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**‘RIGHT(S) OPPORTUNITIES’**  
***THE CASE OF OVERSEAS NURSES AND RE-QUALIFIED***  
***HEALTH AUXILIARY PROFESSIONALS IN MILAN***

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# INTRODUCTION

## ABSTRACT

*The topic of this research, in the light of feminization<sup>1</sup> and differentiation emerging as features in contemporary migrations (Castles and Miller 2009; Anthias and Lazaridis 2000), is an effort to expand the field of analysis in migration studies, by including women as 'skilled' workers.*

*Drawing on the Capability Approach<sup>2</sup> (CA) (Sen 1992), this thesis will investigate skilled and semi-skilled transnational waged care workers. The study focuses on female migrant workers' capabilities and the 'social opportunities' available to them<sup>3</sup> (Dreze and Sen 2002). Social opportunities are looked into by trying to link agency-structure dynamics and comparing two different selected scenarios of 'recognition' in the Italian post-migratory context. Two paths are addressed: i. recognition ex ante – from abroad; and ii. recognition - ex post after a process of re-qualification in Italy, in loco. In particular, the case of overseas nurses will be investigated for the former scenario and the case of health professionals and semi-professional auxiliary health workers for the latter. The selection fell on those workers whose qualifications correspond, at least formally<sup>4</sup>, to their achieved occupational condition.<sup>5</sup> The object of this investigation is the 'available social opportunities', focusing on the factors and actors that enable and/or hinder these women's capabilities of gaining a 'suitable employability' status. Two pathways of recognition<sup>6</sup> are considered, analysing female Peruvian and Romanian workers, currently employed in waged care work in Milan and its surroundings, with a status of potentially permanent residency.<sup>7</sup>*

*The available mobilities and related membership statuses seem to be highly interconnected with the occupational functioning achieved by these women. The findings show tendencies of polarization, segmentation and stratification. 'Civic stratification',<sup>8</sup> as intended by Morris (2002), will provide a useful framework to critically understand how, in these processes, the freedoms of choice are structured along varying axes of differentiation and recognition.*

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<sup>1</sup> There is a lack of clear statistical evidence on this phenomenon. However, during the past four decades, females have formed the larger part of the gender balance in international migration (Zlotnick 2003). Factors such as immigration legislation, gender-selective demand for foreign labour, and changing gender relations in the countries of origin have driven these changes. As a result, some scholars have recognized the feminization of migration as a tendency at the global level.

<sup>2</sup> The Capability Approach – sometimes also called the Capabilities Approach (CA) is a framework developed and refined by Amartya Sen over the last three decades (Sen; 1992; 1993). It is directly concerned with human capabilities, social opportunities and freedom of choice. It focuses on the concept of capability instead of functionality.

<sup>3</sup> The concept of 'social opportunity' is borrowed from Dreze and Sen (2002: 6) within the Capability/ies Approach framework (CA) (Sen 1992). The use of the term 'social' invites us not to pay attention to individuals and their opportunities in isolated terms. 'The options that a person has depend greatly on relations with others and on what the state and other institutions do. We shall be particularly concerned with those opportunities that are strongly influenced by social circumstances and public policy' (Dreze and Sen 2002: 6).

<sup>4</sup> I will consider 'formal' qualification to assess the educational level and the degree of transferability. However, as Iredale (2005) argues, it is an incomplete way of assessing a worker's skills. Competencies rather than qualifications should be assessed and accredited. This issue will emerge in the analysis.

<sup>5</sup> Considered an 'achieved functioning' in the CA framework (Sen 1992).

<sup>6</sup> Two main passages will be investigated: 1. the mode of entry and 2. the post-migratory phase, settlement paths and the legal system, with a focus on work-related issues.

<sup>7</sup> As I will better explain, here I am referring to partial membership status. With the concept of denizen, Tomas Hammar (1989) showed how the rights of permanent resident non-citizens tend to converge with those of nationals. Here, 'long term' is intended as the condition of permanently resident non-citizens. The 'best and brightest' permanent migrants condition. The temporal span of five years, as I will show in Chapter 3, is the assumed minimum length of time required in order to be able to apply for permanent residence and gain a supposedly more privileged status of denizenship.

<sup>8</sup> The concept of 'civic stratification' (Morris 2002) refers to the system of inequality generated through the differential granting of rights by the immigration regime adopted by a state. Morris borrows the term from Lockwood (1996), who focuses on membership statuses and connected rights. She looks at the stratifying effects that may generate the concept of membership itself as institutionalized and normalized. In this conception, 'the institutionalization of citizenship is embedded in and at the same time contributes to the structure of social inequality' (Lockwood: 533).

Recognition of the feminization of migrations<sup>9</sup> at international level has produced a growing literature on migrant women (Grieco and Boyd 2000; Morokvasic 1984; Kofman 1999; Castles and Miller 2009). In the last three decades, migration studies have gradually shifted from a traditional gender-blind approach to a more gender-oriented one.

Feminist scholars have highlighted how migration may affect men and women differently and others have underlined the heterogeneity of different migrant women's experiences (Kofman et al. 2000). Women, as migrants, are not a static or homogeneous social actor. They may migrate for family, study, work or humanitarian reasons. They can move autonomously or as 'tied movers', on temporary or circulatory bases, as workers or settlers. If workers, they may be undocumented or documented, and work informally or in the formal, regularly contracted labour market.

I will focus on their presence in the Italian labour market women<sup>10</sup> as 'skilled' workers, as waged workers in care work. In particular, I will investigate the domain of female skilled and semi-skilled migration, an area which is relatively invisible and under-researched. I will study the post-migratory, long-term pathways of female economic migrants in two occupational sectors of waged care work. A focus on nurses and auxiliary health professionals in Italy, I believe and hope, may help expand the understanding of migrations as a complex and heterogeneous phenomenon. Skill and care concepts are socially and legally constructed (Anderson 2000). In migration, the ways in which skills are defined and valorized, and the related degree of their recognition in and transferability to receiving countries follow the same constructs. The 'recognition factor' may influence migrants' perceptions of the opportunity structures and occupational pathways open to them. A further topic that I will address is the opportunities that these women have to work and to re-qualify in a post-migratory context.

On the one hand, the rise in women's educational attainment, immigration legislation, gender-selective demand for specific foreign labour sectors and changing gender relations in the countries of origin have led to the greater feminization of labour migrations; on the other, the data show that this

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<sup>10</sup> Women as migrants are not static or homogeneous social actors.



feminization involves an increasing presence of women in low-skilled and highly ethnicized jobs, especially in the care work domain (Catanzaro Colombo 2009; Lutz 2011). Among this highly segmented and gendered formal waged care work, the trends also show a high percentage of women in professional and semi-professional care work, namely in the health sector (Piperno 2009). In this care sector, I selected two occupations: nurses and auxiliary health workers (ASA /OSS<sup>11</sup>). For both roles, the workers, the majority of whom are women, must have recognized qualifications<sup>12</sup>. The first profession has been selected as a ‘suitable’ case study to investigate the recognized qualifications possessed by migrant professionals from abroad; the second is chosen as a case study to explore the functioning of migrant re-qualification in loco. I argue that these two occupational sectors may offer a privileged perspective from which to problematize the concept of ‘social’ opportunities and how gender and membership statuses intersect with the concept of ‘recognition’ along the lines of labour migration and skills. I will concentrate on women who have moved to a different country and found an occupation ‘in line with their qualifications’, with no formal legal restrictions on their capabilities enabling them to work.

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<sup>11</sup> **Auxiliary Health Assistants. ASAs** – support various professional figures in both the social and health sectors. They provide social assistance and social-health services in day care, residential care and homes for the elderly. ASA professionals carry out tasks aimed at maintaining and/or re-establishing psycho-physical well-being, assisting with daily activities and helping carry out essential personal functions. To obtain the status of ASA, the person concerned must attend a professional training course at an institution accredited by the Lombardy regional government. The course has a duration of 800 hours (of which 350 of theory, 350 of training and 100 of exercises) and the admission requirements are: being 18 years of age; hold a middle school diploma. Foreign citizens are also requested for: -a translation and Statement of value (see Chapter 2) of the qualification obtained in the country of origin, issued by the Italian embassy in that country; -ability to speak and write in Italian. Those who already possess the ASA certificate can attend a 400-hour training course to obtain the OSS qualification. **OSS Social health operators** take care of: 1) direct assistance and domestic help; 2) hygiene and social interventions; and 3) management, organizational and training support. To obtain the OSS professional qualification, it is necessary to attend a professional training course at an institution accredited by the Lombardy Regional Government. The course consists of 1,000 hours (of which 450 theory, 450 internship and 100 practical exercise) and the admission requirements are: 18 years of age and secondary school diploma or qualification lasting at least three years pursuant to Legislative Decree 76/05. Courses can be free or under payment.

<sup>12</sup> Overseas nurses need the Ministry of Health Decree issue. They have to submit an application for recognition of their educational title (i.e. equipollenza - recognition of the equality of value and effectiveness) valid for professional purposes. While European citizens are currently favoured by a mutual process of recognition, third-country nationals need a case by case country specific authorization to practice as health professional in Italy. In the case of nurses re-qualified in Italy, professionals need a 3 years Degree in Nursing health professions and obstetric health profession (Laurea in Professioni sanitarie infermieristiche e professione sanitaria ostetrica (L/SNT1)) or qualifying university diploma for the profession or other equivalent qualification (pursuant to law n. 42/1999). The candidate must have attended the academic classes for at passing exams and completing a positive internship experience each year. In the case of auxiliary health workers these workers need to hold a vocational qualification following the successful completion of a final exam. In order to obtain the final certificate to be able to work as ASA or OSS it is necessary to successfully complete the final examination and an internship.

The literature on the feminization of migrations has focused on reproductive labour and, in the analysis of care work, has privileged the ‘unskilled’ side of its formalized waged occupations. Domestic and care workers employed in care work have been referred to as ‘servants of globalization’ (Parreñas 2001). They often work in illegal and undocumented, vulnerable and precarious conditions, with informal contracts and high risks of exploitation. In Italy, a considerable amount of research has focused on informal care work in the domestic sector (to cite some Catanzaro and Colombo 2009; Ambrosini 2013; Tognetti Bordogna 2004, 2012; Pasquinelli and Rusmini 2013; Anderson 2000; Colombo 2004; Andall and Sarti 2004; Andall 2000; Sarti 2006) but few have included professionals or semi-professionals (Stievano et al. 2017; Accorinti and Gagliardi 2014; Palese et al. 2008; Salis 2013).

The Italian context shows that female migrants are concentrated in poorly paid sectors of care work, in jobs that often contract them as irregular workers with low levels of recognition, with a widespread mismatch of credentials, occupational downgrading and high levels of segregation (Fullin and Reyneri 2011).

The high ethnic and gender segregation calls for attention on the intersections between gender and migration (Kofman et al. 2000) in care work. The ways in which gender and migration have been attached to care-related occupations and the recognition of their professionalization and skills are not neutral and have to be considered. Feminist researchers (Kofman 2014; Raghuram 2008) argue that research on skilled migrations has not given due attention to the gender issue.

Different degrees of recognition may result in (un)equal social opportunities since some migrants pertain to unrecognized or less recognized categories. Upon crossing borders, they simply lose the recognition of their skills. Their knowledge disappears, becomes ‘invisible’ and they are defined or categorized as non-skilled. Hence, the recognition of qualifications, skills and competences is a key issue. While those who are defined as skilled may find a way to get their qualifications recognized, others have to find alternative ways to gain recognition. The qualifications that migrants acquire *in loco* are supposed to give a higher chance of being recognized and ‘native’ credentials have indeed been shown to improve

immigrants' employment prospects (Salis 2013). Re-qualification in the country of arrival, in order to get valid recognition, can be one of the social opportunities open to migrant women so that they may find employment in a job that fits their credentials. Thus, I decided to explore the more skilled side of migrant care work while also considering the aspects of 'possible alternatives available for recognition'.

Labour markets and international migration are highly stratified by gender as care work is. In the socio-political and economic construction of occupations, women usually hold a lower degree of recognition and a 'secondary migration status' (Halfacree 1995), compared to their male counterparts. On the contrary, the enlargement of the service sector and its professionalization has offered higher opportunities of recognition and wider migration statuses in paid care employment for skilled and unskilled women (Castagnone Salis 2015). Indeed, in a migratory context, it emerges that certain types of care labour and specific segments shape the different available social opportunities (Sen 1992). The specific allocations of people within the spectrum of available waged employment and the value attributed to different occupations as well as the recognition of professions and their skills have directed migrant women towards the occupational care<sup>13</sup> domain. Nurses hold a high level of recognition of their educational credentials and, more broadly, a high status of mobility that has particularly increased in this occupational area. Nursing is considered valuable in international migration and women are more capable of moving, having their qualifications recognized and transferring their skills to a new context.

In the 'global hunt for talents', nursing professions emerge as an 'international commodity' and hold 'migrant capital' (Yeates 2009; Connell 2010).

As a result, I decided to address those skilled migrants who succeeded in gaining a recognized status in their education and were capable of being employed with their qualifications recognized. Studies on nurses show the 'migrant capital' (Yeates 2009) embedded in this profession and, in some countries like the Philippines and India, migration and nursing education are closely linked. Indeed,

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<sup>13</sup> Duffy (2005) describes how stratified and segmented the US care sector can be and points out how the very conceptualization of care as labour may make an immense difference in understanding the 'dirty' side of waged care work. She distinguishes in the care literature two main theoretical directions for analysing inequalities in paid care: nurturance and reproductive labour.

it has been documented as a ‘migration industry’ in the sector. The spaces offered by the available employment in the nursing sector offer these specific workers a more privileged ‘migration status’, and thus, higher social opportunities of mobility<sup>14</sup>.

In the so-called ‘age of migration’ (Castles and Miller 2009), the ways in which we understand such gendered mobilities should include different social actors and labour segments.

Therefore, my focus will be on skilled and semi-skilled typologies of health professions, exploring those cases in which qualifications are recognized not only abroad but also in the country of destination.

Since the domestic sector is the major occupational entry point for migrant women in Italy (Ambrosini 2013; Castagnone et al. 2013; Fullin et al. 2009; Barbiano di Belgiojoso and Ortensi 2013), the auxiliary health professionals’ domain represents an emblematic case study to investigate the educational and occupational paths of those migrants who decide to re-qualify their work experience in Italy (Salis 2013). In this sector, migrants access a host country-specific recognition so that they can be employed in a ‘more suitable’ occupation. I will focus on a case of the educational participation of foreign-born adults who acquire a qualification in Italy. These profiles (ASA/OSS) can be considered significant examples of investment in qualifications in loco and their fitting occupational situation often results in ‘upward’ mobilities (Salis 2013). Two kinds of re-qualifications in Italy have been considered: i. *high investment* – namely those professionals who obtained a three-year degree in Italy as nurses and ii. *low investment* – namely those auxiliary health professionals who obtained a regional qualification as an ASA or OSS.

My lens of investigation targeted those qualified sides of migrant waged care work that gave the opportunity (at least apparently) to migrant women to succeed in gaining the transferability of their formal qualifications from abroad and/or to re-qualify in the migratory context.

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<sup>14</sup> The concept of mobility refers to three different areas, covering three kind of capabilities:

1. the capability to move, geographically intended;
2. the capability to be able to settle on permanent bases (thus move from a lower status to a long term legal status);
3. the capability to be able to work (occupational insertion, re-qualification and upward mobility).

I have chosen to compare two representative countries<sup>15</sup> of nursing migratory flows to Italy - Romania<sup>16</sup> and Peru.<sup>17</sup> These countries have been selected owing to the distinctiveness of their mobilities<sup>18</sup> and the higher percentage of recognition of qualifications that the data at my disposal show among these particular foreign nationals.

In research on gender and occupational stratification, nationality and legal status have received so far low attention in Europe, with few exceptions (see Shon 2013). Labor market and immigration status shape the occupational incorporation of migrant women. Since longer permanence in the country is supposed to offer higher possibilities of better occupational conditions, I focused on migrants whose migratory project ended in a long-term settlement (Chiswichik et al. 2006). I decided to focus only on people who had arrived in Italy at least five years before the interview. Such a length of time is supposed to be the pre-condition for migrants to hold a long-term residence permit. The long-term permit gives migrants similar rights to natives and enables them to convert a 'precarious and temporary' legal status into a 'less vulnerable and permanent' one. This legal condition should grant a higher freedom to be and to do (Hammar 1989). Hence, it is considered the 'best available scenario' for qualified migrant women to gain better employability, both recognized abroad and *in loco*, on the Italian care labour market. I am interested in analysing the category of regular migrant workers. I have included only those who were not forced to move, who are

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<sup>15</sup> Nationality is a marker of legal differentiation and social construction, thus the study will take into account two countries, one EU (Romania) and one non-EU (Peru). It is to be specified that immigrant law in Italy reserves different treatment on the basis of nationality: whereas EU citizens enjoy similar participation to Italian nationals, individuals from countries outside the EU face many legal barriers to socio-economic integration.

<sup>16</sup> Currently Romania is the largest supplier of migrant nurses to Italy (Palese, et al. 2008), accounting for 25 per cent of all foreign nurses registered in Italy (Galan et al. 2011). In the Romanian public sector nurses can normally earn up to 300 euros per month (Vladescu and Olsavsky 2009).

<sup>17</sup> In quantitative terms, these two selected nationalities – Romania and Peru – represent the largest workforces migrating to Italy as nurses, from EU and non-EU countries respectively. These two countries differ from many points of view, in particular due to the divide between EU and non-EU citizens (non-EU nurses have a less privileged qualification recognition system, and are obliged to enrol in the IPASVI (Infermieri Professionali - Assistenti Sanitari - Vigilatrici dell'Infanzia - Professional nurses, health assistants and paediatric nurse) changed. They become FNOPI (Federazione Nazionale Ordini Professioni Infermieristiche - National Federation of Nursing Professions Orders) with the Law 3/2018 (Delegation to the Government on clinical trials of medicines as well as provisions for the reorganization of the health professions and the health management of the Ministry of Health.) and pay a licensing fee and annual dues, having to pass a nursing qualification exam offered by the provincial IPASVI and an Italian language exam before they are allowed to enrol), the geographical distance from Italy, peculiarities in the migration chains and networks, the national presence in Italy, and different typologies of inflows to Italy.

<sup>18</sup> The geographical conditions to be capable to move are an important factor. Being far or close from the country of destination shapes different opportunities that a person may have to move. Travel arrangements and economic investments may vary dramatically. In the case of Romania, for instance, mobility is not necessarily linked to the means of transport, while those who move from Peru need to travel by plane.

currently employed and who are in the regular condition to achieve the best legal status available to ‘non-citizens’ in Italy: denizen status as long-term residents.

Some categories of juridical migrants are formally excluded from having access to long-term permanence and full-time work prospects. For these reasons short-term workers and students have been omitted from the present research.

I did not consider refugees or people who moved for humanitarian reasons. In these cases, their preliminary condition and their working condition also have a completely different recognition process.

I was interested in understanding the possibilities available to these migrant women who achieved (more ‘suitable’?) employment solutions in the Italian care work context.

The study focuses on ways of being and doing, according to the perceived kind of capabilities and functionings that were open to these people (Sen 1992).

To have capability as a migrant and to be professionally recognized is to have sets of available opportunities that make these capabilities function. Here I am referring to the capability to move freely or to have the opportunity to be employed in a job that fits their previous credentials and/or the opportunity to be educated and/or to re-qualify. Such available opportunities influence the people’s “capability to function” in order to find a job that transforms their education potential into a real occupational functioning. By arguing that these care work sectors can be investigated as ‘two emblematic Italian labor market cases of available skilled and semi-skilled female migrant locations’, the enquiry will question these gendered migrant employabilities and their ‘social’ opportunities (Dreze and Sen 2002) by asking how it worked in these two (at least formally) recognized “possible scenarios” of employment available in the Italian context.

Drawing on the Capability Approach (Sen 1992; Nussbaum and Sen 1993), the enquiry investigates what the women ‘achieved’ in order to understand how these opportunities function. How are these women able to convert<sup>19</sup> their means into capability sets that achieve functionings within these two specific care work contexts?

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<sup>19</sup> The study will intend conversion processes as consisting of a mix of external and internal elements: both structured and restructured by broader societal, economic, political and individual aspects.

I will try to understand how migrant women are able to convert their potential employability into a 'suitable employable migrant status', according to the specific Italian post-migratory context. Women can count on different strategies to overcome obstacles, depending on the resources and intermediaries involved and on the perceived institutional structures of opportunities, both in global and local terms. In particular, in considering the mechanisms and means that enable individuals' capability to act, I will focus on intermediation and immigrant regulations<sup>20</sup> and the visa system. Boundaries in the recognition of membership status 'rights' shape some relevant differences in the capability to convert the potential 'migrant human capital' into a properly working 'migrant human capital'. The concept of recognition is a core issue. Women may face struggles to obtain 'full' recognition both as 'full citizens' but also as 'full workers'. Moreover, in both cases under investigation, the formal recognition of education plays a key role: it represents the prerequisite to be capable to work.

Among the conversion factors hindering or facilitating the individuals' agency, the recognition concept illuminates how people may be capable of enacting different occupational opportunities. The framework of civic stratification (Morris 2003, 2015) will offer a critical perspective on how these institutionalized and normalized constructions may function in these processes.

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<sup>20</sup> As argued by Iredale (2005), both immigration selection policies and occupational entry are crucial for an understanding of gendered experiences of migration for skilled migrants. Such an assumption will be grounded by investigating a sector that facilitates entry access for labour. As Anderson argues, even if immigration policy may not directly affect employment, its regulation can create a feedback effect on the consequences on the employment of migrant workers and the functioning of specific labour market supply/demand.

## OUTLINE

The present Thesis is divided into two main sections: theoretical and empirical. The first four Chapters will make up the theoretical framework. The others will constitute a second block, the empirical one.

In Chapter one, I will briefly describe the background context, illustrating the evolution of female migrations in Italy and its peculiar traits.

In Chapter two and three I will try to describe some key structural contextual factors in the contemporary international migrations of care workers. An overview of literature on care work and migration studies shows hierarchical unequal divisions in the transnational care labour, according to gender, ethnicity and membership status axes. I will question how female migrant care workers' opportunities can be positioned within the Italian picture that emerges. I will describe factors and actors that may enable/constrain women's capabilities and their functionings, according to Sen's use of the notion of capability (Sen 1992). I will try to describe how the Italian context of reception shapes the 'social' opportunities of these women, as 'workers' and as 'migrants' in Italy.

Specific labour market needs in the care sector (and their management), visa system and immigration law, processes of recognition and their functionings all hinge on gendered migration. I will show such evidence relying on different bodies of literature. In particular, the literature on gender and globalization (Sassen 2000; Beneria et al. 2012, 2016; Ehrenreich B. and Hochschild R.A. 2003), the one on care work (Duffy 2011, 2005; Parrenas 2005; Da Roit 2010), welfare and care regimes (Ambrosini 2013; Lutz 2011, 2015; Bettio et. al. 2006; Zimmerman et al. 2006; Williams 2010, 2012; Andall 2013, Naldini and Saraceno 2008).

The research will rely on the literature on work, immigrant law and visa systems (Shon 2013; Banerjee, P. 2010; Chiswick et al. 2006; Calafà 2017; Einaudi 2007) and that on citizenship and legal statuses (Mezzadra 2006; Castle and Davidson 2000; Bosniak 2006; Shuster 2005; Guild and Bigo 2010; Sainsbury 2006; Calavita 2005; Morris 2002, 2015; 1989; De Genova 2002, 2014).



I will address then the mobility of professionals and the evolution of the skilled side of care work (Kofman Raghuram 2006; Iredale 2001, 2005; Liversage 2009).

I will focus the question of upward mobility<sup>21</sup> in a post-migratory context and the dynamics related to recognition processes of foreign qualifications (Shon 2013), with a focus on nursing (Connell 2010; Yeates 2004, 2009; Kingma 2006). A special attention will be paid to the role of intermediation (Martin 2006, 2017; Ambrosini 2016; Cangiano and Walsh 2014; Van den Broek et al. 2015; Lindquist et al. 2012).

Chapter four focuses on the research design. I will describe and discuss the methods and techniques I used in sampling, collecting and analysing the data (Cardano 2011; Barbour 2014; Bazeley 2013; Mason 2002) and the theoretical framework I use in my empirical analysis. The inductive results of the research will be connected to theory and better detailed and analysed in the second section.

Chapters five introduces the chapters of analysis that will follow. Socio-demographic characteristics of the respondents of the sample, educational and occupational paths and a description of migratory projects, profiles and legal statuses will be provided.

Chapters six, seven, eight and nine will illustrate the main findings of the present study adopting interpretative conceptual keys, built by analysis of data.

In Chapter six I will describe the ‘achieved’ typologies of mobilities emerged questioning the social opportunity/ies to move, settle and work. Similarities and differences will be grasped comparing different paths of ‘mobility’ and of ‘recognition<sup>22</sup>’.

In the chapter seven I will describe how intermediation differently functions for overseas nurses and for re-qualified women. I will discuss the typologies of intermediation and networks involved and the intermediation concept. Women’s agency and coping strategies will be related with the structures of opportunities available and to the different forms of intermediation.

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<sup>21</sup> The concept of mobility refers to three different areas, covering three kind of capabilities:

1. the capability to move, geographically intended;
2. the capability to be able to settle on permanent bases (thus move from a lower status to a long term legal status);
3. the capability to be able to work (occupational insertion, re-qualification and upward mobility).

<sup>22</sup> Qualification from abroad and re-qualification in Italy

In Chapter eight and nine, reframing these women's pathways into a CA informed analysis, I will try to describe the achieved occupational mobilities and their linkages with different mobilities (i.e. mobility of legal status and geographical mobility). The social opportunities of 'recognition from abroad' and of 'access to educational options for requalification' will be theorized according to the civic stratification framework (Morris 2002, 2015).

Finally I will summarize the results emerged and discuss matters for reflection.

# THEORETICAL FRAMEWORK

## INTRODUCTION

### **1. International labour migrations: micro meso macro levels**

The phenomenon of international labour migrations is multifaceted and complex and it has been theorized adopting different approaches and perspectives. Three main distinct lines may be traced (Bach 2007). A first perspective, in a functional understanding, suggests that migration flows stem from geographical wage differentials governed by the supply-demand logic. It tends to emphasise labour market conditions as the key drivers of migrations. In many studies of health-worker migration the distinction between ‘push’ and ‘pull’ factors is a central component. In micro analyses, this perspective conceives individual agency as a calculated and voluntary choice of the migrants in a cost/benefit underpinning rationale that scarcely recognizes the varied interrelated factors that make up migrations nor the importance of other social and cultural aspects or structural constrains. The limits of these approaches are that, by focusing on the economic calculations of individuals, they trabscore a number of actors and institutions involved in migrations and, viewing migrants as an homogeneous group, are not able to grasp, for instance, gendered and ethnical differences in a proper way (Parreñas 2005; Kofman 2013). A second perspective refers to integrative approaches that contributed to the developed acknowledgement of mutual interdependence (Stark 1991) instead of individual independence. Migration is a relational process far from being an individual and isolated event. In particular the importance of households and communities suggests the incorporation of migrant and social networks into theoretical and empirical analyses to provide a better articulation of agency and structure dynamics (Massey et al. 1993). In such migrant studies, some scholars highlight the interplay between network and migration, showing mechanisms that lead to a cumulative causation of migration. The starting point of these approaches is that migrant behaviour can be understood considering larger units of analysis. Some studies point out that, unlike individuals, households are in a position to better control risks by diversifying the allocation of resources. In studies of Filipino

nurses (Ball 2004: 125), for instance, decision making within households has been showed as significant in supporting migrants and in reducing the costs and risks associated with migration. Also the supportive role of social networks (Massey et al. 1993) and relationships, not confined to immediate kin, have been focused as relevant. The so-called migration networks, in fact, may link potential migrants from source countries to destination countries. Migrations are a social *embedded* phenomenon (Granovetter 1985) and networks are defined as ‘the crucial meso-level’ (Faist 1997). Thus decisions are linked to networks’ and care chains that affect in different ways the type of choice (Faist 1997). Decisions to move and to stay are usually embedded within the social context, that may change over the time (Massey et al. 1993). These social ties may be relevant both, before and after migration. They provide informations that guide previous understandings and perspectives of people before migrating, may channel flows and be in charge of travel arrangements and settlement requirements, like housing and immigration practices. Supportive help has been underlined in laboural incorporation and in enabling employment search for migrants. Networks may facilitate but also contribute to create specific ethnical segregation in some occupational *niches* (Ambrosini 2001). Their role, beside the different kind of relations that intercur and their articulations, has been shown to be not necessarily positive or free of exploitation and unfavourable treatments (Lagomarsino 2003). Social networks, as social capital and resources for migrants, contribute to shape the very nature of migration traits by influencing selection of migrants, the availability of destinations’ countries and the conditions of travelling, settlement and employment. Social network analyses have, thus, the relevant value to show the importance of social actors and aspects in migration phenomena. However, in adopting this lens of analysis can be noticed that some structural and institutional elements result to be weak in explanations. Structuralist approaches constitute the third perspective. They contribute to analyse the migration phenomenon under a comprehension that focuses on unbalanced political and economic global factors. Structural analyses, taking into account global geopolitical influences and unequal international divisions of labour, tend to frame social actors in a context of

inequalities and unbalances. In these accounts, the limit is that the agency of social actors risks to result strongly limited.

The analysis will try to consider and link the three levels: micro-meso-macro.

As I will better explain in Chapter two and three I argue the relevance of two factors in shaping people's 'social' opportunities: on the one side, the economic and normative and juridical context<sup>23</sup>; on the other, the role of intermediation. The study will rely on the capability approach<sup>24</sup> (Sen 1992; Nussbaum and Sen 1993). This approach will inform the study, giving the perspective to interrogate social phenomena by its relevant kinds of information. These informations will draw on the concepts of functionings and capabilities as tools in analysing resources and social action. Sen (1992) argues that what does matter concern human functionings (beings and doings) and capabilities (the opportunities to achieve those beings and doings). The capability depends both on individual characteristics, relations and structures and is defined as 'the alternative combinations of things a person is able to do or to be and the various 'functionings' he or she can achieve" (Sen 1993: 30). The Capability/ies Approach (CA)<sup>25</sup> will allow to frame intermediation intended as a relational infrastructure for transformative action, as 'condition/s of capability' in agency/structure dynamics. In the appreciation of migrant women agency, thus, will be focused their 'capability' to transfer their available 'potential resources' to achieved functionings. In particular the various means that a person has access to, influence her/his capability set. Diverse factors may affect differently the prospects of translating access to means into achieved functionings<sup>26</sup>. What will be relevant to grasp, thus, will be, first of all, which combinations of potential functionings are opened, what kind of available social opportunities. However, the same possibilities to function don't imply the same choices and achievements. Constraints and possibilities and strategies to overcome perceived difficulties, in

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<sup>23</sup> To combine individual actions and social structures, the conceptualization of 'civic stratification' that Morris (2002) has developed will be useful to understand the specific Italian post migratory context.

<sup>24</sup>The CA is a broad and multidimensional framework. It articulates resources in terms of a quality of life and of what people are able and capable to do. This approach focus on capability instead of functionality (Martha Nussbaum and Amartya Sen).

<sup>25</sup> Sen conceptualizes the people's possibilities to convert given opportunities or resources into desired functionings referring to 1. capability-inputs (commodities, resources in a broad sense, etc.), 2. capability set and 3. functionings.

<sup>26</sup> Strategies are not necessarily conscious, resources distribution is unequally distributed and there are different elements that play a key role. Factors and actors are means. These means, however, do not determine people's capability sets in an uniform, homogeneous or linear way of functioning (Sen 1992).

fact, may vary according to personal elements, migratory projects, motivations and expectations, family and kin linkages, labour market characteristics, recruitment trajectories, intermediaries and networks, legal and normative constraints/advantages, membership statuses, etc.

People will be considered as active social actors and agency will be intended as the negotiation of individuals, within their structural conditions, focusing on how individuals are capable, according to their available social opportunities, to move, work, be educated and, more broadly, gain a better life. Society and its structure is relevant but not as a static and predetermined reality. It will be informed by a dual perspective, composed of both constraining and enabling elements.

## **2.Capability/ies Approach and Social Opportunities**

According to the Capability/ies Approach<sup>27</sup> (CA) (Sen 1992; Nussbaum 2000), the life that a person can lead can be seen as a combination of various doings and beings. Sen calls the overmentioned combinations as functionings. In the life of a person they vary from the very basic areas of health and nutrition to more complex doings or beings like mobility or working or being able to access education and studying. The capability of a person refers to any option she/he is in the position to be able to choose and achieve. It refers to the opportunity to access to various alternative combinations of functionings. In this sense, the capability of a person corresponds to the freedom of a person. For this reason the CA postulates that the quality of a person's life should be assessed in terms of people's capabilities.

The approach explicitly acknowledges human diversity and takes each person as an end. It asks not just the mean and/or the average reached by people but questions the real opportunities that people can have to achieve their functioning. It focuses freedom and choice options. The CA defines the achievement in terms of opportunities open to each person. Indeed, some people may have at disposal less available opportunities to achieve the same functionings, if compared to others. Their available social opportunities to achieve their observed functionings

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<sup>27</sup> The Capability Approach – sometimes also called the Capabilities Approach (CA) is a framework developed and refined by Amartya Sen over the last three decades (Sen 1980; 1992; 1999). It is directly concerned with human capabilities, social opportunities and freedom of choice. It focuses on the concept of capability instead of functionality.

have to be questioned in order to understand how did they were capable to achieve that observed functioning and not another. In this sense the approach directly concerns entrenched social inequality issues. In the overall evaluation, thus, Sen (1992) invites to reflect upon some dimensions that may reveal important intrinsic aspects of society and related unequal opportunities. The idea of capabilities structures a counter proposal to the mainstream economic based assumption. In order to answer the question: 'Why equality?' and 'Equality of what?' Sen's addresses equality of opportunity as a capability of equality<sup>28</sup>.

The CA will be briefly clarified in order to provide the key theoretical concepts adopted by the present thesis. In doing so, I will illustrate the meaning of 'social opportunities' and that of capability and capabilities connected with functioning/s and freedom/s. I will explain the concepts of functionings and freedoms and how these components enable people to act. The key components of the CA, as theorized in Sen (1992), can be summarized by the following concepts: capability and capabilities, functionings, freedom, quality of life, and agency.

A capability is the ability or the potential to achieve a certain functioning<sup>29</sup>. In Sen's discourse, to have a capability is: to be capable of achieving a range of what he calls 'functionings'. 'Functionings' are what the person succeeds in doing with the commodities [...] at his or her command' (Sen 1992). Our capabilities are our potentials for all these things. A person's capability is the set of alternative functionings that a person has the freedom to attain. Capabilities are defined not solely as individuals' (or collective) abilities but also as the freedoms or opportunities created from a combination of personal (or group) abilities and resources, and the social, political, and economic environment (Sen 1992). Capabilities are opportunities or freedoms to achieve what an individual reflectively considers valuable.

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<sup>28</sup> Criticizing the economic approach and its primary goods metric.

<sup>29</sup> Functionings are divided into four overlapping categories, which Sen calls well-being freedom, well being achievement, agency freedom, and agency achievement.

The capability approach focuses on freedom. People may be more or less capable to take the decisions they consider of value and work to remove obstacles to those freedoms. While capability refers to the ability to do various things, functionings refer to what is actually (being) done, achieved. A set of various functionings make up a person's life. Agents have capability set and their agency can be seen in terms of what they actually do and achieve (functionings). To explain agency processes in a capability frame, then, it is necessary to examine what agents can do in terms of what they are free to achieve. The CA lens requires not only to evaluate the functionings but the real freedom or social opportunities that each person is able to choose and to achieve. The equality and inequality terms, thus, are strictly linked to the freedom of social opportunities. The attention paid to choose and opportunity, and to the practical ability of individuals to convert resources into valuable doings and beings, is a distinct trait of the capabilities approach. The CA recognizes that individuals may require different, or additional, resources to achieve similar valuable doings and beings. This may depend on both internal capacities and external contexts. Thus, when speaking of freedom and agency, it has to be considered what people have really attained and the available opportunities at their disposal in their specific case. It is the possibilities that matter and the corresponding capabilities. With such information available, it will become then possible to better understand in what terms they have been free to choose (Sen 1992).

Liberty means being in the position to exercise freedom (Sen 1992). Social opportunities shape the freedom to be and do in the *de facto* 'spaces of capabilities'.



According to Sen, the capability sets of people depend both on individual characteristics and is context-specific. Indeed, specific circumstances and structures may enable/constraint people's agency.

'The word 'social' in the expression 'social opportunity' (...) is a useful reminder not to view individuals and their opportunities in isolated terms. **The options that a person has depend greatly on relations with others and on what the state and other institutions do.** We shall be particularly concerned with those opportunities that are strongly influenced by social circumstances and public policy'

(Dreze and Sen 2002: 6)

The CA is sensitive to both agents' action and to different contexts, being them social, economic political and legal. They refer to the available spaces in which people navigate choice. With respect to the lacks, unequal circumstances (both intended in terms of redistribution and recognition) lead to different opportunities and capacities to choose. Stratified civic statuses may result in unequal states that are possible in lived lives for people. Indeed, contexts may constrain or enable people of available options of choice in converting the resources into valued doings or beings.

Drawing on the CA (Sen 1992; Sen and Nussbaum 1993), the enquiry will try to link agency-structure dynamics. Since I want to investigate the social opportunities and related combinations of functioning available for migrants, I will concentrate on their capabilities to be and do in the specific Italian context of post-migration. The space of functionings and capabilities gives the possibility for a more accurate account of the diversity stemming from gender and ethnicity. While I disagree with the Nussbaum's claim of a list of capabilities, I agree with her position that links capabilities to rights. Nussbaum (2002; 2000) explains the relationship of capability with human rights. In her theorization of CA, she underlines the relationship of capabilities with human rights. In so doing she adopts what she defines the "basic," the "internal" and the "combined" aspects of

capabilities<sup>30</sup>. I will not illustrate exhaustively her arguments here, but I will adopt the ‘combined capabilities’ intended as ‘internal capabilities combined with suitable external conditions for the exercise of the function’ (Nussbaum 2002: 132). Considering such dimensions of capability, allow to frame human rights in a double way, showing how human rights are intended both as basic capability ‘prior to and a ground for the securing of a capability’ and ‘combined capabilities’ (Nussbaum 2002: 136). Since people cannot function without basic capabilities, and cannot function freely without combined capabilities, Nussbaum (p. 131) argues that capability, not functioning, is the political goal.

In the following two chapters I will try to describe the structural elements in which agents can be seen able to act. In incorporating the structural constraints to rights, a capability perspective enables the appreciation of rights and capabilities. I will concentrate on the Italian post-migratory context and on the sets of available occupational and social opportunities in the specific care work area for female migrant workers. I will try to identify nodal points and issues that link capabilities, freedom and women’s agency as issues making people really capable of choosing.

In the following three chapters I will introduce a first description of the main background characteristics of female migrations and their peculiar traits in Italy. In the second and third chapters I will address contextual macro and meso key elements. The effort will be that of making visible how some structural conditions may shape the structuring of the available sets of social opportunities for these individuals and the functioning of their capabilities to be and do. I will try to raise questions about equality and inequality focusing on the specific issue at stance here: social opportunities. In trying to understand how occupational insertion and re-qualification processes of these female migrants workers happen to be in Italy, I will try to grasp the interrelations between care ‘crisis’ and care labour market, its progressive gender/ethnic segmentation, the role plaid by recognition processes and migration law in these gender specific migrations.

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<sup>30</sup> Basic capabilities refer to capabilities that are innate to the human condition such as that of practical reason and imagination. Internal capabilities refer to “states of the person herself that are, so far as the person herself is concerned, sufficient conditions for the exercise of the requisite functions.”

