ageing, area characterised by a recent and rapid immigration phenomenon where the migrant-in-the-family model has become the most popular caring strategy adopted by families with a dependent elderly relative. Furthermore, while several studies about care and migration in Italy have been conducted in big cities like Naples (Näre, 2013), Rome (Cingolani and Piperno, 2005; Vlase, 2013) or Turin (Degiuli, 2011), this study explores the phenomenon of the migrant-in-the-family model in a small city and in small villages.

The fieldwork of this research was divided into two phases. The first phase consisted of a Qualitative Longitudinal (QL) case study, where the experience of a family primary caregiver, Olga, was tracked for four months (November 2012 to February 2013)⁴ through follow-up interviews during the transition from a family to a migrant-in-the-family model. The second phase consisted of an eight-month

³ Due to the small size of these two villages, the real name of these villages was replaced by invented names (Cura and Monte Etrusco) to preserve the anonymity of the participants involved in this study.

⁴ This study was conducted before I started my PhD at the University of Leeds and in order to use this data I applied and obtained a retrospective ethical approval from the AREA Faculty Research Ethics Committee (Ethics reference: AREA 14-054).

fieldwork study (from November 2014 to June 2015), where a total of twenty-eight semi-structured interviews were conducted with sixteen members of families who had employed a live-in migrant eldercare assistant, and ten live-in migrant eldercare assistants. Semi-structured interviews were also conducted with two representatives of Acli-Colf and Caritas⁵ who acted as ‘key informants’ (Marshall, 1996) because of their knowledge about the processes through which family employers select their eldercare assistants. In fact, these two organisations act as a point of contact between migrant eldercare assistants and future employers. All the interviews were individual, meaning that in this phase of the fieldwork twenty-eight people were involved in total.

This chapter is divided into seven sections. The first section discusses the research strategy and design, which includes a discussion of the epistemology and methodology of the study. The second section provides a discussion about the sampling strategy. The third section examines the data collection techniques used in the research which are semi-structured interviews, non-systematic observations and relational maps. The fourth section illustrates the process of data analysis. Then the chapter moves to the fifth section, which provides a discussion about reflexivity. The sixth section discusses the ethical issues encountered in this study. Finally, the last section illustrates the limitations of this research.

3.2 Epistemology, qualitative methodology and research design

This study adopts a ‘social constructionist’ epistemology (Blaikie, 2008), according to which knowledge is neither discovered from an external reality nor produced by

⁵ Caritas is a religious-based organization run by the Roman Catholic Church.

reason independently of such a reality. A 'social constructionist' epistemology considers knowledge as 'the outcome of people having to make sense of their encounters with the physical world and with other people' (Blaikie, 2008: 22). Following this epistemology, social reality, in this study, is considered as a structure of ideas, and the source of these ideas is 'the product of the intersubjective, meaning giving activity of human beings in their everyday lives' (Blaikie, 2008: 23). As Crotty (1998) points out, it is important to distinguish between 'social constructionism' and 'constructivism'. These two terms are often used interchangeably, however while 'constructivism' focuses exclusively on 'the meaning-making activity of the individual mind', 'social constructionism' focuses on 'the collective generation [and transmission] of meaning' (Crotty, 1998: 58).

In line with the epistemology adopted in this study and the nature of the research questions that guide this investigation, the design of this research follows what Blaikie (2009) defines as an *abductive* research strategy. As Blaikie (2009: 114) points out, the *abductive* strategy refers to 'the process used to generate social scientific accounts from social actors' accounts; for deriving technical concepts and theories from lay concepts and interpretations of social life'. This means that, according to this strategy, concepts and theories are generated from the language, the meanings and the accounts that social actors give to the social phenomenon under investigation in the context of their daily lives and everyday activities. In order to explore the social world of families and carers in the context of the transition from a family to a migrant-in-the-family model of elderly care, this study adopts a qualitative methodology.

In order to answer the research questions of this study it was necessary an in-depth description of how care is practiced and experienced by families and carers during the transition to the migrant-in-the-family model. Achieving this in-depth

description was possible using qualitative research methods. A qualitative methodology allowed for the exploration of the process through which social meanings, social settings and social relationships are constructed in families who employ live-in migrant eldercare assistants (Snape and Spencer, 2003). The weakness of a qualitative methodology is that, contrary to a quantitative methodology, it does not allow for the generalisation of findings. While a quantitative research allows for broad generalisations of the phenomenon under study, qualitative studies are based on small samples which do not allow for a generalisation of a whole population (Silverman, 2005). Nevertheless, as scholars like Patton (2002) point out, the aim of qualitative researchers is not to try to generalise findings but to seek insights to illuminate significant common patterns of a social phenomenon. As Patton (2002: 245) says:

Validity, meaningfulness, and insights generated from qualitative inquiry [...] have more to do with the information richness of the cases selected and the observational/analytical capabilities of the researcher than with sample size'

What Patton (2002) means, is that the focus of a qualitative methodology is on depth, rather than breadth. Similarly, Mason (2002: 121) argues that qualitative research is about 'depth, nuance [and] complexity'. In order to generate the insights and knowledge necessary to answer the research questions of this study, I conducted a QL case study with a family primary caregiver and semi-structured interviews with live-in migrant eldercare assistants and with members of families who had adopted the migrant-in-the-family model.

The QL case study involved a family primary caregiver, Olga, who was tracked for four months through follow-up interviews during the transition from a family-based to a migrant-in-the-family model. Olga lives in the village of Cura, and she was 57 years old at time of the study. She is married, has two children in their

30s and works as a civil servant. Olga had various different caring experiences, she cared for her grandmother, she cared for her mother and then she became the primary caregiver for Perpetua (82). Olga and Perpetua are not relatives, however they consider themselves to be part of the same family. It must be highlighted that this dissertation adopts Finch's (2007) definition of family, according to which the family is made of the relationships that an individual considers as family relationships.

A case study (Silverman, 2005; Creswell, 2007; Yin, 2009) was considered appropriate to investigate the transition from a family to a migrant-in-the-family model because as Yin (2009: 13) points out, case studies allow 'to investigate a contemporary set of events over which the investigator has little or no control' (Yin, 2009: 13). Using a case study with a longitudinal approach allowed for the tracking of a primary caregiver during the transition from a family to a migrant-in-the-family model of care as it was unfolding. While most of the existing research on care and domestic work (see Gutierrez-Rodriguez, 2010 and Näre, 2013) provides a snapshot of the experiences of family employers in the phase post-eldercare assistant, this QL study examines the adoption of the migrant-in-the-family model using a *prospective* approach which, as Neale et al. (2012: 5) point out, allows to 'track individuals or groups through life course or policy transitions as they occur'. Follow-up interviews were conducted with Olga every week, leaving a total of twelve interviews. Follow-up interviews took the form of semi-structured interviews. The flexibility of semi-structured interviews allowed for the designing of each interview to build on the data generated in the previous interview. These interviews lasted between thirty minutes and one hour.

In addition to the follow-up interviews, I also conducted one life-history interview (Mason, 2002a) with Olga. As Neale et al. (2012: 5) point out,

‘retrospective life history accounts [...] enable the causes and consequences of change to be understood “backward”, from the vantage point of the present’. In the specific case of Olga, it allowed me to investigate Olga’s previous caring experiences, reconstructing how the meaning of care and care practices in Olga’s family had changed over time.

Other studies have demonstrated how powerful the story of one single participant can be as a tool to understand bigger social processes, an example is King et al.’s (1998) study about Albanian migration to Athens, Greece. Another example is the ethnographic work conducted by Whyte (1993) on the Italian slum of Cornerville, where he relied on the information provided by one single informant. However, I am aware that the story of one single carer cannot be representative of the experiences of all carers and families who adopt the migrant-in-the-family model in this area (and Italy in general), and as mentioned in the previous section, qualitative research does not seek representativeness but credibility (Patton, 2002). In order to achieve this credibility, the design of this study includes an additional sample of eleven family primary caregivers and ten live-in eldercare assistants. Family primary caregivers and live-in migrant eldercare assistants were considered as the key informants to understand the process of transition to the migrant-in-the-family model.

Family primary caregivers are the members of the family who provide direct care (both physical and emotional) on daily basis, and when the family employs a live-in migrant eldercare assistant they are the ones who become ‘care managers’ (Anderson, 2000; Da Roit, 2007; Da Roit and Naldini, 2010; Gutierrez-Rodriguez, 2010; Ambrosini, 2016). Family primary caregivers are also those who have the knowledge necessary to illuminate the dynamics of families when they go through the transition from a family-based to a migrant-in-the-family model. However, in

order to also have in-depth accounts of family dynamics during the transition to the migrant-in-the-family model, semi-structured interviews were conducted with other members of the primary caregivers' families who were involved in caring, but who covered the role of back-up carers (Matthews and Rosner, 1988), that is to say family members who substitute for the primary caregiver on specific days of the week or when the primary caregiver is absent and who were available on demand to help primary caregivers. The inclusion in the study of back-up carers allowed me to investigate the process of transition from a family to a migrant-in-the-family model using the perspective of multiple family members, and not just those of family primary caregivers. The following section discusses the sampling process of the research.

3.3 Sampling strategy

The sampling process of this research was divided into two phases. In the first phase participants were accessed through a 'snowballing process' (Patton, 2002) which started through personal contacts, priests in local parish churches, social services, Caritas and Acli-Colf. As Emmel (2013: 40) points out, snowball sampling consists of '[a]sking well situated people to nominate people who can provide insight into a phenomenon because they know a lot about it'. These contacts allowed the identification of twelve family primary caregivers and six live-in migrant eldercare assistants. These two groups of actors were chosen 'purposively' (Blaikie, 2008) because they were considered the two groups of people most able to provide the knowledge and the evidence necessary to understand the social phenomenon under investigation.

Table 3.1. Profiles of family primary caregivers

Family primary caregivers	Profiles of family primary caregivers	Profile of the elderly person/people receiving care
1) PAOLA	<p>Role and relationship with the elderly person: Primary caregiver; daughter of the elderly person. Age: 55. Employment status: Employed as a civil servant.</p>	<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Dementia.</p>
2) MARCO	<p>Role and relationship with the elderly person: Primary caregiver; son of the elderly person. Age: 65. Employment status: Retired.</p>	<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Alzheimer's disease.</p>
3) PIERO	<p>Role and relationship with the elderly person: Primary caregiver; son of the elderly person. Age: 64. Employment status: Employed as a skilled factory worker.</p>	<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Alzheimer's disease.</p>
4) SIMONA	<p>Role and relationship with the elderly person: Primary caregiver; daughter of the elderly person. Age: 52. Employment status: Employed as a civil servant.</p>	<p>Relationship with the family primary caregiver: Father Age: 80s. Health problems: Arthritis/loss of mobility; dementia.</p>
5) ANITA	<p>Role and relationship with the elderly person: Primary caregiver; daughter of the elderly person. Age: 57. Employment status: Housewife.</p>	<p>Relationship with the family primary caregiver: Father and mother. Age: 80s Health problems: Dementia (father); Alzheimer's disease (mother).</p>
6) MARA	<p>Role and relationship with the elderly person: Primary caregiver; daughter of the elderly person. Age: 58. Employment status: Housewife.</p>	<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Dementia.</p>
7) VALERIA	<p>Role and relationship with the elderly person: Primary</p>	<p>Relationship with the family primary</p>

	<p>caregiver; daughter of the elderly person. Age: 46. Employment status: Housewife.</p>	<p>caregiver: Mother. Age: 80s. Health problems: Arthritis/loss of mobility; diabetes; visual impairment.</p>
8) ANGELICA	<p>Role and relationship with the elderly person: Primary caregiver; daughter of the elderly person. Age: 56. Employment status: Professional cleaner.</p>	<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Arthritis/loss of mobility; dementia.</p>
9) BRUNA	<p>Role and relationship with the elderly person: Primary caregiver; daughter of the elderly person. Age: 54. Employment status: Employed as a part-time administrative assistant.</p>	<p>Relationship with the family primary caregiver: Father and mother. Age: 90s. Health problems: Arthritis/ father); dementia (mother).</p>
10) DAMIANO	<p>Role and relationship with the elderly person: Primary caregiver; son of the elderly person. Age: 57. Employment status: Employed as professional soldier in the army.</p>	<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Arthritis/mobility problems; dementia.</p>
11) ADELE	<p>Role and relationship with the elderly person: Primary caregiver; daughter-in-law of the elderly person. Age: 57. Employment status: Housewife.</p>	<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Cancer; dementia; mobility problems.</p>
12) OLGA	<p>Role and relationship with the elderly person: Primary caregiver; Olga and the elderly woman for whom she provided care are not relatives but they considered themselves to be part of the same family. Age: 57. Employment status: Employed as a civil servant.</p>	<p>Relationship with the family primary caregiver: Olga and the elderly woman for whom she provided care are not relatives but they considered themselves to be part of the same family. Age: 80s. Health problems: Mobility problems; dementia.</p>

Table 3.2. Profiles of migrant eldercare assistants

Migrant eldercare assistants	Profiles of migrant eldercare assistants
1) ROMICA	<p>Employment status: Employed as a live-in eldercare assistant, Romica provides care for two elderly sisters. One of the elderly women is affected by dementia while the other has mobility problems.</p> <p>Age: 56.</p> <p>Nationality: Romanian.</p>
2) ADRIANA	<p>Employment status: At the time of the interview Adriana was working as a live-out eldercare assistant, but she had several experiences working as a live-in eldercare assistant.</p> <p>Age: 55.</p> <p>Nationality: Romanian.</p>
3) CAMELIA	<p>Employment status: Employed as a live-in eldercare assistant, Camelia provides care for an elderly man affected by dementia.</p> <p>Age: 46.</p> <p>Nationality: Romanian.</p>
4) MADIA	<p>Employment status: Employed as alive-in eldercare assistant, Madia provides care for an elderly man affected by Alzheimer’s disease.</p> <p>Age: 47.</p> <p>Nationality: Romanian.</p>
5) VALENTINA	<p>Employment status: At the time of the interview Valentina was working as a live-out eldercare assistant, but she had several experiences working as a live-in eldercare assistant.</p> <p>Age: 39.</p> <p>Nationality: Romanian.</p>
6) VANIA	<p>Employment status: Employed as a live-in eldercare assistant, Vania provides care for an elderly man with dementia.</p> <p>Age: 57.</p> <p>Nationality: Bulgarian.</p>

The sample of family primary caregivers was selected in order to include family members that had different kin-relationships with the elderly person for whom they provided care. Kin-relationships between family primary caregivers and the elderly person in question varied from sons and daughters to daughters-in-law. The families

to whom the primary caregivers belonged were at different stages of their caring parabola. Simona, for instance, had just employed a live-in eldercare assistant for her father, while other family primary caregivers, such as Paola, Marco, Piero and Adele, had concluded their caring experience because the elderly relative for whom they provided care had passed away. Family primary caregivers had different employment statuses. Paola, Piero and Simona, for instance, were in full-employment while others, like Adele and Mara, defined themselves as housewives while Marco was retired. This sample confirms that the migrant-in-the-family model is adopted independently of the employment status of primary caregivers. Gender was also an important factor in the selection of the participants. For this reason, the sample includes both male and female family primary caregivers. The sample of migrant eldercare assistants was also selected 'purposively' (Blaikie, 2008), in order to include eldercare assistants who were working or had worked on a live-in basis.

The second phase of the sampling process consisted of accessing other members of the primary caregivers' families who covered the role of back-up carers, and the live-in migrant eldercare assistants employed by their families. In order to access family back-up carers, during the interviews with the family primary caregivers, relational maps were generated in order to identify other family members that the primary caregivers considered significant in the provision of care for their elderly relatives. Once these family members had been identified, I asked the family primary caregivers for their permission to approach the family members that they had positioned in the relational map in order to ask if they wished to be involved in the study. This sampling strategy was successful in four cases, and allowed me to include five family members who covered the role of back-up carers in the sample. Their relationship with the elderly person varied, two were daughters, two were children-in-law (one son-in-law and one daughter-in-law), and one was a grandchild.

It must be highlighted that the elderly members for whom these families provided care had serious cognitive impairments and/or other serious health problems, and for this reason I decided not to involve them in the research. During this phase of sampling I also accessed four of the migrant eldercare assistants who were working for the families involved in this study. This means that in four cases I conducted interviews with both family employers and the migrant eldercare assistants employed by these families.

Table 3.3. Summary of the cases where interviews were conducted with multiple members of the family and the migrant eldercare assistants employed by these families

Families	Profiles of family members	Profile of the migrant eldercare assistant employed by the family	Profile of the elderly person/people receiving care
<p style="text-align: center;">FAMILY 1</p>	<p>ANITA: Primary caregiver; daughter of the elderly person. Age: 57. Employment status: Housewife.</p> <p>MIRANDA: Back-up carer; Anita's sister; daughter of the elderly person. Age: 50. Employment status: Unemployed.</p> <p>SEBASTIAN: Back-up carer; Anita's son: grandson of the elderly person. Age: 32. Employment status: Employed as a marketing assistant.</p>	<p>LUCILLA: Live-in eldercare assistant. Age: 47. Nationality: Romanian.</p>	<p>Relationship with the family primary caregiver: Father and mother. Age: 80s. Health problems: Dementia (father); Alzheimer's disease (mother).</p>
<p style="text-align: center;">FAMILY 2</p>	<p>MARA: Primary caregiver; daughter of the elderly person. Age: 58. Employment status: Housewife.</p>	<p>FLORA: Live-in eldercare assistant. Age: 26. Nationality: Romanian.</p>	<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Dementia.</p>

<p>FAMILY 3</p>	<p>VALERIA: Primary caregiver; daughter of the elderly person. Age: 46. Employment status: Housewife.</p> <p>VITTORIO: Back-up carer; Valeria's husband; son-in-law of the elderly person. Age: 53. Employment status: Employed as a construction worker.</p>	<p>ELENA: Live-in eldercare assistant. Age: 56. Nationality: Romanian.</p>	<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Arthritis/loss of mobility; diabetes; visual impairment.</p>
<p>FAMILY 4</p>	<p>ANGELICA: Primary caregiver; daughter of the elderly person. Age: 56. Employment status: Professional cleaner.</p> <p>CARLOTTA: Back-up carer; daughter of the elderly person. Age: 59. Employment status: Employed as a nurse.</p>	<p>MARIA: Live-in eldercare assistant. Age: 58. Nationality: Romanian.</p>	<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Arthritis/loss of mobility; dementia.</p>
<p>FAMILY 5</p>	<p>DAMIANO: Primary caregiver; son of the elderly person. Age: 57. Employment status: Employed as a professional soldier.</p> <p>ELEONORA: Back-up carer; daughter-in-law of the elderly person. Age: 54. Employment status: Housewife.</p>		<p>Relationship with the family primary caregiver: Mother. Age: 80s. Health problems: Arthritis/mobility problems; dementia.</p>

It must be highlighted that all the eldercare assistants involved in this study were EU citizens; nine of them were Romanian, while one of them, Vania, was from

Bulgaria. Therefore, they did not need a visa or work permit to live and work in Italy. It must be also highlighted that all the family members who participated in this study had employed their eldercare assistants with a regular working contract. Similarly, the eldercare assistants that I interviewed stated that they were working with a regular working contract. This is an interesting finding in itself, however there is no evidence to support that in the area where the research was conducted there has been a reduction of eldercare assistants who work in the black market. On the contrary, it may be possible that this finding is a consequence of the snowballing technique used to access the participants. As a matter of fact, the shortcoming of the snowballing technique is that it can lead to access participants with similar profiles, in the case of this research, it may have led me to a network of employers and employees with regular working contracts. The following section provides a discussion about the methods used to generate data in this research, namely, semi-structured interviews, non-systematic observations and diagrams.

3.4 Data collection techniques: semi-structured interviews, diagrams and non-systematic observation

Semi-structured interviews with family members were designed to follow three key phases in the transition from a family-based to a migrant-in-the-family model: the phase pre-eldercare assistant; the phase when the eldercare assistant is inserted into the house of the elderly person; and the phase post-eldercare assistant. Specifically, the interview schedule with family members was designed around six themes:

- The negotiation of caring responsibilities within the family and the identification of primary caregivers.
- The decision to employ a migrant eldercare assistant.
- The insertion of the eldercare assistant into the house of the elderly person.

- The transition from the role of caregivers to the role of care managers.
- The negotiation of caring tasks and caring responsibilities between family members and migrant eldercare assistants.
- The meaning of care in the phase pre-employment and the meaning of care in the phase post-employment.

As already mentioned, family employers were at different stages of their caring experience. Some had just employed an eldercare assistant, while others had completed their caring experiences because their elderly relatives had passed away. In the latter case, semi-structured interviews were designed within a life-history framework (Mason, 2002a). This means that these interviews were designed to investigate the social process of employing an eldercare assistant by recreating past events and experiences (Neale, 2012).

On the other hand, the interview schedule with migrant eldercare assistants focused only on two phases, the phase when eldercare assistants are inserted into the house of the elderly person and the phase when the migrant-in-the-family model has been implemented. The schedule of these interviews was designed around three themes:

- The insertion of the eldercare assistant into the house of the elderly person.
- The negotiation of caring tasks and caring responsibilities between family members and migrant eldercare assistants.
- The meaning of care in the migrant-in-the-family model.

The flexibility of semi-structured interviews allowed unplanned questions to be asked which helped to elucidate and illuminate particular themes (Patton, 2002). As a matter of fact, the structure and the themes touched on during the interviews were refined during the course of the fieldwork. For instance, after the first interviews with family carers and migrant eldercare assistants it emerged that the time of year

when eldercare assistants go on holiday was important for the aims of this research, and for this reason this theme was included in the schedule of the subsequent interviews with both eldercare assistants and family members. It is important to highlight that, in line with the 'social constructionist' epistemology adopted in this study, the participants of the study were not treated as informants from whom to unearth relevant information but as active participants in the production of knowledge (Holstein and Gubrium, 1995). Interviews materialised as sites of knowledge construction where both the interviewee and the interviewer participated in the construction of this knowledge (Mason, 2002). During the interviews I adopted what Holstein and Gubrium (1995) define as an 'active' approach. This is an approach which sees interviewer and interviewee both epistemologically active and engaged in the production of knowledge (Holstein and Gubrium, 1995). According to these two scholars, respondents access their stock of knowledge according to the role that they take during the interview. Family members, for instance, took different roles during the interview: the role of caregivers, the role of care managers, the role of daughters, mothers, spouses, siblings. Aware of this, examples from my own background knowledge of the phenomenon were offered to make connections and to conceptualise issues (Holstein and Gubrium, 1995).

The semi-structured interviews with the primary caregivers of the family were supported by a diagram (Bagnoli, 2009; Mas Giralt, 2011, 2011a). As mentioned in the previous section, diagrams followed the model of a relational map (Emmel and Clark, 2009) and were used as a part of the sampling strategy to access other members of the caring network of the family. However, diagrams were also used to elucidate the relationships of the participants with the actors on the diagram. The diagram consisted of a series of concentric circles where the family primary caregivers were asked to position themselves and the other key players of the caring

network of the family. During the interviews I noted that the participants felt uncomfortable in doing the activity of drawing diagrams. Even though I explained them that there was not a correct or incorrect way of doing this activity, they continuously asked for confirmation and for this reason I decided to draw the diagrams guided by their instructions (Bagnoli, 2009).

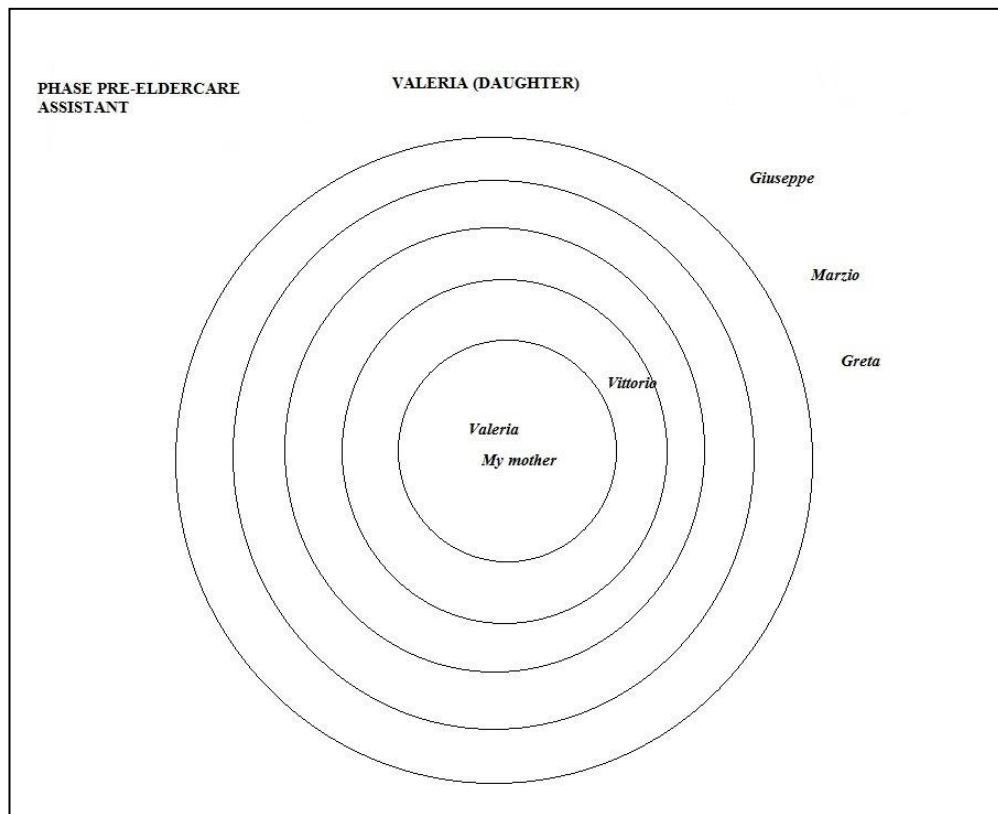


Figure 1. Diagram pre-employment phase Valeria

The participants used the diagrams as a visual aid to point family members and explain the meanings attached to their relationships with them (Rosenail, 2006; Mas Giralt, 2011). In doing so, diagrams allowed the study to capture family dynamics which would have been difficult to express with words alone (Bagnoli, 2009).

The interviews which occurred in the households of the participants or in the house of the elderly person were also an opportunity to observe the spatial organisation of the house, to observe the environment where care was provided and

to have a sensorial experience of these places (Pink, 2006). In these cases, interviews became an opportunity for what Baldassar (2007) defines as ‘ethnographic interviewing’, that is to say a non-systematic observation of the households of the participants and of the spaces where care is provided. Through this non-systematic observation it was possible to notice how the houses where elderly relatives lived with their eldercare assistants were usually small. It was also clear that those situated on the ground floor were better for both eldercare assistants and family members as it was easier for them to move the elderly person out of the house. Another noticeable fact was that the rooms where eldercare assistants slept were usually very close to the room of the elderly person, as eldercare assistants had to be vigilant during the night and had to be able to notice if the elderly person needed assistance. Non-systematic participant observation (Mason, 2002) of the houses where migrant eldercare assistants worked allowed for the understanding of the working conditions of migrant eldercare assistants, for instance, the fact that these houses were small limited the privacy of eldercare assistants, who could be called at any time by the elderly person even when they were in their rooms during their hours off.

The interviews lasted between one and a half, and two hours. All the interviews were recorded by a digital voice recorder. Using a voice recorder allowed me to pay more attention to the interviewee’s answers, to make notes and remark on key phrases and non-verbal behaviours.

3.5 Data analysis

Once the fieldwork was finished I personally translated all the interviews from Italian to English. Translations were as verbatim as possible. Afterwards, following the social constructionist epistemology adopted in this study, interviews were read

several times adopting both an interpretative and a reflexive perspective (Mason, 2002). As Mason (2002) points out, an interpretive reading involves the researcher constructing a version of what they think the data means or represents. Following this approach, I took into account my interpretations and the interpretations and understandings of the interviewees. My role as a researcher was explored in the generation and interpretation processes. The analysis of the data followed a 'thematic framework' approach, (Ritchie and Lewis, 2003) which consists of creating a framework to 'classify and organise data according to the key themes, concepts and emerging categories' (Ritchie and Lewis, 2003: 220).

Data was organised by starting with themes related to the research questions of this study and those of the semi-structured interviews. The first stage of the analytical process consisted of 'managing' the raw data. The raw data included the transcripts of the semi-structured interviews, relational maps, field notes, a reflexive diary, and notes about the non-systematic observations made during the interviews. This data was organised into different but interrelated folders. A folder corresponding to the QL case study, one folder for the interviews with family members and another folder for the interviews with migrant eldercare assistants.

Subsequently, a second stage of the analytical process consisted of coding the data, that is to say, 'dissecting the text into manageable and meaningful text segments' (Attride-Stirling, 2001: 390). The coding process⁶ was done through cross-sectional indexing (Mason, 2002). This process consisted of devising a consistent system for indexing all of the data according to 'a set of common

⁶ Data was coded manually. The reason why I did not use software such as Nvivo is only a practical one, as I feel more confident in coding data manually (Coffey and Atkinson, 1996).

principles and measures' (Mason, 2002: 150). The purpose of indexing was one of organising sections of data (text segments) in order to retrieve them later for further analysis. Cross-sectional indexing allowed me 'to locate and retrieve issues, topics, information, examples and themes which [did] not appear in an orderly or sequential manner in the data' (Mason, 2002: 153). This phase was important for organising the data according to the three phases of the caring parabola of families who adopt the migrant-in-the-family model, that is to say: the phase pre-eldercare assistant; the phase when live-in eldercare assistants are inserted into the house of the elderly person; and the phase post-eldercare assistant.

Once all the text was coded, a third stage of the analytical process consisted of identifying the themes which emerged from the coded text segments. An 'index' was created (Ritchie and Lewis, 2003: 221) and subsequently this index was organised into a 'hierarchy of main and sub themes' (Lewis, 2003: 224). Finally, in the last stage of the analytical process, I explored the relationships between different themes, I described these relationships and I summarised them. The following section provides a discussion about reflexivity.

3.6 Reflexivity

In the 1990s the image of the researcher as a neutral knower was challenged by authors like Hammersley and Atkinson (1995), who argued that the orientation of the researcher is inevitably shaped by his/her biography, his/her socio-historical location and the values that these social-historical locations have conferred to her/him. In addition to this, Bourdieu and Wacquant (1992) argued that the researcher should 'practice reflexivity' meaning that she/he should analyse his/her position in the specific field that he/she is researching (see also Bourdieu, 2003). In this vein, the researcher should situate herself/himself in her/his academic field and

at the same time in her/his research field. This section discusses my position in the study in relation to reflexivity and it starts doing this by giving an account of what 'care' meant in my life, and why I became interested in this research topic. I consider giving this account important because this shaped the process through which knowledge was produced in this study.

If I try to remember the days of my infancy, it is difficult to separate them from the figure of my mother and the figure of my grandmother. My parents woke up early in the morning to catch the bus for Viterbo at 7am and I was left with my grandmother, who lived in the apartment below ours. The image of this strong woman is still vivid in my mind. Every day she used to walk the stairs that separated our apartment from hers, she woke me up, prepared breakfast, helped me to dress and took me down to the neighbourhood square, and she waited with me for the yellow school bus. This is how I remember my grandmother, as a woman who cared for me as though I was her son. I was in Leeds on the day that she suffered a stroke. It was 9am and I received a call from my mother, which I thought was unusual as she normally only called in the evening. In my family, it has always been my mother who was responsible for delivering bad news, and she was also the one who absorbed the negative emotions circulating in the family. She acted as a release valve which stabilised the emotional climate of my family. During the years spent abroad she called me every day, she listened to me, she tried to help me to surmount my fears and my worries. She digested my emotions, she filtered them and then she gave an account of our conversations to my father. Whenever I had problems she tried to make sure my father would not worry about it, she absorbed these 'negative emotions' in order not to ruin the peace of mind of the family. She did the same with my sister and in so doing she acted as the emotional fulcrum of the family.

It was April 2011 when I received that call. The Easter holidays were approaching, and I decided to go home for one month. I wanted to stay near my grandmother and my mother who had become her primary caregiver. During this period, I saw my mother struggling to combine work and care, I saw how she felt guilty for 'abandoning' us to provide care for her mother. I saw how the lack of involvement of my father in caring was not only tolerated but his involvement was not even sought after. Yet, my mother took for granted that she had to be the carer and that she had to combine care and work. Leaving her job as a civil servant was, to use her words, 'unthinkable', and so she started to consider the possibility of employing a live-in eldercare assistant. Negotiations took place at two different levels. The first level of negotiation took place within my own family and mainly involved my mother and my father; My sister and I were not involved. The second level of negotiations took place between my mother and my aunt (my mother's sister), in these negotiations no other family members were involved. Nevertheless, my mother and my aunt acted as representatives of their respective families. They were private negotiations, but the position of each actor was the result of previous negotiations with their respective husbands. The live-in eldercare assistant would have worked and lived in the house of my grandmother, a cohabitation between my grandmother and my parents or between my aunt and my uncle was ruled out. Unfortunately, my grandmother passed away and a live-in eldercare assistant was never employed, but if my grandmother was alive, she would now live in her house with a live-in eldercare assistant. All the events mentioned above were revived in my mind one year later, when I started to write the research design for this study.

A consideration of my role as researcher in the knowledge production process is also important because I was born in Viterbo and grew up in Vetralla, one of the constellation of villages which surround Viterbo. Thus, in this research the

notion of 'fieldwork' is complex to define because the boundaries between 'home' and 'field' were continuously blurring into each other and pre-conceptions about the place where I went back to do research shaped the knowledge generated in this research. Following Bourdieu and Wacquant's (1992) reflexive approach, I acknowledge that my class, race, culture, gender assumptions and beliefs have played an important role in the production of knowledge. In other words, I consider that what I know and how knowledge was generated in the setting of this study depended on my position between these different systems of power (McCall, 2005). Only considering that I did research in a context where the key actors involved were predominantly women of the age of my mother, with the same culture of care, is it possible to understand how this impacted the data generated during the interviews. I also acknowledge that I am an Italian man who has been living abroad since the age of twenty, and who has gone back 'home' (in a context which has inevitably shaped my values and my beliefs) to do research which involves migrant women from an Eastern-European country. My status as a migrant had a great impact on how people perceived me. The participants of this study, when they met me for the first time, asked me questions about life opportunities abroad. Italian participants, like Bruna and Simona, had unemployed children and were interested in understanding how I, from a small village like Vetralla, ended up doing a PhD in the UK. Although I was considered a migrant I was not considered the same type of migrant as those who took part in my research. I was abroad to do a PhD in an English university and I fitted into the dominant discourse about *la fuga di cervelli* (brain drain). During the period I spent in Italy I heard on numerous occasions journalists, politicians and talk show presenters talking about the best of the Italian youth leaving Italy to find a successful life abroad. These talks told the story of Italian professionals, researchers and graduates who were appreciated abroad, they told the story of a brain drain

which was enormously damaging to the Italian economy. This was in part true, but I never heard the same people talking about young Italians who migrated to work in restaurants and coffee shops.

On the other hand, migrant eldercare assistants had children who were living abroad like me. Romica for instance had three children, and all three of them had emigrated from Romania, one to Spain, one to Italy and the other to Germany. The women who participated in this study, both Italians and migrants, had a maternal attitude towards me, they were interested in my life and wished me luck for my future. Male participants were also interested in my experience as a migrant, but they were disappointed when they found out that I was a self-funded student, meaning that I was not receiving a salary to finance my PhD. The expression on the faces of my male interlocutors changed drastically after my negative answer to the unavoidable question: 'do they pay you?'. After saying that 'no, they don't pay me', I perceived a shrink in my authority. From somebody who was 'working abroad' and had a 'good job', a description that fits the brain drain discourse, I fell into the category of those who are 'still studying' and, in a geographical area like the one of Viterbo where the majority of the economy is based on the construction and agricultural sectors, doing 'research' is not considered a 'real job' if you are not paid to do it. In the following sections I consider the ethical issues encountered in this research.

3.7 Ethical considerations

Ethical considerations were of paramount importance in this research. The two main ethical issues of this study were related to informed consent and the anonymity and confidentiality of the data generated in the research.

Informed consent

Informed consent was obtained from all the participants of this study. Before asking for the informed consent, I gave the participants information sheets where the objectives of the research were introduced and explained in accessible language. Participants were informed that all the information given during the interviews would be treated with confidentiality. Pseudonyms would also be used to ensure the anonymity of all the participants. However, I also explained that quotations from the interviews may be used for the researcher's PhD thesis, for conferences, and that they could appear in published academic articles or books. An ethical issue which arose was the informed consent obtained by the migrant eldercare assistants accessed through their employers. The relationship between employers and migrant eldercare assistants is a relationship of power (Emmel et al., 2007) and for this reason I made sure that these participants had taken part on the research autonomously. In order to do this, I explained to them that they did not have to participate in the research just because their employers had participated or because their employers had asked them to participate.

Another important ethical issue concerned the informed consent in the QL case study. The informed consent was obtained before recording the first interview with Olga. However, during the four months of research, I periodically re-validated the informed consent by reminding Olga of the aims of the study and asking if she was still willing to be involved in the research. The informed consent was validated again in September 2014 when I gave Olga an updated information sheet on the research that I was conducting. After Olga signed this last informed consent I applied for a retrospective approval to the AREA Faculty Research Ethics Committee in order to use the data generated in the QL case study for my PhD dissertation.

Anonymity and confidentiality

In order to guarantee the confidentiality of the information generated during the interviews, all the interviews were conducted separately. When possible, I did not conduct interviews with migrant eldercare assistants in the houses where they worked in order to avoid the risk that employers could listen-in to what they said during the interviews. In order to do this, I asked them to choose a safe place for the interview. Six migrant eldercare assistants decided to have the interview in venues which belonged to Orthodox or Catholic organisations in Viterbo, Cura and Monte Etrusco while one eldercare assistant decided to have the interview in a coffee shop. Only four interviews took place in the houses where eldercare assistants worked, however in three cases the primary caregivers of the family left the home for the time of the interview, taking the elderly person with them. Only in one case, the family primary caregiver remained in the house while I conducted the interview with the eldercare assistant of the family. However, the family primary caregiver and the elderly person stayed in the living room while the interview was conducted in the kitchen with the door closed. The migrant carers which were accessed through their employer had a particularly vulnerable position in this research. In order to prevent any type of conflict with their employers, I avoided disclosing any information to the different parties which I considered potentially harmful for them. The same happened with information that could have led to a conflict between members of the same family.

Another important ethical issue was related to the use of the interviews conducted with Olga (the participant of the QL case study), because they contained information about third parties, in particular about Perpetua, the elderly woman for whom Olga provided care. In order to guarantee the anonymity of Perpetua I did not

use information that could have led to her identification and her real name was replaced by a pseudonym. Furthermore, due to the small size of the villages where the research was conducted, the real name of these villages was replaced by invented names (Cura and Monte Etrusco) to guarantee the anonymity of participants.

Consent for recording the interviews

Before starting the interviews, I asked the interviewees for their permission to record the interviews, and I told them that they could ask me to stop the recording at any moment, especially if we would touch on a topic that they considered sensitive. In this respect, one incident occurred during the interview with a family primary caregiver, Paola, who had terminated her caring experience because her mother had died. During the interview, Paola became emotionally upset remembering the relationship with her mother. When this happened I immediately stopped the interview, I switched off the recorder and I asked Paola if she wanted to take a break from the interview. After a few minutes I asked if she wanted to terminate the interview, but she reassured me that she wanted to continue. The following section considers the limitations of this study.

3.8 Limitations

The main limitation of this study is related to the fact that the elderly people were not involved in the research. The elderly members of the families involved in this study had cognitive impairments and/or other serious health problems, and for this reason I decided not to involve them in the research. This issue poses the question of who has the knowledge of the social processes investigated in this research and which voices are silenced in this study. Another limitation is related to the definition of the caring network of the families considered in this research. The boundaries of

family caring networks were identified by the initial participants of the study, that is to say the family member who covered the role of primary caregiver in the phase pre-employment. These initial participants positioned on the relational maps a number of actors that in their opinion were important for the provision of care for their elderly relatives. However, it is possible that other actors of the caring networks of these families who were not interviewed, may have generated a different list of key players. Consequently, the boundaries of each family network relied only on the information given by the family members who took part in the study.

Interviews with the participants of this study were all conducted in the Italian language. The fact that I conducted interviews with migrant eldercare assistants who did not speak Italian as their first language did not pose limitations. Although the migrant eldercare assistants who took part in this research were Romanian (except for one eldercare assistant who had Bulgarian origins), they all spoke fluent Italian, and thus language did not affect the quality of the interviews. Migrant eldercare assistants used their native language only to indicate specific terms which could not be translated, for example, in the case of Romica, the interview focused extensively on a religious ritual named *Pomene* and the importance that this ritual has for Orthodox Christians. It must also be highlighted that Romanian and Italian are both Latin languages, and this common root allows Romanian eldercare assistants to learn Italian relatively quickly. Therefore, explaining the purposes of the study in the Italian language was not a problem. The following chapter highlights the Italian context and provides the background for the empirical part of the dissertation.

CHAPTER FOUR. THE ORGANISATION OF ELDERLY CARE IN ITALY

4.1 Introduction

This chapter looks at the emergence of the migrant-in-the-family model in Italy at the intersection of demographic changes, care policies, migration laws and the Italian culture of care. The chapter is divided into five sections. The following section provides a picture of the demographic trends that contributed towards the development of the migrant-in-the-family model. This section argues that the ageing process that is affecting Italian society, combined with an increasing participation of Italian women in the labour market, has led to a care deficit which has been mainly covered by migrant eldercare assistants. The second section looks at the three main migration reforms implemented in Italy during the decade from 1998 to 2009. This section argues that although the Italian state has implemented strict laws to control migration, it has favoured the development of the migrant-in-the-family model by guaranteeing a special position to migrant eldercare assistants. The third section looks at the role of the *indennità di accompagnamento* (companionship indemnity), an allowance which has contributed towards the development of the migrant-in-the-family model (Bettio et al., 2006; Simonazzi, 2009). This section also shows that the way Italian families use this allowance is highly influenced by the Italian care culture. The fourth section examines the characteristics of the migration flows directed towards the Italian care sector, focusing in particular on the case of Romanian migration to Italy. Finally, the last section provides the conclusions of this chapter and argues that the success of the migrant-in-the-family model lies in the fact that it reproduces the same gender inequalities of the family-based model.

4.2 The consequences of an ageing society in a welfare system ‘familialistic by default’

During the last three decades, the growing number of elderly people as a proportion of the total population has had a serious impact on the demand for long-term care for the elderly in Italy; population ageing affects many societies, but this process is particularly acute in Italy. The Italian population is one of the oldest populations in the world. According to the OECD in 2014, 21.3 per cent of the Italian population was aged 65 or over, more than one fifth of the entire population and over 2 per cent more than in 2004, when the elderly represented 19.0 per cent of the Italian population (OECD, 2014). ISTAT (National Italian Statistics Institute) estimates that by 2030 the proportion of the Italian population who are 65 or over will reach 27 per cent (cited in Sabbadini, 2008: 3).

Table 4.1 Aged population in Italy from 1st January 2007 to 1st January 2017

Year	2007	2017
Aged people over 65	11,700,000 (corresponding to 20.1% of the whole population)	13,500,000 corresponding to 22.3% of the whole population
Aged people over 90	466,700 (corresponding to 0.8% of the whole population)	727,000 corresponding to 1.2% of the whole population
Aged people over 100	10,386 (corresponding to 0.02% of the whole population)	17,000 corresponding to 0.03% of the whole population

(Source: ISTAT, Report demographic indicators 2016)

Furthermore, Italy has the longest life expectancy at birth in Europe, with 80.6 years for men and 85.1 years for women (ISTAT, 2016). The differences between the life expectancy of men and women has a great impact on how people face the last stage of their life, as women are those who are more likely to remain alone. Consequently, while men can often count on the care of their spouses, women are more likely to need care from their children or other relatives. This is due to the fact that women live longer and also tend to marry men who are older than them (Dalla Zuanna and Weber, 2011). This argument is supported by data which shows how in 2007 the percentage of Italian men aged 74 and over living with a partner was 73.0 per cent compared to only 25.6 per cent of women (Sabbadini, 2008). In the same year, the percentage of single women aged 75 and over was 49 per cent compared with only 18.8 per cent of single men of the same age. The percentage of single women increases to 53.7 per cent if we consider women aged 80 and over compared to only 20.9 per cent of single men of the same age (Sabbadini, 2008). Although the data reported above comes from a study conducted by Sabbadini in 2007, the situation has remained unchanged, as ISTAT states that in 2016, 83.5 per cent of widowed individuals over 65 were women.

On the basis of this data, we can argue that in Italy women are also more likely to experiment with 'non-traditional' caring arrangements, like those which entail the employment of an eldercare assistant, especially if we consider the low fertility rate that characterises the contemporary Italian society (Dalla Zuanna and Weber, 2011). As a matter of fact, low fertility rates mean that there are fewer children (in particular, fewer daughters) who are able to take the role of primary caregiver for their elderly parents. In Italy, the average number of children per woman decreased from 2.3 in the 1950s to 1.2 at the end of the 1990s (Dalla Zuanna and Weber, 2011), but increased again in the last decade, arriving at 1.34 children

per woman in 2016. This increment has taken place as a consequence of the increased number of immigrants living in Italy. According to ISTAT, in 2016 almost one in five babies (19.4 per cent) was born from a non-Italian mother (that is a mother without Italian citizenship). Nevertheless, 1.34 children per woman is still far below the 2.1 children per woman, considered as the threshold limit of the replacement level (that is to say zero-growth population). The other important phenomenon that has reduced the number of family carers and which leads elderly people and particularly elderly women to experiment with 'non-traditional' care arrangements, is the increased female employment rate. In 2016 the Italian female employment rate was 48.1 per cent, still lower than the EU average which in the same year was 61.4 per cent (Eurostat, 2016). However, if we take into account the difference between North and South of the country, we can see how there are regions in the North and North-East, like Veneto and Lombardia, where the female employment rate is over 62 per cent, higher than the EU average, while in the South there are regions like Campania, where only 43.4 per cent of the women are employed (ISTAT, 2016).

The three factors highlighted above (ageing of the population, low fertility rates and increased participation of women in the labour market) have deeply affected the Italian social care system, undermining the sustainability of a welfare state based on the male breadwinner model. Countries like Germany, the United Kingdom and the Netherlands attempted to solve similar problems by reforming their welfare systems, these reforms entailed the separation of funding and service provision. Specifically, these countries introduced cash allowances and included private companies in a regulated supply system (Pavolini and Ranci, 2008). On the contrary, Italy was characterised by the absence of significant elderly care policies in the last three decades, except on a regional level; some regions in the North

introduced care allowances to support families with vulnerable elderly people. It must be highlighted that the constitutional reform implemented in 2001 (Constitutional law n.3, 8 October 2001) delegated the responsibility for social services and social assistance entirely to Italian regions. Since the constitutional reform, Italian Regions are solely responsible for defining targets and developing policies on social services (Naldini and Saraceno 2008: 744). Although there are differences between the North, Centre and South of the country, generally it is possible to state that home help services in Italy are scarce or absent. The same is true for public institutional care services (Bettio and Plantenga, 2004).

