

Migration and Elderly Care Work in Italy: Three Stories of Romanian and Moldovan Care Workers

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Italy is one of the most important destination countries for Romanians. At the same time, the Italian care sector relies mainly on migrant labour, most of whom are Romanian women. Historically, Italy is considered one of the landmark countries for the southern or Mediterranean welfare state, characterised by its fragmented labour market, underdeveloped social protection system, informal economy and unpaid care work, usually done by the women in the family. Italy has one of the highest rates in Europe of both the elderly population and life expectancy at birth. In the last 20 years, the care work was gradually redistributed to migrant care workers, most of them women from former socialist countries, who often live in the household where they work. Migration from Eastern Europe, particularly Romania, has been facilitated, on the one hand, by rising unemployment and low-paid job opportunities in migrants' countries of origin in the context of the deindustrialisation of state industry and, on the other, by the Italian elderly public-support system which is based on cash benefits granted to the family which can be redistributed to employ migrant care workers. In this paper we analyse three specific types of care work migration from Romania to Italy and the main challenges which they face, taking into account the specifics of the work and the type of migration chosen. The methodology is qualitative, based on 20 semi-structured online interviews with Romanian care workers and two interviews with stakeholders.

Keywords: migration, migrant care workers, elderly care work, Mediterranean welfare state, Italy, Romania

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Introduction

Historically, Italy has been one of the countries which encouraged the maintenance of care work within the family through its social policies. After the collapse of state socialism in Central and Eastern Europe and the subsequent neoliberal economic transformation that triggered massive unemployment, economic migration became one of the most important coping strategies for local populations. It made for favourable conditions for care work in Italy to be gradually redirected towards migrant workers from countries such as Poland, Ukraine and, most recently and most prominently, from Romania and Moldova. The re-commodification of care work was possible through favourable migration regimes in Europe (Lutz 2017) and because incomes and quality of life were much lower in Eastern European countries. This situation became widespread as economies deindustrialised through the privatisation of state-owned companies and the implementation of a type of capitalism which is specific to dependent market economies reliant on cheap labour (Nölke and Vliegenthart 2009). This is one of the main reasons why a large number of Romanians go to Italy and Austria to be care workers, as these countries offer larger salaries than does Romania.

According to a United Nations report (2017), approximately 3.4 million Romanians emigrated between 2007 and 2017, making up 17 per cent of the population – the second highest global rate of migration after that caused by the war in Syria. In Italy, Romanians are the largest minority. Compared to 2003 (there are no earlier data), the number of Romanians in Italy increased almost 13 times, with a constant annual growth rate – with the exception of 2012, when there was a small decline as a consequence of the global economic crisis. According to data from the Italian Institute of Statistics, approximately 1.2 million Romanians had an established residence in Italy in 2020, 57 per cent of them women.¹ Romanian women are, in fact, the largest group working in this field in Italy, care work being almost the exclusive domain of migrants (King-Dejardin 2019: 36). Care workers are one of the most vulnerable labour groups, especially as a large portion of them are informal workers, without registered contracts and without adequate social protection or having their rights guaranteed. At the global level, one in five people who practice domestic work are international migrants, a statute which makes them more vulnerable, as only 10 per cent of them are protected by labour legislation (ILO 2013).

An accelerated aging of the population and the influx of migrants coming to work from poorer countries are the two largest demographic phenomena specific to most countries in Western Europe. At the EU level, the population older than 65 years is expected to grow from 20 per cent of the total currently to 30 per cent by 2070, while the population older than 80 is expected to double and reach 13 per cent of the total.² At the same time, it is estimated that the population in need of long-term care will grow from 19.5 million in 2016 to 23.6 million in 2030 and 30.5 million in 2050. Italy is the European country with the oldest population. If, in 2000, the elderly in Italy represented 18 per cent of the total population, today that number has reached over 23 per cent (World Bank database, indicator SP.POP.65UP.TO.ZS). At the same time, between 1994 and 2011, the demand for care workers for the elderly quadrupled (Castagnone, Salis and Premazzi 2013) and this demand was covered by the informal or irregular work of hundreds of thousands of migrant women.

In the early 2000s, the Italian state tolerated irregular immigrant women who later obtained the right to stay following Decree 195/2002 for the amnesty of non-EU workers, known in the popular language as *Sanatoria*. The migration of Romanians (including for care work) has increased steadily since 2002 in the context of their being granted freedom of movement within the European Union even if the Italian labour market formally opened to migrants from Romania only in 2012. To facilitate their freedom of movement in the European Union, Moldovan citizens have obtained or regained Romanian citizenship,

generally using their Romanian passport when registering in destination countries (Cojocaru 2021). According to data from the National Institute for Social Security in Italy, the number of domestic workers registered there in 2018 was 849,987, approximately 90 per cent of them women.³ Apart from these, there are also those who are not registered. According to the estimates of an employment agency in Italy, around 565,000 domestic workers do not have an employment contract⁴ and do not benefit from any kind of social protection (accident insurance, health insurance, social security, pension insurance).

Using a qualitative methodology based on in-depth biographical interviews, this article aims to produce a classification of the main categories of Romanian care workers in Italy, together with the main challenges that they face, taking into account the specifics of the work and the type of migration chosen. With this goal in mind, we started from the two 'typical profiles' of Ukrainian migrants to Italy described by Vianello (2016), which we adapted in order to understand the situation in which migrant care workers from Romania find themselves. The exploratory research on which this paper is based is designed to provide a better understanding of the challenges faced by Romanian and Moldovan care workers in Italy. Although they represent the largest group in the care sector, their experiences are little researched in the literature. The analysis is helpful in understanding the diversity of care workers' experiences and the challenges of each type of employment. The main contribution of this paper is its discussion about seasonal care workers – who have become a considerably large group – being the most exposed to rights violations.