## CHAPTER 1: Female migrant workers in the Italian context

Nowadays, Italy is one of the top five countries<sup>31</sup> in which is concentrated the largest stock of immigrants (72.4%) of the European continent. In almost 40 years Italy has shifted from being an emigration country<sup>32</sup> to being a new immigration one<sup>33</sup>. Data show that immigrants have increased from less than 100,000 in 1970 to 6,108,000<sup>34</sup> in 2017 (Rapporto Ismu XXII, 2018). In a relatively short period<sup>35</sup>, thus, a rapid change has occurred. New immigration is intended here in the sense that it began roughly only in the last thirty years, and, even if with a substantial reduction of the emigration flows if compared to the previous century, Italy continues to be an area of emigration (Pugliese 2002).

The present study will focus on immigration to Italy. According to that scientific literature (Arango et al. 2009) that classifies Italy as a country pertaining to the 'Mediterranean' model of immigration<sup>36</sup> (Pugliese 2002; Sciortino 2004), Italy is characterized by: 1. a high feminization of migrations flows; 2. a labour oriented migration; 3. a migrant workforce concentration in the low skilled occupations, with a segmented segregation of female migration especially in elderly private care sector; 4. a high presence of migrant workforce in the informal economy; 5. a weak regulation in immigration policies and a high use of amnesty as institutional remedy to provide a solution to irregular migration (Vitiello 2008).

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<sup>31</sup> Germany (20.3%), Great Britain (13.1%), France (10.6%), Spain (15.2%) and Italy (13.2%) (XXII Rapporto Immigrazione Caritas Migrantes 2018).

<sup>32</sup> Even if with a substantial reduction of the emigration, flows Italy continues to be areas of emigration (Istat 2018 – Idos)

<sup>33</sup> Recent trends register in 2016 that almost 160 thousand individuals moved abroad. In general, are mostly Italian citizens (in 2016 there are 115 thousand, 73 per cent). The destinations are mainly Western European countries: United Kingdom (22.0 percent), Germany (16.5 percent), Switzerland (10.0 percent) and France (9.5 percent). Many Italians with a high level of education leave the country. The age range in which the most marked loss is recorded is that of young people aged between 25 and 39 (about 38,000 units less) and, among these, almost 30 percent hold an academic degree or a post-graduate degree. This trends outline the difficulty of the country in retaining skills and professionalism (Istat 2018 – Idos)

<sup>34</sup> 3 million and 582 thousand are of so-called third countries nationals, 71% of the total foreign population residing in Italy

<sup>35</sup> The Italian Istat census in 1981 registered the presence of 321.000 foreign nationals. In 1991 these numbers doubled reaching 625.000 individuals.

<sup>36</sup> As Spain Greece and Portugal (Rapporto Ismu XXII, 2017).

## 1.1 Feminization of migrations in Italy

The presence of immigrant women, arrived for working reasons, is a peculiar trait of the Italian migratory model, both in the past<sup>37</sup> and in more recent inflow trends. The high feminization shows sharp gendered unbalances across different national groups. Especially for some nationalities, women were and are part of current labour migration, both as primary migrants and as active workers. Many moved on their own, independently from their families, in search of work and often as breadwinners leaving their families and relatives back in their country of origin. Others moved by family channels and their status were formally dependent on the familiar who reunificated them.

Even though mainstream narratives on migrations mainly describe women as so-called ‘tied movers’ and dependent social actors, they were and are actively employed after their migration. Since the 70s, in Italy it is documented a high female presence<sup>38</sup>. The occupational insertion of migrant women was concentrated in the Italian domestic labour market. These women moved as primo migrant amongst certain national groups<sup>39</sup> (Campani 1991, Favaro and Tognetti Bordogna 1991; Pugliese and Maciotti 1998). It is documented, from the 70s, a significant presence of migrant women working in live-in conditions. These migratory flows, later defined as ‘pioneers’, moved autonomously (Andall 2000; Bettin 2014; Bonifazi 2013). In this first phase, geographically, their origins were limited to the island of Cape Verde, to East Africa (Ethiopia and Eritrea) and to the Philippines. These waves were made up of workers with regular work contracts (Andall 2000) or who entered with tourist visas. They were often

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<sup>37</sup> From 70s to 90s there were high unbalanced gender presence of women from Cape Verde and East Africa (Ethiopia and Eritrea) and from the Philippines; since 2000s the two nationalities with a high unbalanced gender presence are Ukraina and Moldova.

<sup>38</sup> Currently foreign women constitute 52% of presence in Italy among the total population of third-country nationals (Rapporto Immigrazione 2018).

<sup>39</sup> A first wave of immigration female dominated started in 60s from those countries of East Africa (Somalia, Eritrea and Etiopia) that have had ex-colonial ties and linkages with Italy. In these cases the number of women far exceeded that of men and gave to this social actor weight as both economic agent and as provider for households. Data from Api Colf research (2008) show that in 1976 there were a prevalence of etiopians (11,000-12,000), followed by philippines (7,000) and capoverdians (6,200), employed mainly in the live-in domestic sector. Flows of women from Latin America (Ecuador and Peru) and Asia (Philippines) arrived often supported by catholic organizations (Andall 2000; Parrenas 2001). Some early fluxes like the ones from Cape Verde and Eritrea diminished in importance over the time. In other cases they changed. For Philippines, for instance, migrations used to be dominated by women while the following flows were more gender-balanced with a sharp decline, if compared to the early phase of their immigration. Nowadays Ukrainian and Moldovan are highly present in the care labour market and data show gender unbalance in numbers for both nationals (Rapporto Ismu – 2018).

connected to the Catholic Church and in some cases were also recruited through Italian agencies in their home countries (Anteri 1981). Migrant women were mostly employed as live-in workers by the middle-high class families. Today live-in services address care needs (Colombo 2005), due to changes that occurred in the Italian society. Recent data show an occupational concentration of migrant women in care labour market (Ambrosini 2013). Care work is a common entry point into the labour market for migrant women in Italy (Da Roit and Facchini 2010; Tognetti Bordogna 2012; Ambrosini 2013; Salis 2013). In the following decade the arrival of women who were employed in domestic and care sector continued and the number of migrants increased (Tognetti Bordogna 2012; Campani 2000), including also women from Latin America, more directly employed in elderly care. Before 1997, more than 50% of domestic workers used to come from Central and South America and Asia (22.4% and 30.6% respectively). After 1998 was established a more structured immigration law (the so-called 'Turco-Napolitano'). At the same time informal networks of support acquired a more stable configuration, creating autonomous chains of immigration for female workers. Informal co-national chains contributed to channel and create an ethnic *niche* into this specific sector (Colombo and Catanzaro 2009). In a second phase of migrations, the main migratory routes and geographical origins changed. Immigrants started to come from the countries that, after the fall of the Berlin Wall, began to acquire relative political autonomy. Regarding the percentage of migrants employed in care work, during 2000s and after, they mainly came from the former Csi block, are live-in elderly carers and the most represented nationality are Ukraine (19.3%) followed by Moldova (4.6%) (Rapporto Immigrazione - 2018).

Focusing on the two selected nationalities of the present study, Peru is the South American community with the higher presence in Italy, it constitutes the 2.9% among the total population of third countries (Istat 2016). Among communitarian and European countries, the enlargement of free mobility resulted in a significative increase of Romanians. They are almost one million and 200 residents the largest community present in Italy 23.1% of the total (XXI - Rapporto Immigrazione - 2018).

Female Peruvian immigration has a more ancient history of migration to Italy, if compared to Romania. In the last two decades it shows a consolidated presence, still significant in the domestic sector. Romanians result to be currently communitarian but their membership status changed over the years: they have been third-country nationals until their entrance in UE in 2007. The female workforce presence in the care sector emerged hugely in particular after the regularization of 2002 when Romania was still out of the EU membership status.

### **1.1.1 A focus on the two selected nationalities**

I will briefly illustrate the main characteristics of the two selected national groups.

#### **a. Romania**

After 1989, the emigration from Romania increased and a massive number of Romanians migrated abroad. Up to now approximately 2,5 million Romanians left their country of origin and almost half of them are in Italy (48%).

From Romania a flow of immigration started from 90s, with a peak in early 2000s. Inflows from Romania increased in 2002, when the visa requirement to enter the country was eliminated (Marchetti Venturini 2013b). The presence of Romanian nationals had two humps marked by two legislative changes: visa liberalization in 2002 that eased the entrance and the accession to UE in 2007<sup>40</sup> (Cingolani 2009). According to the estimates of CURS (Centre for Urban and Rural Sociology) the percentage of Romanian female migrants appears to have doubled in the period between 2001 and 2004, growing from 16.7% to 31% of total migration (Piperno 2012). In this temporal arch indeed, statistics reveal that there was a low number of family reunification requests from Romanian male migrants in spite of the higher number from Romanian women present in Italy (Istat 2004).

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<sup>40</sup> While in 2004, during the first enlargement, the majority of the EU countries, including Italy, requested a three-year transition period (with the exception of the UK, Ireland and Sweden), during the second enlargement in 2007, Italy did not request a transition period.

Upon its becoming an EU member state in 2007, Romania was Europe's biggest source of outward migration flows. In Italy the enlargement functioned as a channel to legalize migrants. In 2007 all undocumented Romanian migrants were turned into legal migrants. The 'recognized' size of the Romanian community in Italy increased and Romanian community doubled despite the limited real changes in the composition of the flows and presence. With the financial crisis that started in 2008 the Romanian migration reoriented again towards the countries from Northern Europe (Anghel et al. 2016). Data registered after the entrance in Europe as communitarians show a higher female presence (423.222 females against 373.255 male residents in Italy in 2008).

In Italy the Romanian national group results to be the most active among EU women. Studies on Romanian show that the growth in the number of female workers, especially from certain areas of the country, was due to complex overlapping of specific gender and familial dynamics and labour market forces and processes. Since the 1990s, following the collapse of the socialist system, many Romanian women migrated to ameliorate the wealth of their family. They became the principal breadwinners, challenging traditional gender roles. Romanian women indeed show a high employment rate in Italy (Venturini and Dal Boca 2014). Looking at the educational level of people who emigrated, it is worth to be mentioned the fact that in the last decades higher education in Eastern Europe boomed. Romania has seen an increase of 300 % in the number of university students: from 1990 to 2004 increased from 193,000 to 621,000 with a flourishing of private universities (Bradatan 2006). According to some studies (Tilea et al. 2013) Romania is a country of emigration for the health personnel<sup>41</sup>. In 2010 in Romania have been registered rising numbers of certificate requests from medical doctors and nurses. However, these statistics have to be interpreted with caution because not necessarily the request of recognition of qualification corresponds to an effective transferability of such recognition in the country where the request has been done. The level of employment in the health sector is characterized by a concentration of female labour (75-85%) and short term contracts. Nurses, before the entrance in the EU area, used to migrate mostly to

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<sup>41</sup> Such a mobility is due to many factors: the wage differential, the limitation of employment and the corruption system. The quality of employment, associated with poor funding of the field, favours the professional mobility of health workers.

Italy and to a lesser extent to Spain but, since joining the EU (2007) a growing number of health care workers are moving to the UK and to Scandinavian countries (Ministry of Labour, 2012).

According to data supplied by the Romanian College of Physicians, 8,000 physicians migrated between 2007 and 2010, 95% of them leaving for a better wage. This trend has continued, as confirmed by the increasing number of applications for current professional certificates to work abroad. The migration of physicians as well as of nurses has become a matter of national security (Astarastoae 2011).

Available current European Data (2018) show that, between 2002 and 2018, 17,547 Romanian nurses applied to get recognized their qualification in a Schengen area country. The high number of applications result to be UK (9,195), followed by Italy (3,900), Belgium (1,332) and Germany (595).

## **b. Peru**

Peruvian immigrant group in Italy is estimated to be of 94.971 individuals and the largest Latin American group. The Peruvian is the fourteenth non-EU national groups in Italy and represents the 2.6% of the total (Rapporto Comunità Peruviana, 2017). In particular, most employed workers of Peruvian origin (53%) are concentrated in public and social services (Istat 2015). Peru registers a 74.4 percentage of employment rate, one of the highest among non-EU women<sup>42</sup> after Philippines, Ukraine and Moldova (87.5%)<sup>43</sup> (Rapporto Ismu XXII, 2017). Looking at Peruvian emigration, until the late 1980s, the United States used to be the main destination of migrants, but then it started to change directions to new countries. In the past 30 years a number of new destinations have emerged (Paerregaard 2008). Almost 10 percent of Peru's population currently lives abroad. Europe, the United States, and Japan are the three most important destinations (IOM 2016). In south America, Argentina and Chile also represent valid options if other more expensive migratory international countries have been rejected. Italy, as a possible destination country, is part of the changes of migratory Peruvian

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<sup>42</sup> Within the same non-EU population, female employment rates range from 93.6% for Filipino women to 10% for Egyptian women.

<sup>43</sup> On the contrary, the highest unemployment rates regard women from Egypt (90%) Bangladesh (82.6%) and India (80%), but also women from Ghana, Morocco and Tunisia whose unemployment rates are above 60%. (Rapporto Ismu 2017).



routes that were determined by many factors. First of all, the US Immigration Reform and Control Act in 1986 changed possibilities to migrate for Peruvians. After this reform it was more difficult to move to the USA. Infact, in 1986 the United States tightened their immigration policy and border control. US is seen as a risky and very difficult country where to migrate.

Between 1990 and 2015, 2 million 885 thousand 787 of Peruvians were abroad (9.3% of the population in 2015). A large number of them were women. According to the Peruvian National Institute for Statistics and Information (INEI 2008), women have dominated Peruvian migration since the 1930s and continue to make up the majority of Peru's migrant population. Peruvian women's international migration grew from 31% between 1932 and 1950 to 57% in the period of 1991-2000, even if it decreased to 53% in 2015 (INEI, 2016).

This female dominance is particularly evident in southern Europe countries, where the demand for domestic workers and caretakers has been increasing over the past two decades. A central feature of Peruvian emigration is the leading role of women who migrate autonomously in search of employment opportunities. Data show the 60% of the Peruvian emigrate to Italy, Spain and Argentina, and 65% in Chile (Caritas Migrantes, 2015).

In Peru, emigration has led to growth important number of transnational households, representing 10.4% of all homes in the national territory, as indicated by the National Population and Housing Census 2007 (OIM and INEI, 2010). Considerable increases in remittances<sup>44</sup> received from abroad have been registered. Another aspect worth to be mentioned is that in Italy more than half (53%) of Peruvian citizens employed hold at least a secondary level of secondary education (those employed with tertiary education reaches 9%). Looking at the socio-demographic characteristics of Peruvians who emigrated between 1990 and 2015, the high educational level is confirmed by INEI (Statistical Peruvian Institute) data. In particular, among migrant population, women constitute 53% of professionals and 49% of students (INEI, 2016).

Indeed, the feminization of Peruvian migration is a skilled one. In Peru women's access to university education has increased in the last decades, namely

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<sup>44</sup> of 87 million of dollars in 1990 to 2 378 million dollars in 2009 (INEI)

from 26% in 1960 to 45% in 2002 and to 49% in 2010 and their participation in formal labour market has also increased from 59% in 2000 to 63% in 2015 (INEI, 2016).

Nurses constitute the second largest health workforce in Peru, being almost as numerous as doctors in absolute terms (13,275 vs. 13,288, estimates for 2007). About 29% of nurses were *nombradas* and therefore stable, 31.29% belonged to SERUMS<sup>45</sup>, and almost 40% were *contratadas* (working on a temporary contract basis).

	Overseas Peruvian Nurses	Female Peruvian Nurses	Peruvian emigrants
1990-2000	5.733	5.325	452.675
2001-2005	2.425	2.292	428.264
2006-2010	4.095	3.833	995.567
2011-2015	6.099	5.748	771.334
Total nurses	18.352	17.198	2.647.840

Perú: INEI 2016 – Flows: 1990 – 2015

### 1.1.2 Labour oriented migration

Data show how, until the crisis period, migration in Italy has had a labour-oriented nature. Foreign workers have been particularly present in the Italian economic system since the very first migratory waves and immigrant labour has been a structural component of the Italian labour market. Between 1997 and 2007 the immigrants' contribution in net job creation was of at least 60% (OECD, 2009) and, according to a recent statement by Confindustria (2016), immigrants contribution to Italian GDP is estimated to be at 8.7%. Foreign employment was responsible for its compound growth by almost 4 points during the pre-crisis years

<sup>45</sup> Internship of one year in rural areas. It is compulsory after Nursing degree.

of expansion. The number of immigrants workers registered in 2015 consists of 2,359,065 individuals (of whose 1,578,648 are non UE and 78,417 UE). In 2017, the registered foreign working age population in Italy accounts for 4 million of individuals. Being 2 million and 423 thousand those who work, they constitute almost 10% of the total working population<sup>46</sup>. Migration has been a response to Italian labour market shortages in some sectors such as manufacturing, cleaning, hotels, social and domestic services, health and long-term care.

One of the characteristics of Mediterranean model of immigration was a highly gendered segregation: some occupations were almost entirely only for males and others, like domestic services, health and long-term care were almost exclusively for females (Pugliese 2002).

After 2011, the overall picture changed. In 2011, focusing only on non-EU citizens, 34.4% of the admissions were through work permits, 38.9% for family reasons, 8.7% for study reasons and 11%, 8% for political asylum and humanitarian protection.

Looking at the reasons of issuance of residence permits in the five-year period 2011-16, family<sup>47</sup> channel has come to provide one of the main gateways through which migrants can regularly enter and settle in Europe (OECD 2011). In 2016 work permit of stay issue was of 5.7% and those for family reasons increased to 45.1%. While during the 2000s migration flows crossed borders on regular basis, since 2008 a change of trend occurred, with a reduction in regular migration flows. The reduction in regular flows was accompanied by an increase in irregular arrivals (especially from Africa) which characterized the following period, fueling the so-called European 'migration crisis'.

This study refers to migrants who arrived in Italy before 2011.

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<sup>46</sup> over 23 million (Rapporto ISMU 2018)

<sup>47</sup> Family reunion category is the most widely used as regular migration tool. The issue of this typology of permit of stay increased from 167,000 in 2008 to 180,000 in 2016 (XXIV 2018 Migration Report)

### **1.1.3 A subordinate occupational integration: concentration in low skilled sectors**

Data show that migrants in Italy face higher difficulties in accessing better occupations and skilled professions and that their incorporation in the Italian labour market is mainly concentrated in the secondary segment and in underground economy, with restricted alternative occupational opportunities (Fellini and Fullin 2016). As Reyneri and Fullin (2011) have highlighted, immigration has been characterized in Italy by workers whose recruitment was aimed at filling labour market shortages, especially in unskilled occupations. Even if migrants seem to be at a lower risk of unemployment, they are more likely to be employed in low skilled jobs. Low skilled migrants or migrants whose skills are not recognised are often absorbed in specific sectors mainly in those of care, agriculture and construction (Fullin and Reyneri 2011; Reyneri 2004). Subaltern integration in these productive areas show a high percentage of workforce characterized by being undocumented, with precarity and low power degrees to negotiate labour conditions. This picture emerges in what Ambrosini (2001) describes as their '*subordinate economic integration*'. This subaltern demand for immigrant labour can be explained by two theories: the 'complementarity paradigm' which assume a replacement role of migrant workforce (Zanfrini 2009) and the labour market segmentation. According to the labour market segmentation/duality, as conceptualized by Piore (1979), the market consists of two separate segments: a 'primary' and a 'secondary' segment. The former is characterized by higher paid and more stable occupations, the latter by low skilled jobs with low wages and higher flexible working conditions. Studies show how foreigners are more likely to be employed in the secondary segment of labour market (Ambrosini 2001). Moreover, a replacement theory argue that the immigrant workforce plays a substitutive rather than competitive role in the Italian economy (Venturini et al. 1999; Reyneri 1998), also due to the reluctance of Italian workers to occupy some jobs considered 'unattractive'.

Italian labour demand<sup>48</sup> has attracted both migrant men and women for employment in secondary jobs in different ways, shaping the nature of immigration and its gendered composition. Indeed foreigners are concentrated in highly ethnicized few professions (Rapporto Forze Lavoro 2017) and immigrants are more likely to enter job sectors where their presence is already strong (Ambrosini 1999; Colombo and Sciortino 2009). Looking at the distribution among occupational sectors<sup>49</sup>, it emerges that more than half of the foreign female workers women are concentrated in the following five professions: in private care domestic sector, in health auxiliary jobs and cleaning sectors as housekeepers and cleaners. They result to be employed also as waitresses and sale assistants. As can be grasped by data at disposal (Rapporto Forze Lavoro 2017) the majority are concentrated in unskilled care-work related occupations. Studies on the Italian case confirm ethnic segmentation and a limited job mobility of immigrants resulting in ‘occupational hierarchies’ with no or low mobilities among and within sectors (Quartararo and Falcinelli 2014). Italy results to be the European country where female migrants have made the largest contribution to the care work<sup>50</sup> over the last twenty years (Cangiano 2014). On the contrary fifteen different professions would need to be mentioned to cover half of foreign male presence in the available workforce in the Italian labour market. Data suggest that male migrant workers may have a wider spectrum of choice, at least among the unskilled available options. In particular, they tend to be concentrated in production, construction and agricultural areas. Feminist scholars have written extensively on the positioning of women in a multi-layered labour system and on the limited women’s opportunities of capitalization on skills (Duffy 2005, Nakano Glenn 1992, Iredale 2002, 2005; Kofman et al. 2000) This aspect will be further discussed in Chapter 2.

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<sup>48</sup> Mainly in sectors of light industry (shoes, furniture, textiles, etc.), in construction and agriculture, and services.

<sup>49</sup> In the 1st Report on Immigrants in Italy, based on the Ministry of the Interior data.

<sup>50</sup> The overall care workforce is 4–5 times higher than its share in the rest of the labour market. (Cangiano 2014), the 90 percent of workers employed by Italian households in care for older adults, are foreign nationals, and the majority without a regular employment contract (Pasquinelli and Rusmini 2013).

#### 1.1.4 The unskilled domestic sector, female migrations and care services

While the ageing of the population contributed to a significant increase in the amount of dependent people in need of care, higher participation rates of women in the labour market lowered the supply of family carers, driving up demand for care services (Saraceno 2008). The commodification of care, enlarged the service sectors with a high demand for domestic and care services (Colombo and Catanzaro 2009; Ambrosini 2013; Andall 2000; Bonifazi 2013). Even if recent data show a slow contraction in numbers, migrant women have played a key role as care assistants in the Italian private household sector<sup>51</sup>. According to INPS<sup>52</sup> data, that register the regular side of the overmentioned phenomenon, the presence of foreign workers in the domestic sector in the decade between 1972 and 1982 were 5.6% of the total (Sarti 2004). In 1999, migrant workers who enrolled in the INPS archives represented just over half of the total. Women registered in the INPS archives have grown six times over the decade 1995-2004, precisely from 98 thousand to 647 thousand. After the amnesty in 2002, because of regularization, foreign domestic workers reached a percentage of presence of 74.3%. The upward trend continued in 2003 (+ 6.5% nationally), reaching 75.8%. Nowadays it is an occupational *niche*, that employs a high percentage of immigrant women in Italy (Sarti 2004; Ambrosini 2013; Colombo et. al. 2009; Pasquinelli Rusmini 2013). The paid domestic-work sector illustrates how the gendered nature of employment demand in Europe and the sexual division of labour, in both sending and receiving countries, combines to produce a growing specific care demand for female migrants (Andall 2000, 2013; Lutz 2011; Parreñas 2001; Yeates 2009).

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<sup>51</sup> According to the INPS (National Institute for the Social Security), the number of foreign careworkers employed by Italian families as caregivers has risen from 139,863 (51.8% of the total) in 2001 to 710,938 (81.5% of the total) in 2010. In 2016 data show that 49,6% of the total ( 866.747) are extra Ue workers, of whom 7% are Peruvians workers. The majority of this workforce is constituted by female migrants (82,2%) even if there is a non neglectable portion of male presence 17,8% (The VII Italian Report on Migrants in the Italian Labour Market - 2017). The entrance in the sector is largely informal and unregulated with uncertain (going from legal to non legal) statuses, usually regularized by labour immigrant regulation ex-post (*sanatorie*), with a privileged quota system.

<sup>52</sup> In 2014, INPS data show 898.429 regularly working in the domestic sector, however, in this sector there is a high percentage of unformal workers.

### 1.1.5 Downgrading, brain waste and widespread mismatch of credentials

Italy appears to be one of the less attractive countries to educated migrants and analyses indicate a widespread mismatch of credentials and occupational downgrading (Fullin and Reyneri 2011). Studies document frequent de-skilling processes, so-called ‘brain waste’ and consequent under-use of qualifications that migrants possess, particularly for women. Downgrading is huge especially for highly-educated<sup>53</sup> Data show an increasing trend in emigration among Italians especially between 25 and 39 years old. Among them, almost 30% hold university or post-graduate degree. Moreover, in Italy the incidence of the Neet (Neither in employment nor in Education and Training<sup>54</sup>) is the highest among the European Union countries and it is significative among foreigners (34.4% against 23.0% of Italians). To be noted that this unbalance is due to the high migrant female component<sup>55</sup> (Istat 2018 - Idos). Such a phenomenon calls for attention on the difficulty in valorizing qualifications and skills and professionalism in Italy. Migrant women, even if qualified, result to be concentrated at the bottom end of the occupational *spectrum*, in few invisible and devalued so-called ‘dirty jobs’ of the hierarchy of the Italian labour market (Ambrosini 2005; Fullin and Reyneri 2011). Skilled women, infact, are more likely to work in sectors other than their original training or previous occupations, often employed in jobs that require lower skills than the educational qualification they possess. Over-education among women, even reaches 50% (Zanfrini 2000). Moreover according to data, migrants seem to have scarcer possibilities of re-qualification in Italy (Cesareo 2017). For this reason, I was interested in exploring how does it work in those cases in which migrants are employed in jobs that, at least formally, fit their educational qualifications.

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<sup>53</sup> Both migrants and native. Many Italians with a high level of education in fact leave the country. The destinations are mainly Western European countries: United Kingdom (22.0 percent), Germany (16.5 percent), Switzerland (10.0 percent) and France (9.5 percent), Their age range is between 25 and 39 and, among these, almost 30 % with a university or post-graduate degree.

<sup>54</sup> Young people between 15 and 29 years, not employed and not in training paths.

<sup>55</sup> 23.7% and 44.3% the respective shares between Italian and foreign.

### **1.1.6 Undocumented workers concentrated in the hidden market**

Two aspects emerge from the studies at disposal on the Italian care labour market: on the one side the sector is characterized by an oversized underground economy<sup>56</sup> that has acted as a magnet (Finotelli and Sciortino 2009; Reyneri and Fullin 2011); on the other side the high concentration of undocumented migrants at the entrance of their occupational trajectories in the domestic sector (Ambrosini 2013). The size of the informal employment sector in Italy (Reyneri 1999, 2001), the ‘open door’ policy (Martiniello 1996; Zincone 1999) until the late 1990s, and the frequent ‘regularisation’ programmes introduced by governments since 1986 have all influenced the processes of migration from the entry route to the settlement in Italy. Tourist visas have been proved to be a widely used channel by migrants to enter Italy (Finotelli and Sciortino 2009; Monzini et al. 2006) and there is evidence that a substantial percentage of those economic migrants who are currently registered as legal migrants were former non legal immigrants (OECD data 2018).

### **1.1.7 Undocumented status at the entrance and mobility of statuses**

The object of the present study will be regular migrant workers. Defining a regular worker however it is very difficult. From a legal/juridical point of view migrants can be distinguished between regular and irregular categories<sup>57</sup>.

The numbers of migrants<sup>58</sup> who are classified as undocumented are obviously very difficult to quantify. Moreover, the geographical changes according to the enlargement of European Union area of some countries<sup>59</sup>, created a more complex picture. Migrants’ statuses can shift and those who enter the Italian territory legally can become undocumented after (Sciortino 2009), particularly from those countries from which no visa is required. In other cases the undocumented status may occur after a legal status due to the non renew of the permit of stay. According to the Italian law, non legal entry and irregular permanence on the

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<sup>56</sup> Italian labour market is characterized by that accounts for an estimated 14–20% of GDP

<sup>57</sup> The categories identified are: 1. asylum seekers - forced migration; 2. regular migrants for work – voluntary migrations; 3. other migrants in regular position (i.e. study - family) – volunteers; 4. migrants in an irregular juridical position. The last category and the concept of irregular immigration and undocumented status is blurred and unclear.

<sup>58</sup> Data in Italy estimate at least 500,000 irregular individuals.

<sup>59</sup> that previously represented a large number of irregularities, as in the case of Romanian nationals.



territory (so called Pacchetto Sicurezza - Law 94/2009, art .10 bis) is a penal crime<sup>60</sup>.

In Italy, as I will better explain, political and legal contexts favoured ex post legalization of statuses: those migrants who resulted regularly employed at a point of their post-migratory history have been often regularized or ‘*sanati*’ after a period of irregular residence on the territory. Indeed, regularisation programmes have been largely employed by Italian governments (in 1986, 1990, 1996, 1998, 2002 2009 and 2012) as tools in order to set up the ‘matter of irregularity’ (Sciortino 2011; Colucci 2018). ‘Non legal<sup>61</sup>’ status and the different legal membership statuses are structurally embedded in the functioning of national immigration normative systems (Morris 2002; De Genova 2014) and the distinction between legal and non legal is often unclear (Ambrosini 2018).

Despite growing investment in migration control, the ‘matter’ of irregular presence has not been solved yet (Ambrosini 2018).

As I will illustrate in Chapter three, Italian admission policies are characterised by a high degree of restrictiveness and inflexibility. Despite having acknowledged the necessity of foreign labour, regularization is often obtained thanks to so-called ‘sanatorie’ (amnesties) used as functional substitutes of admission policies. Their reiteration produces the paradoxical effect of allowing the regularization of migrants who actually are already living (and usually working) in Italy. In particular these amnesties privilege the access to domestic sector, which is an important field of recruitment of immigrants where there is a high percentage of undocumented workers. Reyneri (1999) argued that the normative system contributed to create the undocumented status of migrants. Looking at the domestic sector, a study based on a huge database<sup>62</sup> that included 682 in depth interviews to migrant domestic and care workers in Italy, Sciortino (2009) shows that only 17% of migrants of this representative sample entered with a visa that allowed them a regular work condition. The majority was constituted by migrants who experienced an undocumented status. Sciortino (2009) outlines two

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<sup>60</sup>The ‘fight against irregular immigration’ the payment of a fine ranging from 5,000 to 10,000 euros and immediate expulsion.

<sup>61</sup> I will avoid to use the term ‘illegal’ since in debates on the terminology it has become contested

<sup>62</sup> PRIN 2004: “*Nazionalità, genere e classe nel nuovo lavoro domestico. Cambiamenti nella famiglia italiana e evoluzione dei sistemi migratori*”.

significant elements in the more recent migratory flows of transnational carers: on the one hand a structural, tolerated undocumented modality of access of these workers to the sector; a second aspect is the insertion into the labour market only after the arrival of these worker on the Italian territory (Ambrosini 2013, 2018). These two peculiar nodal points, emerged also in the present research. They will be addressed and furtherly described in the empirical Chapters as important factors. Indeed they shaped the initial occupational positioning of these women in their occupational process of inclusion in the Italian host country.

I will focus here the Italian way to make legal those workers who were ‘non legal’. In Chapter 3 I will describe more in detail some traits of the specific Italian context. The ways in which the ‘legalization of undocumented status processes’ *de facto* is managed, call for attention on the ‘available possible alternative ways’ to manage the undocumented categories of migrant workers as they are juridically built. Embracing positions of legal studies on the italian case (Calafà 2017; Colucci 2018; Codini 2019), I argue a certain corresponsability of government normative national constraints and the construction of vulnerable conditions for workers, especially if referred to undocumented status.

‘Undocumented immigration persists and reproduces itself, despite efforts to uproot it, because various aspects of the way in which the host societies and their institutions function along with the conduct of the actors involved contribute to concealing it’ (Calafà 2017: 20)

## Care work and Nurse sector

The presence of migrant workforce in the health and care occupations is pyramidal. At the top of the pyramid there are the most qualified professions: like doctors. In the step immediately below, there are nurses.

In 2012 new registered overseas nurses at IPASVI<sup>63</sup>, at national level, was of 28.3%. In Lombardy IPASVI dataset registered 491 new nurses from abroad and among them 68.2% gained the qualification abroad. Lombardy is one of the regions where foreign nurses are more likely to be employed, however, data show a decreasing trend of the enrollment of foreign nurses from 2007.

The percentage of their presence fall from almost 35% in 2007 to 15.3% in 2012. According to different sources of recent available data (Osservasalute Cattolica 2017; ISTAT Workforce Dataset 2017) there is a shortage of nurses employed in the Italian SSN. While many Italian doctors migrated abroad, from 90s Italy has recruited foreigner nurses, mainly from Europe (Romania and Poland but also Spain) and from Latin America (Peru) and Asia (India) too. The share of foreign health professionals within the Italian nursing workforce was around 11% in 2008. The largest groups were from the European free-movement area, including Romania (25%), Poland (10.7%), Switzerland (7%), Germany (5.6%), France and Spain (around 3.5% each) (Rapporto 2011 - Mobility). A particular case of nursing migration was the one of Albania that contributed to supply nurses for Italy: almost half of Albanian nurses were men, mostly recruited via agencies, that provided necessary documents and organizational requirements (Ivkovic 2011; Chaloff 2008). A recent increase of Indian nurses has been documented in the Italian nursing sector (Accorinti and Gagliardo, 2014; IPASVI 2012). Over the past 5 years a downward shift in the immigration trends of nurses has occurred. This recent migration flow shows a trend towards a diversification of origin countries. Some countries of origin, such as Peru, still play an important

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<sup>63</sup> When I started to write the present thesis on February 2018, IPASVI (Infermieri Professionali - Assistenti Sanitari - Vigilatrici dell'Infanzia) changed. They become FNOPI in 2018 (Federazione Nazionale Ordini Professioni Infermieristiche - National Federation of Nursing Professions Orders). With the publication in the Official Gazette n. 25 of 31 January 2018 of Law 3/2018 (Delegation to the Government on clinical trials of medicines as well as provisions for the reorganization of the health professions and the health management of the Ministry of Health).

role, but it decreased, accompanied by increased flows from Eastern European countries.

The employment of immigrants in this sector has more than doubled (+ 157.6% between 2002 and 2005). A greater proportion of foreigners is included in the social-health sector. Although statistic data are not available, migrant work force in the health sector is increasing. Some studies outline that professional nurses are highly employed in hospices and elderly care residential structures where it is not necessary to be recognized and registered at IPASVI.

Being an underinvestigated phenomenon, it is not clear to what extent and in which ways these migrant women are employed in these sectors.

This study will include only those nurses that gained a recognition, instead. According to the same IPASVI in 2006 and in 2005 non-EU citizens who obtained the equivalence<sup>64</sup> of their qualification were about 9 thousand of individuals.

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<sup>64</sup> In the sector of evaluation and recognition of qualification, a qualification is defined as equal to another when both, awarded by official institutions and being officially part of the relevant national system, carry all the legal impact and have the same "legal value". Therefore, a foreign qualification recognised as equal will always carry the same legal impact as the corresponding Italian one. In these cases all the elements of the official foreign qualification (level, nature, length, credits, academic and professional rights, curriculum of studies, etc.) must correspond to those of the Italian qualification in order to qualify as equal via the current procedures (Cimea website).

### **1.1.8 Grasping more recent trends and related possible available mobilities: long term residents and naturalization – shifting processes of europeanization**

Italy is now in a more advanced phase of migration. Far from being homogeneous, over the time each national group has changed in size and weight, in geographical concentrations, depending on historical, social, economic and political factors.

Focusing on flows and phases of arrival and on settlement adjustments, recent trends are related to typologies of settlements and citizenships.

During the last thirty years settlement, regularization and naturalization processes occurred. Regularization processes legalised immigrants who entered as irregulars or over-stayers and resulted in a more stable migrants' presence of some nationalities. Mixed marriages, new family formations and reunifications contributed to complexify the picture of migration's presence in Italy.

The dimension of immigration is evident and is a structural phenomenon (Colombo Sciortino 2008).

Three more recent trends can be described: the higher presence of long-term stayers, that of a very high incidence of acquisition of new citizenships and that of higher europeanization.

For the purposes of the present research it will be useful to underline, with respect to third-country long-term stayers and new communitarians, that these legal membership statuses are those that guarantee the higher levels of available freedoms of choice, both concerning geographical and occupational mobilities. Indeed, investigating long-term settlers and EU citizens may shed light on the mobility issue as a key factor for discussing both geographical and occupational implications in mobility.

The incidence of long-term residents has significantly increased in the last decade (Ismu 2018). A parallel similar dynamic concerned the citizenship issue. In 1998 12,000 individuals become citizens and in 2000 acquired 'full' membership status 9,545 people. It has to be noted that nowadays one foreigner out of five is less than eighteen years old (Rapporto Ismu 2018). Many, having been born and grown up in Italy, are foreigners but they are not migrants.

Almost 150,000 people received the Italian citizenship in 2015<sup>65</sup>. In 2017 in Italy they result to be 1 million and 500 hundred, with 146,605 of new acquisitions. 50.9% are women (XXII Caritas Migrantes Immigration Report).

According to EUROSTAT data, in 2016 foreign residents who acquired citizenship in the EU-28 countries area were 994,800, with an increase, compared to 2015, of 18.3%. Among the countries with the highest number of ‘new citizens’ Italy results to be at the first place of acquisitions of citizenship. While two decades ago, in 2001, the naturalization rate was three times lower than that of the European average (Dossier Caritas 2001), currently Italian new citizens are 20.3% of the total EU-28 who obtained a new citizen status. According to a recent study (Rapporto Ismu 2018), the Italian citizenship<sup>66</sup> is seen as a way to gain free mobility in the European Union Member states. At a lower degree the long-term permit of stay offers similar possibilities of movement. It is technically valid for work purposes in all Schengen member states.

Another relevant trend of Italian immigrant population is its increasing ‘Europeanisation’. Looking at Europe, flows are changing over the time. While during the 1990s and 2000s, people were more likely to move along the east-west intra-European axis, in the last decade new south to north mobilities have emerged. New movements, circulatory migrations, return processes and revivals of old routes contribute to make up a complex broader new migratory mosaic. EU citizens have higher opportunities to freely move if compared to third-country nationals. Indeed, the free movement of EU persons and workers is a basic principle, enshrined in Article 45 of the Treaty on the Functioning of the Union. In these cases, EU citizens have the right to freely move and be employed in other European countries without the need of a work permit. They can enjoy (see Chapter 3) at least formally, equal treatments both in the occupational access, in working conditions as well as benefit of equal social and economic conditions. Many working migrants with different backgrounds in both low-skilled and high-skilled professions are travelling across the European labour market (Trenz and Triandafyllidou 2017).

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<sup>65</sup> In 2011, 46.3% acquired Italian citizenship reaching 57.2% in 2015.

<sup>66</sup> among the new Italian emigrant citizens the acquisition by transmission from the parents or by the election of citizenship prevails (49.2 per cent), followed by the mode of residence (37.5 per cent) and finally by marriage (13.3 percent). In absolute terms, the highest number of acquisitions of non-EU citizens in 2017 is recorded in the province of Milan (10.887)

## **CHAPTER 2: What kind of Social Opportunities? Occupational stratifications and the question of recognition**

### **2.1 Social opportunities and unskilled care work**

The CA is concerned with asking what kind of social opportunities and options individuals have and are capable to use to achieve valuable functionings.

Two migratory phases will be focused: 1. the pre-migratory phase and the 2. the post migratory phase. The overall picture of the care work as it will follow addresses the available (un)freedom of choice and the available (un)equal social opportunities for migrant women as workers in Italy. I will focus on available employabilities, occupational segmentation, insertion pathways, re-qualification processes and possibilities of upward mobility.