In summary, the Italian state has not strengthened the role of the family through *familialistic* policies, nor has it supported the caring function of the family through any kind of *de-familializing* policy. Following Leitner's (2003) classification, authors like Caterino et al. (2013) have suggested that in terms of elderly care the Italian care regime is characterised by implicit *familialism* while Naldini et al. (2016) have called it a care regime *familialistic by default*. The passivity of Italian governments regarding the three factors described above led to the development of a care model based on the employment of migrant eldercare assistants from a non-regulated care market. To give an idea of the extent of the migrant-in-the-family model in Italy, it is worth considering data from the survey conducted by the Institute Censis (Centro Studi Investimenti Sociali: Institute of Socio Economic Research) in 2010, according to which in that year, 2,451,328 Italian families employed a migrant eldercare assistant (cited in Polchi, 2011a). This means that in 2010 in Italy, one family in ten had employed a migrant eldercare assistant. However, it must be highlighted that this data does not say if the eldercare assistants employed by these families were live-in eldercare assistants, or eldercare assistants paid by the hour.

In this section it has been argued that the migrant-in-the-family model emerged out of demographic changes combined with the inertia of the Italian policymakers in the eldercare sector. However, despite this passive attitude, the Italian state has favoured the development of this care model through the special position guaranteed to migrant eldercare assistants in the three immigration reforms implemented in the decade from 1998 to 2009. These three reforms are discussed in the following section.

4.3 Italian immigration policies and the development of the migrant-in-the-family model of care

It was the morning of the 8th of August 1991 when the cargo ship named *Vlora* coming from Durazo (Albania) docked at the harbour of Bari (South of Italy), carrying with it approximately twenty thousand Albanian refugees, who had escaped from their country after the fall of the regime of Enver Hoxha. Italian authorities found themselves completely unprepared in the face of the arrival of this multitude of people, and reacted by detaining and imprisoning all the refugees in the Victory's Football Stadium (*Stadio della Vittoria*) in Bari (Palombelli, 1991). The images of this ship utterly filled with human beings while it proceeded slowly towards the Italian shore overflowed by helicopters remains vivid in the collective imagination of the country. The ship *Vlora* symbolises the passage of Italy from a country of emigration to a country of immigration. The number of immigrants living in Italy tripled over a period of ten years: in 1998 there were fewer than one million immigrants living in Italy while by 2008 there were more than 3 million (Van Hooren, 2010). The number of immigrants as a percentage of the total population was 8.3 per cent by 2016, in line with that of other European countries like the United Kingdom (with 8.6 per cent), and Germany (with 10.5 per cent) (Eurostat,

2016). Concern over this new phenomenon led Italian governments to implement three immigration laws in the decade from 1998 to 2009: the Turco/Napolitano Act in 1998, the Bossi/Fini Act in 2002 and the so-called *Pacchetto di Sicurezza* (Security Package) in 2009. These reforms were characterised by increasingly anti-immigrant sentiments, yet they guaranteed an exceptional position to migrants heading for the care sector.

The first important reform to Italian immigration legislation, the Turco/Napolitano Act (40/1998) was implemented in 1998. In the years after this reform, immigration provoked a ‘moral panic’ (Cohen, 2002) which generated negative sentiments among the population. When in 2001 the Berlusconi government (composed also of the anti-immigration party of the Lega Nord) took office, a new reform of immigration legislation became a priority. Initial proposals were fiercely criticised by trade unions and Catholic organisations, and also raised concerns about the position of undocumented migrant care workers. In winter 2002 associations of elderly people organised a series of protest marches where older people and their families marched, accompanied by their migrant eldercare assistants (Van Hooren, 2010). Following these pressures, when the reform known as the Bossi/Fini Act (189/2002) was approved in 2002, it included the regularisation of illegal workers in the domestic sector. Furthermore, while this reform ‘tightened further the criteria for legal entry and expanded the possibilities for detention and expulsion of illegal immigrants⁷’, it maintained the possibility for the government to set annual immigration quotas (Van Hooren, 2010: 27). This

⁷ It must be highlighted that the ‘illegal’ status of migrants can originate from different causes: 1) Foreigners might enter a country illegally (crossing borders); 2) Foreigners might enter the country legally, for instance with a tourist visa, and then overstay the time limit on the visa; 3) Foreigners might enter legally, but then lose their legal status as a consequence of administrative or political changes in the granting of residence permits; 4) Foreigners might enter and stay legally but work illegally (Jahn and Straubhaar, 1998).

tension shed light on the feelings of Italian primary caregivers (in the majority of the cases women), and those of elderly people as receivers of care. These two groups of actors sent the government a 'normative message' (Hochschild, 1995) which subsequently was reflected in the adjustments which guaranteed an exceptional position to migrant eldercare assistants.

The amnesty introduced in 2002 highlighted how the domestic care sector had become a sector characterised by illegal migrants (Catarino et al., 2013). Suffice it to say that half of the illegal migrants regularised with this amnesty, 314,033 out of 635,911, were domestic and care workers (Finotelli, 2008 cited in Catarino et al., 2013: 139). In the subsequent years, amnesties and quotas continued to be used as a means to regularise the status of illegal migrants working in the care sector (Campani et al., 2006; Catarino et al., 2013). In 2005 '15,000 domestic workers were allowed to enter the country, which was almost as much as the total for all other occupations combined' (Van Hooren, 2010: 27). Moreover, additional quotas were introduced in 2006 for those Eastern and Central European countries which entered the European Union in 2004. In 2009, the Security Package introduced other stringent measures against illegal immigration, among them illegal immigration became a criminal offence. Notwithstanding, also the Security Package contained a measure to regularise illegal immigrants working in the domestic and care sector.

I started this section talking about the ship *Vlora* and how this ship symbolises the transition of Italy from a country of emigration to a country of immigration, but it is important to highlight that the years in which this transformation occurred were also the years in which most Western European countries started to implement neo-liberal reforms in their economies. At the beginning of the 1990s, a new word entered in the Italian common language: 'privatizzazione' (privatisation). Those were the years which signalled not only the

start of unprecedented immigration to the country but also what has generally been defined the 'retreat' of the state from the economy and the social sphere (Cassese, 1996). The development of the migrant-the-family model, which also came about because of the status that eldercare assistants received in the Italian migration regime, helped the government avoid the need for radical and expensive reform in the eldercare sector. Talking about the economic dimension of the migrant-in-the-family model, Del' Oste, in an article which appeared in the newspaper *Il Sole 24 ore* on 2nd April 2007, stated that Italian families spend an average of 11 billion euro a year to employ care workers. However, this does not mean that the migrant-in-the-family model is not characterised by what Ungerson (1997, 1999, 2003) calls *commodified care*. As a matter of fact, in Italy, care provided through the migrant-in-the-family model has forms of cash subvention attached to it. The most important cash subvention received by families who employ migrant eldercare assistants is the *indennità di accompagnamento* (companionship indemnity). The following section considers the role played by the *indennità di accompagnamento* in the development of the migrant-in-the-family model. It is important to highlight that the companionship indemnity is an allowance introduced in Italy in 1980, well before the strand of neo-liberal reforms introduced by other European countries in the 1990s.

4.4 Companionship indemnity

The companionship indemnity can be considered the most important policy concerning care for elderly people in Italy. It consists of a flat-rate monthly allowance of 512.34 euro, given to disabled people (people with either cognitive or physical disabilities) in constant need of help, and who are evaluated as 100 per cent unable to ambulate or carry out daily tasks without the help of an assistant (INPS,

2017). This allowance is nationally administered through the INPS (Istituto Nazionale della Previdenza Sociale) which is the national security institute that also administers most pension schemes and other social security measures such as unemployment schemes in Italy. The companionship indemnity is needs-tested, but not means-tested, and it can be claimed irrespectively of the age of the applicant. However, the majority of the recipients of this allowance are elderly people or their families. According to INPS, in 2015 the companionship indemnity was paid to a total of 2.2 million people, and totalled the equivalent of 0.75 per cent of Italian GDP (Gross Domestic Product). The number of beneficiaries of the companionship indemnity has increased by 75.5 per cent between 2000 and 2015. While in 2000 there were 1.2 million beneficiaries, in 2015 were 2.2 million (INPS, 2016). Six out of ten beneficiaries of the companionship indemnity in 2015 were aged 75 or older. 64 per cent of the total number of beneficiaries of this allowance were women, among them 57.9 per cent were widows, 19.0 per cent were single, 3.0 per cent were divorced and only 19.8 per cent were married and lived in couple (INPS, 2016). This data is a further confirmation that women are more vulnerable than men during the last stage of their life.

As already mentioned, the companionship indemnity was introduced in 1980, before the strand of neo-liberal reforms that characterised Western European countries in the 1990s. The main difference which distinguishes the companionship indemnity from the cash allowances introduced in other countries is that, the cash-for-care schemes introduced in countries like the UK and Germany entailed the beneficiaries of these allowances justifying how they spent this money (by demonstrating that this money is used to purchase care services). In Italy, by contrast, the companionship indemnity can be spent at the discretion of the beneficiary. This means that this allowance can be used to pay the rent of a nursing

home, to reward the primary caregiver of the family or simply integrated into the income of the family. The companionship indemnity conferred upon individuals and their families the responsibility to care for the vulnerable, but it did not aim to foster competitive market relations, nor does it have the aim to develop a regularised care market. On the contrary, it contributed to the development of a non-regularised care market of migrant eldercare assistants. It is for this reason that the companionship indemnity is considered by several scholars as one of the most important factors behind the development of the migrant-in-the-family model of care (Lyon and Glucksman, 2008; Simonazzi 2009a). Van Hooren (2008), for instance, points out that the relatively generous cash benefits provided by the Italian welfare state have given many families the financial resources necessary to make use of the private services, which are often provided by migrants. Similarly, Bettio et al. (2006) have argued that the companionship indemnity, combined with the pensions of the elderly, has made the employment of a migrant eldercare assistant affordable even for low-income families. However, from the data generated in this research, it emerges that gaining access to the companionship indemnity is not an easy process and Italian families often employ eldercare assistants even if they are not beneficiaries of this allowance. The case of Damiano is illustrative of this. Damiano, from Monte Etrusco provides care for his mother, he and his family tried to apply for the companionship indemnity twice but in both cases the application was rejected:

'For them she is not ill, she has nothing [...] It's true that she does not have a specific illness, but it's also true that she is 90 years old and she is not self-sufficient' (Damiano)

The test to evaluate the level of dependency of elderly people who apply for the companionship indemnity is carried out by a geriatrician. The test focuses on

different variables: feeding, dressing, toilet use, bathing, urinary and faecal incontinency, walking, climbing stairs, etc. According to the help needed by the elderly person in carrying out each of these daily activities, the geriatrician decides whether this individual⁸ is entitled to the companionship indemnity or not. Damiano criticizes the fact that this test focuses mainly on what elderly people can do, but it does not take into account what elderly people cannot do:

‘The geriatrician came and asked her “what’s your name madam?” and she answered “my name is Lucia”, and then “how old are you?”, and she replied “I was born in 1924”. Then the geriatrician asked her “madam, can you show me how you get up from the chair?” she took her time but eventually she managed to get up from the chair. “Can you show me how you go to the toilet?”... She managed to go to the toilet alone so the geriatrician decided that she was fine. But what happens when she goes to the toilet? After she sits on the toilet bowl you have to help her to get up because she is not able to do it alone. So how exactly is she fine?’ (Damiano)

The case of Damiano shows that gaining access to the *indennità di accompagnamento* is not an easy process. Furthermore, as Damiano points out in another passage of the interview ‘the *indennità di accompagnamento* would have helped, but it would not have covered all the expenses of employing an eldercare assistant’. As a matter of fact, the companionship indemnity is 512 euro which added to a pension like the one of Damiano’s mother, 600 euro, reaches the sum of 1112 euro which is just enough to cover the salary of an eldercare assistant with a regular contract, but not as well as energy bills, council tax, water and food costs.

⁸ It is important to bear in mind that the *indennità di accompagnamento* is not only designed for elderly people, but for all individuals who are evaluated to be 100% unable to ambulate or carry out daily tasks without assistance.

Damiano negotiated a salary of 800 euro per month⁹ with his eldercare assistant, which included food and accommodation. However, employing an eldercare assistant with a regular contract also entails paying the employee contributions every three months, the severance indemnity (TFR: *Trattamento di Fine Rapporto*), Christmas bonuses and holidays. In total, the cost of employing an eldercare assistant with a regular contract reaches the sum of 1050-1100 euro per month. It is for this reason that Damiano and his two brothers decided to integrate the pension of the elderly woman with 200 euro each a month, meaning a total contribution on top of her pension of 600 euro. The experience of Marco, another family primary caregiver from Monte Etrusco, is similar. Marco provided care for his mother, he applied for the *indennità di accompagnamento*, but sixteen months passed before the application was accepted:

'In those 16 months her [his mother's] pension was not enough to pay the salary of the eldercare assistant, and so I had to use her savings. However, even with the indennità di accompagnamento, her income was not sufficient. The indennità di accompagnamento at that time was 423 euro and with her pension we reached the sum of 903 euro' (Marco)

As we can see from the passage above, Marco employed an eldercare assistant before his mother started to receive the companionship indemnity, but even when the elderly woman began to receive the companionship indemnity, Marco had to use his mother's savings because this allowance and the pension of the elderly woman were not sufficient to cover all the costs of the migrant-in-the-family model. Mara, a daughter from Viterbo, also had to use her mother's savings because the pension of

⁹ It must be highlighted that the mean average of the salary paid by the families who participated in this study to employ an eldercare assistant was 900 euro.

the elderly woman and the companionship indemnity combined were not sufficient to cover the costs of employing a live-in eldercare assistant:

'At the moment we can cover all the costs using her savings, but when my mother's savings run out my brother and I will have to contribute some extra money ourselves.' (Mara)

The experiences of the participants in this study show that the migrant-in-the-family model is not a cheap solution. It could be argued that the costs of the migrant-in-the-family model are considerably cheaper when eldercare assistants are employed without a regular contract, however, during my fieldwork I perceived that family employers in the area where the research was conducted were reluctant to employ migrant eldercare assistants *in nero* (literally *in black*, term used to define economic transactions or work performed without paying taxes). As a matter of fact, all the families involved in this study employed their eldercare assistants with a regular contract. Nevertheless, it is important to highlight that there are not official statistics that show whether the employment of eldercare assistants *in nero* has decreased (in Viterbo, its province and in general in Italy) or not, and the small sample of this research does not allow for generalisations. The difficulties that family employers have in covering all the costs of the migrant-in-the-family model show that the companionship indemnity is not the only factor behind the development of the migrant-in-the-family model. As a matter of fact, the beneficiaries of the companionship indemnity could have used this allowance to adopt other types of care arrangements, for instance nursing homes or care packages at home. This shows that the reasons behind the development of this care model are not only economical but also cultural.

4.5 The Italian culture of care

The companionship indemnity has been used by Italian people to develop a care model which is consistent with traditional ideals of care, with particular regard to the cultural and 'moral imperative' according to which care should be provided at home, avoiding the institutionalisation of the elderly person (Degiuli, 2010). This line of thought supports Pfau-Effinger's (2005) welfare arrangement approach, according to which the development of care models is the result of the interrelation between welfare policies and the culture of care in a given society. The development of the migrant-in-the-family model also shows that the impact of welfare state policies on the behaviour of individuals is shaped by what Duncan and Edwards (1998) define as 'moral rationality', that is to say what in society is considered 'good' or 'bad' elderly care. But when is it considered legitimate for a family to adopt the migrant-in-the-family model?

In their study about the employment of migrant care workers by families and service providers in Italy, Shutes and Chiatti (2012) conducted a survey of 990 family carers. The survey attempted to include a sample as representative as possible of the family carers in the three main Italian geographical areas (North, South and Central) as well as rural, urban and metropolitan areas. From this survey it emerged that among the 990 family carers in the sample, 71.2 per cent were women of a mean age of 53.4 years. Among these 990 family carers, 36 per cent of carers of severely dependent elderly people had employed a migrant eldercare assistant. By contrast, when the level of dependency was lower, only 12 per cent of carers decided to employ a migrant eldercare assistant (Shutes and Chiatti, 2012). As Shutes and Chiatti (2012: 398) argue, this finding 'suggests that families who turn to employing care workers are those who have already exhausted their "care potential"'. When family carers were asked whether they could provide additional support in the

future, the majority responded negatively ‘no matter what type of extra support they could receive’ (Shutes and Chiatti, 2012: 398). These findings suggest that once the family has adopted the migrant-in-the-family model, there is no turning back towards traditional family care arrangements.

Williams and Gavanas (2008: 15) state (with reference to the childcare context) that ‘the employment of migrant women mitigates the disruption of Western normative family and care practices [and] allows mothers to go to work’. This assumption is also relevant in the context of elderly care in Italy, where the employment of migrant eldercare assistants mitigates the disruption of care practices and allows family members (in particular daughters) to go to work without feeling guilty for not fulfilling their caring responsibilities (Shutes and Chiatti, 2012). In particular, within the Italian cultural context, the employment of migrant eldercare assistants allows Italian families to be consistent with the fundamental cultural norm according to which elderly people should be kept at home. In this vein, 61.1 percent of the participants of the survey conducted by Shutes and Chiatti (2012: 399) argued that they ‘would not consider “under any circumstances” placing their relative in a residential care home’. However, it must be said that other studies, like the one conducted by Da Roit and Naldini in 2010, show that Italian families consider the institutionalisation of an elderly relative acceptable in the face of a severe dependency which does not allow the provision of care at home.

For Italian people, the cultural norm according to which elderly people should be cared for at home is associated with the responsibility of ‘not abandoning’ family members when they need help. The responsibility of ‘not abandoning’ is reflected in the geographical proximity between Italian adult children and their elderly parents. Consider the fact that in Italy more than 60 per cent of adult children live in households which are less than one kilometre from those of their elderly

parents (Dalla Zuanna and Weber, 2011). This is a very high percentage if we consider that in Northern European countries like Denmark, The Netherlands or Sweden (where the care services provided by the state are higher) the percentage of adult children who live within one kilometre from their elderly parents is less than 25 per cent (Dalla Zuanna and Weber, 2011). If we take into consideration studies like the one conducted by Da Roit (2010), which have shown that Italian families tend to exclude a cohabitation strategy, one could argue that although family members want to stay close to their elderly relatives, they want to keep a separation between the space where care is provided, and the space where they live. If we consider also that elderly care is often end-of-life care, it could be argued that the separation between the space where family members live and the house of the elderly person, is in line with the findings of research on anthropology of death and sociology of health. This shows that in Western countries, in the last few decades, there has been a tendency to separate the space where people live from the space where people are likely to die (Hockey, 1990; Lloyd, 2004; Barbagli, 2018).

Statistics about the places where people die in contemporary society show that in the majority of Western countries, a process of institutionalisation of death is occurring. Despite all the discourses about community care and ageing in place, these statistics show that the percentage of elderly people who are cared for and die in nursing homes and hospices is increasing (Barbagli, 2018). The table below shows data on the places where people aged 80 and over and people affected by cancer and dementia died in 2008 in eight countries (Italy, Spain, France, The Netherlands, England, The United States, Canada and Mexico).

Table 4.2 Places and causes of death in Italy, Spain, France, The Netherlands, England, The United States, Canada and Mexico in 2008

	Italy	Spain	France	The Netherlands	England	The United States	Canada	Mexico
People aged 80 and over								
Home	44	40	27	18	14	21	9	63
Hospital	43	48	53	26	55	36	57	34
Nursing homes	9	11	18	53	27	36	29	-
Cancer								
Home	45	32	19	46	26	39	16	57
Hospital	47	65	73	26	44	34	68	40
Nursing Homes	4	3	6	19	11	16	11	-
Hospice	-	-	-	7	17	5	-	-
Dementia								
Home	42	46	27	2	5	15	3	69
Hospital	32	34	36	4	32	13	32	26
Nursing Homes	20	20	34	93	67	63	59	-
Hospice	-	-	-	-	-	3	-	-
Source: Barbagli (2018: 274)								

The data reported in Table 4.2 shows that among the eight countries considered, Italy is second only to Mexico, for proportions of people aged 80 and over dying at home. It is also interesting how the percentage of people affected by dementia who die in nursing homes is very low in Italy, only 20 per cent of the people affected by dementia (a pathology which is strictly related to old age) die in nursing homes

compared to 67 per cent in England and 93 per cent in The Netherlands. Yet, this does not mean that Italy is exempt from the institutionalisation of death. In fact, if we look at table 4.3 below, we can see that in Italy from 2004 to 2014 the percentage of people affected by dementia who died in nursing homes has progressively increased.

Table 4.3 Data on the places where people affected by dementia die in Italy (resident population) 2004-2014

	HOME	HOSPITAL	HOSPICE	NURSING HOME	OTHER	TOTAL
2004	46.3	30.5	-	15.5	7.7	100
2005	44.0	31.0	-	17.8	7.2	100
2006	45.6	30.1	-	17.8	6.5	100
2007	44.1	30.4	-	19.0	6.5	100
2008	42.3	32.1	-	19.4	6.2	100
2009	41.8	32.5	-	19.5	6.2	100
2010	42.3	32.1	-	20.1	5.5	100
2011	37.6	32.1	0.7	26.2	3.4	100
2012	37.7	31.2	1.2	27.6	2.3	100
2013	38.4	30.2	1.0	27.5	2.9	100
2014	37.2	30.9	1.1	28.1	2.7	100

Source: data ISTAT on the causes of death, cited in Barbagli (2018: 270)

The development of the migrant-in-the-family model, with its separation between ‘space of care’ and spaces where the family lives may be one of the causes that has contributed to slowing down the process of the institutionalisation of death in Italy. As a matter of fact, this separation resembles that between space of ‘death’ and space of ‘life’ which occurs when an elderly person is institutionalised in a nursing home or hospice (Hockey, 1990); a separation which is functional to manage the

negative emotions generated from end-of-life care. It is important to highlight that in Italy, the role of containing and managing the ‘disruptive’ emotions generated from the process of caring has been traditionally covered by the women of the family, and this has contributed to maintaining a system of power which sees men in a dominant position over women. The fact that the domestic sector is highly gendered and composed predominantly by migrant women demonstrates that in Italy the migrant-in-the-family model reproduces the same masculine and emotional hegemony which was present in the family-based model. The following section looks at the characteristics of the migratory flows directed towards the Italian care sector.

4.6 Who are migrant eldercare assistants? Where do they come from?

According to data provided by INPS (2016), the vast majority of paid care and domestic workers in Italy are women. If we consider the totality of domestic and care workers registered with INPS in 2016, only 11.9 per cent were male compared with 88.1 per cent female. Furthermore, 75 per cent of domestic and care workers were migrants, and within them 87 per cent were women (see table below)¹⁰.

¹⁰ It is important to highlight that this data includes only domestic and care workers registered with INPS. In other words, this data excludes domestic and care workers who work without a regular working contract.

Table 4.4 Domestic and care workers registered with INPS by gender and migrant status, 2016 (percentage data)

	Percent
TOTAL OF DOMESTIC AND CARE WORKERS	100.0
Women	88.1
Men	11.9
ITALIANS	25
Women	91.5
Men	11.9
MIGRANTS	75
Women	87
Men	13

(Source: INPS 2016)

This data is in line with the findings of another survey conducted by Censis in 2011 (Polchi, 2011). According to the Censis survey, 71.6 per cent of care workers in Italy are migrants. The majority of them come from Eastern European Countries: 19.4 per cent come from Romania; 10.4 per cent from Ukraine; 7.7 per cent from Poland; 6.2 per cent from Moldavia; 9 per cent come from The Philippines; the remaining 18.9 per cent come from other nationalities such as Peru, Ecuador, Morocco, Sri Lanka, Nigeria. Eight out of ten domestic workers in Italy are women. According to the same survey, the average age of care workers (the data considers both Italian and migrant care workers) is low, 15.8 per cent of these workers are under 30 years old, and 51.4 per cent are under 40. However, if we consider only migrant care workers, the percentage of women under 40 years old increases to 57.3 per cent compared to 36.5 per cent of Italian care workers; only 17.5 per cent of them are over 50. Migrant care workers also have a high degree of education: 5.6 per cent of them have a bachelor's degree, while 33.6 per cent have a diploma of higher education (data Censis, cited in Polchi, 2011). Another significant difference

between migrant and Italian care workers is in the number of hours worked per week. Table 4.5 below, summarises the average number of hours worked by native and foreign eldercare assistants in Italy.

Table 4.5 Percentage of Italian and foreign care assistants by average hours worked per week, 2003

	Italian	Foreigners
1-20 h or varying	69	26
21-40 h	13	24
>40 h	11	6
Live-in	7	43

(Source: Indagine Multiscopo sulle famiglie 2003, cited in Van Hooren, 2012)

As we can see from Table 4.5, 69 per cent of Italian care assistants work between 1 and 20 hours a week while only 7 per cent of Italian care assistants work as live-in eldercare assistants. On the contrary, 43 per cent of foreign care assistants work on a live-in basis. This data suggests that Italian care assistants tend to avoid live-in care arrangements. Although the data reported in this table is from 2003, more recent qualitative studies like the one conducted by Näre (2011) demonstrate that the situation remained unchanged.

The findings of the Censis survey (Polchi, 2011) reported at the beginning of this section show that Romanians (read Romanian women) are the largest migrant group employed in the Italian domestic care sector. The following section illustrates briefly the case of Romanian migration abroad, in order to understand how Romanian women became the largest migrant community in Italy.

4.6.1 Romanian migration abroad: main phases and mechanisms

Romania was not characterised by important processes of emigration until the fall of the communist regime of Nicolae Ceauşescu in 1989. As Torre (2013) points out, during the communist period the only Romanian citizens who left the country were members of ethnic minorities (Romanian Jews, Germans and Hungarians). By contrast, in this period Romania was characterised by an internal migration from rural areas to urban cities caused by the industrialisation and urbanisation policies implemented by the government. This period was characterised also by commuting processes from rural areas to cities, the so called *naveta* (Perrotta, 2011). Authors like Cingolani (2009) have pointed out that these commuting practices represented a first form of ‘migratory capital’ for many Romanian people that later became involved in international mobility. It is only during the 1990s that international migration started to intensify (Sandu, 2005; Torre, 2013). Authors like Sandu (2006) have highlighted the circular and temporary nature of the Romanian migration in the period between 1990 and 2006. The circular and temporary nature of this migration has been confirmed by the investigations of scholars like De Bonis (2005) and Leogrande (2008), who have focused their research on the experiences of Romanian migrants involved in the agricultural sector in the South of Italy.

It is important to highlight that in 2002, Romanian nationals acquired the right to travel in the Schengen area with a tourist visa for three months (Torre, 2013). In the same year, they became the largest migrant community in Italy (Anghel, 2011). International migration continued to increase after the 1st January 2007, when Romania became an EU member state, and therefore Romanian nationals were granted the right to travel freely and work anywhere in the EU. Anghel (2008) points out that these changes at the supranational European level led to an intense circulation of migrants between Romania and Italy, which facilitated

the development of migration networks and transnational practices. As Massey et al. (1998) explain, migration networks play an important role in starting and maintaining the migration process in communities by lowering the costs and the risks associated with it. These networks are characterised by sets of interpersonal ties that connect migrants, former migrants, and non-migrants to one another, through relations of kinship, friendship, and shared community (Palloni et al., 2001).

An example of how migration networks are used to favour circular and temporary forms of migration is provided by Torre (2013) who highlights that, since 2002 Romanian women employed in the Italian domestic care sector started to use job-sharing practices with close friends or relatives which allowed them to alternate short periods of work in Italy (usually three months), with short periods at home. These practices diminished after 2007 when Romanian nationals were granted the right to circulate freely in any EU country. However, as Torre (2013) notes, these job-sharing strategies are still in place today, and are used by Romanian domestic workers when they return home for their summer holidays. Torre (2013) says that Romanian domestic workers ask close friends or relatives to substitute for them for the duration of their holidays. It is important to highlight that these substitutes are directly recruited from Italy by the migrant domestic workers themselves, showing the importance of migration networks in the reproduction of the migrant-in-the-family model. Migration networks represent a direct channel of recruitment and labour market access for migrant women and have played an important role in the feminisation of the migration flows from Romania to Italy (Torre, 2013). About the latter point, table 4.6 (below) shows how female migration from Romania has progressively increased from 1990 to 2009.

Table 4.6 Percentage of Romanian nationals who emigrated abroad divided by gender (1990-2009)

Year	Total	M %	F%
1990	99,929	47.8	52.2
1991	44,160	48.0	52.0
1992	31,152	51.6	48.4
1993	18,446	47.4	52.6
1994	17,146	46.0	54.0
1995	25,675	44.7	55.3
1996	21,562	46.8	53.2
1997	19,945	47.2	52.8
1998	17,536	48.2	51.8
1999	12,594	46.5	53.5
2000	14,753	46.1	53.9
2001	9,921	50.5	49.5
2002	8,154	45.4	54.6
2003	10,673	41.3	58.7
2004	13,082	37.7	62.3
2005	10,938	37.6	62.4
2006	14,197	37.6	62.4
2007	8,830	35.0	65.0
2008	8,739	35.1	64.9
2009	10,211	36.9	63.1
Total	414,600		

(Source: Romanian National Institute of Statistics, cited in Baldoni, 2010)

Although statistics about migration can be misleading because they do not take into account emigrants who leave their country without declaring it, they do give us an understanding of the process of feminisation of the Romanian migration flow. The other interesting aspect to be noted is that the flow of migration from Romania slowed down in 2007¹¹, just before the onset of the economic crisis, only to rise again in 2009 when the economic downturn had already hit the two most important destinations for Romanian migrants: Italy and Spain (Anghel, 2011). This can be

¹¹ The reduction of the number of Romanian nationals who migrated in 2007 compared with 2006 might be the consequence of the fact that since 2007 Romanian nationals no longer need a visa to travel or work in other European countries, and for this reason it is more difficult measuring the flow of migration from the country. Thus, it is important to state one more time that statistics about migration are not completely reliable and are used in this dissertation only to give an understanding of the phenomenon under study.

explained by the fact that in the destination countries of Romanian women, the demand for domestic workers continued to be high during the economic crises.

Table 4.7 Italian families that employed a domestic worker in the period 2003-2011 (Source: Censis, cited in Polchi, 2011a)

Year	Number of families	% of the total of the families
2003	1,929,990	8.7
2005	2,166,296	9.5
2006	2,227,006	9.5
2007	2,451,615	10.5
2008	2,412,525	10.1
2009	2,348,885	9.7
2010	2,451,328	10.0

As a matter of fact, if we look at Table 4.7, above, we can see that in Italy the demand for care and domestic workers was still very high after the onset of the economic crisis: Italian families that employed domestic workers in 2009 represented 9.7 per cent of the total number of Italian families. This data confirms the indispensability of migrant eldercare assistants for Italian families with dependent elderly relatives.

4.7 Conclusions

This chapter has analysed the emergence of the migrant-in-the-family model at the intersection of the Italian care regime, Italian immigration policies and the Italian culture of care. The first section showed that the growing proportion of elderly people in Italy has had a serious impact on the demand for long-term care. Also, low fertility rates and an increased participation of Italian women in the labour market has generated a care deficit which has put the traditional family-based model under pressure. These social and economic processes have not been addressed adequately by the Italian state, causing the persistence of a familialistic model. As a consequence of the passivity of the Italian state in the eldercare sector, Italian

families have started to develop a new model of care which entails the employment of live-in migrant eldercare assistants. This model has recently been fostered and encouraged by immigration laws which have guaranteed an exceptional position to migrants directed towards the Italian domestic and care sector.

In terms of elderly care, the migrant-in-the-family model allows Italian families to be consistent with the ethical principle of ‘not-abandoning’, according to which care should be provided at home; the institutionalisation of elderly relatives should be avoided, and family members should help their elderly relatives to die at home. The fact that this principle is still very important in contemporary Italian society is demonstrated by statistics which show the tendency of Italian adult children to live close to their elderly parents (Dalla Zuanna and Weber, 2011). However, although adult children continue to be geographically close to their elderly parents they tend to exclude a cohabitation strategy. The choice to avoid a cohabitation arrangement reflects the wish of Italian adult children to keep the spaces where they live separated from the space where care is provided (the house of the elderly person). This separation poses the question of what ‘not abandoning’ truly means within the migrant-in-the-family model, but it also causes another ethical dilemma which, as Näre (2013: 192) points out, arises from:

‘the discrepancy between the cultural values of familialism, according to which care should be provided by family members, and the actual practice of familialism, where care is provided by migrant workers.’

Within the migrant-in-the-family model, care continues to be provided at home but within specific boundaries which are constructed to manage the caring process in a space which is maintained separately from the spaces where the rest of the family lives. The family’s landscape of care which emerges with the adoption of the migrant-in-the-family model show the same separation between ‘space of life’ and

‘space of death’ (Hockey, 1990) which occurs in other care regimes where the institutionalisation of elderly people is considered a morally acceptable caring strategy. Furthermore, Italian families employing a live-in migrant eldercare assistant to insert into the house of the elderly person, have created a model which reproduces the same gender inequalities of the family-based model. As a matter of fact, within the migrant-in-the-family model Italian women work outside of the household, but they are replaced by migrant women who cover the role of carers in their places.

The following three chapters are based on the empirical material generated in the fieldwork of this research. The three chapters follow the transition from a family-based model to a migrant-in-the-family model. The first will look at the phase pre-eldercare assistant, the second will look at the phase in which eldercare assistants are inserted into the house of the elderly person, and the third will look at the phase post-employment. I will begin by focusing on the process through which families identify their primary caregivers. In this chapter I will show that the identification of the primary caregiver of the family coincides with the process through which Italian families construct the house of the elderly person as the proper space to provide care.

**CHAPTER FIVE. WHO SHOULD CARE AND WHERE? NEGOTIATING
CARING RESPONSIBILITIES BEFORE THE EMPLOYMENT OF A
MIGRANT ELDERCARE ASSISTANT**

5.1 Introduction

Although this dissertation uses the term ‘primary caregiver’ to identify the family member who occupies the central position of the family’s caring network, in the Italian language there is not an equivalent of the term ‘caregiver’, as there is not an equivalent of the term ‘care’. Probably, the closest Italian word to the term ‘care’ is *accudire* but you will rarely hear a daughter or a wife saying ‘I am the one who *accudisce* my mother’ or ‘I am the one who *accudisce* my husband’. The reason why people do not make this specification is that being a caregiver is considered something ‘naturally’ intrinsic in the identity of children, partners and friends. However, in the dialect of Viterbo, Monte Etrusco and Cura, people identify primary caregivers as ‘*quello/a che ci commatte*’ which could be translated into English as ‘the one who deal with him/her’. If you talk with family carers they will not use this term to identify themselves, but if you talk with the people who know them, the people who are around them, they will use it to describe the carer.

Interestingly, the verb ‘*commattere*’ or ‘*commatte*’ in Italian can be translated also as ‘*combattere*’ (combating/struggling/fighting in English). When people in Monte Etrusco say that they need to ‘*commatte*’ with something it means that they need ‘to deal’ with something, they need to understand what the problems are with something, struggling against these problems and eventually solve them. For instance, if I say that I need to ‘*commatte*’ with my car it means that my car has a problem which is causing me difficulties and as a consequence

of this I need to deal with the situation, it means that I need to understand what the problem is and solve it. While if somebody says that with a specific person '*non ci si commatte*' it means that it is difficult to 'talk some sense' into this person because this person behaves irrationally or too emotionally. Thus, '*commattere*' means also bringing sense, reason and rationality to something or someone who appears to be problematic, irrational or too emotional. In a caring context, the family member who '*commatte*' with an elderly relative is the family member who deals and struggles against the difficulties of caring and tries to solve the problems brought about by the illness of the elderly person. In line with Tronto's (1993) definition of caring, '*commattere*' means *repairing* (fixing) the world of the elderly person and the world of the carer himself/herself. It means providing direct care but it also means taking responsibility, as a matter of fact, if in the dialect of Viterbo somebody says '*ci commatto io*' (in English this could be translated as 'I will deal with it'), it means that this person will take the responsibility to solve a problem. Thus, when people identify a family member as the person who '*commatte*' with an elderly relative, they are also saying that this person is the one responsible for him/her.

I opened the chapter with a discussion about the verb '*commattere*' because it is important to understand what people from Viterbo, Monte Etrusco and Cura mean when they talk about caring. Although it is undeniable that caring for someone can be a joy and something associated with love, the term '*commattere*' reminds us that the social meaning of care also entails taking the responsibility to 'deal with', 'struggle against', 'cope' and eventually 'fix' the difficulties and the problems that a caring situation inevitably brings with it. The term '*commattere*' reminds us that caring also involves a series of activities which attempt to bring the family back to a situation of 'normality'. This chapter,

therefore, examines how family members try to *repair* (Tronto, 1993) their world, that of their families and that of their elderly relatives in the phase which precedes the employment of a migrant eldercare assistant. This chapter is divided into six sections. The following section focuses on the process through which the family identifies its primary caregiver. The second section looks at the responsibilities that primary caregivers take once they are at the centre of the caring network of the family. The third section looks at the spatial organisation of family care and shows that the identification of the primary caregiver of the family coincides with the construction of the house of the elderly person as a 'space of care', which needs to be kept separate from the spaces where the family life should go on as normally as possible. The fourth section shows how primary caregivers manage the negative emotions generated by the process of caring. The fifth section shows that when the needs of the elderly person increase, and primary caregivers are no longer able to manage the stress and negative emotions generated by the process of caring, the family's organisation of care reaches a crisis point which leads to a new negotiation and eventually to the employment of a live-in eldercare assistant. The sixth section provides further evidence of the concepts and processes analysed in this section using data from the QL case study with Olga.

5.2 Who cares? Identifying primary caregivers

The organization of care in Italy is often described as a conservative or familialistic regime (Esping-Andersen, 1990; Leitner, 2003), meaning that the family has the main responsibility for the provision of care for its vulnerable members. However, the family's responsibility for care is not distributed equally between family members. This section examines the process through which caring responsibilities are distributed when an elderly member of the family starts to need assistance.

The stories of the primary caregivers who participated in this study have the process through which they ended up at the centre of the caring network in common, a process which reflects what Finch and Mason (1993) define as an implicit negotiation. Within this negotiation, commitments developed gradually, without the need of an open discussion and when an elderly relative became non self-sufficient, it was already clear who was going to be the primary caregiver of the family. The case of Anita, is illustrative of this. Anita, 57 years old at the time of the interview, is a housewife who lives in Cura. She is married to Ernesto (59) and she cares for her mother, who is affected by Alzheimer's disease and for his father, whose memory's problems have drastically reduced his capacity to perform daily activities without the help of an assistant. Although Anita has three sisters, Andrea (47), Miranda (50) and Piera (54), when her parents started to need care she became the primary caregiver of the family because she lived in the same town as her parents while her sisters lived in Rome, about 70 km away:

'I assumed the responsibility. It was inevitable. I mean, I was here, they were there' (Anita)

The geographical proximity between Anita and her parents made it 'inevitable' for her to take responsibility and move to the centre of the family caring network (see diagram 2 in the appendix). The case of Damiano is similar to that of Anita. Damiano is 57, he is married with Eleonora (54), who is a full-time housewife, they live in a two-bedroom apartment in the old suburb of Monte Etrusco with their son, who, at the time of the interview was in his late twenties and unemployed. Damiano has two brothers, Paolo (62) and Emanuele (56) but when his mother started to need assistance he took the central position of the caring network (see diagram 3 in the appendix). As Damiano points out:

'I took responsibility because I was the closest one. We live in the same town while my two brothers live about 35 km away' (Damiano)

The geographical proximity with his mother made the identification of Damiano as the primary caregiver of the family as something taken for granted, something which did not need an around-the-table negotiation. Differing geographical distances between family members and elderly people is undoubtedly one of the most important factors in the allocation of caring responsibilities, however, this does not mean that when siblings live at the same geographical distance they share caring responsibilities equally. In this respect, the case of Angelica and Carlotta is a good example. Angelica (56) works as a cleaner, she is married and she has a son and two grandchildren. Her sister Carlotta (59) is a nurse, single and childless. When their mother started to need assistance they opted for a cohabitation solution and moved the elderly woman from Monte Etrusco to Civitavecchia, however the elderly woman went to cohabit with Carlotta because being single and childless she had no other family commitments. When I asked to Angelica how they negotiated this decision she said:

'It was automatic. Me and my sister Carlotta live in the same building. One lives on the third floor and the other on the second floor but she is alone and she had more space to host her. That's the reason why she moved to Carlotta's house. Our houses are not very big. I have my bedroom and my son's bedroom. Then I have a living room but it's not very big. Carlotta's house is the same as mine but she is alone, so it was taken for granted that mum was going to move there' (Angelica)

The fact that Angelica had her own family while Carlotta was single and had no other family commitments made the decision of where their mother was going to stay 'automatic', that is to say 'mechanic' and 'taken for granted'. It is interesting to note that even though in the initial phase of care the elderly woman cohabited with

Carlotta, Angelica thought she was the primary caregiver of the family (see diagram 4 in the appendix). In the case of Mara, it was the age and the health conditions of the children of the elderly person which determined the identification of the primary caregiver of the family. Mara is 58 years old, she lives in Viterbo with her husband and has a brother who also lives in Viterbo. When her mother started to suffer from problems related to dementia, she spontaneously decided to move her mother into her house and opted for a cohabitation solution:

'It's not that my brother was disinterested, do you understand? He didn't say "no, I will not take mum", absolutely not. I can count on him, however...the fact is that he is 70 years old and he has health problems.... Furthermore he already has a difficult situation at home because he has his mother-in-law at home, who is 95 years old and she is blind. It's not easy. So it was me that maybe... I tried not to disturb him too much because he had already a difficult situation' (Mara)

As Mara says, her brother was not 'disinterested' meaning that her brother was 'concerned' about the health and care of his mother, he was emotionally engaged in the caring process but his health, his age and other family commitments prevented him from being more involved (see diagram 5 in the appendix). The four cases introduced so far confirm the findings of studies like the one conducted by Connidis (2007), which demonstrated how filial responsibilities towards adult parents are not shared equally between adult children (see also Cicirelli, 1984; Matthews and Rosner, 1988; Ingersoll-Dayton, 2003; Lashewicz et al., 2007 and Lashewicz and Keating, 2009; Leinonen, 2011). These four cases also support Finch and Mason's (1993) argument according to which caring responsibilities are distributed according to the legitimate excuses advanced by each family member. In order to be legitimate, an excuse needs to demonstrate the impossibility to care rather than the

unwillingness to care. For each legitimate excuse (geographical distance, gender, age, health problems and other family commitments) that a family member can advance, there is another family member who takes a step towards the centre of the caring network. Legitimate excuses are part of the 'normative guidelines' (Finch, 1989) that families follow when they decide what degree of responsibility is to be considered reasonable for themselves and for the other members of the family.

The ethical principle followed by the four cases considered above is the principle according to which the person who sacrifices the least, should provide the most care. That is to say, the one who cares more should be the one who can live with the caring experience by sacrificing less compared to the other family members. According to this principle, the primary caregiver should be the family member who does not experience care as a restriction (Burrige et al., 2007). Yet, often ideas and beliefs which support gender inequalities can twist this principle with the result that the one who cares the most is the one who sacrifices the most too. This was so in the case of Bruna (54), who lives in Viterbo, works part-time in the administration office of a small company and became the primary caregiver of her parents, who live in Civitavecchia, even though they live in the same city of her brother (see diagram 6 in the appendix):

'I am in Viterbo while my brother lives in Civitavecchia. However, naturally, my brother, being a man can fulfil only certain needs of my parents, not all. When an elderly person has specific needs it's better if you have a woman near you. I'm referring to the domestic work, cleaning the house but also personal hygiene because my mother is no longer self-sufficient. So... [In the phase before the eldercare assistant] my brother was the one who took care of the bureaucratic things, he booked appointments and accompanied them to do medical examinations' (Bruna)

This division of caring tasks reflects the traditional gendered division of caring roles which sees women doing the domestic work at home and men doing all the activities outside the household. Bruna accepted this division of caring responsibilities because, as she says in the passage above, women are ‘naturally’ better than men when it comes to providing the physical and material aspects of caring. This understanding of caring made Bruna accept the role of primary caregiver even though her brother lived geographically closer to their parents. The case of Bruna reflects how the process through which families identify their primary caregiver does not allocate only care responsibilities but also what Tronto (2013) defines as ‘privileged irresponsibility’. ‘Privileged irresponsibility’ materialises in ‘passes out’ from specific forms of care, in the case of Bruna’s brother the ‘pass out’ is from domestic work, personal hygiene and cleaning, that is to say the most devalued forms of care in society. Furthermore, this case also illustrates the process through which the labour-time that goes into care is devalued (Gutierrez-Rodriguez, 2010). Suffice it to say that for Bruna being the primary caregiver means going by bus to Civitavecchia every other day (the bus from Viterbo to Civitavecchia takes approximately one hour) and spending the weekend in her parents’ house once every two weeks.

Earlier in this section it has been argued that in order to detach themselves from caring responsibilities, family members need a legitimate excuse to demonstrate that they are unable to care rather than unwilling to care. Yet, there are also cases when the primary caregiver of the family does not accept the excuses of the other family members as legitimate. This is the case of Paola (55) who works as a civil servant, lives with her husband in a *villa* in Viterbo and became the primary caregiver of the family even though her parents lived in Rome, in the same neighbourhood of her sister (see diagram 7 in the appendix):

'I decided to move my parents here because my sister dissociated herself from her responsibilities. This was the most important reason why I decided to move my parents to Viterbo. I realized that it was not possible to manage the situation when they were in Rome so I told them "if you want you can move here because if you are in Viterbo everything will become easier otherwise I will come to Rome whenever I can"'. Without hesitation they closed the doors of their house in Rome and they came here' (Paola)

One family member gets further away and another one gets closer, this is how the geography of care changes and how caring responsibilities are distributed in the family. To make the situation manageable, the primary caregiver of the family needs to be close to the elderly person. The space where care is provided and the locus where the primary caregiver lives need to be reasonably close in order to allow the primary caregiver to have daily interactions with the elderly person. This is the reason why, after the 'dissociation' of her sister, Paola decided to reduce the geographical distance with her parents by moving them from Rome to a rented house in her own neighbourhood in Viterbo. That of Valeria is another example of primary caregivers who perceived as unjust the distribution of caring responsibilities in her family. Valeria, a full-time housewife, is the youngest family caregiver of the sample, at 46 at the time of the interview. She lives in a three-bedroom apartment in the outskirts of Monte Etrusco and is married with Vittorio (53). Valeria and Vittorio have two daughters who are 13 and 17 years old. Although Valeria has two brothers, Giuseppe (51) and Marzio (57) and a sister Greta (53), she found herself at the centre of the caring network because her siblings, according to her, 'dissociated' from their caring responsibilities:

'My sister and my brother live in Viterbo only 30 km away but they have left me alone. I do not have any help from my siblings... even if I have to take my mum to a medical examination, I tell my husband "let's go Vittorio, let's take

mum to take the medical examination”, because... they... do nothing. I can tell you that my sister works in a hospital and she does not even help me to book a medical examination for her... I have to call the doctors by myself’ (Valeria)

Her siblings live 30 km away from their mother’s village but this geographical distance is not considered by Valeria a legitimate excuse to dissociate from their caring responsibilities. Not even their ‘bad’ relationship with the elderly woman, according to Valeria, justifies their dissociation because as Valeria says:

‘All of us had problems with mum because she has never had an easy personality. I had problems with my mother but if I had paid attention to this I shouldn’t have helped her. However this is not so, your morality does not allow you to do something like that because it’s one of your parents. Even if you have a bad relationship with your parents, you cannot abandon them. Your morality does not allow you to abandon a parent...’ (Valeria)

The case of Valeria supports Egdell’s (2013) argument according to which decisions about care are situated within social and cultural expectations. In this case the social and cultural expectation is that a primary caregiver should not ‘abandon’ an elderly parent even when the relationship with the elderly person is considered as ‘bad’. From the passage of Valeria’s interview it also emerges that ‘dissociation’ without a legitimate excuse is considered as something to criticise, not because the ‘absent family member’ (Leinonen, 2011) dissociates from the material aspects of care but because he/she dissociates emotionally from the elderly person. ‘Dissociated’ family members are those who are emotionally detached and who are not concerned about the problems of their elderly relatives. This ‘emotional distance’ was reproduced graphically in the diagrams generated with the participants of this study.