Although the emigration of women from Romania and, in particular, migration for care work, was among the most important social phenomena in the context of the post-socialist transition and the structural transformations taking place in the past 30 years, there are few studies which describe the migration and labour experiences of this occupational category. Furthermore, this professional category is virtually invisible in the Romanian public sphere and there is little known about the details of care work and the regulations in destination countries in this (often informal) sector. The only conversations which took place in the mainstream media were more about the phenomenon described by psychologists as the 'Italy syndrome',⁵ acknowledging the mental-health problems and the psychological challenges experienced by an important proportion of those working in the care sector.⁶

The Italian welfare state model, circular migration and the nature of care work

Over the past 30 years, the mechanisms through which long-term care is delivered changed in several countries in Europe. The literature in the field which analyses the typology of welfare states (liberal, social democrat, conservative corporatist and, eventually, southern or Mediterranean – Esping-Anderson 1990; Ferrera 1996) explains the institutional mechanisms through which states choose to produce welfare and social protection. Among the attributes of the southern model, there is the existence of a fragmented labour market and an underdeveloped social protection system (dependent on the level of regional development), a population employed in peripheral sectors or in the informal economy (especially women) and a tendency for care work to be unpaid and usually done by the family. Italy can be considered as one of the landmark countries for this type of welfare, where care work of the elderly and of children historically fell under the remit of the family and in particular of women. This is one of the main reasons why Italy has one of the lowest rates of employment among women and an important percentage of women working part-time. However, care work (especially of the elderly) was gradually redistributed to migrants, most of them women from former state-socialist countries, with no specific qualifications, who often live in the household in which they work. This phenomenon accentuated after 2000, not only because the population became older⁷ and life expectancy at birth increased⁸ but also

because the employment rate of women increased, especially as families transitioned to the dual-breadwinner model. At the same time, this regime of care production was also possible because the social protection system now focuses more on monetary social transfers for care that the family uses on social services (Bauer and Osterle 2013; Di Rosa, Melchiorre, Lucchetti and Lamura 2012; Tognetti and Or-naghi 2012). Public support for care in Italy continues to rely on several types of financial transfer. The most common is the 780-euro accompanying allowance (*indennità di accompagnamento*) which is received by more than 10 per cent of people over 65 years old who need an accompanying person for daily activities, without needing to justify in any way how they spend the money (King-Dejardin 2019). Moreover, irregular migration was tolerated and even encouraged by the Italian state (Ambrosini 2014). This is how the woman-in-the-family care model was gradually replaced by the migrant-in-the-family care model (Bettio, Simonazzi and Villa 2006; King-Dejardin 2019). This is the currently dominating care model: hired care workers, informally known as *badanti*⁹ who often live in the same household as the beneficiaries, whom some studies call the ‘backbone’ of the Italian elderly-care system (Castagnone *et al.* 2013). The marketisation of care is also present in other European countries in the context of an aging population. For a valuable discussion of elderly-care models in Great Britain, Spain and France, see Sahraoui (2019), who argues that racialised or minority care workers play a crucial role in meeting the sector’s need for labour. According to the author, migrant women are at the highest risk of precarious employment in all three countries. However, the provision of care differs in terms of colonial history, patriarchal norms and the type of neoliberal regime (Sahraoui 2019).

Rugolotto, Larotonda and van der Geest (2017) argue that the migrant care workers solve a problem of Italian social services – ‘keeping alive’ the Mediterranean model which is based on the moral obligation of elderly ‘family care’. Not respecting this obligation is taboo; however, at the same time, the costs can be extremely high for all parties involved. The care workers and the elderly feel overworked and even exhausted by a difficult relationship, while the families are pressured by the cultural and moral obligation to offer care to parents and grandparents through the family. All three parties are interdependent (Rugolotto *et al.* 2017: 185). The institution of the *bandanti* became an integral part of the Italian family, producing ‘a less traumatic and perhaps more acceptable transition from informal to commodified care’ (Da Roit and Facchini 2010: 12, as cited in; Rugolotto *et al.* 2017: 193). As a consequence, (Romanian) migrants ‘help Italian families to remain Italian by following this tradition, or at least keeping up the appearance of doing so’ (Rugolotto *et al.* 2017: 194), working and playing a role that the family no longer plays directly but only manages (Ambrosini 2014; Pugliese 2011). The goal is to preserve the ‘traditional family’ but what remains ‘traditional’ in this configuration is the preservation of the gendered division of labour through which offering care in the family is the woman’s role (Lutz 2018; Pugliese 2011; Sahraoui 2019).

The result of the capitalist model implemented in Romania, predominantly relying on direct foreign investments, fiscal facilities for companies and cheap labour (Ban 2014; Nölke and Vliegenthart 2009; Pasti 2006) is unequal development, with significant differences between urban and rural areas as well as between regions. Even after joining the EU in 2007, Romania did not reach the level of development of Western countries, having one of the highest poverty and social exclusion rates, social and economic inequality, under-financed public health, education and social assistance systems and among the lowest average wages in Europe (Țoc 2018). In this context, labour migration or mobility – including circular and temporary migration, especially in fields where seasonal work is needed (agriculture, meat industry, construction, home care etc.) – was one of the main strategies to ensure a decent living standard (Cosma, Ban and Gabor 2020; Ottonelli and Torresi 2016; Sandu 2010; Vlase 2013). If most European states solved the problem of care by hiring migrants, in Romania – which also relies on a family model

