

Stream 12.1/A: Transnational care markets: European care regimes in the age of migration

**The interaction among migrant care workers, family carers and
professional services in the Italian elder care sector**

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1. Introduction

This paper focuses on the role of migrant care work (MCW) in the Italian elder care sector. After a short methodological section, selected findings from two Italian research projects, the EUROFAMCARE and DIPO studies, will be presented, to highlight the main activities performed by MCWs and their impact on traditional informal and formal care providers. These findings will be discussed to identify the main challenges raised by this phenomenon for future research, policy and practice in this area.

1.1 Migrant work for elder care in Europe

The migration of long-term (or elder) care workers is an increasing, world-wide phenomenon, which reflects the in-depth changes associated with the globalization of the international economy and the growing interdependence existing between countries (Anderson 2007; Browne and Braun 2008). In Europe, The employment of MCWs is currently taking place on a large scale in Europe (European Communities 2008; Lethbridge 2007; Lamura et al. 2008), where it has been partly fuelled by public cash for care schemes providing benefits to dependent persons. These have attracted large numbers of unskilled, mainly live-in domestic workers, primarily women, who are often employed by families in a grey economy characterized by illegal immigration and/or work status. One main difference which can be currently observed between this more recent phenomenon taking place in Southern Europe – but increasingly also in Central European countries like Austria and Germany, as well as in a “familistic” nation like Ireland – and the care migration patterns characterizing Northern Europe is that foreign-

born workers in the latter area are more frequently employed by formal care service providers, rather than by families (Lethbridge 2007).

In Mediterranean countries, on the contrary, the private employment of MCWs by families has today become the “normal” solution to face the elder care challenge: in Greece one fourth of all migrants (but 80% of migrant women!) are estimated to be employed in personal care/household services (Kavounidi 2004); in Spain the number of permits for domestic work to foreigners raised from 33.000 in 1999 to almost 230.000 in 2006 (INE 2008); in Turkey the employment of Moldovan and Bulgarian domestic workers has become the rule in private households (Kaska 2006 in Suter 2008). In some cases the phenomenon has been legitimized by long term care insurance (LTCI) schemes, such as in Israel (Iecovich 2009) and Austria, where today over 20% of all care workers have a migration background (Schneider and Trukeschitz 2008).

1.1. Migrant care work in the Italian welfare system

With almost 20% of its population aged 65 years or older, Italy represents today one of the oldest countries in the world (Eurostat, 2007; US Census Bureau, 2008). While this clearly means a high demand for elder care, at the same time three parallel phenomena are affecting in negative terms the availability of informal care in Italy. The first concerns the decreasing “potential support ratio” (between the number of adults in working age 15-64 and the number of older people aged over 65), which is very low in Italy when compared to other countries (UN, 2006). A further trend is represented by the increased female participation rate in the labor market, which between 1994 and 2004 has increased from 42,4% to 51,0% (OECD, 2005), and recently even beyond (ISTAT 2008). Parallel to this, a perceptible delay in the time of retirement is taking

place following a series of pension reforms, pushing up the employment rate in the 55-64 year old age group, i.e. the one in which many informal carers of older people are traditionally concentrated (Eurostat 2007a), although it still remains in Italy one of the lowest in Europe (Aliaga & Romans 2006).

These changes are challenging the traditional pattern of a substantial unpaid family support to grant long term care to dependent elderly, so that an increasing number of Italian households have been trying to face this task by privately employing migrants, often on a live-in basis, as home care workers. Several pull factors have operated to attract this workforce to Italy, such as a traditional preference for care payments (rather than direct care services), the cultural vision that elderly care is to a large extent a “family matter”, and the related aversion to residential care.

At the same time, the role of formal care services remains underdeveloped and unequally distributed throughout the country. Home care services reach only 4.9% of the over 65 year old population, and are mostly concentrated in Northern regions (Gori and Casanova 2009). A similar, unequal distribution penalizing Southern areas is true for residential care facilities, which host no more than 3% of the total number of older Italians (Pesaresi and Brizioli 2009). The marginal role of Italian formal elder care services finds an even clearer explanation in the light of the “cash-for-care” orientation of the Italian welfare state, i.e. the traditional predominance of care payments, rather than of in-kind services. Summing up the different types of care payments available (disability pensions and care allowances by the State, and cash-benefits by local authorities), a total sum of 700-900 Euros per month (i.e. a sum that is not far away from the average income of an over 65 year old Italian living alone) becomes available to a large number of recipients, partly due also to the lack of appropriate controls (e.g.

the State care allowance has reached a very wide audience, currently amounting to circa 9,5% of all over 65 year old Italians, Lamura and Principi 2009).