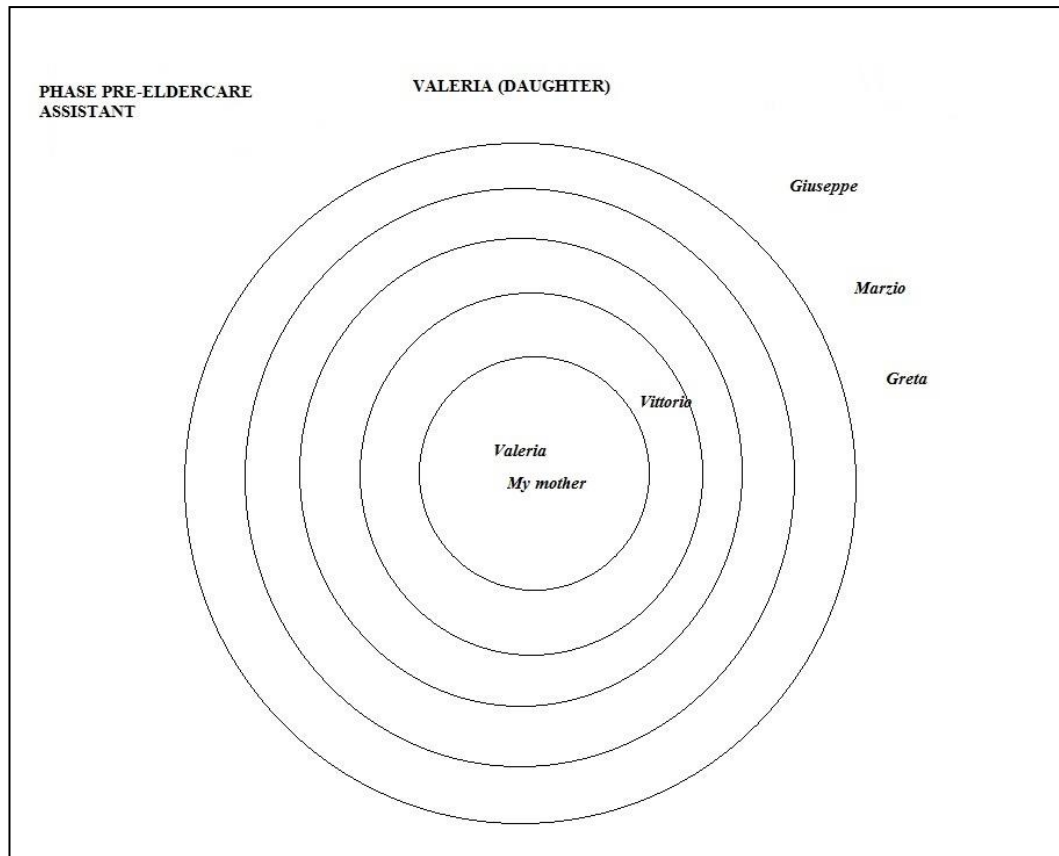


Figure 2. Diagram pre-employment phase Valeria

Above is the diagram that I drew with Valeria during the interview. Valeria positioned her siblings outside the diagram to show that, by dissociating from their filial responsibilities, her siblings had ‘abandoned’ her mother, leaving Valeria alone at the centre of the caring network.

Also Marco (65) considered that his sister had dissociated from her caring responsibilities without a legitimate excuse. Marco lives in Monte Etrusco in the same neighbourhood as his brother (60) and his sister (56). He became the primary caregiver of the family because he was single, childless and retired while his brother and his sister were still working and had both other family commitments. When Marco’s mother started to suffer from the first signs of the Alzheimer’s disease it was obvious that Marco was the one who was going to become the primary caregiver of the family, as he says:

'I was alone, I lived with my mother. It was clear that I was going to be the one who had to care for her' (Marco)

Yet, Marco accepted the role of primary caregiver with a profound sense of injustice because, according to him, her sister had dissociated from caring without having a legitimate excuse:

'Things should have gone in a different way. Because it is true that mum lived with me but I was alone. My brother did what he could do because he works in agriculture, he has animals and you need to feed them. It's my sister that did not care at all. My sister is married and she has her children but she lives on this street, she lives just 50 metres away from here. Nevertheless, she was not present' (Marco)

The geographical proximity between his sister and his mother made it so that 'work' and 'other family commitments' were not considered by Marco as legitimate excuses to dissociate from caring. As Marco says his sister 'was not present', she 'abandoned' them. In the following passage, using the words of his mother, Marco illustrates what it means in his view to be a good carer:

'At the beginning of the illness my mother had moments when she was lucid. And during these moments she cried a lot, I used to ask her "why do you cry", and she answered "she never comes to visit me". So I used to say to her "you don't lack of anything" but she said "I don't need anything but it is not nice that a mother has a daughter who never comes to visit her"' (Marco)

Reflecting upon himself as an 'ethical subject' (Pickard, 2010) Marco considers that a good carer is a family member who stays near their mother (like him) while a bad carer is a daughter who maintains a distance and who is not there for her mother (like his sister). Marco's resentment towards his sister is reflected in the diagram reported below where he decided to position only his brother as a demonstration that

he did not longer consider his sister part of his family, as a matter of fact, since their mother had died they no longer talk to each other.

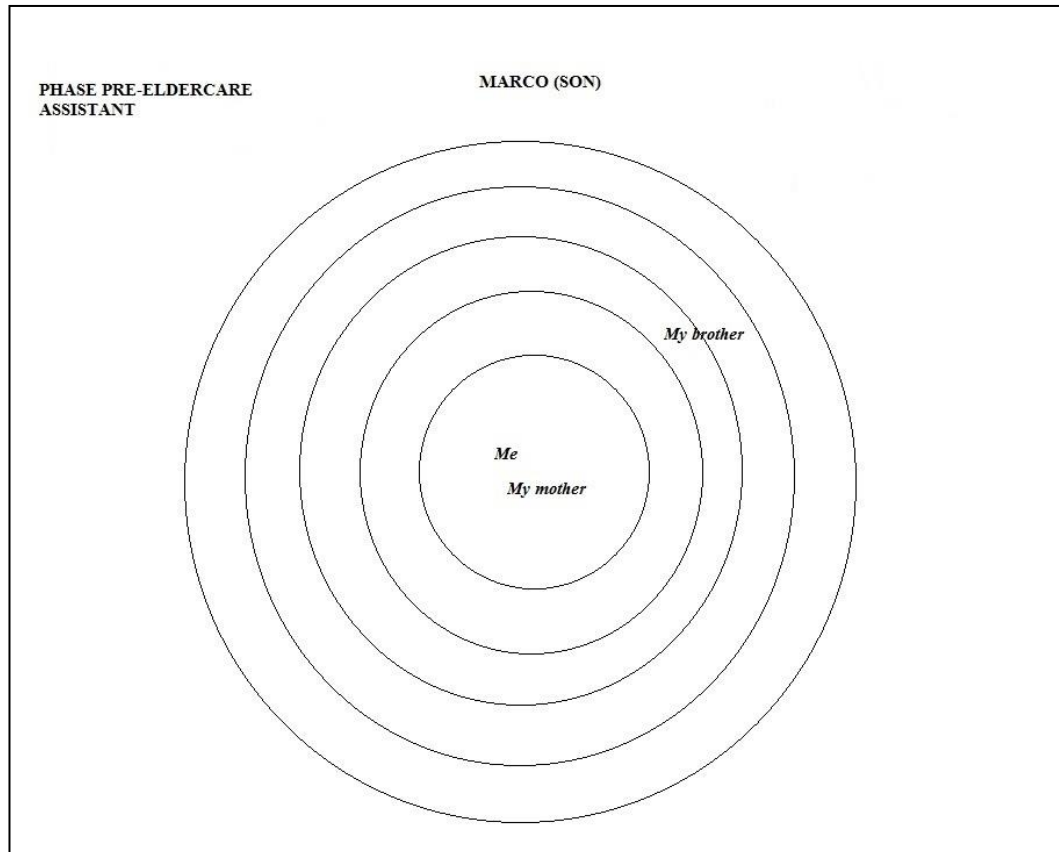


Figure 3. Diagram pre-employment phase Marco

What the cases of Paola, Valeria and Marco have in common is their feeling of being abandoned at the centre of the caring network. They perceived their siblings as not ‘concerned’ about their situation and that of their elderly relatives. Their sense of abandonment was the consequence of an emotional detachment of their siblings from the ‘affective economy’ (Ahmed, 2004) of the family. These three cases show us that even if a family member has an excuse that demonstrates the ‘impossibility’ of being involved in caring, this excuse is not considered legitimate if the family member does not show ‘concern’ and an emotional connection to the elderly person. Emotional detachment becomes a sign of ‘unwillingness’ to care and lack of

‘attentiveness’ (Fisher and Tronto, 1990), attitudes which go against the ethical and cultural norm of ‘not abandoning’.

This section has demonstrated that family members, even when they have the same type of relationship with the elderly person do not share the same degree of caring responsibilities. If we imagine the family’s caring network as a series of concentric circles, the primary caregiver is the family member who occupies the inner circle while the other members of the network are positioned in the outer circles according to their degree of caring responsibility. In this sense, legitimate excuses act as anchors which allow family members to stay on the margin of the network without being drawn to the centre where the degree of responsibility is higher. However, the analysis provided in this section shows that although family members who have a legitimate excuse are allowed to have a lesser degree of care responsibility, they are still required to demonstrate emotional connections to the elderly person and to the family member who covers the role of primary caregiver. An emotional detachment is equated to a ‘dissociation’ from the responsibility of ‘not abandoning’. The following section examines what the participants of this study mean by ‘not abandoning’ an elderly relative.

5.3 The responsibility of ‘not abandoning’

From the interviews conducted with the participants of this study it has emerged that ‘not abandoning’ means, above all, avoiding the institutionalisation of the elderly. Marco, the son of Monte Etrusco, reflecting retrospectively on his experience as the primary caregiver of the family, says:

‘I am proud that I allowed my mother to die in her home. Within her own environment and surrounded by the people who loved her... near her son. I am

proud that I allowed her to die here and that I didn't let her die in an institution' (Marco)

From this passage it emerges that the home, apart from being the appropriate place to provide care, is also considered to be the proper place to be at the end of life (Lloyd, 2004). For Marco, providing 'good' care means keeping the elderly person within 'her own environment' and allowing the elderly person to die in her house surrounded by 'love'. When the interviewees were asked why they discarded the option of moving their elderly relatives to a nursing home a common reply was:

'Because for me it is like abandoning her. I visited some nursing homes, I know what they are like... she is not within her family' (Mara)

If providing care at home is considered by family members the quintessential form of care, institutional care is considered the antipode of family care (Weicht, 2015). As the passage above illustrates, Mara associates institutionalisation with 'abandoning' because the elderly person in a nursing home is no longer 'within the family'. When I asked Adele (57), a primary caregiver from Cura if she had ever considered moving her mother-in-law into a nursing home she replied:

'No, absolutely not. Even if they (her husband and her brother-in-law) had considered a nursing home, I would have opposed to this option because I don't trust these institutions... You can visit them only during the visiting hours while with an eldercare assistant you can visit the elderly person at any time, you can control at any time how the situation is. On the contrary, in those institutions you see the elderly person only in those specific hours but when you go home you do not know what happens behind those doors' (Adele)

Institutions are not considered 'safe places', especially because they limit the possibility of controlling how the elderly person is treated. Another reason why the participants of this study rejected nursing homes was the belief that these institutions do not allow family members to involve their elderly relatives in daily activities, like

going out to do grocery shopping or buying the newspaper, activities which were considered fundamental to make the elderly person feel part of the community. About the importance of involving elderly people in daily activities outside the house, Mara says:

'I take her with me when I go out to do shopping because she also needs to have relations with other people. The people of this town know her, they greet her when they meet ... relations for me are important. Although she is a person who is not conscious, who does not remember things, she has feelings and emotions and these feelings and emotions are important for her' (Mara)

This passage from Mara's interview tells us that the emotions and feelings generated from the interactions with the other people of the community are an important aspect of caring even if the elderly person has a cognitive impairment that impedes him/her from recognising people. As a matter of fact, home-based care solutions were preferred also when the elderly person was not able to walk and consequently not able to be involved in outdoor activities. Eleonora, the wife of Damiano, considered that moving her mother-in-law into a nursing home would have meant 'extrapolating' the elderly woman from her environment and from her routines:

'Moving her into a nursing home would mean extrapolating her from her environment. Now she is in her house, she continues to live the life that she had before, she sees the people that she knows from her whole lifetime. She doesn't go out but people come to visit her. Furthermore she opens the windows of her house and she speaks with her neighbours' (Eleonora)

From Eleonora's passage we can see how, 'not extrapolating' the elderly person from his/her environment means maintaining the conditions through which the elderly person can preserve his/her individual identity. Conditions which, according to the participants of this study, can not be maintained in institutions which are seen as cold, lonely and impersonal (Duyvendak, 2011). This image of institutional care

reflects what stated by Varley (2008), according to whom, care in nursing homes is usually associated with a loss of individual identity and close relationships. Mara argues that rather than the inflexibility of timetables and the lack of ability to see her mother whenever she wanted, it was the impossibility of keeping her mother within the 'emotional' dimension of the family which made her reluctant to move the elderly woman into a nursing home:

Alessandro- Did you visit nursing homes in person?

Mara- Yes, I wanted to see them with my eyes. However, I did not have... except for few cases... a bad impression. The fact is that... it is true that my mother is not in her right mind anymore but she is able to perceive her family members so that basically in a nursing home she would have become a vegetable...

Alessandro- What was the thing that stopped you from taking this decision?

Mara- They showed me all these elderly people, they were alone, without relations... at home she has relations with my grandchildren, they are 4 and 6 years old. Although she does not recognize them, feelings and emotions are still there. So that basically this is what nursing homes lack ... it is the emotional aspect... I was not satisfied because you see that there are elderly people who are put there and... they haven't relations between each other and with the staff. They do not have relations like those you have in a family.

This passage from Mara's interview reflects the dichotomy between 'care as love' and 'care as labour' (Finch and Groves, 1983; Graham, 1983; Ungerson, 1987). Institutions can provide 'care as labour' but not 'love labouring', that is the emotional dimension of care that only the family is able to provide (Lynch, 2007). For Mara, in nursing homes elderly people becomes 'vegetables', that is to say subjects which are not connected to the flow of emotions circulating in the 'affective economy' of the family. Becoming a 'vegetable' means no longer being a node in

the family network, consequently it means being considered as 'socially dead' (Glaser and Strauss; 1966; Sweeting and Gilhooly, 1997; Lloyd, 2004). Sweeting and Gilhooly (1997) in their study on dementia and social death argued that due to the increase longevity of people's lives, the length of time over which death occurs is also longer and this can lead the network of people around a very old person to experience 'anticipatory grief', that is to say considering the elderly person socially dead while she/he is still biologically alive. According to these scholars a prolonged 'anticipatory grief' in some cases can also lead to an emotional and/or physical withdrawal from the elderly person. This suggests that, the network of people around the elderly person may start to normalise their life as if the elderly person is already dead. In line with this, it could be argued that primary caregivers consider caring at home an indispensable prerogative for maintaining the elderly person socially alive. By maintaining the elderly person's connection to the 'affective economy' of the family, primary caregivers preserve the personhood of the elderly person and avoid them becoming a 'vegetable', that is to say an abandoned 'object' which needs only to be guarded and managed. Yet, keeping the elderly person connected within the 'affective economy' of the family creates a series of problems and conflicts which lead family members to re-shape the spatial organisation of the family. The following section examines how the concept of 'home' changes when an elderly relative becomes non self-sufficient.

5.4 'Home' in the time of caring: from a 'safe' place to an 'unsafe place'

Recently, Dolce and Gabbana promoted in Italy its latest perfume with a video titled 'The Family' starring the actress Monica Bellucci and the super model Bianca Balti. Watching the video you can see an Italian family gathered together during a day of feast, the old and the new generation of the family eat and dance together in what

probably is the garden of the parental house. It is a sunny day and everybody is happy, this is the image of a safe haven; but what happens when the party is over, when elderly people are no longer self-sufficient? What happens when the lights go down, the family leaves and elderly people remain alone? The image of the family portrayed in the Dolce and Gabbana advert reflects the idea of the home as ‘the quintessential realm of care’ (Weicht, 2015), a realm which connotes comfort, protection, safety, the cohesion of the family, the independence of elderly people and in general a site of positive emotions (Williams, 2002; Duyvendak, 2011, Weicht, 2015). It must be said that in the Italian language the word *casa* is the same for ‘house’ and ‘home’, highlighting how the boundaries between the conception of the home as a material and physical place and the conception of the home as an emotional place where family life and relationships take place are blurred. This means that ‘home’ and family relationships are practically synonyms. Yet, the ‘home’ is not a stable entity, rather it could be considered as a process which changes over time. The aim of this section is precisely the one to examine how the conception of ‘home’ changes when an elderly member of the family becomes non self-sufficient.

In the interviews with the participants of this study, the ideal image of the home as a site of positive emotions emerged when the interviewees talked about the gathering of the family in the parental house for feast days¹². In the following passage, Sebastian (Anita’s son) talks about the house of his grandparents when the family gathered together during the weekend:

[My aunts and uncles] came here once every two weeks. They came here for the weekend and they found my grandmother who had prepared the lunch, she

¹² Feast days are bank holidays, Sundays, days of celebration like birthdays and weddings. These are days during which the family tend to gather together.

was happy, available for everything, she had prepared a room for them, everything was clean. My grandfather had mown the lawn in the garden. So my uncles and aunties had a comfortable and nice house in the countryside to spend the weekend at' (Sebastian)

The picture portrayed by Sebastian evokes a context of joy, calmness and serenity. He depicts the house of his grandparents in line with Duyvendak's (2011) conception of the home as a 'safe haven': his grandmother 'was happy', 'available for everything', 'everything was clean' and his grandfather 'had mown the lawn in the garden'. However, the dependence of an elderly relative gradually spoils this ideal image. The case of Piero is illustrative of this. He became the primary caregiver of his mother (see diagram 9 in the appendix) because he was the child geographically closer to her. His sister lives in Rome and in the period before the elderly woman was diagnosed with Alzheimer's disease she used to visit her parents only during the weekend:

'[My sister and her family] came for the weekend. On Sunday, they found the lunch ready because there was my father there. They used to say "if she managed to prepare the lunch, she cannot be ill", and I used to reply "yes, she prepared the lunch but how did she prepare it? Who helped her?"". When you are all together you don't realize... Furthermore, there were her grandchildren and when [my sister and her family] came [my mother] was happy to see them... consequently they didn't realise what was happening but I had already started to tell them that there was something wrong' (Piero)

Piero describes the effort made by family members to make that everything appeared as it should in a day of feast. He helped his mother to cook but when this help was no longer sufficient the awareness that there was 'something wrong' with the health of the elderly woman started to spread among family members and the parental house gradually went from a site infused with positive emotions into one

infused with negative emotions. The expression 'losing peace of mind' was recurrent in the interviews with family members and summarises well their feelings in the phase of caring that Tronto (1993) defines 'caring about', that is to say the phase when caring needs are recognized and evaluated. The process through which a family starts to 'lose' its 'peace of mind' is illustrated by Damiano in the following passage:

'She started to lose her memory. She started to repeat the same things, obviously three years ago in a less extreme way compared to now. Afterward, all of a sudden she had a physical collapse. And this led me and my brothers to think that my mother was not longer able to stay at home alone. The fact that she was alone made us lose our peace of mind, especially during the night'
(Damiano)

Similarly, Adele, the daughter-in-law from Cura, says:

'During the night I was scared that she could fall. I started to lose my peace of mind. We were going there everyday, we helped her but during the night she was alone... I thought it to myself and later I told my husband "I have lost my peace of mind. Sooner or later we will have to find a solution because one day we may go there and find that she has hurt herself"' (Adele)

The examples reported above highlight a close relationship between changing caring relationships, negative emotions ('lost peace of mind', concern, anxiety, fear) and the house of the elderly person changing from a 'safe' place into an 'unsafe' place where the elderly person could hurt herself/himself if she/he is alone. The primary caregivers who participated in this study argued that they realised that the relationship with their elderly relatives had changed when they started to notice changes in the behaviour, body and environment of their elderly relatives. Piero says:

'I started to notice that something was wrong when I was coming home, I was looking for my things where they had always been and I could not find them. For instance I found my shirts in her closet... I noticed that there were things that were not like before, in her routines, in her behaviour, in the house. During the first period the signs of the illness were not clear, one could have thought "ok, she forgot that thing because she is old" but it is not true because little by little you realise that these signs increase and increase' (Piero)

Similarly, Anita says that she noticed changes in the house of her mother:

'I used to come here to visit my mother and I found her in a state of numbness, lights in the house were switched off, the blinds of the windows were closed and the air in the house was stuffed' (Anita)

Other participants noticed that their elderly relatives were no longer capable of carrying out their daily routines. Adele, for instance, noticed that her mother-in-law was no longer able to clean her house or prepare her food while before, on a Sunday, she used to prepare lunch for the whole family. The period in which the elderly person loses self-sufficiency is the period when, within the home, signs of the decaying body of the elderly person become visible and the negative emotions that these signs generate start to circulate within the family network. The relationship between emotions, feelings, the body of the elderly person and the objects which compose the environment of the elderly person supports one of the key points of Ahmed's (2004) model of emotions, according to which emotions are not simply 'in' the subject who feels the emotion nor they are in the object which causes the emotion, on the contrary emotions are shaped by the interaction between subject and object (or between subject and another subject). The traces of emotions left on the surface of the objects that compose the environment of the elderly person (things that are not in the place where they have always been; lights which are switched off; blinds which are closed) affect the family members who come into contact with

these objects and make them aware that their relationships with their elderly relatives have changed or are changing. At the same time, family members change the way they relate to the house of the elderly person which gradually becomes a place which needs to be controlled and managed.

5.5 Managing negative emotions: separating the ‘space of care’ and the ‘space of the home’

The primary caregivers interviewed in this study argued that in the period immediately before the employment of an eldercare assistant, they felt as though they were ‘collapsing’. The collapse of the primary caregiver was often associated with the ‘collapse’ of the whole family. About this point Piero says:

‘When I hear somebody saying “he is affected by Alzheimer’s disease” I only say two words: poor family. I no longer say poor person, I say poor family because that person little by little will not be able to realise what is happening to him. On the contrary, families in 99 cases out of 100 collapse. The experience of managing something like that is unbelievable, it’s something strenuous for the family and for the family member who looks after the elderly person’ (Piero)

As Piero points out, the period before the employment of an eldercare assistant is ‘strenuous’ not only for the primary caregiver who looks after the elderly person but also for his/her family. It is for this reason that the participants of this study believed that to avoid that their families ‘collapsing’, the stress generated from caring should not be transmitted to the members of their households. Paola, who had moved her parents from Rome to a rented apartment in her neighbourhood in Viterbo, compares her caring experience to that of her sister in order to explain how a carer should behave:

'I do whatever it takes to solve a problem while she has always handed over her responsibilities to her husband. On the contrary, I have always faced daily life problems alone. I don't come back home complaining all the time about the problems that I have at work... I face my problems alone. She doesn't and I think that she simply was not able to face the situation. Furthermore, she wants to live her life without being bothered by these problems. Because taking care of two elderly people who are over 80, moving them to your home town, at 100 meters from your house, brings problems [...] Your mother calls you because your father is not well during the night and you have to run. It's not like saying "there are more than 120 km to get there, how can I get there?"' (Paola)

Paola reproaches her sister with the fact that she is a person who complains about her problems and who brings her 'worries' at home. Paola believes that being a primary caregiver requires doing 'whatever it takes' to solve problems and most importantly it entails that responsibilities should not be handed over to other family members, especially not to partners. Managing stress, worries and negative emotions is a personal responsibility and the family should not be affected. According to this view, primary caregivers have a responsibility to protecting the family from their personal feeling states. This confirms Näre's (2008) argument according to which in care work emotional management entails 'the management of the whole interaction', however the case of Paola shows that the emotional interactions that primary caregivers need to manage, are not only those with the elderly person but also those with the other members of the family network.

Being responsible, according to Paola means being available at any time and this requires 'closeness', yet, as Paola points out 'closeness' brings 'problems'. With 'closeness' the legitimate excuse of the geographical distance disappears. Proximity to the elderly relative increases responsibilities and consequently it increases the possibility of involving your own household's members in experiencing the

‘negative’ emotions generated by the process of caring. For this reason, a barrier should be erected in order not to be ‘too close’. This barrier is first of all physical and is enacted through the choice of excluding a cohabitation solution. In another passage of her interview, Paola says:

‘[a cohabitation solution] was absolutely not taken into consideration because, as I told you before, my husband has been very kind, he was a pillar for me, however, in my opinion everyone needs to stay in their own house. I bent over backwards but at the end of the day I could go back home and close the door because it is fair that your family is not involved too much. We were neighbours, I crossed a street and I was in my mother’s house, I could go there in pyjamas ...however, my life was already upset... because when you have to manage an elderly person your family is involved anyway... but when you don’t live with the elderly person, at night you come back home and you can leave everything outside the door.... this is my opinion’ (Paola)

From the passage above it emerges that the only solution to stay close to the elderly person and at the same time limit the involvement of members of your own household is to maintain a separation between the ‘space of care’ and the ‘space of the home’ where the latter is a space where you can close the door and leave ‘everything outside’. With the word ‘everything’ Paola refers to the problems, anxieties and worries generated by caring for an elderly parent. The option of moving to the house of the elderly person and the option of moving the elderly person to one’s own house were both excluded. Although Paola considers that her husband was very ‘supportive’ and acted as a ‘pillar’ for her, she believes that ‘everyone should stay in their own house’ meaning that the ‘stress’ and ‘anxiety’ generated by the process of caring for her mother should be left outside the door. The geographical proximity between Paola’s house and the house of her mother allowed Paola to visit the elderly woman at any moment but the street that Paola

needed to cross to arrive at her mother's house, represented a physical and emotional barrier which protected the members of her family. The case of Damiano and his wife Eleonora is similar. When Damiano realised that his mother could no longer stay alone during the night, he and his wife talked about the possibility of cohabiting with the elderly woman. However, this option was rejected because, as Eleonora explains:

'We do not have enough space here, upstairs there are just two rooms, our room and our son's room which is very small. It wouldn't be possible to move her here while we felt that moving into her house was... I mean... we should have left everything' (Eleonora)

This passage from Eleonora's interview suggests cohabiting with an elderly person is inappropriate if the house is too small as this would disrupt the life of the family while moving to the house of the elderly person is considered not appropriate because it is a form of 'abandoning' one's own home and family. The picture that emerges from the caring experience of Paola and Eleonora is that responsibilities towards one's own family and responsibilities towards an elderly relative cannot be combined if the 'space of care' coincides with the 'space of home'. However, cases like the one of Anita shows that conflicts and tensions can also emerge when these two spaces are separated. Before employing an eldercare assistant Anita visited her parents twice a day, once in the morning and once in the afternoon, sometimes she visited them three times if her parents called because of an unexpected problem. This generated a high level of tension with her husband Ernesto:

'My husband was like a boiling pot, sometimes he used me as an anvil and so you stay there and you are beaten from all the sides. Every night I went to bed hoping that the following morning the phone would not ring. Because if the phone rung that was my father and that meant that he had a problem and that I

had to run there. Consequently, I had to hear my husband moaning because I would run behind with the domestic work' (Anita)

Anita uses the term 'being beaten' metaphorically to say that she is in the middle of two different types of responsibilities, those towards her own family and those towards her parents. These two types of responsibilities reflect Piercy's (1998) distinction between responsibility for the elderly person and responsibility for other family members. According to this view, caring for an elderly relative should not occur at the expenses of the marriage. Piercy (1998: 114) points out that 'maintaining responsibility to other family members is part of what it means to be responsible to an older parent who needs assistance'. Thus, being responsible means doing one's own share of caring as well as attending to the needs of other family members. Yet, it is not always possible to follow this principle, as the case of Anita shows, if she dedicates too much time to her parents she is subjected to the complaints of her husband. Her husband's complaints hit her like a 'hammer on the anvil' and as an anvil absorbs the blows of the hammer, Anita absorbs and accumulates stress and negative emotions. Primary caregivers are the nodal point which connects the emotions generated in the house of the elderly person and those generated in their own households. They are expected to work as 'valves' which filter the emotions coming from both directions ensuring that the negative emotions generated on one side do not affect the other side and vice versa. A cohabitation solution would have allowed Anita to manage this caring situation better, especially if we consider that between her house and that of her parents there are five kilometres. As a matter of fact, she thought about the option of moving into her parents' house, but she discarded it to avoid a conflict with her husband:

'If you are alone you can manage the situation, I mean if I hadn't had a family, if I hadn't had other commitments, I could have said "ok, I will close the doors

of my house”... I proposed this to Ernesto (husband). I said to him “we close our house and we move to my parents’ house. If you don’t want to sleep there, we come back here only to sleep but at least I don’t have to go continuously backward and forward the whole day”. Ernesto told me that I was crazy’
(Anita)

The physical separation between the house of the elderly person and the house of the primary caregiver reflects the process through which carers and their family members mark a physical limit to their responsibilities. Even though family care is strictly associated with the idea of the home as a place of security, comfort and healing (Duyvendak, 2011; Williams, 2002) the process of caring generates negative emotions (fear, concern, worry, anxiety) and these negative emotions need to be managed through a physical organization of the spaces of the ‘home’. This spatial organisation is fundamental for avoiding conflicts and tensions between primary caregivers and their own household members.

In the passage above, Anita says that cohabitation strategies are not for married people, by saying this Anita means that this caring solution does not allow one to combine care responsibilities for one’s own family and those for an elderly parent. Following this line of thought, it is possible to argue that if cohabiting with an elderly relative is considered a ‘characteristic of the past’ (Da Roit, 2010), it is because this caring solution is no longer considered functional for managing the negative emotions circulating in the family when one of its elderly members loses self-sufficiency. Nevertheless, the case of Carlotta, who provided care cohabitating with her mother, shows that cohabiting also generates a high level of stress for single carers:

‘I lost my freedom. She started to impose her routines. I am a very routine person. I lived all my life alone and when she came to my home I was not

longer free to do whatever I wanted to do. I could not watch what I wanted in the television because she had to watch her favourites programmes. I lost my intimacy' (Carlotta)

Cohabiting transforms the home into a caring place where it is difficult to preserve one's own privacy and intimacy. Similarly, Marco, who also cohabitated with her mother says:

'During those seven years it was like I was in prison, worse than a prison. She did not sleep during the night, she woke up and she wanted to talk with me. If you ignored her, she started to scream so that I had to wake up every night, there was not a single night in which I had not to do this' (Marco)

Marco equates cohabiting to being in a 'prison' because cohabiting does not allow one to separate the 'space of care' from the 'space of home'. The doors and the internal walls of the house do not protect carers from screams, they do not silence laments of pain. Doors and internal walls do not silence the moral responsibility of 'being there' (Weicht, 2015) for your elderly relative even if it is night. The case of Marco is particularly interesting because he is a male primary caregiver who provided care through cohabitation but also because this case clearly illustrates how the spatial organisation of the family changes in order to meet the caring needs of its members. Marco had his own house but he decided to cohabit with his mother in the parental house after the death of his father. Marco's house is side by side with the house of his brother Ezio, and shares the same garden. His sister's house is only 50 metres away. Marco and his mother lived in the parental house until the wife of Ezio died leaving him alone with a three years old daughter. After this event Marco and his mother moved to Marco's house in order to stay closer to Ezio and help him with his daughter. Marco's mother took care of both houses and she cooked for everybody. As Marco says in another passage of the interview, they were 'happy

together. Everyday [they] met in Ezio's house to have lunch and dinner together'. However, this image of the family as a 'safe haven' was spoiled when Marco's mother started to suffer from Alzheimer's disease. The elderly woman was no longer able to cook, and Marco had to adapt to the new situation, he had to learn to cook and started cooking for the whole family. They continued to share the routine of eating together but rather than gathering in Ezio's house now they gathered in Marco's house. Later when the needs of the elderly woman increased, Marco also started to provide intimate and physical care:

'I had to learn how to administer an injection and give her medications. I washed her, cleaned her. Basically, I learned how to be a nurse' (Marco)

The caring parabola of Marco shows how the identification of primary caregivers corresponds to a spatial re-organisation of the family's landscape of care (Milligan and Wiles, 2010). In particular, it shows that even though Marco cohabited with his mother there was a process of separation between 'spaces of care' and 'spaces of the home' in the family. The moment which symbolises this separation is the moment when the family stopped gathering in Ezio's house to eat together. Until the moment that Ezio needed help to provide care for his little daughter, the family practically lived together in the same house, as Marco says:

'Before we came here only to sleep. My mother had her bedroom and I had my bedroom. But during the day we ate together in my brother's house' (Marco)

This change in the family's landscape of care reflects Hockey's (1990) conceptual separation between space of 'life' and space of 'death'. A separation which was beneficial for normalising the life of Ezio but not that of Marco. The cases examined in this section shows that the construction of the 'space of care' is a strategy to reproduce the gendered separation between the home as the place of privacy, intimacy and positive emotions and the public as the sphere of the market,

rationality and politics (Gal, 2004). Within this spatial organisation of care, primary caregivers are expected to maintain the boundaries between these two spaces, they act as ‘control valves’ of the negative emotions generated by the process of caring and ensure that these emotions are contained in the house of the elderly person, either cohabiting with the elderly person or living in-between the ‘space of care’ and the ‘space of the home’. Drawing on the work of Hinshelwood (1989), Hunter (2015: 79) argues that organisations can be seen as ‘affective networks’ where ‘[b]its of experience, affects, emotions, feeling-states, like a sense of blame, for example, are moved around, passing from one member of the organization to the next, stopping when a person is established as a blameworthy culprit –a scapegoat’. Through a process characterised by projective dynamics, members of the organisation pass onto others, emotions, feelings and elements of identity which are not desired (Hinshelwood, 1989; Hunter, 2015). Applying this theory to the context of Italian families who care for elderly people, one may argue that when a member of the family is identified and established as the primary caregiver of the family, not only do the rest of the family hand over part of their responsibilities to him/her but they also project onto the primary caregiver disowned emotions like ‘worry’ and ‘fear’ together with elements of their identity that they are ‘unwilling’ to accept. In other words, when a disruptive event like the illness of an elderly relative takes place in the family, negative emotions flow towards the centre of the family network where it is positioned the primary caregiver of the family. We can imagine this flow of emotions as a vortex, within this vortex legitimate excuses can be seen as anchors which allow people to stay in the periphery of the network, where the degree of ‘negative’ emotions experienced by those who occupy these positions is less intense. However, the following section will show that, when the degree of ‘negative

emotions' experienced by primary caregivers is no longer bearable, the caring situation reaches a crisis point.

5.6 Reaching the crisis point

The previous two sections have analysed the process through which the house of the elderly person is constructed as the proper place to provide care, a place that needs to be separated from the spaces where the rest of the family should live its life as normally as possible. Although the separation between 'space of care' and 'space of the home' may look like an irrelevant detail it is not because it shows a change in the conception of 'family care'. The primary caregivers who participated in this study described their life in the phase which precedes the employment of a migrant eldercare assistant as a life in-between these two spaces, a life divided between different sets of responsibilities. Valeria describes the period which precedes the employment of an eldercare assistant as a 'continuous going backward and forward' from her house to that of her mother:

'I don't have a driving license so I had to walk there and although we do not live far away I had to take my girls to school, then I had to go to my mother's house I had to make her eat, wash her, prepare her a lunch, then come back to my house and prepare the lunch for my husband' (Valeria)

The rejection of a cohabitation solution divided Valeria between two spaces and two sets of responsibility, the responsibility to care for her mother and the responsibility to care for her daughters and her husband. She lived in-between these two spaces until the moment she reached what she describes as a 'crisis point':

'I was alone...I was depressed, my weight went down to only 48 kg. I could not cope with that rhythm any more' (Valeria)

As argued in the previous section, primary caregivers are expected to contain the negative emotions generated by the process of caring in the house of the elderly person. However, when the needs of the elderly person increase, and the level of stress and the negative emotions become unbearable, primary caregivers are no longer able to act as ‘control valves’ and negative emotions leak out from the ‘space of care’, affecting the ‘space of the home’. Damiano, in the phase pre-eldercare assistant also lived divided between his house and that of his mother:

‘During the day we were continuously going backward and forward from her house to our house. It functioned in this way... I went to her house before going to work. I helped her to get out of the bed, to get dressed and to wash. Then I went back home, got changed and then I went to work. While I was at work my mother remained at home alone but my wife visited her house after doing some grocery shopping for her. When my mother started to need assistance also during the night, I was no longer able to be constantly present to guarantee her security and her serenity’ (Damiano)

What makes the case of Damiano interesting is that he was in full-time employment while his wife was a housewife, nevertheless he did not claim a ‘production pass’ (Tronto, 2013) and became the primary caregiver for his mother also providing intimate care. In another passage of his interview Damiano explains that he provided intimate care to his mother because his mother was ashamed to receive this type of care from his wife. The fact that the elderly woman was ashamed to receive intimate care from her daughter-in-law made Damiano taking the role of primary caregiver as something ‘natural’, something not perceived as a ‘constraint’. As a matter of fact, the reason why he decided to employ an eldercare assistant was not related to his unwillingness to remain at the centre of the caring network, but rather related to the

impossibility '[to be] constantly present to guarantee the security and serenity' of the elderly woman.

For the primary caregivers who cohabitated with their elderly relative the crisis point arrived because of the impossibility to detach from the 'space of care'. For Mara, the crisis point arrived when her husband Riccardo discovered that he was affected by kidney cancer and decided to be treated in a private clinic in France. The treatment for his cancer required that he and his wife had to move to France every three months and this made the cohabitation solution no longer sustainable:

'When you cohabit your life changes completely because practically you lose your freedom and it conditions also the life of the people around you, the life of Riccardo. If you have to go somewhere you need somebody who substitutes you, in my case I had to ask to my brother to keep my mother for three weeks every three months... the situation was no longer manageable' (Mara)

Mara found herself divided between the responsibility of caring for her mother and that of caring for her husband, but the reason why the cohabitation solution became unsustainable was the fact that Mara's brother could not keep the elderly woman while she was absent. The illness of Ricardo would have required a higher involvement from Mara's brother but because he was already cohabitating with his mother-in-law he proposed to move the elderly woman back to her house in the centre of Viterbo and to employ an eldercare assistant to live with her. The 'freedom' that Mara lost cohabiting with her mother is the freedom to detach from the 'space of care' without having to rely on the help of other family members. Also for Marco, who cared for his mother by adopting a cohabitation strategy, the crisis point arrived when the elderly woman started to need assistance 24 hours a day making it impossible for him to detach from the 'space of care':

'She did not sleep during the night, she woke up and she wanted to talk with me. If you ignored her she started to scream so that I had to wake up, every night, there was not a single night in which I had not to do this. I stayed with her, if she had pain I had to administer her an injection. The worst thing was that she did not want to stay alone. If I tried to leave her alone for one minute watching the television, she immediately started to shout your name' (Marco)

What the cases examined so far show is that the more the needs of the elderly person increase the more the 'space of home' loses its therapeutic properties both, if primary caregivers cohabit with their elderly relatives or if the elderly relative lives in the primary caregiver's house. If primary caregivers live in their own houses the 'space of home' loses its therapeutic properties because the need to be constantly present in the house of the elderly person makes them unable to maintain the boundaries between 'space of care' and 'space of home'. Similarly, if they live with the elderly person the home loses its therapeutic properties because it turns into a space from which it is difficult to detach. The impossibility of maintaining a balance between closeness and distance leads primary caregivers to view their position at the centre of the caring network as oppressive:

'I found myself trying to manage a situation, that of my parents, in the middle of other situations which taken one by one were not difficult to bear but all together became like boulders' (Anita)

Anita describes an outside-inside motion where 'tensions' and 'negative' emotions converge and accumulate at the centre of the caring network. This created a 'crisis' which led Anita to push these 'negative' emotions back toward the periphery of the caring network, turning the outside-inside motion into an inside-outside motion. The 'crisis point' in Anita's case coincided with the period in which Anita's daughter, Sara, became pregnant. Anita describes this moment as a 'flood':

'When it was July the flood came, I could not bear the situation anymore. I was exhausted and I said "guys you have to give me a hand because in August Sara is going to give birth to the baby. I am dead tired and I can't make it any more. So that at least during August you have to stay here". So basically I forced them to cancel their holidays and to come here' (Anita)

Until the 'crisis point', legitimate excuses protected Anita's sisters from the 'negative' emotions generated in the 'space of care', they acted as anchors which prevented Anita's sister from being dragged to the centre of the caring network. Yet, when the degree of 'negative emotions' experienced by Anita reached the 'crisis point', a greater involvement was expected from the rest of the family regardless of their legitimate excuses. What the case of Anita shows is that when primary caregivers cannot longer contain the 'negative emotions' generated by the process of caring in the house of the elderly person, these emotions leak out from the 'space of care' affecting the rest of the family. In the case of Anita this 'flood' of emotions led to a re-negotiation of caring responsibilities and eventually to the employment of an eldercare assistant.

All the cases considered in this study show that while the identification of the primary caregiver of the family took place through an implicit negotiation, the negotiation to employ a live-in eldercare assistant was explicit (Finch and Mason, 1993). The following passage from Adele's interview is illustrative of this:

'After she fell I told them "I think that we need to employ someone", and they said "no, this was just an episode, she is fine. It is not necessary". However, I thought to myself and later I told my husband "I have lost my peace of mind"' (Adele)

As the passage above shows, Adele's husband and Adele's brother-in-law minimised the incident which occurred to the elderly woman, however, after a similar incident happened two weeks later, Adele was more assertive and told them

‘we need to employ an eldercare assistant’, this time they agreed. This ‘let it go’ attitude of the children of the elderly woman suggests that family members who benefit from ‘privileged irresponsibility’ (Tronto, 2013) tend to postpone an open negotiation which could lead them to having a greater degree of involvement. The primary caregivers who participated in this study agreed that the responsibility of employing an eldercare assistant should not fall solely to primary caregivers. Mara pointed out several times in her interview that the decision to employ an eldercare assistant was ‘a responsibility that [she] wanted to share with [her] brother’. Similarly, Simona, from Viterbo, reported that:

‘One thing that I said to my brother was “this is a decision that I don’t want to take alone. You have to be present when we meet this person. I don’t want the responsibility to be only mine. There are two of us and the responsibility is 50% each. We have to decide together if this person is the right person”... I didn’t want it to be the case that in the future, if something goes wrong, he is in the position to say “it’s you who decided to put this person”’ (Simona)

This passage from Simona’s interview suggests that the reason why primary caregivers tried to involve their siblings in the decision to employ an eldercare assistant is that the insertion of the eldercare assistant in the house of the elderly person is perceived as a risk that should be shared among the siblings. For this reason, Valeria and her husband Vittorio tried to involve Valeria’s siblings in the decision to employ a live-in eldercare assistant even though they had dissociated from their caring responsibilities:

‘I asked my wife to involve them because I didn’t want them to complain about this decision. I was worried, I asked to myself “what happens if this eldercare assistant is not good?”’ (Vittorio)

This passage from Vittorio’s interview shows that Vittorio, as a sibling-in-law, was not involved directly in the negotiation with his siblings-in-law, he points out

in another passage of the interview that he believes that even if the caring situation affects children-in-law, they should not enter into this type of negotiation. Yet, he talked with his wife who, during the open negotiation between the siblings, acted as a representative of her nuclear family. Vittorio, like Simona, also considered the employment of an eldercare assistant as a risk that should be shared by all the family members. As he says in the passage above, he was 'worried' that they could complain if the eldercare assistant inserted in the house of the elderly person revealed to be a 'bad' eldercare assistant. Before moving to the conclusions of this chapter, the following section provides further evidence of the concepts and processes analysed in this chapter using data from the QL case study conducted with Olga.

5.7 Losing your peace of mind: evidence from the QL case study with Olga

Although she is very busy, Olga is always welcoming. As soon as I arrive at her house she prepares coffee for us. The interviews usually take place in the kitchen or in the living room. Sometimes she washes the dishes while we talk, sometimes she irons, there are always piles of clothing on the sofa. This is the result of combining care and work. Olga's house is the top apartment of a *palazzetto* (a small building made of several different apartments) on the square of the neighbourhood. Her sister lives in the apartment below hers, and that apartment used to be her mother's. It is in that apartment that Olga took care of her mother until she passed away. From the window of Olga's kitchen on the other side of the square, less than 150 metres away lives Perpetua, in an apartment on the ground floor of another *palazzetto*.

Olga had several caring experiences in her life, she cared for her grandmother, she cared for her mother and now she cares for Perpetua. Comparing these three caring experiences is useful to help understand how the concept of care

changed through time within Olga's family. In the following extract, Olga gives a retrospective account of how she and her family cared for her grandmother (her father's mother) at home:

'I did not continue my studies after secondary school so I stayed at home and looked after the house. I did the laundry, I prepared the dinner for my parents and because my grandmother lived with us I washed her, I changed her and I prepared lunch for her [...] She was bedridden for a long time, ten years. When my mother was at home, she cared for her but usually she was out all day [to work in the countryside], she came back very late at night. Also my father looked after my grandmother when he was at home. Then, when I started to work she remained at home alone. During the morning we brought her breakfast, we changed her, we accompanied her to the toilet and we left her water. When I came back from work I prepared lunch for her. That's how life was (Olga)

'That's how life was', Olga was the primary caregiver of her grandmother until the moment she found her first job, her father, her mother and her sister were out all day working in the agricultural sector and because they lived in the same house, she was the one who cared for her grandmother. From this passage it emerges that in Olga's family the obvious strategy to provide care for an elderly relative was cohabiting but when Olga also started to work they left the elderly woman alone at home until lunch time when Olga came back from work. Olga's family went on with this caring arrangement for ten years until the health of the elderly woman worsened and Olga's mother stopped working to care for her mother-in-law until she passed away. The way of providing care in this family changed when Olga cared for her mother.