of care – hiring migrants to substitute for family members working in the EU is not plausible for the largest part of the population given the low family incomes. Furthermore, in the context of migration, child care becomes the responsibility of grandparents, older sisters or even neighbours (Bauer and Österle 2013; Pantea 2012), which creates a feeling of cleavage between care workers and the family who stayed home. At the same time, as Marchetti and Salih (2017) argue in the critical analysis of migration policies in the EU from neighbouring countries in the context of the feminisation of migration, it often happens that the migration process reproduces/perpetuates gender-role norms in which women end up in subordinate positions, in both their origin and destination countries. Women from underdeveloped or developing countries – ‘servants of globalisation’ – end up migrating and leaving their own families to offer care to other families from the Global North in a more financially profitable context while, in their own homes from their country, other women in similar or worse situations take care of their children and family (Parreñas 2015). This is how ‘global care chains’ are formed (Hochschild 2000; Parreñas 2012; Sahraoui 2019; Yeates 2012). Therefore, the long-term loss of both the formal and informal care resources and of the family resources from the home countries created a ‘care drain’ (Bauer and Österle 2013), a phenomenon much less visible than that of ‘brain drain’ but with equally significant costs for the home country. The redistribution of care work today creates an ‘international division of reproductive labour’ (Parreñas 2015), with psychological and emotional effects for the women involved.

The present research complements previous studies that analysed migration from Central and Eastern Europe to Italy from a circularity perspective (for a systematic review, see Triandafyllidou and Marchetti 2013). In this regard, Vianello (2014, 2016) and Fedyuk (2015) discuss two categories of Ukrainian migrant care workers: ‘in transit’ and ‘permanent’. The former perceives the migration project as temporary, often involving downward mobility and intended to help their family in Ukraine and eventually return. At the same time, the migrant in transit is part of the circulatory migration process as a life strategy, alternating life between Italy and the country of origin. The second category has a migration project in which the aim is to stay and integrate into the host society. Anna Kordasiewicz (2014) also classifies Polish care workers in Naples as live-in care workers (known as ‘around the clock’ work or ‘working day and night’) and live-out care workers (known as work ‘by the hour’). The former are generally part of the phenomenon of circular migration, while the latter are seen as migrants who are more likely to settle in Italy.

Similarly, comparing the migration of Ukrainians to the US (California) and Italy, Solari (2010) argues that there are major differences between the two. Migration to the USA tends to be more permanent and with minor effects on the host country. The migration of middle-aged and older women to Italy impacts on Ukraine as part of the post-socialist reconstruction process. Other studies, such as that of Marchetti and Venturini (2014) on the migration of mothers and grandmothers from Ukraine and Moldova to Italy, discuss the differences between the two national groups in terms of the migration strategies chosen and the provision of resources needed to ensure the well-being of families in the countries of origin. The authors argue that it is more likely that women from Moldova, generally younger, tend to have permanent migration plans. In contrast, those from Ukraine, usually older and with families in Ukraine, tend to be ‘in transit’. More recently, Olga Cojocar’s (2021) contribution, which is based on interviews with women from Moldova who have a migration project ‘in transit’ in Italy, discusses how keeping the temporary or transitory nature of migration helps migrants to survive in precarious jobs and is characterised by downward mobility.

One particular way in which circulatory migration projects have been facilitated is documented by Marchetti (2013), who discusses Ukrainians and Poles working in shifts of between two and four months, with the possibility for the employer to register a single contract with two people. However,

such situations are rare in Italy, with the employer preferring to sign separate employment contracts with each care worker. Such arrangements are generally preferred by people who want to spend more time with their families and because it is less psychologically demanding. This type of job-sharing has been imposed from the bottom up, being arrangements that care workers are more likely to make (see also Triandafyllidou and Marchetti 2013). This particular type of circular migration occurs after the worker has spent a more extended period in Italy and built a network, generally working on contract (Marchetti 2013). Last but not least, the author argues that ‘circular-carer’ is not like other forms of temporary work, being a transnational form of job-sharing in which workers rely on relationships of trust and reciprocity. In the data analysis section, we discuss a similar category of Romanian and Moldovan seasonal care workers but who differ from the type described by Marchetti (2013) in that they replace people who have a contract or informal arrangement in Italy for shorter periods (ranging from two weeks to three months), generally without an employment contract. Recently the topic has gained more traction with the publication of an important book, *Il lavoro che usura*, which discusses the health and safety aspects of live-in care work by Moldovan women in Padua (Redini, Vianello and Zaccagnini 2020).

When it comes to the nature of the work, a sensible aspect stems from its informal character, a result of unregulated labour relations, especially for care workers who also live in the space where they work. This can lead to abuse and exploitation generated by the asymmetrical power relations between the care beneficiaries / their families and the care workers (Rugolotto *et al.* 2017). This fact is also problematic from the perspective of the almost complete lack of free time and the impossibility to integrate in the community, which generates a feeling of isolation and a psychological impact which is hard to quantify (Bauer and Österle 2013; Rugolotto *et al.* 2017; Sîrghie 2012). Last but not least, especially as no specific qualifications are required for care work, being a care worker involves many skills on their part, from specific care knowledge, to the ability to interact with people who often suffer from various diseases or disabilities (including mental) or to solve unforeseen situations. As Helma Lutz (2008) shows, domestic work is a labour-market niche which has an entirely unique nature: the intimate character of the social space where the work takes place; the way in which this job is perceived, as well as its gender component; the special and highly emotional relationship between the employer and the employee, which is personalised and characterised by mutual dependence; and the logic of care work, which is different from other types of labour. On the other hand, care work, although it entails a centre–periphery linking, cannot be relocated like a call centre in a country with cheaper labour but needs ‘educated and flexible migrants’ who easily adapt to the conditions in their new families. These elements, which are completely unique to the labour of care workers, are the subject of this article.