The increased demand for women's labour in care work and service sectors is recognized as one of the main drivers of the feminization of international labour migrations (Castles and Miller 2009).

This aspect led scholars to interrogate the involvement of migrant women in care work in global economies. Since increasing portions of migrant women are entering the waged labour force (Kofman 2009, 2010, 2012; Kofman and Raghuram 2009), many studies focused on the globalized transfer of labour and care from different parts of the world (Zimmerman et al. 2006; Lutz 2011). Given that the analysis should not restrict its understanding to the market economy, feminist scholarship has shed lights on 'care crisis' and on the critical consequent global implications and direct connection between feminization of migrations and care work provisions (Orozco 2009; Lutz 2008). Some (Hondagnu-Sotelo 2001; Ehrenreich and Hochschild 2002; Lutz 2002; Parreñas 2001) posed stances on the studying of care and focused on the globalized transfer of labour and care from different parts of the world (Kofman 2009, 2010, 2012; Kofman and Raghuram 2009; Zimmerman et al. 2006). Its global unequal redistributions have been conceptualized adopting the 'global care chains' concept (Hochschild 2000) within a structural analysis of 'international division of reproductive labour' (Parreñas 2001; Yeates 2009). Some (Zimmerman et al. 2006; Lutz 2011) argue

that in the interplay of globalization, gender and care work are emerging multiple 'crises of care'. Globalization processes, on the one side, create crises when women migrate abroad, leaving a care deficit, paid and unpaid, at home; on the other side, care deficits in developed and developing countries are produced by the increasing entrance of women in paid work, resulting in different care arrangements within the household (Zimmerman et al., 2006). In understanding the processes by which the care and care work transfers occur, it is important to focus how family, market and state intersections manage and understand care and the providings of care<sup>67</sup>. Williams' (2012) argues a convergent tendency that brings the migrant care provision as part of a broader 'transnational political economy of care' in multiple contemporary transnational processes. Lutz (2011) talks of a third 'regime' in which the interplay of state, market and family is now evolving in a 'migration regime of welfare', other scholars describe such transformations as a 'transnational welfare' (Piperno and Tognetti 2012), with the migrant employment incorporated in the care labour. Unequal redistributions and hierarchical interdependences along class, gender and ethnicity as discrimination axes have been outlined by Andall (2003) who refers to the domestic sector as a '*new service caste in Europe*'. Williams (2010) argues that the relationship between migration and care operates at different levels. She refers to the personal relations of migration, to care work and its transnational dynamics of distant cares (Parreñas 2001), to state policies and to regulations of the movement of transnational labour. Indeed, it is acknowledged that throughout Europe, the care deficit is increasingly being met by global female migrant movements. Migrant care arrangements have primarily appeared in countries with a strong familistic orientation and the provision of cash benefits without a pre-defined use. The contraction of welfare provisions, the privatization and outsourcing methods of basic family services and the increase of inequalities between nations is resulting in female migrations that are contributing in solving this widespread need of 'care' (Anderson 2000; Andall 1992, 2000, 2003, 2004; Tognetti Bordogna 2004).

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<sup>67</sup> Kofman (2013) shows peculiar tendencies such as the withdrawal of the state from direct provision of services, the shift from public to private and market-driven provision, with new forms of social support such as personal budgets or tax subsidies, often as a replacement for the provision of services.



The interaction between the welfare and care regimes and the migration regime, thus, resulted in hiring migrant workforce as a ‘care deficit’ solution (Lutz 2011). In those European countries<sup>68</sup> dependent on migrant care workers to face their provision of care (Van Horeer 2011; Ambrosini 2013) have been identified ‘new’ welfare assets (Bettio et al. 2006; Williams 2011). Indeed, in the Mediterranean model (Ferrera 1996), care work represents a *niche* of immigrant female workforce. In Southern Europe the nature of these developments in care policies privileged an in home-based care provision (Anderson 2000; Andall 2000). In Italy the state has been proved to encourage the use of migrant caring labour into the household site, especially to look after the elderly and people with disabilities (Elenazzi 2009). Data show (see Chapter 1) how the sector in Italy is heavily reliant on this kind of labour. As underlined, the intertwining effects of care and employment regimes play a crucial role in shaping the available occupational opportunities of participation of women to the labour market. In Italy the challenges raised by the increasing care needs and the decreasing availability of informal care (Naldini and Saraceno 2008; Da Roit 2010; Pavolini and Ranci 2008) resulted in hiring migrant workforce, mainly feminine (Fujisawa and Colombo, 2009; Mangano et al. 2012). The demographic ageing characteristics of the country, the higher women’s occupational participation, the consequent reduction of informal care supply added to the unequal distribution of domestic and care work between women and men, opened to migrant women laboural *niches* in the Italian private care labour market. As already mentioned, the migrant female presence in the Italian workforce registers a high rate of employment in domestic sector with a sharp gender and ethnic segregation, especially if referred to particular national groups. For some nationalities, like Ukraine, Moldova, Peru and Philippines, female employment rates are very high. The high presence of migrants in the Italian domestic sector began in the 70s (Andall 2000), growing in the following decades. The presence of flows of women employed in home as live-in carers, constituted one feature of immigration towards Italy. According to the GALCA survey (Gender Analyses and Long Term Care Assistance), which compares structures and family responsibilities of elderly care in different

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<sup>68</sup> Austria being the only exception (Cangiano 2014).

countries, it emerges that more than 90% in Italy are assisted at home and care responsibility and management, it is more organized by family members (Dal Boca 2014). Over the past two decades, Italian long-term care reforms impacted the distribution of care responsibilities between the family, the state and the market (Ranci and Pavolini, 2013). Caring for the elderly, being conceived as a family responsibility, has been set within the household location with a fast-growing immigration workforce in the private sector. Such configuration of provision of care has been proved to be supported by the introduction of cash for care payments (Pavolini and Ranci, 2008). In Italy care assistants are mainly directly hired by people/families in need of care, employed on a private basis and recruited by a bottom-up process driven by spontaneous unformal dynamics of supply-demand matching (Pasquinelli 2013). Precariousness and undocumented conditions of work characterize a high percentage of this private domestic sector.

Some studies sustain a correlation between domestic female employment rates and economic immigration levels across the Europe. Despite activity rates among Italian women are rising, still they represent a low presence in the active workforce of the Italian labour market (Ferrera 1996), if compared to other countries. Those with higher female employment rates, like Denmark and Sweden, result to have lower inward migration flows. On the contrary, those nations, like Italy, with lower female-employment rates, lower mother participation in the labour market and low welfare state-support in care services are more likely to hire a higher demand for migrant workers, particularly in female-dominated sectors such as care services (Devitt 2011). According to Sciortino (2002), in contexts of rising activity rates among women and ageing populations, labour demands in the care sector are the product of specific welfare regimes (Ambrosini 2013).

Looking at the Italian ‘familistic’ welfare model<sup>69</sup> (Sarti 2006; Ferrera 1996; Saraceno 2013; Saraceno and Naldini 2008; Rusmini and Pasquinelli 2013) studies refer to a passage from a ‘family’ model to a so-called ‘migrant in the family’ model of welfare (Bettio et al., 2006). The waged care work area in Italy

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<sup>69</sup> In an ideal-typical familialistic care regime, family members have a (legal) obligation to care for dependent relatives. Public care provision is limited and only available when the family cannot fulfil its obligation. It is subject to strong means tests and needs tests. Publicly provided cash benefits may support family care (Van Hooren 2012)

mirrors to a large extent gender and ethnic inequalities. It is characterised as being low-waged, 'low recognized', 'feminised' and 'foreignized'.

The evolution of the Italian way to face care needs and challenges resulted in an 'home made' (IREF-ACLI, 2007), based on a 'migrant in the family' model (Bettio et al., 2006) with a high concentration of migrant workforce and a gendered and racialized division of labour force (Pasquinelli Rusmini 2013; Da Roit and Weicht 2013; Andall 2000; Van Hooren 2011). Indeed, the persistence of occupational segregation in care work domain shows how gender continues to be a powerful social institution (England 2010). Gender segregation in labour market, occupations, sectors and tasks has been broadly discussed (Charles and Grusky 2004). The feminine high concentration reflects the social reproduction in the market and non market care work domain. Women tend to be concentrated in the so-called 'soft' occupations with lower recognition of status, lower career prospects and lower degrees of recognition of educational credentials. Their social opportunities are thus located in a constructed gendered division of available care occupations (West and Zimmerman 1987). It mirrors the occupational social opportunities that the Italian society readily made available to female migrant workers. This 'invisible' (Ambrosini 2013) welfare solution turned to be highly visible with the 2002 regularization. So did other opportunities in professions and semi-professions that emerged in the waged care related area.

## 2.2 Social opportunities and the more skilled side of care work

The European Union<sup>70</sup> is currently facing multiple ‘care crisis’ that resulted in different needs of care and the emergence of differentiated care services. At the base of the pyramid, in the domestic and care sector, there is the highest concentration of foreign workers. Female participation in the care labour market has expanded (Castles and Miller 2009) and, even if fewer than in low skilled laboural areas (Sassen 1984, 2000), skilled migrant women constitute a growing proportion of all migrants. Scholars outline that in Europe the emerging care needs are reconfiguring the whole care sector and professionals and semi-professional health and care workers constitute a significant part of the economy of care. Women are structurally connected to the circuits of health labour demand and supply developing ‘survival strategies’ (Castells 1996; Hochschild 2000; Sassen 2000). Yeates (2010) argues that the globalization of household and family survival strategies is driven by uneven development globally and also by processes of health and welfare restructuring in developed and developing countries. Specifically, studies on nursing and related policies, focused mainly on the unbalances between countries in terms of ‘brain drain and brain gain’ concepts suggesting ‘circulatory’ alternative interpretations, guidelines and focused on more sustainable practices (Yeates 2010).

Over the last decades health professions have made up one of the largest segments in the overall European labour market (European Migration Network – 2014). In occupational terms the health sectors constitute the largest source of employment compared to market services in the EU (15.3%). For the European economy, this economic sector is an actual and future source of new jobs and do have important implications for professional mobilities (Castagnone Salis 2015). In 2003, 10% of employment in the European Union was in the socio-health and care sector (European Commission 2014) and more than two million of available job opportunities were created in social and health services and care. Health workforce shortages in many Member States have increased the reliance on the recruitment of healthcare professionals from abroad. Health care occupations have

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<sup>70</sup> Most EU countries are forecast to have a net increase in the number of health jobs and health associate professionals’ share in health sector employment across the EU-28 show that employment is expected to rise by 13 per cent in absolute terms over this period (equivalent to 0.7 million newly-created jobs) (European Commission 2014).

been included among shortage lists to facilitate the recruitment of third-country health professionals. Data OECD (2016) show that foreign-born doctors and nurses account for a significant share of healthcare professionals in the EU countries (16% among doctors and 11% among nurses) and that the majority of them come from non-european countries. The migration of health workers is a key element of these global changes and health skills are at high international demand (Kofman et al., 2005; Yeates 2009; Kingma 2006).

EU countries developed a mix of policies aimed at reducing the health staff shortages. Some explicitly facilitate the immigration of health professionals from third countries, while others tried to reduce the need to import foreign labour, by either raising the participation to the health labour market of natives and of settled immigrant workers, or by managing intra-EU mobility flows (Pastore 2014).

In a context of increasing demand for health workers and according to such changes, new options of employment for skilled and semi-skilled migrant workers emerged. In Italy migrant workers among nursing professionals and health auxiliary occupations (ASA/OSS) has increased, while the number of foreign doctors remain low (Castagnone and Salis 2015). Since the last 90s, in Italy has occurred a rise in semi-professional works in health field. They are located in institutional setting like residential or semi-residential care facilities but also in both public and private hospitals (Ranci 2017).

This trend cannot rely on clear statistical evidences since this workforce is difficult to be grasped by official data. Being mainly employed by cooperatives, health care professionals and semi-professionals, are not registered by INPS data under the label of 'domestic and care workers'. For this reason it is more difficult to have a statistical picture of such a *phenomenon*. Studies on this topic (Salis 2013) show that a growing number of migrants tend to re-qualify as care workers, obtaining OSS or ASA diplomas. Indeed, these semi-skilled care workers are mainly employed in social cooperatives that provide services in the health field in Italy, especially in the elderly care sector (Boccagni 2009, Sartini et al. 2011). The evolution of the hospital system towards assistance for the acute only, has

contributed to increase services and structures targeting long-term care needs<sup>71</sup>. The combination of market and family resources in care arrangements type of solutions depend on individuals and families but also on third sector and for profit organisations as well as formal services.

In the last three decades changes of the entire Italian care system show an increased presence of female migrant workforce that entails different segments of care labour market. The care marketisation occurred through different processes. In particular Italy had to solve a severe shortage of nurses especially in the years between the 90s and early 2000s (Salis and Castagnone, 2015). A consistent proportion of foreign trained nurses contributed to adjust the shortage registered in nurse sector in the Italian health-care system (IPASVI 2012). As Williams (2011) argues the ways in which is managed the provision of paid care services have an impact on the available types of occupations for female migrant. In the past decades, care needs expanded and so did the care market provisions, adopting different processes of externalisation/outsourcing. The growing care needs created not only the private migrant model of 'invisible welfare' (Ambrosini 2013), as described in the previous paragraph, but also a more institutionalized outsourced and professionalized public model of care market (Pavolini and Ranci, 2008; Shutes and Chiatti 2012). Such expansion shaped the sets of social opportunities in which the women of the present study were capable to move to be employed as transnational professional workforce. These possibilities did not pertain the only unskilled private care area of households but also the institutionalized and public more skilled care sphere (Yeates 2009). In Italy the commodification<sup>72</sup> of care led to various forms of privatization of the sector, channelling female migrations in this process and foreign health workers entered also the public health service sectors.

Data show how restructuring processes affected the health sector in many European countries since the 80s. Reforms were developed between regulation and markets. In Italy the health system was affected by a re-structuration that

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<sup>71</sup> In particular in the so-called 'network system', the residential structures of extra-hospital assistance and the other 'intermediate' structures play a connecting role between hospitals and services in the territory (Tanzi, 2009).

<sup>72</sup> Commodification of care and the relative processes of privatization include mechanisms that encourage both private sector participation and delivery of services or principles in financing and delivery of public services (Rondinelli and Iacona 1996).

implied both decentralization and recentralization: decentralization of operational flexibility with budgets and managerial autonomy and recentralization of regulatory powers<sup>73</sup>. The overmentioned structural changes introduced a network of public and private health structures and different providers<sup>74</sup> emerged. Under this new governance a more 'market' oriented approach resulted with a greater presence and involvement of both private actors and of the private sector (Taroni 2000). In this process cooperatives and for profit private professional agencies played a key role as recruiters and employers.

Italian health system has been characterized by huge cost-cuts in the last decades. The system reform has been characterized by staffing reductions, outsourcing processes and budget cuts. In 2011 such cuts increased after the 'Fiscal compact' agreement enforced by Italy within the European Union. The reduction of resources was furtherly exacerbated by even larger cuts that affected the whole area of Social Services. A peculiar element of the Italian context in these years is the aging of the workforce. Between 2007 and 2012 the percentage of young people (under 35 years old) among nurses has decreased, from 22.5% to 19.5%. Conversely nurses over 50 years have gradually increased, from 18.0% to 26.0% (Fortunato 2013). An aspect that complicated the sustainability of the health sector has been also the increasing retirement rates of nurses, a common trend in Europe<sup>75</sup>. Due to these 'greying'<sup>76</sup> processes in the nursing sector, the raised retirements have not been filled by an adequate active recruitment<sup>77</sup> of workforce (European Migration Network, 2009). In the public health sector has been registered decreasing of salary levels and recruitment freezes, with consequent brain drains (Chaloff 2008; Gagliardi and Accorinti 2014). Foreign workers have partially contributed to complement a low available domestic workforce (IPASVI, 2012). At the end of 2010, there were 38,315 migrant

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<sup>73</sup>Studies show in Europe a convergence toward what has been called the "Third Way" (Giddens 1998). This term indicates a change in the public and private sector that combines in a hybrid form different aspects and result in what Hoggett (1996) describes as "decentralization downwards, but accountability upwards"

<sup>74</sup> Categorized as follows: (1) local health firms (ASLs or LHF) that operate on a more territorial level, acting as both "providers" and "purchasers" of health care services, and responsible for the management of hospitals, districts and the GP networks; and (2) public hospital trusts (Aziende Ospedaliere, AO), which are "providers" of health care services only and include university teaching facilities, and national institutes for scientific research (IRCCS)

<sup>75</sup> European Commission 2012, Commission Staff working document on an Action Plan for the EU Health Workforce, Accompanying the document "Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and the Committee of the Regions", Strasbourg, 18.4.2012, SWD (2012)

<sup>76</sup> Data from Eurostat, 2011, show how, in 17 member states, including Italy, the majority of nurses has an age close to 45.

<sup>77</sup> Every year, 17 000 nurses retire but only 8000 are recruited.

workers, that is 10.2% of all nurses, while in some regions, like Lombardy foreign-trained nurses exceeded 15% of the total number. The Italian health sector, even if with a high potential demand for labour, is currently facing a decreasing rate of employment (Accorinti Gagliardi, 2014) and data show an increase in applications by Italian nurses in order to work abroad. On the one side, the *numerus clausus* nursing enrollment at University doesn't ensure the domestic sustainability for the health system<sup>78</sup>; on the other, despite shortages, the number of unemployed graduates has doubled in five years<sup>79</sup> (Mastrillo 2013). Health professional organizations promoted in 2012 the *Health Workers for All* campaign that resulted in a *Manifesto for Health Workforce Strengthening* and tried to engage an institutional dialogue<sup>80</sup>.

More recent trends indicate that Italy is no longer a desirable destination country as it used to be in 90s and the first decade of 2000 (IPASVI 2013).

Due to the economic crisis, the rate of new foreign trained registrations that was 35.3% in 2007 declined to 15.3% in 2012, indicating that Italy is currently a less desirable destination country than in the past for overseas nurses (IPASVI, 2013).

Despite a decreasing of enrollments in professional register during the last years, foreign qualified nurses constitute almost a third of the total nurses in Lombardy and among nationalities, Peru and Romania result to be the two foreign communities with higher presence and higher recognition rates of foreign qualifications.

However, as I will better describe, the 'available employabilities' opened to migrant nurses seem to be circumscribed to some segmented health sectors, with lower opportunities and occupational options and choices. In Italy, the rise of a market for elderly care, mainly in the northern regions, has represented a notably transformation with the creation of a specific migrant care market. The large majority of non-EU health workers are found to be employed mainly in the private sector, or to work within public health facilities through private

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<sup>78</sup> And funds are not available to increase the number of available enrollments

<sup>79</sup> Although 87% of nurses with bachelor degrees are at work, the employment rate between 2010 and 2011 fell by 10% (Il Sole 24 ore Sanità, 2013)

<sup>80</sup> It was presented to the Ministry of Health, Ministry of Internal Affairs and Ministry of Foreign



employment arrangements, as outsourced staff (Salis and Castagnone 2015; Chaloff 2008).

Public employment in hospitals has been opened only to natives and now only some typologies of denizens can directly access institutional occupations (Kofman et al. 2000). Third-country nationals, as nurses can potentially work in hospitals, residential structures, in nursing homes and within the community. They can also work as independent professionals and in private structures (Palese 2008). The legal status of these migrants give them a structural constrained spectrum of available opportunities to be employed. They are denied to be directly employed as nurses.

Studies show how third-country nationals have unequal social opportunities (Chaloff 2008). Since law impedes them to work in the Italian National Health Service (NHS) public hospital under a direct employment contract, health professional migrants' employment is linked to forms of market intermediation. In the field has been registered an increasing role of social cooperatives and of many other forms of intermediations. Job contract is mediated by temporary employment agencies and by cooperatives sub-contracting services. In Italy social cooperation operates broadly in the social welfare sector and has a dominant position on this market because it offers services at lower costs than the national contract CCNL. The 'social cooperation' contracts offer workers less favourable economic and regulatory treatments. While in temporary agencies the contract of employment is based on the national contract sector (both in Health public or private hospitals, according to the case) and, usually, replaces short term deficiency of professionals, cooperatives are used as a more structural tool to reduce costs and meet shortages. Data seem to show how the Italian NHS has increasingly relying on such outsourcing models in health services (Chaloff 2008). Being employed especially by cooperatives in public hospitals or in the elderly care homes and private institutional health care services.

According to a survey by IRES-CGIL nurses who work in cooperatives, compared to their colleagues hired directly in public health facilities (the so-called structured), work more hours (165 hours against 156), are paid less and often have partial recognition of compensation (like the recognition of night and holiday

shifts, allowances, etc.). In the structure where workers are not directly employed, salaries are on average 20-25% lower than those structured<sup>81</sup> and elsewhere more than 42%, in addition on first employment, the foreign professional nurse generally receives a net monthly salary of around € 1,100, which, with the shift and departmental allowances (around € 5 per day), can increase by a few hundred euros a month. If it is a social health worker, for which a secondary school certificate is not required because it is taken as generic, the salary ranges between 900 and 1050 euro. Indeed, a recent survey with 1,500 home-care workers (Ismu and Censis 2013) shows that employment in the cooperatives signifies more vulnerable conditions. Workers are sub contracted, on short-term contracts and with lower wages (Chaloff 2008, Polverini et al. 2004, Lamura 2013).

In the last three decades two trends can be outlined in the Italian health care sector: on the one hand, a strong employment growth in the field, on the other, a deterioration of working conditions, a reduction of wages and greater flexibility. Even if there is a lack of complete statistical data, migrant workforce is high employed in such a segmented labour market, in often subordinated social positions (Cordini Ranci 2017).

These traits broadly entail the global market flexibilization and/or precarization dimensions that evolved in this field shaping gender-ethnic specific service niches (Duffy 2015).

The new health care model in health system and migration policies actually created major opportunities for migrant women but with segmented and polarized social opportunities.

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<sup>81</sup> The salaries of nurses working in cooperatives are not homogeneous throughout Italy. In Rome, the study shows rate for cooperative workers' members is very low (around 7-8 euros per hour against 8-10 in Northern Italy).

## **2.3 Social opportunities: available migrant professional mobilities**

### **2.3.1 The nurse professionals' specific migrant capital**

Nursing sector is experiencing a global restructuring process with an increased degree of recognition of skills and qualifications and a wider worldwide transferability and mobility.

Nursing migrations have been explained as an 'international commodity' and a 'global hunt for talents'. These changes contributed to relocate and redistribute the female migrant workforce across transnational scales, within the new international division of reproductive labour. Looking at demand-supply explanations, migrant women participation in nursing labour markets is linked to different economies. Studies on nursing migrations underline wage differentials and the lack of alternative opportunities as main motivations to migrate. However, researches identify also promotional factors such as the desire to travel, to acquire further training and new skills, to have an extra experience. Religious vocations and altruism are also reasons that bring to the decision to migrate (Yeates 2009). Connections with family histories, employment histories and chains and changes in cultural schema have been documented as migratory factors (Connell 2008). Mainly, studies compare countries in terms of 'push' and 'pull' factors (Buchan et al. 2003) and in terms of so called 'importer-exporter' countries. Many countries are facing care crisis in healthcare system due to the insufficiency of nurses. Within the global political economy and world-system perspectives (Kingma 2006; Yeates 2009; Connell 2008, 2010) studies on global nursing highlight how power geography of inequalities are shaped between those countries that can afford imports and those countries that are not able to retain their health workers and sustain their health sector. In this sense, countries are differently positioned in a hierarchical asset of nursing migrations. Even if definition and measurement of needs and shortages are complex and difficult to define (Iredale 2001), the unequal health statuses and unequal transfers of health care between countries is an important issue, increasingly under debate.

Referring to the biggest global ‘importers’ of nurses, studies (Aiken et al. 2004, Yeates 2009) mainly focused on United States of America and the United Kingdom. Ireland, Canada, Australia and New Zealand are also some of the recognized foreign nurse workforce demanding countries and have been object of studies (Connell 2008, 2010, Kingma 2006, Yeates 2009). Middle East represents a special case in nursing geography. Looking at the so-called ‘exporter’ countries, studies and academic research focused on the nurse-specific main streams from Philippines, India<sup>82</sup> and, more recently, Africa (Connell 2008, 2010; Kingma 2006; Yeates 2009). The Philippines<sup>83</sup> is currently the largest exporter of migrant nurses worldwide. In recent years African nurses and movement within and across countries have been object of studies<sup>84</sup> showing the implications of deficit of care in this part of the world<sup>85</sup>. Huge losses and consequent weakening of health systems emerge from different studies. In countries like Philippines and India have been documented a structured, institutionalized reliance on female immigration workforce to face internal debts and economies. Indeed, for some countries, remittances of female emigrants are among the biggest financial incomes. In this sense, nursing migrations are intended as an export-business (Khadria 2007) where women are outsourced, responding to the global demand.

### **Europe:**

The linkages between employment in health care work and migrations in Europe show increased mobilities especially in nursing sector (Wismar et. al. 2011). Existing studies (Bach 2007; Connell 2009, 2010; Kingma 2006; Yeates 2009) on nursing migration to Europe mainly referred to anglophone countries with different migrant traditions (Yeates 2009) and to Nordic countries (Liversage 2009). Such migrations to Italy have received scarce investigation (Palese 2008; Accorinti Gagliardo 2014; Stievano et al. 2017).

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<sup>82</sup> Philipina and Indian nurses mobilities, for instance, have been documented as characterized by intermediary and step-by-step migrations: Philipinas often move to Middle Eastern countries with United States as final destination. Similarly, Indian nurses work in Southern Africa before migrating to the United States.

<sup>83</sup> Lorenzo (2005) showed that 25% of all nurses taking part in international migrations originate from the Philippines, and almost 80% of the Philippine nurses migrate to the USA.

<sup>84</sup> In sub-Saharan countries, for instance, intra-regional and stepwise movements occur from the Democratic Republic of Congo to Kenya, and from Kenya to South Africa, Namibia and Botswana. Kenyan nurses then try to move to Britain (Connell 2008).

<sup>85</sup> In sub-Saharan countries, for instance, intra-regional and stepwise movements occur from the Democratic Republic of Congo to Kenya, and from Kenya to South Africa, Namibia and Botswana. Kenyan nurses then try to move to Britain (Connell 2008).

In the 1990s and 2000s, growing shortages of health workers, and particularly doctors and nurses, have emerged in most European countries. One way to partially overcome these shortages has been and continues to be *via* international mobility of health workers. The health sector, in fact, has been a major component of the increased number of international migrants. Since 1975 it has more than doubled involving an estimated 175 million people (2.9% of the world's population), of which an increasing proportion are women (48%) (Bach 2007). In Europe, in 2018, UK has been the country mainly involved in nurse mobilities. In this country can be traced a consolidated migration of nurses (Connell 2008, 2010). According to Kingma (2006), in some parts of UK more than half of nurses are migrants. The English language proficiency and similar educational patterns privileged nurses from the English-speaking countries of the Commonwealth, mainly from non-European countries, like India and the Caribbean. Ireland was a significant exporter of nurses to UK, but an inversion of this trend occurred. Later, a new active recruitment process involved a wider variety of nationalities of nurses, further differentiating the source countries (Aiken et al. 2004). In 2000, for instance, the Philippines, South Africa and Zimbabwe nurses migrations significantly increased. The EU enlargement, in more recent years, involved more European countries in the UK nursing sector, Italian nurses as well. To be noticed, that also UK nurses are migrating to other developed countries, mostly to anglophone ones. In the health sector, where language proficiency<sup>86</sup> is crucial, for some countries more than for others, are visible the colonial and post-colonial ties and linkages that contribute to shape nurses geographies (Connell 2010; Kingma 2006). However, such linkages seem to have a weaker impact in nowadays nursing mobilities than in the past (Bach 2007). Due to different historical evolutions, some main-stream countries, both as importer and exporters, like United Kingdom and Ireland, on the one side, and Philippines or India, on the other, have developed, in a longer span time, structured and articulated nursing training<sup>87</sup>, migration cultures, migratory patterns, international recruitment and international sensitive placement programs.

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<sup>86</sup> Indeed, the English speaking areas are somehow linked to the UK, francophone countries are connected to France (and also Belgium and Canada) and Latin America to Spain.

<sup>87</sup> In the Philippines the first nursing school was opened by the US colonial government in 1907 (Connell 2010)

In Germany<sup>88</sup> nurses have been recruited from Eastern Europe and in Norway from Poland (Bach 2003). Nurses from former Yugoslavia, who used to work in Arabic countries, especially from mid-seventies to nineties, are now more likely to move within Europe (Ivkovic 2011). Since nursing migrations have hugely increased, this skilled female dominated sector has attracted in the last decade the interest of a number of researchers (Buchan, Parkin and Sochalski 2003; Kingma 2006; Connell 2008, 2010; Yeates 2009). Greater attention to health professional mobility in the last decade has been devoted and European member states case studies have been published, including Italy (Chaloff 2008) and Romania (Galan 2006). A Europewide debate on this topic was prompted by the European Commission's Green Paper on the European workforce for health (Commission of the European Communities 2008), followed by a consultation process (Directorate-General for Health and Consumers Affairs 2009). Recent data show that now nurses migrate particularly from Eastern and Southern European countries.

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<sup>88</sup> in Germany the registration is not based on a higher education qualifications.

## Italy:

Italy is now both a nurse emigrant country and one country that partially attracts nurses, particularly from Romania, Poland, India, Albania and Peru. The health professional mobility to and from Italy is characterized by traits that distinguish the Italian health workforce with an oversupply of medical doctors and nursing shortages. The Italian context relies on foreign nurses in a moderate way (Wismar et al. 2011). The migrant phenomenon object of the present research was scarcely investigated. The presence of migrant workers among the Italian health care labour is, in fact, a relatively new *phenomenon* (Accorinti and Gagliardo, 2014; Chaloff 2008; Palese et al. 2008), if compared to other European countries like UK<sup>89</sup> and Ireland<sup>90</sup> involved both as sources and destinations<sup>91</sup>. Italy results to be the first European country for density of practicing physicians, but one of the last for professional nurses at work (Ivkovic 2011; Chaloff 2008; Salis Castagnone 2015) and it is both exporter and importer of nurse workforce. In terms of the geographical source of mobile health professionals, Italy receives its foreign health professionals predominantly from the European free-movement area with (at least) 50% of the foreign nurses workforce from EU countries (Wismar et al. 2011). It has traditionally been for a long time the destination country for Romanians that make up almost half of all overseas health workers (Chaloff 2008; Palese et al., 2008). Romanians nurses migrated for many years mainly to Italy. However, in the last years specialist nurses appear to apply and be able to go to more qualified nursing jobs in the UK. Another consistent portion of nurses is composed by Peruvians (IPASVI 2012).

Looking at inflows of foreign nurses in 2008, it was reported in Italy the highest number of foreign-trained nurses (9168), followed by the United Kingdom (3724). The foreign nurses percentage of newly registered was markedly high in Italy (28%), followed by the United Kingdom (14.7%) and Belgium (13.5%).

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<sup>89</sup> Since September 2000, in UK, skilled immigration has grown very rapidly in a number of shortage areas, mainly in the health and welfare sectors where females are in the majority (Kofman, 2000; Raghuram and Kofman, 2002).

<sup>90</sup> Beside a worldwide shortage of trained nurses, some scholars think that the demand can only be serviced through international migration. Some others concentrate on working conditions in the sending and receiving countries and on macro push-pull factors. The international debate highlights the negative effects of "brain drain" in sending societies and suggests a more "ethical" approach to international nursing recruitment.

<sup>91</sup> To be pointed out that destination countries may be both importer and exporter (see the case of Ireland; Yeats 2009) and international recruitment varies across countries as well as their shortage in the sector and dependency on international health workers.

In Italy, the extent of nurse migration to the country is relatively limited compared to other major European destination countries.

Looking at the evolution during 2000s, the number of nurses working in Italy have increased. In 2000 data show a 5.9 nurses availability per inhabitant, increased to 6.1 in 2005 and to 6.6 in 2011. The composition of this health workforce has changed over the last years. To be noted that the temporal arch of time that interests the present study refers to migratory flows of nurses arrived from 1991 to 2011.

In 2010 IPASVI data show that over-30s nurse workforce makes up almost half of the new members registered at IPASVI. They are divided as follows: 23.5% aged between 30 and 39, 10.3% of forty-year-olds and 12.2% fifty-year-olds. (48.2%, were 46.3% in 2009). (Rapporto IPASVI 2010). A remarkable specificity with respect to the new registered members is that referred to foreign nurses. Especially foreigners, there is a very low percentage of new registered members under-25s (just 8.8% compared to 36.1% of Italians), with a much higher percentage of 30-45 year-olds nurses (56.4% against 22.3% of Italians, with a differential of 34.1 percentage points, compared to 2009).

According to a study conducted on nurses, doctors and dentists mobilities<sup>92</sup> within Europe, nurse recognition is one of the highly portable qualification across borders.

#### **2.4 Social opportunities upward mobilities and qualification: a question of recognition(s)**

Many migrants have academic degrees from their home countries, but this does not guarantee them a 'suitable' occupational insertion in their work area. They simply, in crossing borders, lose the recognition of skills and qualifications. In many cases those who are employed in a sector that fits their formal qualifications do not correspond to an adequate level of employment or status.

Immigrants are subject to both formal and informal decredentialization and studies have shown processes of devaluation of the prior learning, of prior

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<sup>92</sup>. The study covers these three professions for two reasons: their importance for the health workforce composition and their automatic diploma recognition procedure specified in Directive 2005/36/EC. (Wismar et al. 2011).



occupational experiences and/or of foreign qualifications of immigrants (Shibao Guo and Per Andersson 2006).

Another aspect to consider is the country specific value of some qualifications. The opportunities of recognition are closed to those qualifications (like as lawyer) that are excluded from validation in the host country. They will result in an (un)capability to be directly transferred into an achieved functioning. Recognition of some qualification rather than others can lead to the ‘invisibility’ of the skills and competences that individuals possess. While those who are recognized as skilled may find an easier way to transfer their qualification in a suitable employability, those who hold other typologies of qualification are outsiders, pertain a not recognized category. An issue that plays a crucial role in shaping occupational pathways is the partial or complete non recognition of foreign qualifications (Jubin 2004; Docquier 2009; Van Riemsdijk 2013). The dynamics related to gender and migration tend to put foreign credentials at the bottom end of the available spectrum of recognition (Kofman 2013; Kofman and Raghuram 2006; Iredale 2001).

From the wide range of problems facing the sociological research on the social mobility of international migrants, I will pick one issue of key importance: the recognition process.

To this regard, Richard Wanner has argued that the non-recognition concern of foreign qualifications and previous work experiences is ‘the central immigration issue of the new century [...] in all post-industrial societies receiving immigrants’ (Wanner 2001: 417).

I will focus on the recognition processes of foreign qualifications with a particular attention to the nurses case under investigation. Indeed the functioning of recognition factors may promote or constrain capabilities and their functionings in practical terms,

In Italy academic qualifications issued by foreign universities have no legal value. If the study programme has been completed abroad, graduate students can apply to have them recognized as Italian qualifications. The competence for academic recognition by equivalence is attributed to individual universities. Italian academic authorities carry out the evaluation and decide, on a case by case

basis, whether the qualifications under examination are equivalent to the Italian degrees selected by individual applicants. They then decide the terms in which they differ and to what extent they can be comparable or not. Considering that each university is an autonomous institution, a different evaluation of the same foreign qualification may be given by different institutions. Applicants are personally responsible of the choice of the Italian university and degree.

Looking at the chances of success of applications for recognition of foreign qualifications in Europe, the average is 64.6 per cent. In Italy possibilities result to be even scarcer, if compared to the other European countries: the incidence of fully accepted recognition requests decreases to 55.6 per cent (Cangiano 2014).

The risk to be inserted in the labour market as lower skilled workers, if not able to transfer skills and qualifications, is very high for migrants. The so called ‘hard’ skills usually associated to men are more economically valuable and more easily transferable and mobile. Since women are more represented in occupations with ‘soft’ skills like those of teaching, health and social sciences, they will be less capable and have less opportunities to transfer their skills. Kofman (2007) notes that the conception of knowledge economy is not gender neutral and should be discussed including such consciousness on gender issues. Focusing on the skilled global dimension that labour incorporates, Kofman (2013) questions the different gendered configurations of knowledge and skills in the global economical restructurings. Considering the nature of female dominated occupations and their engendered understanding of skills, she problematizes the social construction of skills and how they are framed. Drawing on different types of knowledge<sup>93</sup>, she shows how the evaluation of knowledge is highly gendered (Kofman 2013), comparing the skill recognitions and constructions that underpin the soft female knowledge *versus* the hard male knowledge. This leads to a polarisation in the available opportunities of educational recognition.

Different occupations face different recognition opportunities according on the degree of regulation. The mobility of professionals is strictly linked to education systems and to the corresponding degree of recognition of the qualifications. One aspect that has to be taken into account is the capability sets available in the

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<sup>93</sup> embrained, encoded, embodied and encultured

transferability of credentials and qualifications from a country to another in order to be employed as nurses. The migration of skilled persons in health sectors, like nurses and doctors, is controlled by the government and the professional bodies. Nurses who want their qualifications to be recognized need professional accreditation (Iredale 2001).

In migration the recognition of prior education and qualification is a very complex and articulated matter. Some occupations show different degrees of closure or openness with regard to 'foreigners' and to the recognition of their qualifications (Purkayastha 2005). A first distinction occurs between regulated and not regulated professions. The non-regulated professions are those that may be practised without the need of a formal, specific, recognized qualification. The unprotected professions provide greater access and opportunities because their fields are less institutionalized and anyone who want to practise have no need to obtain formal recognition. On the contrary regulated professions are those whose practice is regulated by national legislation and an institutional body. The law establishes both the minimum qualification necessary and the further requisites of training in the practice of the profession. This is the case of nurse. Thus the capability to be employed as nurse depends on a regulated recognition process. Recognition of qualifications in a migratory context emerges as an important issue. Indeed, the recognition of knowledge, is highly racialised and gendered (Williams 2007; Guo and Shan 2013). It must be considered what kind of qualifications and education are recognized, how are defined and how these skills can be transferable (Nowicka 2013). Overseas nurses have been given preference through immigration quotas.

The recognition of nurse credentials has been paralleled by a process of political action of valorisation of certain types of migrants also due to sectoral shortages. Within the regulated professions nurses are more likely to be recognised within the available spectrum of gendered labour markets. However they occupy a relatively subordinate position if we consider a broader hierarchy of skilled and highly skilled occupations.

The Italian nursing profession has undergone many changes over the last 20 years. After a long tradition of dependence on the doctor's profession, in 1994,

Italian nurses became autonomous with a legal norm which defined their professional profile, the fields of autonomous practice and responsibilities. The professionalization process of nurses was set by an academic education and a bachelor's degree in nursing, after the closure of the regional nursing schools where nurses were once trained. The introduction of a single training channel defined a 3-year period (plus 2), in order to be able to work as nurses in any context (Palese 2008; Benci). While nurses in other European countries have become increasingly specialised over the past 20 years, the professional development of nursing in Italy is lower, if compared to other countries (Palese 2008). As such, the sector gives lower chances of professional advancement. Reports of the European Commission (2014) emphasize that in most of the European countries, workers in the health sector have a higher level of qualification than the average of qualification required for other sectors. Studies show that these so-called 'soft' professions<sup>94</sup> are perceived as emotional and 'soft' (Hochschild 1983; England 2005) and may encounter higher problems in gaining transnational recognition and validation (Kofman 2000; Iredale 2001).

Nursing and health professions are care professions that gained a professional or semi-professional status. The recognition of skills and professions has also a function of control and the skills associated to the migrant category, as a category socially constructed and historically located, is not a neutral question. How gender skill and migration intersect in framing the social opportunities available in care skilled domains?. What kind of skills are recognized for women as migrants? What kind of knowledge is considered valuable of recognition?.