After Olga's grandmother died, they divided the parental house into two apartments, her parents took one apartment and Olga took the other while Olga's sister got married and moved to another village which is only five kilometres away

from Cura. Although Olga had her own apartment she continued to spend most of her free time in the parental house. The time spent in her mother's house increased further after the death of her father. Olga describes the period before the illness of the elderly woman as a period when she received a high level of emotional support from her mother:

'She was the fulcrum of the family. My mother was the person in the family that gathered all the worries and put them on her shoulders [...] She gave me advise, she suggested me what to do[...], she was my release valve' (Olga)

With the term 'fulcrum of the family' Olga identifies the family member who gathers 'all the worries' and calms the agitation and distress of the other family members. The role of the 'fulcrum of the family', according to Olga, entails being attentive to the needs and the problems of other family members, it entails collecting the anxiety and the 'negative emotions' which circulates within the family network and act as 'release valve' of these 'negative emotions'. After work, Olga stopped by at her mother's apartment and she vented her emotions, as she says in another passage of the interview 'when I talked with her it seemed to me that my problems were less important, they seemed smaller'. Sharing her worries with her mother had a therapeutic effect on Olga and consequently on her family. She performed the same ritual every day, she arrived at home from work in the afternoon, she stopped by at her mother's house for an hour or two, then she climbed the stairs which separated her mother's apartment from her own apartment and started to prepare dinner for her husband and children. While at her mother's house, Olga dissipated all the worries and stress accumulated at work and when she arrived in her apartment she felt relaxed and this infused the house with a positive atmosphere. However, when her mother started to be absent-minded (only later would Olga discover that these were signs of cerebral ischaemias) there was a role reversal:

After she became ill she could not bear these worries anymore. I started not to tell her about a lot of things because I saw her less present. So I started to worry. My life changed [...]I lost my point of reference. In this sense, I wasn't a daughter anymore. Before, I felt like a daughter, I used to go to my mother and tell her all my problems. After that she moaned about things, it was her that needed help. The relationship changed and so did my life... my behaviour towards her changed. I avoided telling her many things' (Olga)

Olga continued to stop at her mothers' apartment on her way back from work but now it was her who was the one who comforted her mother and absorbed her anxiety. This role reversal symbolises the moment in which the house of the elderly woman from a therapeutic place turned into a caring place. As a matter of fact, Olga recounts that she started to 'lose her peace of mind' through the interaction with specific objects in the house of the elderly woman. Olga recalls the genesis of emotions like worry and fear describing the story of a wool sweater that her mother started knitting and could not finish:

'Everyday she started knitting this wool sweater, she made a bit of it and then she undid it, she could not understand how to finish that bit and move forward. One night she was really angry, so I told her "ok, let's have a look at it together". We looked at that bit together and she said "ok, I've understood it". The following day, she had undone everything again, I told her "mum, why did you undo it, we looked at it yesterday! We did it together" and she said "I think the sweater will remain like this", and so it was that sweater remained unfinished' (Olga)

This incident illustrates well how the interaction with the objects that compose the environment of the elderly person can lead family members to become aware that their relationship with the elderly family member has changed. These interactions also generates emotions that then start circulating within the family network,

triggering an implicit negotiation that eventually leads to the identification of the primary caregiver of the family. Olga was the child who was geographically closest to her mother, and for this reason she became the primary caregiver while her sister became the secondary caregiver.

Olga cared for her mother, going continuously downwards and upwards from her apartment to that of her mother, until she realised that she could no longer combine work and care. After an open discussion with her sister, they decided to employ a live-in eldercare assistant for the elderly woman. The option of moving the elderly woman into a nursing home was an option that they did not consider because this solution was equated to abandoning the elderly person:

'When I was a child, in this village there was only one public institution for elderly people. It was situated in the basement of a small hospital. This institution hosted elderly people without a family, the homeless and people with cognitive impairments. The elderly people hosted in this institution were stigmatised as being abandoned by their families' (Olga)

The hospital closed several years before the interview took place but this image of institutions as places where elderly people are deposited and abandoned along-side other groups of people considered as non-productive in society remains vivid in the collective imagination of the people who live in Cura. Unfortunately, Olga did not have time to employ a live-in eldercare assistant, as her mother passed away after a few weeks during which she fought against an aggressive illness. The two experiences of Olga as a carer for her grandmother and then as a carer for her mother highlight a transition in the caring practices of this family. While Olga's grandmother was cared for with a cohabitation strategy, her mother (although for a short period) was cared for in her own house highlighting a separation between the space where care is provided (the house of the elderly person) and the space of the

carer's home. This separation recurred when Olga started to care for Perpetua, this time, in a situation of long-term care, the problem for Olga was the one of 'being present' without neglecting other family commitments and work responsibilities.

Olga known Perpetua for thirty years, during which time the two women have developed what Olga defines as a 'family relationship'. Perpetua is widow and has no children and when she started to need assistance it was obvious that Olga was going to become her primary caregiver, she describes this decision as 'spontaneous'. When I met Olga for the first interview, she was caring for Perpetua going continuously backwards and forwards from her house to that of the elderly woman. Olga explained to me that most of the time she crossed the square walking, other times, if she needed to take dinner to Perpetua or if the weather was cold she took the car, she drove in the narrow streets around the square and she parked her car behind Perpetua's house. This going backwards and forwards made her run behind with the *faccende di casa* (housework) but she coped with the situation. She started to think about the possibility of employing a live-in eldercare assistant when she became aware that leaving Perpetua alone at home had become dangerous:

'You don't know what you will find when you go there in the morning. At night, I leave her alone and when I go there in the morning I am worried about what I might find. Anything could happen. It could be that she woke up ...she went to the toilet and then... yesterday, for instance, she went to the toilet and she couldn't stand up from the seat. If something like that happens during the night, when she is alone, she is going to stay on the toilet for the whole night until the next morning when I arrive' (Olga)

The passage above captures the state of anxiety in which Olga lives since she realised that leaving Perpetua alone is no longer safe. Olga identifies two moments of the day which are of particular importance: the visit that she pays to Perpetua in

the evening and the visit that she pays to Perpetua early in the morning. The lapse of time between these two moments is characterised by uncertainty and insecurity:

'I can't sleep at night. It's a big concern, it's a responsibility. I am here in my house and I don't know what...Sometimes it happens that I am going away from her house and she goes to the toilet, she wants to go alone to the toilet, she wants her intimacy. So I go away but I'm not fine at all. A couple of times, with my car I went to the other side of the house and I waited outside the house until the lights of the bathroom were switched off. One night, I went home, then I went back to see if the lights were switched off but they weren't ... do you understand what I mean? I went home and I couldn't sleep because I thought about it all night' (Olga)

This feeling of insecurity grew together with a sense of responsibility. As Olga points out in the passage above leaving the elderly woman alone is 'a big concern' but it is also 'a responsibility'. The responsibility mentioned by Olga is the responsibility of 'being present' and preventing Perpetua from hurting herself. The problem is that this responsibility brings with it the issue of managing the geographical distance between the house of the elderly person and her own house. Olga recounts that her caring experiences have always been characterised by a spatial organization of the home, a spatial organisation which is necessary to contain the negative emotions generated by the process of caring and avoids them affecting the other members of the family. In the following passage, making reference to her experience of mother and carer of her children, she describes the ethical principle which lead her to re-organise the spaces of the home in a situation of care:

'My husband was the kind of person that if my baby woke up during the night and started to cry he became nervous, sometimes he became nasty as well, because he is not able to... to manage these kind of situations [...] You see that your husband is nervous, upset. You become aware that if you don't do this

your husband and your baby are going to feel bad. So you do what you think is the best thing for both of them [...] You look for the peace of mind of both of them, and so you sacrifice yourself to give them peace of mind. It's normal, it's like this. Caring for an elderly person is the same. To give peace of mind to your family you sacrifice yourself' (Olga)

The ethical principle which guides Olga in the management of the negative emotions generated by the caring process is the principle of 'sacrificing oneself in order to achieve the best result for both parties'. By soothing the pains of her children in their room Olga preserved the peace of mind of her husband. The process of containing the negative emotions generated by the process of caring for an elderly relative is similar to that of childcare with the difference that while in childcare 'spaces of care' are constructed inside the home of the carer, in elderly care the 'space of care' is detached from the home of the carer. Self-sacrifice is considered one of the highest virtues of care out of love and family care (Bahr and Bahr, 2001). However, when it is determined by an emotional and masculine hegemony, self-sacrifice can be profoundly unjust if it allows specific groups of the population, namely men, to maintain a position of privilege. What emerges from the case of Olga is that the spatial organisation of the family in a situation of care is symbolic of a gendered arrangement where the 'sacrifice' of the women of the family allows the peace of mind of the male members of the family.

5.8 Conclusions

I started this chapter by describing the term '*commattere*' and what the people from Viterbo, Cura and Monte Etrusco mean when they use it in relation to elderly care. '*Commattere*' means recognizing that care brings problems, taking responsibility to solve these problems, managing them and normalising the emotional disorder that a

caring situation inevitably brings with it. This normalising process starts with the identification of the primary caregiver of the family. The findings of this research show that this negotiation is implicit and that caring responsibilities are allocated according to the 'legitimate excuses' of each family member (Finch and Mason, 1993). For each member who advances a legitimate excuse there is another family member who moves towards the centre of the caring network. The findings of this study show that the allocation of caring responsibilities follow the ethical principle according to which those who 'should care more' are those who 'sacrifices the least'. This principle if correctly applied, would allow a democratic allocation of caring responsibilities within the family. The problem is that gender ideology and power asymmetries twist this principle and often the family member who cares the most is also the one who sacrifices the most. Furthermore, women are more likely to end up at the centre of the caring network precisely because their repertoire of legitimate excuses is smaller compared to that of their male counterparts (Finch and Mason, 1993). These dynamics reflect the mechanisms of what Tronto (2013) defines as the 'irresponsibility machine'. As a matter of fact, the process through which families identify their primary caregiver is a process that does not only allocate caring responsibilities, but also 'privileged irresponsibility', that is to say 'passes out' from specific forms of caring (Tronto, 2013). From this research an image of the family network as composed of a series of concentric circles emerges. Within this network, the primary caregiver is positioned in the inner circle while the other members of the network are positioned in the outer circles where the degree of responsibility is less intense.

Once primary caregivers are at the centre of the caring network they are expected to fulfil the responsibility of 'not abandoning' their elderly relatives. This chapter has shown that the responsibility of 'not abandoning' is strictly related to the

responsibility of maintaining elderly people emotionally connected to the 'affective economy' of the family. In line with this thought, primary caregivers considered those family members not 'concerned' about the caring situation as 'dissociated'. Similarly, the institutionalisation of an elderly relative was associated with 'abandoning' an elderly relative because elderly people in institution were thought to be subjects no longer connected to the flow of emotions circulating in the family. For this reason, the participants of this study believed that keeping elderly people at home was the most appropriate caring strategy. Nevertheless, the findings of this study show that keeping elderly people at home brings with it the problem of managing the negative emotions generated from the caring process.

The findings presented in this chapter demonstrate that there is a close relationship between changing caring relationships, negative emotions ('lost peace of mind', concern, anxiety, fear) and the house of the elderly person. The identification of the primary caregiver coincides with the transformation of the house of the elderly person, which turns from a 'safe' place into an 'unsafe' place where the elderly person could hurt herself/himself if she/he is alone. The image of the parental house as a safe haven characterised by positive emotions and therapeutic properties is gradually spoiled by the illness of the elderly person. This process of transformation of the house of the elderly person leads primary caregivers to keep this space separate from the spaces where the rest of the family live their lives as normally as possible. In other words, primary caregivers act as emotional 'control valves' and keep separated the 'space of care' from the 'space of home'. Primary caregivers contain the negative emotions generated by the process of caring, impeding these emotions from leaking out from the 'space of care' and disrupting the peace of mind of the rest of the family. However, as this chapter has shown, when the caring needs of the elderly person increase, the level of stress to which

primary caregivers are subjected is so intense that they are no longer able to act as 'control valves'. When this happens, the boundaries between 'space of care' and 'space of home' blurs and the latter loses its therapeutic properties affecting not only primary caregivers and the members of their households but also the other family members that until that moment had limited their involvement because they had a 'legitimate' excuse. This leads to a crisis in the organisation of care and consequently to a new negotiation which, on the contrary to the negotiation which identified the primary caregiver of the family, is not implicit but explicit. This explicit negotiation, rather than re-allocating caring responsibilities in a more democratic way, leads to the employment of a live-in eldercare assistant being inserted in the house of the elderly person. The following chapter looks at the process through which the family inserts live-in eldercare assistants into the 'space of care' and analyses the strategies adopted by family members to minimise the risks associated with the insertion of a non-family member in the house of their elderly relatives.

CHAPTER SIX. TILL DEATH DO US PART: INSERTING ELDERCARE ASSISTANTS INTO ELDERLY PEOPLE'S HOUSES

6.1 Introduction

It is interesting how, when they need to employ an eldercare assistant, the people of Monte Etrusco, Viterbo and Cura say '*dobbiamo mettere qualcuno*' (In English we need to put someone in), or '*dobbiamo mettere qualcuno che la guarda*' (we need to put/insert someone who looks after her). The process of 'putting in' or 'inserting',¹³ someone in the house of the elderly person is even more interesting if it is put in relation with a synonym used by both employers and eldercare assistants to identify the job of live-in eldercare assistants, that is the term '*al fisso*'. In a literal translation from the Italian language *fisso* means 'fixed'. Being *al fisso* means that an eldercare assistant does not have other jobs except that one, they are 'fixed' in one specific family, they work for one employer. However, *fisso* in the Italian language means also 'unmovable' which is a term that exemplifies well an important characteristic of live-in eldercare assistants, that is their limited opportunities to move out from the house of the elderly person, and consequently from the centre of the caring network.

This chapter analyses the process through which eldercare assistants are inserted into the house of elderly people. The chapter is divided in eight sections.

¹³ I have decided to use the term 'inserting' to stay close to the Italian word *mettere*, which is the word used by the people from Cura, Viterbo and Monte Etrusco when they describe the process through which family members 'move' an eldercare assistant into the house of an elderly relative. The term 'inserting' underlines how the employment of an eldercare assistant and the process through which they are 'moved' into the house of an elderly person is not considered by family members as a 'smooth' or 'effortless' process. As we will see later in the chapter, the term 'inserting' highlights well the process through which family members 'move' live-in eldercare assistants into the house of their elderly relatives, even when their elderly relatives are opposed to this decision. Finally, this term underlines how family members consider eldercare assistants to be something necessary but 'alien' to the family.

The following section examines the process through which family employers select eldercare assistants. This section is based on data generated by interviews conducted with a representative of Acli Colf, a catholic organisation that acts as a union for domestic and care workers but which is also a point of contact between eldercare assistants and future employers. The second section examines the process through which family members insert an eldercare assistant into the house of an elderly relative. The third section examines the role of eldercare assistants as ‘control vales’ for the negative emotions generated by the caring process. The fourth section examines the process through which family employers construct the relationship with their eldercare assistants into family-like relationships in order to pass onto them the responsibility of ‘not abandoning’ their elderly relatives. This section argues that the responsibility of ‘not abandoning’ limits the capacity of migrant eldercare assistants to move away from the ‘space of care’. The fifth section shows that family employers expect their eldercare assistants to care for their elderly relatives until the end of the caring parabola and whenever they want to detach from the ‘space of care’, either to leave the job or to go on holiday, they are required to find a substitute with moral qualities which make them suitable for insertion into the house of the elderly person. The sixth section uses data from the QL case study with Olga to examine in more depth the moment in which family employers pass on what I define as the ‘emotional baton’ to their eldercare assistants, that is to say the moment when they pass on the responsibility to deal with the negative emotions generated from the process of caring to the eldercare assistants. In this section, it will be argued that the passage of the emotional baton corresponds to the moment in which family primary caregivers start detaching from the ‘space of care’. Finally, the last section summarises and discusses the findings presented in the chapter.

6.2 The social construction of the ideal live-in eldercare assistant

In the majority of cases, family employers find their eldercare assistants through word of mouth. They usually ask a friend who has already employed an eldercare assistant, otherwise they seek the help of mediators such as priests in local Parish Churches, Social Services or other Christian Catholic organisations like Caritas and Acli Colf. This section uses the data generated through interviews conducted with family employers and with a representative of Acli Colf, Caterina, to show the process through which live-in eldercare assistants are socially constructed.

When the relatives of an elderly person (mainly daughters) access the services of an organization like Acli Colf they have no knowledge of what it means to employ an eldercare assistant. Caterina says that: '[family members] don't know anything when they arrive here. Imagine a family member who doesn't have any knowledge about these things and who has to become an employer...'. Families who contact Acli Colf are usually having their first experience with the employment of an eldercare assistant and often have never met an eldercare assistant in person. Despite this lack of knowledge they come with specific requirements which are influenced by stereotypes, hearsays and prejudices. They are influenced by what Damiano, a family employer from Monte Etrusco, defines 'the echo of society'. Gender, age, family status and nationality are among the most important factors which influence the decisions of potential employers. As Caterina points out: 'gender is probably the most important requirement for employers when they come here'. Women are generally preferred to men, although there are also circumstances where men are preferred to women:

'Male eldercare assistants are sometimes preferred because they have a driving license...they can accompany the elderly person outside ... for instance to meet friends at the bar' (Caterina)

For a male elderly person, going out with a male eldercare assistant is consistent with social and cultural norms, while going out with a female eldercare assistant would be considered by elderly men as something to be stigmatised. However, while it is possible that older men hire a male eldercare assistant it is very rare that elderly women hire a male eldercare assistant. Furthermore, as Caterina points out: ‘when the elderly person who needs assistance is bedridden, the first choice remains a female eldercare assistant’. This confirms how assisting an elderly person with a severe level of dependency is still considered a woman’s duty and also shows that when the emotional involvement required is greater, female eldercare assistants are preferred. As a matter of fact, the negative emotions generated by providing care for an elderly person with a severe level of dependency cannot be compared to those generated by caring for an elderly person who only needs some company. This is in line with the findings of the study conducted by Shutes and Chiatti (2012) according to which the majority of families who employ eldercare assistants are families who care for severely dependent elderly people.

The emotional involvement of eldercare assistants is a fundamental requirement and often employers choose eldercare assistants with characteristics that can favour the emergence of an emotional connection between eldercare assistant and elderly person. Caterina points out that potential employers often look for eldercare assistants who have just arrived in the country. The reason behind this choice, according to Caterina, is that an eldercare assistant who is alone in the country of destination, and who has no social ties in the place where they are looking for a job, is a person without interests in having a social life outside the house of the elderly person:

'They look for a person that has just arrived in Italy, a person who doesn't know anybody here, who doesn't go out. Somebody who doesn't care about staying at home 24 hours a day' (Caterina)

Family members look for eldercare assistants who can 'devote' themselves to their elderly relatives. They look for somebody who can work and live in the house of the elderly person, somebody who has no interest in leaving the space where care is provided. For the same reason, age and family status are also important factors to take into consideration when it comes to employing an eldercare assistant. The family members interviewed in this study argued that the 'perfect' age for an eldercare assistant is around 50 years old. This is in line with what is reported by Caterina:

'[Eldercare assistants] mustn't be too young otherwise they (employers) say that they will get bored staying at home. They usually ask for an adult woman between 35 and 55 years old' (Caterina)

Age is closely related to family status, in fact, as Caterina points out, potential employers usually prefer mature eldercare assistants because they are married and with grown children: 'sometimes they ask for a person who doesn't have any plans to get married or have a baby'. Vittorio, the husband of primary caregiver Valeria reported the experience of other families of the village to explain why a young eldercare assistant is 'not ideal':

'There was a lady who lived in front of us who had a 20 year old badante, another had an 18 year old badante. A girl of 18 who has to care for a woman of more than 80 is not ideal... in fact they had problems, because she brought home her boyfriend' (Vittorio)

The term *badante*¹⁴, used by Vittorio, is a common term used as synonym of live-in eldercare assistant. As Vittorio says, an 18 year old *badante* ‘is not ideal’ because she may cause problems, she could ‘bring’ a boyfriend home and this is not appropriate as the house of the eldercare assistant is a ‘space of care’ where the eldercare assistant should ‘devote’ herself solely to caring for the elderly person. This reflects how after the employment of an eldercare assistant the house of the elderly person becomes a ‘moral space of contact’ (Näre, 2014: 377) that is to say a space where eldercare assistants need to follow the moral rules which are in line with the ethics of ‘not abandoning’. Potential employers prefer eldercare assistants who are married and with a family but whose husband and family is not in Italy so that they can ‘devote’ themselves completely to the elderly person. The following passage, from the interview that I conducted with Paola, a daughter who employed a live-in eldercare assistant for her mother, summarises the identikit of the ‘ideal *badante*’:

‘I think that the ideal badante is 45-55 years old, within this age bracket. Not too young because otherwise they are not settled women and they have not got the patience to manage an elderly person day and night. I think that the ideal age is between 45 and 55, not older because otherwise they would not be able to deal with a disabled elderly person’ (Paola)

Paola’s identikit of the ideal eldercare assistant highlights the relationship between age (not too young), family status (settled women) and the emotional ability

¹⁴ It must be highlighted that the term *badante* appeared for the first time in the law n. 189 art. 33, July 30, 2002 to define ‘an immigrant person from a non-ECC country, who offers assistance to a person whose self-sufficiency is limited by pathologies or handicaps’ (Degiuli, 2011: 359). Although the term *badante* is commonly used in Italian language, many organisations of migrant women refuse to use it. Acli Colf, for instance, considers the use of this term offensive for both eldercare assistants and care receivers as this term comes from the verb *badare* which was originally used for the activity of looking after animals.

(patience) required to manage an elderly person in need of care. Young eldercare assistants are considered to not be 'settled', that is to say that they are not fulfilled in their private life, they have plans for their future, they may want to start a family or find a partner and for these reasons they are not able to 'devote' themselves exclusively to the elderly person. 'Patience' and ability to 'manage' an elderly person are skills available only to those eldercare assistants who have no imminent family plans and can guarantee a certain degree of stability to their employers. However, it is important to bear in mind that these requirements, especially *age*, are flexible and also depend on the wishes of the elderly person. For instance, it could be that the elderly person specifically asks for a young eldercare assistant and when this happens, employers tend to satisfy the wish of the elderly person to favour an emotional affinity between the elderly person and eldercare assistant. Furthermore, age requirements also depend on the availability of eldercare assistants, as shown in Chapter Four, 57.3 per cent of domestic and care workers in Italy are under 40 years old (source Censis, cited in Polchi, 2011), thus they do not fit into the age bracket of the ideal *badante* highlighted by Paola.

Other important requirements are ethnicity and nationality. Caterina states that elderly people and their relatives discriminate against eldercare assistants for the colour of their skin: 'often older people don't accept eldercare assistants who have a skin colour which is different than theirs'. In line with this statement, the family members interviewed in this study admitted that their elderly relatives were reluctant to employ 'black' eldercare assistants. Simona, for instance, was looking for a male eldercare assistant to keep her father company but most of the male eldercare assistants that she contacted were from Sri Lanka and her father rejected them because they were not 'white':

'When I introduced them to him he said 'is it possible that you can only find people of colour? They are all extra comunitari. Is it possible that there are not white people who do this job?' (Simona)

The word *extra comunitario* is a term which became popular in Italy during the early 90's when Italy started to become a country of immigration. *Extra comunitario* literally means 'from outside of the community' and was used to refer to people coming from outside the European Community (which lately was replaced by the European Union). Nevertheless, as we can see from the passage above, the term *extra comunitario* is often associated with foreigners and in particular to 'non-white' foreigners. The discrimination against 'black' eldercare assistants often contrasts with other positive prejudices about nationalities which are not associated with 'whiteness'. For instance, Filipinos and Sri Lankans are considered to be the most reliable care and domestic workers, about this point, it must be highlighted that in the Italian language the term *filippino* (Filipino in English) has become a synonym for domestic worker. An example of this type of contradiction is reported by Caterina in the following passage:

'There was an elderly woman who wanted an eldercare assistant from Sri Lankan because she heard that they were the best. I introduced this lady to two Sri Lankan care assistants and both came back to me and told me 'she didn't want me because she says that she is looking for white people' (Caterina)

This incident is illustrative of the contradiction between positive prejudices about nationalities and negative prejudices against 'non-white' people. The discrimination against 'non-white' eldercare assistants is also confirmed by the fact that the majority of eldercare assistants employed by Italian families are 'white' and come from Eastern European countries (see data reported in Chapter Four). In a context like the one of the Italian household, where white bodies are the 'norm', black

eldercare assistants are considered, to use Puwar's (2004) words, 'bodies out of place'. 'Black' eldercare assistants generate 'negative feelings' which make them unsuitable for being inserted into the 'affective economies' (Ahmed, 2004) of Italian families. However, this does not mean that Eastern European eldercare assistants are not subjected to negative prejudices and stereotypes. Caterina says that Romanian eldercare assistants, despite representing the biggest national group employed by the families who access their services, are often depicted as 'opportunistic', 'sly' and 'unreliable'. Caterina points out also that:

'When we present to employers the possibility of employing a Romanian eldercare assistant, responses like "no, never from Romania" are not unusual'
(Caterina)

Another important requirement for employers is knowledge of the Italian language. This is a fundamental requirement to allow for the establishment of an affective relationship between eldercare assistants and elderly people. As Caterina points out:

'Knowing the Italian language is important because the eldercare assistant must be able to speak and listen to the elderly person in order to understand their needs. If eldercare assistants do not speak Italian they are required to learn it as soon as possible' (Caterina)

Romanian eldercare assistants have the advantage of speaking a Latin language which makes it easier for them to learn Italian. Finally, an important requirement is having 'a good reputation'. The reputation of the eldercare assistant is valued more than her education and qualifications. A good reputation is related to the moral qualities of the eldercare assistant which, especially in small towns, is very important while looking for a new job. These moral qualities are summarised by employers with the word *brava*. The word *brava* (feminine substantive of *bravo*) translated into English means *good, skilful, good at* but it can also mean *nice,*

reliable, honest, and trustworthy. When I asked Caterina what the word *brava* means for employers she replied that:

'The word "brava" is related to reliability, being a good person, a person who is attentive to the needs of the older person, a person who cares. It means devotion, complete devotion' (Caterina)

Furthermore, *brava* is also related to 'respect', in particular respect for the working relationship established with the employer and the elderly person. These findings confirm the observations made by Näre (2011) in her study about domestic and care workers in Naples. In her study, Näre (2011: 403) noted how the word *brava* 'has a double meaning referring not only to skills but also to the moral characteristics of a person. It refers to being good at doing something, but also to being decent and trustworthy'. This means that eldercare assistants, in order to be inserted into the house of the elderly person need specific moral characteristics. Thus, a '*brava badante*' is a *badante* able to do the practical work of caring well but it is also a *badante* able to establish an emotional and moral connection with the elderly person.

The requirements listed in this section play an important role in the construction of the 'ideal' eldercare assistant to insert into the house of the elderly person. The eldercare assistants who can be 'trusted' to be inserted into the house of the elderly person are those who have gone through this normalising process. The image of the 'ideal' eldercare assistant is constructed through everyday discourses, practices, hearsays and personal experiences which are transmitted through word of mouth and through networks which involve friends, acquaintances and other actors like Catholic organizations (Caritas and Acli Colf among all) and social services. To use the words of Shirley Tate (2014: 2484) it is in 'the silent working' of these networks that power lies. It is this 'silent working' which produces and reproduces stereotypes which legitimise power asymmetries and racial and gender

discrimination. The feminisation of the migration flows directed towards work in the Italian care sector show the interrelation between labour context, welfare culture and immigration processes. Employers look for eldercare assistants with characteristics which can favour their embedment at the centre of the caring network of the family. Eldercare assistants must be women who can devote themselves to the care of their elderly relatives, women who have the 'patience' necessary to live and work in the house of an elderly person 24 hours a day. A *brava badante*, that is to say, an eldercare assistant who is suitable to be inserted into the house of an elderly relative is patient, reliable, honest, trustworthy, capable of establishing an emotional connection with the elderly person and last but not least, a *brava badante* is white. In other words, the ideal eldercare assistant must represent a surrogate of the stereotyped idea of the 'loving' Italian daughter and recreate a 'fictional family' (Degiuli, 2011) which reproduces a 'traditional' family based model that no longer exists.

6.3 Inserting live-in eldercare assistants into the house of elderly people

After being selected, eldercare assistants are inserted into the house of the elderly person, but the long-term success for this is not something that should be taken for granted. The elderly person and eldercare assistant need to adapt to an 'unprecedented intimacy' (Gutierrez-Rodriguez, 2010) generated by the cohabitation between two subjects which are distant in terms of biography and culture. The first few weeks of cohabiting are crucial to understanding if the cohabitation between the eldercare assistant and the elderly person will work. During this initial period, eldercare assistants may decide to leave the job because the working conditions are not good, but could also be that the elderly person rejects the eldercare assistant, as happened to Romica.

Romica (56) is originally from a small town situated on the coast of the Black Sea, south east of Romania. She arrived in Italy four years before our meeting and since then she has been working as a live-in eldercare assistant. Romica came as a substitute for another eldercare assistant who needed to return home for two months. During this time she cared for an elderly married couple in a small village in the region of Umbria (central Italy). She became attached to the elderly couple, especially to the elderly woman who she describes as 'a good hearted woman'. When the person she was substituting returned from Romania, the family for whom Romica was working helped her to find another job but the situation she found in the new family was completely different from the one she had just left. The elderly woman for whom she had to provide care did not adapt to the presence of Romica and she was forced to leave the job after only three weeks:

'I worked with her for only three weeks because the elderly woman for whom I was working did not like me. We did not understand each other. She did not want a badante but her son wanted somebody to stay with her. I tried for three weeks but when I saw that it was not possible I called her son. I called him because she was not well, her blood sugar level was too high (she was diabetic), I said to myself "she is going to die at home because of me" and I... I preferred to leave the job. You don't always feel good in the place where you are working because... they are people... you are used to your way of living, you live for all your life in your own way and when you go there your whole way of living changes, your life changes. Often you manage to get used to it, other times you just can't' (Romica)

Elderly people are not passive objects that just accept whatever decision is taken on their behalf, especially if this decision entails inserting a person that they have never met before into their home. As Romica points out, elderly people and eldercare assistants have different 'ways of living', which need to be changed and adapted to

the new cohabitation. If the elderly person is not ready to accept the presence of an eldercare assistant in her/his house there can be serious consequences. In the case of Romica an undesired cohabitation from the part of the elderly person led to a deterioration of the health conditions of the elderly woman. According to Romica, the reason why this adaptation was not successful was the fact that the family of the elderly woman, specifically her son, had decided to employ an eldercare assistant even though the elderly woman was not fully prepared to accept this care arrangement.

The problem of convincing elderly people to accept the employment of an eldercare assistant was a recurring theme in the interviews with family members. A strategy adopted by family members to encourage the adaptation of their elderly relatives to the presence of an eldercare assistant was the strategy that I define as 'gradual adaptation'. This strategy consisted of first employing a live-out eldercare assistant to make the elderly person adapt to the presence of an external person and subsequently moving the same eldercare assistant into a live-in position. This strategy is well exemplified by the case of Simona from Viterbo. Simona 'lost her peace of mind' when her father fell down the stairs of his house breaking his leg. After this incident, Simona and her brother decided to employ an eldercare assistant. The negotiation with the elderly man was long and difficult but eventually, Simona and her brother managed to convince him to accept the employment of a live-out eldercare assistant. Yet, for Simona the employment of a live-out eldercare assistant was only a temporary arrangement:

'I wanted to make him accept a badante in small doses. He didn't want a woman to do the domestic work during the day but I convinced him by saying 'you can't clean the house with your crutches'. Now, I want this woman, little

by little, to go from just doing the domestic work to settling in his house'
(Simona)

Similarly, Anita says:

'You have to go on by making attempt after attempt in the sense that you try first with a person who goes there a couple of times per week, I cover the rest and they (her sisters) cover Saturday and Sunday. If it's not enough you have to find another solution' (Anita)

Inserting an eldercare assistant with a 'gradual adaptation strategy' is a process which requires time. However, there are cases where families do not have time to implement a 'gradual adaptation strategy' because the needs of the elderly person requires the immediate employment of a live-in eldercare assistant even though the elderly person has not fully accepted this solution. This was the case of Adele:

'You need time to convince them to accept it. We told her before she was discharged from the hospital 'when you go out from the hospital you cannot stay alone at home', and she said "I don't want anybody". However, when we took the badante to meet her... that day we were all together and she was happy. The day after we went there and she had already accepted her' (Adele)

Adele and her family would have inserted an eldercare assistant into the house of the elderly woman even if she had not accepted her. The fact that all the family was present when they introduced the eldercare assistant to the elderly person can be interpreted in two different ways. It can be interpreted as a way to show to the elderly person that the decision to employ an eldercare assistant is a decision that the family has taken together and that the family shares the responsibility of inserting a non-family member in the house of the elderly person. But it can also be interpreted as a way to show to the elderly person that the family does not want to 'abandon' the elderly person. The latter interpretation is supported by the following passage from the interview with Damiano's wife, Eleonora:

'I said to myself, I am not sure if she is going to accept a person that she doesn't know but then I thought, in this village there are many elderly people with a badante... maybe the first period will be hard but we are here, we will be in her house, we will not abandon her' (Eleonora)

From this passage it emerges that for family members, during the period of adaptation, 'not abandoning' means evaluating if the cohabitation between the eldercare assistant and elderly person is possible, as Damiano says, during the adaptation process 'this external figure (the eldercare assistant) has to be inserted for a trial period'. When I asked Damiano what convinced him to employing the eldercare assistant after the trial period, he replied that he was convinced by the fact that:

'She is a quiet person, serious, furthermore, she lived the experience of losing a 12 year daughter and my mother did too. Both women had lived this tragic experience. One lost a daughter because of an accident, the other because of a disease. This common experience made them close to each other' (Damiano)

As shown in the previous section, being quiet and being calm are two important characteristics that employers seek in a *brava* eldercare assistant. However, from this passage it also emerges that what convinced Damiano to employ this eldercare assistant was the fact that his mother and the eldercare assistant had shared the tragic experience of having lost a daughter, an experience that generated an emotional connection between the two women. An emotional connection which led Damiano to consider this eldercare assistant more familiar and consequently suitable to cohabit with his mother. The cases considered in this section reflect the process of fictive kin construction described by Karner (1998). According to Karner (1998) elderly people and their relatives make sense of the relationship with formal homecare workers through a process made up of different stages. The first stage is

the 'introductory stage', when care workers receive training and participate in household routines and personal care; this stage is followed by the phase of 'sharing of self' when the elderly person and care worker share their intimate life, and finally there is the 'familial adoption stage' when professional relationships are turned into personal and intimate relationships. Only when this transformation has occurred is the adaptation process considered successful. The following section analyses the role of eldercare assistants after they have been successfully inserted into the house of the elderly person.

6.4 Containing negative emotions in the 'space of care'

The eldercare assistants who participated in this study recounted that after their insertion into the elderly person's house, they were left alone at the centre of the caring network. The case of Adriana (55) is illustrative of this, Adriana emigrated from Romania in the late 1990s and after a working experience in the town of Cura, she was employed to provide care for an elderly woman affected by Alzheimer's disease in Monte Etrusco. In the following passage she describes the day she arrived at the house of her employer:

'I arrived in Monte Etrusco... I could not speak Italian. I had written a sentence to make the driver of the bus understand where I had to stop on a piece of paper. It was a leap into the unknown...Michele (employer and son of the elderly person) told me that his mother had a small house but I did not imagine that it was so small... When I arrived I could not understand a single word. Then they took me to see where the bakery was and they told me 'here is where you can get bread' then they left me at home, they left it all in my hands... I could not speak Italian, I could not cook Italian food. I bought cookbooks, I bought a dictionary. I learned Italian through a dictionary. The first night I slept with my clothes on because the elderly woman wanted me out

of her house, she yelled “what do you want from me? Who are you? Go away”.

I had my luggage near the bed, I was ready to leave, I said to myself, I will not last here more than one week’ (Adriana)

Eventually Adriana worked for the family for seven years and she cared for this elderly woman until the moment she passed away. Nevertheless, the passage above highlights that when live-in eldercare assistant start working for a family they make a ‘leap into the unknown’. They do not know how long they will stay with the elderly person but as soon as they arrive in the house they are catapulted into a very different context from the one they are coming from. Adriana’s description of the day she arrived in Monte Etrusco is revealing of the experience of many eldercare assistants that, once they entered the house of the elderly person, were ‘left alone’ at the centre of the caring network with all the responsibilities that providing care for a non self-sufficient elderly person entails. In another passage of her interview Adriana says:

‘There are few families that really help you, that really give you a hand.

Usually it’s like: “God bless the fact that you have arrived. This is the elderly woman, bye bye! Thank you, farewell. Call me only if you need something. All responsibilities are yours from A to Z”’ (Adriana)

According to Adriana the arrival of an eldercare assistant is seen by Italian families as the panacea for all the problems. The employment of an eldercare assistant allows family members to detach from the ‘space of care’ and in so doing they pass their caring responsibilities on to the eldercare assistant:

‘Before the employment of a badante, family members fight each other and then when the badante arrives they all agree that the badante has to manage the elderly person and that they are free, they can now re-gain their peace of mind’ (Adriana)

What family members gain from the employment of an eldercare assistant is the freedom to move away from the 'space of care'. A freedom of movement which is compensated for by the constriction of eldercare assistants in the 'space of care'. Eldercare assistants become the node of the 'affective economy' which absorbs the negative emotions generated by the caring process. From the data of this study it emerges that employers expect their eldercare assistants to be able to understand and decide when, in the face of a problem, it is appropriate to call them for their help. Dealing with daily problems without involving the family members of the elderly person is one of the main duties of eldercare assistants. They are expected to have what Black (2004: 299) calls a 'moral imagination', that is to say 'an empathic "way of seeing" or "reading" people in difficult circumstances' and on the basis of this reading, engage in decision-making regarding the elderly person for whom they provide care. In reality, the eldercare assistants interviewed in this study argued that they were allowed to call the relatives of the elderly person only when this was strictly necessary. This is well explained by Valentina, a Romanian live-in eldercare assistant who works in Cura:

'You call if it's an emergency. If they know that you can do something by yourself, you have to do it. It's like this. There are few cases when you can... if it is impossible for you to solve a problem then you call them, otherwise ... you have to solve it by yourself' (Valentina)

Flora, the eldercare assistants employed by Mara in Viterbo, says:

'I call signora Mara only if I have a serious problem. If the problem is not serious I deal with it and I take decision on what to do but if I see that the problem persists I call signora Mara' (Flora)

Similarly, Elena (the eldercare assistant employed by Valeria in Monte Etrusco) argues that when she can solve a problem by herself she does not involve her

employers. She calls Valeria only when problems are ‘too big’ for her. An example of a ‘big’ problem which justifies the involvement of family members is a problem related to the health of the elderly person:

‘Problems concerning the health of the old lady. For instance, a few days ago she did not want to take insulin, she said that she was fed up and she did not want to take injections anymore. Eventually I had to call Valeria, who gave her a telling off (she laughs). I call when she does not want to do things like taking her medicine’ (Elena)

When eldercare assistants are forced to contact family members because of the seriousness of the problem, the negative emotions generated by the process of caring affects them. As Elena describes in the passage above, after informing Valeria that her mother did not want to take the insulin injection, the daughter and mother had an argument. Deciding whether it is necessary to involve family members means acting as a ‘control valve’ which regulates the distribution of ‘anxieties’, ‘worries’, ‘concern’, ‘anger’ from the house of the elderly person to the rest of the family. Employers explicitly looked for eldercare assistants who could cover this role of ‘control valves’. This point is well explained by Anita from Cura who decided to employ an eldercare assistant because caring for her parents had generated ‘unbearable’ tensions with her husband:

‘What we needed was somebody capable of assessing when it was necessary to call me and when it was not. Because I want to be serene, I told her “if there is something you call me, you can call me at any time, day, night, it doesn’t matter. But if you understand that it’s only a caprice, a silly thing, a small problem then let it go and don’t call me”’ (Anita)

As Anita points out, her ‘serenity’ is achieved through the presence in the elderly person’s house of somebody who is ‘capable of assessing when it [is] necessary to call [her]’. In line with what stated by the eldercare assistants interviewed in this

study, employers only wanted to be involved in ‘emergencies’ or when it was ‘strictly necessary’. By letting go of ‘small problems’, ‘caprices’ and ‘silly things’, eldercare assistants ensure the peace of mind of their employers and allow primary caregivers to keep the ‘space of care’ and the space of their ‘home’ separate. However, in reality, eldercare assistants cannot ‘let go’ of the ‘caprices’ and ‘small problems’ of the elderly person, they need to ‘manage’ them and often these ‘small problems’ generate stress, nervousness, rage and negative feelings in general that eldercare assistants have to ‘manage’ alone within the four walls of the elderly person’s house.

Lucilla (47), the eldercare assistant employed by Anita, is used to this type of work. She arrived in Cura from Romania in 2006 and since then she has worked as a live-in eldercare assistant in the same neighbourhood, a place called La Cruz¹⁵. Rather than a neighbourhood, La Cruz looks more like a small village, it consists of a cluster of approximately twenty houses surrounded by the countryside. Before being employed by Anita, Lucilla worked five years for another family in the neighbourhood, providing care for an elderly man who was also affected by Alzheimer’s disease. Anita and Lucilla met in the street of the neighbourhood during the summer when Lucilla, took out the elderly man for a walk one afternoon. When the elderly man for whom Lucilla provided care passed away, Anita knew about it and asked Lucilla if she wanted to look after her parents. Although Lucilla had also found other working opportunities in Rome through her network of friends, she preferred to remain in La Cruz and accepted the offer to work for Anita’s family:

¹⁵ This name is a pseudonym

'I've been working in this neighbourhood for nine years, I know everybody and I'm attached to this place. I like this place because it's quiet, nothing happens here. I came here to help my family, not to go around and have fun'
(Lucilla)

This is what employers look for in eldercare assistants, somebody who wants to save money, who has no interest in going out and who does not mind staying at home all day. In other words, they look for somebody who will stay 'fixed' in the house of the elderly person. During our interview, I asked Lucilla what the most important characteristics that an eldercare assistant in her opinion should have are:

'You need to be patient. Patience is very important because with people who have cognitive illnesses you always need to be careful... because if you, for example, raise your voice they... you need to pay attention when you speak, you always need to speak with them with a smile, you need always to put anger to one side. You need to be always nice. This is the only way to carry on with this job... More than a material job this is a job where you need to use your head. When she is nervous and she yells at you then you need to smile, you need to kiss her, you need to cuddle her, hug her. Because if she is nervous and you kiss her, you cuddle her, little by little she calms herself. While if you yell, if you raise your voice it's much worse'(Lucilla)

Lucilla highlights how the most important attitude for carrying out the job of a live-in eldercare assistant is 'patience', that is to say the ability to bear the negative feelings of the elderly person and at the same time to control and suppress one's own negative emotions and feelings. As Näre (2008) points out, patience and nervousness can be considered the two opposite ends in the continuum of emotional labour. According to Lucilla, when the elderly person shouts angrily at the eldercare assistant, the eldercare assistant should have the ability to 'put this anger to one side', avoid being affected and soothe the negative feelings of the elderly person by

speaking with a smile, kissing and hugging the elderly person. This description of how Lucilla manages her emotions and the emotions of the elderly person reflects the dimensions of emotional labour highlighted by Zapf et al. (2001), according to whom emotional work requires displaying positive emotions, handling negative emotions and at the same time it requires handling the dissonance between the emotions they feel and those they display.

What we understand from Lucilla's description is that 'small problems' or 'caprices' (as Anita called them) generate 'nervousness' and negative emotions which are eventually absorbed by the eldercare assistant. By absorbing these 'negative emotions' eldercare assistants avoid these emotions increasing and eventually 'leaking out' from the elderly person's house, affecting the rest of the family. In this way eldercare assistants maintain the separation between the 'space of care' from the households of their employers. When Lucilla says that the job of live-in eldercare assistants is a job where 'you need to use your head' she means that the job of the eldercare assistant requires psychological strength to deal with the caring situation. This concept is explained further in another passage of her interview when Lucilla makes a distinction between the physical and the psychological aspects of caring:

'This job is not hard from a physical point of view... because you get used to the work... it's hard from a psychological point of view. It's psychologically difficult because you are far from home, you leave your family behind to work here and you always need to be patient' (Lucilla)

Being far away from home makes the 'psychological' aspect of caring 'harder' than the physical part of the job. Similarly to Lucilla, Elena states that:

'There are days when she is calm while on other days she is overwrought because, she is blind, she is deaf and staying 24 hours a day on that chair, I

think she gets bored. There are days which are hard for me as well, you know? I go home just once per year. I am 56 years old, I am of an age when you start to feel tired and there are days when maybe she says a word out of place and I feel bad' (Elena)

When I ask Elena what she does to cope with these moments she replies:

'What do I do? You start crying and you move forward because that's life when you live 3000 km away from home' (Elena)

Although eldercare assistants try to manage their negative emotions, being far from home sometimes makes this impossible, as Elena states in the passage above, when this happens '[she] start[s] crying and [she] move[s] forward', that is to say that she carries on with her work despite of the 'negative' emotions that she is feeling. 'Moving forward' despite one's own negative emotions represents the major difficulty of the work of eldercare assistants. As a matter of fact, although eldercare assistants bear these negative feelings in silence, these feelings can surface and affect the relationship with the elderly person. In these situations, family members act as mediators to prevent conflicts between eldercare assistants and their elderly relatives. Elena's employer, Valeria, says:

'Sometimes I tell my mother "mum, you have to understand that Elena has her children and her husband in Romania. It's normal that sometimes she wants to stay in silence or that she is in a bad mood, you have to understand this. She is a human being"... When I see Elena having a bad day I tell her "mum, you have to understand. Maybe they have an economic problem at home and she is here, she is the person who brings the money home. She has her worries. Maybe she is worried for her children"' (Valeria)

The role of family members as mediators between their elderly relatives and eldercare assistants is very important to avoid an escalation of tensions which may lead to a crisis in the entire migrant-in-the-family arrangement. This aspect of the

role of family members in the phase post-employment will be discussed in detail in the following chapter, for now it suffices to say that this is part of a strategy to re-direct the negative emotions generated by the caring process towards the centre of the caring network. As a matter of fact, the data reported in this section confirms the spiral formation of the 'affective economy' of Italian families. Within this spiral formation those who are at the centre of the caring network (the primary caregivers of the family in the phase pre-employment and eldercare assistants after their employment) are expected to absorb the negative emotions circulating in the 'affective economy'. This means that the migrant-in-the-family model is enacted in a way that resembles the traditional family model. Eldercare assistants, once at the centre of the caring network, re-order the relations within the family in a way which reproduces the same gender inequalities and the same emotional hegemony of men over women which characterises the 'traditional' family care model (Jaggar, 1989).

In this section, I have argued that the migrant-in-the-family model is considered 'functional' when eldercare assistants are 'fixed' in the house of the elderly person, as the immobility of eldercare assistants allows family members to detach from the 'space of care'. The following section examines the process through which employers transform the relationship with their eldercare assistants into 'family-like' relationships. I argue that the tendency of family employers for treating eldercare assistants 'like' family members is a technique used by employers to pass on the responsibility of 'not abandoning' to eldercare assistants, a responsibility which entails being constantly present in the house of the elderly person.