Methods

This analysis aims to create a better understanding of how the daily work of Romanian care workers in Italy is done, using their own experiences and interpreting them in relation to the wider historical, institutional and political context. Starting from previous analyses (Vianello 2016) which describe two categories of Ukrainian migrant care workers in Italy, we expand the categories and analyse three specific types of labour migration from Romania to Italy in this sector, emphasising how the challenges of care work differ according to the migration project chosen by people from Romania working in Italy.

The methodology of this study is specific to qualitative research (Creswell 2013) and mainly relies on 20 in-depth, online semi-structured interviews (Fielding, Lee and Blank 2017; Legard, Keegan, Ward 2003), with a duration which varies between 45 minutes and 2 and a half hours. The interviewees are 14 people from Romania and 6 from Moldova (who, however, have a Romanian passport, which allows

them to travel within the EU) who work in the elderly-care sector. They either live and work in the homes of the beneficiaries (24 hours / 7 days), or work on an 'hourly pay' regime as care workers in one or several households or in connected fields such as cleaning and housekeeping (all participants initially experienced at least one 24/7 work placement). The participants work for either extended periods of time or for shorter periods in order to spend more time with the family in Romania. The participants work or have worked in most Italian regions, without any significant differences between their labour experiences. The interviews took place in Romania between July and December 2020, using online audio-video platforms. The interviews were carried out at the workplaces of the live-in care workers, the interview being scheduled by mutual agreement when they had free hours; in their own home in Italy with hourly paid care workers; or in their home in Romania with retired care workers or those who were working temporarily as substitute care workers. Additionally, we explored the interactions taking place on one online discussion forum dedicated to Romanian care workers in Italy and organised two interviews with stakeholders (a labour-rights lawyer and a community leader who works in the non-profit sector, focusing on care work).

The participants were selected through both recommendations and the snowball technique, in order to address the lack of trust specific to online interviews. The biographic interview, a technique which is useful for exploring the ways in which the participants internalised in time the accumulated experience, were organised around three general themes: the individual migration project, the nature of work in the care field and how they regard the host and origin society in the context of migration. In this paper we focus only on providing a classification of care workers in Romania.

The interviews were transcribed and the data analysed through the thematic analysis method (Braun and Clarke 2006; Bryman 2016). The names used in the quotes are not real but are pseudonyms to maintain the participants' confidentiality. The data analysis went through a reflexivity filter, given the fact that the research has a deeply feminised component, which means that there could be bias or presumptions. There are limitations on the type of information obtained, stemming from how gender relations were perceived (both authors are male). Added to these limitations are the perceived power relations, which are more challenging to identify and manage in online interviews.

The main limits of the research are mainly linked to the way in which the data were collected, which took place exclusively online given the restrictions generated by the SARS-CoV-2 pandemic. Although access to people working in this field was easier than it would have been for face-to-face meetings, given the nature of the work and the few free hours that they have, at least in the beginning it was difficult to create trust, which is necessary when studying a sensitive theme such as this one. Biographical interviews require building trust and empathy, which are difficult to accomplish online. For this reason, we decided to rely exclusively on recommendations in selecting participants. At the same time, prior to the interview, we had written or telephone conversations with the participants to explain in detail the purpose of the research and how the discussion would proceed and to give them some instructions to ensure that they had a good internet connection.

We interviewed the participants using familiar video platforms which they had already used to communicate with their family or relatives in Romania – with two exceptions, who preferred a telephone interview. The video interaction facilitated the development of a closer relationship. There are obvious limitations with online interviews, as it was challenging to be mindful of posture and body language. Also, being an ethically sensitive topic, we tried to be careful about situations that might trigger traumatic memories and to not insist on asking for details at such moments.

Results

The care worker 'social career'

How does one become a care worker? Starting from Goffman's (1961: 127) definition of a moral career as 'any social strand of any person's course through life', we can argue that there is a whole evolution of the care worker 'career'.

The main component of Goffman's theory consists of the assertion that the self can be analysed as the sum of several phased changes, understood as 'changes over time [that] are basic and common to the members of social category, although occurring independently to each of them' (1961: 127) and which explain the three care workers' categories which we describe below.

In the case of Romanian and Moldovan workers who started their migration project between early 2000 and 2010, the first job was usually low-paid and without an employment contract. The host family took advantage of the care worker's lack of training and/or negotiation power, unawareness of their rights and, especially, the fact that they did not speak Italian, by imposing work conditions without negotiating them. Usually, abuse was widespread in such cases, the initial period and the first jobs being extremely physically and psychologically demanding, as evidenced by this care worker in Como:

The girls who come and don't know the language, the laws, they work a lot and for nothing. In Italy there's no legal 24-hour work. But our girls say – 'I'm going to 24'. The daily labour in the contract is for eight hours (...) but our girls wake up at night.

As they gained experience and basic financial stability and extended their social networks, the social career of the job transitioned to the next stage and they could choose and negotiate their workplace more easily. Sometimes they can be the resource person who recommends other care workers within their family or acquaintance networks. The negotiated salary increases and contractual rights tend to be respected to a greater extent. In some situations, experienced care workers try to avoid difficult workplaces, such as those where they have to care for bedridden elderly people or people who are suffering from senile dementia or Alzheimer's disease. When they agree to care for these people, the requested salary tends to be higher, as this care worker in Cagliari explains:

That's what (the employers) told me: 'We can't give you less because you know the rules (...)'. I repeat, you know the language, you have some experience, you have a small CV, be confident, show them that you know what you want and be a little professional and you have a chance to be better paid. This is the first secret. That's when they dig deep in their pocket, you know [laughs].