In the light of the developments outlined above, it is not surprising that an increasing number of Italian families has turned to MCWs to provide care to their frail older members: while in 1991 only 16% of the 181.000 domestic care workers recorded at that time had a foreign nationality (INPS 1992), current estimates speak of 72% foreign-born persons among the now almost 1.485.000 person employed in a sector which has experienced an enormous growth (+37% only in the past 7 years) (CENSIS 2009). A large number of these MCWs, mainly women, live-in with the persons they care for, and come mainly from Eastern Europe, although not few of them are from Southern America and Asiatic countries (INPS-Caritas/Migrantes 2004).

If we consider only households directly involved in providing informal care to a dependent older person, 13% of them report of privately employing a paid care worker (Lamura et al. 2008). Households who are most likely to resort to this solution are those who are involved in heavy care tasks, so that it is crucial to understand how the help provided by privately hired MCWs has changed the role played by the family and formal care services. This will be investigated in this paper by identifying which tasks are mainly delegated to MCW and which are retained by traditional care providers, distinguishing between live-in and non live-in situations. Furthermore, an analysis of the main factors affecting families' decision to employ a MCW, on the one hand, as well as of the MCW's long-term perspectives, on the other hand, will provide insight on the sustainability of this solution for the future.

2. Methodology

2.1. Study design

The analysis presented here has been based on two studies carried out in Italy in 2004-2005. The first one concerns the Italian section of EUROFAMCARE, a broad survey carried out in 6 European countries on family caregiving, in which some questions on MCW were added to the common research protocol and administered to Italian respondents only. A total of 129 families – i.e. 13% of the 990 representing the overall Italian sample – resulted to be employing a MCW at the moment of the data collection (for more details on this research project refer to the project's homepage: www.uke.uni-hamburg.de/eurofamcare).

The second study refers to a regional investigation conducted in Central Italy and specifically aimed at collecting in-depth information on MCWs (Lucchetti et al 2007). This survey reached a sample of 220 foreign women privately employed by families in order to provide care to their older members. Subjects were recruited in two different areas – one city in the coast and one mixed (urban-rural) area in the mountainous hinterland – through snowballing techniques via local migrants associations, in the attempt to “capture” both migrants regularly employed and those working as undeclared care staff (i.e. without legal permit of stay nor/or a working permit). Some of the questions posed were the same as in the EUROFAMCARE study, thus allowing to compare the findings emerging from both investigations.

2.2. Data analysis

Data from both studies have been first analysed to obtain basic, descriptive information on the main tasks performed by MCWs, according to their (non)cohabitation status. A comparison between the tasks performed by the MCW, by the family and by formal care providers has been then carried out, in order to highlight

the impact exerted by MCW on the role played by the other (both formal and informal) care providers. Finally, a logistic regression was performed to identify the main features characterising the families who decide to employ a MCW. This model was chosen since it can be applied on dichotomous dependent variables (such as in this case), and to identify not only which variables significantly affect the dependent one, but also (through the odds ratio) in which proportion.

3. Findings

3.1. *Impact of migrant care work on the role played by the family*

The EUROFAMCARE database allows to distinguish the tasks performed by the primary caregiver (i.e. the family member who is mostly involved in the care of the dependent older person) from the help provided by other family members (Table 1). This information can be further disaggregated in order to take into account whether a MCW has been employed and, in this case, whether he/she is cohabiting or not with the cared-for dependent older person.