To add a further element that complexifies the 'skill' concept in a context of migration, note to be worth is the acknowledgement that these gendered differences reflect, not only global gendered values attached to some typologies of skilled sectors, but also immigration policies that, by the different criteria and parameters, choose, select and filter which are the skilled people, thus who is more likely allowed to migrate for job. In terms of the governance of skilled labour migration, nation states are more likely to encourage flow of skilled

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<sup>94</sup> Unbalanced concentrations of women in carework are usually explained with a biological assumption, stating that women are attracted to 'softer' social sciences while men to the 'harder' sciences (Tasker, 2005). This widely adopted biological approach unveils a more complex and structural problems as feminist studies contributed to show xxx.

movers through selective immigration criteria (Anderson 2010; Findlay et al. 2013). To this regard the European Union introduced the ‘Blue card’<sup>95</sup> to further improve mobility and transferability of skills (Cerna 2009). The mechanisms by which migration regimes shape categories of migrants and skills play a key role. Moreover, selection as a skilled migrant may also be partly influenced by the ‘occupations in demand’ or occupational categories given the highest importance than others. Indeed, the scarcity of nurses has been met by female foreign-trained professionals due to such specific rising in demand and an open migratory policy that directly addressed such a need. The Italian case shows how labour shortages have contributed to shape how skills are constructed and classified, according to specific socio-economic needs. These not neutral skills selections, thus, imply different opportunities and capabilities to function for people.

The recognition/acceptance of qualifications/skills can occur in different ways and referring to skilled migrations, the migration of health professionals like nurses are completely different from those who migrate in the financial sectors (Raghuram and Kofman 2002).

The European ‘managed approach’ in the selection of skills (Iredale 1997) transfers skills from a country to another by three series of measures: general mutual recognition directives, directives specific to particular occupations and directives to harmonise training. The practice of nurses is protected by law and is limited exclusively to those who hold a foreign professional qualification in the sector. This is the case of nurses qualified abroad. They need the recognition of their ‘professional qualification’.

The Bologna Process from 1999 has activated a series of reforms to make European Higher Education more compatible and comparable, more competitive and more attractive for Member states citizens and for different citizens. Mutual recognition among Eu Member States facilitates recognition processes<sup>96</sup>.

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<sup>95</sup> Blue Card (van Riemsdijk, 2011).

<sup>96</sup> With a common framework of degrees and cycles in an open European area for higher education; a common degree level system for undergraduates (Bachelor’s degree) and graduates (Master’s and doctoral degree); improved recognition of degrees and academic qualification; the creation of a European Credit Transfer and Accumulation System (ECTS) and the development of EU-wide quality assurance frameworks in higher education. “Lisbon Recognition Convention” is the “Convention on the recognition of qualifications concerning higher education in the European Region”. It is a multilateral agreement, elaborated through a joint initiative of the Council of Europe (CoE) and UNESCO - Europe Region, which is intended to facilitate the reciprocal recognition of higher education qualifications between the signatory countries, who have to ratify the said Convention. (11 April, 1997).

The Bologna process<sup>97</sup> comprises now 48 countries. One of its shared aims (mobility), is to facilitate the mutual recognition of degrees and academic qualifications.

Health occupations are favoured both by mutual recognition processes and/or by selective mechanism of entrance by immigration laws. This is the case of the nursing sector in Italy. In particular in nursing sector a system of mutual recognition benefits skilled professionals of the EU by enabling their recognition and occupational mobility by the EU Professional Qualification Directive. In a post-migratory context, the conversion functioning of prior nurse qualifications into suitable occupational opportunities can be achieved after a process of recognition. Indeed the recognition of a qualification abroad is a social opportunity and expands the available options to move and be employed for people.

I will focus here on the process of recognition of immigrants' credentials, referring to the nurse profession for UE and third-country overseas nurses.

#### **2.4.1 The case of recognition ex ante - from abroad: Recognition of overseas nurses**

Looking at the opportunities available to foreign nurses to transfer their educational potential into achieved capability to work, Italy recognises foreign professional qualifications (the so-called professional recognition) by applying:

1. community legislation to qualifications emanating from the EU; more precisely the 2005/36/EC which has been revised in 2013 (2013/55/EU), which define the mutual recognition<sup>98</sup> of the foreign profession.

In these cases the competent Italian authority may subordinate recognition to compensatory measures (aptitude test or adaptive internship);

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<sup>97</sup> The Bologna Process is an intergovernmental cooperation of 48 European countries in the field of higher education. It guides the collective effort of public authorities, universities, teachers, and students, together with stakeholder associations, employers, quality assurance agencies, international organisations, and institutions, including the European Commission, on how to improve the internationalisation of higher education.

<sup>98</sup> The mutual recognition of qualifications in the area of regulated professions is ensured by Directive 2005/36/EC which consolidated, modernised and simplified 15 existing Directives adopted between 1975 and 1999. It 'provides for a system of automatic recognition of qualifications for professions with harmonised training requirements (doctors, nurses, midwives, dentists, veterinarians, pharmacists) and also for architects. (Iredale 2001)

2. Articles 49-50 of Presidential Decree n. 394/99, and the following Presidential Decree 334/04, for qualifications emanating from outside the EU, for non-EU qualifications.

The eligibility to work as nurses in Italy is strictly linked to the recognition processes. Those who hold a professional title obtained abroad can apply for its recognition in different ways. Bureaucratic steps depend on where the title has been obtained (if in an EU country or in a non-EU country). Recognition procedures for titles obtained in an EU country are now simpler and less time consuming than the ones required for non-EU titles. Infact in the first case the recognition procedure consists of a verification of the validity of the EU documentation presented<sup>99</sup> and EU nurses can exert their rights of free movement underpinned by Directive 2005/36/EC and its updated version in 2013 (2013/55/EU 11) on the recognition of professional qualifications. European directive establishes the minimum standards for the nurse profession with regard to the nature, minimum content and length of education and training programmes required to obtain qualifications mutually recognized by all Member States. The mutual recognition system enables the freedom of movement within the EU (European Union Standards for Nursing and Midwifery). Directive 2005/36/EC delineates the EEA as the largest region in the world with free mobility for health professionals. This Directive ensures portability of qualifications of medical doctors, dentists, registered nurses and midwives and facilitates the mobility of these professionals within the EU. The process is an automatic procedure in which their qualifications are checked on the basis of the conformity of their qualification levels and training periods rather than by individual assessment of their skills and required competencies. European harmonisation of labour markets has proceeded through the mutual recognition and accreditation of qualification. It has thus facilitated the effective freedom of professional movement influencing the entry of EU migrants to the EU labour market. The case of Romania well exemplifies how people were differently able to validate their skills abroad according to the shifting available opportunities of mobility and recognition degrees. As will be described in analysis these factors impacted severely on the

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<sup>99</sup> According to EU regulations, it is the responsibility of national countries to decide how or which health staff are trained and deployed, where and in what numbers. This is defined by the principle of subsidiarity of the EU.

overseas nurses pioneers paths of recognition and on how they were (cap)able to get a recognition.

In Italy the recognition of qualifications of third-country nationals obtained abroad is regulated with great caution and the related legislative framework is very complex: the system of recognition is based on a case-by-case approach. Third-country nationals need a country specific authorization to practice as health professional in Italy (Ministry of Health Decree). In the case of non-EU qualifications, nurses have to submit an application for recognition of their educational title (i.e. *equipollenza* - recognition of the equality of value and effectiveness), even if already approved in another country of the EU.

The Ministry of Health is the ministry in charge of the examination of these requests and the ministerial outcomes can be:

### **1. Full recognition of qualification:**

if applications are fully recognized. Once obtained the official recognition, the applicant has to do IPASVI registration to practice as nurse in Italy within 2 years<sup>100</sup>. Before enrolling in the register, non-EU-trained nurses have to pass an Italian language examination, subscribe a registration (with a licensing fee and annual dues) and pass an exam at IPASVI association on subjects related to professional code of conduct and ethics. Prior to 2007, EU nurses were exempted from the language requirement<sup>101</sup>. The national federation of IPASVI eliminated this exemption before the accession of Romania.

### **2. Partial recognition of qualification:**

if the application has been evaluated partially complete. In this case the Ministry of Health<sup>102</sup> may ask applicants to integrate this gap by two compensatory measures: 1. by passing an examination (aptitude test<sup>103</sup>) or 2. attending an internship period under the supervision and responsibility of a contact person identified by the health care facility where the internship takes place.

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<sup>100</sup> This is the Decree time of validity to practice.

<sup>101</sup> This exemption started to create concern in 2004, when Poland entered the EU and Polish nurses were exempted from the language exam.

<sup>102</sup> To be noted that notification is sent via POSTA mail. You have to fill in the form you find in the communication and send it by registered mail to the address indicated. Afterwards, the Ministry of Health will indicate to you the date, place, time and the details and type of test/training and the instructions.

<sup>103</sup> Written, practical and oral test to verify knowledge, skills and professional abilities. Every six months in Rome. The payment of the participation fee is fixed by the Ministry at Euro 300. The test can be re-again if failed. To try the test again, it is necessary to make a request for a new appointment to the Ministry of Health via registered mail.



### 3. Non recognition of qualification:

in this case the application is evaluated negatively, and recognition denied. Decree of refusal can be appealed: - an ordinary appeal to the Tribunale Amministrativo 11 Regionale Lazio (within 60 days of receipt of the decree), an extraordinary appeal to the head of State (within 120 days from the receipt of the decree).

When dealing with professional qualifications issued by EU countries, according to EU directive 2005/36/EC, professional qualifications must be recognized by any other member state. In this case, the Italian competent authority cannot express a denial. Only few of the Romanian cases of the present study fall into this category because the majority of the sample requests were made before the EU directive overmentioned. Looking at non-EU countries, very similar rules and procedures are applied. The only difference is that the request of recognition can be denied by the Ministry. The law establishes both the minimum standards of qualification necessary and the requisites to practice the profession. If meaningful differences exist between the educational and training systems of the countries involved, the Ministry of Health, infact, may express a partial acceptance of the request, subordinating full recognition to an internship period or/and to an examination. The Peruvian nationals show a high rate of acceptance among the applications. The minimum hours required are 4600 but in a typical training curriculum from the nursing school of a Peruvian University<sup>104</sup>, the amount of hours is more than 5000. The subjects of study are highly structured and all perform a service in rural areas for one year (SERUMS).

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<sup>104</sup> The subjects of study are the following: First Year: a. Semester I: Mathematics, Chemistry, Language, Social Sciences, Philosophy, Biology, Study Methods, Arts, Computing, Sports (elective) b. Semester II: Physics, Biochemistry, Social Reality, Psychology, Communications and Human Relationships, Ethics, personal, and Professional Identity Second Year: a. Semester I: Anatomy, Nutrition, Health Education, Statistics, Microbiology, Nursing Care, Community Nursing Care b. Semester II: Epidemiology, Physiology, Inpatient Nursing Care, Parasitology, Health Planning and Programming Third Year: a. Semester I: Nursing in Women Health Care and Development, Nursing in Human Health, Growth and Development, Economy, and Health b. Semester II: Pharmacology, Nursing in Child and Adolescent Health care Fourth Year: a. Semester I: Nursing in Mental Health Care and Psychiatry, Nursing Research (Thesis), Nursing in Health Care of Adult and Elderly People I b. Semester II: Statistics, Nursing in Health Care of Adult and Elderly People II, Nursing Research (Thesis) Fifth year: a. Semester I and Semester II: Management of Services, Nursing Internship. After their pre-graduate training, nurse students defend a thesis and graduate as Nurse Bachelors (Licenciadas en Enfermería). Then, they are eligible for performing a service in rural areas for one year (SERUMS).

#### **2.4.2 The case of recognitions ex post: social opportunities of requalification and upward mobilities**

The 'less than perfect transferability theory' is used to explain the condition of migrant people employed in occupations that do not match with their skills and qualifications. Factors like a low language proficiency, cultural and economic country related differences, less availability of social capital compared to the one possessed by natives are considered important factors to justify at least the initial de-qualified conditions for migrants (Chiswick and Miller 2009). The upward movement is supposed to depend on many factors. I will briefly describe some of the factors that emerged from analysis framing them as potential enabling/constraining factors in the functioning of achieved 'suitable' occupational positions.

##### *Length of residence – education – age at arrival - long term migratory project*

The time spent in the host country should improve knowledge of the institutions and open occupational opportunities in the labour market of the host country (Fuller and Martin 2012). It is commonly recognized how an increased host language proficiency and different networks that provide more information may lead to better occupational opportunities (Fuller and Martin 2012). According to the U shape theory the length time after an initial decline in occupational status among migrants is considered a factor that should positively impact the curve mobility (Chiswick et al. 2009). According to some scholars (Favell 2003) a factor that positively would influence opportunities to find better occupations is the level of education: it is sustained that educated immigrants tend to achieve, in a long term prospect, better occupational positions.

Also the age at arrival affects differently such labour pathways and the migrants' propensity to educational investment. Younger migrants generally have lower premigration labour experiences but are more likely to invest in education in the migration country (Fuller and Martin 2012). Looking at the re-skilling dynamics, a study on highly skilled Romanian immigrants to US, for instance, shows that gaining a host country educational degree allows higher benefits to migrants if compared to those with the same level of education gained abroad

(Brădăţan and László 2014). Studies in care work in Italy shed light on how migrants can validate their 'skills' abroad, using a process of re-qualification in loco (Salis 2013).

Among the factors that literature on mobility shows to play a crucial role in enlarging opportunities for migrant women, some argue that the migration project strongly affects upward mobilities, re-qualification and occupational pathways after migration. Studies (Marchetti Venturini 2013b) show how temporary or permanent expectations of settlement influence decision on future educational and occupational prospects. While women who migrate with a short term migratory project try to maximise their income working as live-in carers, with low or no interest in gaining a better occupational status, migrants who are more likely to permanently settle, try to improve in perspective their occupation (Barbiano di Belgiojoso 2016).

#### *Motherhood - marital status - care chains and life events*

For women who migrate, many challenges have to be met. The intersections of the private and public spheres and their broader implications are made explicit by gender scholars. Some authors examine power differences and competing interests within migrant households (Hondagneu-Sotelo, 1994). Familial responsibilities position women in more vulnerable positions since they have lost most of their previous support networks upon migration. Many migrate as dependent and tied movers and as migrant subjects have to re-negotiate their role and family's social status. Studies show that in a new migratory context the lack of traditional support structures in the management of household and childcare responsibilities affects their capacity to find a suitable job fitting their previous qualifications and skills (Liversage 2009; Meares 2010). In investigating skilled women's capacity to find a suitable job, gender specific aspects like motherhood and the management of children and household have to be considered.

The participation of migrant women in more skilled care work occupations is concentrated in two care sectors: health professions and nurses. These two educational available opportunities are the re-qualification pathways considered as the ‘achieved’ opportunities of upward mobilities as shaped by the Italian receiving context. In the last decades studies (Pasquinelli and Rusmini 2013) show a tendency of professionalization of care services, from the domestic sector to the more formalized sector of health-assistance.

I will briefly describe the selected options of re-qualification under investigation.

Vocational courses at regional level are concentrated in few occupational domains: on the one hand, there are figures like beauticians, hairdressers and massage therapists, dental assistants and bouncers; and on the other, there are educational courses addressing semi-professional health workers. The studies on the topic of migrant health professionals (Salis 2013;) report how women view these re-qualification tracks and courses as an opportunity to do their job in a more satisfactory way and to gain higher autonomy. In these cases care work<sup>105</sup> and care services are provided also in sites other than households (Cangiano et al. 2009; Salis 2013). I refer to locations like day care centers, residential homes, for elderly care services and hospitals<sup>106</sup> (Shutes and Chiatti 2012).

### **ASA Vocational course**

Auxiliary Health Assistants – ASAs – support various professional figures in both the social and health sectors. They provide social assistance and social-health services in day care, residential care and homes for the elderly. ASA professionals carry out tasks aimed at maintaining and / or re-establishing psycho-physical well-being, assisting with daily activities and helping carry out essential personal functions. To obtain the status of ASA, the person concerned must attend a professional training course at an institution accredited by the Lombardy regional government. The course has a duration of 800 hours (of which 350 of theory, 350

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<sup>105</sup> In a parallel dual process of global commodification of care: the commodification of carework in the private sphere, on the one side; and the commodification of services, female targeted, on the other.

<sup>106</sup> In 2015 there were 12,828 social-welfare and social-health care centers active in Italy; they have a total of 390,689 beds (6.4 per 1,000 residents) (ISTAT 2015)

of training and 100 of exercises) and the admission requirements are: being 18 years of age on the course registration date; middle school diploma.

Those who already possess the ASA certificate can attend a 400-hour training course to obtain the OSS qualification.

**OSS Social health operators** carry out their duties in all the services of the social and health sector, in socio-welfare and social-health, residential and semi-residential facilities, in collaboration with nurses. In particular, social health operators take care of: 1) direct assistance and domestic help; 2) hygiene and social interventions; and 3) management, organizational and training support. To obtain the OSS professional qualification, it is necessary to attend a professional training course at an institution accredited by the Lombardy Regional Government. The training addressed both the technical and the relational dimensions of the job. Training modules concern specific technical training on health care for the elderly, social science modules, cleaning. It involves a period of internship. The course consists of 1,000 hours (of which 450 theory, 450 internship and 100 practical exercise) and the admission requirements are: 18 years of age and secondary school diploma or qualification lasting at least three years pursuant to Legislative Decree 76/05.

These courses available are for the purpose of obtaining professional skills that can be used directly on the labour market. Their aim is to facilitate the reintegration of those no longer in work and/or for those who are already working to requalify. Many vocational training courses flourished, both private and public, granting official qualifications. The nursing assistant occupation (Operatore Socio-Sanitario, OSS) was a profile introduced in Italy in 2001 by an inter-institutional agreement between the national government and regional authorities. Those studies that mention the presence of migrants in the sector (Salis 2013) suggest that they are concentrated in long-term care facilities for the elderly. These occupations have been increasingly filled by migrant workers, representing today between one fifth and one fourth of the total category (Castagnone Salis 2015). Nursing assistants, in particular, are mostly employed by cooperatives and agencies.

These qualifications have been recently created and are the less prestigious echelons of the care sector, where cleaning chores are combined with care work. Some argue that these courses may reinforce some stereotypes defined by gender and nationality and contribute to the insertion of certain social groups in some specific occupational niches (Scrinzi 2011).

The **nursing profession** has profoundly changed over the last thirty years.

Nurses provide care of the patient and they are in charge of the integrity of the person they care for. Nurses have higher responsibilities and are also required to acquire technical and organizational skills. Reforms transformed the profile of nurses towards a greater degree of autonomy and responsibility to make their professional role more independent from doctors.

The law 739 of 1994 on the professional profile has made nurses more autonomous. There were different processes that took place: the approval of the professional profile, the abolition of the job description (mansionario) and the recognition of equal professional dignity compared to the other figures present in the health system.

European training harmonization and the increase, especially in the 1970s, of the male presence in a category, traditionally gender specific, contributed to change professionalism and occupational profiles.

The most important changes in the training system and classification of Italian nurses took place in the 90s with the passage of education to university.

The university career was introduced only in 1997/98 the course of three-year degree, the specialist degree (now Master's degree) and the research doctorate. Previously the training was managed by the individual health facilities that were responsible for training the personnel who would then work inside it.

The transition to three-year university education led to a phase that involved not only the new graduate nurses, but also the old staff, with lower qualifications, but more experienced. The university courses include both theoretical lessons and practical internships.

The three-year degree, includes theoretical exams and related internships, with the final amount of 180 credits. In the study plan the courses are preparatory and the university course requires an entry test with a limited access.

European or non-European citizens with residence permits can apply for enrollment directly at the University without limitation of quota.

To access undergraduate courses (three-year) and single-cycle master's degree it is mandatory to have a secondary school diploma obtained after at least 12 years of school. The educational qualifications obtained abroad must be legalized<sup>107</sup> by an official translation in Italian, and by the Statement of Validity.

## **2.5 Social opportunities: a focus on intermediation**

Intermediation forms the infrastructure in which migrants enact their capabilities to move. Intermediaries intervene at different migratory stages and levels. They may act for different reasons, ranging from profit to social reasons, and they operate at different points of the migrant mobility process. They can act before departure, during the journey, upon arrival in the destination country but also during the migrants' residence in the territory. They can assist migrants in the country of origin, in the destination country, or in both, and in other countries of transition too. Among different phases in which intermediation plays a significant role in setting the social opportunities available to these migrants, I individuated two critical conjuncture nodal phases: 1. the *pre-migration phase* in which conditions before departure are built in order to enable people to move and 2. the *recruiting and placement phase* (and related processes) to enter the Italian labour market, both in Italy and abroad, in order to enable people to work.

The study will concentrate on the 'intermediaries' involved to more effectively conceptualize these migrants' social opportunities.

There is growing evidence that migration intermediaries play a critical role in the way migrants source information about employment opportunities and destination labour markets. According to van Hear (2004) networks are a key

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<sup>107</sup> Possession of a qualification, must be legalized in order to guarantee their authenticity. If the country where the qualification was obtained has adhered to the Hague Convention (5 October, 1961), the so-called Hague Apostille should be applied to the qualification itself.

factor that shapes the ‘hierarchy of destinations that can be reached by migrants’ (2004: 3).

Looking at nursing workforce, previous studies (Buchan et al. 2005) clarified some dynamics on the functioning of intermediation showing how a high percentage of migrant nurses was recruited through a recruitment firm that had ethno-specific cost demands.

In other cases studies indicated that recruitment practices were unfair, providing limited or inaccurate information about terms and conditions of employment or on housing information, as well as hidden costs associated with the services provided (van Hear 2004). These studies reveal the role played by migration intermediaries in shaping the nature of migrations. While many intermediaries may build migrant capabilities through the provision of information and services that improve employment opportunities, others may provide inadequate information and services which can undermine opportunities and limit these workers occupational mobilities in labour markets.

The present study focuses on services that intermediation offers as theorized by Ambrosini (2016). While scholarship mainly concentrated on the non legal side of migration intermediaries, still little is known about the various kind of intermediation and services that may meet the needs of skilled migrants who legally entered Italy, as overseas nurse did. There is often a fragmented acknowledgement on how intermediation influences migrants’ access to destination labour markets. In skilled migration ntermediaries are instrumental in providing important information and services that shape labour market entry, employment opportunities as well as information regarding worker rights and entitlements in destination countries (Connell, 2010: 79).

The study will concentrate on the ‘intermediaries’ involved to more effectively understand what makes migrants capable to move and work in real terms (Lindquist et al. 2012).



## **CHAPTER 3: What kind of Social Opportunities? Civic stratifications and the question of recognition**

### **3.1 Mobilities, stratifications and membership statuses**

A starting point of reasoning on the conditions of foreigners as workers will be how the Italian legal system shapes social opportunities for migrant women as workers.

‘The Italian Republic, implementing the ILO Convention n. 143 of 24 June 1975, ratified by law dated 10 April 1981, n. 158, guarantees to all foreign workers legally residing in its territory and their families equal treatment and full equality of rights compared to Italian workers’<sup>108</sup>:

One citizenship<sup>109</sup>, and the rights conferred by such citizenship, remarkably, affects modes of entry, consequent immigrant’s settlements paths and their occupational opportunities. Different conditions are applied to EU and non-EU migrants. While European citizens are more generously disciplined, non-EU citizens are severely restricted in mobility. I will address how the juridical apparatus configures different migrants and workers and the degrees of inclusion and exclusion, as shaped in Europe and Italy. The state, through its regulation and categorization of migrant workers and their skill sets shapes labour market opportunities and segmentation. In Italy, among legal statuses, the membership status of a EU national as non Italian citizen has a higher value according to the available opportunities that the current Italian normative system may offer to foreign migrants. Romanians, as EU citizens, hold a higher degree of membership status while third-country nationals, like Peruvians<sup>110</sup>, a lower one. In Italy, being a nurse has a higher value according to the available opportunities that the current Italian normative system may offer to foreign migrants.

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<sup>108</sup> As stated by art. 2 of Legislative Decree no. 286 of 1998 which, in paragraph 3.

<sup>109</sup> The word citizenship, as defined by the European Convention on Citizenship of 1997, art.2, designates ‘the legal link between a person and a state and does not indicate the ethnic origin of the person’

<sup>110</sup> until 2016 they were required a visa to cross Italian borders.

Mobility is valuable not only in itself but also as an instrumental capability, in securing other capabilities of being (or not) able to do and be (Sen 1992). The available opportunities to move (and eventually to set and work) are directly connected to membership status conditions and condition the types of available employability. The ‘being mobile capability’ is intended not as a matter of borders definition and of legitimation or controlling but as a factor that enables capabilities of being a citizen and a worker. According to citizenship, recognition of legal status after crossing borders can be partial or denied. The membership status gained after mobility creates different capabilities and freedom of choices for citizens and workers.

‘Non-citizens’ can hold different legal statuses, from being undocumented to being temporary or permanent non-citizens. Along the inclusion/exclusion possibilities, the spectrum of conditions of membership may change<sup>111</sup> defining the configuration of ‘legality’ between individual and state. Some people can be not legally recognized (undocumented, unauthorized, non legal, aliens), other fully ‘included’ and other may hold partial membership statuses. There are many legal statuses a migrant may hold as a non-citizen (i.e. in the present research I will address in particular the permanent residence status as the most favourable one). Along an hypothetical line that defines a legal/non legal continuum of statuses, and a granting of rights from a lower to a higher degree of recognition, the spectrum of available capabilities is multiple and results in stratified opportunities. As Bosniak (2006: 3) argues: ‘it is not necessarily incoherent to speak of the ‘citizenship of non-citizens’.

The issue of mobility is explored to better understand the available opportunities before, during and after workers’ achieved mobility, as shaped by the Italian context of reception. Both visa system and migration policies define who can enter and settle in a defined territory. As such, they bind the geographical mobility of people shaping the conditions under which different types of membership statuses can be accessed, achieved, secured and maintained (Block 2014, Bosniak 2000; Calavita 2005).

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<sup>111</sup> In the case of migrants under examination there are partial and intermediate statuses.

Legal or non legal statuses and settlement paths are factors enabling or constraining subjects' actions and end to shape what Lydia Morris calls 'civic stratification',<sup>112</sup>.

Civic stratification leads to different occupational opportunities, granting more or less favourable labour conditions according to the connected membership status. The migrant/worker status is defined by the Italian law that assigns more or less vulnerable categories of being migrants and workers.

A static and decontextualized approach to the concept of citizenship does not properly grasp the historical evolution and the political and geographical processes that may occur. In the European changing geo-scapes the case of Romania is an example of how Romanian citizens have had different social opportunities according to the period they moved and settled. Before 1989 they hardly could move. After the Berlin Wall fall and until 2002, Romanians pertained the less advantaged third-country citizens' category with a visa requirement to be able to move. From 2002 till 2007 Romanian nationals were not subject to the visa requirement any more. From the enlargement of geographical burdens in 2007, Romania become a new Member State and gained free mobility (for at least three months) and free access to the Italian labour market. These plural and changing conditions that occurred over the time and space emerged in the analysis (see Chapter 8 and 9). I will briefly provide an account of the options that the Italian (and European) legal framework offers to people, being them communitarian (EU- citizens), non-communitarian (third-country citizens) or in between<sup>113</sup>. I will describe the entry conditions and the settlement conditions (and related legal statuses of pertinence for the purposes of the present study).

Some studies recognized the impact of visa system on the occupational trajectories. However they investigated contexts different from Europe (Miller 2006; Banerjee 2010). In Europe few studies focused this issue and related its impact on integration outcomes, especially on employment (Williams and Anderson 2012, Shon 2013; Morris 2002).

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<sup>112</sup> The 'hierarchy of stratified rights resulting from processes of exclusion and inclusion which classifies and sorts out migrants and the realisation of rights formally associated with these locations' (Morris 2002)

<sup>113</sup> I will refer here to the condition of mobility being a non EU citizen but able to move without a visa requirement at the entrance.

I will describe the context of governmental reception as experienced by different typologies of migrants, being them documented or undocumented, communitarian or non-communitarian, skilled or non-skilled.

I will consider: 1. entry modes and 2. rules and norms that govern immigrants' settlement following the Hammar's distinction (1989). Immigration policies are those that pertain the mode of entry and the kinds of migrants' categories that are allowed to enter and settle legally; immigrant policies, instead, refer to the conditions of settlement and residence provided to migrants by the state.

I will consider how both, entry modes and rules and norms, shape the different typologies of 3. membership statuses and related rights that people are entitled of.

I will refer to the condition of non-citizens permanent residents as the 'best available membership category'. It offers migrants higher social opportunities and converges with rights held by 'full' citizens (Hammar 1989).

The types of inclusive or exclusive available modes of entry are crucial elements for the capabilities of potential migrants who cross state boundaries or aim at doing so. At present, in Italy, measures on mobility of so-called foreign third-country citizens are regulated at the entrance by the European visa system. On the contrary, communitarian citizens do not need a visa to move but also their right to reside is under restrictions. According to the European law there are three types of available subjects' mobilities: 1. subjects who have the nationality of at least one of the countries participating in the Schengen *acquis*; 2. those who are not citizens of any of the Schengen States but who are not subject to the visa requirement to have access to the Schengen area and 3. those who are nationals of third countries and are subject to the visa requirement.

The types of inclusive or exclusive available settlement paths and related legal-statuses are crucial elements for potential workers who, after having crossed state boundaries, aim at reside and working. At present, in Italy, legal measures on settlement are regulated by Communitarian Decree 30/2007 (communitarian – EU-nationals) and by the Turco Napolitano 1998 - Bossi-Fini 2002 law then modified (non-communitarian – third-country nationals).

The types of available membership statuses and the related rights are crucial elements to understand the space of inclusion or exclusion in which choices are

available in real terms. As I will better explain, for both EU and non-EU citizens employment and self maintenance act as key criteria of residency. The spectrum can go from those who have no membership status recognized, as undocumented people, to full membership status as Italian citizens. I will provide a description of the ideal pyramidal continuum.

To different legal statuses may correspond different forms of vulnerability and different degrees of capabilities to be and do. I will include in my analysis only some categories: voluntary migrants and work related migrants. I will focus the ‘best available typologies of work related denizenships’: those types of permit of stay that open to people the opportunities, on the one side, to work with no time or space restrictions and, on the other, give the chance to apply for a permanent residency status. I identified in fact the best condition as denizen (Hammar 1989) as the condition of long-term resident non-citizen. It should make people ‘more capable’ to be and do: the less vulnerable status available to non citizens.

The so-called European Fortress started to be built in the twenty-first century and reflects a paradox. Despite assuming a free mobility of people principle, it sets limits for both communitarian and non-communitarian citizens. Even if such barriers are in contradiction with the European Union principle of ‘equal opportunities’, yet it separates the social opportunities of individuals: those who will be ‘more’ capable to move and all the ‘others’ (Anderson 2013). Italian immigration law is directly linked to the evolution of the common European governance rationale of migration. It may be rooted in the European Economic Community creation in 1957. The construction of the common market<sup>114</sup> in the post-war context reflected a transactional approach to mobility of human beings and freedom of movement. Since the end of the 1960s, migration has been mainly conceived in terms of labour movements. The Schengen agreement in 1985 and the 1987 Single European Act changed the asset of European area. From the Maastricht Treaty (1992) immigration and asylum policies were targeted as ‘matters of common interest’ and extra-European migration was differently managed. In 1995 the Schengen Treaty abolished the internal European burdens creating the Schengen *acquis*. Two parallel processes occurred: on the one side,

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<sup>114</sup> With the Treaty of Rome in 1957.

the dismantling of internal borders; on the other, the enforcement of external ones. To this regard, the Treaty of Amsterdam (1997) created a legal framework of shared control, the Area of Freedom, Security and Justice. Lisbon Treaty (2007-2009) further developed the European competence in such area.

In the following paragraphs I will briefly describe the available options, for communitarians (EU-nationals) and third-country nationals to entry and settle in Italy.

## **3.2 Social opportunities: Communitarians willing to work**

### **3.2.1 Communitarians: equal treatment - free mobility and no visa requirement**

Communitarian citizens are those people who have the nationality of at least one of the countries participating in the Schengen *acquis*. According to Article. 21 of the European Treaty on the Functioning of the European Union (formerly Article 18 EC) ‘Every citizen of the Union has the right to move and reside freely within the territory of the Member States, without prejudice to limitations and conditions laid down in this Treaty’<sup>115</sup>. In line with the overmentioned document EU- citizens do not need a visa to move and are entitled of free mobility<sup>116</sup>. Their available opportunities seem to offer them and their familiars<sup>117</sup> higher chances of freedom of choices and available social opportunities.

In the second part of the same document, however, it is further clarified how the supposed communitarian free movement right is limited: people are not allowed to reside more than three months ‘without justified reasons’.

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<sup>115</sup> art. 5 Legislative Decree n. 30/2007, art. 5 Dir. 2004/38 / EC.

<sup>116</sup> Entrance and mobility of community citizens and family members (if extra-EU), however, have to be formally declared. They have to prove their presence in Italy going to police ‘dichiarazione di presenza’ [art. 5, paragraph 5 - bis, d. lgs. 30/2007, introduced by the d. lgs. n. 32/2008]

<sup>117</sup> The family members of the community citizen who goes to Italy have the right to follow him or join him, whatever their nationality. The D. lgs. n. 30/2007 provides that those who are not citizens of the Union may need a visa, depending on their nationality [art. 5, paragraph 2, Legislative Decree no. 30/2007].

### **3.2.2 Communitarians and a system of means tested provision: limits to mobility and settlement**

The available social opportunities are linked to a system of means/employment tested provision that regulates people's settlement. In order to freely reside in a Member State territory, after a three months period, the EU-national has to demonstrate one of the following four conditions:

#### **1. Employment status**

The EU citizen, as worker, can enter and reside in Italy, benefitting of equal conditions of employment and work<sup>118</sup> (dismissal, remuneration, etc.). EU nationals can also benefit of all training, orientation or rehabilitation professional measures, and of the same social and fiscal advantages as national workers.

Those citizens of the Union who look for work in Italy for the first time are entitled to see their period of residence 'without conditions' extended - from three months to six months. The willingness to be employed is privileged by law. They have to show the registration at the employment center<sup>119</sup>. The communitarian workers are entitled to the same treatment as national citizens<sup>120</sup>, in particular with regard to access to employment, remuneration, and services to facilitate access. at work, enrollment in schools, etc. Concerning this more privileged category of European citizens, the EU enlargements of 2004, 2007 and 2013 offered new mobility chances for nurses coming from countries that used to be non-EU (Poland, Romania, Bulgaria and Croatia) and freed transnational mobilities. For nurses, this represented a new legal recognition channel to migrate and new occupational opportunities were linked to the European system of mutual recognition (see Chapter 2). Communitarian workers are entitled to reside in the country of employment and enjoy the same rights<sup>121</sup> regarding wages, contractual terms of employment, social benefits, as national workers.

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<sup>118</sup> The right to equal treatment of EU citizens is enshrined in the system under Article 19, paragraph 2, Legislative Decree No. 30/2007, the which provides that "without prejudice to the specific provisions expressly provided for by the EC Treaty and by the secondary legislation, every citizen of the Union who resides on the national territory, on the basis of this decree, enjoys equal treatment with Italian citizens in the scope of application of the Treaty. The benefit of this right extends to family members who are not nationals of a Member State who are holders of the right of residence or the right to permanent day

<sup>119</sup> d. lgs. n. 30/2007 and art. 14, par. 4, lett. b), Directive 2004/38. Article. 13, paragraph 3, lett. b

<sup>120</sup> Among the secondary law sources of the European Union, the Regulation (EU) 492/2011 of 5 April 2011 on the free movement of workers within the Union which replaced Regulation no. 1612/1968 of 15 October 1968 and which implements the different rights of workers foreseen in the TFEU 18

<sup>121</sup> 'A worker who is a national of a Member State can not receive on the territory of the other Member States, by virtue of his nationality, a different treatment from that of national workers as regards the conditions of employment and work, in

## **2. Study;**

## **3. Family unit;**

## **4. Self-maintenance<sup>122</sup>**

After the three month period without conditions any communitarian national has to demonstrate ‘self maintenance’ conditions<sup>123</sup>. According to the European Commission the notion of ‘sufficient resources<sup>124</sup>, should facilitate the principle of free movement. The law states ‘as long as the beneficiaries of the right of residence do not rely on the welfare assistance of the host Member State’<sup>125</sup>.

To sum up, the upgrade of membership status of a communitarian citizen can be defined by different periods related to different ‘justified’ conditions.

A permanent residence status that grants the right to do not prove any ‘justified reasons’ to reside on the Italian territory, thus, will be gained only after a five years span time. Therefore, three periods can be distinguished in a continuum of membership status that goes from:

1) the initial period, up to three months after entry into Italy: with freedom of mobility and no reasons for settlement;

2) from the first three months up to five years: with freedom of mobility and settlement only under certain conditions mainly based on employment and self maintenance prerequisites;

3) after five years; with freedom of mobility and settlement with the right of permanent residence.

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particular on pay, dismissal, professional reintegration or relocation if unemployed. Pursuant to art. 7 (2), he enjoys the same social and tax advantages as national workers. With regard to the right to equality in access to employment, the only distinctions that can be made are those relating to the linguistic knowledge required in relation to the employment offered (Article 3 of Regulation 492/2011): any other condition that limits the full equality of treatment must be disappplied, regardless of whether it is contained in laws, regulations or as a result of administrative practices.

<sup>122</sup> 1 the right of residence and establishment can at any time be limited by each State for reasons of public order, public security and public health (Articles 45 and 52 TFEU).

2 the right of free movement, stay and establishment is governed primarily by a Community directive (Directive 2004/38 / EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States, amending Regulation (EEC) No 1612/68 and repealing Directives 64/221 / EEC, 68/360 / EEC, 72/194 / EEC, 73/148 / EEC, 75 / 34 / EEC, 75/35 / EEC, 90/364 / EEC, 90/365 / EEC and 93/96 / EEC) which provides after the first three months the Community citizen has the right of residence in a member country other than of citizenship not only if he possesses citizenship of the Union,

<sup>123</sup> Article. 8, par. 4 of Directive 2004/38 / EC provides that each Member State must refrain from fixing the precise amount of resources it considers sufficient, but which must take into account the personal situation of the person concerned

<sup>124</sup> The citizen of the Union has resources not lower than the amount indicated in art. 29, paragraph 3, lett. b) of Legislative Decree no. 286/1998, which refers to the minimum annual income deriving from legal sources not lower than the annual amount of the social allowance (also taking into account the income of other cohabiting family members)

<sup>125</sup> 30/2007 Law



### **3.3 Social opportunities: Third-Country nationals willing to work**

As described in the previous paragraph, the free movement of communitarians may bring at least partial advantages to mobilities of these workers. On the contrary, there are important limitations that affect the majority of third-country nationals when trying to move and/or looking for employment in a European country. In practical terms the visa application is the first step for potential non-communitarian migrants to be capable to move. In these cases the visa system functions as a pre-migration tool of human mobility control. The visa system creates conditions of hierarchization. After the achieved mobility, at the arrival, only some modes of entry may guarantee a long-term settlement as recognized and authorized, under the strict pre-requisites that link permanence with the permit of residence.

The supporting documents to gain a visa issuance according to the purpose of the visa can include hotel reservations, return ticket, proof of sufficient means of subsistence or other information indicating intention to leave the territory before expiry of the visa. Some migrants who are regular at the entrance, like those who hold a tourism visa, can become irregular after the crossing of borders because their mode of entry does not link their legal entrance to a legal opportunity to reside on the territory for more than three months.