One relative emancipation can be a situation in which the care workers give up their '24h' job (as a live-in care worker) and become an 'hourly' paid live-out carer. They work either in housekeeping, babysitting or elderly assistance. Working an 8-hour-a-day job and renting an apartment usually means more physically demanding and less stable employment than that of a live-in care worker but the work is less psychologically demanding. A driver's licence and having a car can be key to obtaining daily employment contracts as care workers for the elderly, at a retirement home, as babysitters or as housekeepers, jobs which, at the end of the month, are better paying and less demanding than being a live-in care worker. We only observed this evolution of the 'care workers' career' through people who lived long-term in Italy (over 10 years), had vast experience of several jobs and had, especially, an extensive social network

which facilitated their access to better-paid and less-demanding jobs with increased independence, as this care worker illustrates:

You can't do hourly work without a car; you waste more time waiting for the bus. I was lucky, they were looking for a live-in person but with a driver's licence. And the household car was my car, I drove it. The man was self-sufficient at 92 years old; I was doing the shopping, taking him to the doctor when he needed it.

Often, overcoming the specific challenges of a live-in job by moving to a 'day' job is celebrated through a discourse of accomplishment. This discourse counter-balances the dominating discourse (media, politics, community and even family) through which they are blamed either for becoming estranged from their families or for becoming bourgeois in comparison to the home network/community members who did not migrate:

*I was staying at the seaside in the summer, eating for free at the restaurant. The old lady did not agree to calling me *badanti*; she introduced me as *'la mia compagna'* [my companion]. Apart from €300 gifts from the family, one of the sons would put another €1,500 in my pocket, mentioning: *'For buying a gift for your niece and your son'*. (...) And when I went home in September, they gifted me €10,000 and the car I was driving (care worker, Lucca).*

Such exaggerations are made because the discussions about care workers tend to focus on sensational negative events which contribute to the already negative image which they have in Italy. Almost unanimously, all participants considered themselves to be an exception to the norm and, although they shared their experiences of highly demanding jobs, breaches of their rights and sometimes abuse, they believed that they 'were lucky', as a care worker in Lucca said: 'My friends tell me that I was spoon-fed since I was little. They consider me an exceptional case'.

This can be a case of managing appearances and self-valorisation not only to counter the downward mobility (see also Vianello 2014) which they went through, producing labour which is unappreciated in both Italy and Romania but also to set themselves apart from the image of Romanians in Italy:

*To be honest, I personally managed to set myself apart from this stereotype of illiterate *badanti*; I never was and I knew to prove to both employers and Italian institutions that I'm not an illiterate care worker. But unfortunately, there are very few people like me in Italy (care worker, Turin).*

The phrase 'I was lucky', repeated several times during the discussions by almost all interviewees, denotes not only the arbitrariness of how the employment contract is perceived but also the perceived 'exceptionalism' of their own careers. There are many variables which are regarded by some care workers as unpredictable, uncontrollable and poorly regulated because they do not depend on legislation but on 'faith' or 'luck'. These are the family for whom one ends up working, the condition of the care beneficiary, whether or not any contractual or informally negotiated rights are respected, including free time and salary, and the lack of an adequate contract for the type of labour offered or the absence of an employment contract.

Experienced care workers who had lived for a long time in Italy sometimes have a self-motivating discourse of individual responsibility if they are informed about their rights and the national labour contract which clearly defines what the remit of domestic work is, what kind of work goes beyond that

and can be proportionally compensated for and what a care worker should never do. Their opinion is that the person who should fix the injustices in the sector is the worker, who must become responsible and who would not end up being exploited if she were better informed and negotiated with her employer, as these care workers in Bologna and Lucca specified:

I don't think that I'm a servant: I know that I have problems at home and I fix them. How? That's my business. I didn't come to Italy to be a store manager; this is the work that the Italian state offers me and I am very happy that they guarantee me a salary, holidays.

The power [to change] is with us, cause if I like to suffer, I'll suffer!

In spite of these statements, most care workers, especially those working on a temporary basis or who plan to work for a short period of time only (even though they end up working for longer periods), rarely have the chance to 'choose' in the rationally defined way above, as there are many barriers and constraints which determine that they accept what they are offered by employers.

For a better understanding of the Romanian and Moldovan 'care worker migration in Italy', we used three categories which analyse three specific types of migration and care work. We started this system from the two categories (vignettes) that Vianello (2016) proposed to classify Ukrainian care workers in Italy – the migrant in transit and the permanent migrant – which we adapted for the situation of workers from Romania and Moldova.

The care workers in transit

As in Vianello's description (2016), the 'care worker in transit' is the category of migrant the most often encountered, their main characteristic being that they do not plan to settle in Italy. Usually, the migrant in transit has a very precise reason for travelling and there is always a financial motivation to continue her work (e.g. to support their child/children in finishing their studies, to solve the family's financial woes – including debt – and to receive a pension from the Italian state). The care worker decides to take a job in another country either because she or her husband lose their job or when their incomes are so low that they are unable to cover their minimum living costs. Most often, the 'care worker in transit' is the victim of neoliberal policies from post-socialist countries, where massive layoffs and small salaries threw countless people, especially from the working classes, into poverty and unemployment. The 'care worker in transit' is usually middle aged and has children who are teenagers or in their 20s. Almost all interviewees in this category wanted to go to Italy for a short period of time to accomplish an economic objective for their family but ended up staying for a much longer period (even over a decade). Often, physical and psychological exhaustion are the decisive factors in their definitive return: 'I focused on my daughters' education and future..., so they are able to be competitive in any country or job. They were my "engine", and I was the stoker' said this care worker in Turin.