These findings show that, when no MCW is employed (cfr. columns 1-3), providing company, care organisation, shopping and transportation represent the main tasks accomplished by the primary family carer. However, while the first two tasks remain in the hands of the primary carers even when a MCW is hired (no matter whether cohabiting or not), shopping and transportation are more likely to be delegated to the MCW (the first more frequently to a live-in MCW, the second more to a non-cohabiting one). Managing finances and housework are taken upon primary family carers in four out of five cases when no MCW is present, but the second activity is to a large extent “outsourced” to the latter as soon as the family opts to acquire his/her help, keeping for itself the control over finances (or even increasing it, in case of cohabitation).

Table 1: Care tasks performed by (primary and non primary) family carers of dependent older people, by type of support received by migrant care workers (%)§

CARE TASK	EUROFAMCARE						DIPO	
	Primary carer			Other (non primary) family carers			Family carers	
	No MCW	Non-live-in MCW*	Live-in MCW*	No MCW	Non-live-in MCW^	Live-in MCW^	Non-live-in MCW	Live-in MCW
	<i>n</i> = 850	<i>n</i> = 35	<i>n</i> = 87	<i>n</i> = 620	<i>n</i> = 24	<i>n</i> = 51	<i>n</i> = 83	<i>n</i> = 137
	1	2	3	4	5	6	7	8
Company	97,3	- 0,2	+ 0,4	86,1	<u>- 11,1</u>	- 1,8	20,5	10,2
Care organization	94,0	- 5,4	- 3,2	48,8	<u>- 7,1</u>	<u>- 9,6</u>		
Shopping	92,7	<u>- 9,8</u>	<u>- 13,4</u>	60,7	+ 5,9	<u>- 11,7</u>	15,7	15,3
Transportation	88,1	<u>- 13,8</u>	<u>- 7,6</u>	56,1	<u>- 18,6</u>	- 5,1	9,6	16,8
Management of finances	82,2	- 5,1	+ 5,2	48,1	+ 10,3	- 1,0	16,9	25,5
Housework	80,2	<u>- 28,8</u>	<u>- 34,2</u>	51,9	- 1,9	<u>- 31,9</u>	4,8	2,2
Medicines administration	75,9	<u>- 10,2</u>	<u>- 16,1</u>	49,9	+ 8,4	<u>- 20,5</u>	12,0	7,3
Meals preparation / administration	75,2	+ 1,9	<u>- 22,9</u>	45,9	+ 4,1	<u>- 10,6</u>	6,0	8,0
Lifting / moving at home	74,6	<u>- 14,6</u>	<u>- 13,7</u>	52,2	- 2,2	<u>- 18,8</u>	3,6	0,7
Personal care	72,8	+ 4,3	<u>- 14,2</u>	47,1	+ 7,1	<u>- 19,6</u>	3,6	5,8

§: figures in **bold** are over 4% above the reference category; underlined figures are over 6% below the reference category; double underlined figures are over/about 20% below the reference category
* : % change compared to the case in which no MCW at all is employed (column 1)
^ : % change compared to the case in which no MCW at all is employed (column 4)

The live-in status of the MCW is decisive for the more frequent delegation of two further activities, such as meals preparation and personal care, while medicine administration and lifting/moving the older person at home are quite often performed by non-cohabiting MCWs, too.

A second set of findings emerging from Table 1 (columns 4-6) concerns the other (non primary) family carers, whose presence in everyday support is in general –

compared to the primary carer – much lower for all activities except for providing company. What we can observe in this case is that the impact of the employment of a MCW on the role played by secondary family carers is much stronger (i.e. producing a lower involvement) in case of a live-in solution, with three exceptions: care organisation, providing company and especially transportation (from which secondary carers withdraw already or even stronger when the MCW is not cohabiting). The most relevant findings in this respect is however that for several activities the presence of secondary family carers increases when a MCW is employed on a non-cohabitation basis. The EUROFAMCARE findings are partially confirmed by the results emerging from the DIPO study (columns 7-8), highlighting however two main differences: a more frequent provision of company by secondary carers in case of non-cohabiting MCW; and a higher involvement of secondary carers in managing finances in case of live-in situations.

3.2. *Impact of migrant care work on the support provided by formal care services*

A further aspect investigated here is whether the presence of a MCW has an impact on the support provided by professional care services (Table 2). Within the EUROFAMCARE sample, 17,3% of respondents reported that professional support was received by the older person in form of care services provided by a public or private organisation. When no MCW is employed (cfr. column 1), these care services concerned mainly personal care (59%) and housework (42%) as well as – but to a lesser extent – meals preparation and/or administration, help in moving/lifting at home, medicine administration and company.