#### **Tourism Visa: Conditions and maximum temporal span of stay allowed.**

The third- country national who has entered Italy following the issuance of an entry visa for short periods as for tourism, can stay in Italy only for the period established by the entry visa and it does not, in any case, exceed three months. Furthermore it depends on the means of self maintenance<sup>126</sup> that he/she proves.

In Italy the issue of a long-term visa is the prerequisite for legally working, obtaining a residence permit. The residence permit application is to be submitted within 8 days following arrival in Italy.

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<sup>126</sup> As set by Directive of the Minister of the Interior March 1, 2000

If the foreigner will over-stay in the territory for more than three months or the shorter period established in the entry visa<sup>127</sup> (Article 1 paragraph 3 of Law No. 68 of May 28, 2007) current law enacts administrative expulsion by the Prefect towards the foreigner who has entered Italy for short stays due to tourism.

The D visa issue constitutes a prerequisite for the application of any typology of residence permit. Migrants have to meet certain criteria laid out by national migration law in order to be allowed to immigrate via specific kinds of 'entry category' (Morris 2002). In a direct way, the mode of entry allowed by the visa system is linked to the legal status of a foreigner and it is usually linked to a legal permit (or to the lack of it). The two are strictly combined and visa policies, thus, shape the first step of opportunities in which migrants' mobilities can take place in real terms. The visa<sup>128</sup> requirement is the marker of each typology of mobility and settlement.

The beginning of Italian regulation on migration and human mobility<sup>129</sup> started with the Schengen process. In Italy the initial immigrants' arrivals were characterized by no formal channels of entry. There was scarce attention to immigration issues, both in public opinion and in political debates. In the first phase, administrative instruments were privileged rather than parliamentary laws. At that time, labour migration to Italy was regulated by secondary legislation giving the Ministry of Labour the power to deny entry authorization basing its choices on the general conditions of labour market (Einaudi 2007). Focusing on the Italian case, until 1986, the only rules governing the presence of foreigners in the country were contained in the Act of Public Security Laws (R.D. of 18 June 1931, No. 773). They dealt with the migratory phenomenon in terms of security. Later on, the adoption by Italian law of the current visa system provided a tool that made it possible to select foreigners, channelling their spatial mobility. In Italy the type of visa corresponding to the different reasons for entry, as well as the requirements and conditions for obtaining each type of visa are governed by the Ministry of Foreign Affairs, adopted by decree of the Minister of Foreign

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<sup>127</sup> Law set that if the non-UE national has not declared its presence at the entrance after having crossed the external border of the Schengen area or within 8 days from the entry after having crossed the internal borders the declaration of stay

<sup>128</sup> The entry visa consists of a sticker applied in the passport. Unlike the passport, it is issued by the competent authorities of the country of transit or arrival.

<sup>129</sup> The Schengen process produced pressure on Southern European states to increase controls at their frontiers.

Affairs, in agreement with the Ministers of the Interior, Labour and Social Policies, Justice, Health, Education, University and Research, Productive Activities and Regional Affairs<sup>130</sup>. People who are subjected to a visa requirement have unequal access to foreign spaces and to available occupational opportunities abroad. Exemptions from entry visa issue for non-EU foreigners follow specific cases<sup>131</sup>. A migrant has to apply for a visa and has to fulfil certain socio-economic criteria to have the real capability to gain a visa. Without a legal entry visa the available options at disposal to travel and move will be reduced to the only expensive risky vulnerable undocumented non legal available opportunities at disposal (see paragraph on undocumented entrance of this Chapter).

### **3.3.1 The matter of visa issue: free mobility – modes of entry – settlement pathways**

Mobility under a visa requirement basis is out of the subject control. People who are required to hold a visa can freely move only at the discretion of the issuing of visas. The available social opportunities are linked to the visa system that regulates people's mobilities. Who requires a visa has to undergo a process of pre-selection<sup>132</sup> and motivate the reasons and circumstances of mobility. The supporting documents required for the application have to certify: the purpose of the trip; the means of transport; economic resources during the trip and stay; a banking or insurance warranty is required and accommodation. The types of visa that can be issued vary according to the purpose of the movement<sup>133</sup> and the time span of permanence.

The three main categories of visa entrance are: tourism, work and family.

According to data (Ministry of Foreign Affairs 2018) data show that almost 80% of visa that are issued correspond to temporary visa typologies. Looking at the time criteria, for the present study purposes, it is worth to be mentioned the distinction between the short term-long term typologies of entry visa:

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<sup>130</sup> and are periodically updated also in execution of the international obligations assumed by the Italy (Article 5 paragraph 3 RA).

<sup>131</sup> See Ministry of Foreign Affairs – website (Ministero Esteri - <https://www.esteri.it>)

<sup>132</sup> It is issued by the Ministry of Foreign Affairs or Italian diplomatic or consular offices in the state of origin of foreign citizens (Ministero Esteri - <https://www.esteri.it>)

<sup>133</sup> The types of visas corresponding to the different entry reasons are: Adoption, Business, Medical Care, Diplomatic, Sports Race, Invitation, Self-Employed work, Subordinated work, Mission, Family, Religious Motives, Re-entry, Elective Residence, Research, Study, Airport Transit, Transit, Transport, Tourism, Work-Holidays, Volunteering.

1. Schengen Uniform Visa (Visa C) – (VSU) Short term visa for transit or stay not exceeding 3 months

2. National Visa (Visa D) – (VN) Long term for people seeking to stay in Italy for longer than 90 days

These modalities of entry shape the following migrant's available settlement paths. While tourism visa implies short term permanence on the territory, the work related visa and the family related visa allow a legal permanence. I will consider the functioning of only three modes of visa entry: 1. Tourism to investigate settlements paths after a short term visa issue (Type C); 2. work<sup>134</sup> and 3. family to investigate settlements paths after a long term visa issue (Type D).

Visa requirements discriminate migrants according to their social positions and in some cases having a relative in Italy makes the difference. Those applicants who are invited with a declaration of an invitation signed by an Italian citizen or a foreign citizen regularly resident, are more likely to have their request accepted. In this case the person who invites has to certify his willingness to offer hospitality in Italy.

The entry mode shapes a bifurcation that sets the location of people among available membership statuses and their opportunities of employment after migration. Since the core of the question is the capability of people to be and do, who holds a short term tourism visa will not be capable to legally work. People willing to work in Europe move to Italy and enter the country with a tourism visa because they have not the alternative available opportunity to apply for a work visa. It will follow a non legal path, with no freedom of choice on that. On the contrary, a family or work visa, represents a means to be able to function. Those who hold family or work visa have a wider spectrum of available choices: the implicit social opportunity that enables people to be capable to potentially work under legal conditions. As already pointed out, however, not necessarily this potential possibility ends in a real, achieved functioning. As we will see in the analysis, some people who hold a familiar permit of stay and do not need to show

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<sup>134</sup> As explained in the introduction and in Chapter 4, seasonal workers will be not included in the present analysis. Since work conditions of this type of visas are under a different regulatory frame and usually have a short term premise of residency (are usually issued for six months and extended for a further three month).

the employment status to have granted a legal permanence on the territory, can choose voluntarily to work as irregular workers.

I will sum up the possible 'available' structural factors (modes of entry that the Italian visa system offers) to migrants who are potential workers. I will link these modes of entry to the 'achievable' conditions of residence and employability conditions for migrant workers.

1. Entry mode as regular/documented **with a long term prospect - legal visa (work or family)** that allows a permit of stay issue and gives the opportunity to work under legal conditions after the arrival. Among the available typologies of visa, only the cases of family and work allow to reside on these permanent bases. The visa issue constitutes a prerequisite for the application of any typology of residence permit, thus also for the request of a work permit of stay (Art.4 - Testo Unico Immigrazione).

2. Entry mode as regular/documented **with a short term - legal visa (tourism)** that does not allow a permit of stay issue and does not give the opportunity to work under legal conditions after the arrival. With this typology of visa entrance migrants will be capable to legally enter the territory only on temporary basis, without access to work permits or permanent residence and with no connected rights to work, settle or to have the pre-conditions of upward legal mobility. Tourism visa has a higher chance to be issued but allows a maximum of legal permanence of three months. Documents required in order to obtain a visa for tourism are: ticket or demonstration of the availability of personal transportation; documented availability of accommodation and self sufficiency documents. The pre-requisite in order to gain a visa is the demonstration of economic resources with supporting documents that testify such a status. Fidejussione and bank guarantee documents are required; documentation of one's socio-professional status; health insurance with a minimum coverage of € 30,000 for emergency hospitalization expenses and repatriation costs.

3. Entry mode with no visa issue. **Irregular/undocumented entry mode with no legal entrance.** It gives the opportunity to work after the arrival in the

informal labour market. It allows to obtain a legal status of residence and a permit of stay issue only under some conditions

### **3.3.2 Legal status opportunities and the spectrum of available stratified memberships**

Unless the high degree of restrictiveness at the entrance for work reasons, the normative Italian system traced ‘two fast track ways of recognitions’ in the specific care-work labour area: 1. a legal recognition ex post in the domestic sector as a fast track way to get a legalization of undocumented status; 2. a legal recognition ex ante path. The nurse sector is one of the few available exceptions in the Italian immigration law, with a fast track way, out of quota limits, to get a regular work visa and a legal status.

The current regime of migration has been established by the first 'structured' immigration law adopted with the 40/1998 (Turco Napolitano law).

Focusing on the status and the rights of non citizens, as workers, those migrants who hold seasonal work permits (IREF, 2007) lie in a very low level of available social opportunities. They are not entitled of rights such as reunification of family members and are allowed to legally reside only for a short time periods. Moreover they can convert their permit only if the seasonal permit has been re-issued and under very complicated circumstances.

Following the principle of selecting ‘the best available scenario’, the present research will put aside the categories of temporary conditions of available work. It will focus only on workers that have not formal occupational restrictions: the legal category of ‘subordinate non seasonal workers’.

The classificatory system (Morris 2002) that structures legal statuses in real term has a form of a so-called ‘permit of stay’. A legal entry mode depends on a visa issue and a legal residence is documented by a ‘permit of stay’. Third-country nationals have to hold such document not to be ‘non legally’ present on the territory.

#### **Focusing on work**

The regular entrance in Italy for work reasons (of non-seasonal, seasonal and self-employment) depends on entry quota system established annually or on the three year based Decreto Flussi. Entry visas for work purposes are therefore issued within a numerical limit that often does not target the real needs of the market. Since 2009, the workflow channel has been practically closed. In 2008 the last decree-flows of a certain size (172,000 residence permits) absorbed the work demands of the previous year. In 2009, the Berlusconi government established a stop on flows with the exception of those for seasonal work. In 2012 the Monti government authorized the arrival of only 17,850 non-seasonal workers through the flow decree.

In Italy the way to legally work from abroad, *ex ante*, requires for third-country nationals a visa application for work reasons. A consequent work permit of stay is contingent upon presenting a regular work contract for the visa issue.

A documented status is granted by a yearly quota system<sup>135</sup> established with Decreto Flussi mainly in specific sectors of the economy and connected to different types of foreign workers<sup>136</sup>.

It is note to be underlined that up to now the system targeted specific sectors or occupations reserving specific sub-quotas. The exception to restrictiveness pertained the specific care work: on the one side the unskilled domestic service sector with *ad hoc* quotas (van Hooren 2011) and, on the other, the skilled sector of nursing. In 2001, before the set of *ex art. 27* out of quota possibility to enter the country, two thousand professional nurses were allowed to work via *ad hoc* special quotas reserved to them.

The ordinary bureaucratic procedure for work applications requires high efforts from both employers and workers. The Italian or foreign employer who wants to hire a domestic worker living abroad is supposed to send a nominative application. With regard to the specific domestic sector, object of the present research, the employer has to prove an income requirement related to the maximum income tax declaration equal to at least twice the minimum wage<sup>137</sup>.

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<sup>135</sup> The administrative procedure for entering the quota system is very intricate, requiring the job contract to be already signed before workers could enter in Italy and obtain a residence permit (Fujisawa and Colombo, 2009)

<sup>136</sup> Entry ceilings have to include privileged labour quotas for workers from countries that had signed bilateral agreements with the Italian government for the readmission of irregular migrants.

<sup>137</sup> the telematic available on the internet site [nullaostalavoro.interno.it](http://nullaostalavoro.interno.it)

The only exception that law admits is represented by care assistance to non self-sufficient people: in this case the minimum income prerequisite is not required. Other prerequisites required are suitable accommodation for the foreign worker, a residence contract and the grant to pay the return journey of the foreign citizen to the country of origin. Workers who want to work in a legal position should be in the position to be (cap)able to gain the following documents: 1 a 'pre-contract' from the employer, 2 the "*nulla osta*" (clearance) from Italian representatives; 3. a work-visa to cross the border issued from Italian consulate and, once arrived in Italy, 4. a permit of stay issued for work reasons, dependent from work visa.

The overmentioned pre-conditions make the work visa issue a social opportunity 'out of hand' for the majority of potential workers.

For other migrant categories it is very difficult to obtain a work visa and so it is a regular work permit of stay, at the first entrance in Italy.

Migrant willing to work are usually inserted in informal labour market and obtain a legal status only after. Care domestic work is a privileged channel for many migrants to enter the Italian labour market. Often those who work in the sector are undocumented. The current Italian law is based on a second recognized way to legalize migrant workers: *ad hoc* amnesties (Barbagli et. al. 2004; Finotelli and Sciortino 2009). Studies show how care sector give more chances and opportunities to obtain a 'legal migrant status', more than in other available opportunities of employment (Quartararo and Falcinelli 2013; Bonizzoni 2017).

The Italian work permit system gives a chance to limited subcategories of professionals to legally enter the country for working reasons (via extra quota entrance - art. 27<sup>138</sup>).

Low legal opportunities to be able to legally work without a work visa are available. The third country national who is already present in Italy for reasons others than work can apply for the request of a conversion of his residence permit. However this opportunity can be achieved under rare special circumstances and

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<sup>138</sup> Art. 27 regulates the entry for skilled subordinate employment in the cases of: highly specialized personnel, managers, university lecturers and university professors, researchers, translators, interpreters, workers posted for training, nurses, mariners, sportsmen and athletes, and entertainment workers. Visas for these categories of workers are normally granted prior to the clearance for the job given at the request of the employer. The provision introduces article 27-quater to the Immigration Consolidation Act (Legislative Decree 286/98 and subsequent amendments), which sets out that highly qualified non-EU foreign workers can enter Italy, with a special visa, outside the quota system: therefore in any period of the year and without the numerical limits set by the 'flow decrees'. With the publication in the Official Gazette of legislative decree no. 108 of 28/06/2012, in transposition of European Directive no. 2009/50 / EC, the provisions introducing the so-called EU Blue Card, entitles highly qualified foreign workers to stay.



within the framework of a quota system. This procedure presupposes an authorization to work and, according to lawyers and key informants I talked to, this conversion mechanism is almost ‘impossible to be achieved in practical terms’. It can be required by those non-UE citizens who hold a permit for study<sup>139</sup> or training reasons or a residence permit for seasonal work<sup>140</sup> proving to have been working for at least one for reasons of seasonal work and to be returned to the State of origin by the expiry date of the permit.

The available social opportunities that the Italian immigration law offers to potential migrant workers to work under ‘legal’ conditions are characterised by:

- i. a high degree of restrictiveness at the entrance for work reasons;
- ii. high segmented selectivity criteria, applied to specific high demand sectors, both skilled and unskilled; and
- iii. bureaucratic documental mechanisms that obstaculate, on the one side a ‘legal’ mode of entry and, on the other, a regular/legal status and settlement for workers.

As the present research show, the Italian law and the high incidence of undocumented status at the entrance influence negatively migrants opportunities in gaining more favourable conditions of residence and occupational prospects (Zanfrini 2013). To this regard some scholars (Zanfrini 2013) underline how the Italian system seems to have a ‘guest worker’ model underpinning its rationale.

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<sup>139</sup> The list of qualifications at the attainment of which it is possible to request conversion

- Degree (3 years, 180 university credits);

- Master's degree / master's degree (300 credits, including 180 university degree credits or 180 credits for the Master's Degree);

- Diploma of specialization (minimum 2 years);

- Ph.D (minimum 3 years);

- 1st level University Masters (minimum duration 1 year - 60 credits), which can be accessed with a degree;

- II level university degree (minimum 60 university credits) which can be reached with a university degree, ex Law 340/90 or with a second cycle degree or a master's degree.

- Certificate or completion diploma (annual duration - 60 credits) which can be accessed with the Degree Diploma ex L.341 / 90 or with the master's degree

<sup>140</sup> the maximum length of residence is 9 months (regardless of the sector of work)

### **3.4 Nurses and exceptional categories: extended opportunities?**

In general, labour migrant access can be distinguished into two broader categories: the more privileged, as EU communitarian citizens, and the less privileged, as non-EU citizens or third-country nationals. However, within the disadvantaged category of non-European, nursing mobilities have been facilitated by the reduction of formal barriers, higher visa issue opportunities and permits of stay. In this sense they are selected 'skilled' workers. Extra-quota entries (art. 27) are applied to some categories of skilled workers recognized as qualified workers (academic researchers, journalists, professional nurses, intra-company transferees, etc.) (Salis 2012). Non-EU nurses, are more privileged, fitting the EU recognized skilled worker category, but on the other, as non-EU citizens, they are also in the non mobile-free categorization of migrant workers. This implies different treatments, if compared to the EU citizens with different consequences on their rights during the permanence on the Italian territory as well as on their available occupational opportunities. Their location as immigrant workers, in fact, intertwines dynamics that not necessarily may result in linear outcomes and freedom of choice in their capabilities to function.

After the set of a more structured immigration law in 1998 (so-called Turco-Napolitano), the Italian state tried to target the specificities of internal labour-market shortages. Nurse sector, following the political rationale of labour market needs, benefitted of easier entry requirements. In Italy the lack of nurses in the late 90s prompted the government to introduce measures to attract this specific shortage as a criterion of selectivity. In the case of nurses a fast-track visa channel was authorised, out of the quota limit. Even if this skilled occupational sector has a privileged visa issue, also in this case a previous job offer is necessary and workers have to subscribe a pre-contract. The employer has to apply for an authorisation at the local Prefettura. Once the application is successful, it will be issued an 'authorisation to work'. The Italian Embassy in the country of origin of the applicant will provide a work related entry Visa (with a six months validity). The work visa will enable the opportunity to be legally employed as nurse.

In Italy immigration policy that regulates third-country nationals was influenced by labour issues since the first laws on immigration. Supposed equal labour treatments were set in 1986. This specific law aimed at labour migration in order to implement the ILO<sup>141</sup> Convention on the rights of foreign workers (No. 143 of 1975). It mainly aimed at regulating new admissions of workers and setting entry planning<sup>142</sup>. It consisted of three main issues: 1. the recognition of basic rights as the health system access and the possibility of family reunion for foreigners; 2. the employment rules of foreigners; 3. the legalization of those migrants who were already in Italy. The Martelli Act (39/1990) introduced a set of criteria providing the first basis to conceive the category of migrant worker. Equal employment conditions regarding wage and dismissal were established not only to protect foreign workers from being exploited, but also to protect the national labour forces against the risk of lower salaries and worse conditions due to foreign workers.

### **The case of nurses: limits and (un)equal employment conditions:**

Third country nationals are allowed to work directly in public sector only if they hold the long term residents' status. However they work in public hospitals employed under indirect ways of contract (Salis Castagnone 2015), through the hiring by cooperatives of nursing services recognized by the Ministry of Health that sub-contract workforce and/or through contract of temporary agencies.

A 'third parties mediated procedure' is the most used way to both recruit and employ non-UE professional nurses (Chalof 2008). In these cases, social opportunities are reduced by contractual segmentation, greater work flexibility, lower remuneration, lower rights and protection. Indeed this 'outsourced form of sub contract' is a legal restriction that result in a civic stratification and an indirect discrimination with unequal treatment for specific foreign workers.

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<sup>141</sup> The International Labour Organization (ILO) is a specialized agency of the United Nations that deals with labour issues and one of its specific purposes is to manage labour migration so that it contributes positively to the growth and development of both home and host societies, as well as to the well being of the migrants themselves. The International Labour Organization has elaborated two Conventions that aim at protecting migrant workers: Convention 97 (1949) and Convention 143 (1975).

<sup>142</sup> It aimed at regularising migrant workforce in order to avoid differentiations among labour groups that could downsize wages.

### **Employed only with a Pre-contract. Only with that employer. Only as nurse.**

Nurse mobility used to be linked to pre-contract and the legal status of worker was strictly dependent on the nurse sector. Law was modified but at first nurses were linked to their first employer and had not freedom of choice in changing occupation.

## **3.5 Family visa and Permit of stay**

A legal position for third national citizens can come from marriage to an Italian citizen, an EU-citizen and/or a third national holding a long-term residence permit. In these cases entry and residency are secured and their familiar kins confer associated residence, movements and social rights to people. However, the rights and conditions that women gain are derived and dependent on the marital status and can be curtailed (i.e. in case of separation or divorce).

The universal right to family life is far from being an absolute right. As some studies on the topic show (Bonizzoni 2015; Morris 2002) in Italy the right to family life is differently accessed and regulated along lines of nationality/ethnicity, gender and class. Law<sup>143</sup> determines a whole set of proof that sponsors and/or reunited relatives are expected to provide.

While Italy, if compared to other European countries, can be considered a relatively open country on family matters, the access to this fundamental human right is still subject to a set of qualifying criteria. The capability to reunite is linked to criteria like self maintenance and adequate accommodation<sup>144</sup> (Bonizzoni 2015). Moreover, once arrived familiars have to sign an agreement<sup>145</sup> in the case of the first entry. At the time of stipulation is assigned sixteen credits amount and the law states that within two years the foreigner must at least thirty credits in order to continue to legally reside on Italian territory<sup>146</sup>. This may be a problem for old people, for instance creating a stratified access to family rights.

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<sup>143</sup> Legislative Decree no. 286/1998 (so-called T.U. Immigrazione) on family reunification (art. 29) and residence permit for family reasons (art. 30)

<sup>144</sup> That meets the requirements of housing suitability and hygiene parameters

<sup>145</sup> applied from 2010

<sup>146</sup> Article. 4-bis states that the integration agreement is "a necessary condition for the issuing of residence permit". Moreover, "the loss of the credits determines the revocation of the residence permit and the expulsion of the foreigner from the territory of the State, article 13, paragraph 4".

Even if these familiars are granted full work rights, what characterizes family visa is that the legal status of the migrant is derived, is dependent on the status of the primary permit of stay holder. The procedure for family reunification is a time-consuming bureaucratic procedure. It is divided into two phases. The first concerns the check of all the requirements to obtain the issue of entry visa (family ties) and for the issue of the permit (residence permit, income, accommodation). Bonizzoni (2015) in a recent study on Latin American reunifications shows that sponsoring legal family reunification is a costly and lengthy process. In the case of women she interviewed the time for a family reunification lasted from a minimum of 3 years to a maximum of 12 years.

According to the different opportunities that the membership status may confer to people, much more favourable reunification conditions are applied to Italian citizens and to their relatives. Social opportunities to be a family thus are enlarged to some wives and mothers that can take advantage of their familiar status. Also family cohesion<sup>147</sup> (coesione familiare) is a mechanism that speeds up the possibility of family reunification with a foreign citizen. Instead of waiting for all requirements checked from abroad, in fact, it occurs when the relative is already in Italy. Family cohesion<sup>148</sup> can be defined as ‘a family reunification carried out directly in Italy’ which does not therefore presuppose the prior request for authorization to the Immigration Desk of the competent Prefecture (Sportello Unico Immigrazione) and the subsequent issue of an entry visa per family. This opportunity is more likely to be practiced as a familiar of Italian (relative within grade II) or of a EU-citizen.

In Italy the definition of the members of family, includes spouses not separate or divorced, children up to the age of 18 and dependent parents (but under 65 years old and only if they do not have son at their country of origin). Family migration policies define which ties are deemed worthy and which are not. The

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<sup>147</sup> Documents required for family cohesion and reunification, certifying the family relationship by virtue of which cohesion is requested, are the same. Documents must be translated and legalized at the Italian consular authority in the own country from.

<sup>148</sup> This hypothesis is governed by article 30, paragraph 1, lett. c) Legislative Decree n.286 / 98 and following mod., Consolidated Act on Immigration, in which it is established that the residence permit for family reasons is issued to the foreign family member already legally residing in Italy, with the right to stay for a reason other than that per family, in possession of all the requirements provided for reunification with another foreign citizen legally residing in the area (articles 28 and 29 TU Immigration).

access to family reunion<sup>149</sup> beyond the nuclear family is restricted. The importance of extended family and kin like parents or adult siblings for many migrant families is not recognised. However in the present research, migration pathways and decision-making referred often to extended family formations and notions of ‘family’ in transnational and cross-cultural contexts are complex.

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<sup>149</sup> In Italy, the Inter-ministerial Decree of 11th May 2011 simplified the type of visas requested for family reasons, merging two existing visas into a new national type “D” visa for “family reasons” and abolishing the visa for “integration into the labour market.

### **3.6 Long term permit of stay: the grant of a more secure residence**

In discussing of how available opportunities are shaped by membership statuses, I will refer here to those long-term or permanent resident non-citizens who hold many of the entitlements of citizenship (Hammar 1989: 84).

Long-term residents (Directive 2003/109) and workers lawfully resident are treated equally in relation to freedom of mobility and social benefits. With the long term residence permit it is no more required a visa to enter Italy, it is possible to work without any requirement and access to formal social protection services and other services (housing, school, etc.). This membership status can be considered as the less vulnerable category for third country nationals under the more vulnerable broader condition of being 'non citizen'. The main advantage that derives from the right to permanent residence is that from then on, the holder of this permit, as well as his family members, will be able to stay in Italy, even if the income and work requirements are not met, as it happens for the other typologies of permit of stay.

A work permit of stay gives the opportunity of a short-term settlement available opportunity. Both for communitarian and non communitarian workers the legal status is granted on a short term and employment related bases. For third-country nationals it may go from a minimum of one year to a maximum of two years. The higher rights granted level can be reached only with the issue of a long residence permit of stay. However for the first five years, third-country nationals have not available opportunities to secure the option of a long term residency. The available opportunities to gain a less vulnerable status are mainly two: 1) as familiar of an Italian citizen, communitarian or long term resident; 2) as a worker who is capable to maintain its active occupational status, demonstrating the self maintenance condition, renewing a short term work permit of stay for a minimum of two times, with legal contractual terms in order to gain a long term residence permit. Moreover other for application are necessary also an adequate accommodation and the Italian competence that enables to pass the italian test as

by law. Integration agreement for the foreigner applying for a residence permit was enacted by the law n. 94 of 2009<sup>150</sup>.

A long residence status is an available social opportunity for few migrants and cannot be granted independently (Morris 2002). It excludes not only undocumented non-citizens but many legally resident migrants like those migrants who are in Italy for study, for seasonal work, for humanitarian reasons, etc.

In Italy the residence right for third-country nationals is guaranteed by a residence permit for long-term residents<sup>151</sup>. It is the document that allows non-EU citizens to stay for a permanent period on the Italian territory, with no expulsion risk and avoiding less vulnerable conditions like that of losing the legal status due to unemployment. This document is issued to foreigners legally residing in Italy for at least 5 years who: are holders of a valid residence permit that does not fall under the exclusionary categories (of study, vocational training, temporary protection, humanitarian reasons). Non citizens who apply for this typology of permit of stay need to show self sufficiency for themselves and family members' and a suitable accommodation (idoneità alloggiativa). For applications submitted in 2018, the minimum annual income was of not less than 8.833.5 euros for a single family member. From 2010 the opportunity to gain the more privileged long-term residency right is subject to a language test<sup>152</sup>. The request can be extended to familiars<sup>153</sup>. As Morris (2002) argues, such pre-requisites result in 'civic stratifications'. Long term permit can be applied also by EU-citizens: 'attestato di soggiorno permanente' [art. 16, comma 1, d. lgs. n. 30/2007].

'Attestation of permanent residence' [art. 16, paragraph 1, d. lgs. n. 30/2007].

The EU citizen has to prove to the Municipality the legal and continuous permanence on the Italian territory of five years [art. 15 d. lgs. 30/2007] and the documents required are very simple: 1) an identification document (passport or identity card) and 2) a self-certification concerning the existence of the requisites as stated by art. 14 of Legislative Decree 30/2007.

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<sup>150</sup> Which included in the t.u. Immigration the art. 4-bis - from March 10, 2012 a new instrument is operative aimed at starting a real integration of immigrants who choose to live in our country, through the knowledge of Italian language and fundamental civic principles: the integration agreement

<sup>151</sup> Legislative Decree no. 3/2007 which replaces art. 9 of Legislative Decree n.286 / 98 and subsequent amendments

<sup>152</sup> passing an Italian language proficiency test equal to the "A2" level of the Common European Framework of Reference for Languages as stated by Article 9 of Legislative Decree 286/98 as amended by Law No. 94/2009 Decree Min. Internal 4.06.2010 on the methods of carrying out the test)

<sup>153</sup> the spouse and cohabiting children and can also be presented by the foreign spouse or minor child or by the cohabiting parents of an Italian citizen or a citizen of an EU Member State resident in Italy



Both, EU and non EU citizens should demonstrate to work or possess sufficient financial resources. The long-term permit of stay removes the dependency of residence right to employment status. In case of unemployment or dismissal, the long term residence permit of stay holder does not risk to lose his/her legal status as may happen to the workers who hold a short-term residence permit. Instead, for all migrant workers who hold a work permit of stay without a long-term residence right, law establishes a systematic renew: every year or two years. In case of unemployment the worker has limited time length (the residual validity span time of the permit and in any case not more than one year) to find a new occupation.

The renew of permit of stay as stated by law and its connection with employment status and forms of non-citizen and non-resident status, including non-status legal status creates a condition of 'precariousness' (Goldring et al. 2009). A long residence status prevents non-citizens from vulnerability, instability and precariousness that characterize their 'being migrant' condition. In addition, the long-term residence permit allows to: - move freely in the European State Members with a visa exemption; - work without any related pre-contract form of employment; - access welfare and services provided by the public administration; - participate in local public life, with the forms and within the limits established by Italian law.

In order to be capable to obtain the right of a permanent residence status non EU citizens have different temporal periods related to the opportunities to upward their 'legal' mobility:

1. at their arrival they have 8 days of time for the application of a permit of stay at local Questura and gain a legal, regular status (for family or for work). However, short term legal non citizens can reside in Italy with restricted opportunities of freedom of mobility and settlement. They have to prove certain conditions related to the right of being legal: employment and self sufficiency prerequisites and/or familiar pre-requisites.
2. up to five years it is opened the opportunity of being capable to apply for a permanent residence.

Italian citizenship naturalization follows the *ius sanguinis rationale* and citizenship can be acquired automatically only by birth<sup>154</sup>. Otherwise by marriage<sup>155</sup> or by application<sup>156</sup> after a residence period. In Italy after 1992, naturalisation requires a period of 10 years for third-country foreign nationals and of three years for communitarians. The Italian citizenship law admits the possession of a double and even triple citizenship, according to the general ‘principle of respect for the sovereignty of States’.

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<sup>154</sup> If children of at least one Italian citizen: - by birth - by adoption

<sup>155</sup> by marriage. After two years of cohabitation and legal residence in Italy following marriage, they decreased one year in the presence of children born or adopted by spouses (three for residents abroad and reduced to half in the presence of children). If one of the two spouses has acquired Italian citizenship by naturalization after marriage, the calculation of the terms starts from the date of acquisition of the Italian citizenship of the spouse and not from the date of marriage

<sup>156</sup> by naturalization (residence). If applicant has resided legally and with not interruption in Italy for 10 years;  
- if born in Italian territory from foreign parents and has resided legally and continuously from birth up to the age of majority.

### **3.7 The lower degree of free mobility: Undocumented**

A broad general starting point to classify free mobility and memberships are the two main following categories: legal versus non legal. The ‘legality’ concept is linked to the status of documented migrants. Documents are the product of law, as historically and spatially contextualized. Thus, ‘by not examining the actual operations of immigration law in generating the categories of differentiation among migrants’ legal statuses, the law is largely taken for granted’ (De Genova 2014: 43).

The Italian state has built a legal apparatus adopting institutional visa system that designed and enforced the concept of non legality of residence for workers in crossing borders. Immigration law and the taken for granted juridical apparatus that controls international mobility today is less than a century old (Sciortino and Cvainer 2010). As scholars argue, the ‘non legal’ migrant category is a socially built category since non legality doesn’t exist *per se* but varies according to its definition in time and space. De Genova (2014), Anderson (2010; 2013) and among others Menjivar and Kanstroom (2014) show how ‘non legality’ is a juridical status that entails a social relation to the state. As such, migrant ‘non legality’ is a political construction.

### **3.8. Regularization in Italy – The domestic sector: higher available opportunities to be regularized *ex post***

Not European nationals become not legal migrants through diverse legal processes of securitization and non legalization.

As already illustrated in the Chapter 1, scholars (Reyneri 1999) show an insecure undocumented status during the migratory experience of many migrant. Studies (Reyneri 1999; Carfagna 2002) show how those migrants who result as regularly employed have been often regularized or ‘*sanati*’ after a period of irregular residence.

Regularization became the main mechanisms used to ‘repair’ the ineffective functioning of the Italian migration regime (Finotelli and Arango 2011).

Studies show how another way to manage the demand for foreign labour is solved by repeated regularisation programmes of undocumented workers already working on the territory (Colombo and Sciortino 2008). Waves of non legal immigration during the 1970s and 1980s were absorbed with the amnesties of 1986 and 1990 (Sciortino and Pugliese 2004; Barbagli et al. 2004). The backdoor of non legal entry was the norm for immigrants insertion in the Italian labour market and undocumented workers were later regularised or '*sanati*'. Italy regularized 238,000 non legal migrants in 1995-1996, 193,200 in 1998-1999, 634,700 in 2002 and 141,000 regularizations with the 'Bossi-Fini'. In particular, the Italian legislation uses the amnesty instrument and the Decreto Flussi, for *ex-post* regularization of economic labour that, is characterized by non legal or overstayed entrance of migrants. From 1997 to 2012 four amnesties were established (Pasquinelli and Rusmini, 2013). The structural need of foreign labour to meet the 'familistic' welfare needs of the Italian society results clear with the regularization of 2002: out of 700,000 regularization applications, half, 348,764 are referred to the domestic sector. Domestic service is second only to manufacturing in terms of the numbers of immigrant workers registered in the Italian social security system (INPS), in large part because of the favourable quota system. More recently the Article. 5 of the d. lgs. n. 109/2012<sup>157</sup> gave the possibility to present a declaration on irregular contracts in order to regularize the already existing irregular employment relationships<sup>158</sup>. Also in this case domestic work sector was privileged and it was the only sector in which it was also possible to regularize part-time employment relationships.

The worsening of occupational situation since mid-2009 pushed the government to freeze entry planning in 2009 and 2010. Despite this stop, in August 2009 it was launched a selective regularization program<sup>159</sup> targeting only

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<sup>157</sup> The Legislative Decree July 16, 2012, n. 109, laying down rules in implementation of Directive 2009/52 / EC on minimum standards concerning sanctions and measures against employers who employ third-country nationals whose stay is irregular, introduces in Articles. 22 and 24 of the d. lgs. n. 286/1998, T.U. immigration, harsher penalties for employers who employ foreign workers without a regular residence permit.

<sup>158</sup> For foreign workers a proof of presence is required in Italy at least as of December 31, 2011. The declaration has been presented upon payment of a sum contribution of € 1000 and followed, by payment of at least 6 months of contributions not paid.

<sup>159</sup> With Law 102/2009, families who employed domestic maids and irregular family assistants residing in Italy presented a '*richiesta di emersione*' (request for regularization).

personal and home care workers<sup>160</sup>, for a total of 230,000 new admissions (of which, 150,000 were for the home care sector and 80,000 were for seasonal work). With the Decreto Flussi of 2010<sup>161</sup> (Dpcm 30 novembre 2010, published in Gazzetta Ufficiale 305 - 31 december 2010). After two years of freezing<sup>162</sup>, were reserved 98,080 work permits for non-EU workers. A special quota of these, 30,000 was issued only for domestic workers, carers or baby sitters for non-EU citizens. As stated by the Ministry of Foreign Affairs at that time in the explanatory circular of the Decree he declared: ‘With these new entries we want to guarantee to Italian families the assistance and domestic aid necessary for national needs’. The existence of a specific quota system for the recruitment of foreign labour in the domestic sector indicates that these foreign workers are the suitable ‘good’ workers, publicly approved. This regularization scheme sought to regularize already existing work contracts with undocumented immigrants (Colombo 2009).

Immigrants are supposed to be recruited in the country of origin to match labour demand in Italy. Since, within the quotas, the mechanism of legalization functions on a work ‘call’ by the employer and a pre-contract subscription before the workers’ arrival, the pre-conditions, as stated by law, to enter Italy as regular and documented workers are very hard to happen. For these reasons in the Italian system (Zincone 2000), only few economic migrants officially enter the country in a legal way after the issue of a regular work visa. It is very hard to obtain a legal status, especially as a legal worker. Usually what has been documented to happen is *a quota flux decree praxis*, a strategic application that is deployed after migration. Undocumented people residing in the country, in order to receive a legal work permit, apply within the quota slots available in the Italian quota system. If the application succeeds they have to return home and require a work Visa at the Italian Embassy of their country of origin. Then they re-enter Italy with a valid work visa that makes them capable to have a legal permit of stay.

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<sup>160</sup> The 2009 regularization mostly concerned citizens from Ukraine (over forty thousand requests), followed by the citizens of Morocco and Moldova. About 175,000 are employed, but caregivers, just over 100,000 (XVI Report on migrations, 2010)

<sup>161</sup> In 2010 there were about 100 thousand admissions in Italy for non-EU foreign workers by the flow decree (decreto Flussi). The decree of the President of the Council of Ministers (dating back to November 30, 2009) fixes a quota of 98 thousand 80 workers to be divided between regions and autonomous provinces. To this quota are added 6 units already foreseen, in anticipation, from a previous decree of April.

<sup>162</sup> The previous Decreto Flussi was in 2007.

It frequently happens that the worker for whom employment is requested to be employed is already present, irregularly, on the Italian territory. In this case the procedure of the flow decree acts improperly by a regularization mechanism ex post. The authorization is given to the employer who delivers it to the worker. Only after this passage the work related access is open and the migrant can apply for a visa entry for work reasons.

In 2011, focusing only on non-EU citizens, 34.4% of the admissions were through work permits, 38.9% for family reasons, 8.7% for study reasons and 11% , 8% for political asylum and humanitarian protection. Only five years later, in 2016, the situation was completely different: work issue was 5.7% and family reasons have increased to 45.1%. Looking at the current situation in Italy, with the exception of family reasons and reasons for studying, the only legal route to enter Italy seems to be guaranteed by the asylum option.

Also those who are capable to legally enter and work as documented in the Italian territory have to face many constraints.

### **3.9. Legal statuses and the right of residency**

The special regime established for residence permits for work purposes is divided into the three different types of permits of stay: subordinate, autonomous or seasonal. It is based, as a general rule, with the exception of the cases provided for by article 27 T.U., on the quota system. The first requirement to have the opportunity to work, common to all types of work permits, is a visa for work reasons and Nulla Osta (clearance) when entering Italy.

The right of a permanent residence status for third-country nationals can be gained only after a five years span time. In order to be regularly resident on the territory of the Italian state, third-country foreigner nationals have to hold a permit of stay. It is the prerequisite for a medium or long-term permanence. The Italian law establishes that the possibility to be entitled to a work related residence permit is linked to the occupational situation of the holder. Another constraint is the short term basis on which it is issued: it cannot be for a longer period than 2 years (Finotelli and Sciortino 2009). With the residence permit the regular presence of

the foreigner on the territory of the Italian State is authorized and it is the prerequisite for a medium or long-term residence request in the Italian territory. In Italian law a blueprint for a workers' quota system based on Italy's productive and occupational needs was set.