This is how Romanians are: 'Let's build a house'. 'Let's help the boy finish school'. Sacrifices, sacrifices, sacrifices, because we can't do anything without sacrifices. I said I'd stay a year, but then 'Let's redo the bathroom'. 'Let's do that'. 'The boy must finish school, buy him a car and...'. That's how I ended up staying for 20 years (care worker, Turin area).

As Olena Fedyuk (2012: 297–298) shows, the life of these women is put ‘on hold until she returns to her family and will start a life again’. These care workers are in a sort of liminality zone: neither home nor in Italy. They do not want to socialise too much beyond what is needed for their job, within the universe of other ‘care workers in transit’ and the local church and they often do not consider themselves migrants in another state. They are always thinking about their family in Romania or Moldova, often counting the weeks left until the next time they go home, returning being their main objective. The ‘care workers in transit’ therefore do not assume their migrant status completely and this leads to their invisibility, to them more easily accepting breaches of their rights and to their lacking a long-term professional plan. The situation is similar to that described by Vianello (2016: 170), who speaks about the Ukrainian care workers in Italy:

Her behaviours, decisions, jobs, consumption and lifestyle are aimed at maximizing her earnings in order to return home soon, demonstrating loyalty to her family and fulfilling gender norms. She does not invest her energy in the improvement of her life and working conditions in Italy, since her life abroad is instrumental to the pursuit of her family interests, a realization that shapes her migratory experience.

For most migrants in transit, consumption is limited as much as possible in Italy, with them often preferring to work on their day off for an extra amount of money than to go out and spend money, as this care worker in Genoa explains:

Sundays are the only free days, and they are usually a total pain. Because you must go out, because they won't keep you and you don't have anywhere to rest, and you walk along the streets and in the parks. Summer is the worst – you're out all day in 35-degree heat, there's no toilet, no water, no food. You can't enjoy the rest, because you don't want to spend €2 euro on a coffee to go in a bar and use the toilet.

According to Vianello (2016: 172), the migrant in transit regards herself as a mother despite the fact that her children are mature and she can often be a grandmother; however, she uses this role to legitimise her absence and migration – ‘Her narrations are permeated with the rhetoric of sacrifice: she is working abroad only to fulfil her *mission*, that is guaranteeing the economic well-being of her family and in particular of her children, postponing her own wellbeing’. The Romanian and Moldovan care workers are in the same situation, their stay extending and their final return becoming more of a fantasy as their family’s financial problems are not over after a few years of receiving money from Italy. At the same time, the migrant loses the social network she left at home, which makes reintegration difficult, especially if they are still active on the labour market.

The downward social mobility of these migrants is almost a rule if we take into account their previous educational and occupational status. In practice, these are qualified people – with secondary or university education and with decades of experience in different occupational fields – who are doing unqualified and low-paid labour for the Italian standards in the domestic field. They accept to be a live-in care worker, known as a 24-hour job in extremely difficult working and, sometimes, living conditions, only so that they do not need to pay for food and rent. Although unhappy in their job, especially in comparison with the jobs of other colleagues, they the most often agree to continue because any time spent unemployed in Italy is wasted time and money. The separation between intimate and private life, on the one hand, and professional life on the other, is very thin and, for some, it does not even exist as sleepless nights and a lack of free time and privacy become the norm:

I sleep with her (the old lady) in the room because if I don't sleep with her she walks around the house all night. I had my room but I had to give it up because she came seven times per night to check if I'm in the room and I wouldn't fall back asleep anyway. Now I stay in the same room with her, she wakes up around midnight to look at the time, I wake up a little, at 3 again, at 5 again, at 6 I start my day 'cause I must give her the pills and I got used to it (care worker, Rome).

In some cases, the sacrifices made by leaving end up with the families falling apart and sometimes with the status of 'migrant in transit' changing to one of 'settled migrant', especially for people whose children are financially independent:

[the departure] affected me very much because I broke up with my husband a few years ago. I left with the family's agreement, we broke up because my husband found somebody else, he preferred his mistress. We broke up, we are in good relations, the children grew up fine (care worker, Cagliari).

In other cases, an elderly person in the family (grandmother, aunt) leaves especially to maintain the integrity of the children and her nephews' family intact:

I decided to go instead of my son so that the family remains together, the kids have their mum and dad next to them, husband next to his wife. This gives me power, I am saving my family after all (care worker, Bologna).

Besides, gendered family obligations of care work are not over for migrants in transit even after the period when they are raising their children ends, a period which overlaps with their stay in Italy. Often, the period spent in Italy ends in order to make room for unpaid care work within the family, either for elderly parents or, especially, as a babysitter for their grandchildren:

I remain a permanent retiree. I split my time between Sweden and Romania because I have two grandchildren and I want to take care of them. I want to make up for what I lost (former care worker, Lucca).

I said that when she dies, I don't need another old lady, because my back and my legs were killing me. My rotulas in both knees are gone, I have chronic illnesses because of the stress and the life I led. So I stayed with my younger daughter, I cook until they come home from work, I clean... I couldn't work anymore (former care worker, Calabria).

The anxiety of a migrant in transit is caused by the lack of a stable income once they return home, their financial independence relying on a never-ending extension of their stay abroad. At the same time, they risk downward mobility once they get home and their constant income becomes a thing of the past, with the migrant at risk of becoming poor in the long run.