Table 2: Tasks performed by professional care services to support dependent older people, by type of support provided by migrant care workers (%)

CARE TASK	EUROFAMCARE			DIPO	
	No MCW	Non-live-in MCW [^]	Live-in MCW [^]	Non-live-in MCW	Live-in MCW
	<i>n = 145</i>	<i>n = 11</i>	<i>n = 15</i>	<i>n = 14</i>	<i>n = 7</i>
	1	2	3	4	5
Personal care	58,6	- 13,1	+ 1,4	28,6	14,3
Housework	41,7	- 5,3	- 15,0	14,3	0,0
Meals preparation / administration	37,5	- 10,2	- 24,2	21,4	0,0
Lifting / moving at home	36,8	- 0,4	- 16,8	28,6	0,0
Medicines administration	34,7	+ 10,8	- 14,7	21,4	0,0
Company	31,9	+ 13,6	- 31,9	14,3	14,3
Transportation	20,8	+ 6,5	+ 12,5	28,6	14,3
Shopping	16,0	+ 2,2	- 9,3	14,3	28,6
Care organization	9,7	+ 8,5	- 3,0		
Management of finances	2,8	+ 6,3	- 2,8	35,7	28,6

* : % change compared to the case in which no MCW at all is employed (column 1)

Once a MCW is privately hired to provide support as a non-cohabiting home helper (cfr. column 2), the provision of professional support for personal care, meals preparation and housework (i.e. of those types of help which are most frequently delivered by formal care services) decreases by a perceptible extent. Tasks which imply a less intensive hands-on care – such as for instance medicines administration, company, transportation, care organisation – seem instead to be more frequently provided.

An even more dramatic drop in the professional delivery of most tasks occurs when a live-in MCW is employed by the dependent older person's family (cfr. column 3), to the point that some types of formal care (such as for instance company) “disappear” completely from the list of reported helps. The only two activities which keep on being delivered to a remarkable extent by professional organisations are personal care and transportation.

While the low number of cases available for these two dimensions (referring to the households employing a cohabiting as well as a non cohabiting MCW and receiving at the same time professional care) invite to use the above observations with caution, the even lower number of cases in the similar situation emerging from the DIPO database allow us only to confirm at a very general level that, indeed, the live-in option seem to represents a situation likely to induce a sort of crowding-out (replacement) effect of professional care services through MCW in the field of elder care.

3.3. *Factors affecting the carer's decision to employ a migrant care worker*

In order to better contextualise the above findings, a logistic regression was performed to identify the main factors affecting the family carer's decision to employ a MCW (Table 3).

The findings show that the more severe is the disability affecting the older person, the higher is the probability that the primary family carer opts for hiring a MCW to receive support in granting the necessary care. Living close to (but not with) the cared-for older person is a further factor directly affecting the carer's decision, as it is his/her employment status, working family carers being double as likely to resort to the help of a MCW than not employed carers. A further observation is that this step is undertaken with a similarly higher frequency by carers who consider as the "most important" service characteristic the fact that "care workers treat the older person with dignity and respect".

Table 3: Factors affecting the family carer's decision of employing a migrant care worker (n=892)*