6.5 Being ‘like one of the family’, moral contracts and the responsibility of ‘not abandoning’ elderly people

During their interviews, family members described the relationship between eldercare assistants and their elderly relatives in ‘familial’ terms. Eleonora, for instance, considered that her mother-in-law’s eldercare assistant was ‘more attentive than a daughter’ while her husband Damiano pointed out that: ‘[his mother] is attentive with her... she has become affectionate towards her as mothers do with their daughters’. Other employers considered their eldercare assistants to be ‘like’ siblings, as in the case of Valeria from Monte Etrusco:

‘I can tell you that for the majority of things it’s the badante who helps me, for instance with the medicine... I don’t have to think about medicine because I know that she buys them... she helps me a lot. She does more than what is required from her... I also tell my brothers that she is like a sister to me. She does more than my brothers would have done’ (Valeria)

Valeria considers Elena ‘like a family member’ because she fills a responsibility gap within the family. By ‘doing more than what is required’, Elena fills the void of responsibility left in the family by Valeria’s siblings. This idea of eldercare assistants who become accepted by the family when they fill a responsibility gap in the family reflects Karner’s (1998) concept of the ‘functional fictive kin’, a concept which is expressed in the following passage from Damiano’s interview:

‘When you are sure that the badante is functional, let’s no use this mechanical word. When you are sure that the badante is good, if you’ re happy. If the badante gives you the feeling of safety, you are safe because even if I have to leave the town or if I want to go on holidays, I know that the badante will provide care for her like she was one of us’ (Damiano)

Several scholars have argued that by considering eldercare assistants ‘like one of the family’ family members aim to establish a moral relationship with their eldercare

assistants (Karner, 1998; Baldassar et al., 2007; Lutz, 2008; Hoff et al., 2010; Näre, 2013; Weicht, 2010, 2015). In the case of Damiano, the relationship established with the eldercare assistant is a relationship of 'trust'. Using Sevenhuijsen's (2004) definition of trust, we could argue that Damiano, by considering his eldercare assistant 'like one of the family', entrusts an eldercare assistant with the care of his elderly mother and in so doing, he and his family re-gain their 'peace of mind'. The re-gained 'peace of mind' of Damiano's family derives from the possibility to detach from caring responsibilities and move away from the 'space of care', knowing that in the house of the elderly person there is somebody who can fulfil these responsibilities 'like one of them'. The tendency of employers have of transforming their relationships with migrant eldercare assistants into family-like relationships is a key characteristic of what Näre (2011) defines as the 'moral contract' between employers and migrant eldercare assistants. This moral contract entails providing care not only for economic profit but also as a consequence of the affective relationship established with the elderly person. The problem is that employers appeal to the moral contract with their eldercare assistants in order to hand them responsibilities that eldercare assistants should not have. Madia (47), a Romanian eldercare assistant who arrived in Italy in 2005 and who had several experiences as a live-in eldercare assistant, says:

'Employers take advantage of our relationship with their relatives. For instance, if I have a Sunday off, one or two Sundays off in one month they ask me 'where are you going? She is always so nervous when you are not here, maybe it would be better if you stayed'. They tell you "you see, with you she stays calm. She doesn't yell, she is quiet. While with us she is always nervous". They also do it if you tell them that you need to go on holiday. They tell you "if

you go she will be sad. When you come back you will not find her as you left her. She will be much worse''' (Madia)

Madia describes how employers reproach eldercare assistants with the fact that if they leave their elderly relatives they become nervous, they 'yell' or become 'sad'. According to Madia, employers try to make eldercare assistants feel 'guilty' for leaving their elderly relatives by appealing to their responsibility for 'not abandoning'. Employers adopt this tactic to preserve a smooth circulation of emotions within the 'affective economy' of the family. As a matter of fact, without eldercare assistants the affective network of the family would lose the node of the economy which absorbs the negative emotions generated in the house of the elderly person. Thus, it is not just the elderly person who suffers when the eldercare assistant is absent but it is the whole 'affective economy' of the family that goes under stress. The case of Valentina is illustrative of how employers appeal to the eldercare assistants' responsibility for 'not abandoning' to limit their mobility during their days off.

Valentina (39) arrived in Italy in 2005, her first job as live-in eldercare assistant was in Bari in Southern Italy, where she worked for 3 years before moving to Cura. At the time of the interview, Valentina was working as a live-out eldercare assistant, but the interview focused mainly on her previous job, where she worked as live-in eldercare assistant providing care for an elderly man. Valentina recounts that this family had employed a live-out eldercare assistant to substitute for her during her their days off, but Valentina was also considered responsible for the work of her substitute:

'I think that badanti (plural for badante) shouldn't have all these responsibilities, the problem is that it is the family members who give you these responsibilities. I understand that sometimes people can be nervous but...on

Sundays I was off and they employed another girl to substitute for me. Before leaving the house on a Saturday, I used to leave a glass with all the medicines that she had to take during the day on the table, those she needed to take in the morning, afternoon and evening. Then I used to write on a piece of paper “this is for the morning, this for the afternoon and this is for the evening”. However, this girl often forgot to give him the medicines and the children of the elderly man blamed me for this. They said “dad is nervous because he didn’t take his medicine”. It wasn’t my fault! They were disappointed but you can’t blame me for that because you are paying another person to do that job’ (Valentina)

The incident described by Valentina illustrates how the absence of an eldercare assistant from the ‘space of care’ generates stress and negatively affects the family network of the elderly person. This passage of Valentina’s interview is also interesting because it introduces a comparison between the responsibilities of live-in eldercare assistants and the responsibilities of eldercare assistants paid by the hour (live-out eldercare assistants). This comparison is elaborated on the following passage:

***Alessandro-** Do you think that when you work paid by the hour you don’t have the same responsibilities?*

***Valentina-** Yes, absolutely. First of all if you work paid by the hour you are often only in charge of the domestic work. Furthermore, your responsibilities are limited to those few hours. At the moment I am working paid by the hour for an elderly woman who can’t walk very well. I help her walking, I help her when she needs to go to the bathroom, when she eats. I mean, there are also responsibilities when you work paid by the hour but it is not comparable to when you work ‘al fisso’.*

As Valentina states, working as an eldercare assistant paid by the hour means having your caring responsibilities limited to the domestic work and the material aspects of

caring. Although emotions are also involved in these material tasks, eldercare assistants paid by the hour can detach from the 'affective economy' of the family when they finish work, unlike those who work *al fisso* and live in the house of the elderly person. Eldercare assistants paid by the hour are less likely to develop the responsibility of 'not abandoning', because the amount of time they spend with the elderly person is considerably lower compared to live-in eldercare assistants. Consequently, employers are more limited in their control of the mobility of live-out eldercare assistants compared to live-in eldercare assistants. This seems to confirm Lutz (2008: 53) when she says that when possible, migrant domestic workers prefer to work paid by the hour rather than in a live-in position in order to limit their emotional involvement in the caring process, to avoid the development of strong ties with their employers and consequently to avoid the development of the responsibility of 'not abandoning'.

The responsibility of 'not abandoning' is a responsibility which develops partially as a result of the expectation of employers, and partially spontaneously develops in eldercare assistants after living and working with the same elderly person 24 hours a day for several years. Once an eldercare assistant has developed this responsibility, they can even take the decision to work with the same elderly person until she/he passes away. This was the case of Elena. At the time of the interview, Elena had been working for Valeria's family for 7 years. During this time she came to the decision to assist her employers until the very end of the caring parabola of the elderly woman. Afterwards, as she explained during the interview, she will retire from this job and go back to Romania. In the following passage Elena describes how she came to this decision:

Elena- At the beginning it's difficult because you don't know the elderly person. Then you start to know them and little by little you establish a

relationship with them... For instance, when I go home she misses me, it's normal after 7 years together. After two, three years you become bound up to everybody. When you enter into a house you bond with the person, we try to bond with the person. We try to cheer them up. When I entered this house she was already in a wheel-chair, she couldn't move. Then, little by little, with my character and with her character we cheered ourselves up.

Alessandro- *How do you deal with this emotional attachment when you have to change or leave a job?*

Elena- *As I was telling you before, this year my son finishes his studies at university, but I promised her, I promised this family as long as Susanna (the elderly woman) lives, and I stay healthy, I will remain. After that, it's over.*

As Elena points out after years of cohabiting, eldercare assistants become 'bound up' with the elderly person and her/his family. 'Binding up' with the elderly person is part of the process of becoming integrated in the 'affective economy' of the family. Elena describes how the two women 'cheered' each other 'up' during difficult moments, and eventually became emotionally attached. This emotional attachment affected the elderly woman to the point that when Elena goes home for holidays, the elderly woman misses her. Elena says that she continues working for this family because she wants to economically help one of her sons, who is still at university. However, at the time of the interview, her son had only one year of university left while her decision to 'not abandon' the elderly woman could entail staying in Italy much longer. In another passage of her interview Elena says:

'We go on as long as I feel well... because I have become fond of this family, I've spent so many days with them. Furthermore, I fear that if I leave she may pass away' (Elena)

The emotional attachment to her employers makes Elena feel responsible of 'not abandoning' the elderly woman to the point that she fears that the elderly woman

may die if she leaves the job. I asked Madia, the eldercare assistant from Cura, what the decision to stay with an elderly person until she/he passes away depends on, and she replied that:

'It depends on the desire to not abandoning them. You say to yourself "what do I do? If I leave her, maybe the person who is coming after me will treat her badly". Or maybe you think "maybe if I were there that thing wouldn't have happened"' (Madia)

The expectation that eldercare assistants will not 'abandon' the elderly person for whom they provide care can cause problems with their employers if they do decide to leave their jobs before the death of the elderly people. While employers accept the possibility of changing eldercare assistants if their elderly relatives do not like them, they are less open to accept the possibility that it is the eldercare assistant who does not like to work with their elderly relatives. This can create a moral and emotional indenture as demonstrated by the fact that often eldercare assistants need to provide a legitimate excuse (Finch and Mason, 1993) before leaving the job. With this legitimate excuse they need to be able to demonstrate that they are unable to keep the job rather than unwilling to keep the job. This is similar to what is expected from a family member when he/she dissociates from his/her caring responsibilities (see the previous chapter). This makes things even more complicated if you work in a small town. As Elena points out, the problem of changing job is more difficult in small towns where everybody knows everybody:

'In small towns you can't change job, if you move to another place... for instance, take my case, I know everybody in this town, everybody knows that I work here, I could not work for another family' (Elena)

For eldercare assistants, working for other families in the same town as their previous employers was considered possible only if their employers were forced to

end their employment because they could no longer afford an eldercare assistant or because the elderly person for whom they provided care had passed away. As a matter of fact, leaving without a legitimate excuse would compromise the reputation of eldercare assistants who will be considered unable to fulfil their responsibility of 'not abandoning' by the other families of the village. Valentina illustrates this point when talking about the experience she had with another family where she was employed to provide care for an elderly couple:

'I struggled a lot with the situation but in the end I told them "I can't stay here any longer, I want to find something better, another job". Because I was working for this family, they were a couple, husband and wife. The husband was completely out of his mind. He used to say all the worst words you can imagine to me so I had to tell them that I wanted to leave. The children of this couple obviously didn't understand me. They told me that they wanted to accompany me to the train station to see if it was true that I was leaving or if I lied in order to work for another family in the village. And I said to them "Do you have any idea of the type of life I am living with your father? Do I have to die here because of your father?" And they told me "We want to check if it is true that you are leaving by train as you said". And I said "I am free to do whatever I want. I can't live as a dog for you. I can't do my job because of your father". In the end they finally understood' (Valentina)

In order to leave her job Valentina had to convince the family for whom she worked that it was no longer possible for her to work with their elderly relative. The process of leaving the family lasted three months and it did not come for free, in fact, Valentina, before leaving, had to find another eldercare assistant to replace her:

'Another badante came in my place. I couldn't leave my job uncovered. This is another thing that bothers me. The fact that if you tell them that you are leaving in one month's time, if you say for instance "in one month I want to leave this

job because I can't stay here, because I am not happy or because I found another job", they force you to find a substitute. In this case, I had to find another badante. I had to find her because they didn't want the responsibility of looking for another badante. They usually say "we don't know them, you know better than us how to find one". This bothers me a lot. If I know somebody who is looking for a job and the job is good I can even bring her there because I tell the badante "look, the job is good because I know this family". However, if I left the job because I wasn't happy, why should I bring in another badante who will probably feel unhappy too?' (Valentina)

If one eldercare assistant leaves, another eldercare assistant needs to be employed to substitute her at the centre of the caring network of the family. The place at the centre of the caring network cannot be left 'uncovered' because this would lead to a collapse of the emotional barrier between 'space of care' and 'space of home'. This is the reason why family members pressurise eldercare assistants to find a substitute if they want to leave. In the case of Valentina, the responsibility for finding a substitute generated an ethical dilemma because acting as a mediator between families and eldercare assistants meant trying to live up to the family's expectations, and on the other trying to live up to the new eldercare assistant's expectations:

'If the badante that you bring there is not good the family blames you for this, on the other hand if the family is not good the new badante blames you for this. This is not fair' (Valentina)

Valentina solved this ethical issue by telling the truth to the new eldercare assistant, she told her that she had problems with this family: 'I told her the truth. I told her that the elderly man was difficult. She accepted the job anyway'. The problem of changing job can also lead eldercare assistants to lie to their employers, as in the case of Camelia, a Romanian eldercare assistant who feigned an injury on her shoulder to 'break' with her employers and leave the job:

'I decided to go to the physiotherapist to go out from the house. However, I tell you the truth, the injury on my shoulder was more an excuse to leave the job because I didn't know how to break from them' (Camelia)

This incident shows that Camelia, feigning an injury took a 'distanced attitude' (Lutz, 2008) to break the 'moral contract' with her employers, 'diffuse' their expectations and eventually leave the job.

The problem of moving away from the centre of the caring network is a serious issue, an issue that eldercare assistants also have to face when they want to go on holiday. The period when eldercare assistants go on holiday is the most sensitive period of the year, as it generates great disruption in the social order of the migrant-in-the-family model. Often eldercare assistants go home only once a year, but when they go they take all their days of holiday together, in some cases eldercare assistants go home for 15 days but in other cases they go home for one month, as in the case of Elena. During this period, without eldercare assistants to act as 'control valves', negative emotions leak out from the 'space of care' and affect all the family network. The emotional landscape of the family, that after the employment of an eldercare assistant finds a stability, suddenly changes and threatens the 'homes' of family members. Furthermore, those who covered the role of primary caregivers before the employment of the eldercare assistant see themselves dragged back to the centre of the caring network. Family members have two options during the period when eldercare assistants are on holiday: substitute themselves for the eldercare assistant or employ a substitute. Damiano, for instance, opted to substitute himself for the eldercare assistant:

'You have to decide if you can afford it... you have a contract with your badante but if they go on holiday for 15 days... there are two things that you can do. You can employ another badante to cover the 15 days or you can

substitute yourself for the badante. In the latter case the situation can become very stressful because these are 15 days when you literally have to live in their house [the house of the elderly person]' (Damiano)

As Damiano points out, if you decide to substitute yourself for the eldercare assistant you need to be aware that the period in which the eldercare assistant is on holiday can be 'very stressful', you need to be prepared to cohabit for the whole length of the eldercare assistant's holiday. Apart from the economic aspect, there are also other reasons why family members may opt for substituting for their eldercare assistants. Damiano argues that he and his family also do not employ a substitute to avoid his mother going through a new adaptation process with a new eldercare assistant who will only stay with her for 15 days:

'It's not only a matter of money, the fact is that you would put a new person in the house, you would start everything from the beginning, teaching another badante, teaching her where she can find the things in the house... where she can do the grocery shopping etc. etc. So that for just 15 days you prefer not to break the equilibrium that she has in her home. An equilibrium which has become familiar for my mother. For this reason we prefer to substitute for the badante' (Damiano)

Inserting a new eldercare assistant in the family requires a new period of adaptation for all the actors involved, namely elderly people, family members and 'substitute' eldercare assistants. Similarly to what happens with 'fixed' eldercare assistants, the 'insertion' of 'substitute' eldercare assistants into the family can be 'smooth' or 'difficult' with the difference being that in the case of 'substitute' eldercare assistants, the time available for the process of adaptation is considerably shorter. Similarly to Damiano, Bruna says that she and her family prefer to substitute themselves in for the *badante* when she is on holiday because her father would not accept going through another adaptation process:

'We could have employed a substitute but we didn't want another badante. Dad has accepted one badante, he wouldn't accept a new one. He doesn't want to start everything from square one with a new person. For him this would be deleterious.' (Bruna)

However, not all families are willing or able to substitute themselves for their eldercare assistants when they go on holiday, especially if eldercare assistants go on holiday for a period of a month like in the case of Elena. Valeria (Elena's employer) tried to substitute for Elena in the first year that she worked for her, she also asked for the help of her siblings but as she points out in the following passage, their involvement led to 'double work' for her:

'I had to move to my mother's house for one month. They came only because I prepared them something to eat. I did everything. I came back home only for one hour. I wasn't able to do anything here in my house because I couldn't leave my mother alone. My brother came late at night. When I was there my brothers came and they left me their clothes to wash or they came only to eat. The oldest of my brothers told me "ok, if you need it I can come and sleep there". Coming to sleep there meant that he came at five in the afternoon, then I had to prepare him something to eat, stay there to make give her the injections of insulin. For me it was a double work because in the morning when I came back to my mother's house I had to clean his room, make his bed and wash his clothes' (Valeria)

Valeria's siblings acted in the house of the elderly person as though it was still a 'therapeutic space' (Gesler, 1996) and not a 'caring' space. According to Valeria, her siblings saw the fact that the eldercare assistant was absent as an opportunity to go back to the parental house to 'relax' and exploit her work. Valeria's oldest brother accepted to sleep in the house of the elderly woman but this did not allow Valeria to re-gain her peace of mind. On the contrary, for Valeria this meant caring

for two people rather than one, as she continued to provide care for the elderly woman plus she had to prepare her brother's dinner, wash his clothes, come to her mother's house early in the morning to make her brother's bed and clean his room. It must be highlighted that Valeria's siblings are both divorced and live alone. By contrast, Valeria had to combine caring for her mother with other responsibilities for her daughters and her husband. While for Valeria's brother moving to his mother's house for the month in which Elena was absent was convenient, it certainly was not convenient for Valeria, who found herself in a worse situation than the one she was in in the phase pre-eldercare assistant. It is for this reason that Valeria decided to renounce to the help of her siblings but for her, this decision, meant 'abandoning' her home to move into her mother's house and cohabit with the elderly woman for the whole length of Elena's holiday. The fact that she had to move (once again) to the centre of the caring network and that she had to leave her home to care for her mother deeply affected the life of her family:

'Usually badanti go on holiday in the summer but our badante goes on holiday in September when school starts, thus the fact that I had to stay with my mother also affected my girls and my husband. When a fundamental person for the house like an housewife, a person who does everything in the house goes away, this affects everybody, children, husband... however, I had to do it because otherwise who would have done it? Nobody would have done it. It was normal that I had to do it. Later, we asked to our badante if she knew somebody who could replace her when she went on holiday' (Valeria)

After this experience Valeria decided that in the following years she would employ a 'substitute' eldercare assistant. However, she passed the responsibility of selecting the substitute eldercare assistant on to Elena. The fact that employers pass the responsibility for finding their substitutes onto their eldercare assistants before going

on holiday was a recurrent theme during the interviews conducted with the eldercare assistants involved in this study. In particular, eldercare assistants highlighted that they did not have only the responsibility to find a substitute, they had also responsibility for selecting the ‘right’ substitute.

6.6 ‘Find me somebody like you’: selecting and embedding substitute eldercare assistants at the centre of the family’s caring network

Usually eldercare assistants plan their holidays in advance, but sometimes an unexpected event like the death of a family member forces them to go home without having time to make plans, and this circumstance can create tensions with employers. In what follows I will consider the case of Romica who, at the time of the interview, was caring for a couple of elderly sisters in Viterbo. One of the two sisters is in a wheel chair (Chiara) and suffers from a serious cognitive impairment. The other elderly woman (Patrizia), age 88, is self-sufficient but needs help for domestic work. The two elderly women are unmarried and have no children, they only have a nephew who was the person that helped them to find Romica, but who lives in another city and rarely visits them. The case of Romica is interesting because the day before we did the interview she had told Patrizia that she had to go home for one month because of a series of unfortunate and unexpected events which had afflicted her family:

‘Last week my father died and I couldn’t go back for the funeral. Last month my cousin died and I couldn’t go back home. My mother is ill, she has got brain cancer. I hadn’t talked about it with Patrizia until yesterday but yesterday I talked with her and she told me “you are crazy to leave me alone”. I am the only daughter, I don’t have brothers or sisters... My mother called me to ask me to go back home. Where I come from these are sacred rituals, we

celebrate a feast for the dead, a feast which is called Pomene. It consists of a funeral mass after three days, one after 20 days, one after 40 days, one after three months, and one after 6 months and then another one after one year. Afterward we celebrate a funeral mass every year, every birthday and every name day. In each of these days we celebrate a Pomene. These things are important. My mother told me "at least for the one of the 40 days you have to be here". So yesterday I talked with Patrizia, and she started crying "what I am going to do now, find me somebody"' (Romica)

The passage above shows how holidays are often included in 'transnational' care practices. This seems to confirm studies like the one conducted by Baldassar et al. (2007) which have demonstrated that emotional and moral support at a distance is not always sufficient and specific events like a funeral may require that eldercare assistants go back home to provide personal care to their own families. Yet, employers do not easily accept that eldercare assistants go home for a period of one month, even if the reasons for going home are serious, as in the case of Romica:

'She started crying "what I am going to do now? Who is going to come?". I said "stay calm, I will find somebody who will substitute for me". She said "she must be like you", and I said "what does it mean like me? Does she have to be fat, ugly, old? What does it mean like me?" and she said "no, it must be a person who works like you". I said "all right. If you promise me that you will stay calm I will find you a person like me"' (Romica)

Despite the severity of the situation, when Romica told Patrizia that she had to go home for one month, Patrizia reacted in a negative way and asked for a substitute. Nevertheless, Patrizia did not just want any substitute, she wanted a substitute 'like' Romica, a person who could 'work like' Romica and with the same moral qualities. This meant that Romica was not only given the responsibility to find a substitute, she was also given the responsibility to select the 'right' substitute. This process

reflects the selection made by family members during their search for the ‘*brava badante*’ in the phase pre-eldercare assistant (see section 6.2). As Romica points out in another passage of the interview, the most important qualities required for a ‘good’ substitute are ‘trustworthiness’, the capacity to ‘care properly’ and last but not least ‘calmness’. Romica argues that she only trusts a substitute if she knows that her substitute will work exactly as she tells her to work. For Romica, it is very important that her substitute will keep the routines that she established with the elderly couple, because, as she points out ‘[she] knows what [she] leaves and [she] want[s] to be sure about what [she] will find when [she] come[s] back’. Romica had already contacted an acquaintance who, in her opinion, has the qualities necessary to substitute her. This acquaintance is another Romanian woman who works for short periods of time substituting other eldercare assistants when they go on holiday. She comes directly from Romania and when the period of substitution finishes she goes back home. Although Romica trusts this person, she had planned a proper training schedule for her:

‘She comes here three or four days before I leave and... I will explain everything to her! The first day I will leave her resting. The second day I will leave her seeing what I do. Everything I do during the day but I will not leave her do anything. I will make her pay attention to the time “I wake up Patrizia at this time, I do this and this”, how I help them to get ready, how I make the breakfast, how I prepare the medicines. “Then you can go to bed and stay as long as Chiara doesn’t wake up. At 9 am Patrizia gets up and you wash her. Then you prepare the coffee, you prepare the breakfast for Patrizia, you put the dishes in the sink. You leave the dishes there. Then you help the other one (Chiara) getting up, you wash her, you change her. Everything, cream, talcum powder, you do whatever is needed. You dress her and you take her to the kitchen”. So... the second day I will leave her watching without making her do

anything, just small things like, for example, taking this bottle of water from here and putting it there, that's it, no more than this. The third day I will make her do the things and I will watch, whenever she makes mistakes I will correct her. Before I leave I will give a bath to Chiara and because when I give her a bath Patrizia helps me, this time I will ask to the new badante to help me in the place of Patrizia so that she can see how I do it...she must do the things as I do them' (Romica)

Similarly to Romica, Vania who works in Viterbo providing care for an elderly man with dementia said that she asks her substitutes to come a few days earlier, during which she explains to her substitutes the work that they need to do. Contrary to Romica, Vania thinks that it is not possible to force substitutes to work in a specific way, but she considers that it is important to give them indications about the problems that substitutes will find working with the elderly person:

'They come a few days earlier but it's not possible to make them work as I do because everyone has their own way of working. I explain and tell them everything. Some eldercare assistants hide important things, for instance they hide things about the character of the elderly person. If I know that the elderly person is bad I can't say to them "look, he is very nice" because after just one hour they would realise that the elderly person is not good. For this reason I don't hide anything' (Vania)

'Being honest' is very important for the successful embedment of a substitute in the affective and moral economy of the migrant-in-the-family model. The relationship of trust between eldercare assistants and their substitutes entails the establishment of a 'moral contract' which forbids eldercare assistants from lying about working conditions and the problems that substitutes will find during the period of substitution. For this reason, if the elderly person has a 'difficult' character, eldercare assistants, rather than lying to their substitutes, will select substitutes with

specific characteristics which make them suitable to cope with the 'difficult' character of the elderly person. Vania, for instance, knowing that the elderly person for whom she works has a 'bad' character, selects 'tough' substitutes:

Vania- I selected my substitute because I knew that she was tougher than me. I explained everything to her, I said to her "look, this elderly man is terrible. He does bad things so be prepared"

Alessandro- What does you mean by tough?

Vania- I mean that she does not allow herself to be intimidated. When she says that something must be done, it must be done.

Elena, unlike Vania and Romica, does not let her substitutes come earlier. The bus from Romania arrives in Monte Etrusco on a Friday night and leaves Italy early on a Saturday morning. This means that Elena spends only a few hours with her substitute before leaving Italy. Nevertheless, she gives indications about what the substitute needs to do through constant telephone calls during the days which precede the substitute's arrival. Elena, like Vania, believes that it is not possible to expect that your substitute will work exactly in your way: 'I tell them what to do but then they organise the work as they prefer. I can't force them to do what I say'. For Elena, it is not important that her substitute keeps the caring routines that she established with the elderly woman. What it is important for Elena is that the elderly person will 'feel well' with the substitute and that the substitute will care for the elderly woman 'properly':

'Everybody has a different way of doing this job, but what interests me is that she is fine. Knowing that I will find everything like I have left it is not a problem, I don't care about it. If she changes things in the house when I will come back I will change them back and that's it. When I come back re-adapting can be a problem. Also for the elderly woman is not easy... there is a bit of turmoil during the first weeks ... if we don't make all the things right

again. Everybody has their own way of working. I can't force them to work like me. I will tell them what I do but then they will work as they prefer. Then when I come back I will do the things in my way again. I can't force them because you are not here to see if they indeed do the things as you trained them do to them. In any case what's important for me is that they care for her properly. Then I don't care about what I will find when I come back because little by little I will make all things right again. I care only about her health'
(Elena)

Elena admits that often when she comes back from her holiday, it is hard to 're-adapt' if the substitute has changed her caring routines. The first few weeks after she returns from her holiday are characterised by a period of 're-adaptation' which affects both eldercare assistant and elderly person. During this period, Elena re-introduces the caring routines which are coherent with her way of working. As Elena points out, the first few weeks after her arrival can be characterised by turmoil but 'little by little' she manages to 'make all the things right again', that is to say that she manages to reach the same equilibrium and order that was present in the house of the elderly person before she went on holiday. It is for this reason that for Elena it is not important if her substitute replicates her way of working, but it is very important that her substitute follows the instructions that she gives her about the elderly woman's medications:

'The thing that worries me is the insulin. If she gives her too much insulin or too little insulin, it's a problem, that's not good. I leave everything written on a piece of paper. I write all she needs to do and what she needs to do with the insulin, with the medicine, with everything' (Elena)

Like in the case of Vania, Elena feels a responsibility for the health of the elderly person and selects her substitutes on the basis of the specific needs of the elderly

person. As a matter of fact, a fundamental requisite of her substitutes is experience with elderly people affected by diabetes:

'The people I have brought here were all people who had already worked with diabetic people and they knew what to do. They knew what it means to work with diabetic people. If they don't know to work with diabetic people it's a problem. Cleaning the house and domestic work is important but caring for the elderly person is more important. If the substitutes are incapable of caring for her well, giving her the medication, do the injections, then they're no good'
(Elena)

Eldercare assistants were not only concerned about the fact that the elderly person and her/his family could not adapt to their substitutes, they were also concerned that the elderly person may adapt 'too' well to their substitutes, and ask her/his family to replace them with the substitute on a permanent basis. Romica, for instance, selected her substitute because she is a 'trusted person', this does not mean that Romica only trusts her substitute for the way she works, she trusts her because she knows that her substitute will not try to steal her job:

'She is a person that I have known for a long time and who always comes here to substitute people. She doesn't work al fisso. She works just for brief periods, one month she replaces me and then she goes back home, another time she replaces somebody else for one month and then she goes back home. She always goes back to Romania' (Romica)

As Romica explains in the passage above, her substitute is an eldercare assistant who works only for short periods of time to substitute other eldercare assistants when they go on holiday, she is not a migrant who is looking for a permanent job. The fact that substitutes are migrants who are not looking for a job 'al fisso', a permanent job, is very important because a 'trusted substitute' is a substitute that gives the eldercare assistant the 'peace of mind' that they will not attempt to 'steal'

their job while they are on holiday. As Romica says 'I trust her, because she will not steal my job'.

Thus, if on the one hand 'substitute' eldercare assistants need characteristics which make them eligible to be embedded into the affective and 'moral economy' of the family, on the other hand they have to be migrants who will not become 'fixed' in the family, rather they need to be migrant women who can be 'removed' from the centre of the caring network when the eldercare assistant comes back from holiday. Going back to Karner's (1998) process of adaptation, the insertion of substitutes into the house of elderly person should follow an 'introductory stage' when they receive training and participate in household routines and personal care; it should follow the stage that Karner (1998) calls 'sharing of self', when the elderly person and care worker share their intimate life and when the substitute develops a responsibility for the health of the elderly person; but it should not follow the 'familial adoption stage', when professional relationships are turned into personal and intimate relationships. As a matter of fact, if the process of adaptation reaches this stage and the elderly person becomes too affectionate to the substitute eldercare assistant, this may complicate the moment when the 'fixed' eldercare assistant re-takes their place.

It may even be the case that the family prefers the substitute eldercare assistant and asks them to take the place of the 'fixed' eldercare assistant. It is for this reason that Madia believes that substitutes should be relatives or very close friends or in any case people who commit to leave the job when the period of substitution is ended:

'A sister, an aunt, somebody that has an husband waiting for her at home, somebody that you are sure will go back home and that doesn't want to remain here. You have this fear, not only for the elderly person and the fact that she

may not accept a substitute but also ...because you may go down in the pecking order for the family' (Madia)

As family members cope with the 'insecurity' of being abandoned by their eldercare assistants and for this reason select eldercare assistants with characteristics that favour the establishment of a 'moral contract' that will tie them to the 'space of care', similarly eldercare assistants try to cope with the 'insecurity' of going 'down the pecking order' of their employers, through a careful selection of their substitutes. The case of Madia is interesting because in the past she acted as a 'trusted substitute' for another *badante*.

Alessandro- Would you mind telling me a bit about your experience of substituting for an eldercare assistant during their holidays? Did they ask you to substitute for her or was it the family of the elderly person who contacted you?

Madia- She (the permanent eldercare assistant) is a friend of mine and she asked me to substitute for her because she trusted me, she told me 'I want you to do it so I know that when I come back I will still have a job'.

Alessandro- Did she tell you what you had to do before leaving?

Madia- Yes, she told me how to prepare her (the elderly person's) food... She told me these things the day before she was leaving. There was also the daughter of this old lady. The daughter stayed with me to tell what to do. They were happy with me, they were actually happier with me than with my friend. And they also asked me "why don't you stay and work for us?", and I said "no, no". I would have never accepted, because I gave my word to my friend. Even if they were going to give me double the money. Because it wouldn't be fair towards my friend. Between friends you don't do something like that.

Trusting that substitutes will not 'steal' the job of the 'fixed' eldercare assistant and trusting that they will work 'properly' are the two key dimensions of the 'moral

contract' stipulated between eldercare assistants and their substitutes. These two dimensions are fundamental for a successful embedment of the substitute in the 'affective' and 'moral economy' of the migrant-in-the-family arrangement. Yet, even when the substitute's embedment is successful, eldercare assistants continue to fulfil their responsibility of 'not abandoning' at a distance reproducing what we may define a 'transnational family-like relationship'. In a passage of her interview Romica states that her responsibilities will not end when she is at home, in fact she will continue to monitor the work of her substitute at a distance, keeping in constant touch through telephone calls to Patrizia. As she points out 'I will call from Romania. I will call Patrizia. I will call her at home. I will ask how she feels, how they are and how they feel with this person'. The following passage from the interview with Elena shows how, by telephoning the elderly person, eldercare assistants monitor and control the work of their substitutes:

Elena- When I go home I call very often, we talk and she tells me "look, I don't really like this person".

Alessandro- Do you feel responsible for your substitute?

Elena- Yes because I bring her a person and I feel responsible because...I don't feel well if she doesn't treat the elderly person well or if the elderly person doesn't get on well with the badante I have brought there.

Eldercare assistants keep in contact not only with their substitutes but also with the elderly person and her family. They remain 'present' in the life of the family and provide emotional and moral support from abroad. The case of Valentina is illustrative of this:

'I was working with a family and when I went home, this lady told me that she was happy, she told me "go and stay with your family, stay serene". But she felt really sad and I could hear her when we were at the telephone. She told me "Valentina, I am fine, it's just a bit of fever", and I said to her "What's

happening to you?”, and so eventually she said “I don’t know, I am sad”. I decided to come back earlier from my holiday, I didn’t tell her that I was coming earlier, I wanted to surprise her. When I arrived I found her...when she saw me she said “Have you come back?!” The day after she was fine again, she said “I think that I felt sad because you were away”. Also her family told me “look, since you have come back everything has changed”. I think that’s because of the attachment that we had to one another’ (Valentina)

Valentina continued to provide emotional and moral support while she was abroad but when she saw that the emotional support provided at a distance was not sufficient she took the decision to interrupt her holiday and go back to work. Valentina took this decision out of a sense of responsibility for the elderly person showing that the responsibility of ‘not abandoning’ does not interrupt when eldercare assistants go on holiday, by contrast, this responsibility can even lead eldercare assistants to go back to work early. The incident narrated by Valentina highlights that the moral contract between elderly person and eldercare assistant extend across national borders for the period in which eldercare assistants are on holiday.

This section has shown how family employers appeal to the responsibility of ‘not abandoning’ within their eldercare assistants and expect that eldercare assistants find their own substitute if they want to go on holiday. This section has shown also that eldercare assistants select substitutes with specific characteristics that make them suitable to be inserted in the house of the elderly person. Substitutes need to have moral qualities like trustworthiness, reliability, but also competence. This section has shown that eldercare assistants and their substitutes establish a ‘moral contract’ which, on the one hand entails that substitutes eldercare assistants will provide ‘proper’ care to the elderly person, while on the other entails that substitutes

will not attempt to steal the job of the ‘fixed’ eldercare assistants while they are on holiday. This section has also shown how eldercare assistants continue to fulfil their responsibility of ‘not abandoning’ at a distance providing emotional support and controlling the work of their substitutes. The following section uses data from the QL case study to examine in more depth the moment in which family employers pass on to eldercare assistants what I define as the ‘emotional baton’, that is to say the moment when family employers pass on to eldercare assistants the responsibility to deal with the negative emotions generated by the process of caring.

6.7 Passing the emotional baton: evidence from the QL case study with Olga

This section examines the transition to the migrant-in-the-family model using data from the QL case study with Olga. I had the opportunity to interview Olga twice a week during the three weeks which followed the employment of Magdalena (45), a live-in eldercare assistant from Romania. During this period, Olga favoured the embedment of Magdalena into the centre of the caring network, passing to her what I define as the ‘emotional baton’, that is to say the responsibility for managing the emotions of the elderly person and to act as the ‘release valve’ for the caring network. Only after passing this responsibility to Magdalena was, Olga able to detach herself from the centre of the caring network, leaving the eldercare assistant in her place.

Olga found Magdalena, through the help of Caritas. Caritas has a small office in Cura where every Tuesday evening volunteers distribute food and clothes to people in need, the vast majority of whom are migrants. The office is situated in a small building attached to the back of the main church of the town and also acts as a meeting point for eldercare assistants and future employers. Magdalena had already worked for a few families in the town, building a strong reputation of being a *brava*

badante. Perpetua had already gone through two eldercare assistants in less than three weeks, so the strategy adopted by Olga to find the ‘right’ eldercare assistant for Perpetua was a strategy that she defines as ‘going on making attempt after attempt’. This strategy does not contemplate a return to the family-based model, as Olga explains

‘There is no turning back. She needs a person who will stay with her. I cannot stay with her all day long because I have a job and a family’ (Olga)

However, employing an eldercare assistant and inserting her into the house of the elderly person is not an automatically accepted process, the elderly person needs to be convinced and their fears needs to be calmed, as Olga says:

‘Imagine that you are taking an unknown person, a person that she [the elderly person] has never seen before and you are putting this person into her house and she needs to sleep with her. Anybody would be scared by something like that’ (Olga)

Olga spent the days that preceded the arrival of Magdalena psychologically preparing Perpetua for the encounter, but when the day arrived, as Olga recounts, the house of the elderly person was ‘full of tension’:

‘Perpetua was on the bed. She knew that Magdalena was arriving and she was really worried. She told me “are you leaving me alone with her tonight?”, I told her “no, no, don’t worry. Soon she will arrive and you make her acquaintance. Then I will go home for dinner and I will come back later to see how it is going” and she said “ok, but make sure you come back!”. She was nervous, and I was nervous too’ (Olga)

Olga explained to me that when you introduce an eldercare assistant to an elderly person ‘you can’t just leave the *badante* there and go away’. On the contrary, you have to introduce the eldercare assistant to the elderly person, you need to wait there, show your presence while the elderly person becomes acquainted with the

eldercare assistant. The moment when the two people become acquainted is very important, in this phase the primary caregiver of the family needs to facilitate this ritual, and observe if there is any ‘emotional spark’ between the two women:

‘When Magdalena arrived I told her “why don’t you sit near Perpetua a little bit”. She took a chair and she sat near her and they started talking. I told Perpetua “look how nice is she. She is nice and young”, because she insisted on wanting a young eldercare assistant. And she said “you are right she is beautiful and elegant. Now you see me like this but I was beautiful and elegant too when I was young” and Magdalena replied “I know, I saw your pictures in the living room”. So they started to make each other’s acquaintance. Then, I left, and when I went back, after dinner, Perpetua was already asleep’ (Olga)

As we can see from the passage above, Olga suggested Magdalena sit near Perpetua and ‘make acquaintance’ with the elderly woman. For Olga it was important to leave the elderly woman alone with the eldercare assistant and see what the reaction of the two women was in a situation of intimacy. The fact that Olga found Perpetua sleeping when she came back from dinner is a positive sign, it means that the elderly woman managed to calm and relax herself despite the presence of an ‘external person’ in the house. I interviewed Olga the day after Magdalena’s arrival, and she recounted to me that in the morning she visited Perpetua before going to work (as she does every morning). She told me that the presence of the eldercare assistant gave her the chance to sleep an extra hour and by the time that she was in Perpetua’s house, Magdalena had already left. She recounted also how she had the perception that an ‘emotional spark’ from Perpetua had occurred:

‘She was really excited, she said “Olga, come here, you can’t imagine how brava this signorina (lady) is. Brava, molto brava (good, very good). We had breakfast together, we took coffee together. She sat at the table for breakfast,

then she cleaned everything, and she tidied the bedroom". She didn't stop talking, she was very happy. I hope that this will continue' (Olga)

When Olga narrates Perpetua's reaction after the first night with Magdalena, her face assumes a relaxed expression. After only one night, Magdalena managed to bring serenity to Perpetua's house and this made Olga re-gain some peace of mind after a period of great stress. The positive feedback that Perpetua gave about Magdalena was for Olga an indication that an emotional connection between the two women was possible, and that after the rejection of two eldercare assistants, this time, the adaptation process was going in the right direction. I met Olga two days later and she recounted to me that Magdalena had started to substitute her in the important caring routines that she used to perform for the elderly woman:

'I went there at dinner time as usual. I helped her to eat and she waited for Magdalena. She was a bit nervous. Then she asked me to massage her legs. I told her "wait for Magdalena, she will give you a massage. She also needs to bring the cream that you asked for" and she replied "you give me a massage. You do it very well" and I said "ok". Then Magdalena arrived and it was like she didn't recognise her. She was timid, like it was the first time that she saw her. Then, after a while she asked me "can you take me to bed?" but I whispered to Magdalena "please take her to bed, otherwise every night she will do the same". She helped her to go to bed but Perpetua kept calling out to me "you come as well so that you teach her how to do it", I said "ok". Once she was in bed I said to her "ok Perpetua, I'm going home" and she said "why don't you stay a bit longer?". She wanted me to stay there, she wanted somebody familiar to stay with her, so I stayed a bit longer. Before leaving I went to the other room to talk with Magdalena and Perpetua immediately called "Olga, Olga" but I said to Magdalena "please go there". She went and

Perpetua told her that her legs were sore and so Magdalena started to give her a massage' (Olga)

Despite the fact that Perpetua had not fully accustomed herself to the presence of Magdalena, the third night can be considered the turning point in the insertion of Magdalena into Perpetua's house. Above, Olga describes the moment when she passes what we may define as the 'emotional baton' to Magdalena, this corresponds to the moment when Magdalena substitutes Olga in one of the most important and intimate rituals between Olga and Perpetua, that is to say the massage that Olga gives to Perpetua every night before she goes to bed. At the end of the day, Perpetua's legs always felt sore and Olga gives her a massage for at least half an hour. This is a ritual full of affection, it is not just practical care, it is the moment of the day where the two women talk and when Olga manages to relax and calm Perpetua before she goes to bed. During the third night Olga postponed the ritual of the massage in order to wait for Magdalena and make it so that it was Magdalena who performed it. As Olga points out in another passage of the interview 'for Perpetua the massage is something very important, it is something that she considers very good for her well-being [...] without the massage she is nervous, she doesn't fall asleep and if she doesn't fall asleep then I cannot go home'. Handing over the performance of this ritual to Magdalena meant Olga had the chance to detach from the space where care is provided. After one week, Perpetua had completely adapted to Magdalena. The confirmation arrived when Magdalena had her first day off:

'When Perpetua didn't see Magdalena arriving she became sad. I had to reassure her that Magda had not left her and that she was absent only because it was her day off' (Olga)

Perpetua's fear of 'being abandoned' by Magdalena was considered by Olga to be the confirmation that the insertion of Magdalena into the 'affective economy' of the

family had occurred. During this period of adaptation, Olga's role was one of favouring the establishment of a relationship of 'trust' between Perpetua and Magdalena. In order to do this, Olga remained present in the house of the elderly woman but created the conditions to make sure that Perpetua and Magdalena shared moments of intimacy. She remained present until Magdalena substituted her in the performance of important caring rituals like the nightly massage. The establishment of this climate of trust allowed Olga to start detaching from the centre of the caring network and consequently from the space where care is provided. Commenting her role during this period of transition, Olga makes an interesting comparison between the first day of the elderly person with an eldercare assistant and the first day of a child in a nursery school:

'It is like when you leave a child in a nursery school for the first time... you don't need to show that... you have to try to leave them calm. You need to facilitate the work of the person that will substitute you. When you leave a child in a nursery school is the same, you have to put the teacher in the condition to replace you... you have to make them appear good, brave' (Olga)

Facilitating the role of the person who will substitute for the primary caregiver of the family is associated with making the eldercare assistant appear good, *brava*. Showing to the elderly person that the primary caregiver has evaluated and validated the eldercare assistant as '*brava*' means reassuring her/him that the eldercare assistant can be 'trusted', that they can be inserted into the elderly person's house and consequently that they can also be inserted into the 'affective economy' of the family.

6.8 Conclusions

This chapter has shown the process through which family members embed eldercare assistants into the centre of the caring network of the family expecting that they work as ‘control valves’ for the negative emotions generated by the process of caring. The cases considered in this study show that the adaptation of elderly people to this new cohabitation is not to be taken for granted. A plethora of different factors (trust, affinity, working conditions to name the key ones) are required to make the elderly person and eldercare assistant accept each other. It is important to bear in mind that caring is a reciprocal process, as Twigg (2002: 2) points out, care is ‘not just given; it is also received; and indeed the very processes that create ‘care’ are interactive, dynamic ones’. The data generated by this research shows that the first few weeks of cohabitation are the most important for a successful adaptation. During this period, family members, the elderly person and the eldercare assistant assess whether the cohabitation between the elderly person and eldercare assistant will work or not. When and if the elderly person refuses to accept an eldercare assistant, family members facilitate the process of adaptation either through a ‘gradual adaptation strategy’ which consists of first employing a live-out eldercare assistant and subsequently, when the elderly person has accepted the presence of a live-out eldercare assistant, employing a live-in eldercare assistant, or through the strategy of ‘going on making attempt after attempt’ which consists of changing as many eldercare assistants as necessary until the family finds the ‘right’ eldercare assistant for their elderly relative(s).

Once at the centre of the caring network, employers expect eldercare assistants to develop the capacity to understand when, in front of a problem, it is appropriate or not appropriate to call for their help. In doing so, they act as ‘control valves’ which regulate the distribution of ‘anxieties’, ‘worries’, ‘concern’ and,

‘anger’ from the house of the elderly person to the rest of the family. In this way the migrant-in-the-family model reproduces the same emotional hegemony of men over women which characterised the traditional family-based model. This chapter has also demonstrated that the tendency that employers have for transforming their relationships with migrant eldercare assistants into family-like relationships reflects their wish to transform the ‘working’ contract into a ‘moral’ contract (Näre, 2011). The ‘moral contract’ entails providing care not for economic profit but as a consequence of the affective relationship established with the elderly person, most importantly it entails the responsibility of ‘not abandoning’ the elderly person until she/he passes away. The expectation that employers have that their eldercare assistants will not ‘abandon’ their elderly relatives limits the mobility of eldercare assistants, creating a sort of moral and emotional indenture which often causes them problems if they decide to leave their jobs before the death of the care receiver. If eldercare assistants want to leave their job, or if they want to go on holiday, eldercare assistants are considered responsible for finding a substitute. This ‘moral contract’ also ties eldercare assistants to the ‘space of care’ when they are abroad, as they continue to feel responsible for the elderly person when they are on holiday. Nevertheless, the following chapter shows that despite of the employment of an eldercare assistant, the primary caregivers of the family, in particular female primary caregivers are not freed from their responsibility of ‘not abandoning’ in the phase post-employment. In particular, it will be shown that the ‘moral contract’ between eldercare assistants and family employers is accompanied by a constant activity of surveillance over the work of eldercare assistants.