The care workers settled in Italy

The first subcategory of migrants working in the care sector who settle in Italy are women who stop being live-in care workers and rent an apartment, usually working in the care and cleaning sector and being hourly paid. Without being a rule, the decision to give up the live-in job is taken more often by young women with no family in Romania or Moldova, or women who are divorced and have grown-up children.

Reinforcing the decision to stay in Italy takes place when entering a relationship or getting married there. In general, the decision to emigrate is made at a time when employment opportunities and wage levels in Romania and Moldova are low. For example, this person from Chişinău migrated in the mid-2000s, when she was 23 years old:

I have an accountant-programmer bachelor's degree and I started a second degree in Law. I was working as a computer operator at the Ministry for Internal Affairs but I received a €90 salary and I was paying €50 for rent. I decided to come for 5–6 years to Italy to save enough for an apartment so I can... I had a good job, I had studies but I didn't have a hole to live in. I decided to come here to build a house, something. In the end I stayed in Italy.

Like many others, this person came on a 10-day travel visa for France or Spain, taking the opportunity to move immediately to Italy. Her first job was as a live-in care worker for an old person who died soon after; she then got another job in the care sector without an employment contract. The son of the new elderly lady for whom she was employed made her numerous sexual advances, many of which ended in abuse and harassment. Being locked in the house, she tried to run from this family after two and a half years, despite the fact that the elderly person's son was threatening her with his service weapon. She was helped by a non-profit organisation who offered her a place to sleep and protection for a time – the man's abuse could not be punished by a court because she was an irregular migrant in Italy. She then worked as a babysitter in another town, where she was also doing all the domestic labour, cleaning and cooking for the entire family: 'I was taking care of the house and the little girl [laughs] and everything. I wasn't a babysitter, I was like a mother in the family'. Then she got a job in a spa resort which offered her accommodation and where she was first a waitress and, after being trained as a barista, a bartender. This is where she met her future husband, a young Italian who was working for the same company; now she works as a housekeeper in the same place.

In other words, a migrant care worker in Italy can go from a semi-irregular status where she endures abuse in the work place to finally settling for good in the country if she has a safety net which can be consolidated by a relationship:

The first two years, until I met my husband, who started defending me everywhere, were... I was a 23-year-old child and an immigrant... they looked at me like a prostitute. Italians don't like immigrants. If you're an immigrant, a little blonde, you're not Italian, they can tell immediately and already have a bad opinion. Later, when you start talking, they know who they're dealing with and change... but apart from that, 90 per cent it's like this. It was like an incubus because I was young, without documents, I was defenceless. I remember when I was at this old man's (the aggressor), during my two hours of free time I went to church and everybody was speaking ill of me, everybody in the village, apart from the priest, who saw that I was coming to pray and I cried, because I didn't have anyone to whom to go.

Fedyuk (2012) discusses this category in her study on Ukrainian care workers in Italy. She argues that relationships with Italian partners are part of a process to create networks and safety nets and ways to manage intimacy in an extremely emotionally draining job. The situation is similar for Romanian migrants such as this care worker in Rome:

My husband died after I had been in Italy for five years. I lost my parents too, but with the help of God I found somebody here, I managed to cling to something. But there are girls who don't have anything, they wait for the month's end to get paid.

Another category of settled migrants is that of women who bring their family to Italy after several years of care work and settle in the towns where they work. They usually rent a place with their family and transition from the live-in care worker to undertaking hourly jobs. Usually, they bring their children while they are in school or university, who then study in Italy and, after a while, are able to get better paid jobs than their parents. However, not all families are successful; in many cases the husband or the children do not adapt and decide to return to Romania – particularly as, for men, it is more difficult to find a job in fields other than construction or agriculture:

In January 2002 we left together. We had good relations with our Italian neighbours and family and we accepted hourly work based on a recommendation from the previous family. This made my work easier. These recommendations are very important. I wanted to bring my whole family, but my boy never wanted this, not even for holidays. My husband didn't find a job, so I went (on my own) to support my son.

Settled care workers who are widowed or divorced and have children who no longer need financial support can enjoy socialising on their days off and usually make an Italian friend. Here is the testimony of a care worker for a rich family in Lucca, who has a higher status on the care-work market and who disagrees with 'care workers in transit' who do not take time off:

Rather than sit on a bench in the park and eat my packed lunch, I preferred to go to a dance studio at 2. If I felt like dancing, I danced to club music or stayed there in an armchair, had the drink which is included in the entrance fee and left at 7, going for a pizza. That's what spending means. But there are Romanians who won't even buy an ice-cream.

Settled care workers do not necessarily live in as much poverty as those in transit, enjoying a fuller social life, with a work schedule which is rarely longer than eight hours per day and with better paid jobs than the live-in care worker: 'I work 6h 40m per day, double pay on Sundays, paid extra hours, health insurance, maternity leave' (housekeeper, Grosseto).

Often, when they were young and just arrived in Italy, 'settled care workers' were, at the beginning of their project migration, 'in transit', having decided to settle for good once their migration became legal and they found better paid jobs. Moving into an apartment (either with their family from Romania or with other migrants) can mean working more hours to cover the rent but, as Vianello shows (2016: 173) when writing about Ukrainian care workers, they extend their social network by having more jobs. They practically choose their friends, make Italian friends and in time lose touch with their national community. However, the most important change takes place when they find a job outside domestic work, enriching their social capital and their network of local acquaintances.