### **The concept of precariousness**

The concept of 'precariousness of status' underlines the fact that the question of the legal position is always to be proved.

Self sufficiency premise, income and the employment requisites define the possibility to legally reside in Italy for both communitarian and non communitarian nationals. The available occupational opportunities shaped by the Italian context exacerbate what Zanfrini (2013) refers to as the "unresolved paradox of European history" of a population of 'guest workers'. The conditions of admission and permanence on the territory are based on temporary settlements and short term permits of stay that are conditional on employment requisites.

A five year time of continuous permanence is required to upgrade the membership status and be capable not to be expelled from the territory.

Such a vulnerable status and instability produces a subaltern occupational insertion of migrant workforce.

Another aspect worth of attention for the present study purposes is the vulnerable aspect linked to legal status and its direct connection and dependence on employment status. Even those migrant workers who obtain a legal status have difficulties in maintaining it since conditions of renewal are vulnerable and based of short term residence rights (Schuster 2005). Not necessarily a legal status guarantees a successful process of integration or a minor level of precariousness and uncertainty. Since the legal status is not granted, the condition of being migrant, even if 'documented', means a precarious and a temporary status. The work permit that assures a legal status for third-country nationals, may last from a minimum of one year to a maximum of two years. The unemployment status has a maximum of one year length time. After that period, it is necessary to renew it, providing documents to demonstrate idoneous working or familiar conditions to be capable to legally reside. For some, thus, events like unemployment, maternity,

sickness or divorce may signify the inability to maintain the conditions that make their permits valid and may affect their freedom choices and social opportunities.

In the last three decades, the Italian migration regime<sup>163</sup> and immigrant regulations privileged, within the unskilled occupational opportunities available to migrant workforce, carework and domestic sectors. It became the undocumented sector *par excellence* but also the specific undocumented segment that made more easily people capable to gain a legal status.

Legislation and immigration policies reflected economic needs and to this regard some studies examined the experiences of migrant women in Italy. Some scholars argue that the state contributes in engendering labour by its immigration policies (Andall 2000; Calavita 2006). Andall (2000) shows how in Italy, in particular, since the 70s, a distinction has been created between the segment of domestic work in which the presence of foreigners was welcomed, namely the live-in segment, and the one at hours, less disadvantaged and still open to the natives, in which it was discouraged. The ghettoization of female migrants in care 'women's work' has been, somehow, institutionalized through this Italian quota system. The quota policy, in fact, made it easier for migrant women employed in unskilled care sector to legalise their status and domestic service in particular benefitted from this system.

Looking at the skilled side of selection and entry modes, Italian policies shaped nurse as a skilled migrant category, creating favourable corridors to those who fit the nurse specific skill requirements.

As argued by Iredale (2005) both immigration selection policies and occupational entry channels are crucial for understanding gendered experiences of migration for skilled migrants. Nursing sector is an occupational domain that has been in demand of Italian labour market for the last three decades. This structural condition was focused by the state by facilitating a nurse specific entry access for labour. Since 2002 professionals nurses can hold a privileged work permit of stay because they fall under a special occupation category (art.27 - out of quota

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<sup>163</sup> While, until the end of the twenty century, in Italy, human mobility had few restrictions, in the last four decades, it became more and more regulamentated. The Schengen process in the mid-1980s coincided with the first immigration law that was approved in 1986, followed by the Martelli Act (39/1990). However, the Turco Napolitano Act (1998) set an organic immigrant Italian law, institutionalising legal differentiations at multiple levels. Further restrictions to enter regularly were required by The Bossi Fini Act (189/2002) and in 2008 and 2009 two Security Packages strengthened securitization.



system). Having the possibility to enter Italy as workers with a recognized legal status, they were more likely to be entitled of rights and represent a rare exception in the Italian immigrant context. In this case rights are entitled due to a migrant category recognized as legal.

Nursing, in fact, represents a professional category out of the Italian legal immigration restrictions based on the quota criteria applied for other workers. Nursing represents the ‘public legal more welcomed and recognized’ counterpart of the ‘private undocumented not recognized’ unskilled side of female migrant carework<sup>164</sup>.

After the special entry quotas for nurses (2,000 units) established in 2001 by the Italian government, the law 189/2002 stated that to meet the demand of nurses, in both public and private health institutions, their entry into the country would not be submitted to the quota system (so-called ‘extra-quota entries’ - art.27 r-bis.

Nulla Osta to work is strictly linked to the recognition of the professional title by the Ministry of Health. Nurses of foreign origin in order to be able to support regular public competitions must possess a long term resident permit of stay, and/or Italian or Community citizenship.

Overseas nurses have to apply for equipollence of their nurse title. After the knowledge of both Italian language and professional and Italian Health Care System regulations are necessary for being accepted in Italy as nurses and than enrolled in the IPASVI<sup>165</sup>. Each potential nurse has to apply and provide the following documents:

1. specific qualification for the profession requested;
2. certified copy of the qualification for the requested activity, if required by the country where the qualification was obtained;
3. copy of the enrolment on the professional register, if existing in the country of origin;

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<sup>164</sup> that is usually characterized by non legal, informal, low social status, stigmatization and ethnical segregation

<sup>165</sup> When I started to write the present thesis on February IPASVI (Infermieri Professionali - Assistenti Sanitari - Vigilatrici dell’Infanzia - Professional nurses, health assistants and paediatric nurse) changed. They become FNOPI (Federazione Nazionale Ordini Professioni Infermieristiche - National Federation of Nursing Professions Orders) with the Law 3/2018..

4. certification of the competent authority of the country to obtain the degree or, alternatively, of the Italian diplomatic or consular representation in the aforementioned country, which certifies, in addition to the requisites required for access to the course of study for obtaining the qualification, the detailed study programs with indication of the hours (theoretical training and practical training) and of the disciplines carried out, as well as the validity of the structure at which the degree was obtained;

5. statement of validity, by the Italian diplomatic or consular authority in the country where the qualification is obtained, certifying the validity of the qualification to practice the profession in the country in which the qualification was awarded, as well as the professional activities that the title allows you to practice in the country of achievement;

6. certification of the non-existence of professional or criminal impediments to the exercise of the profession;

7. the registration to the professional registers and special lists is prepared upon verification of the knowledge of the Italian language and the special provisions that regulate the professional exercise in Italy. The assessment is carried out, with charges to be borne by the Sponsor, by the employer or by the interested party, by the Professional Orders and Colleges and by the Ministry of Health.

## CHAPTER 4 – RESEARCH DESIGN

### 4.1 Research objectives and questions

The CA Approach (Sen 1992; Sen Nussbaum 1993) helps to enlighten how certain factors and actors might impact on the ability to convert potentiality into achieved actions.

The functioning of migrants' capabilities to be and do will be questioned assuming the 'best of possible available positions' in a post-migratory context.

To explore the real functioning of capabilities and the employment opportunities for migrant women in Italy, I focused those cases of women who succeeded. The workers who achieved their capability to work matching their formal qualification. The sample includes those occupational statuses that fit qualification, in a condition of long settlement post-migratory experience. Their occupation should be in line, at least formally with their educational credentials.

I selected what statistic data, previous documental research and key informants show me to be the 'best available scenarios' for skilled migrants working in care work in the Italian context: nurses and health-auxiliary professions.

As far as voluntary migration is concerned, I will focus on workers who work as recognized professionals or semi-professionals. I will not refer only to those who are usually intended as economic migrants. Many controversial aspects may emerge in order to properly grasp, classify, measure<sup>166</sup> and identify who economic migrants are. Some women who in real terms work in a post-migratory context, for instance, may not be perceived or understood or classified as workers since they hold different juridical and legal statuses. Many moved as family migrants and/or they entered by channels other than work. They do not necessarily correspond to the category of workers but, in real terms, they are workers.

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<sup>166</sup> In 2007 ISTAT dedicated a special session of the Conference to share and discuss experiences in the difficult task of measuring and defining immigration and foreign presence. They developed a reflection on the definitions and methodologies of detecting a phenomenon that has multiple facets: undocumented foreign - irregular - regular aspirant - regularly present - registered and not registered in the registry office. Each of these definitions identifies a segment of the foreign population whose measurement requires the adoption of different methods. There is also a deep link between the registration systems of foreign citizens in a country and the possibilities for statistical reporting. In order to harmonize procedures and enable the international statistical comparisons, from 2007 the European Parliament and the Council adopted a regulation on migration statistics, the aim of which was to overcome the difficulties in defining and measuring a phenomenon that is profoundly changing the social structure of the Union.

However, they cannot be formally labelled as workers and statistical data do not properly register their presence, at least not including them into the category of 'work'. The lack of quantitative available statistics on these invisible workers thus is a factor that has to be considered. According to the permit of stay that people hold, in fact, they result to be classified under different categories. In the Italian context people are able to work not only holding a permit of residence for work related reasons but also with a permit for family. Indeed, in this case workers have the same occupational opportunities of those who hold a permit of stay for work related reasons. Women who are employed and are skilled workers can move voluntarily with family migration channels to work. In Europe this mode of entry has acquired a growing importance when the immigration pre-requisites to move become more rigid and labour migration visa was harder to achieve. Their legal status is not linked to their employment condition, but to the condition of the familiar they reunificate with.

A permit of stay as students (in this case they have a short term period of settlement allowed and can be employed with a part-time contract) or a permit of stay as a refugee (in this case they cannot work until the recognition of their status) also make people capable to work. However, these categories are not included in the present study. The category of student is based on a short-term residence premise and a part-time possibility to be employed. For these reasons, holders of a student permit of stay are excluded from the present research. This entrance channel is based on different criteria and the settlement and working conditions are reduced. Refugees and people who hold a humanitarian permit of stay also fell out the voluntary migrant category, that is here under investigation.

The focus of my research fell on the specific issue at stance: to explore the achieved functioning of 'suitable' employment opportunities for migrant women in Italy. Among the enabling factors that make capable people to be employed in a 'suitable occupation' that fit their qualification, I addressed the pre-condition of recognition. I selected all the recognized workers thus, who succeeded in gaining a qualification recognized, both from abroad or *in loco*, after a re-qualification in Italy.

I focused on skilled and semi-skilled care work sectors and on documented people regularly employed. The general idea was to select two occupational fields where there was the highest presence of qualified migrant women recognized as qualified in Italy. In terms of skilled migrant care workers, the largest part of the female foreign workforce in fact results to be employed in the health care work with a concentration in nursing and other auxiliary health professions<sup>167</sup>. They are representative of the female migrant skilled phenomenon I want to investigate and they show higher levels of recognition and conversion of qualifications in the Italian labour market. Indeed, both occupations need formal qualifications to be practiced: a university degree in the nursing case and *ad hoc* regional vocational training courses in the case of auxiliary health professions.

A qualification recognized, both *in loco* or from abroad, should result in more suitable solutions of employability for migrant workers, if compared to other occupations. The choice fell on these two care areas because, as mentioned, they have been identified as typical cases of skilled migrant workers in Italy whose credentials obtained a (formal) recognition. The study will focus only on those cases that possess a qualification recognized to be converted into an effective employable *status*.

I included in the study two typologies of occupations: auxiliary health professionals and nurses. I distinguished between two possible kind of recognition and migrant educational paths: 1. re-qualification recognized *in loco* (auxiliary professionals and nurses re-qualified in Italy) and 2. qualification recognized *from abroad* (overseas nurses). I focused on the carework occupational domain. Even if severely gendered, it represents the occupational field of higher migrant skilled and semi-skilled employability in the Italian context and that more easily employs regular female migrant workforce. In particular I selected, on the one side an occupation recognized as skilled from abroad (nurses); on the other, I included nurses and auxiliary professionals re-qualified in Italy.

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<sup>167</sup> Studies on the Italian context (Salis Castagnone 2015) reveal a marked concentration of women and foreigners in the composition of this workforce (in nursing the three main nationalities registered are: Romania, India and Peru – Data Ipasvi 2013).

I included, then, in the sample only people who arrived in Italy at least 5 years before I interviewed them. This time length is the pre-condition to apply for long residency<sup>168</sup> in Italy.

Documental research and key informants (lawyers) show me it to be the ‘best available scenario’ of membership for non citizens’ migrants in the Italian context. It enables migrants to convert a ‘precarious and temporary’ migrant status into a less vulnerable ‘permanent’ one. Focusing on people that migrated more than five years before the interview gave me also the opportunity to better understand the process and how the long term settlement and the migration project expectations of settlement may shape the upward opportunities and re-educational pathways. My research project will focus on re-qualification intended as a factor that enlarges actors’ social opportunities to gain a ‘suitable occupational status’ that fits with their educational credentials.

*I investigated first-generation long-stayers<sup>169</sup> migrant women who hold a qualification:*

*i. obtained and recognized from abroad as nurses with a foreign degree;*

*and/or*

*ii. obtained in Italy as:*

*1. nurses with an italian nursing degree and/or as*

*2. auxiliary health professionals who attended regional based vocational courses in Italy as ASA or OSS*

*converted in an employable regular status fitting their educational titles - thus enabling them to work as nurses or ASA/OSS professionals in Italy.*

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<sup>168</sup> See introduction and Chapter 1 and 3.

<sup>169</sup> Here intended as people that arrived in Italy at least five years before the interview (2010 or 2011). This time span is the minimum required to potentially obtain a long-term Permit of stay for both communitarian and non-communitarian nationals.

CA (Sen 1992) is/are a question of what people are actually able to do or to be. Their capability sets is embedded in time and spatial specific social and institutional circumstances and structures that may enable/constraint their agency

The starting point to question the social opportunities will be ‘the best of available scenarios’ that the Italian context offers. I will concentrate on the ‘achieved status of success’ targeting those workers regularly employed in a sector that fits their qualifications. Referring to the two occupational sectors selected I will try to answer the following research questions:

**1. What kind of social opportunities and ‘conditions of capability/ies and functionings’ do emerge for female migrant workers<sup>170</sup>?**

- i. in their ‘achieved’ typologies of mobilities and settlement paths?
- ii. in their ‘achieved’ typologies of ‘recognition’?

The concept of **mobility** refers to three different areas, covering three kinds of capabilities:

1. the capability to move, geographically intended;
2. the capability to be able to settle on permanent bases (thus move from a lower status to a long term legal status);
3. the capability to be able to work (occupational insertion, re-qualification and upward mobility).

The concept of **recognition** refers to the capability of conversion. The opportunity to transfer a qualification into an achieved recognized status that enables workers to be employed in an occupation that fits the educational credentials gained.

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<sup>170</sup> As health professionals employed ‘in an occupation that fits their educational titles’ after a process of recognition

## **2. What kind of factors and actors may enable/constraint women's agency in their post migratory experiences?**

### *Sub-questions:*

- i. What kinds of legal 'contexts of reception' do emerge?
- ii. What kinds of 'intermediation' do emerge?

## **3. What kind of similarities and differences can be grasped comparing:**

- i. different paths of 'recognition'<sup>171</sup>?
- ii. different paths of 'mobility'?
- iii. different kind of 'intermediation'?

## **4.2 Methods and methodology**

### **4.2.1 Sample rationale and construction criteria: steps and challenges**

I collected preliminary contextual data on health care sector and nursing migrations in Milan and Lombardy relying on reports, studies, available statistical data and different sources. In this first phase I concentrated efforts on the review of the literature, the collection and interpretation of contextual elements consisting of relevant background informations in a gender sensitive way in order to have a provisional descriptive picture of female migrations in skilled and semi-skilled carework sectors.

I collected data from the following sources:

1. on line data and reports provided by different Italian Ministries (Ministry of Health, MIUR-Ministry of Education, University and Research, Ministry of Labour and Ministry of Interior);
2. on line data provided by IPASVI<sup>172</sup>, EUPOLIS<sup>173</sup> registers, CIMEA<sup>174</sup> site;

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<sup>171</sup> qualification from abroad and re-qualification in Italy

<sup>172</sup> IPASVI (Infermieri Professionali - Assistenti Sanitari - Vigilatrici dell'Infanzia - Professional nurses, health assistants and paediatric nurse) now FNOPI (Federazione Nazionale Ordini Professioni Infermieristiche - National Federation of Nursing Professions Orders) with the Law 3/2018

<sup>173</sup> Office in charge of recognition of foreign qualification in Milan on behalf of Ministry of Health;

<sup>174</sup> CIMEA – Information Centre on Academic Mobility and Equivalence has performed since 1984 its specific activity of information and advising on the procedures of qualifications recognition and on themes linked to Italian and international higher education and training.



3. researches on health like OASI<sup>175</sup>, the Research Center on Social and Health Care Management Bocconi University of Milan (CERGAS Bocconi) and research of various institutes, including that of IRES-CGIL<sup>176</sup>, Official reports by the Ministry of Health and the Istituto Superiore di Sanità (ISS<sup>177</sup>);
4. on line data and reports provided by the OECD<sup>178</sup> at the international level and IOM<sup>179</sup>;
5. on line data and reports - AlmaLaurea<sup>180</sup> and ANS<sup>181</sup> Dataset;
6. I attended linked Forum, Meetings and Conferences<sup>182</sup> related to the research project;
7. I gathered a documental research on relevant visa laws from the 1980s to the present; I examined decrees and on-line reports and regulations on nurses and paraprofessionals, at national and regional level (ASGI<sup>183</sup> website);
8. I conducted 9 recorded interviews and 18 informal conversations and meetings<sup>184</sup> with stakeholders and key informants (between July 2015 and September 2016). They were asked a support in identifying data sources and provide informations on the migration of care and health workers.

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<sup>175</sup> Observatory of Italian Health System

<sup>176</sup> Trade Union

<sup>177</sup> High Health Institute

<sup>178</sup> OECD - Organisation for Economic Co-operation and Development

<sup>179</sup> International Organization for Migration

<sup>180</sup> AlmaLaurea is an Interuniversity Consortium founded in 1994, to which 75 Universities are currently adhering (the adhesion of 2 other Universities is underway) and which represents 91% of Italian graduates. The Consortium is supported by the participating Universities, by the contribution of the Ministry of Education, University and Research (MIUR), by companies and by the bodies that use the services offered.

<sup>181</sup> ANS - Anagrafe Nazionale Studenti - National Student Registry Office (ANS) is an archive in which students enrolled in the Italian university system are registered.

<sup>182</sup> Office in charge of recognition of foreign qualification in Milan on behalf of Ministry of Health;

<sup>182</sup> Trade Union **he large European Hospitals Network: comparing organizational models and experience** - Florence, 25 September 2015; "*SSN FAST FORWARD. 2015 OASI Report and new proposals for SSN*" - Rapporto OASI 2015 (Observatory of Italian Health System). *CeRGAS, SDA Bocconi e Bocconi Alumni Association, in collaboration with Abbvie, Bayer Healthcare e Roche* - Milan, 27 November 2015; **ISMU Annual Migration Report 2015** - Milan, 3 December 2015; **Romanian Consulate Meeting** - Milan, 5 December 2015; International Forum of Peruvian Women in Europe - Milan, 9 e 10 December 2015.

<sup>183</sup> Associazione Studi Giuridici per l'Immigrazione - Immigration Law Studies Association

<sup>184</sup> Meetings, informal conversations and *vis a vis* but also telephone interviews subministered to IPASVI (Infermieri Professionali - Assistenti Sanitari - Vigilatrici dell'Infanzia - Professional nurses, health assistants and paediatric nurse) now FNOPI (Federazione Nazionale Ordini Professioni Infermieristiche - National Federation of Nursing Professions Orders) with the Law 3/2018 Vice President - Secretary - Treasurer; Trade Unions - CGIL Services representatives and Migrant Helpdesks operators; Human Resources Directors of 4 different organizational contexts; 1 interview with a Peruvian Intercultural mediator; 1 group interview with 4 nurses - Grupo Enfermeros Peru Santa Rosa - Milano; EUPOLIS Office in charge of recognition of foreign qualification in Milan on behalf of Ministry of Health; 2 legal experts on Immigrant issues (AVVOCATI PER NIENTE and ASGI member); OSS and ASA - Training Institutions Coordinator; 1 skype conversation with ASSIMP (Peruvian association of professionals) representative in Lima; 2 Coordinators at Nursing University of Milan.

Data gathered aimed to investigate in particular the evolution of: 1. the immigrant legal framework (at local, national and european level) that regulates migrant workers entry routes, visa procedures and legal statuses with a specific attention devoted to nursing and careworkers; 2. the framework that regulates the italian qualification recognition system for overseas educated workers with a specific attention devoted to nursing; 3. nursing education at academic level and paraprofessionals vocational courses with a specific attention devoted to the region of Lombardy; 4. labour access, functioning and recruitment dynamics of health migrant careworkers (courses, traineeships selection procedures, costs).

**Context study:** a focus on the available spaces of mobilities (i. e. geographical, legal and occupational)

After an examination of literature on care work sector in Italy, I based the focuses of the investigation according to previous studies, documents and key informants suggestions.

In trying to understand what kind of ‘contexts of reception’ emerge in Italy I identified two key actors/factors, that seemed to be ‘capability-sensitive’ and crucial in the building of opportunities for the migrant workers under investigation. The analysis focuses on: 1. legal and visa system and immigration law and 2. intermediation dynamics. I focused their functionings on entry gates and first occupational insertion.

**Tab.2. List of stakeholders and key informants**

<b>Sources</b>	<b>Tipology of contact</b>
<b>A IPASVI Collegio</b>	
1	3 Vis a vis meetings with Vice President – Secretary – Treasurer
2	1 Vis a vis hand-note interview with person in charge of IPASVI exams and recognition of nurse profession
<b>B Trade Union</b>	
1	Vis a vis meeting Coordinator
2	Vis a vis tape-recorded interview with Helpdesk migration operator
<b>C Human Resources Directors</b>	
1	2 Vis a vis tape-recorded interview - RSA
2	Vis a vis hand-note interview Nursing House
3	Vis a vis hand-note interview RSA
4	Telephone interview social cooperative
<b>D Migrant Associations</b>	
1	Vis a vis nurses group tape-recorded
2	1 skype conversation with ASSIMP <sup>185</sup> representative in Lima
3	Romanian Embassy of Milan
<b>E Intercultural mediator</b>	
1	Vis a vis Interview with a Romanian Intercultural mediator
2	Vis a vis tape-recorded interview with Peruvian Intercultural mediator
<b>F EUPOLIS Office</b>	
1	1 vis a vis hand-note interview Manager
2	1 vis a vis hand-note interview helpdesk operator
<b>G Legal experts on Immigrant issues</b>	
1	Vis a vis (ASGI member) recorded interview
2	Telephone interview (AVVOCATI PER NIENTE in Milan)
<b>H Training Institutions</b>	
1	5 meetings with coordinators of OSS/ASA Courses
2	Coordinator training courses - ASA
<b>I Academic Nursing degree</b>	
1	2 Coordinators nursing academic courses at the University of Milan
<b>L Nurse recruiters/agencies</b>	
1	Vis a vis tape-recorded interview with 2 recruiters of migrant nurses
<b>M Health Workers</b>	
1	3 informal meetings with female italian nurses
2	Vis a vis tape-recorded interview with 1 female Argentina OSS
3	Vis a vis tape-recorded interview with 1 male Peruvian nurse
4	Vis a vis tape-recorded interview with 2 male Peruvian paraprofessionals

<sup>185</sup> Peruvian association of professionals.

While I was collecting these data, I had to face some issues, both of empirical and theoretical nature, linked to the sample construction. In particular I had to decide how to circumscribe my study, in terms of gender, nationalities and of territorial area of investigation. I decided to concentrate my analysis on two nationalities, namely Peru and Romania. The choice to focus the inquiry on these specific nationalities relied on: 1. their significative numerical presence as representatives of female migrant workforce in health carework in Italy<sup>186</sup>. According to available data (IPASVI-Ministry of Health-Eupolis-INPS<sup>187</sup>) the two selected nationalities result to be relevant both as migrant female workforce presence in care work occupations and in terms of applications of recognition for practicing as nurses and in obtaining successful responses in Lombardy (Eupolis DATA); 2. their high level of education and the language similarity to Italian as enabling elements in finding a better 'suitable employability'; 3. their UE (Romania) and Non-UE (Peru) citizenships that allow to reflect on different transferabilities and different recognition processes and treatments as migrants and workers (i.e. different mobilities, legal statuses, entitlements and rights, different recognition of qualifications procedures and requirements, different re-skilling pathways, etc.); 4. their cultural and geographical characteristics, that may shape different networks and transnational mobilities, types of social capital and migratory strategies (i.e. long term or temporary mobilities; proximity/distance in geography; etc).

The fall of border controls and legislative barriers and the elimination of visa requirements in 2002 and the entrance of Romania into the European Union in 2007, eased the mobility of Romanian citizens.

Italy results to be the second destination country chosen by Peruvians who migrate to Europe. They represent the twelfth extra-UE community in Italy and the first one of the American continent (data ISMU<sup>188</sup> - Report 2015 Ministry of Labour and Social Policies - Statistical Reports Peru<sup>189</sup>). In 2015, Peruvian migrants legally residing in Italy were 108,542, (2.8% of the total of non-EU

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<sup>186</sup> Over half of migrant nurses are from UE. The majority are Romanians.

<sup>187</sup> National Social Security Institute

<sup>188</sup> ISMU - Iniziative e Studi sulla Multietnicità - Multi-ethnicity studies

<sup>189</sup> INEI - Peruvian Statistics Reports - Estadísticas de la Emigración Internacional de Peruanos e Inmigración de Extranjeros, 1990 - 2015

citizens), mainly settled in Lombardy<sup>190</sup>. What characterizes this national group is a gender distribution unbalance, with a majority of women (59.5%), an old migratory history and a marked concentration in service sector occupations (87% compared to the overall 67% of non-EU citizens). On the other side, Romanians immigrant community became the largest one with more than one million of individuals<sup>191</sup> settled in Italy, with a concentration in Rome and in Milan (47.564 in absolute terms). At the end of the 90s, increasing numbers of women started to migrate as first migrant workers. The majority of Romanian women are employed as domestics or care workers. They show a high rate of participation in Italian labour market and high rate of mobility (Rapporto 2017). Once I decided to focus on these two nationalities, another challenge was whether or not to geographically limit my area of investigation. I opted to concentrate on Milan and its narrows, considering that: 1. in Lombardy resides over 1 million of migrants that represent 22.9% of the total national presence (ISMU 2017); 2. a fourth of the foreign population resides in four metropolitan areas: Rome, Milan, Turin and Brescia; 3. auxiliary health professions and vocational courses are regulated and organized on regional basis; 4. Lombardy is the region with the highest presence of foreign nurses registered at IPASVI.

During a pilot phase, that lasted three months, I carried on exploratory interviews and meetings and collected general indications to grasp nodes of interest for the study and for organizing the access to my fieldwork in Lombardy. Another aspect I was confronted with in this period, concerned the choice whether include or not in my analysis of care labour market also male workers. Migrant men in social care occupations, even if still a minority, are a non-negligible portion. Contributions on gender dynamics in female dominated occupational sectors, namely in domestic and care work in Italy (Ambrosini and Beccalli, 2009; Quartararo and Falcinelli, 2013, 2014), stimulate to consider both women and men in a not simplistic or dichotomic approach of gendered analysis of migration. I carried out 5 interviews with migrant men, three working as nurses, and one as ASA and another as OSS. However I wanted to keep my focus on female

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<sup>190</sup> A total of 47.085 people, 43.4% of total.

<sup>191</sup> According to the annual statistical report on immigration (ISMU 2017) the overall Romanian population residing in Italy in 2016 reaches 1.151.395 units. Women presence in 2015 was of 658.658 individuals (57,2% of total).

trajectories being able to compare different nationalities, I hence decided not to include men in my analysis. During this pilot phase I tested the efficacy of the *ad hoc* sets of documents elaborated to present the research project and strategies to develop the empirical research (formal documents, construction of the interview guide lines, content and structure, contacts lists, formal documents like the informed consent module; etc.). Since my research design was at first oriented to investigate the nursing sector, I contacted, via mail and telephone invitations, AIOP (Private Hospitals Italian Association), NursingAid and IPASVI Collegio (Italian Nurses Professional Body) to get a first-hand viewpoint on the specific qualified care work segment. I received a positive feedback from IPASVI and in July 2015 I meet three representatives of the Professional body.

I contacted also three Italian nurses employed both in public and private sectors. I had informal meetings that provided me new suggestions and information. I asked for a support about further contacts of participants to be involved in the research and obtained a nominal contact of a migrant nurse association. I received updated statistics on the evolution of migrant nurse workforce and on the presence of migrant workers. During these meetings, the recognition system of qualification resulted to be worth of a deeper investigation. For this reason I contacted the EUPOLIS<sup>192</sup> Office, in charge of recognition of foreign qualification in Lombardy on behalf of the Ministry of Health. In September 2015 I had the opportunity to meet the Eupolis operator who collects, verifies and checks the completeness of the applications before to be sent to the Ministry for the final response of recognition of qualifications. Eupolis records data and retains the documentation from 2013. They provided me documents of decrees and a data-set of applications for recognitions. I gathered informations on the legal framework that regulates qualifications and skills recognitions; on bureaucratic requisites, on details on applicants typologies, on selection procedures, costs, etc.

Practicing as nurses in Italy is strictly linked to the recognition processes. It is necessary a country specific authorization as health professional in Italy (Ministry

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<sup>192</sup> Éupolis Lombardia is the regional contact point (EuPoliS-Lombardia - *Ufficio Istruttorie per il riconoscimento titoli di studio*) of the Ministry of Health that facilitates bureaucratic passages for the recognition of qualifications.

of Health Decree). The recognition of qualification may be fully accepted, partially accepted or denied (see Chapter 2 for further details).

At first I was oriented to include in my sample the overmentioned three types of recognitions within the nurse sector (fully recognized, partially recognized or not recognized) but I then moved my focus of investigation, shifting on the 'recognition node' intended in a broader way. I decided to consider in my research the only 'fully recognized' macro area, excluding from my investigation those nurses who didn't succeed in obtaining a recognition 'fully valid' to be employed in Italy (I had informations and explanations from the EUPOLIS operator - I examined retrieved on line decrees and discussed the more common reasons with the helpdesk operator: documentation carence and training path not enough. Once I realized I wanted to explore the condition of achieved success of recognitions in qualified carework and this point was clearer to me, the following step I faced was related to the possible typologies of recognition I wanted to pay attention to. I decided to focus on similarities, differences and possible linkages between a 'from abroad recognition' (nursing) and a 'specific host country re-qualification' (nursing and auxiliary health professions).

#### **4.2.2 Data collection and recruitment**

Clarified my focus, I needed a set of participants who shared specific characteristics. In order to adequately reach the perceptions and experiences of these particular members, I chose to use purposive sampling (Cardano 2011). The research intent infact was not to generalize from the sample to a population, but it was an explorative research aimed at describing, explaining and interpreting a phenomenon.

In a sociological life course approach reconstructing retrospectively the whole life of migrants with regards to its different phases. I tried to grasp their migratory experiences as an inherent dynamic phenomenon.

My study required women participants with the following profiles:

1. first-generation migrants (with compulsory education titles obtained in a foreign country);

2. Romanian or Peruvian citizens;
3. long-stayers (basing my choice on the length of time necessary to acquire a long term permit of stay<sup>193</sup> - arrived in Italy in 2011 or before);
4. having obtained: 1. a nurse qualification from abroad fully recognized in Italy in order to practice as nurse OR 2. a re-qualification in Italy: i. as nurse; ii. as ASA/OSS;
5. employed as nurses or as paraprofessional (ASA or OSS) in institutional health carework services, both public and private, in Milan and its surroundings.

As explained, a purposive sample was constructed in order to allow comparisons between: 1. different nationalities: namely Romanian and Peruvian workers; 2. different typologies of health workers employed in health services: nurses and auxiliary health paraprofessionals; 3. different degrees of recognition of qualifications: cases of people holding a previous foreign qualification recognized from abroad in order to work (nurses) and cases of people holding a re-qualification obtained in Italy in order to work (nurses, OSS, ASA). Additional criteria were related to characteristics that would allow me to balance the number of each category following the criterion of increasing the internal composition in terms of a) age; b) household composition; c) type of job (i.e. nursing homes, hospitals, RSA, etc) and d) typology of employment: i. employed directly by institutions (hospitals and private or mix structures); ii. employed by other subcontracted social actors (intermediaries or agencies or cooperatives); iii. self employed.

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<sup>193</sup> The permit of stay for long-term residents can be issued after 5 years of regular residence in Italy, with an employment status for at least the year before the application and a minimum income calculated on the annual social allowance. Applicants have to pass Italian test and prove accommodation requisites in case of other people dependents.



### 4.2.3 Sample design, recruitment and collection of data

I entered the fieldwork in July 2015 and collected data until September 2016.

Access to the field and in particular to those migrants who met the overmentioned criteria was the main challenge at this stage of the research.

In particular I concentrated my efforts on finding effective sampling strategies to get in touch with as much as possible potential respondents. The first step was to present the research by mail and/or by phone calls.

Many didn't answered at all or rejected the invitation to be involved, even if indirectly, in a qualitative research. In those cases of positive responses, I met personally people in order to collect contextual informations and to find possible gatekeepers who could facilitate the contact with my reasearch participants. In particular I met:

1. personal contacts (4 Italian nurses and 3 doctors);
2. IPASVI representatives;
3. centers frequented by the Peruvian and Romanian migrant communities (1 orthodox church and 2 ethnic shops);
4. 2 Romanian cultural associations and 3 Peruvian associations;
5. CGIL - Trade Union Migrant Helpdesk operator;
6. University nursing courses coordinators;
7. Eupolis Helpdesk operator.

I used the updated list of RSA<sup>194</sup> in Lombardy to contact. I mailed some social cooperatives and hospitals and few temporary agencies. The feedback from these organizations and institutions resulted to be very low. In four cases I was asked to submit a formal request and application materials including a brief summary of the research project with a description of my target population. In two structures I was told I had to receive a formal written permission to proceed with my research. I did the applications but I knew it would have taken a lot of time while I needed to involve my participants in less time. Eventually I succeeded in meeting some human resources managers but it was only after 2 or 3 months from the first contact and unfortunately they didn't resulted to be the gatekeepers I expected

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<sup>194</sup>Residential care homes

they could be. Since I encountered many obstacles, I chose to try different access paths and recruitment strategies. Meetings with key informants and workers allowed me to get in potential touch with my respondents. A good word, a recommendation from a person, a colleague, a friend or a familiar with whom I previously got in touch and explained the research to, was a successful way to reach part of my respondents population. The use of snowball recruitment (Cardano 2011) as a supplementary strategy to reach respondents proved to be more effective than other strategies previously intended. In order to have a differentiation of experiences I paid attention to avoid more than 3 contacts from the same source organization. I involved a total of 83 people for this study and I recruited a total of 57 potential workers who matched my sample criteria. 45 female migrant workers eventually accepted to be interviewed for the project. Some workers who I recruited ended up to cancel arranged appointments. In four cases we managed to rearrange a new date, while in other cases their participation was denied: they excused themselves with being too busy or too tired.

My target population, undoubtedly constitutes a selected subgroup: it is made up exclusively of female migrants, regularly employed at the time of the interview, with a permanence in Italy of at least 5 years from their arrival. The study, thus, purposively does not include all the workers who, at the time of interview, have a limited condition to be able to work and/or did not succeed in achieving an occupation that fits their qualifications. The aim was to be able to connect the life paths of individuals with parallel paths of mobility and recognition, contextualizing the diachronic of migrants. Short-term migrations or recent patterns of circular migration were excluded from the sample. I decided to exclude also migrants holding a permit of stay for conversion as for study or seasonal work due to their temporary permanence. In the legal Italian legislative system their treatment is different. A gap of the present sample that I tried to fill in, with few results, was the scarce presence of nurses arrived after 2007. I was not able to reach this flow and I think that this can be a line to follow for future research. Another gap of the present sample that I tried to fill in, with fewer results than expected, was to reach the supply side viewpoint.

Since I analyzed trajectories using a retrospective approach, as a consequence, informations may be affected by memory related bias. For this reason I asked participants to fill in a grid and to search for documents before meetings. I tried to cross the reported experiences with other workers narratives, key informants reports and previous findings.

In-depth vis a vis individual interviews were conducted with 45 careworkers between July 2015 and September 2016 using an interview guide (see Appendix). Out of these people interviewed, there were 2 men included and 45 women. Two interviews, infact, involved two Romanian nurses couples (N=4). During the fieldwork emerged a couple-based familial strategy in nurses mobility as migratory practice. For this reason I decided to interview these two couples. They actually were interesting cases in point and could shed lights on migratory strategies of these skilled migrants. The sample has been built relying on a total of 29 female nurses of which 21 qualified abroad and 8 qualified in Italy. Among the respondents 16 were auxiliary health workers (ASA/OSS) that gained their qualification in Italy. The respondents were equally divided between peruvians (23) and romanians (22+2) and between different national origins of educational qualifications recognized: in host country - italian (24) and from abroad (21). The majority of women interviewed are in their middle age: the youngest one is 28 while the oldest is 61 years old (13 of them between 28 and 40, 18 between 40 and 50 and 14 between 50 and 61). No students neither refugees are included in the sample. Very young workers are not included due to the long stayer pre-requisite sample selection. None of the sample come here with a permit of study or to complete training or education in Italy even if in one case the health structure did a temporary 'borsa di studio' study contract.

The period of migration here spans from 1991 to 2011. The women included in the research migrated between 19 and 39 years. The majority of nurses were single women. Looking at the level of education in the case of overseas nurses all have a graduation and 2 double degree, in one case a woman obtained a two years master degree. Looking at women who requalified in Italy all have a Diploma and two third of these women have a degree. Only in one case they didn't finish high school but attended an ASA course. ASA/OSS suffered often downward mobility,

moving from skilled professions to unskilled, low-paid and low status jobs in Italy. Their previous jobs or qualifications are in domains other than the care sector: teachers, accountants, informatics, clerks or activities of self-employment.

The majority of them has a quite long migratory experience in Italy: they arrived between 1991 and 2011. There is an outline on this temporary line represented by a case in which the subject arrived in 1981. Of those interviewed, only in one case she still holds a short term permit of stay at the time of interview. She is waiting to receive the long term permit. The majority hold a long stayer residence permit, are EU-citizens and/or obtained the Italian citizenship. The majority of them migrated as first migrant for work reasons. In a case there was a particular entrance with a 'borsa di studio'. A minority of them migrated for family reasons (N=3) as tied movers (cfr migrants who entered through non work channels).

Tab.1. Sample Table

**Qualified Health Migrant Careworkers**

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	<i>Qualified abroad</i>	<i>Qualified in Italy</i>				
		<i>more skilled</i>	<i>less skilled</i> →			
	<u>Overseas Nurses</u>	<u>Nurses +++</u>	<u>Oss++</u>	<u>Asa+</u>		
<b>Peru</b>	10	4	6	3	13	23
<b>Romania</b>	11+2	4	4	3	11	22+2
	21+2	8	10	6	24	45 + 2

NURSES
AUXILIARY HEALTH PROFESSIONS

This sample allows me to make comparisons between:

1. the functioning of capabilities to move, geographically intended;
2. the functioning of capabilities to be able to acquire the higher membership status - thus to move from a lower status of recognition to a higher recognition – identified with the capability to settle on permanent bases with no risk of expulsion – i.e. long term permit of residence as legal status granting more rights;

3. the functioning of capabilities to be able to transfer from a context to another educational qualifications as recognized, thus transferred into an employable status.