Variable Name	Categories	Odds Ratio	Std. Err.	z	P>z
Dependency degree of older person	<i>Independent</i>				
	Slightly dependent	1.131	0.966	0.14	0.886
	Moderately dependent	5.688	4.401	2.25	0.025
	Severely dependent	30.922	23.540	4.51	0.000
Carer's gender	<i>Male</i>				
	Female	0.476	0.218	-1.62	0.104
Carer's marital status	<i>Married/cohabiting</i>				
	Widowed, divorced/separated, single	1.519	0.457	1.39	0.165
Kin relationship to elder	<i>Daughter</i>				
	Son	0.678	0.388	-0.68	0.497
	Daughter in law	1.340	0.584	0.67	0.502
	Spouse/partner	1.387	0.709	0.64	0.523
	Other	0.789	0.283	-0.66	0.508
Carer/elder place of residence	<i>Same household</i>				
	Same building/within walking distance	3.134	1.155	3.10	0.002
	Drive/bus, train	1.999	0.807	1.71	0.086
Are you currently employed?	<i>No</i>				
	Yes	2.148	0.815	2.01	0.044
Good relationship with elder	<i>Often</i>				
	Sometimes	0.633	0.373	-0.78	0.438
	Always	1.444	0.414	1.28	0.200
Average number of hours of care provided to elder per week		0.994	0.003	-1.70	0.090
How long have you been caring for the elder?		1.000	0.002	0.03	0.980
Support network in care	<i>easily</i>				
	with some difficulties	0.885	0.237	-0.46	0.648
	no	1.338	0.449	0.87	0.385
Type of support considered as "most important"	<i>Attend care support group</i>				
	Information about support available	1.650	2.350	0.35	0.725
	Advice about disease of elder	1.006	1.465	0.00	0.997
	Training to develop skills for caring	1.602	2.436	0.31	0.757
	Activities outside caring	2.312	3.627	0.53	0.593
	Holiday break from caring	1.505	2.199	0.28	0.780
	Activities for elder	1.011	1.508	0.01	0.994
	Help with planning for the future care	0.803	1.250	-0.14	0.888
	Combine employment with caregiving	0.828	1.271	-0.12	0.902
	Talk over problems	2.173	3.511	0.48	0.631
	More money for care	3.677	5.274	0.91	0.364
	Changes at home environment	0.480	0.722	-0.49	0.626
Service characteristic considered as "most important"	<i>Help is available at the time carer needs</i>				
	Help fits in with the carer's routines	2.646	2.478	1.04	0.299
	Help arrives at the time it is promised	0.742	0.412	-0.54	0.591
	Care workers are skilled	1.248	0.415	0.67	0.504
	Care worker treat elder with respect	2.295	0.710	2.68	0.007
	Care worker treat carer with respect	2.003	1.685	0.83	0.409
	Help provided improves elder's quality	0.588	0.297	-1.05	0.293
	Help provided is not too expensive	1.756	1.085	0.91	0.362
	Help is provided by the same care worker	3.385	3.128	1.32	0.187
	Help focuses on needs of both carer and elder	0.399	0.514	-0.71	0.476

4. Discussion

The findings emerging from the two illustrated studies show that the private employment of MCWs in the field of Italian elder care has been relieving families from the most burdensome care activities, and reshuffling care tasks between old and new actors at a pace which no one could have expected only just a decade ago. Driven by the matching of an increasing care demand, on the one hand, and the supply of cheap care work offered by MCWs, on the other hand, these profound changes are challenging the traditional role played by professional services, which are partly crowded-out by MCWs in most care tasks and do not seem yet ready to integrate this new actor into the existing formal care network. The call for a better quality of the care provided by MCWs – a call coming from MCW themselves (Lamura et al. 2008) – is made even more urgent by the uncertainties concerning the long-term sustainability of the current system, if no new cohorts of MCWs will be found to supplement the current ones (CeSPI 2008).

In the light of these challenges, it is crucial to understand which role policies can play, at a national and a European level, to ensure that this phenomenon occurs in forms that, while respecting the fundamental human rights of all actors involved, can promote a better integration between the privately employed MCWs and the formal care services. This is urgent also because the employment of most MCWs remains undeclared, a circumstance which in the eyes of many professionals makes a systematic dealing with this issue unnecessary (MCWs “don’t exist”) or superfluous (MCWs “are not professionals”), preventing an in-depth redefinition of the professionals’ role in order to take into account the migrants’ presence (Tidoli 2006).

Elder care policy in Italy – but also in all countries witnessing an increasing employment of MCW – is therefore urged to improve the overall quality and attractiveness of the long term care sector for domestic staff, too. This would reduce the need to solve current care labor shortages through migration; a practice which can seriously endanger the low-income sending countries' investments, once their more skilled and enterprising human resources move abroad (Anonymous 2008). And help to keep in mind that migrants are not only part of the “workforce”, but also persons, who on the long run might end up to become themselves, if not adequately protected, one of the population groups more at risk, in terms of health and socio-economic needs, of our society (Watson 2004).

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