Reuniting the family after many years of separation is not always without difficulty and can fail to meet the expectations of both parties (Fedyuk 2015). Adolescent children who move with their mother to Italy are often in a downward mobility situation: from the middle classes, to which they belonged because of the money and goods they received in Romania or Moldova, to the working class – manual labour or even the migrant lumpen – in Italy. They tend to have demanding and low-paid jobs, live in

small apartments – sometimes shared with other migrants – and their social mobility opportunities are limited, especially if they are not going to university in Italy. On the other hand, the elderly, sometimes dependent, remain in Romania, in the care of others, increasing the guilt felt by the care workers.

Seasonal care workers

There is also a third category of live-in care workers who are not included in Vianello's research (2016), as Ukraine is not an EU member state and therefore the phenomenon is rarer there – except maybe the situation documented by Marchetti (2013) about circular carers working in alternating shifts of two to four months. Mutual help networks were set up between people working in Italy and those in Romania and Moldova (where most care workers also have a Romanian passport which allows them to travel and work without requiring a visa). As such, a large number of women continue to work for shorter periods of time – for a few months – and work seasonally or occasionally to replace other women. In many cases, this mutual help started through family networks. In order to go on holiday for part of the year or to solve problems at home without losing their labour contract (which sometimes means losing their job), they bring a replacement from Romania for a jointly agreed period of time. This category emerged during the past decade and was facilitated not only by the freedom of circulation within the EU which was granted after Romania joined the block in 2007 but also as a result of newly introduced cheap flights to Italy. This category usually replaces a 'care worker in transit' when she goes on holiday or can work in turns of one or more months with another seasonal care worker:

I have worked in Italy since 2007. I was only the replacement. I left when I got my Romanian citizenship. I replaced several women. During that time, there were few women with citizenship and if they needed to go home, I went to replace them because I could travel. One, two, three months, I'd go to Italy and replace the women (care worker, Monza).

The 'seasonal care worker' category is perhaps the segment the most likely to remain in poverty and exposed to abuse in various ways. Staying in Italy for relatively short periods (up to four months) and frequently changing jobs, these women are often working without an employment contract. In many cases, they do not have enough time to learn the language and become fluent and they are therefore unable to negotiate their salary, free time or job description. Furthermore, the person who is replaced or who recommends the replacement is usually making a unique offer, which does not allow for salary negotiation or registering an employment contract. A seasonal care worker who worked for a few years in Naples and Sardinia, changed jobs several times and never had an employment contract, had to buy food for herself and for the elderly person she was caring for because the family was not giving her enough. She also changed one job because the grandchild of the elderly person she was working for was sexually harassing her and when she had a medical emergency she had to quit the job to have surgery in Romania. In another job, she was locked in the house for a month with the elderly person she was working for, without receiving any free time, so that she was drained physically and emotionally to ensure the wellbeing of her employer:

[The old lady] was very attached, we slept together, we moved our beds one next to the other, she was very warm. (...) I sang to her, I had to sing, to talk to her, because I learned the language, she said that she's my teacher and she taught me. And she was crying for me, to have her Mariana with her! But

I couldn't take it for more than two months because she was waking me up every five minutes. Plus, I had problems with my teeth so I came back.

Another type of seasonal care worker is similar to that described by Marchetti (2013) – women (including from the same family) who share the job, staying for relatively equal periods followed by breaks in which they take turns to return home. Most often the seasonal care workers stay for shorter periods of time because they prioritise a closer relation with their family in Romania and Moldova. They do not usually have an employment contract because, on the one hand, they are staying for relatively short periods of time and/or replacing people who already have a contract and, on the other, because they need more flexibility and this can be better ensured without a legal document:

The fact that you had family in Romania determined you to not stay permanently in Italy?

That's right, well said. It would have tied me down for too much time. The contract was made for one year minimum, and I would have had to stay. Many women preferred to stay for longer to have more job security there. I only supported my child but at the same time I'm happy that I kept my family together. We didn't break up. And my husband took care of the kid. Being apart wasn't easy, but for 3–4, maximum 5 months... (the conversation about) these things is tearing me apart. Very hard (care worker, Turin).

In this type of arrangement, free time is often non-existent, the care worker preferring to give up her free hours and days to make the most of her stay in Italy. This category of care worker can partially overlap with those in transit but the significant difference is that those in transit spend long periods in Italy. The care workers in transit, on the one hand, accumulate experience and better manage the jobs they choose but, on the other, the psychological discomfort is higher. Seasonal workers have the psychological comfort that they will return home relatively quickly but are subject to a greater degree of violation and exploitation of their legal rights.

Conclusions

The social transformations in Romania that followed the fall of the socialist system generated one of the largest waves of migration for work in the world (as a percentage of the total population). Italy is the main destination country for this workforce from Romania and being the country with the oldest population in Europe, the elderly-care sector created jobs for women coming from Romania. Furthermore, this sector relies almost exclusively on the work of migrant women, with Romanians being the main group. As it is almost 20 years since the first migration waves, this article has offered a classification of care workers, taking into account the nature of the work and the chosen migration project. Using a qualitative methodology, based on in-depth biographical interviews with care workers from Romania and Moldova, it describes the main challenges associated with physically and psychologically demanding work.

Our assertion is that Romanian care workers, especially those who started their migration project between early 2000 and 2010, make a sort of social career of the job. They usually started with low-paid jobs where they had no employment contract and where they experienced different types of exploitation. The care workers reached somewhat better positions once they mastered the language and their

⁸ Italy has one of the highest life expectancies at birth in Europe: 83.4 years in 2018 (Eurostat, sdg_03_10).

⁹ The term is considered pejorative due to the historically low prestige of the job but it continues to be used in the common language, signifying a non-qualified care worker who does everything in the house: the elderly care, housekeeping, cleaning, cooking and shopping.

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