The majority of my respondents were interviewed in external locations close to their workplaces, some (four cases) in their homes. Most of the interviews were recorded with the respondent's consent, using a tape-recorder. In a minority of cases (six cases), I took short-hand notes during the interviews. Interviews typically lasted from one to three hours. A data management phase, collection and memo writings and textual transcriptions of recorded interviews was conducted between august to november 2016. For each interview I collected socio-demographic informations of each respondent, data concerning the migratory project, working and educational details. These summaries allowed me to have a number of quantitative data on each of the interviews I conducted. I filled in a dashboard of all contacts and a grid with details covering the following areas: 1. personal informations (age, country of birth, citizenship, year of arrival, marital status); 2. educational and occupational history in country of origin and in Italy; 3. details on documentation for qualification; 4. details on legal status (visa category, regular and irregular steps); 5. details on intermediaries (see Annexes).

Retrospective narratives were collected by in-depths interviews. In conducting my interviews, the process that I followed allowed me to cover all the relevant aspects I wanted to explore across all participants. I adopted a not rigid sequence but an open and flexible approach to cover the issues to be explored in different depths. The interviews issues investigate: 1. migratory projects; 2. adjustments to new context (experiences upon arrival in terms of support, housing, language, etc.); 3. self perceptions and evaluations of 'available' social opportunities; 4. occupational and educational trajectories and pathways in sending and receiving countries; 5. self perceptions and evaluations on potential 'migrant capital'; 6. credentialing difficulties; 7. (de)skilling and (re)skilling processes; 8. struggles, barriers and advantages that people face in such processes; 9. strategies and promotional efforts developed.

#### 4.2.4 Analysis of data

This work adopts a qualitative theoretical, methodological and operational approach. The sample consists of a corpus of in-depth interviews both to workers and key informants.

The analysis of interviews was based on the combination of three operations (Cardano 2011) each interview was categorized, a comparison was made between the interviews, and each one was classified under an ideal-type. The type of generalization used in qualitative research therefore took on the form of the Weberian concept of ideal-type:

The ideal type concept will help to develop our skill in imputation in *research*: it is no “hypothesis” but it offers guidance to the construction of hypotheses. [...] An ideal type is formed by the one-sided *accentuation* of one or more points of view and by the synthesis of a great many, diffuse, discrete, more or less present and occasionally absent *concrete individual* phenomena, which are arranged according to those one-sidedly emphasized viewpoints into a unified *analytical* construct (*Gedankenbild*). In its conceptual purity, this mental construct (*Gedankenbild*) cannot be found empirically anywhere in reality. It is a *utopia*. (Weber, *The Methodology of the Social Sciences*, The Free Press of Glencoe, Illinois, 1949, p. 90).

The qualitative approach stems from Grounded Theory which is based, on one hand, on the sociological “current” of symbolic interactionism which considers access to the lifeworld of individuals a fundamental condition of sociological research. On the other hand, from Weber’s scientific viewpoint, it involves social action but also its causal explanation through abstract theories (Cardano 2011).

Grounded Theory methodology is based on a prevalently inductive research process and one of its epistemological presuppositions lies in its “constructive” nature which favours the moment of discovery over that of verification.

Reading and interpretation of data gathered were the starting points for meaningful analysis. I grouped data into categories or common elements in order

to transform the data to a more abstract level. I used what Miles and Huberman (1984) refer to as ‘pattern coding’ to manage the material I collected. I tried then to create meaningful units into a number of overarching themes. The informations collected in the coding operation of the available interviews, were selected considering those aspects that wanted to be investigated. I then adopted the ‘describe, compare and relate’ formula (Bazeley 2013) to analyze data.

In doing so I also relied on a body of mainly legislative documents for interpreting findings. Therefore, this set of material and documents provided the starting point for objectivizing the observational experience.

For the data analysis, this investigation used the support of *Atlas.ti* software<sup>195</sup> which is a program that manages research projects by organizing them into hermeneutic units (HU) consisting of the document files (Primary Docs-interview texts) and a \*.hpr file that contains all the products of the analysis and interpretation. In addition to the corpus of data for analysis, each HU consists of:

1. *quotations*: selected strings of text corresponding to what are deemed relevant ‘quotations’ of varying lengths which are associated with codes;
2. *codes*: codes, labels used for text analysis;
3. *memos*: notes of varying kinds;
4. *families*: groups of objects with some common characteristics.

The data analysis, their coding and the subsequent interpretation and theoretical organization were the central operations in this work. The data were decomposed and conceptualized to then be recomposed for the purpose of generalization.

*Atlas.ti* enabled analysis while offering a flexible coding tool. The steps in the operation were: 1) selection of portions of text (*quotations*); 2) allocation of one or more *codes* (open and closed) to the quotations; 3) use of *memos* for notes and theoretical reflections; 4) construction of *families* and *super-families* grouping the codes and documents. The quotations associated with the codes and the families

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<sup>195</sup> The first version of the software was produced by Thomas Muhr in 1994 and was sold in Berlin. Over the years, more and more updated versions have been produced and used in various countries around the world. The software was created with the intent of providing a tool that enables a theory to be built from text analysis (theory building software).

of codes and documents were extracted using the *query tool*. The *Atlas.ti* software enabled the selected quotations to be filed and easily recovered, facilitated comparisons between them and fostered analysis of the multiple meanings built by the subjects in the discourse (Cardano 2011).

These questions indicated the relevant criteria in selecting the information, preventing the very great risk of losing the density of information present in the initial materials. Attention to the ‘banal’ proved fundamental in this phase: according to Strauss (1987), in the coding, the researcher always has to ‘read’ every single analytical element specifically referring to the context under investigation, while avoiding ignoring the significance of what may at first seem self-evident.

The systematic and continual comparison between the cases studied provided indications on the relevance, significance, generality and/or specificity of the codes and the coding system adopted. The codes were not isolated elements, but constituted and were constitutive of a structure and an organic system.

The coding process took place in various stages. A first open exploratory coding phase in which the textual analysis was begun ‘in vivo’ was followed by a second phase in which the coding focused on selecting some macro-categories (following the main areas of reference provided by the interview outline). Initially, simple and open dimensions were preferred. These were then divided into more specific subdimensions which enabled a more analytical and complete analysis of the available data following the initial guiding questions: the further the coding progressed, the more the analysis specified the categories (through the selective coding operation: Strauss, 1987) by comparing texts and codes, codes and families of codes, and texts and texts.

This phase was demanding since the pattern that the process followed was not linear but spiral. The continual bouncing from datum to analysis to datum generated reflection and stimulated and prompted the coding of new information deemed important for the survey. In this connection, Glaser and Strauss assert that ‘generating a theory from data means that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data



during the course of the research. *Generating a theory involves a process of research* (Glaser, Strauss, 1967: 6).

The codes and categories of analysis initiated reflection on drawing up the categories and on the continual verification of their correspondence with the texts under investigation. The properties of each category were identified by coding those dimensions that the biographies showed to be significant for comparison of the narratives as well as for the differences between the various national groups. During this process it was attempted to maintain a degree of openness which could allow the ongoing improvement and refinement of the coding grid (up to saturation). After identifying and coding the variety of significant conditions, the next stage was understanding the actions/interactions and the possible recurrences associated with a phenomenon. At this point, every category was then related with its subcategories and plausible typologies were established by reassembling the data that had been fragmented during the initial coding. The work therefore concentrated on looking for some signals among the data that could denote how the main categories were correlated to each other and systematically developing a possible theoretical connection with the goal of identifying common and/or different pathways. The analysis work was based on a coding grid where the topics were divided into subthemes and items (in preparation for organizing the codes). This coding grid was the tool used to analyse the data. It was drawn up, as already described, following a procedure that started from topic areas which were gradually broken down into dimensions and codes that were used during the analysis. The grid was modified and corrected while work was in progress. In some cases these codes were created on the back of previous models of interpretation offered by studies and research and in other cases it was based on the information present in the body of interviews. In the appendix there is a summary of the codes adopted with their operational definition. The criterion that led to the choice of these codes took its cue from the dual goal of being sufficiently general to include more than a single occurrence while being capable of discriminating significantly different classes of phenomena.

### **4.3 Reflexivity and the research process**

I enrolled at University studying Social Sciences only years after getting my Diploma, while working. Multiple connections including those related to the academic field informed my point of view on many of the issues at stake in the present research. I had the opportunity to collaborate with the Centre for Women and Gender Differences of the University of Milan and I have been working for several years as teacher of Italian as second language (L2) in primary and secondary schools in Milan and its surroundings. I have been working for non-profit organizations that provide researches, services and training for immigrant inclusion. My identity within this project was divided thus between the role of a teacher, a student and a worker in the field of migration and the role of a researcher.

As author, I have tried to exercise self-reflexivity on the knowledge I have produced. I am aware of the fact that this knowledge may be affected by several biases. I recognize on the one hand the author's location and the related subjective biases, on the other, the structural biases proceeding from the action of writing within an academic setting (Bourdieu 2003 Bourdieu and Wacquant 1989). I recognize my positioning and my background and its implications. The comprehension of the processes of migration partly relied on some contextual elements I could reflect on during my previous experiences. Indeed I am aware of how my thinking and that of research participants co-generated research data and that all the processes of analysis, interpretation and writing were co-built.

Since this research would like to have some practical implications I identified the importance of some questions raised within the specific Italian context. To trace a broader horizon of comprehension in the everyday production of differences and inequalities I addressed topics related to migration and education. While I have experienced for years the children of immigrants participation in school, I knew very little about the participation of adult immigrants in education and their occupational paths. Indeed I have never met people whose qualifications were directly recognized from abroad in my whole work experience. The challenge was that of trying to focus on alternative ways of inclusion and on social actors out of my ordinary experience.

## **EMPIRICAL FRAMEWORK**

### **CHAPTER 5: Introduction**

This chapter is an introduction to the chapters of analysis that will follow. Socio-demographic characteristics of the respondents of the sample, educational and occupational paths and a description of profiles and legal statuses will be provided. In the last paragraph I will focus on biographies and migratory projects.

Being an explorative research on skilled migration, the under investigated international overseas nursing skilled mobility will be more detailed in paragraph two, connecting the different typologies of nursing mobilities to Italy with the concept of migrant capital, as emerged in the present study.

#### **5.1 Socio demographic profiles: educational and occupational paths**

##### *Overseas nurses*

I will start describing the overseas nurses qualified abroad, from Romania and Peru.

##### **a. Peru**

Among these respondents, Peruvian overseas nurses can be divided into two different groups: 1. the first group that I named the group of ‘Peruvian pioneers’ who arrived at the beginning of 90s. It consists of women who lived in a metropolitan area, from medium-high social strata, who migrated mainly as singles. They all hold a 5 years Nursing degree. All moved to Italy not immediately after university studies but around their 30s and have been working many years (from 8 to 12 years) as professional nurses in their country of origin, in specialized fields. They have a high or mid-level career position background. All of these firstly arrived overseas nurses obtained a post-secondary education plus adjunctive years of study. One of them continued with a Ph.D. course that she didn’t get recognized into the Italian system because when she arrived: ‘Here this qualification didn’t exist’ (Violeta, Peruvian pioneer overseas nurse). Another

nurse attended a specialization programme getting a second tertiary graduation in Peru and three years of Master Degree. These Peruvian nurses did not enter Italy as labour migrants, but with the so-called '*bolsa de viaje*', as tourists. They were supported by a professional based network mainly of friends of friends, colleagues and by unformal intermediation without payment. They got a labour visa and a specific work permit of stay only years after their arrival. Among Peruvians, the second group that I identified is that of nurses arrived in a second temporal wave. They migrated between 2003 and 2010. I named this group as 2. 'the wave of foreign nurses' intermediary mediated'. As a result of the 'fast track channel' law, these Peruvian nurses applied from abroad after 2002 and entered Italy as labour migrants, getting the nurse specific out of quota art. 27 visa and a specific work permit of stay. In a sole case the experience was characterized by a first entrance with a tourist visa in 2004 and an undocumented status. In this group all recurred (with the exception of a nurse who had her cousin and aunt in Italy) to intermediaries, paying a fee for several services, from the documents related to the Visa issue to the travel and/or accommodation arrangements. In these cases they were subcontracted and employed from abroad. These skilled migrants come from both socially advantaged and less advantaged sections of the society in Peru. Unlike the first pioneer group whose components are from urban contexts, some respondents are from rural areas and belong to lower social strata. They migrated mainly as singles, for economic reasons, with care obligations and dependents that rely on their migration project: they have siblings and parents that count on their help. In a case a lone mother leaves a son with her mother in Peru. Many declare they had to move from their villages to study at University and to find a job. In these cases, in fact, they experienced previous internal migrations from rural areas to metropolitan areas of the country, moving from their smaller cities and villages to study and work. With only one exception, also in these cases, these women moved to Italy not immediately after university studies. All have a 5 year Nursing degree and a year of compulsory stage: SERUM<sup>196</sup>. Moreover, there is a 'preparatory period' before or during the recognition process of their qualification application. All attended language and Italian courses in Peru. In a case a woman

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<sup>196</sup>Internship of one year in rural areas. It is compulsory after Nursing degree.

obtained extra-tertiary education titles: 'From 2006 to 2008 I did a two year master's degree in intensive care and in the meanwhile I was working full-time so in the evening I did the specialization in intensive care and I attended Italian course' (Beatriz, Peruvian overseas nurse).

Looking at the occupational situation in their country of origin, all nurses are employed as nurses. In two cases they froze their job in their country of origin for one year, with the intention to 'see what happen', in other cases they voluntarily resigned. The prospect is the chance to find a job as nurses in Italy. Their mobility, thus, depends on favourable opportunities that enable them to transfer their profession from a country to another. Some tried to keep their previous job but finally resigned. Three Peruvian's pioneers voluntarily renounced to keep on working due to the Supreme Decree 004/91 P.C.M. in order to gain the promised benefits of the exit agreement offered by the Fujimori government to all the people employed in the public sector<sup>197</sup>. Some others had a precarious contract situation. Even if wages are lower than in Italy and in some cases working conditions are unsafe or uncertain, these nurses have gained a professional status, experience and expertise on the job, often in specialist sectors.

A general consideration that emerges is that, for both groups of Peruvian women, there is a very high level of human capital and formal qualification and a previous period of professionalization and specialization on the job in their country. These nurses result to be overqualified, considering also the fact that the role of nurses in Italy has changed over the past few decades, in terms of education and training. Indeed, the regulation of the University Diploma courses in Nursing was set out with the Min. Decree of December 1991. However, this measure had not immediate effect on the existing traditional Schools for Professional Nurses. As a consequence, the University Diploma Course coexisted for a transitional period with the parallel curriculum of the Regional Schools. When pioneers nurses arrived from Peru there were still regional diplomas that allowed nurses to practice the profession and nurse profession was not recognized

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<sup>197</sup> The Fujimori government implemented a program in 1991, with reforms that were accompanied by a downsizing of the public sector, affecting health sector massively. It is worth to be mentioned in the present study, a country-specific politic manoeuvre that influenced many of the life experiences of the women who I interviewed. Between 1991 and 1998 approximately 600,000 workers were fired (300,000 from the public sector, 180,000 from the administration and 120,000 from the companies), a record in the world's work history.

as autonomous. A parallel recognition both of educational track and Nursing profession started only years later when Nursing education moved a decisive step towards university.

### **b. Romania**

Also among overseas nurses of Romanian origin I could distinguish between a 1. 'pioneer group' and a 2. 'second wave group'. However their experiences are all under a structured regulamentated immigrant regulation (Turco Napolitano Law – 1998). The former applied for recognition of documents between 1998 and 2002 and arrived in Italy between 2001 and 2004. The second group migrated during the 'peak period of applications', between 2002 and 2006. The latter, as Peruvians did, migrated in a favourable institutional context since the Italian law had recognized nurses as a 'skilled migrant category'. In that years the material at my disposal seems to suggest the emergence of a business of recruitment of nurses.

Even if all refer to low wages in Romania, in only two cases they migrated underlining explicitly the purpose to gain higher wages. These two cases had their families left behind: a couple with two sons and a lone mother with a son in Romania. They had both a *familiar strategy* underlying their decision making and their migratory project. Indeed, the Romanian lone mother was the only, among the whole sample of overseas nurses with their qualification recognized from abroad, who worked as carer in an informal way.

After her legal entrance with a labour visa for nurse professionals she had to wait for passing the IPASVI test. In order to send remittances to her mother and her son, she worked for few months as domestic carer, employed without a contract. All the other Romanian nurses entered Italy as labour migrants, getting the nurse specific out of quota art. 27 visa and the related specific work permit of stay. Their first occupational insertion was nurse specific. In a single case of the sample the experience was characterized by a communitarian entrance, after 2007. The material doesn't allow a reasoning on more recent intra UE migratory trends. However it allows to reflect on the process, on the shifting of statuses and on changes that occurred over a span time of more than five years. Many accounts

reveal how communitarian status for these people, the right of free mobility and the different accesses to employment had a deep impact on their lived experiences.

Compared to Peruvian nurses' educational system, the qualification of Romanian nationals has a 3 years degree instead of a 5 years qualification system. Nurses from Romania did not attend language and Italian courses in their country. However many refer to a 'preparatory period' in which they tried to study Italian language on their own.

With the exception of one, the youngest, all these nurses (N=10) were already employed in their sector in their country of origin. These subjects have an occupational option that is in line with their education qualification and a salary, even if low, they can count on, in their country of origin. Their job experience lasts from 3 to 18 years. Many of the first wave migrants declare a high-medium level of job satisfaction. Especially the pioneer group both of overseas Peruvian and Romanian nurses declares to have covered a high or mid-level career position. If compared to their older colleagues who migrated more than a decade before them, the second wave of migrants' experiences more flexible, lower paid and less favourable economic conditions. Women report less stable contract typologies and more fragmented occupational insertion in the labour market.

Among overseas Romanian respondents, pioneers show a higher expertise level.

Lidia, overseas nurse from Romania reports:

I had been working for a long time and I had acquired all the degrees of experience because when you start you start from the bottom and then you have a gradual increase. In Romania when you start nurse career you pass through a first internship period in which you learn. The assignment of the job was on the basis of the final results you gained at school. So according to your level, when you finished the school you were allocated to the job. There was a list and after five years you had to do an exam in the same specialty. After passing the first level you can upgrade to the 'secondary' and after seven years I sustained another exam always in the same specialty and I became a

'health assistant'. I did all the levels and gained all these degrees, after 18 years working! I could not easily leave that job if I did not have something safe when I came here!

(Lidia, overseas nurse, Romania)

Respondent's accounts refer to previous experiences as being high professional in tasks, with work environments very demanding, complex and heterogeneous.

On the whole, half of them results to cover a high or mid-level career position background. In Romanian cases emerge negative perceptions linked to the health system functioning. Some women refer to corruption and lack of acceptable work opportunities, scarce available material and low levels of technology.

According to these narratives, while the 'first wave group' did not pay for intermediation, the majority of the 'second wave' nurses group resorted to for-profit agencies. These women were recruited and subcontracted as employers from abroad. In many cases they signed pre-contracts with agents. In only one case a couple moved personally to Italy in order to find a job locally. They did job interviews on their own. In another case she was firstly employed by recruiters and she decided to go back to Romania in order to return and find a better job on her own. Those who acted in this way had the capability to make that choice due to the presence of networks in Italy. In a case a brother previously migrated to Italy, in fact, supported them at their arrival providing accommodation and support during their weekly permanence. In the other case the previous migratory experience in Italy allowed the subject to be capable to manage the new context. Moreover, as Romanian citizens, since they were geographically closer they had the possibility to afford travel expenses and were able to freely cross the Italian burdens without visa requirements and any extra cost.

### ***Re-qualified women***

Looking at socio demographic characteristics of the sample, as expected, the average age of migration for nurses who got their qualification in Italy is younger (in their 20s), if compared to overseas nurses (in their 30s). Generally these



women have less or no professional experience in their country of origin. The majority has just finished their secondary studies or interrupted University. These women migrated by their 25s.

The most common post-migratory first occupational experience for these female migrants in Italy was the insertion in the domestic sector, characterized by irregular contracts, low salaries and poor working conditions. The available opportunities offered to migrant women were in the care occupational *niche*. In analysing these biographies, the typology of their mode of entry (tourism visa and or undocumented, both tracing an undocumented settlement) influences the first job insertion as well as the arrival arrangements, like accommodation and the typology of networks and intermediation they can enter in contact to and they can count on.

Looking at the occupational entry route of the women who then decided to get a re-qualification in Italy (with four exceptions) their first occupation was in the private home-care and elderly-care sectors. The sample thus confirms the well-known overwhelming concentration of migrant's women in domestic services. In these cases women could count on informal co-national networks of friends and/or of relatives who previously migrated in Italy. In few cases they also experienced different typologies of work, other than as private carers. However they were still employed as low skilled and very hard types of occupations. The look for a job without relying on trust ties, they end up with exploitation conditions two women who were not directly inserted in the private domestic sector and that did not move for family reasons and/or finally they are not paid. In one case she was Peruvian and found job by a newspaper insertion:

Other women worked as waitresses (in one Romanian case, the second time she come back to Italy), cleaners (in two cases) and sales workers at market (in two cases). Only one woman works in an occupational sector with higher social status as clerk in her first labour experience and as sale girl after. Noteworthy is the fact that, apart from her, the exceptions to care domestic work, both lower and higher skilled, are of Romanian nationality and in two cases are those women arrived through the family reunion gate instead of the laboural scheme.

Those who re-qualified in a high-investment path (University degree) enrol at university in Italy in their 30s, with the exception of two, who enrolled younger: at the age of 20 and 24 years. In one case the subject is older, 42 years old. According to available data, among Italian and foreign students who graduated as nurses in Italy in the period when the majority of the women of the present sample graduated, thus between 2006 and 2010, only half of them received their degree before the age of 25. Almost 24% gained their graduation after 30 years of age (AlmaLaurea 2011).

The older the migrants are the less inclined seem to be to further education and training. In some cases they declare they feel too old to re-start. In some cases they would like to go on studying and in an exceptional case, a Peruvian OSS, 58 years old, is still attending Nursing University. Three exams are missing at the gaining of an Italian Degree. Since her retirement age is approaching, she admits, there might not be enough time to obtain an adequate occupational return on her educational investment.

Unexpectedly among the women who finished university the two who succeeded in respecting the academic temporal terms (by the prescribed terms of 3 years<sup>198</sup> after their enrolment) are the ones who got pregnant during their academic career. In these cases what seemed to facilitate their educational experiences were two factors: on the one side, their partners' and family support, from the economical and psychological viewpoint; on the other, the fact that they could afford a period of attending university without working. All the other respondents took from 4 to 5 years to finish university. In a case, due to a change of university, the delay process was even longer and resulted in a 7 years educational track. In one case in the sample there is a Peruvian woman, 58 years old, who enrolled when she was 33 and at the time of the interview she was still paying university taxes since she is still missing 3 exams.

In the present sample the women who requalified have a variety of different educational profiles: from medium to high levels of formal education. In their country of origin, one third of the women interviewed migrated very young, immediately after secondary studies. For this reason half of the requalified women

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<sup>198</sup> They finally finished their academic studies after 4 years, because of the year of maternity.

hadn't a job before leaving and do not hold a tertiary education. Some interrupted their academic studies and/or left their country of origin due to having attempted to pass the university entry test without succeeding. Some of the migrants interviewed were previously employed in their country of origin working in autonomous family led income-generating activities like restaurants or shops but declare low levels of satisfaction, both from the personal and from the economic point of view. Others had a degree in Economics. Some worked in the private sectors as informatics, accountants, and secretaries but ended up unemployed or dismissed from their previous jobs. In a case she worked as doctor in Moldavia and then obtained Romanian citizenship. Some others had a degree and job experiences in public sector, as teachers, and show their disappointment for the poor future prospects:

Look! When I left Peru I was working in a school but the job had no prospects for the future! They would not hire me and then I said: 'I'm leaving to succeed because the school director was a nun who thought I was a little girl and she did not give me the chance 'I graduated in 1995 but she told me that I needed more experience, she wanted me to do a year more of training and I did not want! [...]

I started when I was 17 years old in the Sports and Education because I finished the fifth year of the secondary school and I went to work during the summer, I did my internship and then I went to university. I used to go to university and I also used to practice and work. I finished school in 1987 and in 1988 started working at the Sports Institute. I am a school teacher of physical education.

(Pilar, re-qualified OSS, Peru)

In a single case, that of Estrella, she worked in the care sector in her country of origin, as health assistant. She attended sanitary school and before leaving Peru she occasionally used to work as nurse carer 'for wealthy people'. She tried to enter Medicine faculty but failed and after several years she re-qualified in Italy as nurse. All these women talk about frustrating emotions, depressive states, perceptions of low possibilities of a successful labour insertion. Their future

perspectives are characterized by confusion on the future, perception of low autonomy of decisional choices, low wages, unemployment and precariousness. The re-qualified respondents do not decide to migrate with the idea to find a fitting job position with their credentials and they are more likely to view work in a pragmatic temporary way. Except for those woman who arrived in Italy for family reasons nearly all of them have done live-in domestic work in their occupational experience, working for Italian families, as baby-sitters and elderly care workers. On the contrary only in two cases overseas nurses are employed as carers in private domestic setting. In one case she has not her qualification recognized from abroad, in the other a lone mother with debts and a son in her country of origin.

When they migrated, few women had children born in their country of origin. Approximately two third of the sample (31) was constituted of single women. Three women moved for family reasons, to marry their husbands already in Italy. These women moved as classical tied movers, in a case entering as a European citizen. In few (7) cases they were married in their country of origin, in three cases without children. In all the couples that were formed abroad, women were first movers and husbands were later reunited in Italy. In two Romanian cases they could do and be family faster than others, with family cohesion mechanism. Unsurprisingly, those women who followed a re-qualification path had to wait much more time than overseas nurses to be able to re-join their family here. On the contrary, a Peruvian overseas nurse was able to reunificate both her husband and her son left behind in few months.

Four cases adopted a migration strategy in pairs. They had the privilege of being able to count on the presence of their partners from the beginning of the migration and to face the first difficulties with them. In fact, in the sample, four women arrived in Italy with their husbands. Two of these couples have children and, in the first period of arrival in Italy, they are left in the country of origin to the care of grandmothers. The reunification process took place as soon as the living conditions (housing, work and permits) allowed doing it. In 3 other cases, these women lived transnational motherhood

Many of these women who migrated as single experienced marriage and motherhood (11), after arriving in Italy. Some become wives of Italian partners, and mothers of Italian citizens (in 7 cases). For these women, life course events modify the initial priorities, aspirations and expectations. At the time of interview 9 women were single and in 12 cases they experienced a separation or a divorce.

These overseas nurses were transnational daughters, aunts and sisters. In some cases, at the time of arrival, they had transnational care obligations towards ill parents (3). In one case the subject leaves Romania to get the amount of money necessary to operate her father in Switzerland. Unfortunately her father will pass over some months later and her irregular status on the Italian territory wouldn't allow her to be present at his funeral. In other cases the decision to stay in Italy has the aim to provide health expenses and medical assistance for their ill parents and improve their quality of life. Also obligations to extended family components emerge: two overseas nurses take care of their nephews paying for their studies in the country of origin. In these reported experiences of educated single women, both those with care obligations and those more free to move and travel, it can be outlined a tendency of delaying family formation, probably related to their education level and their social status. When a family formation occurs, marriage and motherhood after migration result to have a particular impact on these women. According to narratives, they change their aspirations and expectations and reduce their desire to travel, their ability for mobility to other countries and also their return plans to the country of origin. On the contrary, at the time of interview care of parents who aren't self-sufficient any more, affects some women decisions. In two cases they are planning or reconsidering the return option also after many years as a care arrangement solution.

The ways in which women migrated and how immigration frameworks delineate modes of entry and legal status types played a key role conditioning individual opportunities and strategies. Unsurprisingly, the findings of this study outline a clear cut division between those women who migrated with a qualification recognized from abroad, as foreign nurses, and those who arrived in Italy without a nurse qualification and then decided to re-qualify in Italy in the care-sector.

## 5.2 Mobilities and migrant capital

Focusing on the differences between overseas nurses and women who re-qualified in Italy (with the exception of N=3 women who arrived for family reasons), it emerges that their mobility patterns are strictly linked to their aspirations and expectations linked to their employment status. Indeed overseas nurses experiences differ from those of the women who gained a re-qualification in Italy in this sense: they can mobilize their human capital, capitalize their skills and get their professional credentials recognized. Overseas nurses, thus, typify an exceptional professional migrant case with a granted entry to Italy on the basis of their specific qualification. As can be grasped from their own words, the majority of them, before migrating, were aware that the educational nurse capital had a higher social opportunity to be capitalized as a skill. The profession encapsulates a 'migrant potential' (Yeates 2009) that may enable them to move maintaining their occupation. Those migrants with a foreign education formally recognized achieved higher chances to spend their qualifications in a job fitting their educational and previous occupational background. However, unless educated and skilled, the majority of these women ended up in lower skilled jobs, if compared to those of their country of origin.

According to the interviews (exception of 2), without the possibility to work 'properly' as professionals, they wouldn't even have considered the hypothesis to move. Ema , a Peruvian overseas nurse explains to me:

If I could not work as a nurse, no I wouldn't! Because I know that many people, even if they are qualified, even if they have had a good profession in Peru as lawyers, teachers, those who move and go abroad they then do not work in their profession. If they are teachers, if they go abroad they do not work as a teachers! They will work as waiters, they will work doing other jobs but I think it's not good. Yes, maybe I would earn more working abroad, but I have studied so many years, I have made so many sacrifices! Many foreigners work as cleaners, as caregivers. All honest jobs but I have studied a lot!

(Ema, overseas nurse, Peru)

In the majority of cases, thus, nurse profession is the *conditio sine qua non* they move:

They told us that they could give us a job in a structure as nurses. Obviously we were a bit afraid: 'Who knows what exactly I'm going to do? Where they will send me! Maybe they do not make me work as a nurse! No, fortunately what we were told than it turned to be true. We were lucky!

(Diana, overseas nurse, Romania)

In particular what emerged from the present study is that overseas nurses, if compared with women who entered as not professionally, in line with literature on the nurse mobility, show a higher awareness of the fact that their profession has a migrant capital, they have a high propensity to move, due to the specific profession. In particular nurses are more likely to move as primo migrants, as initiators of migration and to move in pair, with their husbands, as it will be briefly illustrated in the following paragraphs.

### **5.3 Migrant capital and nursing education**

A gender perspective should consider the broader picture in which these migrant occupational geographies are shaped. In investigating propensity to migrate and educational levels indeed one should consider what kind of occupations may give to women this 'social' opportunity. The present findings show that nursing as profession has an embedded 'gender specific migrant capital' and it has gained a 'first status degree' of recognition as occupation with higher chances of mobility for migrant women.

This gendered distribution of social opportunities, as shaped by economic and political factors, gave to potential migrants higher opportunities to move in real terms. The type of occupations associated with achievement in mobility is a main concern and it may make the difference in migration decisions strategies and typologies of mobilities (Kofman 2000; Morokvasic 1984; Phizacklea 1983). The

mainstream idea in migration studies focuses on male breadwinner type of worker. In questioning gender propensity to mobility, some scholars (Docquier *et al.*2012) argue that women and men respond in different ways to traditional push-pull factors and women are supposed to have a higher propensity to follow their partner than males do. This is not the case of the bulk of the interviewed overseas nurses. Their specific qualification makes these women gain, somehow, a 'passport', an extended possibility to become 'economic migrants' (Yeates 2009). The nurse professional credentials and the more favourable conditions to migrate allow them to be a sort of privileged migrant and explain how women have an active influence on migration decisions. In analysing the interviews I tried to understand how these women perceived the transferability of their qualification and their role of workers according to the perceived resources, opportunities and 'conditions of capability' to migrate.

#### **5.4 Migrant capital and educational tracks: gaining a 'transferable' qualification**

In analyzing the educational tracks of nurses qualified abroad, I distinguished two tracks. The first one that I called an '*on time - linear educational*' track. It is in line with the educational system of the country of origin and sees the insertion of these subjects immediately after the secondary school and as a first attempt. A second group that I called a '*delayed - not linear educational*' track involves all the subjects who enrolled at the Nursing University years after having obtained their diploma. There are several different reasons for such a delay. For the former group the family involvement, especially that of parents, in the decision process is decisive. It influences the academic engagement and the educational choices and motivations of all the subjects who I interviewed. For the second group its relevance is lower. Deciding to study to become a nurse, can be the result of different factors, depending on more or less autonomous decisions. Such decisions can be related to the course of different life events. In some cases, for instance, attempts to start other educational paths may end unsuccessfully. Indeed, in some cases, nursing education is a 'b option' and not a first educational choice for individuals. In the present sample the different educational motivations can be



divided considering different dimensions, according to: 1. the degree of freedom in taking the educational decision; 2. the typology of choice (whether first choice or alternative choice) and 3. the types of explanation that women mention when asked why they decided to invest in nursing or care education (whether tending to privilege pragmatic or emotional aspects).

The first dimension related to the degree of freedom in taking the decision to attend Nursing University comprehends a *spectrum* of variety that includes heterogeneous cases. They can be imagined as positioned along a continuum line that stretches from a hypothetical higher level to a lower level: autonomous, influenced or forced. In the former level subjects declare they took an autonomous decision and sometimes they go against their family opinions. Maria, for instance, graduated as nurse although her brothers opposed her idea. She refers: ‘None of my two brothers wanted me to study nursing, especially my older brother who is a doctor and told me to do Medicine instead... and bla bla bla! But no, I didn’t listen to anyone. I wanted to be a nurse!’

She continues:

All my older brothers did not agree with my decision, my brother, the doctor! But I was stubborn and I tried the access test to enter the faculty. Actually I did enter even if it was difficult the university access, especially in public universities because there was a lot of competition ... But I succeeded and I was happy!

(Maria, overseas nurse, Peru)

Some other respondents can be positioned in the middle of this imaginary line as they report decisions influenced by both people and events that channelled or re-defined their decision. In some cases personal, in other historical events influence the decision. A hospitalization of a relative, for instance, influenced the educational choice and brought the subject closer to the profession. Linda, who arrived in Italy in 2011 and graduated in Romania in 2007, explains:

I also studied at University as accountant and you know, we Romanians have many degrees. I have done four years of primary school plus a four-year college plus other 4 years of high school and after three years University, to gain the nursing degree. I attended also two and a half years at the University of Accountant and the next week when I will go home I want to enrol again! I stopped it before obtaining the degree. Before doing nursing. At that time I have been working as an accountant for two years but then I changed my mind because I wanted to be a nurse ... then I worked in the hospital.

After two years of university, why did you change your mind? Because of my dad. He had an accident and he had to do four operations. It was not his fault and we were in and out of the hospital so many times with him. With what happened to him I realized the functioning of things and I was impressed and I thought I wanted to change things. So I decided to change university because I wanted to become a nurse.

(Linda, overseas nurse, Romania)

In understanding agency from the viewpoint of the social conditions that enabled or obstructed people to act, in Romanian cases, the historical period of scholastic changes shows the subjective capacity to devise ways of coping with life and exploit opportunities or possibilities. The transitional period implied a change also in the school system and scholastic *curricula*. Such changes influenced the educational choices of two of the respondents of the present sample:

But let's say at that time it was a complete mess! The only examinations that could be considered as stable in that transitional period were the faculties like nursing and science related like mathematics, chemistry, and physics. All the subjects related to history were new and it was a risk to choose it ... With the right subjects we moved from communism to capitalism. In 1989 I did the

last year of high school so I graduated in 1990. The turning year, the one in which nothing was clear: redefining the subjects of study and everything else ... Let's say that we are the generation of the transition from communism

(Victoria, overseas nurse, Romania – interview in couple)

These words report an historical contingent time influence. Similarly, after the 'Ceausescu Era' private universities flourished as reported by Georghia and Juliana, two women who experienced the 'delayed not linear educational' track group. The last, daughter of doctors and sister of an expatriate doctor in US. Immediately after her graduation she tried to enter Medicine at the University but she didn't succeed. Years later, in 1991, when she was already married and with two children she enrolled at a not public Nursing University, recently opened in her city:

This university was not a public school but it was a private one. And the year we started to attend lessons it was the very first year. Some people prevented us from doing it, they told – 'No! It will not be recognized! It is useless!' - We did not know at that time what will happen. I decided to do it anyway because I liked it. However that year was the year of transition. Before, there used to be diplomas not degrees for nurses. In my country it was first called *sanitarium lyceum*, a secondary health school which had a specialty in this direction. [...] After the revolution they took as a model the old system and the one from abroad, a general high school and then if you needed a specialization you did need more education in the sector.

(Juliana, overseas nurse, Romania)

In the majority of cases of the women who experience an 'on time - linear educational' track, relatives' advice influences the final decision. As Adelina who affirms to study as nurses: 'It was because of my mother. She was a midwife and

had been a nurse then she specialized as a midwife' or Gloria who thought to study as a midwife because she really liked children. However she changed her mind listening to her mother and also her relatives' suggestions. Adelina would have chosen Archaeology instead but then decided for Nursing and affirms:

I always liked it and many relatives of us were nurses. My dad did not like the fact that I did Archaeology and said that with such occupation I was never at home ... so I chose nursing also to make them happy and then my mom was volunteering at the Red Cross and she did those courses for volunteering and sometimes we went together and so I liked it ... So I chose nursing because it was simpler instead of doing Archaeology!

(Adelina, overseas nurse, Romania)

Mirna, a Peruvian nurse, wanted to study systems computer engineering but was influenced by both her mother expectations and a school guidance suggestion by a psychologist:

Nursing is something that my mother liked because she wanted to be a nurse but she was too nervous and the blood impressed her. She was very sensitive. She was able to shot the intramuscular because one of her uncle, an old man who is now died, was a doctor and used to run a counselling centre. She gave him a hand and she has been working with him for several years. Anyway to take the entrance test I went to a psychologist because I wanted to better understand what to do.

(Mirna, overseas nurse, Peru)

At the opposite side of such ideal line can be set the cases like the one of Ina who says:

I did not exactly choose it. My parents chose it for me. I wanted to do Chemistry at University but in that case I had to move and go to another city to study at that university. The distance was like

Florence-Milan and my parents couldn't afford it. They had to maintain me out for years. I explained that there are public universities where you can go and there are also private ones where you have to pay more, of course! If you want to go to a public university it is very difficult to enter because there are only 30 available places or maybe there are 150 but the people who apply for that places are 400 maybe 700! I was not a genius. I don't know, maybe I would have succeeded and maybe not! However my parents did not have the economic possibility to sustain that and we did not live in a city. I had to go and live in another city to study and it was economically unsustainable. They told me that there are always sick people. The Nursing University was closer to me and of easier access, and then I did Nursing following what my parents told me, like a good girl!

(Ina, overseas nurse, Romania)

Or Diana who ironically declares: '(my choice) was forced!' Her mother on the behalf of her and her brother, as she explains: 'I have never wanted to be a nurse, that is to say, my mother would have killed me if I had refused to do this job!' Diana would have studied Psychology instead: 'When she (her mother) heard about my intentions to study Psychology she told me there was no way ...she told me to provide by myself the university study'. In this case, as in many others of the present sample, the capability to choose freely was directly related to the educational expenses depending on the family of origin income: 'If you want to do Psychology go ahead on your own, go to work and get paid the university because I will not pay for you!' - My brother as well' - explains Diana - 'He wanted to study Philosophy and she discouraged him. In fact he did not study Philosophy. Instead he became an engineer because she said: -'You must study something that makes you to find a job, a work! You as a man - she had already decided for both of us - you will be an engineer and you, as a woman - I still remember her words - you will be a nurse! Because in any case, even in times of war, the hospitals are open!' - And she was right! - She admits several years after - 'And she was a missed nurse because she would have liked to be a nurse. She tried the exam to

get into Medicine faculty but she didn't pass. In the end she studied as accountant, completely different from her initial idea! She probably liked it too!

As for Diana's mum the final choice can be an alternative choice to a preferred one.

The second dimension considered refers to the typology of choice. In some cases nursing studies are selected due to the failure of a different educational attempt. In these cases nursing education is an alternative to other educational options. The choice usually falls on the nursing studies as these women perceive the degree of difficulty lower. Nursing is seen as easier and subjects to study are reported as more practical and easier than for other faculties like Medicine, Chemistry, Biology or Pharmaceutical Sciences.