**CHAPTER SEVEN. WHEN ATTENTIVENESS BECOMES CONTROL:
THE MEANING OF CARE IN THE MIGRANT-IN-THE-FAMILY MODEL**

7.1 Introduction

In the previous two chapters I have illustrated the process through which families normalise care for an elderly relative. This normalising process starts with the identification of the primary caregiver of the family. Once identified, the primary caregiver of the family takes responsibility for ‘not abandoning’ the elderly person, a responsibility that is strictly associated with the moral norm of keeping elderly people at home and also allowing them to die at home. Yet, keeping elderly people at home is considered possible only when there is a clear separation between the ‘space of the home’, that is the space where family life should go on as normal as possible, and the space where care is provided, that is to say the house of the elderly person. The data presented in Chapter Five has demonstrated that there is a close relationship between changing caring relationships, negative emotions (‘lost peace of mind’, concern, anxiety, fear) and the house of the elderly person. The identification of the primary caregiver of the family coincides with the transformation of the house of the elderly person from a ‘safe’ place into an ‘unsafe’ place. Family members, particularly primary caregivers, become aware of this transformation through the negative emotions generated during their interactions with the objects that compose the environment of the elderly person. These objects, and the emotions that they generate, become signs of a risk, the risk that the family faces when leaving elderly people alone. The employment of an eldercare assistant and her insertion into the house of the elderly person can be considered part of the process through which family members ‘manage risk’ and ‘secure’ the house of the elderly person. The term ‘secure’ comes from the Latin word *securus*, *se* translated

into English means 'without' or 'free from' while *curus* comes from *cura* which translated into English means 'care' but also 'apprehension', 'concern' and 'worry'. A place which is 'secure' is a place free from apprehension, concern and worry, that is to say a place free from 'negative emotions'. However, 'to secure' means also 'to fix', or 'to fasten' something that is loose, mobile and unstable. In line with this second interpretation, a 'secure space' is also a space where to 'fix', 'fasten' and 'confine' something that creates instability, chaos and consequently concern and apprehension.

Chapter Six has shown that the first step of the process of 'securing' the house of the elderly person is the employment of a live-in eldercare assistant. Once eldercare assistants have been 'fixed' in the house of the elderly person, they supervise the elderly people, they re-establish the house of the elderly person as a 'safe' place and in so doing they contain the risks and dangers that leaving an elderly person alone in her/his house entails. Yet, the process of 'securisation' does not end with the employment of a live-in eldercare assistant. This chapter shows that one of the main duties of the primary caregivers of the family in the phase post-employment is to ensure that eldercare assistants respect the 'moral contract'. This chapter is divided into five parts. The following section draws on the data generated through the QL case study with Olga to examine the meaning of care after the employment of a live-in eldercare assistant. This section shows that care in the phase post-eldercare assistant has the double meaning of 'being present' to give affection and 'being present' to control. Section two and section three, using data from interviews with the other family employers, examine respectively the strategies that family employers use to 'be there' to give affection and 'be there' to control. Subsequently, section four examines what I have defined as the 'strategy of the minimum disruption' according to which any decision concerning care for an elderly

relative needs to cause the least possible disruption to the equilibrium reached by the family after the employment of a live-in eldercare assistant. This section shows that, in line with ‘the strategy of minimum disruption’, family employers prefer to ‘tolerate’ aspects of the work and behaviour of eldercare assistants that they do not like, rather than employing a new eldercare assistant. This idea of ‘tolerating’ eldercare assistants challenges the concept of eldercare assistants as ‘kin-like’ members and shows the indispensability of live-in eldercare assistants for families with elderly dependents. Finally, the last section discusses the main findings presented in this chapter.

7.2 The meaning of care after the employment of a live-in eldercare assistant: evidence from the QL case study with Olga

In Chapter Five, I argued that when family members become aware that their elderly relatives are no longer self-sufficient, they develop a responsibility of ‘being present’ in the house of the elderly person. This concept of care is related to the idea of ‘family care’, according to which ‘care’ means ‘being there’ for someone in need of help (Weicht, 2015). But what does it mean to ‘be present’ after the employment of an eldercare assistant? This section addresses this question using the data generated in the QL case study with Olga.

After the employment of Magdalena, Olga re-gained her ‘peace of mind’, but this peace of mind did not last long. In fact Magdalena, who was employed as part of a ‘gradual adaptation strategy’, decided to leave the job after one month because she was not able to move into a live-in position. Olga was forced to look for another eldercare assistant and for few days she went back to the role of primary caregiver. While she was looking for another eldercare assistant, she cared for Perpetua by going backward and forward from her own house to the house of the elderly woman.

Eventually, through the help of an acquaintance she found Lily, a Romanian woman in her late 50s. Lily was employed directly as a live-in eldercare assistant and when I interviewed Olga, the eldercare assistant and elderly woman were still in the middle of the adaptation process. Nevertheless, the employment of Lily had already determined a new division of caring tasks. During one of the interviews that I conducted with Olga in the phase pre-eldercare assistant, I asked her to list the utensils that she associated with the caring routines that she performed with Perpetua:

'I use pots, frying pans, towels, creams for massages. I use the cream twice a day. Then brooms, dusters, a coffee machine and medicines' (Olga)

As we can see from this passage, Olga listed pots and frying pans used for cooking, and towels to dry Perpetua after a bath. She also included in the list the cream used to give her massages, brooms and dusters used to clean the house, the coffee machine that she used in the morning when she prepared the breakfast, and last but not least medicines. Among all these activities, the only activity that Olga continued to perform on a daily basis after the employment of Lily was the activity of administering the medicines. Medicines were still considered an important responsibility, a responsibility that Olga decided not to hand to her eldercare assistant:

'I give her the medicine, not because I don't trust the badante but... because it's not like you employ a badante and you don't go there anymore... so because of that I have decided to continue to administer her medicine... I go there in the morning, I give her the medicine and then I leave' (Olga)

Olga performs the same ritual every day, she goes to Perpetua's house early in the morning, when she arrives Perpetua has just finished eating the breakfast that Lily has prepared for her. They talk a little, Olga gives Perpetua her medicine and then

she goes to work. By performing this ritual, Olga maintains daily contact with Perpetua and shows her that she is still 'present', despite the employment of an eldercare assistant. The administration of the medicine is not just the fulfilment of a caring task, it is a demonstration that she is still concerned about the elderly woman's health, it is a demonstration that she is still attentive to her needs. The ritual of providing the medicine substituted the ritual of the massage that she performed in the phase pre-eldercare assistant (see Chapter Six), the difference is that the ritual involving the medicines entails staying with Perpetua for less time, and it does not involve doing 'the dirty' aspects of caring (Anderson, 2000). During our interviews Olga repeated several times that for her, employing an eldercare assistant, does not mean 'abandoning' the elderly person:

'Employing a badante doesn't mean abandoning her [...] having a persona fissa (fixed person) is good also for her because I cannot stay there 'fissa' as I have my own job, and a series of other things... But I will be always present'
(Olga)

As Olga says in this passage, she will not stay there on a 'fixed' basis, but she will remain 'present'. I asked Olga the meaning of remaining 'present' in the phase post-employment, and she replied that:

'[Being present] means showing Perpetua that I am there. I try to make her feel at peace. I show her that we [the family] are near her, that she has the affection of the whole family. But it means also showing the badante that I'm present, that she cannot do strange things. If you abandon her, if you go there once a week, badanti become padrone (owners) and then they feel they can do whatever they want' (Olga)

From this passage it emerges that 'being present' after the employment of an eldercare assistant has a double meaning. On the one hand it means giving affection to the elderly person, it means showing the elderly person that the family has not

abandoned them, it means showing that she/he is still part of the family. In this sense, being present is related to the traditional idea of ‘family care’ highlighted by Weicht (2015), an idea of care according to which the primary caregiver of the family is thought of as being there for the elderly person. However, as it emerges from the passage, ‘being present’ also means showing the eldercare assistant that the elderly person is ‘not abandoned’ and that she/he is still the *padrone/a di casa* (owner of the house). In this sense, ‘being present’ in the phase post-employment means showing to the eldercare assistant who has the most power and authority in the house, it means controlling the work of the eldercare assistant and showing them that they cannot treat the elderly person as a ‘socially dead’ individual (Sweeting and Gilhooly, 1997). As Olga points out in another passage of the same interview, ‘being present’ means ensuring that the eldercare assistant does not ‘dominate’ the elderly person:

‘Lily is efficient, but she is intransigent. She is not compassionate like Magdalena... she wants to dominate Perpetua. When she decides that there are things to do those things must be done’ (Olga)

While Magdalena was considered ‘compassionate’, Lily is ‘intransigent’, meaning that she performs caring routines without paying attention to the effect that these routines have on the emotions and feelings of the elderly woman. The role of Olga is as the one who balances ‘efficiency’ and ‘flexibility’, she controls the caring situation, ensuring that the care provided by the migrant-in-the-family model does not resemble the type of care provided in institutions, that is to say a type of care where routines come before the individual. The following two sections use the data generated by the interviews with the other family employers to examine the strategies that family employers use to ‘be there’ and give affection but also to ‘be there’ to control the work of eldercare assistants.

7.3 The meaning of 'being present' to give affection

In line with what emerged in the QL case study, the family members who participated in this research stressed the fact that for them employing an eldercare assistant does not mean 'abandoning' an elderly relative. Simona, the daughter from Viterbo who employed an eldercare assistant to care for her father, says:

'I tried to make him understand that putting somebody in his house to give some help doesn't mean that we are abandoning him. It doesn't mean that I no longer care for him or that I will no longer visit him. It simply means that this person will keep him company in those hours when I'm away...when he is alone. I will always be present because I will visit him every day as I've always done. I will be present every day but with the peace of mind that if one day I'm late he is not alone' (Simona)

Employing an eldercare assistant does not mean adopting an uncaring attitude, as Simona says, she will continue to be 'present' by visiting her father every day. From this passage it emerges how the eldercare assistant is considered a person who substitutes the primary caregiver while she/he is absent. It also emerges that the migrant-in-the-family model is adopted because it is considered beneficial for both family carers and their elderly relatives. For family members, the migrant-in-the-family model is beneficial because they can re-gain their peace of mind while for their elderly relatives it is beneficial because within the migrant-in-the-family model they will continue to be surrounded by their relatives. Damiano, the son from Monte Etrusco, points out that although he has employed an eldercare assistant, he and his family will continue to be 'around' his mother. Similarly, Anita, who employed Lucilla to look after her elderly parents, says:

I have employed a badante because it was the best and only solution to keep them at home, to keep them in a familial environment. I prevented them from the shock of the clinic, the shock of the hospitalisation, of the

institutionalisation or whatever it would have been... but they have not disappeared all of a sudden. It's not like that and I don't want it to be like that.

They are my parents and I don't want to abandon them' (Anita)

Family members find the employment of an eldercare assistant legitimate because for them it is the only solution which allows an elderly relative to stay at home and avoid being institutionalised. Primary caregivers cannot stay 'fixed' in the house of the elderly person, because they have other responsibilities to fulfil; they have their own jobs and other family commitments and to combine these multiple sets of responsibilities they need to be free to detach from the 'space of care'. What eldercare assistants give to primary caregivers is autonomy, they give them a freedom of movement that primary caregivers can use to do other 'productive' and 'reproductive' activities. The three examples considered so far describe a hierarchy of different forms of paid care. Within this hierarchy, paid home-based care solutions are considered better than institutional care because they allow the presence and the continuity of family relationships in the house of the elderly person. Even if primary caregivers are not 'fixed' in the house of the elderly person, eldercare assistants allow them to 'remain present', to stay 'around' their elderly relatives, they allow primary caregivers to 'not abandon' their elderly relatives. From the interviews conducted with the primary caregivers involved in this study it emerged that primary caregivers continued to be involved in direct care during the phase post-employment, even though they did not provide care on a daily basis. Mara, for instance, says that she continues to prepare food for her mother even after the employment of Flora:

'Sometimes I prepare some food for her. She [the eldercare assistant] cooks for my mother but sometimes I prepare some food, I bring it here ready to eat. For instance, yesterday I made some lasagne for me and today I brought some for

them [for her mother and the eldercare assistant], the lasagne are ready, they need just to warm them up in the oven. Then obviously it is the badante who cooks ... but if, for example, I cook some fish for me, I cook more of it and later I bring it here for them. Do you understand what I mean?' (Mara)

In this passage Mara specifies that even if it is the eldercare assistant the one who cooks for her mother, she continues to do some practical and material care work, and by doing so she shows her mother and the eldercare assistant that she is still involved in caring, she shows them that she is still attentive and 'present'. For Mara, showing that she is 'present' is important even if the cognitive impairment of her mother makes it so that the elderly woman does not recognise her as a daughter:

'She does not recognise me as her daughter, but she recognises my face. It is for this reason that I come here so often because she must not forget the faces of her family members' (Mara)

The family members who covered the role of primary caregiver in the phase pre-employment also felt the responsibility to give affection to their elderly relatives in the phase post-employment. However, what emerges from this study is that the possibility to show affection to their elderly relatives is strictly related to the fact that eldercare assistants do the rest of the caring activities, particularly what Anderson (2000) defines as 'the dirty work' of caring, that is to say, cleaning, personal hygiene and cooking. Without eldercare assistants, family members would not be able to give emotional care. In line with this, Anita says that the employment of Lucilla has allowed her to be kinder and to provide the affection that she was no longer able to give to her parents because of the high level of stress that she was experiencing in the phase pre-eldercare assistant:

'Maybe because I have less work to do I am kinder, I am more willing to do the things, I do the things without hurrying [...] I am more at peace because... knowing that I have to go there and she is still sleeping, that she takes ages to

get dressed, that she refuses to let you wash her while you become aware that it's getting late...while you become aware that you have to be fast because your husband is coming home, that he needs to eat and that you have not prepared lunch yet. It's normal that you are nervous, it's normal that you lose your patience' (Anita)

After the employment of Lucilla she is 'at peace' when she visits her parents because she knows that she will not deal with the stress of helping her mother who 'takes ages to get dressed'; she will not deal with the stress of convincing her mother to take a bath; she is 'at peace' because she knows that she will not run behind with the domestic activities in her own house. In other words, the employment of Lucilla allows Anita to slow the pace of her daily activities down and as a consequence of this she has become calmer, kinder, and less likely to 'lose [her] patience'. From something that she must do, care for her mother became something that she is 'willing' to do, from an obligation it became 'love labouring' (Lynch, 2007). Eldercare assistants give primary caregivers the freedom to move both towards and away from the centre of the caring network without feeling care is an obligation. As Anita says:

'I go when I can, I am not obliged to go, I don't have an obligation. If one day I can't go there, and I need to give my mother ten medication drops, I can call and say "Lucilla, do me a favour, give her ten medication drops because I can't come"' (Anita)

The migrant-in-the-family model also allows for occasional days of cohabitation between family members and their elderly relatives. Mara, for instance, explains that sometimes, when Flora has her day off, she takes her mother to her house. During these days, 'space of care' and 'space of home' coincide, but because this cohabitation is planned, occasional and limited in time, it is not perceived as an obligation and does not generate stress:

'Last night my mother stayed in my house. This morning I did everything very calmly... when you wash her calmly she is calmer and even if sometimes she may become angry, you are able to calm her because you have more time. On the contrary, when you run out of time... it's difficult to say "hurry up" to elderly people like my mother, do you understand? You cannot rush' (Mara)

Time is an essential aspect of care, as Tronto (2013: 166) points out, 'care is about relationships. And relationships require, more than anything else, two things: sufficient time and proximity'. From the cases of Mara and Anita it clearly emerges how eldercare assistants allow for a better management of time. Since Flora works for Mara, Mara is able to provide care with more affection, she is able to calm her mother when she becomes angry. As Mara says in another passage of her interview, since she has employed Flora she 'get[s] less stressed' and this is possible because Flora allows her to combine different sets of responsibilities. Similarly, Lucilla allows Anita to combine care for her parents, the domestic work in her house and care for her grandchildren. The two cases of Anita and Mara show that the migrant-in-the-family model is also considered an appropriate caring strategy for those primary caregivers who are not in full-time employment. As a matter of fact, both Anita and Mara are housewives.

However, the findings of this study highlight that in order to benefit from the migrant-in-the-family model, the employment of a live-in eldercare assistant needs to be accompanied by the separation of the 'space of care' from the 'space of home'. If it is not accompanied by this separation, the migrant-in-the-family model does not reduce the level of stress experienced by primary caregivers. The case of Marco is illustrative of this:

'In the morning we [he and the eldercare assistant] did all that my mother needed, but if we tried to leave her alone watching the television for one minute

she immediately started to shout my name... "Marco, Marco". We went there and she told us that it was not true that she had called us. We had to stay with her 24 hours a day [...] it was devastating, you cannot understand it if you don't pass through it... I am not ashamed to say that during the last period I was very stressed because I was destroyed, I could not cope with it anymore. I also reacted badly to her... sometimes I also yelled at my mother because I was dead tired' (Marco)

'Being present' without the possibility to detach from the space where care is provided means being bound to the house of the elderly person 24 hours a day. As shown by the passage above, a permanent cohabitation with her mother led Marco to be 'stressed' and tired, it led him to 'react badly' and even to 'yell' at his mother. Marco defines his experience as a 'sacrifice', 'something unbelievable', and 'a prison'. Without a separation between 'space of care' and 'space of home' Marco remained 'fixed' in the caring situation and continued to absorb the negative emotions generated by the caring process. Furthermore, cohabiting with the elderly person did not allow him to combine care with other responsibilities, and eventually it led him to give up his part-time job:

'I was working part-time, people were still asking me to work. I had to abandon my job even though I was earning good money. I could have worked just ten days a month but still earn a good salary. I could have worked for ten days and in the remaining 20 days I could have done whatever I wanted. On the contrary I had to stay here day and night. I started to have health problems. My doctor told me that I was stressed' (Marco)

When Marco says that he could have worked 10 days and have 20 days off to do the things he liked, Marco is assessing 'care time' in comparison to 'free' time. This statement supports Daly (1996: 211) when he says that 'decisions about time are decisions about value. When people experience time conflicts, not only are there

competing demands placed on that time, but divergent underlying values shape how the time is spent'. The separation between 'space of care' and 'space of home' allows employers to give priority to what Degiuli (2007: 198) defines as 'time of care', which is 'a time that may involve less cleaning and more listening, less cooking and more singing, less ironing and more laughing'. Without the separation between these spaces, employers are more concerned with what Degiuli (2007: 198) defines as the 'time of production', that is to say a time characterised by 'the constant output of tangible services'. In other words, keeping separate the 'space of care' and 'space of home' allows family employers to focus more on emotional care, while without this separation the focus is more on material care, a type of care that is more likely to generate 'negative emotions'. The following section examines the other activity that family members considered important to fulfil their responsibility of 'not abandoning', that is to say the activity of monitoring and controlling the work of eldercare assistants.

7.4 The meaning of 'being present' to control eldercare assistants

The data generated from the cases examined in this study shows that the migrant-in-the-family model is characterised by a system of surveillance of the work of eldercare assistants. The responsibility for developing this system of surveillance is allocated to those family members who covered the role of primary caregivers in the phase pre-employment. As other scholars have highlighted, in the phase post-employment, primary caregivers turn into 'care managers' and one of the most important duties of 'care managers' is to supervise and monitor the work of eldercare assistants (Anderson, 2000; Da Roit, 2007; Da Roit and Naldini, 2010; Gutierrez-Rodriguez, 2010). But what exactly does it mean to be a 'care manager',

and how do family members exercise this activity of supervision and control? Adele, the daughter-in-law from Cura points out that:

'The closest family members have the responsibility for controlling the eldercare assistant. It's very important because you cannot say "ok, now there is a person with her, I am fine", you cannot wash your hands of it. Responsibilities change but they also continue after the employment of the badante. Indeed, you have even more responsibilities after the employment of a badante because you have to put your parent in the hands of an unknown person so you have to evaluate whether this person is good or not' (Adele)

In the passage above, Adele describes the employment of an eldercare assistant as a leap into the unknown and 'the responsibility to control' emerges as a technique to make this 'leap' less risky. The family members interviewed in this study highlighted two strategies to evaluate whether eldercare assistants were *brave* (good). The first strategy is the strategy of *direct evaluation* which entails observing eldercare assistants while they provide care for the elderly person and observing how eldercare assistants keep the elderly person's house. The second strategy is the strategy of *indirect evaluation* which entails asking the elderly person if she/he is happy about the care received from the live-in eldercare assistant. The two strategies of *direct* and *indirect evaluation* reflect the phase of care that Fisher and Tronto (1990) define as 'care-receiving'. The phase of 'care re-receiving' involves the moral quality of *responsiveness*, that is to say the capacity to involve care receivers and pay attention to the reaction of elderly people to evaluate the quality of the care provided.

From the interviews with family employers it emerged that *indirect* evaluations usually take place when the eldercare assistant is not present. Valeria, for example, recounts that she calls her mother in the afternoon when the eldercare

assistant has her break. Other participants, like Angelica, do their *indirect* evaluations when the eldercare assistant has her day off. *Direct* and *indirect* evaluation strategies are not mutually exclusive, on the contrary they are often performed at the same time, like in the case of Mara:

'Before employing Flora I had employed her mother, then her mother left and Flora took her place. Her mother is a very nice person, a dynamic person, maybe more dynamic than her. The character of this girl (Flora) is very similar to that of my own mother. Flora's mother took care of my mother very well, however my mother needs a person who is calmer. The type of elderly people like my mother requires a calm person, do you understand what I mean? I don't want to say that Flora's mother wasn't calm, but maybe she took my mother out for a walk and when they came back my mother was tired. This one (Flora) pays more attention to these things, she notices when she is tired and when she is not tired. I can notice this attention towards my mother [...] she takes her for shorter walks. It is for this reason that I can tell you that this girl has an attention that other people don't have' (Mara)

Family members monitor the work of eldercare assistants, trying to notice small changes in the behaviour, body and environment of their elderly relatives. One could say that family members are attentive, to ensure that eldercare assistants are attentive. Mara, as shown in the passage above, ensures that the eldercare assistant has a 'calm' attitude and that she does not seem like she is obligated when she provides care for her mother. By monitoring how eldercare assistants display their emotions, family employers also ensure that eldercare assistants are respecting the 'moral contract', which entails caring out of gratitude and love and not as a duty (Näre, 2011). Interestingly, Mara uses an *indirect evaluation* strategy even though her mother has a cognitive impairment that does not allow her to express herself:

'People like my mother have a cognitive disorder but they tell you phrases that make you think... If, for instance, my mother tells me that she has a sore leg... she has never had problems with her legs. I used to tell her "how is it that your leg is sore?" and she told me... but... let's wait a minute, you always have to ponder what she tells you because sometimes she makes things up. However, she really had a sore leg and I understood it from these phrases that she told me. I am sure that the badante took my mother out for a walk and she did it for her sake because she could not keep her at home the whole day, she took her out to make my mother move, but maybe this walk was too long' (Mara)

As Mara states in the passage above, she learned to understand the feelings of her mother by listening carefully to words and phrases which at first sight may appear out of context but which eventually become relevant to understand the outcomes of specific caring activities. A complaint of a 'sore leg' was interpreted by Mara as a signal that the elderly woman had walked too much, a signal that the eldercare assistant had not been attentive enough to notice that her mother had become tired during the walk that they usually take after lunch. Nevertheless, Mara points out that her mother's feedback is not always accurate, and for this reason she learned to 'ponder' what the elderly woman says, that is to say to evaluate and verify if the complaints of the elderly woman are accurate. This double verification consists of observing the elderly woman's body language in the presence of the eldercare assistant:

'The smile of my mother when she sees Flora makes me feel at peace. When she sees her, she says "how beautiful you are", I can see that she is happy. She was also happy with the other badante, however there were also times when I saw my mother was too tired' (Mara)

Seeing her mother relaxed and happy in the presence of the eldercare assistant is a confirmation that the eldercare assistant is working well, it is a confirmation that the

eldercare assistant is respecting the 'moral contract' and that care is generating positive emotions. 'The smile' of her mother is also a confirmation that there are no risks in leaving the elderly woman alone with the eldercare assistant and consequently that the house of the elderly person is a 'secure space'. Family employers pay great attention to the body language of their elderly relatives. Valeria, the daughter from Monte Etrusco, says that when she sees her mother nervous she checks her blood sugar level, if her blood sugar level is high, this is a confirmation for her that her mother is emotionally upset. In the following passage, Valeria reports an incident which occurred with an eldercare assistant who substituted for Elena (the 'fixed' eldercare assistant) during the month that Elena went on holiday:

'If she becomes upset that's sufficient to affect her blood sugar level... and this also happens when she has some problems with the badante. We employed a badante to substitute for Elena when she went on holiday. This badante turned out to be really bad... she was arguing with my mother all day, my mother was always angry and in fact her blood sugar level was higher in that period. [The substitute eldercare assistant] was cold with me, she was cold with my mother.... I saw that my mother was not at peace and so I started to go there every afternoon. I also noticed it from her blood sugar levels. This is because if she is calm, at peace, her blood sugar level is fine. I measure her blood sugar and I write it in a notebook, then I check how the level changes over time. In that period, I saw that her blood sugar level was not good and I understood that there was something wrong with the badante' (Valeria)

The 'cold' behaviour of the eldercare assistant and the nervousness of the elderly woman combined with the elderly woman's high blood sugar level was sufficient for Valeria to conclude that her mother was 'not safe' with the substitute eldercare assistant and that the house of the elderly person was no longer a 'secure space'. This conclusion led Valeria to be 'more present' in the house of her mother and to

perform a more intense form of supervision. The case of Anita provides another example of mixed *indirect* and *direct* strategies of evaluation:

Alessandro- What do you do when your mother makes a complaint about the badante?

Anita- I try to make her talk, I ask her 'why are you not happy?' but if she is not able to express herself, if she cannot explain what she wants to say it is difficult... When she becomes nervous she cannot speak properly and I understand that there is not a real reason to explain why she doesn't like the badante. Because she is confused, she talks about people coming and going, people who go there to sleep and then leave the day after but those are my sisters with their partners. She doesn't recognise them anymore.

Similarly to Mara, Anita learned to ask specific questions to evaluate whether or not there is evidence behind the complaints of her mother. As Anita explains in the passage above, she approaches her mother in a calm way and she makes her talk, if she sees that she cannot explain why she is nervous, Anita understands that what her mother says may be not accurate. At this point a second important verification takes place with her father, whose feedback is considered more reliable:

'I rely on what my father says. I told him "dad, you have to tell me how she behaves. I don't care if she doesn't clean the mirrors or if she doesn't dust. You have to tell me if you are happy with her [...] You have to tell me if there is something that you would like to change, if there is something that you don't like, something that annoys you". He says that she is perfect, in the morning she wakes up early, she is always ready, willing to do the things, sweet. This is what convinces me to carry on as is' (Anita)

The passage above shows that through the feedback of her father, Anita comes to the conclusion that there is no real risk for her parents. As Anita says, what 'convinces' her to 'carry on' with this eldercare assistant is that their parents tell her that they are

'happy', that the eldercare assistant is 'willing to do the things', that she is 'sweet'. What the cases considered so far illustrate is that what 'care managers' monitor is that the house of their parents is permeated with positive emotions and that the eldercare assistant gives emotional care. In other words, they ensure that eldercare assistants are respecting the 'moral contract'. Another strategy used by the participants of this study to evaluate the quality of the care delivered by eldercare assistants is the strategy of making unexpected visits to the house of the elderly person. During these visits they observe and evaluate the emotional atmosphere in the house:

'Whenever you go there, even if you go there when they are not expecting you, you never find something out of place. You never find my mum looking unkempt' (Valeria)

Similarly to Valeria, Carlotta says:

'I go there when they don't expect it and I check that she (Carlotta's mother) is not neglected and that the house is not dirty' (Carlotta)

Through these 'unexpected' visits, care managers monitor the appearance of their elderly relatives (and that of their houses) and check it is the appearance of a well-cared-for elderly person. In other words, these family members 'check' that the elderly person and his/her house do not look 'abandoned'. Family members carry out unexpected visits to check that in the house of the elderly person there is nothing suspicious, nothing which could arise concern or worry, they ensure that in the house of the elderly person there are no signs of risk for the elderly person.

From the interviews with family employers it emerges that they paid particular attention to food in order to evaluate the quality of care received by their elderly relatives. Bruna, for instance, gives the eldercare assistant the responsibility for doing the grocery shopping with a fixed weekly budget and later checks the

fridge to monitor the quantity and the quality of the food bought by the eldercare assistant:

‘There is always the need for somebody who controls [...] le badanti vanno badate (eldercare assistants need to be supervised), because it could be that you give her a fixed budget and she just buys chicken wings with that money. Sometimes elderly people cannot express themselves due to a cognitive impairment, they are not going to ask you for a steak. So you may think that the elderly person is well kept because they are clean, but they only eat chicken wings’ (Bruna)

What Bruna wants to say in this passage is that, without a family member who monitors and supervises the work of the eldercare assistant, the eldercare assistant may take advantage of the situation, they may buy cheap food and keep a part of the weekly grocery budget for themselves at the expense of the elderly person’s health. This passage from Bruna’s interview also shows that trust in eldercare assistants is not unconditional, by contrast, it is subjected to systematic surveillance and control. The common expression used by family employers: *‘le badanti devono essere badante’* summarises well the essence of this system of control. This expression is a play on words which could be translated into English as ‘eldercare assistants need to be looked after’. The term *badare*, which originally comes from the activity of looking after animals, means ‘looking after’, ‘being attentive’ but it also means ‘being careful’, ‘controlling’, and ‘supervising’. In the context of the expression outlined above, the term *badare* has a negative connotation, it refers to the activity of ‘controlling’ and ‘supervising’, ensuring that eldercare assistants ‘behave well’, that they act as *brave badanti*. The term *badare* in this context refers to the activity of ‘paying attention’ to what eldercare assistants do, how they work but most importantly, to pay attention to ensure that they pay attention. As the following

passage from the interview with Angelica shows, the concept of ‘*badare la badante*’ is associated with ‘being present’:

Alessandro- What do you mean when you say that you need to badare la badante?

Angelica- Badare la badante means that you need to be always present. For instance, you don't give them money for the grocery shopping, you have to do the grocery shopping yourself.

In this passage Angelica is explicit, reporting the example of the grocery shopping she says that eldercare assistants cannot be trusted and for this reason the constant presence of a family member is needed. Also, other family members explained that part of their role as care managers was to monitor their eldercare assistants' attention to the grocery shopping budget. Damiano, for instance, praised his eldercare assistant because she is attentive to the needs of her mother and at the same time she pays attention to the economy of the house:

'She knows how to do the grocery shopping. This is important for the economy of the house, the badante and my mother live together... I give her 50 euros a week and she does the grocery shopping for both of them with that' (Damiano)

Similarly, Valeria says:

'She pays attention to everything, she does not waste food, she manages the shopping by herself. We never tell her what to buy but one thing is sure, in the house they always have all they need. She knows how to shop and she knows how to do it without spending a lot of money' (Valeria)

Other family members, like Anita, did not give to their eldercare assistants a fixed budget and preferred to do the grocery shopping themselves, nevertheless, they expected the eldercare assistant to make sure there was no wasting of food in the house:

‘One of the few things that I have asked her is “I beg you Lucilla to think about the food. In the sense that if I do the shopping you ensure that you don’t waste food...” she tells me what is left and I buy what is needed. If she tells me that there is no meat left I ask her what type of meat is finished and I buy what she tells me. Before this my parents used to waste a lot of food’ (Anita)

Carlotta, Angelica’s sister, also ensures that her mother’s eldercare assistant does not waste food:

‘Two days ago I came here, I opened the fridge and I found a container full of boiled apples. I had to tell her to cook only what she thinks is going to be consumed on the same day because we are wasting too much food’ (Carlotta)

Finally, another form of checking the work of eldercare assistants is the one exercised by neighbours. Angelica, for instance, recounted that she increased their ‘unexpected’ visits when her mother’s neighbours told her that they heard her mother arguing with the eldercare assistant:

‘I started to visit them without giving any notice when my mother’s neighbours started to tell us “look, pay attention because your mother and the badante are continuously arguing, they argue every day”’ (Angelica)

This passage from Angelica’s interview shows that, in small villages, neighbours can play an effective role in surveillance. This is also illustrated by the following passage, where Valeria talks about a negative experience she had with the substitute eldercare assistant employed to cover Elena while she was on holiday:

‘[The substitute eldercare assistant] did not talk to the neighbours and they had noticed that, so they told us “[This eldercare assistant] is not like Elena.” Furthermore, there was a lady that was always visiting my mother and when I met her in town she told me [...] “I am sorry but I am not visiting your mother anymore because when I go there I see that the badante is not happy”’ (Valeria)

Neighbours monitor the routines of the eldercare assistant, they monitor their behaviour towards the elderly person and ensure that the elderly person does not appear 'neglected' or 'abandoned'. In another passage of her interview, Valeria says that her mother's neighbours are able to evaluate whether eldercare assistants are 'clean' or not by checking how many times per week they hang the laundry outside the window. In the following passage Angelica recounts an incident which occurred to a neighbour of hers, which shows the consequences that lack of supervision could have on the elderly person:

'Near my mother's house there was a badante that was out all day. She cleaned in the morning and then she went out. She looked after an elderly woman that was bedridden and no longer in her right mind. This badante used to come back at one in the afternoon and at two she was already out, to only come back again at night to prepare the dinner. That elderly woman was alone all day, she didn't care that this elderly person could be thirsty or ill, she didn't care, she could have died for all she cared and the daughters of this lady knew about this situation but they didn't care either. They have never been present, not even during the weekend, on a Sunday, never' (Angelica)

This passage describes the monitoring activity that neighbours exercise on eldercare assistants, they notice when they go out, when they come back and evaluate whether the elderly person is to be considered 'abandoned' or not. This passage is also illustrative of the meaning of 'being present' in the phase post-employment. 'Being present' means preventing eldercare assistants from 'abandoning' the house of the elderly person, it means ensuring that the house of the elderly person does not turn into an unsafe place where elderly people are left alone, 'neglected' and 'unkempt'. In other words, 'being present' in the phase post-employment means for family members, in particular for care managers, being responsible for controlling the eldercare assistants and making sure they remain 'fixed' in the house of the elderly

person. Even though family employers pass on to eldercare assistants the responsibility of ‘not abandoning’ their elderly relatives, if the elderly person looks ‘abandoned’ they are the ones to be considered culpable. This activity of control contrasts with the tendency that family employers have for constructing the relationship with their eldercare assistants as ‘family-like’ relationships, and shows how trust for eldercare assistants, even when they have gone successfully through the adaptation process, is never unconditional. The following section examines what I have defined as the ‘strategy of minimum disruption’. According to this strategy, any decision concerning care for an elderly relative needs to cause the least possible disruption to the equilibrium reached by the family after the employment of a live-in eldercare assistant. The section shows that family employers prefer to ‘tolerate’ aspects of the work and behaviour of eldercare assistants that they do not like rather than employing a new eldercare assistant. In this way ‘tolerance’ becomes a technique for maintaining the stability of the social order of the migrant-in-the-family model.

7.5 The strategy of ‘minimum disruption’: ‘tolerance’ as a form of control

In this dissertation, I have argued that family members expect their eldercare assistant to adopt a calm attitude and provide care with affection in order to reproduce the type of care which is associated with love, home, family and safety. This type of care is the antithesis of institutional care, which on the contrary, is associated with inflexibility, danger and coldness. With their monitoring, family members make sure that the house of the elderly person does not resemble an institution. As Anita points out:

‘I was frightened to death by those kind of concentration camps that they call nursing homes or by those situations that sometimes you can see in the houses

of elderly people... often when I go to San Pietro¹⁶ (a town near Cura) I see some badanti that look like... I don't know... they look like Gestapo guards "get up, seat down, eat" (she yells with a German accent). I understand that with this kind of job you can lose control, but when I see these situations I get really annoyed. I mean, they are elderly people, they are frail and vulnerable. I know that an elderly person can be a real asshole, but that's the illness it's not their fault' (Anita)

Anita associates institutions to Nazi concentration camps and eldercare assistants to inflexible Gestapo guards (the official secret police of Nazi Germany). This dehumanised image of the house of the elderly person, with eldercare assistants treating elderly people like prisoners, is the antithesis of the type of care and behaviour that family members expect from eldercare assistants. Eldercare assistants are expected to 'tolerate' difficult behaviours. 'Calm' and 'tolerance' are the means through which family employers expect that their eldercare assistants will dissociate from the illness of the elderly person and provide care with affection, as Anita says in the passage above, if the elderly person behaves badly 'that's the illness, it's not their fault'. Similarly, Adele says:

'My cousins put a badante in the house for my aunt. She is good, but she is a bit too authoritarian. My aunt is affected by Alzheimer's, so obviously she has moments when she is calm and moments when she is nervous. When my aunt is nervous, the badante should be calmer with her, on the contrary she behaves in an authoritarian way and she makes my aunt become even more nervous, causing the situation to be worse' (Adele)

Nevertheless, according to the family members who participated in this study, 'tolerance' is also an attitude that family employers should have. However, the

¹⁶ Synonym

'tolerance' required by family members has a different meaning to the 'tolerance' required by eldercare assistants. The 'tolerance' of employers is related to what could be defined as the 'strategy of minimum disruption', a strategy according to which any decision concerning the care of an elderly relative has to lead to the minimum possible disruption of the equilibrium within the family which was reached after the employment of an eldercare assistant. In line with this strategy, family employers prefer to 'tolerate' behaviours and attitudes of eldercare assistants that they do not like (unless these behaviours and attitudes are related to serious issues like harassment, violence or robbery), rather than changing eldercare assistant. Changing eldercare assistant is considered undesirable because it entails a new process of adaptation, it entails embedding a new eldercare assistant at the centre of the caring network, teaching them how to work, correcting their ways of caring, all processes that would disrupt the 'peace of mind' reached by the family in the phase post-eldercare assistant. For this reason, the family members who covered the role of 'care managers' believed that there should be a margin of 'flexibility' in the management of eldercare assistants, and that control over the work of eldercare assistants should not be 'too strict.' In line with this, Bruna says that:

'My father was too meticulous at the beginning when he was with the first badante and there were always conflicts with the badante. The badante complained to my brother and we (Bruna and her sister) tried to calm the situation because if the badante left then everything would have fallen on us again (on Bruna and her sister). Maybe my father was looking at small things... like...how many times she dusted... but he didn't notice other things which were more important' (Bruna)

The role of Bruna as a care manager is the one of 'calming the situation' and avoiding conflicts, that is to say keeping the situation stable. Changing the eldercare

assistant is not a desirable solution because, as Bruna says in the passage above, if the eldercare assistant leaves, ‘everything falls’ on those who covered the role of primary caregivers in the phase pre-eldercare assistant. The void created by the departure of the eldercare assistant would drag them back to the centre of the caring network, at least for the period of time during which they look for a new eldercare assistant. The case of Bruna suggests that employers adopt this ‘tolerant’ attitude because if they are ‘too meticulous’, eldercare assistants may leave the job. The idea of ‘being tolerant’ to avoid major disruptions of the social order achieved in the phase post-employment is explained further in another passage of Bruna’s interview:

‘I met a person who worked as a director for a five-star hotel. He told me “when you work with employees, if you see something that is not right, sometimes it’s better to turn your head to the other way and you pretend that you haven’t seen it. Because if you make them notice that you have seen it, this thing will lead you to conflicts whose disadvantages are not comparable with the advantages that you will have if you pretend that you haven’t seen it”. You don’t care if she does small things that she shouldn’t do. It’s a matter of flexibility’ (Bruna)

In this passage Bruna is explicit, she considers eldercare assistants as employees and ‘tolerance’ as a technique to manage them. In this sense, it could be argued that ‘being tolerant’ is a technique used to avoid eldercare assistants adopting what Lutz (2008: 53) defines as a ‘distanced attitude’ to limit their emotional involvement. In other words, ‘tolerance’ can be interpreted as a technique used to avoid eldercare assistants terminating the ‘moral contract’. ‘Tolerance’, as Bruna says, ‘is a matter of flexibility’, and flexibility is essential for the smooth circulation of emotions through the affective economy of the family. ‘Flexibility’ avoids the generation of negative emotions which could leak out from the ‘space of care’ and disrupt the life

of the rest of the family. Similarly to Bruna, Angelica provides another example of 'tolerance' as a management technique:

'She doesn't clean properly... but I don't mind. She doesn't clean in depth like I do but what can you do? You just tolerate it...as my cousin Lisa says, "what can you do?" Do you change badante? You will have the same problems over and over again. In the sense that if you change badante you have to start everything from square one [...] You have to be tolerant because if you are too meticulous it's impossible...otherwise the alternative is the institution'
(Angelica)

As Angelica argues in the passage above, unless there is a serious issue it is not 'worth' changing eldercare assistant, because changing eldercare assistant would mean going back to the role of primary caregiver and starting a new period of adaptation to the risk of changing several eldercare assistants before reaching a new and stable equilibrium. The cases examined in this section show that eldercare assistants are not 'like' family members, by contrast they are 'tolerated' as 'family-like members'. Ngai (2005: 341-342) points out that:

'The object of tolerance in any affluent, market oriented democracy is perceived to be harmless or relatively unthreatening'

However, in the case of families who employ migrant eldercare assistants, the object of tolerance is perceived as an object that if excessively controlled could be threatening for the social order of the family. In this sense, 'tolerance' is part of the strategy through which employers control eldercare assistants. It could be defined a non-repressive or constructive form of control, through which family employers avoid a high turnover of eldercare assistants and in so doing preserve the stability of the migrant-in-the-family model. In this sense 'tolerance' is also an indicator of how families have become dependent on the work of migrant eldercare assistants. The cases analysed in this section suggest that eldercare assistants are 'tolerated' because

their role in the house of the elderly person is indispensable for normalising the caring situation, and for containing the negative emotions generated by the caring process in the 'space of care'. However, the 'tolerant' attitude of family employers also indicates that family employers want to maintain a separation between the boundaries of what is considered 'family' and what is not considered 'family'. Despite all the discourses about eldercare assistants being 'like part of the family', from the cases analysed in this section it emerges there is a distinction between an 'us' and a 'them'. The following passage from Paola's interview is illustrative of this:

'The last badante was really good, when my mother was hospitalised she stayed with her all the time. When the doctors told us that she was going to die, she said "I will wait until she dies and then I will leave" [...] This badante was the most sympathetic, the most compassionate, the most human but she always had me near her. She was always a bit controlled in what she did, if we had to give a medicine to mum I told her when she had to give it to her. I always set the boundaries of what she could and what she could not do' (Paola)

Paola considered the last eldercare assistant to be 'sympathetic', 'compassionate' and 'human', all characteristics associated with 'family care'. This eldercare assistant was considered *brava* because she did not abandon her mother when she was about to die, she stayed with the elderly woman until the moment she passed away. However, as Paola says, she 'always set the boundaries of what [the eldercare assistant] could do and what she could not do'. By setting these boundaries Paola kept her role of family member separated from that of the eldercare assistant as an employee. As Paola says in another passage of her interview, 'I have never allowed them to become the fulcrum of the family', meaning that she never allowed the eldercare assistant to become the most important actor of the family's caring

network. The case of Paola suggests that one of the purposes of 'being present' is to remind the eldercare assistant and the elderly person who is 'family' and who is not. A similar example is provided by Bruna, who argues that the family needs to be 'present' to ensure that the personal interests of the eldercare assistant do not overcome the interests of the elderly person:

'When control ends there is complete anarchy, because everyone thinks about their own interests. If nobody controls me why I should clean that corner of the room? At the end of the day this is not my house, do you understand? It is true that eldercare assistants live in the same house as the elderly person but it is not their house...Also in a normal family, where children live with their parents it's the same... When I was living with my parents I didn't care to clean or to change a lightbulb...Even though I lived there it was not my responsibility to change the lightbulb. With eldercare assistants it's the same thing' (Bruna)

From this passage it is possible to see how Bruna adopts a patronising approach where eldercare assistants must be controlled like a parent controls their children. In this passage, Bruna uses the Italian word *controllare* (in English 'to control') to say that the work of eldercare assistants needs to be managed and directed, as well as being checked and supervised. The reason for this control, according to Bruna, is that the responsibility felt by eldercare assistants is not the same to the one felt by family members. This hierarchy of differing types of responsibilities reflects the idea of the three overlapping circles of care described by Lynch (2007), where only the first circle, the circle of primary and intimate relations is characterised by strong attachment, interdependence and a deep level of intensity and engagement, while the relations between an eldercare assistant, elderly person and family members belong to the second circle which, compared to the first circle, is thought to have a lower level of responsibility, commitment and emotional involvement. 'Family like'

relationships are constructed to favour the emergence of a 'moral contract' according to which eldercare assistants will spontaneously provide 'love labour' (Lynch, 2007). Nevertheless, the activity of control over the work of eldercare assistants shows that the 'moral contract' does not lead to unconditional trust, neither does it lead eldercare assistants to be considered as part of the family.

7.6 Conclusions

This chapter has shown that the migrant-in-the-family model does not lead the primary caregivers of the family to lose their caring responsibilities. The families' primary caregivers continue to feel responsible for their elderly relatives, but the way in which they fulfil this responsibility changes compared to the phase pre-eldercare assistant. This change in caring responsibilities reflects a change in the meaning of care to them. While in the family-based model, caring has the meaning of 'being present' to meet the needs of an elderly relative, in the migrant-in-the-family model, caring means 'being present' to show to eldercare assistants who has authority and power in the household. Within this concept of care, attentiveness towards an elderly relative continues to be a way to give affection and keep elderly people connected to the affective economy of the family, but it also becomes part of a system of control over the work of live-in eldercare assistants.

This chapter has described the different techniques that family members use to monitor the work of eldercare assistants, arguing that these techniques are not used solely to assess the quality of care provided, but also to assess the level of risk in the house of the elderly person. The primary caregivers in a family detect the level of risk by monitoring small changes in the behaviour, body and environment of their elderly relatives. If the risk is high, then their physical presence in the house of the elderly person increases. Primary caregivers are those responsible for ensuring

that eldercare assistants respect the ‘moral contract’ and that care is provided according to the ethical principle of ‘not abandoning’. This activity of control contrasts with the tendency that family employers have for constructing the relationships with their eldercare assistants in terms of family-like relationships and suggests that ‘being present’ in the phase post-employment has the purpose of setting the boundaries between who is ‘family’ and who is not ‘family’. The findings reported in this chapter also show the moral dimension of the house of the elderly person a space where, as Näre (2014: 377) points out, migrant eldercare assistants ‘must conform to the moral order of the household’. In the house of the elderly person, family employers control that eldercare assistants behave in line with the ethic of ‘not abandoning’. However, control is not only exercised in a repressive way, but also in a constructive way. The tendency that family employers have for ‘tolerating’ behaviours and attitudes of their eldercare assistants that they do not like is an example of this constructive form of control. ‘Tolerance’ is used by family members to maintain the stability of the migrant-in-the-family model and avoid eldercare assistants adopting a ‘distanced attitude’ (Lutz, 2008) which would eventually lead to the termination of the ‘moral contract’ and/or to a change of eldercare assistant.

This chapter has shown that changing eldercare assistants is not a desirable solution for family members because it means starting a new process of adaptation and exposes primary caregivers to the risk of being dragged back to the centre of the caring network. Changing eldercare assistants leads to a disruption of the stability reached by the family in the phase post-employment, a stability that is achieved thanks to the ‘affective value’ (Gutierrez-Rodriguez, 2010) that migrant eldercare assistants generate by managing ‘negative emotions’ in the house of elderly people. However, the role covered by family primary caregivers in the phase post-

employment shows that not all family members benefit in the same way from this 'affective value'. It could be argued that the further a family member is from the centre of the caring network the more they will benefit from the 'affective value' generated by the work of migrant eldercare assistants. In other words, those who benefit most from the 'affective value' generated by migrant eldercare assistants are those family members that do not enter in contact with the 'space of care', except in a planned and sporadic way.

CHAPTER EIGHT. CONCLUSIONS

8.1 Introduction

How did the migrant-in-the-family model develop? And to what extent has the meaning of care changed during the transition from the family-based model to the migrant-in-the-family model? These were two of the questions addressed by this dissertation. Regarding the development of the migrant-in-the-family model, this dissertation argues that this model has been encouraged by the absence of reforms within the eldercare sector. In the face of a dramatic ageing of the population and the increasing participation of Italian women in the labour market, the Italian eldercare regime has remained a regime *familialistic by default* (Naldini et al., 2016), meaning that the Italian state has not strengthened the role of the family through *familialistic* policies, nor has it supported the caring function of the family through any kind of *de-familialising* policy (Leitner, 2003). However, the Italian state has indirectly sustained this model through the implementation of migration reforms which have guaranteed a special position to migrant workers heading for the private care market. In doing so, the Italian state has avoided important and expensive reforms in the eldercare sector.

The other important factor which has favoured the development of the migrant-in-the-family model has been the *indennità di accompagnamento*. As discussed in Chapter Four, the *indennità di accompagnamento* is a flat rate monthly allowance which can be used at the discretion of the beneficiary and the fact that Italian families use this allowance to adopt the migrant-in-the-family model instead of strategies that could lead to a higher degree of *de-familialisation*, seems to confirm what is argued by scholars like Degiuli (2010), who pointed out that the success of this model is its compatibility with ‘traditional’ understandings of family

responsibility and care. However, this dissertation, through examining the experiences of families and carers has shown that the 'traditional' meaning and understanding of family care in Italy has changed to justify the development of a care model, the migrant-in-the-family model, which is compatible with the social and economic changes occurring in society but that also reproduces the same gender inequalities that characterised the family-based model.

This concluding chapter summarises the main findings of this dissertation and reflects on how these findings contribute to the knowledge of the migrant-in-the-family model. The chapter is divided into three sections. The first section illustrates the findings about the spatial organisation of care before and after the employment of a live-in migrant eldercare assistant. The second section illustrates the findings about the moral dimension of the relationship between family employers and migrant eldercare assistants and also includes a discussion about the role of family primary caregivers in the migrant-in-the-family model. Finally, the last section highlights the key characteristics of the migrant-in-the-family model and suggests directions for further research.

8.2 The spatial organisation of the migrant-in-the-family model

The findings of this study confirm the model outlined by Finch and Mason (1993), which argues that family responsibilities are distributed according to the 'legitimate excuses' that family members can provide to limit their involvement in the care of an elderly relative. For each member who provides a legitimate excuse there is another member who moves towards the centre of the caring network. I have argued that this negotiation does not only allocate care responsibilities but also what Tronto (2013) defines as 'privileged irresponsibility', that is to say 'passes out' from care. This dissertation contributes to this literature by showing that the negotiation and

allocation of care responsibilities within families who adopt the migrant-in-the-family model also has a spatial dimension. The process through which the family identifies its primary caregiver coincides with the process through which the house of the elderly person is constructed as the 'proper' space where care needs to be provided, a space which should be kept separate from the spaces where the rest of the family should live its life as normally as possible. The process through which the 'space of care' is separated from the 'space of home' also has an emotional dimension. Chapter Five has shown that when elderly people become non self-sufficient their house assumes characteristics that contrast with the idea of the 'home' as a place of comfort, protection, safety, independence and in general positive emotions (Williams, 2002; Duyvendak, 2011, Weicht, 2015). When this transformation occurs, primary caregivers become the node that connects elderly people to the 'affective economy' (Ahmed, 2004) of the family. Furthermore, they act as 'control valves' which manage and contain the negative emotions generated by the process of care in the house of the elderly person. Acting as 'control valves', family primary caregivers ensure that the 'space of home' remains a 'therapeutic place' (Gesler, 1996), that is to say a place where family members can relax, re-energise and consequently become efficient producers.

Although this separation between 'spaces of care' and 'spaces of home' may appear to be an irrelevant detail, it is not because it highlights what Näre (2013: 192) defines as a 'discrepancy between the cultural values of familialism [...] and the actual practice of familialism'. As a matter of fact, the principle of 'not abandoning', which is at the base of the Italian culture of care, entails maintaining elderly people's connection to the 'affective economy' of the family while the choice to exclude a cohabitation strategy distances elderly people from the 'affective economy' of the family. By separating these two spaces, primary caregivers live in-

between two main responsibilities, the responsibility of ‘not abandoning’ their elderly relatives, which entails closeness, and the responsibility of ‘not abandoning’ their own families (or their jobs), which entails distance. The findings reported in Chapter Five have demonstrated that the conflict between closeness and distance generates a tension which eventually leads primary caregivers to be unable to act as ‘control valves’ for the negative emotions generated by the process of caring. When this happens the boundaries between ‘space of care’ and ‘space of home’ blur and negative emotions start circulating in the family caring network, also affecting those family members that until that moment had experienced ‘privileged irresponsibility’.

This moment, which was described by the participants of this study as a ‘crisis point’, led the families to an explicit negotiation to re-allocate care responsibilities. Nevertheless, this new negotiation does not lead to a more democratic distribution of care responsibilities within the family, by contrast it leads to the employment of a live-in migrant eldercare assistant who is inserted into the house of the elderly person and is expected to replace the primary caregiver of the family in their role as a ‘control valve’ for negative emotions. In this way the migrant-in-the-family model reproduces the same gender inequalities of the family-based model. As a matter of fact, within the migrant-in-the-family model usually one group of women (Italian women) leaves the house of the elderly person to participate in the labour market, or to fulfil other responsibilities, but they are substituted by another group of women (live-in migrant eldercare assistants). The following section illustrates the findings about the moral relationship between family primary caregivers and live-in migrant eldercare assistants.

8.3 The ‘moral contract’ and the responsibility of ‘not abandoning’

How do family employers and migrant eldercare assistants negotiate and make sense of their relationship? This was another important question addressed by this dissertation. Yet, before answering this question it is necessary to consider two problems posed by the insertion of a migrant eldercare assistant into the house of an elderly relative. Firstly, the problem of how family members make sense of commodified relationships once they are inserted into the house of the elderly person. Secondly the problem of how family members can fulfil the responsibility of ‘not abandoning’ after the employment of a live-in migrant eldercare assistant. This dissertation has demonstrated that these two problems are strongly interrelated and that family primary caregivers attempt to solve them by constructing the relationship with their eldercare assistants in terms of family-like relationships. In doing so, family primary caregivers create the conditions for establishing a ‘moral contract’ according to which migrant eldercare assistants are expected to fulfil the responsibility of ‘not abandoning’. This confirms the findings of other studies which have demonstrated how the relationship between family employers and migrant care workers is constructed in order to have a moral dimension (Karner, 1998; Lutz, 2008; Hoff et al., 2010; Näre, 2013; Weicht, 2010, 2015; Baldassar et al., 2017). The findings of this dissertation show that the construction of this moral relationship starts with the selection of the ‘right’ eldercare assistant to be inserted into the house of the elderly person.

Chapter Six has shown that family employers do not only look for an eldercare assistant, they look for a *brava* eldercare assistant, that is an eldercare assistant with moral characteristics which minimise the risks associated with the insertion of an individual who is ‘stranger’ to the family into a site, the house of the elderly person, which according to the Italian culture of care should only be

inhabited by family members. A *brava* eldercare assistant is an eldercare assistant able to do the practical work of caring well, but also one who has the moral characteristics which make her suitable for developing a responsibility for ‘not abandoning’ the elderly person. From the findings of this research it emerges that the ideal *brava* eldercare assistant is a white woman in her forties to fifties, married but whose husband and children are not in Italy, and with ‘a good reputation’. The reputation of the eldercare assistant is valued more than her qualifications and is related to moral qualities like decency, having nice manners, reliability, honesty, and trustworthiness. In other words the *brava* eldercare assistant is a surrogate of the ‘ideal daughter’ who should ‘devote’ herself to the care of the elderly person. This dissertation supports the findings of studies, like those conducted by Näre (2011), which have demonstrated how family employers expect their eldercare assistants to provide care as an act of gratitude and not just for economic profit, and adds to these findings by showing that family employers also expect their eldercare assistants to stay with their elderly relatives until they pass away. This expectation creates a sort of ‘moral indenture’ which affects the labour context and the life of live-in eldercare assistants.

Chapter Six has shown that whenever eldercare assistants want to detach from the ‘space of care’ they are expected to find a *brava* substitute, that is to say a substitute who has the moral characteristics necessary to replace them in the house of the elderly person. This shows how ideas, norms and beliefs concerning elderly care in Italy shape the labour context and the life of migrant eldercare assistants. This moral dimension to the ‘space of care’ supports Näre’s (2014: 377) argument, according to which the house of the employer of migrant care workers becomes a ‘moral space of contact’ where migrant care workers ‘must conform to the moral order of the household’. An interesting finding of this study is that when eldercare

assistants are away for their holidays they continue to fulfil their responsibility of 'not-abandoning' at a distance; by telephoning the elderly person, they monitor and control the work of their substitutes. In this way they remain 'present' in the house of the elderly person, providing emotional and moral support. The emotional support that eldercare assistants provide while they are physically absent from the house of the elderly person shows that the 'moral contract' extends across national borders for the period of time in which eldercare assistants are on holiday, generating what could be defined as a 'transnational family-like relationship'. The question that we need to pose is, who benefits from this form of moral exploitation?

This form of 'moral indenture' is functional for the family, helping them to achieve a higher degree of 'affective value' (Gutierrez-Rodriguez, 2010) compared with that generated by classic forms of economic exploitation. In Chapter Two it was argued that migration regimes can create the conditions for what Macklin (1994: 30) calls a 'semi-indentured servitude'. They can foster the formation of informal care markets where care workers work without a contract or a regular stay permit, and thus can be threatened with deportation by their employers if they refuse to accept poor working conditions. However, a 'semi-indentured servitude' cannot guarantee that migrant eldercare assistants will provide that aspect of care which is not commodifiable, that is to say 'love labouring' (Lynch, 2007). By contrast, a 'moral indenture' allows family employers to limit the mobility of their eldercare assistants without compromising the provision of 'love labour'. This suggests that the 'moral contract' and the transformation of working relationships into family-like relationships are techniques used by family employers to limit the mobility of eldercare assistants, in particular of those migrant eldercare assistants who come from EU countries and who do not need a visa or a stay permit to live and work in Italy. This form of moral manipulation shows that the relationships between family

members and migrant eldercare assistants are not 'like' family relationships, this is also confirmed by the findings reported in Chapter Seven, which have demonstrated how one of the main duties of family primary caregivers in the phase post-eldercare assistant is one of ensuring that eldercare assistants respect the 'moral contract'.

The findings of this dissertation confirm the literature on migrant domestic work which has demonstrated that after the employment of an eldercare assistant, family members go from primary caregivers to care managers (Anderson, 2000; Da Roit, 2007; Da Roit and Naldini, 2010; Gutierrez-Rodriguez, 2010; Ambrosini, 2016) and it contributes to this literature by showing that a key role of care managers is one of 'being present' in the house of the elderly person to ensure that eldercare assistants respect the 'moral contract' and that care is provided according to the ethics of 'not abandoning'. The findings of this research shows that the transition of family members from the role of primary caregivers to the role of 'care managers' is accompanied by a change in the meaning of care; while care in the family-based model means 'being present' to meet the needs of an elderly relative, within the migrant-in-the-family model, 'being present' means controlling the work of eldercare assistants. Chapter Seven has also shown that control is not only exercised in a repressive way but also in a constructive way. The technique of 'tolerating' behaviours and attitudes that family employers do not like about their eldercare assistants is an example of this 'constructive' form of control. With this technique, family employers avoid eldercare assistants adopting a 'distanced attitude' (Lutz, 2008: 53) but most importantly they avoid a high turnover of eldercare assistants which would undermine the stability of the migrant-in-the-family model.

Changing eldercare assistant is not desirable for the family because without migrant eldercare assistants who act as 'control valves' for the negative emotions

generated by the process of caring, these emotions would leak out from the 'space of care', disrupting the peace of mind of those who live in the 'space of the home'. When and if this happens, 'care managers' are dragged back to the role of primary caregivers, at least for the period in which they look for another live-in eldercare assistant. This seems to explain why family employers expect their eldercare assistants to find a substitute if they want to leave their job or even if they want to go on holiday. However, this also shows that the transition from the role of primary caregiver to the role of care manager is not a permanent transition and that family primary caregivers are still considered those responsible for guaranteeing that their elderly relatives are 'not abandoned'. If the eldercare assistant does not respect the 'moral contract', family primary caregivers are considered responsible. Following this line of thought, it can be argued that the migrant-in-the-family model allows for the sustainability of the 'adult worker model' (Sainsbury, 1999; Daly and Lewis, 2000) where both partners of the household are expected to participate in the labour market but the 'pass out' (Tronto, 2013) from care responsibility earned by men and women is not the same. As a matter of fact, the findings of this study show that the 'pass out' earned by the primary caregivers of the family, who are in the large majority women, is partial and precarious compared to that earned by their male partners. In this way, the migrant-in-the-family model not only reproduces the same gender inequalities which characterise the family-based model but reinforces the 'privileged irresponsibility' (Tronto, 2013) of those family members who do not enter into contact with the 'space of care' except in a planned and sporadic way. The following section highlights the key characteristics of the migrant-in-the-family model, and suggests policy interventions that could improve the working conditions of live-in migrant eldercare assistants.

8.4 Concluding remarks

The concept of the migrant-in-the-family model has been widely used in the literature on migrant domestic work, but what are the characteristics of this model? From the findings of this dissertation it emerges that the migrant-in-the-family model of elderly care presents the following four characteristics: 1) It ensures a separation between 'space of care' and the 'space of home'; 2) It allows the embedment of a 'fixed' eldercare assistant into the 'space of care'; 3) It increases the autonomy and freedom of movement of family members, especially for those who are positioned at the periphery of the family caring network; 4) It allows the implementation of a system of control over the 'space of care'. These four characteristics are closely interrelated and coexist in order to reproduce an idea of care which family members consider coherent with the responsibility of 'not abandoning'. This seems to confirm what was stated by Rugolotto et al. (2017: 194), according to whom migrant eldercare assistants 'help Italian families to remain Italian'. However, the four characteristics outlined above show that, although care within this model is still considered by family members as 'home care', the migrant-in-the-family model has led to a form of institutionalisation of the house of elderly people. As a matter of fact, within this model there is a specific definition of the space where care is provided (a space separated from the spaces where the rest of the family lives), there is a specific definition of the roles of those involved in the caring process and a hierarchy of power relationships which are regulated by specific social and moral norms.

The fact that this form of institutionalisation is considered to be in line with 'traditional' ideas of family care shows that what we consider as 'traditional' is 'invented and reinvented' over time (Giddens, 1999: 40). As Giddens (1999: 39) points out, the word tradition comes from the Latin word 'tradere' which means 'to

transmit, or give something to another for safekeeping'. However, like in a Chinese whispers game, when ideas, beliefs, practises and knowledge are 'transmitted' from one generation to the other they change in meaning and adapt to the changes occurring in society, in particular to the changes occurring in the economy and in the production system. Although Italy, from a macro-level perspective, is still considered a country characterised by a familialistic care regime (Caterino et al. 2013; Naldini et al., 2016), an analysis of care practices at the micro-level of the family shows that the Italian 'familism' is not static. On the contrary, it changes and adapts to the new demands of social life. As stated by Da Roit and Facchini (2010: 12), the success of the migrant-in-the-family model relies on the fact that this model helps Italian families to make 'the transition from informal care to commoditised care less traumatic', in other words, it helps to reproduce a sense of continuity with 'traditional' forms of family care that no longer exist. It will be for future research to investigate the extent to which the migrant-in-the-family model is sustainable, or if it just represents an intermediate stage in the transition towards more institutionalised forms of elderly care such as those provided in nursing homes or hospices. The sustainability of the migrant-in-the-family model will depend on the availability of migrant women willing and able to this job. At the moment, Romanian migrants are the biggest national group employed in the domestic sector in Italy, however it is probable that in the future they will use their EU citizenship to find other jobs and work in other sectors. If this happens, who will replace them? On this point, research is needed to explore the extent to which the so-called refugee crisis will affect the Italian elderly care sector. Will refugee women be incorporated into the Italian elderly care sector?

More comparative research is also needed to understand the extent to which the characteristics of the migrant-in-the-family model outlined in this dissertation

are particular only to the Italian context or if we can find similar traits in other countries where this model has developed. Apart from Italy, the migrant-in-the-family model of elderly care has developed in Southern European countries like Spain (Leon, 2010) and Greece (Lyberaki, 2008). However, the studies conducted by Lutz and Palenga-Möllnbeck (2010) and Lutz (2017) have demonstrated that this model is also developing in Austria and Germany. A comparative study between countries belonging to different welfare regimes (Leitner, 2003) would help to understand why this model is also becoming popular in countries where elderly care services have traditionally been more developed compared to those provided in ‘familialistic care regimes’ (Naldini et al., 2016).

Finally, further research is required to explore the role that the migrant-in-the-family model plays in the process that Barbagli (2018) defines as the ‘institutionalisation of death’. This dissertation has argued that the separation between ‘space of home’ and ‘space of care’ which characterises the migrant-in-the-family model is similar to the separation between ‘spaces of life’ and ‘spaces of death’ occurring in countries where the majority of elderly people die in institutions (Hockey, 1990; Lloyd, 2004; Barbagli, 2018). However, more qualitative research is needed to explore the extent to which the meaning of ‘dying at home’ is changing within families who employ live-in migrant eldercare assistants.

BIBLIOGRAPHY

- Ahmed, S. (2004) *The cultural politics of emotions*. Edinburgh: Edinburgh University Press Ltd.
- Alcock, P. (2008) *Social Policy in Britain*, 3rd edition, Houndmills: Palgrave Macmillan.
- Aleman, C. (2004) 'Le colf: Ansie e desideri delle datrici di lavoro'. *Polis*, 18(1): 137-166.
- Altman, M. Pannell, K. (2012) 'Policy gaps and theories gaps: women and migrant domestic labor'. *Feminist Economics*, 18(2): 291-315.
- Ambrosini, M. (2016) 'Employers as "care manager": Contracts, emotions and mutual obligations within Italy's invisible welfare systems', in A. Triandafyllidou, S. Marchetti (eds.) *Employers, Agencies and Immigration. Paying for Care*. New York: Routledge: 17-35.
- Andall, J. (1995) 'Migrant women and gender role redefinition in the Italian context'. *Journal of Area Studies*, 3(6): 203-215.
- Andall, J. (2000) *Gender, Migration and Domestic Service. The politics of black women in Italy*. Aldershot: Ashgate.
- Anderson, B. (2000) *Doing the dirty work?: The global politics of domestic labour*. London: Zed Books.
- Anderson, B. (2007) 'A very private business: Exploring the demand for migrant workers'. *European Journal of Women's Studies*, 14(3): 247-264.

Anderson, B. (2010) 'Migration, immigration controls and the fashioning of precarious workers'. *Work, Employment and Society*, 22(4): 300-317.

Anderson, B. Rogaly, B. (2005) *Forced Labour and Migration to the UK*. Oxford: Centre for Migration, Policy and Society and the Trades Union Congress.

Anghel, R. G. (2008) 'Changing statuses: freedom of movement, locality and transnationality of irregular migrants in Milan'. *Journal of Ethnic and Migration Studies*, 34(5): 787-802.

Anghel, R. G. (2011) 'From irregular migrants to fellow Europeans: Changes in Romanian migratory flows', in M. Bommers, G. Sciortino (eds.) *Foggy social structures: irregular migration, European labour markets and the welfare state*. Amsterdam: University Press: 22-43.

Anthias, F. Kontos, M. Morokvasic-Müller, M. (2013) *Paradoxes of Integration: Female Migrants in Europe*. London: Springer.

Arts, W. and Gelissen, J. (2002) 'Three worlds of welfare capitalism or more? A state-of-the-art report'. *Journal of European Social Policy*, 12(2): 137-159.

Attride-Stirling, J. (2001) 'Thematic networks: an analytic tool for qualitative research'. *Qualitative Research*, 1(3): 385-405.

Bagnoli, A. (2009) 'Beyond the standard interview: the use of graphic elicitation and arts-based methods'. *Qualitative Research*, 9(5): 547-570.

Bahr, H. M. Bahr, K. S. (2001) 'Families and self-sacrifice: Alternative models and meanings for family theory'. *Social Forces*, 79(4): 1231-1258.

Bakan, A. Stasiulis, D. Stasiulis, D.K. (1997) *Not One of the Family: Foreign Domestic Workers in Canada*. Toronto: University of Toronto Press.

Baldassar, L. (2007) 'Transnational families and the provision of moral and emotional support: the relationship between truth and distance'. *Identities: Global Studies in Culture and Power*, 14(4): 385-409.

Baldassar, L. Baldock, C. Wilding, R. (2007) *Families Caring Across Borders. Migration, Ageing and Transnational Caregiving*. Houndmills: Palgrave.

Baldassar, L. Ferrero, L. Portis, L. (2017) 'More like a daughter than an employee: The kinning process between migrant care workers, elderly care receivers and their extended families'. *Identities: Global Studies in Culture and Power*, 24(5): 524-541.

Baldoni, E. (2010) 'La Migracion de Rumania: Nuevos y antiguos escenarios para la movilidad'. *Obets. Revista de Ciencias Sociales*, 5(2): 175-199.

Barbagli, M. (2018) *Alla Fine della Vita. Morire in Italia e in altri paesi occidentali*. Bologna: Il Mulino.

Basch, L. Schiller, G.N. Blanc, C.S. (1994) *Nations Unborn: Transnational Projects, Post-Colonial Predicaments and Deterritorialized Nation States*. New York: Gordon and Breach.

Bauman, Z. (1991) *Modernity and Ambivalence*. Cambridge: Polity Press.

Bauman, Z. (2004) *Wasted Lives. Modernity and its Outcasts*. Cambridge: Polity Press.

Beck, U. (1992) *Risk Society. Towards a New Modernity*. London: Sage.

Beck, U. and Beck-Gernsheim, E. (2002) *Individualization*. London: Sage.

- Bettio, F. Simonazzi, A. Villa, P. (2006) 'Change in care regimes and female migration: The care drain in the Mediterranean'. *Journal of European Social Policy*, 16(3): 271-284.
- Bettio, F. Plantenga, J. (2004) 'Comparing care regimes in Europe'. *Feminist Economics*, 10(1): 85-113.
- Bevir, M. (2011) 'Governance and governmentality after neoliberalism'. *Policy & Politics*, 39(4): 457-71.
- Bhabha, H. (1984) 'Of Mimicry and man: The ambivalence of colonial discourse'. *October*, 28: 125-133.
- Black, H. K. (2004) 'Moral imagination in long-term care workers'. *Omega*, 49(4): 299-320.
- Blaikie, N. (2008) *Approaches to Social Enquiry. 2nd Edition*. Cambridge: Polity Press.
- Blaikie, N. (2009) *Designing Social Research. The Logic of Anticipation*. Cambridge: Polity Press.
- Blunt, A. Dowling, R. (2006) *Home*. Abingdon: Routledge.
- Bommes, M. (2006) 'Migration and migration research in Germany', in E. Vasta, V. Vuddamalay (eds.) *International Migration and the Social Sciences: Confronting National Experiences in Australia, France and Germany*. Houndmills, Basingstoke: Palgrave Macmillan: 143-221.
- Bonoli, G. (1997) 'Classifying welfare states: A two-dimension approach'. *Journal of Social Policy*, 26(3): 351-372.

Bonsang, E. (2009). 'Does informal care from children to their elderly parents substitute for formal care in Europe?'. *Journal of Health Economics*, 28(1): 143-154.

Borchorst A. (1994) 'Welfare state regimes, women's interest and the EC', in D. Sainsbury (ed.) *Gender and Welfare State Regimes*. Oxford: Oxford University Press: 26-44.

Borjas, G.J. (1989) 'Economic theory and international migration'. *International Migration Review*, 23(3): 457-485.

Bourdieu, P. (1984) *Distinction: A Social Critique of the Judgement of Taste*. Cambridge, MA: Harvard University Press.

Bourdieu, P. Wacquant, L. (1992) *An Invitation to Reflexive Sociology*. Chicago: University of Chicago Press.

Bourdieu, P. (2003) 'Participant objectivation: The Huxley medal lecture'. *Journal of the Royal Anthropological Institute*, 9(2): 281-294.

Bowers, B.J (1988) 'Family perceptions of care in a nursing home'. *The Gerontologist*, 28(3): 261-268.

Braudel, F. (1982) *The wheels of Commerce*. New York: Harper and Row.

Brennan, D. Cass, B. Himmelweit, S. (2012) 'The Marketisation of care: Rationales and consequences in Nordic and liberal care regimes'. *Journal of European Social Policy*, 22(4): 377-391.

Bryceson, D. and Vuorela, U. (2002) *The Transnational Family. New European Frontiers and Global Networks*. Oxford: Berg.

- Burridge, L. Winch, S. Clavarino, A. (2007) 'Reluctance to care: a systematic review and development of a conceptual framework'. *Cancer nursing*, 30(2): 9-19.
- Cahill, S. (1999) 'Caring in families: What motivates wives, daughters, and daughters-in-law to provide dementia care?'. *Journal of Family Studies*, 5(2): 235-247.
- Campani, G. (2000) 'Immigrant women in southern Europe: Social exclusion, domestic work and prostitution in Italy', in R. King, G. Lazaridis and C. Tsardanidis (eds.) *Eldorado or Fortress? Migration in Southern Europe*. New York: St. Martin's Press: 145-169.
- Campani, G. Chiappelli, T. Cabral. I. Manetti, A. (2006) *Mapping policies affecting female migrants and policy analysis: The Italian case* (Working Paper No. 6-WP1), FeMiPol Project. Available at: http://www.femipol.uni-frankfurt.de/docs/working_papers/wp1/Italy.pdf (accessed 03 Dec 2017).
- Campbell, L. D. Carroll, M. P. (2007) 'The incomplete revolution. Theorizing gender when studying men who provide care to ageing parents'. *Men and Masculinities*, 9(4): 491-508.
- Caritas Migrantes (2008) *Immigrazione, Dossier Statistico 2008*. Roma: Caritas Migrantes.
- Cash, B. Hodgkin, S. Warburton, J. (2013) 'Till Death Us Do Part? A Critical Analysis of Obligation and Choice for Spousal Caregivers'. *Journal of Gerontological Social Work*, 56(8): 657-674.
- Cassese, S. (1996) 'Le privatizzazioni in Italia'. *Stato e Mercato*, 47(2): 323-349.

Castles, F. (1993). *Family of Nations. Patterns of Public Policy in Western Democracies*. Aldershot: Dartmouth Publishing Company.

Castles, F. (1998). *The comparative History of Public Policy*. New York: Oxford University Press.

Castles, F. and Mitchell, D. (1992) 'Identifying Welfare State Regimes: The Links Between Politics, Instruments and Outcomes'. *Governance*, 5(1): 1-26.

Castles, S. Miller, M. (1993) *The Age of Migration*. New York: Macmillan.

Catanzaro, R. Colombo, A. (2009) *Badanti and Co. Il lavoro domestico straniero in Italia*. Bologna: Il Mulino.

Catarino, C. Kontos, M. Shinozaki, K. Anthias, F. (2013) 'Family matters: Migrant domestic and care work and the issue of recognition', in F. Anthias, M. Kontos, M. Morokvasic-Müller (eds.) *Paradoxes of Integration: Female Migrants in Europe*. London: Springer: 133-152.

Chodorow, N. (1978), *The Reproduction of Mothering*, London: CIS.

Cicirelli, V. G. (1984) 'Marital disruption and adult children's perceptions of their siblings' help to elderly parents'. *Family relations*, 33(4): 613-621.

Cingolani, P. (2009) *Romeni d'Italia. Migrazioni, vita quotidiana e legami transnazionali*. Bologna: Il Mulino.

Cingolani, P. Piperno, F. (2005) 'Il prossimo anno, a casa'. Radicamento, rientro e percorsi translocali: il caso delle reti migratorie Marginea-Torino e Focșani-Roma'. CeSPI e FIERI, Programma MigraCtion 2004-2005.

Cohen, S. (2002) *Folk Devils and Moral Panics. The creation of the Mods and Rockets. 3rd Edition*. London: Routledge.

Coffey, A. Atkinson, P. (1996) *Making sense of qualitative data*. London: Sage.

Colombo, A. (2010) 'They call me housekeeper but I do everything. Who are domestic workers in Italy and what they do?'. *Journal of Modern Italian Studies*, 12(2): 207-237.

Coloquitt, J. A. Rodell, J.B. (2011) 'Justice, trust, and trustworthiness: a longitudinal analysis integrating three theoretical perspectives'. *Academy of Management Journal*, 54(6): 1183-1206.

Connell, R. W. (2005) *Masculinities. 2nd Edition*. London: Polity.

Connidis, I.A. (2007) 'Negotiating inequality among adult siblings: Two case studies'. *Journal of Marriage and Family*, 69(2): 482-499.

Constant, A. Zimmerman, K. F. (2003) Circular Movements and Time Away from the Host Country. London: *Centre for Economic Policy Research, Discussion Paper 960*. Available at: <https://www.econstor.eu/bitstream/10419/20196/1/dp960.pdf> (accessed 18 May 2017).

Creswell, J. W. (2007) *Qualitative Inquiry and Research Design: choosing among five approaches*. London: Sage.

Crotty, M. (1998) *The foundations of social research. Meaning and perspective in the research process*. Crows Nest, Australia: Allen & Unwin.

Dalla Costa, M. James, S. (1972) *The Power of Women and the Subversion of the Community*. Bristol: Falling Wall Press.

Dalla Zuanna, G. and Weber, G. (2011) *Cose da non credere. Il senso comune alla prova dei numeri*. Rome: Editori Laterza.

Daly, K. (1996) *Families and time: Keeping Pace in a Hurried Culture*. Beverly Hills, CA: Sage.

Daly, M. (1994) 'Comparing welfare states: Towards a gender-friendly approach', in D. Sainsbury (ed.) *Gender and Welfare State Regimes*. London: Sage: 101-117.

Daly, M. Lewis, J. (2000) 'The concept of social care and the analysis of contemporary welfare states'. *British Journal of Sociology*, 51(2): 281-298.

Da Roit, B. (2007) 'Changing intergenerational solidarities within families in a Mediterranean welfare state: elderly care in Italy'. *Current Sociology*, 55(2): 251-269.

Da Roit, B. (2010) *Strategies of Care. Changing Elderly Care in Italy and the Netherlands*. Amsterdam: Amsterdam University Press.

Da Roit, B. Gori, C. (2002) 'Le politiche pubbliche in Italia', in C. Gori (ed.) *Il Welfare Nascosto. Il Mercato Privato Dell' assistenza in Italia e in Europa*. Roma: Carocci Editore: 113-139.

Da Roit, B. Le Bihan, B. (2010) 'Similar and yet so different: cash-for-care in six European countries' long term care policies'. *Milbank Quarterly*, 88(3): 286-309.

Da Roit, B. Facchini, C. (2010) *Anziani e Badanti. Le Differenti Condizioni di chi è Accudito e di chi Accudisce*. Milano: Franco Angeli.

Da Roit, B. Naldini, M. (2010) 'Should I stay or should I go? Combining work and care for an older parent in Italy'. *South European Society and Politics*, 15(4): 531-551.

Davies, S. (2005) 'Meleis's theory of nursing home transition and relatives' experiences of nursing home entry'. *Journal of advanced nursing*, 52(6): 658-671.

Davies, S. Nolan, M. (2004) 'Making the move: relatives' experiences of the transition to a care home'. *Health and Social Care*, 12(6): 517-526.

Dayton-Johnson, J. (2007) *Gaining from Migration: Towards a New Mobility System*. Paris: OECD.

De Bonis, A. (2005) 'Processi di sostituzione degli immigrati di diversa origine nel mercato del lavoro agricolo', in G. Sivini (ed.) *Le migrazioni tra ordine imperial e soggettività*. Soveria Mannelli: Rubbettino: 157-178.

Degiuli, F. (2007) 'A job with no boundaries'. *European Journal of Women's studies*, 14(3): 183-207.

Degiuli, F. (2010) 'The burden of long-term care: how Italian family care-givers become employers'. *Ageing and Society*, 30(5): 755-777.

Degiuli, F. (2011) 'Labouring lives: the making of home eldercare assistants in Italy'. *Modern Italy*, 16(3): 345-361.

de Haas, H. (2010) 'The internal dynamics of migration processes: A theoretical inquiry'. *Journal of Ethnic and Migration Studies*, 36(10): 1587-617.

Dell' Oste, C. (2007) 'La Colf in Italia vale 11 miliardi'. *Il Sole 24 Ore*, 2 April.

Doyle, M. Timonen, V. (2010) 'Obligations, ambitions, calculations: Migrant care workers' negotiation of work, career, and family responsibilities'. *Social Politics*, 17(1): 29-52.

Duncan, S. (2005) 'Mothering, class and rationality'. *Sociological Review*, 53(2): 50-76.

Duncan, S. Edwards, R. (1998) *Lone Mothers and Paid Work: Discourses, Contexts and Actions*. London: Macmillan.

Duyvendak, J. (2011) *The Politics of Home: Belonging and Nostalgia in Western Europe and the United States*. Basingstoke: Palgrave Macmillan.

Egdell, V. (2013) 'Who cares? Managing obligation and responsibility across the changing landscapes of informal dementia care'. *Ageing and Society*, 33(5): 888-907.

Ehrenreich, B. Hochschild, A. R. (2002) *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*. New York: Metropolitan Books.

Emmel, N. (2013) *Sampling and Choosing Cases in Qualitative Research: A realist approach*. London: Sage.

Emmel, N. Hughes, K. Greenhalgh, J. Sales, A. (2007) 'Accessing socially excluded people - Trust and the gatekeeper in the researcher-participant relationship'. *Sociological Research Online*, 12(2). Available at: <http://www.socresonline.org.uk/12/2/emmel.html>.

Emmel, N. Clark, A. (2009) *The methods used in connected lives: Investigating networks, neighbourhoods and communities*. ESRC. National Centre for Research Methods. Available at: http://eprints.ncrm.ac.uk/800/1/2009_connected_lives_methods_emmel_clark.pdf.

Esping-Andersen, G. (1990) *The Three Worlds of Welfare Capitalism*. Cambridge: Polity Press.

- Esping-Andersen, G. (1999) *Social Foundations of Postindustrial Economies*. Oxford: Oxford University Press.
- Evergeti, V. Zontini, E. (2006) 'Introduction: Some critical reflections on social capital, migration and transnational families'. *Ethnic and Racial Studies*, 29(6): 1025-1039.
- Fawcett, T. (1989) 'Networks, linkages and migration systems'. *International Migration Review*, 23(3): 671-680.
- Fawcett, T. Arnold, F. (1987) 'Explaining diversity: Asian and Pacific immigration systems', in T. Fawcett, B. V. Cariño (eds.) *Pacific Bridges. The New Immigration from Asia and the Pacific Islands*. New York: Centre for Migration Studies: 453-473.
- Fawcett, T. Cariño, B. V. (1987) *Pacific Bridges. The New Immigration from Asia and the Pacific Islands*. New York: Centre for Migration Studies.
- Ferrera, M. (1996) 'The southern model of welfare in social Europe'. *Journal of European Social Policy*, 6(1): 17-37.
- Finch, J. (2007) 'Displaying families'. *Sociology*, 41(1): 65-81.
- Finch, J. Groves, D. (1980) 'Community care and the family: a case for equal opportunities?'. *Journal of Social Policy*, 9(4): 487-514.
- Finch, J. Groves, D. (1983) *A Labour of Love: Women, Work and Caring*. London: Routledge.
- Finch, J. Mason, J. (1993) *Negotiating Family Responsibilities*. London: Routledge.

Fine, M.D. (2013) 'Individualizing care. The transformation of personal support in old age'. *Ageing & Society*, 33(3): 421-436.

Finotelli, C. (2008) 'Migration policy between restrictive purposes and structural demand: the case of the domestic sector in Germany and Italy', in S. Metz-Göckel, M. Morokvasic, Müntz Senganata (eds.) *Migration and mobility in an enlarged Europe. A gender perspective*. Opladen: Barbara Budrich Publishers: 52-78.

Fisher, B. Tronto, J.C. (1990) 'Towards a feminist theory of caring', in E.K. Abel, M. Nelson (eds.) *Circles of Care*. Albany: SUNY Press: 35-62.

Foucault, M. (1977) *Discipline and Punish: The Birth of the Prison*. London: Penguin books.

Fulton, R. Gottesman, D.J (1980) 'Anticipatory grief: a psychosocial concept reconsidered'. *British Journal of Psychiatry*, 137(1): 45-54.

Gal, S. (2004) 'A semiotics of the public/private distinction', in J. Scot, D. Keates. (eds.) *Going Public: Feminism, and the Shifting Boundaries of the Private Sphere*, Urbana University of Illinois Press: 261-277.

Gesler, W. (1992) 'Therapeutic landscapes: medical geographic research in the light of the new cultural geography'. *Social Sciences*, 34(7): 735-746.

Gesler, W. (1996) 'Lourdes: healing in a place of pilgrimage'. *Health and Place*, 2(2): 95-105.

Giddens, A. (2003) *Runaway World. How Globalization is Reshaping our Lives*. New York: Routledge.

Gilligan, C. (1982) *In a Different Voice*. Cambridge: MA.

Glaser, B.G. Strauss, A.L. (1966) *Awareness of Dying*. London: Weidenfeld and Nicholson.

Glucksmann, M. Lyon, D. (2006) 'Configuration of care work: Paid and unpaid elder care in Italy and the Netherlands'. *Sociological Research Online*, 11(2): 1-15.

Gorny, A. Ruspini, P. (2004) *Migration in the New Europe. East-West revisited*. Basingstoke: Palgrave Macmillan.

Graham, H. (1983) 'Caring: a labour of love', in J. Finch, D. Groves (eds.) *A Labour of Love: Women, Work and Caring*. London: Routledge: 13-30.

Graham, H. (1991) 'The concept of caring in feminist research: The case of domestic service'. *Sociology*, 25(1): 61-78.

Groenhout, R. E. (2004) *Connected Lives: Human Nature and an Ethics of Care*. Lanham, MD: Rowman and Littlefield.

Guarnizo, L. E. Sanchez, A. I. Roach, E. M. (1999) 'Mistrust, fragmented solidarity, and transnational migration'. *Ethnic and Racial Studies*, 22(2): 367-396.

Guarnizo, L.E. Portes, A. Haller, W. (2003) 'Assimilation and transnationalism: determinants of transnational political action among contemporary migrants'. *American Journal of Sociology*, 108(6): 1211-1248.

Gutierrez-Rodriguez, E. (2007) 'The "hidden side" of the new economy. On transnational migration, domestic work, and unprecedented intimacy'. *Frontiers. A Journal of Women Studies*, 28(3): 60-83.

Gutierrez-Rodriguez, E. (2010) *Migration, domestic work and affect: A decolonial approach on value and the feminization of labor*. London: Routledge.

- Jaggar, A. (1989) 'Love and knowledge: Emotion in feminist epistemology', in A.M. Jaggar and S.R. Bordo (eds.) *Gender/Body/Knowledge: Feminist Reconstructions of Being and Knowing*. New Brunswick, NJ: Rutgers University Press: 145-71.
- Jahn, A. Straubhaar, T. (1998) 'A survey of the economics of illegal migration'. *South European Society and Politics*. 3(3): 16-42.
- Hammersley, M. Atkinson, P. (1995) *Ethnography. Principles in Practice*. 2nd Edition. London: Routledge.
- Haraway, D. (1989) *Primate Visions: Gender, Race, and Nature in the World of Modern Science*. New York: Routledge.
- Harding, J. Pribram, E.D. (2002) 'The power of feeling: Locating emotions in culture'. *European Journal of Cultural Studies*. 5(4): 407-426.
- Harding, J. Pribram, E.D. (2004) 'Losing our cool? Following Williams and Grossberg on emotions'. *Cultural Studies*, 18(6): 863-883.
- Hardt, M. (1999) 'Affective Labor'. *Boudary 2*, 26(2): 89-100.
- Harris, J. R. Todaro, M.P. (1970) 'Migration, unemployment, and development: A two-sector analysis'. *American Review*, 60(1): 126-142.
- Held, V. (2006) *The Ethics of Care: Personal, Political and Global*. New York: Oxford University Press.
- Henderson, J. Forbat, L. (2002), 'Relationship-based social policy: Personal and policy constructions of "care"'. *Critical Social Policy*, 22(4): 669-687.

Hinshelwood, R.D. (1989) 'Social possession of identity', in B. Richards (ed.) *Crises of the Self: Further Essays on Psychoanalysis and Politics*. London: Palgrave Macmillan: 27-39.

Hochschild, A.R. (1983) *The Managed Heart. Commercialization of Human Feeling*. Berkeley: University of California Press.

Hochschild, A. (1995) 'The culture of politics: Traditional, postmodern, cold- and modern, warm-modern ideals of care'. *Social Politics*, 2(3): 331-346.

Hochschild, A. R. (2000) 'Global care chains and emotional surplus value', in W. Hutton, W. A. Giddens (eds.) *On the Edge, Living with Global Capitalism*. London: Jonathan Cape Publications: 130-146.

Hochschild, A. R. (2012) *The Outsourced Self: Intimate Life in Market Times*. New York: Metropolitan Books.

Hockey, J.L. (1990) *Experiences of Death. An Anthropological Account*. Edinburgh: Edinburgh University Press.

Hoff, A. Feldman, S. Vidovicova, L. (2010) 'Migrant home care workers caring for older people: Fictive kin, substitute, and complementary family caregivers in an ethnically diverse environment'. *International Journal of Ageing and Later Life*, 5(2): 7-16.

Holstein, J. A. Gubrium, J.F. (1995) *The active Interview*. London: Sage.

Hondagneu-Sotelo, P. (2001) *Domestica: Immigrant Workers Cleaning and Caring in the Shadows of Affluence*. Berkeley: University of California Press.

Howell, S. (2003) 'Kinning: The creation of life trajectories in transnational adoptive families'. *Journal of the Royal Anthropological Institute*, 9(3): 465-484.

Hunter, S. (2015) *Power, politics and the emotions: impossible governance?* London: Routledge.

Ingersoll-Dayton, B. Neal, M. B. Ha, J. Hammer, L. B. (2003) 'Redressing Inequity in Parent Care among Siblings'. *Journal of Marriage and Family*, 65(1): 201-212.

INPS (2011) *Banca dati dell'Osservatorio sui Lavoratori Domestici*. Available at: <https://www.inps.it/nuovoportaleinps/default.aspx?sPathID=%3b0%3b&lastMenu=46437&iMenu=12&p4=2> (Accessed 01 April 2018).

ISTAT (2016) *XV RAPPORTO ANNUALE*. Available at: http://www.publicpolicy.it/wpcontent/uploads/2016/07/INPS_rapporto_luglio2016.pdf (Accessed 30 March 2018).

ISTAT (2016) *Report Indicatori Demografici*. Available at: http://www.istat.it/it/files/2017/03/Statistica-report-Indicatori-demografici_2016.pdf (Accessed 30 March 2018).

James, N. (1992) 'Care= organization + physical labour + emotional labour'. *Sociology of Health & Illness*, 14(4): 488-509.

Karner, T. X. (1998) 'Professional caring: Homecare workers as fictive kin'. *Journal of Ageing Studies*, 12(1): 69-82.

Keefe, J. Fancey, P. (2000) 'The care continues: Responsibility for elderly relatives before and after admission to a long term care facility'. *Family Relations*, 49(3): 235-244.

Kearl, M. (1989) *Endings: A Sociology of Death and Dying*. Oxford: Oxford University Press.

- Kilkey, M. Lutz, H. Palenga-Möllenbeck, E. (2010) 'Themed section on domestic and care work at the intersection of welfare, gender and migration regimes'. *Social Policy and Society*, 9(3): 379-384.
- Kinder, M. (2008) 'Risk and risk strategies in migration: Ukrainian domestic workers in Poland', in H. Lutz (ed.) *Migration and Domestic Work: A European Perspective on a Global Theme*. London: Routledge: 145-161.
- King, R. Iosifides, T. Myrivili, L. (1998) 'A migrant's story: From Albania to Athens'. *Journal of Ethnic and Migration Studies*, 24(1): 159-175.
- Kittay, E. F. (2008) 'The global heart transplant and caring across national boundaries'. *The Southern Journal of Philosophy*, 46(S1): 138-165.
- Kivisto, P. (2001) 'Theorizing transnational immigration: A critical review of current efforts'. *Ethnic and Racial Studies*, 24(4): 549-577.
- Kofman, E. (2012) 'Rethinking care through social reproduction: Articulating circuits of migration'. *Social Politics*, 19(1): 142-162.
- Kofman, E. (2014) 'Gendered migrations, social reproduction and the household in Europe'. *Dialect Anthropol*, 38(1): 79-94.
- Kofman, E. Raghuram, P. (2006) 'Gender and global labour migrations: Incorporating skilled workers'. *Antipode*, 38(2): 282-303.
- Knutson, A. (1970) 'Cultural belief on life and death', in O. Brim, H. Freeman, S. Levine, N. Scottch (eds.) *The Dying Patient*. New York: Russel Sage Foundation: 42-64.
- Kramer, R.M. Tyler, T.R. (1996) *Trust in Organizations: Frontiers of Theory and Research*. Thousand Oaks: Sage.

- Lashewicz, B. Manning, G. Hall, M. Keating, N. C. (2007) 'Equity Matters: Doing Fairness in the Context of Family Caregiving'. *Canadian Journal of Ageing*, 26(S1): 91-102.
- Laschewicz, B. Keating, N.C. (2009) 'Tensions among siblings in parent care'. *European Journal of Ageing*, 6(2): 127-135.
- Leeder, E. (2004) *The Family in Global Perspective: A Gendered Journey*. Thousand Oaks, CA: Sage.
- Leibfried, S. (1992) 'Towards a European welfare state?', in Z. Ferge and J.E. Kolberg (eds.) *Social Policy in a Changing Europe*. Frankfurt: Campus-Verlag: 245-279.
- Leinonen, A.M. (2011) 'Adult children and parental care-giving: making sense of participation patterns among siblings'. *Ageing and Society*, 31(2): 308-327.
- Leitner, S. (2003) 'Varieties of familialism: The caring function of the family in comparative perspective'. *European Societies*, 5(4): 353-375.
- Leogrande, A. (2008) *Uomini e caporali. Viaggio tra i nuovi schiavi nelle champagne del Sud*. Milano: Mondadori.
- Leon, M. (2010) 'Migration and care work in Spain: The domestic sector revisited'. *Social Policy & Society*, 9(3): 409-18.
- Levitt, P. (1998) 'Social remittances: Migration driven local-level forms of cultural diffusion'. *International Migration Review*, 32(4): 926-948.
- Lewis, J. (1992) 'Gender and the development of welfare regimes'. *Journal of European Social Policy*, 2(3): 195-211.

Lewis, J. Meredith, B. (1988) *Daughters who Care: Daughters Caring for Mothers at Home*, London: Routledge.

Lewis, W.A. (1954) 'Economic development with unlimited supplies of labor'. *The Manchester School*, 22(2): 139-191.

Lyberaki, A. (2008). *Deae Ex Machina: Gender, Migration and Care in Contemporary Greece*. GreeSE paper n. 20. London: The Hellenic Observatory, London School of Economics.

Lloyd, L. (2004) 'Mortality and morality: ageing and the ethics of care'. *Ageing & Society*, 24(2): 235-256.

Lloyd, L. (2006) 'Call us carers: Limitations and risks in campaigning for recognition and exclusivity'. *Critical Social Policy*, 26(4): 945-860.

Lynch, K. (2007) 'Love labour as a distinct and non-commodifiable form of care labour'. *The Sociological Review*, 55(3): 550-570.

Lyon, D. (2006) 'The organization of care work in Italy: Gender and migrant labor in the new economy'. *Indiana Journal of Global Legal Studies*, 13(1): 297-224.

Lyon, D. Glucksman, M. (2008) 'Comparative configurations of care across Europe'. *Sociology*, 41(1): 101-118.

Lutz, H. (2008) *Migration and Domestic Work: A European Perspective on a Global Theme*. London: Routledge.

Lutz, H. (2017) 'Care as a fictitious commodity: Reflections on the intersections of migration, gender and care regimes'. *Migration Studies*, 5(3): 356-368.

Lutz, H. Pelenga-Möllenbeck, E. (2010) 'Care work migration in Germany: Semi-compliance and complicity'. *Social Policy & Society*, 9(3): 419-30.

Macklin, A. (1994) 'On the outside looking in: Foreign domestic workers in Canada', in W. Giles, S. Arat-Koc (eds.) *Maid in the Market*. Halifax, Canada: Fernwood Publishing: 13-39.

Mahon, R. Anttonen, A. Bergqvist, C. Brennan, D. Hobson, B. (2012) 'Convergent care regimes? Childcare arrangements in Australia, Canada, Finland and Sweden'. *Journal of European Social Policy*, 22(4): 419-431.

Mann, M. (1983) *Sociology: Macmillan Student Encyclopedia*. London: Macmillan.

Marchetti, S. Scrinzi, F. (2014) Gendered and Racialised Constructions of Work in Bureaucratised Care Services in Italy. *Robert Schuman Centre for Advanced Studies, Research Paper* (2014/123).

Marin, M., Serban, M. (2008) *Trends in the field of social policies and welfare reforms in Romania*. CESPI, Working paper 1/2008.

Marshall, M.N. (1996) 'The key informant technique'. *Family Practice*, 13(1): 92-96.

Martin-Matthews, A (2007) 'Situating "home" at the nexus of the public and private spheres: Ageing, gender and home support work in Canada'. *Current Sociology*, 55(2): 229-249.

Mas Giralt, R. (2011) 'In/visibility strategies and enacted diversity: Sameness and belonging among young people of Latin American descent living in the north of England (UK)'. *Children's Geographies*, 9(3-4): 331-345.

Mas Giralt, R. (2011a) *Migration, invisibility and belonging: a case study of Latin American families in the UK*. Unpublished PHD thesis. University of Leeds.

Mason, J. (2002) *Qualitative Researching*. London: Sage.

Mason, J. (2002a) 'Qualitative interviews: Asking, listening and interpreting', in T. May (ed.) *Qualitative Research in Action*. London: Sage: 225-241.

Massey, D. (1987) 'Understanding Mexican migration to the United States'. *American Journal of Sociology*, 96(6): 1372-1403.

Massey, D. Arango, J. Hugo, J. Kouaouci, Pellegrino, A. Taylor, E. (1998) 'Theories of international migration: A review and appraisal'. *Population and Development Review*, 19(3): 431-466.

Matthews, S. Rosner, T. (1988) 'Shared filial responsibility: The family as the primary caregiver'. *Journal of Marriage and Family*, 50(1): 185-195.

McCall, L. (2005) 'The complexity of intersectionality'. *Signs*, 30(3): 1771-1800.

Mehta, K. K. Thang, L. L. (2008) 'Visible and blurred boundaries in familial care: The dynamics of multigenerational care in Singapore', in A. Martin-Matthews, J.E. Phillips (eds.) *Ageing and Caring at the Intersection of Works and Home Life: Blurring the Boundaries*. Hove: Psychology Press: 34-83.

Merrill, H. (2011) 'Migration and surplus populations: Race and deindustrialization in Northern Italy'. *Antipode*, 43(5): 1542-1572.

Michel, S. Peng, I. (2012) 'All in the family? Migrants, nationhood, and care regimes in Asia and North America'. *Journal of European Social Policy*, 22(4): 406-418.

Milligan, C. (2003) 'Location or dis-location? Towards a conceptualization of people and place in the care-giving experience'. *Social & Cultural Geography*, 4(4): 455-470.

Milligan, C. Wiles, J. (2010) 'Landscapes of care'. *Progress in Human Geography*, 34(6): 736-754.

Mitchell, K. Marston, S. Katz, C. (2003) 'Introduction: Life's work: An introduction, review and critique'. *Antipode*, 35(3): 415-442.

Naldini, M. Saraceno, C. (2008) 'Social and family policy: Not totally frozen but far from structural reforms'. *Social Policy and Administration*, 42(7): 733-748.

Naldini, M. Pavolini, E. Solera, C. (2016) 'Female employment and elderly care: the role of care policies and culture in 21 European countries'. *Work, employment and society*, 30(4): 607-630.

Näre, L. (2008) *Managing Households, Making Homes- A Moral Economy of Migrant Domestic and Care work in Naples*. Unpublished PHD thesis: University of Helsinki.

Näre, L. (2011) 'The moral economy of domestic care labour: Migrant workers in Naples, Italy'. *Sociology*, 45(3): 396-412.

Näre, L. (2013) 'Migrancy, gender and social class in domestic labour and social care in Italy: An intersectional analysis of demand'. *Journal of Ethnic Migration Studies*, 39(4): 601-623.

Näre, L. (2014) 'Moral encounters: drawing boundaries of class, sexuality and migrancy in paid domestic work'. *Ethnic and Racial Studies*, 37(2): 363-380.

Natterson, J.M. and Knudson, A.H. (1960) 'Observations concerning fear of death in fatally ill children and their mothers'. *Psychosomatic Medicine*, 22(6): 456-65.

Neale, B. (2012) *Qualitative Longitudinal Research: An Introduction to the Timescapes Methods Guides Series. Timescapes Methods Guides Series, Guide N. 1.* Available at: www.timescapes.leeds.ac.uk.

Neale, B. Henwood, K., Holland, J. (2012) 'Researching life through time: an introduction to the Timescapes approach'. *Qualitative Research*, 12(1): 4-15.

Ngai, S. (2005) *Ugly Feelings*. MA: Harvard University Press.

Neidhardt, F., Lepsius, R.M. and Weiss, J. (1986) *Kultur und Gessellschaft, Sonderheft 27 der Kölner Zeitchrift für Soziologie und Sozialpsychologie*. Opladen: Westdeutscher Verlag.

Newland, K. Agunias, A. D. Terrazas, A. (2008) Learning by Doing: Experiences of Circular Migration. *Migration Policy Institute, Insight*, September 2008. Available at: <https://www.migrationpolicy.org/pubs/Insight-IGC-Sept08.pdf> (accessed 18 May 2017).

Palombelli, B. (1991) 'La battaglia di Bari'. *La Repubblica*. August 1991. Available at: https://ricerca.repubblica.it/repubblica/archivio/repubblica/1991/08/09/la-battaglia-di-bari.html?refresh_ce (accessed 18 May 2019).

Palloni, A. Massey, D. S. Ceballos, M. Espinosa, K. Spittel, M. (2001) 'Social capital and international migration: A test using information on family network'. *American Journal of Sociology*, 106(5): 1261-1298

Parker, R. A. (1981) 'Tending and social policy', in E.M. Goldberg, S. Hatch (eds.) *A new look at the personal social services. No. 4*. London: Policy Studies Institute: 17-32.

Parreñas, R. (2001) *Servants of Globalization. Women, Migration and Domestic Work*. Stanford, CA: Stanford university Press.

Parreñas, R. (2005) 'The international division of reproductive labor: Paid domestic work and globalisation', in P.R. Appelbaum, W.I. Robinson (eds.) *Critical Globalization Studies*. New York: Routledge: 237-248.

Patton, M. Q. (2002) *Qualitative Research and Evaluation Methods, 3rd Edition*. London: Sage.

Pavolini, E. Ranci, C. (2008) 'Restructuring the welfare state: reforms in long-term care in Western European countries'. *Journal of European Social Policy*, 18(3): 246-259.

Penrod, J. Dellasega, C. Strang, V.R. Neufeld, A. Nolan, M. (1998) 'Caregivers' experiences in making placement decisions'. *Western Journal of Nursing Research*, 20(6): 706-732.

Perrotta, D. (2011) *Vite in cantiere. Migrazione e lavoro dei rumeni in Italia*. Bologna: Il Mulino.

Pfau-Effinger, B. (2000) 'Conclusions: Gender cultures, gender arrangements and social changes in the European context', in S. Duncan and B. Pfau-Effinger (eds.) *Gender, Economy and Culture in the European Union*. London: Routledge: 262-276.

Pfau-Effinger, B. (2005) 'Culture and welfare state policies: Reflections on a complex interrelation'. *Journal of Social Policy*, 34(1): 3-20.

Phizacklea, A. (1998) 'Migration and globalization: A feminist perspective', in K. Koser, H. Lutz (eds.) *The New Migration in Europe. Social Constructions and Social Realities*. New York: St. Martin's press: 21-38.

Piazza, M. (1997) 'L' ostinata permanenza della non-ovvieta'. *Quaderni di Azione Sociale*, 1(1): 79-86.

Pickard, S. (2010) 'The "good carer": Moral practices in late modernity'. *Sociology*, 44(3): 471-487.

Piercy, K. W. (1998) 'Theorizing about family caregiving: The role of responsibility'. *Journal of Marriage and the Family*, 60(1): 109-118.

Pink, S. (2006) *Home Truths. Gender, domestic objects and everyday life*. Oxford: Berg.

Piore, M.J. (1979) *Birds of Passage: Migrant Labour and Industrial Societies*. Cambridge: Cambridge University Press.

Piperno, F. (2011) 'The impact of female emigration on families and the welfare state in countries of origin: The case of Romania'. *International Migration*, 50(3): 189-204.

Polchi, V. (2011) 'Se anche le Italiane diventano badanti. Sotto assedio il fortino delle immigrate', *La Repubblica*, 7 February. Available at: http://www.repubblica.it/economia/2011/02/07/news/badanti_italiane-12150987/

(Accessed 01 April 2018).

Polchi, V. (2011a) 'Badanti senza crisi' *La Repubblica*, 13 July. Available at:
<http://inchieste.repubblica.it/it/repubblica/rep->

[it/2011/07/13/news/anziani_e_disabili_perch_si_sceglie_un_collaboratore_domestic](http://inchieste.repubblica.it/it/repubblica/rep-)
[o-19083332/](http://inchieste.repubblica.it/it/repubblica/rep-) (Accessed 01 April 2018).

Pratt, M. L. (1992) *Imperial Eyes: Travel Writing and Transculturation*. London: Routledge.

Puwar, N. (2004) *Space Invaders: Race, Gender and Bodies Out Of Place*. Oxford: Berg.

Qureshi, H. (1990) 'A research note on the hierarchy of obligations among informal carers- A response to Finch and Mason'. *Ageing and Society*, 10(4): 455-548.

Qureshi, H. Walker, A. (1989) *The Caring Relationship: Elderly People and Their Families*. Basingstoke: Macmillan.

Radicioni, S. Weicht, B. (2018) 'A place to transform: creating caring spaces by challenging normativity and identity'. *Gender, Place & Culture*, 25(3): 368-383.

Ranis, G. Fei, J.C.H. (1961) 'A theory of economic development'. *American Economic Review*, 52(4) 533-565.

Ritchie, J. Lewis, J. (2003) *Qualitative Research Practice. A Guide for Social Science Students and Researchers*. London: Sage.

Romero, M. (1992) *Maid in the U.S.A.* New York: Routledge

Rose, N. (2000) *Powers of Freedom. Reframing political thought*. Cambridge: Cambridge University Press.

Roseneil, S. (2006) 'The ambivalence of Angel's 'arrangement': a psychosocial lens on the contemporary condition of personal life'. *The sociological Review*, 54(4): 847-869.

Rugolotto, S. Larotonda, A. van der Geest, S. (2017) 'How migrants keep Italian families Italian: badanti and the private care of older people'. *International Journal of Migration, Health and Social Care*, 13(1): 53-68.

Ruhs, M. (2006) 'The potential of temporary migration programmes in future international migration policy'. *International Labour Review*, 145(1-2): 7-36.

Sabbadini, L.L. (2008) 'Il mutamento del contesto sociale', in L. Guerzoni (ed.) *La riforma del welfare. Dieci anni dopo la 'Commissione Onofri'*. Bologna: Il Mulino: 193-223.

Saffioti, H.I.B. (1978) *Women in Class Society*. New York: Mobility Review Press.

Sainsbury, D. (1994) *Gendering Welfare States*. London: Sage.

Sandu, D. (2005) 'Emerging transnational migration from Romanian villages'. *Current Sociology*, 52(4): 555-582.

Sandu, D. (2006) 'Exploring Europe through work migrations: 1990-2006', in D. Sandu, A. Bleahu, V. Grigoras, A. Mihai, C. Radu, C. Radu (eds.) *Living Abroad on a Temporary Basis. The Economic Migration of Romanians: 1990-2006*. Bucharest: Open Society Foundation: 13-40.

Saraceno, C. (1997) *Mutamenti della Famiglia e Politiche Sociali in Italia*. Bologna: Il Mulino.

Sarti, R. (2008) 'The globalisation of domestic service. An historical perspective', in H. Lutz (ed.) *Migration and Domestic Work. A European Perspective on a Global Theme*. London: Routledge: 89-110.

Sarti, R. Scrinzi, F. (2010) 'Introduction to the special issue: Men in a woman's Job, male domestic workers, international migration and the globalization of care'. *Man and Masculinities*, 13(1): 4-15.

Sassen, S. (2000) 'Women's burden: Counter-geographies of globalization and the feminization of survival'. *Journal of International Affairs*, 53(2): 503-524.

Sassen, S. (2001) *The Global City: New York, London, Tokyo*. Princeton: Princeton University Press.

Sassen, S. (2003) 'Global cities and survival strategies', in B. Ehrenreich, A. Hochschild (eds.) *Global Women. Nannies, Maids and Sex Workers in the New Economy* New York: Metropolitan Books: 254-274.

Schiller, G. N. Basch, L. Blanc C.S. (1992) 'Transnationalism: A new analytic framework for understanding migration'. *Annals of the New York Academy of Sciences*, 645(1): 1-24.

Schwarzenbach, S. A. (1996) 'On civic friendship'. *Ethics*, 107(1): 97-128.

Sciortino, G. (2004) 'Between phantoms and necessary evils: Some critical points in the study of irregular migrations to Western Europe', in A. Böcker, B. de Hart, I. Michalowski (eds.) *Migration and the Regulation of Social Integration*. Osnabrück: IMIS Beiträge: 17-44.

Scrinzi, F. (2004) 'Professioniste della tradizione. Le donne migranti nel mercato del lavoro domestico'. *Polis*, 18(1): 107-136.

Scrinzi, F. (2008) 'Migration and the restructuring of the welfare state in Italy: Change and continuity in the domestic work sector', in H. Lutz (ed.) *Migration and Domestic Work. A European Perspective on a Global Theme*. London: Routledge: 89-110.

Sevenhuijsen, S. (1998) *Citizenship and the ethics of care: Feminist considerations on justice, morality, and politics*. London: Routledge.

Sevenhuijsen, S. (2004) 'Trace: A method for normative policy analysis from the ethic of care', in S. Sevenhuijsen, A. Svab (eds.) *The Heart of the Matter. The contribution of the Ethic of Care to Social Policy in Some New EU Member States*. Ljubljana: Peace Institute: 13-46.

Sevenhuijsen, S. Svab, A. (2004) *The heart of the matter. The contribution of the ethic of care to social policy in some new EU member states*. Ljubljana: Peace Institute.

Shutes, I. (2012) 'The employment of migrant workers in long-term care: Dynamics of choice and control'. *Journal of Social Policy*, 41(1): 43-59.

Shutes, I. Chiatti, C. (2012) 'Migrant labour and the marketisation of care for older people: The employment of migrant care workers by families and service providers'. *Journal of European Social Policy*, 22(4): 392-405.

Siegel, K. Weinstein, L. (1983) 'Anticipatory grief reconsidered'. *Journal of Psychosocial Oncology*, 1(2): 61-73.

Simonazzi, A. (2009) 'Care regimes and national employment models'. *Cambridge Journal of Economics*, 33(2): 211-232.

Simonazzi, A. (2009a) *New skills for new jobs? Status quo and perspectives for the elderly care sector in Europe*. European Employment Observatory. Thematic Paper 1.

Silverman, D. (2005) *Doing Qualitative Research: a practical handbook*. 2nd edition. London: Sage.

Sixsmith, J., Boneham, M., Goldring, J.E. (2003) 'Accessing the community: Gaining insider perspectives from the outside'. *Qualitative Health Research*, 13(14): 578-589.

Snape, D. Spencer, L. (2003) 'The foundations of qualitative research', in J. Ritchie, J. Lewis (eds.) *Qualitative Research Practice-A Guide for Social Science Students and Researchers*. London: Sage: 1-23.

Sorgoni, B. (2002) 'Racist discourses and practices in the Italian empire and Fascism', in R. D. Grillo, J. Pratt (eds.) *The politics of recognising difference: multiculturalism Italian style*. Aldershot: Ashgate: 41-57.

Stacey, J. (1990) *Brave New Families: Stories of Domestic Upheaval in Late Twentieth-Century America*. Berkeley: University of California Press.

Sweeting, H.N. Gilhooly, M.L.M. (1990) 'Anticipatory grief: a review'. *Social Science and Medicine*, 30(10): 1073-80.

Sweeting, H.N. Gilhooly, M.L.M. (1997) 'Dementia and the phenomenon of social death'. *Sociology of Health & Illness*, 19(1): 93-117.

Tate, S.A. (2014) 'Racial affective economies, disalienation and "race made ordinary"'. *Ethnic and Racial Studies*, 37(13): 2575-2490.

Taylor, J.E. (1987) 'Undocumented Mexico-US. Migration and Returns to Households in Rural Mexico'. *American Journal of Agricultural Economics*, 69(3): 626-638.

Tilly, C. (1990) 'Transplanted networks', in V. Yans-McLaughlin (ed.) *Immigration Reconsidered: History, Sociology and Politics*. Oxford: Oxford University Press: 79-95.

Todaro, M.P. (1969) 'A model of labor migration and urban unemployment in less developed countries'. *The American Economic Review*, 59(1): 138-148.

Todaro, M.P. (1989) *Economic Development in the Third World*. New York: Longman.

Torre, A. R. (2013) *Migrant lives. A comparative study of work, family and belonging among low-wage Romanian migrant workers in Rome and London*. Unpublished PHD thesis: London School of Economics and Political Science.

Triandafyllidou, A. (2013) *Circular Migration between Europe and its Neighbourhood: Choice or Necessity?* Oxford: Oxford University Press.

Tronto, J. C. (1993) *Moral Boundaries: A political argument for an ethic of care*. London: Routledge.

Tronto, J. C. (2013) *Caring Democracy. Markets, Equality and Justice*. London: New York University Press.

Truong, T. D. (1996) 'Gender, international migration and social reproduction: Implication for theory, policy, research and networking'. *Asian and Pacific Migration Journal*. 5(1): 27-52.

Twigg, J. (2000) *Bathing- the Body and Community Care*. London: Routledge.

Twigg, J. Atkin, K. (1994) *Carers Perceived. Policy and Practice in Informal Care.*: Buckingham: Open University Press.

Ungerson, C. (1987) *Policy is Personal: Sex, Gender and Informal Caring.* London: Tavistock.

Ungerson, C. (1997) 'Give them money: Is cash a route to empowerment?'. *Social Policy and Administration*, 31(1): 45-53.

Ungerson, C. (1999) 'Personal assistants and disabled people: An examination of a hybrid form of work and care'. *Work, Employment & Society*, 13(4): 583-600.

Ungerson, C. (2000) 'Thinking about the production and consumption of long-term care in Britain: Does gender still matter?'. *Journal of Social Policy*, 29(4): 623-643.

Ungerson, C. (2003) 'Commodified care work in European labour markets'. *European Societies*, 5(4): 377-396.

Van Hooren, F. (2008) *Welfare provision beyond national boundaries: The politics of migration and long term elderly care in Italy.* Paper presented in the Migration Group, European University Institute, Florence. Available at: <http://www.eui.eu/Documents/RSCAS/Research/MWG/200708/MWG2008-05-07VanHooren.pdf>.

Van Hooren, F. (2010) 'When families need immigrants: The exceptional position of migrant domestic workers and care assistants in Italian immigration policy'. *Bulletin of Italian Politics*, 2(2): 21-38.

Van Hooren, F. (2012) 'Varieties of migrant care work: Comparing patterns of migrant labour in social care'. *Journal of European Social Policy*, 22(2): 133-147.

Varley, A. (2008) 'A place like this? Stories of dementia, home, and the self'. *Environment and Planning D: Society and Space*, 26(1): 47-67.

Vlase, I. (2013) 'My husband is a patriot!: Gender and Romanian family return migration from Italy'. *Journal of Ethnic and Migration Studies*, 39(5): 741-758.

Wall, K. Nunes, C. (2010) 'Immigration, welfare and care in Portugal: Mapping the new plurality of female migration trajectories'. *Social Policy and Society*, 9(3): 31-52.

Weicht, B. (2010) 'Embodying the ideal carer: the Austrian discourse on migrant carers'. *International Journal of Ageing and Later Life*, 5(2): 17-52.

Weicht, B. (2015). *The meaning of care: The social construction of care for elderly people*. Basingstoke: Palgrave Macmillan.

Whyte, W. F. (1993) *Street Corner Society. The Social Structure of an Italian Slum. 4th Edition*. Chicago: University of Chicago Press.

Wiles, J. (2005) 'Conceptualizing the importance of place in the care of older people: the role of geographical gerontology'. *International Journal for Older People*, 14(8b): 100-108.

Williams, A. (2002) 'Changing geographies of care: employing the concept of therapeutic landscapes as a framework in examining home space'. *Social Science & Medicine*, 55(1): 141-154.

Williams, A. (2007) *Geographies of health: therapeutic landscapes*. Aldershot: Ashgate.

Williams, F. (1989) *Social Policy: A Critical Introduction. Issues of 'Race', Gender and Class*. Cambridge: Polity Press.

Williams, F. (1995) 'Race/ethnicity, gender and class in welfare states: A framework for comparative analysis'. *Social Politics*, 2(2): 127-59.

Williams, F. (2001) 'In and beyond New Labour: towards a new political ethics of care'. *Critical Social Policy*, 21(4): 467-493.

Williams, F. (2004) *Rethinking Families*. London: Calouste Gulbenkian Foundation.

Williams, F. (2012) 'Converging variations in migrant care work in Europe'. *Journal of European Social Policy*, 22(4): 355-362.

Williams, F. Brennan, D. (2012) 'Care, markets and migration in a globalising world: Introduction to the special issue'. *Journal of European Social Policy*, 22(4): 355-362.

Williams, F. Gavanas, A. (2008) 'The intersection of childcare regimes and migration regimes: A three country study', in H. Lutz (ed.) *Migration and Domestic Work: A European Perspective on a Global Theme*. London: Routledge: 13-28.

Wilson, C. B. Davies, S. Nolan, M. (2009) 'Developing personal relationships in care homes: realising the contributions of staff, residents and family members'. *Ageing & Society*, 29(7): 1041-1063.

Wimmer, A. Glick-Schiller, N. (2002) 'Methodological nationalism and beyond: nation-state building, migration and the social sciences'. *Global Networks*, 2(4): 301-334.

Yin, R. K. (2009) *Case Study Research. Design and Methods. Fourth Edition*. London: Sage.

Zapf, D. Seifert, C. Schmutte, B. Mertini, H. Holz, M. (2001) 'Emotion work and job stressors and their effects on burnout'. *Psychology and Health*, 16(5): 527-545.

Zontini, E. (2004) *Italian Families and Social Capital: Rituals and the Provision of Care in British-Italian Transnational Families*. Families and Social Capital ESRC Research Group. Working Paper Series, No. 6. London South Bank University.

Zontini, E. (2006) 'Italian families and social capital: care provision in a transnational world'. *Community, Work and Family*, 9(3): 325-345.

Appendix 1. Diagrams generated with the family primary caregivers

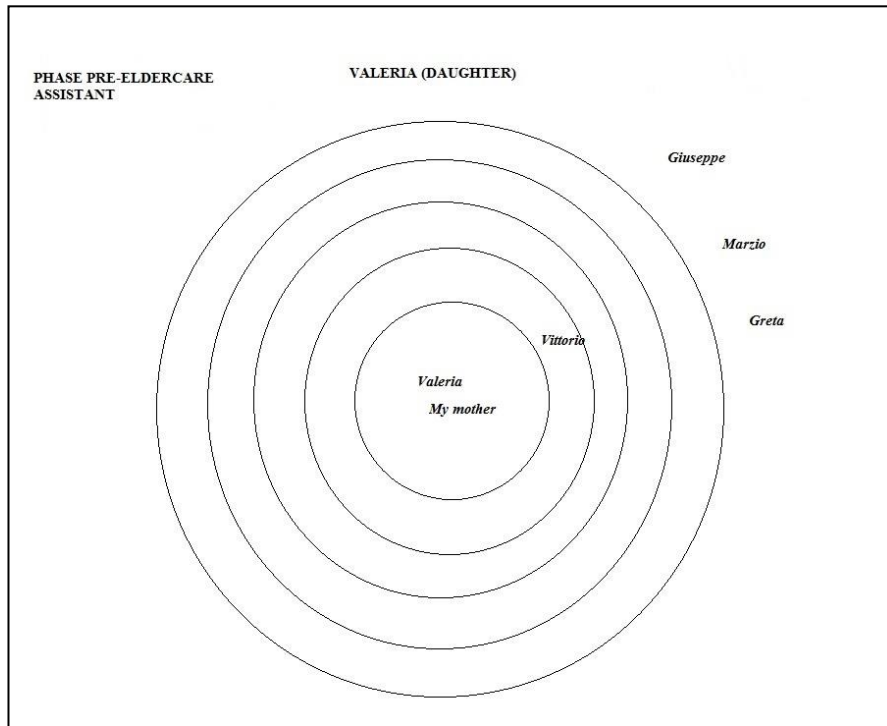


Diagram 1. Phase pre-eldercare assistant Valeria

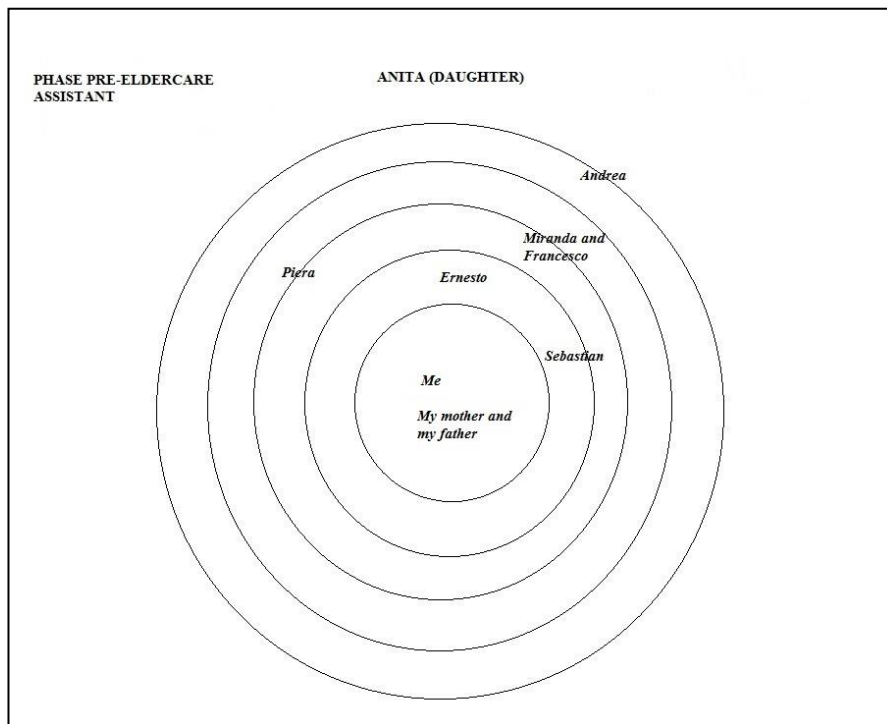


Diagram 2. Phase pre-eldercare assistant Anita

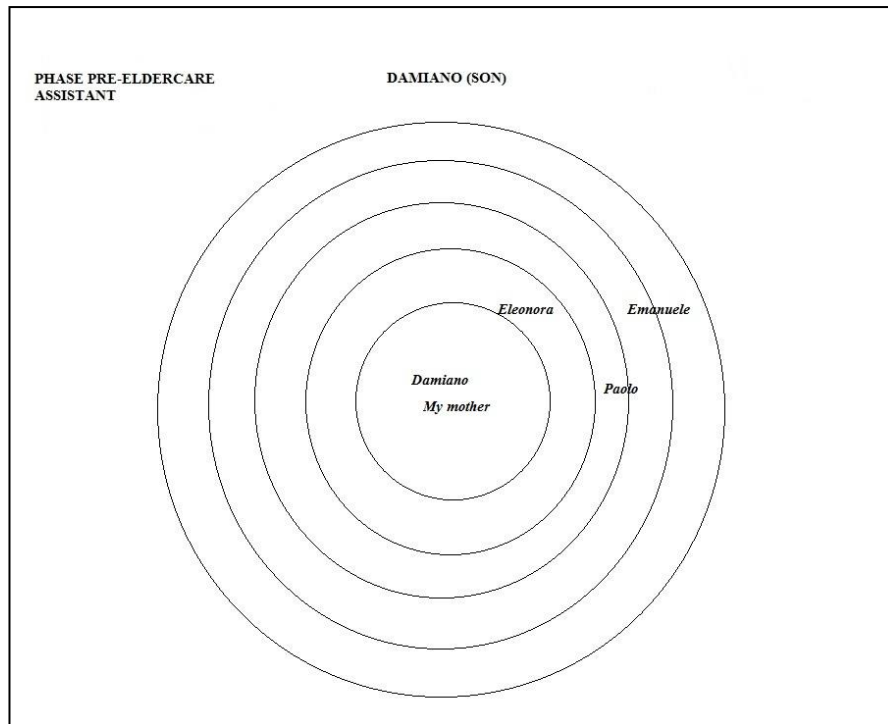


Diagram 3. Phase pre-eldercare assistant Damiano

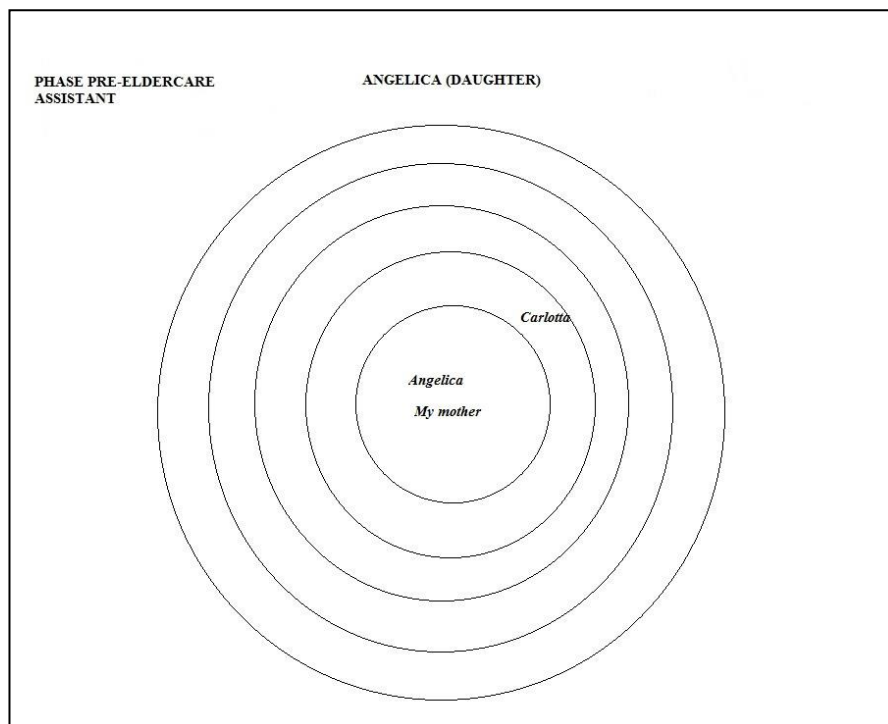


Diagram 4. Phase pre-eldercare assistant Angelica

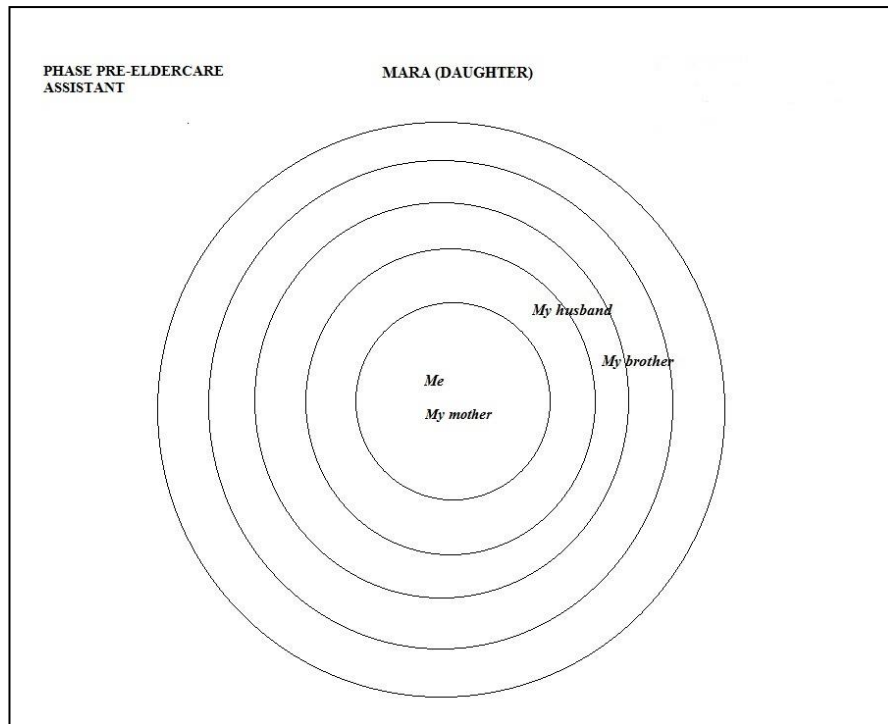


Diagram 5. Phase pre-eldercare assistant Mara

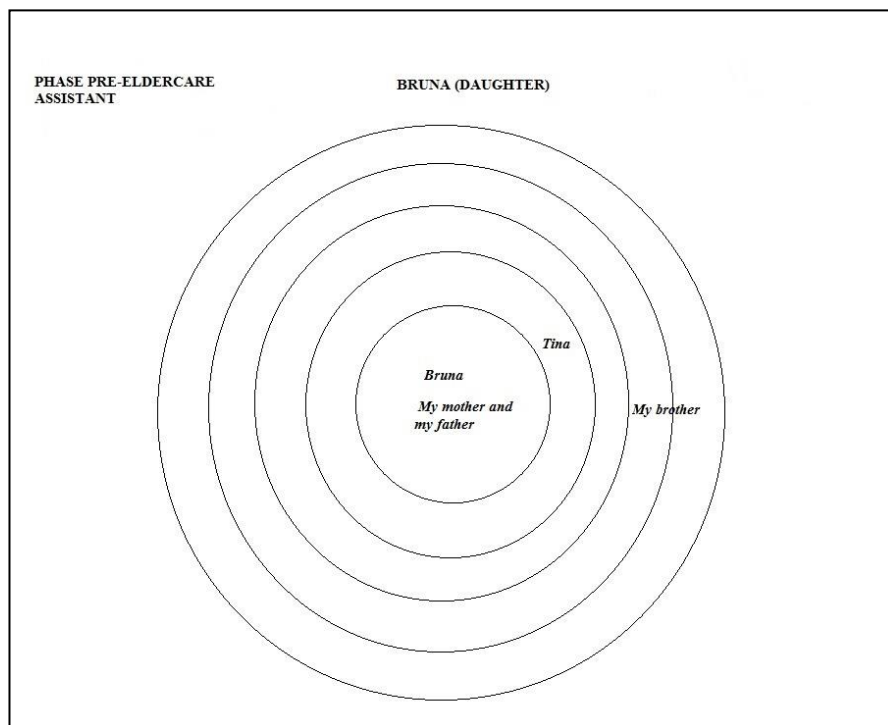


Diagram 6. Phase pre-eldercare assistant Bruna

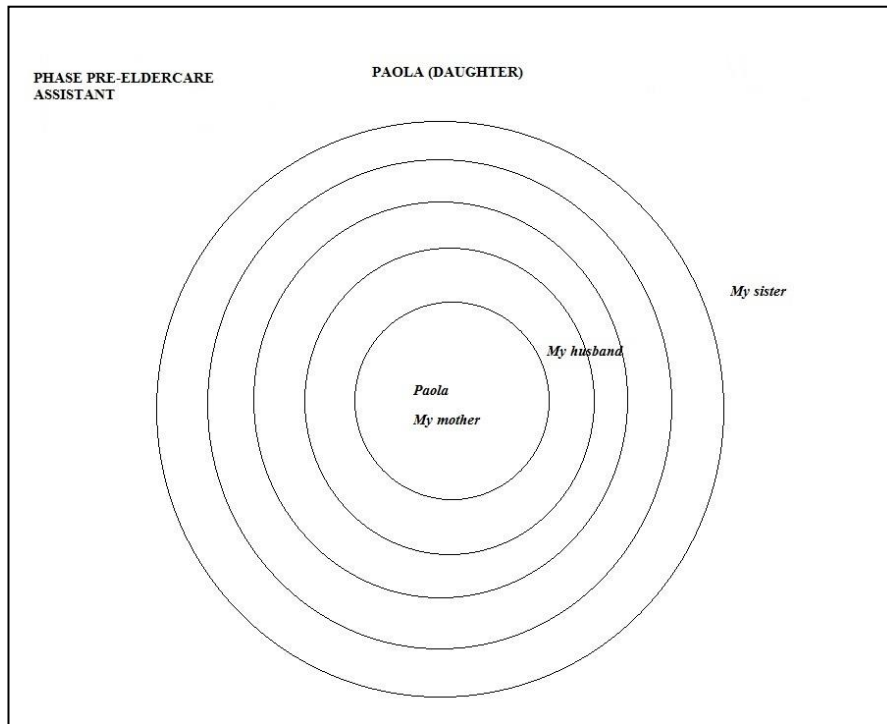


Diagram 7. Phase pre-eldercare assistant Paola

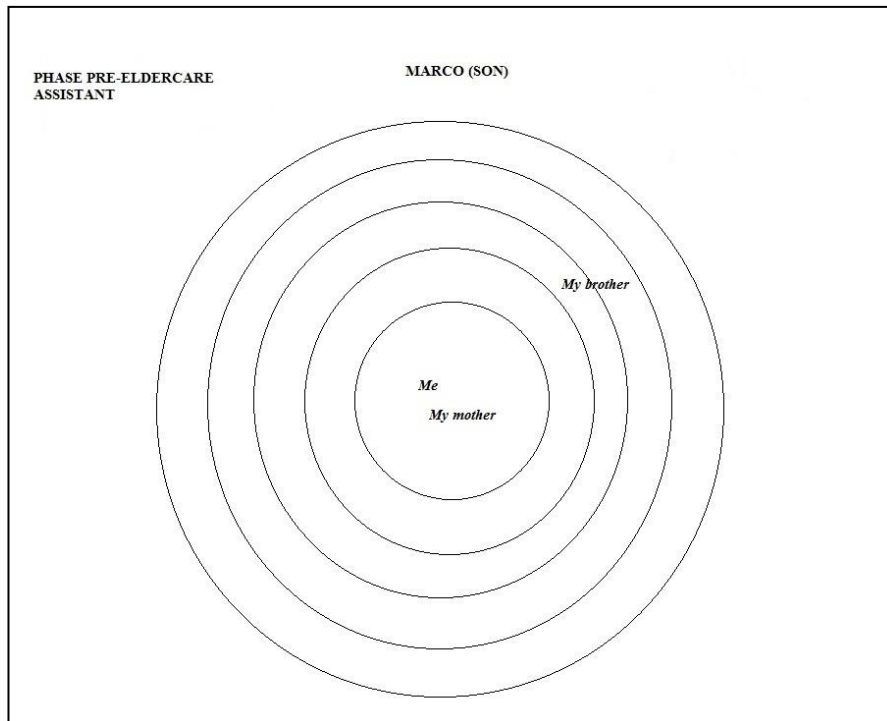


Diagram 8. Phase pre-eldercare assistant Marco

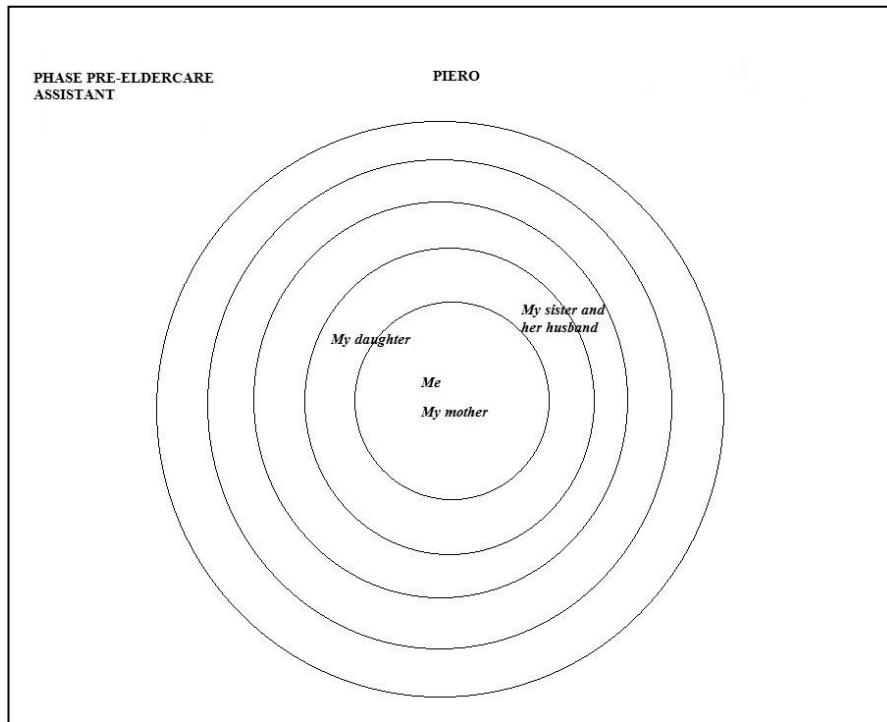


Diagram 9. Phase pre-eldercare assistant Piero

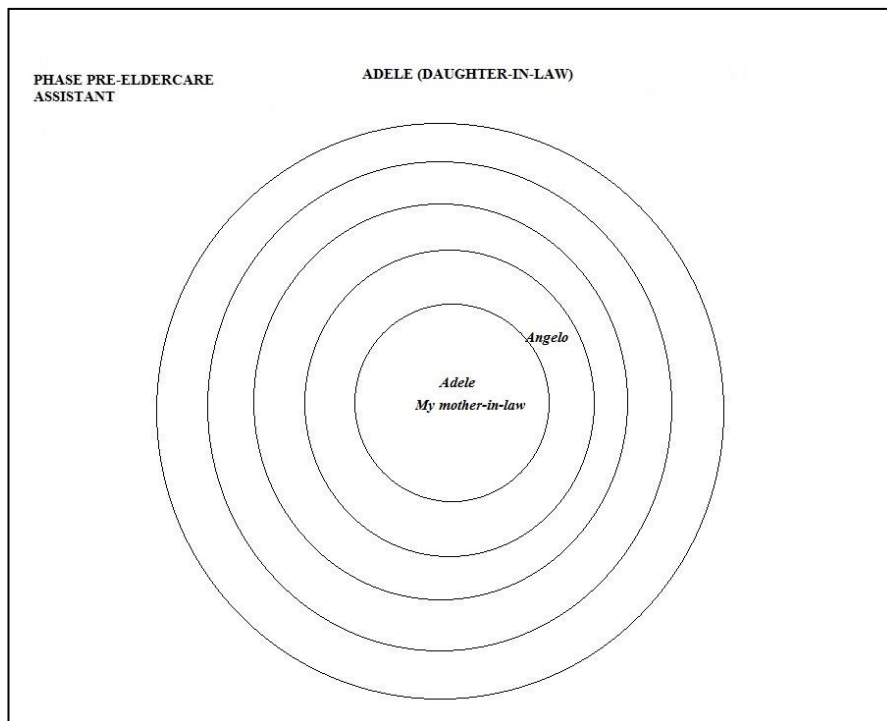


Diagram 10. Phase pre-eldercare assistant Adele

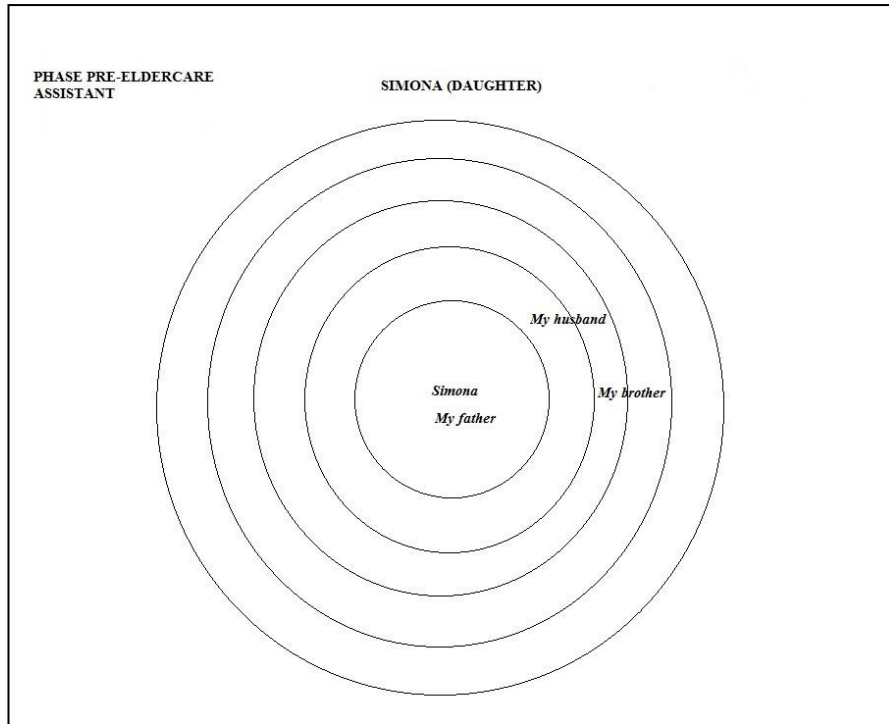


Diagram 11. Phase pre-eldercare assistant Simona