Yes, the first year I enrolled at university and I attended Pharmacy for more than half a year but then I gave up for my personal reasons. After I applied for the Nursing School. The following year I started the Nursing School and we met there and I continued. I did it because I liked it ... At the previous faculty there was also a teacher who was a disaster! I don't know there was something that I did not fit ... I didn't pass two exams at Pharmacy ... The chemistry has ruined me and I said I cannot go on like this and I decided to choose another faculty

(Elena, overseas nurse, Romania – interview in couple)

She goes on saying that in nursing there was chemistry as subject but it was actually easier for her because it was less theoretical and more applied. This aspect of being easier emerge also in other narratives and also nurses who re-qualified in Italy gaining a Nurse degree justify their choice on the same reasoning meter: similar but easier, more practically applied.

In the body of interviews at my disposal another distinction can be grasped according to the reasons for which nurses engage in such educational qualification. Some respondents refer to pragmatic and/or professional aspects like Gloria:

When I finished secondary school all suggested me to look for something that later on, in the future, could give me higher chances to find a job. They told me to think about something that is always necessary. If you are a midwife not all hospitals need midwives, while if you work as a nurse you will have more possibilities: you can work not only in the hospitals but also in NGOs, even in the municipalities! It's easier to find work, they always need nurses. Also in Peru ... In Peru there are vacancies, there is a lot of work but the problem is that they pay low wages! With that salary you can barely afford payments for surviving. You can eat but you cannot do much more! You cannot lead a life with leisure, to go on holidays or to go out of Peru. You can just eat! ... I mean that you cannot do things that goes other than the strictly necessary to survive and you cannot offer to your family better living prospects. Not that here in Italy you earn that much, but you can do extra-things. You can live quietly without thinking: "And now what can I do? I cannot even afford to get to the end of the month without worries. Here you can get to the end of the month without the weight of pressing concerns. And here the nursing job is better paid. The salary is higher if compared to other jobs.

(Gloria, overseas nurse, Peru)

The majority stresses emotional motivations. They emphasise social motivation such as the desire to maintain or promote the well-being of others. In explaining their motivations respondents recall to their narratives images linked to their infancy. A remote emotional, ideal side of care.

Because when my mother was hospitalised and did the surgery I remember that I liked the nurses so much ... I do not know why I liked them so much perhaps for the white uniform or for the fact that they were generous ... I do not know why I liked them but I matured this

idea that I would have been a nurse! Even if I didn't even know anything about the job. I just fixed this idea in my mind.

(Maria, overseas nurse, Peru)

I have a picture when I was 10 years old. I had a Red Cross training and I have a photograph with the Red Cross uniform with the Red Cross instructors who were very good and this has already made me love, since I was 10 years old to be a nurse

(Violeta, overseas nurse, Peru)

Because I wanted to do it since I was a child. I filled my mother's pillows with syringes and it was the thing I liked best and last week I went to my manager and we were chatting and joking and she asked me what I used to play when I was a child and I replied I remember me playing as a nurse and as a teacher.

(Gheorghia, overseas nurse, Peru)

The nurse profession as that of an ideal caretaker, someone who has an innate propensity to care for others. The image of the nurse with the uniform. Generous and altruistic aspects are reported like this:

Because I have always had this sensitivity on vulnerable people, on children maybe a little too much sensitivity on the people who need and themselves a little too many times and if I had not done the nurse I would have been a nun but maybe this is a bit 'too much [...] Yes maybe it's a passion maybe it's a question of being in empathy with people and it's something that you feel like.

(Emy, overseas nurse, Peru)



Cristina uses expressions and connotations related to the familial domain reporting her progresses in her profession by a familial terminology of words like mother, girlfriend, daughter, nephew.

If you ask me why I chose it I really don't know exactly. I am good at doing many things, I like languages, I'm good at convincing people to do things. If you want me to explain I'll tell you how complex is this job. It has to do with others. You have to be a good mother, I put the word mother in quotes, a good mother even if you are 22 years old. Cause when you look at a child's eyes! With children, with children when they look at you! I still remember one of them who told me: 'Miss Nurse give me a wafer!' He was a little child with plaster, I remember him with this arm that was so heavy and fell down. And I thought but I'm not Miss I'm C! I'm not a Miss! Why? I'm not Miss Nurse but he saw me that way. This child, he was a gypsy I still remember ... I think that all the things I did before, than they turned out to be the right thing to do for the after! Whatever I have become to be. So I learned how to be a mother and when I deal with children I am not frighten and we also have little patients here! I even had to deal with a little baby who was 12 hours old ... 1 kg weight so little and you don't know if she still breathes or not! I then had a 17 years old boy as patient who told me that he had fallen in love with me! I was four years older than him and I was red and embarrassed! If I would meet him again I would say:- 'Look I don't have a boyfriend!'. I think I am also a good daughter and a good nephew with all the grandparents I meet at workplace. Take the example of this 83 year old grandmother who was operated at her back [...]

These are all these cases that make you say: 'I want to do it for these reasons and give you a real satisfaction! I do not think that other jobs would have given me energy in the same way. I regenerate with the satisfaction of an event. It happens and it charges me for a long time

and I don't care! Even if I'm tired if my back hurts if my legs hurt and with all the things I have to do!

(Cristina, overseas nurse, Romania)

In other cases emerges a more practical perception. This is the Linda case, who decided to change University after her father's accident. In this case the subject describes a system of corruption and says that she wanted to change things. In other cases the choice is linked to a perception of a 'profession for women'. Beside such gendered images a pragmatic approach emerges in explaining the educational choice and often both motivations, emotional and pragmatic, are mentioned by the same respondents. Violeta, for instance, in describing the decisional process, underlines how her main efforts were to avoid any delay in her educational career: Since all faculties have a limited access number, I thought: - 'What can I do not to waste time?'. Violeta evaluated accurately all her opportunities balancing her decisions with her desires and preferences. She knew that Medicine was a very hard educational track, consisting of a 10 years academic course, with 7 years plus 3 years of specialization: she continues 'My aim was to not waste time or lose opportunities because if you hadn't had entered a faculty this have meant to lose months' She planned her attempts: 'The first test was in January or February for nurse education. It will be followed then by the access test for the School of Journalism and then that for Medicine'.

I knew I wanted to be a nurse. I did the competition and I just passed and I did not try the other faculties. If I had not entered, I would have tried both journalism and medicine. [...] Nursing is something I had always thought about. Moreover you have options in the sense that you have the alternative to choose different areas of nursing: pediatric surgery or if one is not in an area here you have more choices in different areas inside a hospital or in any other place. You can work because there is a need for nurses and there is always the possibility to see which area and what you prefer. (Violeta, overseas nurse, Peru)

Maria says: 'When I then deepened the practical side of this job I found out some aspects that were not so brilliant as I expected! Georghia who declared to play as a nurse since she was a child but she decided to study due to a divorce, to re-pay debts. She decided to enroll at University after the separation from her husband as she explains: 'He took this money. I do not know what he did with this money! However we remained with nothing and I decided to give up with him. Our parents, they understood this was a serious situation too and infact they did not interfere. I said - I do not want it anymore because he did this thing!- He did not understand the gravity of his actions because he borrowed money. But I was working only to repay the percentage of his loan. In the end no more money was left so I said: 'I do not want to pay anything else! I do not work any more for that!' Then when she went back to her parents' home she decided to study and enrolled at University:

'I worked at night and during the day I studied. [...]

My parents did not help me! When I got married, they gave me the dowry. In Romania we use this way! It is the woman who brings the dowry and receives the furniture and sheets. My parents gave me the money for the house. They also gave me the money of my husband's card, so when I came back home after divorce they did not want to know anything about loans! They gave me a lot of money before!

Georghia motivates her educational choice also due to the change of the scholastic system in Romania. She enrolled at a private school. She says: 'It did not exist when I graduated and then – she adds – 'Before you could only enrol by paying and even if you were the best of your class you had to pay to gain a place or you need to have connections with someone who was inside the university system and for this reason I did not even try to enter!'.

'I finished high school in 1988 and I enrolled at the University only in 1995'. In that period there were no longer only public schools: 'So I could attend without having connections with people. But I had to pay all the fees without any help'.

In other two Romanian cases the enrolment at the University Nursing Course happened years after obtaining the secondary school diploma, the historical contingent event that facilitated such decision was the presence of private Universities. When I asked to one of them why nursing she answered:

Because it was a decent job because it was a work of prestige and there were good prospects and employment possibilities. But to find a good job you needed to have the right connections and you have to know everything to pass the exam, to work and you also have to pay for the course. I remember that I did not sleep during the night I did not even eat because I had to pass this exam otherwise I hadn't obtained that job.

(Georghia, overseas nurse, Romania)

#### **‘Nurse migrant capital’: Peru versus Romania**

The two flows under investigation, from Romania and from Peru, are distinct in that the Peruvian migration is constituted by women who are socialized to emigration and are aware of the migrant capital embedded to the nursing qualification and profession; on the contrary, Romanians are less socialized to the idea of working abroad and to professional mobility in general. To be noted that these considerations are based on the present sample that includes migrants who mainly arrived before 2007. According to the interview of a recently arrived overseas Romanian nurse, for instance, more recent intra-European mobilities may be argued to differ in experiences and perceptions.

In the Peruvian cases nursing education is consciously reported as international. They include the nurse professional migration side in their narratives. They explicitly talk about its migrant capital embedded. When they refer to nursing education they underline that it, as an educational path, assures good job opportunities also abroad.

Yes, I believe that nursing is a universal occupation that the nurse can adapt in any reality ... Even in Japan or in China ... But you need at least a minimum of proficiency in language but if you are aware of what you're doing ... We have all the knowledge we need that can also be written in Chinese but if you know the procedure you can do it everywhere. If you need information maybe only in Arabic you cannot understand! In any place if you have your professional baggage you can manage even without understanding a single word! If it happens you have to solve a cardiac arrest the words are the same in Italy, in Peru and in China, the medicines are the same, the time you need to intervene is the same and the equipments as well. As a nurse you can move everywhere!

(Gloria, overseas nurse, Peru)

You see, most of us had an experience abroad. In South America, in countries like Colombia, Chile, Mexico. If someone wanted to obtain a Ph.D., for example, she moved to Colombia. If you are a nurse you simply have in your mind the idea of mobility [...] The need of nurses in all parts of the world and as a nurse there is more chance to move!

(Violeta, overseas nurse, Peru)

Other professions, for example in the dental sector of which I was talking about, they are not recognized! The orthodontist who re-start and study all over again! [...] We had such a preferential treatment thanks to our qualification. [...] Nursing was the most in-demand occupation worldwide because I could have had the opportunity to go everywhere, also to the United States but it was more difficult because you must have a work contract already signed before you move. It is not impossible but it is more difficult! (...) Nurses of my university course, you know, they went everywhere!

(Eleonora, overseas nurse, Peru)

In the Romanian cases few underline this aspect:

Yes, nursing is certainly an occupation that you can do all over the world knowing the language but you can do it anyway. At that time, in fact, there were some colleagues of us who went to Germany. They were very good at home in cardiac surgery and worked in cardiac surgery in Germany, which is not for everyone!

(Elena, overseas nurse, Romania, interview in couple)

In the Romanian cases, the awareness of transferability is less cited and they usually refer to higher job opportunities linked to the closer context of Romania, not to other countries: 'During the school I never thought that as a nurse I could go to work abroad says Ana, an overseas nurse from Romania. Especially for the first wave of Romanian migrants, the spendibility of qualification is perceived as national burdened. It emerges after their enrolment at University, after obtaining the nurse degree or after having gained experience in the health sector, getting in contact with colleagues that migrated or professional networks and with agencies that in that years flourished to recruit nurses. Only two cases, when referring to the motivations that initially led them to choose nursing degree, talk about the possibility to migrate and work abroad. However it emerges that two parallel factors concur to consider mobility: the communitarian status and the nursing profession, both enlarge the expectations on their mobility horizons. Diana who didn't want to do nursing studies and chose nursing education because of her mother, finally admits: 'Yes yes even thinking about the idea of leaving the country because I then realized..... Wow! – I thought- this university gives me the opportunity to go to work in a future perspective even abroad! ... I found out that in Italy there were nurses vacancies and then I was also thinking of Germany because my cousin works there as nurse! I knew there was a prospect with a view on migration, more chances to be able to go abroad than other occupations'

Across the body of interviews, nurses talked of either having considered migrating once again or of actually considering doing so, either to their home country or to another immigrant destination. At the time of interview many Romanian nurses declare that after their migration to Italy, they have thought to move again and some respondents applied to work abroad. All know that their profession allows, at least in Europe, but also in other countries, a high professional mobility. One applied in Switzerland and she was accepted but refused the offer because of her future plans with her boyfriend here:

A year ago I sent one CV in Switzerland and they called me but I said no because of my boyfriend but they called me! Many people tell me that I was stupid. But with this (nursing qualification) You can do many things. Now that you have experience, because everyone wants at least four or five years of experience in the sector.

(Linda, overseas nurse, Romania)

Two nurses obtained the English registration at the Nurse Board:

I had this idea (the idea to go somewhere else)! I am talking of about 4 or 5 years ago! I applied and signed up for the enrolment at the English professional register because I have friends there. I would have loved to go to England because I am able to speak English and it would have been a nice experience anyway.

(Diana, overseas nurse, Romania)

But then they decided not to move for priorities related mainly to their family here in Italy, to the old age and to the lack of energy to re-start everything again.

Another is considering the opportunity to go abroad and she explains that, being childless, she and her husband were seriously taken into account the hypothesis of moving to Dubai.

I started taking English lessons to go to Dubai because there was a person there who could help me to find a job [...] Last year because in the last time I was a little disappointed on how things are going on and this society ... since I have this degree and I do not have children and we can not have, maybe you can change things if you move but then with what is happening around I stopped. This future intention is still there, it did not disappear and I thought to go too to Switzerland! [...] I am like a volcan and I like to variate and to do different things, because I don't like that much England and France as countries. Then our professor had many connections and links in the world and he always spoke very well. He too had experience (...) I did not give up (in Dubai) but now I stopped after the bomb attacks and because of security! If I have to risk my life

(Diana, overseas nurse, Romania)

In many cases however the language recur as an important factor in evaluating available opportunities:

For a matter of language. After a month I had already learned Italian! You can also learn German and Hungarian but it is much more difficult (...) There was also possibility in other countries for example in Germany and even now there are chances in Germany and a lot for UK (...)

(Adelina, overseas nurse, Romania)

Many of us also go to England but I though: 'I'll go to Italy because the language is easier even if I also knew the English language!'

(Linda, overseas nurse, Romania)



## **5.5 Overseas nurses and Typologies of mobilities: as primo migrant and in couple**

Migrating women have 'historically been associated with immobility and passivity' (Morokvasic 2008). Being the nurse occupation strongly gendered-typed, in this occupational context, the geography of opportunities is female led. Research has increasingly pointed to a growing feminization of autonomous migration (Kofman 2004) and these nurses qualified abroad, confirm the independent role of many female migrants. They are women who moved usually as primo-migrants, with an active autonomous role in migration (George 2005). They are the initiator of migration, mainly single, but also in couple, mothers and married women. If they are wives or mothers, they then reunificates their husbands and/or their sons. In some cases they attracted also parents and relatives. Even if often women are seen as more likely to be tied-movers than men (Boyle et al. 2002; Petersen et al. 2014), the present experiences contrast this image. Conversely, in this study, men result to be the followers in a female led migration project.

In those couples with mono or dual incomes, the nurse wife's career results to be prioritized because more advantageous in migratory context than the one of the husband. In dual earners couple of the sample, the family migration breadwinner model is reversed. 'Reverse reunification' (Tognetti Bordogna 2004; Quartararo and Falcinelli 2013) overturns the classic pattern of family reunification: it is the men who are joined by their wives. Respondents' narratives indicate these women to be the main 'breadwinner', at least during the initial phase of migration. In these migrant couples the negotiation on the move and on the fact that the husband will be 'the follower' is linked to the opportunities that the nurse profession offers to migrate. The negotiated compromise that takes place in the decision making processes within these households, thus, contrasts the prevalent idea of women seen as dependent, trailing spouse, tied mover or secondary migrant. In my sample there are women who take the lead because they have a relative advantage in terms of occupational *niche* abroad and higher wage level.

In the experiences reported, the partner supported such shared female-led choice:

The decision was shared, taken together, with my husband. There was a common interest to go abroad because in Peru there was a social problem ... There were no more safe conditions here! We said one each other: 'We are young why don't we try to go abroad? We had a child and for the future our common idea was to get the opportunity to go abroad if we had had one! I or him we would have caught it! This was our rule and I thought that, as a nurse, with my qualification I could do it!

(Eleonora, overseas nurse, Peru)

Later on, this aspect has an impact also on the typology of insertion that nurses' husband and family reunifications will experience. To this concern it is relevant the experience of E., who migrated alone but immediately tried to re-join her husband and her son left behind: 'Once here you want to reunificate your family here! And my husband arrived only four months after me!'. The recognition of nurse qualification allowed a recognition of legal status that favourite also adapting strategies in occupational and familial pathways and mobilities.

In this case the wife migration and her occupation in the nurse sector affected markedly the husband's occupational trajectory too. He was employed as a guard at the international airport in Peru and he was supposed to attend a training course in order to improve his competences and its occupational level and gain an upward mobility in that sector. However, he renounced to his career in Peru to follow his wife in Italy and he accepted the compromise to study in a foreign country, in a foreign language. He decided to freeze his job for two years to go to Italy and reach his wife. This decision would have allowed the entire family to stay again together. He decided to get a nurse diploma attending a vocational nursing course. During the period of his re-qualification, a three years' span time, the breadwinner of the family was his wife. Now both are working as nurses.

Statistics show that at the beginning of 2004 (Data Istat 2007), there were a low number of family reunification requests applied by Romanian male migrants.

On the contrary it was high among the high number of Romanian women in Italy. The percentage of male and female Romanian migrants is now balanced and their permits of stay are mainly work related. People of Romanian nationality tend to migrate to Italy as couples and both members work. This is what could be done by few non EU nationals. A typology of mobility that emerged for people of Romanian nationality was a propensity to move in couple. Both key informants, recruiters and the same workers talk about a propensity within the professional context of Romanian nurses to move in couple. In the sample, are included three cases that testify a couple leaded strategy of mobility among professionals.

When I asked: ‘If you had to move individually and not in pairs, would you have done it anyway?’ – The husband replied: ‘No! Absolutely not! Indeed we waited one each other more than half a year because the equivalence did not arrive at the same time. And his wife Dina: ‘If not together, we definitely won’t have done it at all!’

## **5.6 Legal status at the entrance and at the interview time**

As already explained, the current analysis is based on information yielded by an empirical study in which migrant workers (45) are almost equally divided between those who come from Peru (23), and those who come from Romania (22). Their length of stay in Italy varies from a minimum of 5 years to a maximum of 34 years. All the women who re-qualified in Italy as nurses and/or auxiliary health professionals (21), with the exception of those who arrived for family reasons (3), experienced undocumented status. They were mainly regularised through amnesties while 1 through marriage. In one case a Peruvian woman could gain a legal status through childbirth, as mother of an Italian citizen. One Peruvian overseas nurse experienced a first entrance with a tourist visa in 2004 and an undocumented status as overstayer. In this case, the first time she arrived in Italy she had not her qualification recognized from abroad. She was employed as *badante* undocumented. In this case the subject visited her brother who was already in Italy and then decided to stay in Italy as overstayer because she, enexpectedly, found a job. Some friends of her brother found her a well paid job:

she has been working as a live-in careworker for a wealthy family for almost two years in Italy. Due to personal dramatic events, the deaths of her brother and her sister almost simultaneously, she decided to go back home. After two years in Peru, working in a field other than health sector, she decided to re-enter Italy, as overseas nurse, this time. In this case she could settle with a legal status since applied for the recognition of her qualification, she used intermediation obtaining a labour visa in 2009.

The time needed to gain a legal status was extremely varied: from a minimum of 2 months to a maximum of 5 years.

All overseas nurses entered with a work visa (16), with the exception of those (4) who arrived in 1991. In only one case she entered with a tourism visa. She caught the 'invitation opportunity' offered by her aunt already in Italy. Since her cousin is a nurse, she had information and was able to move without intermediation of brokers or agencies. She could do the pre-arrival preparation phases on her own, legalizing all documents. Her aunt was in charge of the Decree Issue. When it arrived she left Peru with all educational documents. With the help of her familiar networks (being nurses specific) she was able to work from Italy due to the 'out of quota' opportunity given to few. Since being nurses is a privileged category of recognized professionals without quota limits this opportunity made her achieve the condition to be employed after a mode of entry her status would be undocumented after three months.

Apart from one exception, none of the overseas nurses experienced an undocumented status (20). However, seven of them had to go back to their country of origin to get a work visa or re-do a sub-contract to be regularly employed.

In only two cases Romanian women migrated as EU citizens. Their status at the first entrance in Italy was of third country nationals and turned to be from non EU to EU later. Since immigrant law in Italy reserves different treatments on the basis of nationality, there is a difference between individuals from countries outside the EU who face higher legal barriers, and individuals from countries of the EU.

The case of Romania exemplifies how the shifting from being non-European to being European could modify statuses and opportunities for people who already resided in Italy. Indeed, I could grasp more in detail some peculiarities among nationalities as markers of differentiation. In the sample 14 women acquired Italian citizenship. In only one case she is still waiting for a long residency permit.

## **5.7 Country of Origin socio-economic and political situation**

The biographies of these women give account of many motivations that drive their migration. Heterogeneous aspirations, expectations and strategies emerge and delineate different capabilities to act and move. Analysing participants interviews 'migratory projects, their motivations are often overlapping and are not mutually exclusive. With the exception of tied-movers migrants, the majority of the respondents who followed the re-qualification track in Italy justify their migration with economic concerns, mainly linked to financial and pragmatic reasons. They motivate migration as a way for improving their socio-economic conditions.

The economic pre-conditions in the country of origin in many cases are mentioned as strongly influencing the taking of such a decision. According to these narratives, the higher wage level in Italy, if compared to the country of origin, offers expectations of better incomes. Especially in Romanian cases the change of the previous financial situation during the transition period from a communist regime to a liberal one, has deep consequences on migration choices. Economic motivations pertain some overseas nurses. Narratives of the present study confirm the reasons emerged in a study on Romanian health mobilities (Galan et al. 2011). In particular Italian jobs result to be almost 4-5 times higher paid than in their country of origin. After the fall of the regime, the Romanian society felt down in a precarious situation. Changes occurred on the economic and employment structure.

Simona, who re-qualified as OSS reports: 'We needed time, days to asset. They stole us everything! We did not know anything about what there was outside! You know you had to queue to get even a piece of cheese! It was like in war time – She goes on explaining that they had cut food ration and she was impressed when

she arrived in Italy – ‘The lady gave me money to buy storage and to do shopping and you can’t imagine! I almost fainted in seeing what I saw! I couldn’t believe that! To see all that food on the shelves *Madonna* how much oil! In Romania had to queue standing with the cold outside instead! ‘And she continues: You had to eat only yoghurt and bread to buy a car! It was impossible!’ She adds: ‘That’s why when I came here and they told me that the salary was 1 million liras with food and accommodation included and everything. I mean! Compared to Romania there was a one to ten differential! –‘You can also send me to move shit and well! You know what? I will move it more than willingly!’

Romanian labour market was characterized by massive lay-offs or adjustments in working hours, flexibility linked to outsourcing strategies, and flexibility in wages. During this period of transition, emerged difficulties of adaptation to the new economic, social and political conditions. In the first ten years after the fall of the regime more than 40% of the employees have changed jobs and often this process has been accompanied by an increase in poverty and social exclusion. This socio-economic context led to a massive migration (Cingolani 2009).

People were ‘learning to walk’ because the exit from communism and the adjustments were not easy! The mentality was not open on certain aspects. In 2000 people found out that outside, there was ‘West’ and it was better. I do not know. There were those people who moved years before for political reasons, a part of the population moved for freedom, but the majority - I believe – after it was for the economic differential of wages! Nurses at that time could earn 300 euros maximum and there was a big difference in Italy from an economic point of view!

(Cristina, overseas nurse, Romania)

According to a study on Romanian migration (Sandu *et al.*, 2006) of several years ago, the first wave of Romanian migration took place from 1990 to 1995, with political motivated migrations and with ethnic emigration of Germans and Hungarians. In this period there was also the emergence of new migratory patterns

to the Israeli, Turkish and also German labour market as some of these overseas nurse refers to: 'A very close cousin of mine who is eight or ten years older than me, who is also a nurse and left for Germany. I told you, she left in 1996' (Diana, overseas nurse, Romania). Initially headed towards Germany, France and Israel, then the first destinations changed and Italy became a selected destination country. A second wave was between 1996 and 2001. In this period Italian and Spanish labour markets started to become consolidate destination countries. Between 2002 and 2007 several trends developed. In particular increased: a. migration to the US and Canada and b. non legal, circular migration to European countries.

Peru was characterized by a political and social period of instability for almost two decades from the 1980s to the 1990s. Between 1990 and 1995, the worsening political violence and internal warfare in the country increased the outflow of Peruvians.

I was a victim of a bomb attack like that one of Borsellino. A big hole in the floor of more than 5 meters and all those who were around me all dead! This was in 1990, at the beginning of the year at university. In the centre where I was studying, nearby there was the Ministry of Economics and Finance and the Revenue Agency and they thought about putting a bomb

(Nora, overseas nurse, Peru)

All these factors contributed to favour Peruvian migration and to differentiate migration patterns.

Moreover Peru experienced a succession of regimes and governments that led to high economic and social instability. Also internal socio-economic and politic reasons are proved to be connected to such a mass migration from the reported interviews.

In 1990. I studied Economics and I finished in 1988. I worked as an accountant from 1990 until 1996 in Parliament as a senator's secretary

There were meetings with senators with people with the consulate. I've always liked politics, I worked in public relations ... I worked with them and we made presentation and organized meetings ... I have been working in the Party until 1996 but then there was the coup of my political party, Fujimori can you imagine? It happened like that: today is Friday and you have a job and on Monday there was a military take-over. We were left without work and then went to work to the senator's son office who was a lawyer. So I worked in this law office for a while and then I came here.

(Patricia, re-qualified OSS, Peru)

The Peruvian economy fell into a very deep recession between 1988 and 1990. A significative increase in unemployment in the late 1980s and early 1990s was determined by the economic and political crisis under the administration of Garcia (1985-1990) and the neoliberal policies introduced by Fujimori (1990-2001). In this period Peru experienced one of the fastest and deepest labour market reforms in Latin America. Economic structural reforms were tackled in 1990-1991 under Fujimori with a package of drastic measures (called Fuji-shock). Most of the national companies were privatized, an independent central bank was established and the exchange rate was allowed to float. The desire to have a secure, not flexible job, with a permanent contract is a reason to emigrate. As for this single Peruvian overseas nurse:

In 2000 I was working in Peru for a NGO. The European Community funded this project but that year was the last one. They renew the contract every year. I continued to work but with a six months-to six months renewal of contracts. The maximum length of a contract was of two years and it was a too uncertain condition [...] I wanted a safer and not uncertain condition. So I saw on the newspapers that there were job opportunities, that there was the possibility of earning more money. They said that in Italy they were looking for nurses!



(Gloria, overseas nurse, Peru)

In particular the Fujimori government implemented a program in 1991, with reforms that were accompanied by a downsizing of the public sector, affecting health sector massively. It is worth to be mentioned in the present study, a country-specific politic manoeuvre that influenced many of the life experiences of the women who I interviewed. Between 1991 and 1998 approximately 600,000 workers were fired (300,000 from the public sector, 180,000 from the administration and 120,000 from the companies), a record in the world's work history. The pioneers' women who I interviewed all mention the labour regulations of the Fujimori's government that occurred in January of 1991 when Supreme Decree 004-91 PCM was published. Before these reforms workers could be fired only for serious misconduct. The government declared these reforms were aimed at giving more efficiency to the system. During the first years government gave benefits to workers who voluntarily dismiss and who promise not to work in the public sector for five years. On December 28, 1992, the dictatorial regime issued Decree Law No. 26093, which instituted the biannual evaluation of state personnel, providing for the dismissal of other workers. In particular 3 women of the sample refer to the benefit of Fujimori reform as a factor that personally influenced their decision to migrate. Violeta says:

What has accelerated everything was the decree of Fujimori that facilitated everything because they fired me (I resign but somehow they obliged people to leave the job). It was an attack against workers' rights: a massive layoff!

She explains to me that the government forced people to resign: 'I just couldn't work in the public sector for five years. After this period if I wanted I could return!' she goes on saying: 'I could have worked in a private clinic but not in public sector. I would have gained much less than 2000 soles.' I could do it! I know people who did it. They went to work in the private sector and now they are fine, they live better than me! Instead I decided: 'I will do it abroad!'

Another Peruvian nurse refers to this reform as an opportunity: ‘Some of us who had given up work had been liquidated (Fujimori plan) and therefore had the economic power to buy travel abroad and buy the ticket’. In another case Maria, overseas nurses says:

Because you had to get the money for the ticket and for the trip. At that time it was very expensive, there was a chance to doing so because there were incentives, you know! If you were fired by signing a document not to return before five years in a public hospital they would have paid you! I did it and many other colleagues did it as well! [...] they wanted to downsize people working, so I took the opportunity to pay the travel!

## **5.8 Migratory projects - Family maintenance and high costs for health assistance.**

Re-qualified women, in the present sample, are more likely to have care responsibilities. In these cases economic motivations are directly linked to care needs. In the sample emerge ‘family strategies’ that extend care to other components of the family, usually females. Migrant women mentioned high costs for families maintenance. Money to pay for health related costs and education of sons and/or nephews are the main reasons behind many women’s and couples’ choice to emigrate. In these cases people moved with the aim to help their family members, both in Italy or in their country of origin (sons or parents and in two cases nephews and sisters). Their migrant role is intended in terms of a specific *family strategy* (Anthias 2000). In some cases they migrate to help with money and/or remittances. Indeed, this impulse emerges also for some cases of overseas nurses: a better salary for few years, planned in a short term migration, in order to optimize gaining and to come back home. Women declare they want to assure future prospects of improvement to their family, like Juliana, for instance, who explains her migratory story with these words:

Our director (of University) told us about the possibility to work abroad. Maybe because the main University branch was in Bucharest and perhaps there were more chances for nurses to move from a big city. Every year at the opening of year day, she started her inaugural speech talking about international nurses who went to work abroad but we didn't consider this possibility, we didn't think to what she was saying seriously!

(Juliana, overseas nurse, Romania)

After the university she and her husband, both with a nurse degree, found a job in the health sector and started to work in Romania, in their small city. In the meanwhile their children grew up.

We worked hard but our salary was very very low. I remember that my husband at the hospital gained a hundred euros per month. [...] We had a permanent contract and the working conditions and relations with colleagues were good enough but with no future prospects in Romania... for instance, the access at the university is very hard and you also have to study and get private lessons and prepare on your own for the test with private teachers. You need money if you want to have a chance to get in. I and my husband were conscious that we could not offer this opportunity to our sons at that time. The older son started to attend high school when we left. He was 15 years old. So we asked both of them what they wanted to do, their intentions for the future. We wanted to know if they were likely to go to study at the University. In this case we would have decided to move because we could not help them from there. Because what we earned was not enough for surviving, we paid for the phone and the light and the gas bills, and then nothing remained. It was difficult, a really difficult economic situation.

(Juliana, overseas nurse, Romania)

The chance of a higher educational opportunity to sons was the reason to move abroad: 'The only way was to go to work abroad.' They left their young boys at the care of their grandparents, in Romania: 'At first we thought they would have studied there (in Romania). We planned to work for a year or two, save money and go back home. But instead we came here and staid. We found a good situation at the beginning! I'm talking of about 14 years ago! - They then decided to re-join their sons in Italy.

These women decide to migrate in order to provide aid or support to family of origin components. Some left the country with young children, nephews or parents to take care of in their country of origin. Two respondents declare they are giving financial support to nieces and nephews to their college studies. In other cases the familial support is not strictly economic but service-based. In two cases the respondents follow their sisters who settled in Italy years before. They migrated due to their sisters' pregnancy, for providing care arrangements to their nephews and to allow their sisters to maintain their jobs. In a case such familial strategy conjugates the individual desire to continue tertiary education. As Delia, re-qualified as nurse in Italy, who migrates because: 'My big dream was to study Physics at the university in Romania but my parents couldn't manage the expenses for university due to the illness of my mother who had a cancer. We had high costs of medicines and chemo was invasive. Such pathology was challenging for us at that time! For these reasons I could not study! All their income quickly vanished because of the disease of my mother' - she continues - 'At the end of high school I went to my parents and I asked them to go to university and dad replied - 'Of course you can go! No I do not mind, I agree but it's up to you, I can't afford it! You have to pay for it!' 'But in Romania all the money I could earn in a month was not enough! Not enough for eating neither for a rent nor for books! Eventually when my sister asked me to come to Italy and give her a hand with her new-born baby I thought: very well!'

She wanted to have the opportunity to study. This opportunity was given by her older sister who settled in Italy few years before, working as domestic and carer for a family as a substitute of her aunt. 'My sister phoned me and told me to

come!' Her sister was pregnant and Delia emigrated with the explicit intention of supporting her for the first year, providing child care for her sister. She arrived in Italy for temporary care arrangements, in change, Delia had the travel paid and a safe accommodation. When she arrived in Italy, her idea was a short term migratory project which then turned into a long-term settlement:

A year of work in Italy can bring me the money I needed for university!' – I thought - 'In a year I will end up with the care of the baby and then I will go back to Romania with enough money that will enable me to study and help my family!' But as often it happens then a year became a year and a half and the year and a half became two years.

During that period the familial economic situation deteriorated due to the closure of the private activities of her parents:

Both the shop and the pub closed and they (her parents) needed us. My two younger sisters were too young to be able to work: we had 12 years of difference so when I left my country the youngest had five and a half years ... My parents are without a pension and the income from the previous activity was not enough to survive. The expenses for four people, two of whom were still at school, were too high and so I and my sister arranged to send each month money back home together. At that time the Italian lira had a greater exchange value so we could do this, two of us, because the change was favourable!

(Delia, re-quaified as nurse, Romania)

For these reasons Delia decided to postpone her permanence in Italy, because of the remittances to send to her family members: 'The fact is that after a year and a half I did not return home. I couldn't do the University of Physics as I figured because the access exam for university was really hard and I hadn't been studied

for a year and a half! Oh well, I thought: 'I will wait!' And then after two years I met a boy'.

Simona migrated for her father's illness and Romanian health system is described as malfunctioning and corrupted. She and many others in the present sample, reports on bribery of health professionals, on unequal healthcare access, on infrastructures underdeveloped. 'They arrived four hours later so if we had any, we lost chances to do something for him immediately! However there was nothing more to do! Since we had not a car! So you know we had to wait for the ambulance!

Subjects' parents illness and serious health diseases, associated to too high costs for medical assistance affected negatively the economic conditions of some of these women and resulted a determinant factor to make them leave their country. An extreme case is the one of Simona, re-qualified as Oss, who left Romania in 1998. She was attending Law at the University at that time but her father had a cerebral ictus and remained paraplegic. She was said he would have had a chance only with a very expensive operation in Switzerland. 'I would have tried anything to succeed!' - She says - 'So many people go to Italy to make money! And I would have done the same! I left everything! Just to save up money for my father's operation!'

Among motivations, overseas nurses refer less to familial chains than women who re-qualified in Italy do. In particular those cases that underline a less family dependent approach to migration can be divided between: 1. cut-off migrant profile and 2. explorative migrant profile.

*1. Cut-off migrant profile:* in these cases migration represents a cut off with the past and an individual reaction to face negative situations or traumatic events in the country of origin. These subjects are mainly young, in their 20s and they have often just finished secondary school or interrupted their tertiary studies. For these women migration was a life-changing strategy to face, for instance, the divorce or separation of parents, love delusion, depression due to personal events. This is the case of the following Peruvian overseas nurse:

Honestly, I had not thought about it before, I had my life there. What made me come here was the fact that not being able to do Medicine has been something that has thrown me down so much that I wanted to change a little. How to say, change the air, change everything. After not being able to enter the faculty, to tell the truth, I did not even want to go out. And then the fact that you concentrate your efforts on something and prepare so much! Because I have been studying for two years and I wanted to enter at all costs and it was a question of little. I did not enter for only four points. It was a great failure, a disappointment for me. I felt so demoralized and sad and in fact I did not want to go out anymore. My father wanted me to try again but I said – No! - And then I decided to leave and come here.

(Estrella – re-qualified as nurse in Italy)

Family separation and amorous disappointments are some of the motivations mentioned to migrate and to decide to change life:

I worked in Romania in the public hospital at the Neurology department and I was fine. I'm here because I wanted a change in my life. I wanted to change everything, from work, to social life, to love life. Change everything! All! I do not want to offend anyone making comparisons but I'm different from those who came here to improve their social life, for economic reasons... I mean, in the end we all need money but I just wanted to make a real change in a different sense because if I wanted something (in Romania) thanks to God I can afford it because I worked. I really wanted a change ...(...) I told you I was sick of life and I had a depression ... yes I've been fiancée with a boy for many years and then the story finished and I wanted to change everything and for me the world was over and I thought I have had enough! So eventually I contacted an agency I've heard around. None, even my mother did know of my plan. It was a bit 'so and so' and for me - you know - It was a bad time and I wanted to change. I was

depressed and at home I saw depression and out of home depression.  
This for an asshole! In the end I decided that I had to change because I  
could not do that way anymore!

(Ana – overseas Romanian nurse)

2. *Explorative migrant profile*: in these cases the decision to migrate is more connected to curiosity, to individual-centred motivations, to a need to have new experiences and travel around the world or follow an adventurer migrant model they are attracted from. Such reasons are more likely to be given by those migrants who are young, belonging to a medium-high social class and with no family charges at the time of migration. In this group there are both singles and just married couples who decide to leave together. Ana who re-qualified as OSS and arrived in Italy in 1981 when she finished university. When I asked her: ‘Why did you leave?’ – She answered - : ‘Because I was curious and I had this opportunity!’. However, this profile doesn’t usually fit people of the sample who re-qualified in Italy. It usually pertains overseas nurses, like Cristina whose words are emblematic in explaining this migrant profile: ‘At that time I was more interested in countries other than Europe. I was thinking of doing a master in America and then to come back home as a *superfiga* in Romania! Maybe it was also a bit the young age I had, I was only 22 or 23 years old!’

The sister’s Italian *fiancée* of a friend of her was recruiting nurses for the Italian cooperative he was working for. However, her friend didn’t refer her anything: ‘Excuse me - let me better understand - you told everyone but me this thing, but why you did not tell that to me?’ and – her friend answered – ‘But I thought you were not interested in it, you don’t have economic problems and I figured that you wanted to go to America!’

When I asked her why she decided to move to Italy she replied:

I really like everything that is new ... Even the today's interview. I've  
always been attracted by the novelty of things! I’m fascinated by what



is new, I don't know, there is something of the side of the unknown that intrigues me and I think that the part of me where lies curiosity, you know, that is the part that desires to grow. I do not know if what happened to me it was really lived in such a philosophical view I'm telling you now. However, you can understand me! The situation was like this: that my friend, one of my best friends, she did not tell me something that was so important! That is to say: there was the possibility of working abroad and it was a very important thing to me! It was an adventure! Like when you go to the amusement park and there are various routes and levels of difficulty and then you have to decide: this is very difficult, this is semi-difficult and this is easy. I think - What shall I start with? I will try with a semi-difficult route not with that one for beginners! - Otherwise you will know what happens! Wan't you? I'm always like that and I took the right opportunity! I risked! [...] The place where I used to work had not enough material. For example, there was no illimitated availability of syringes in the ward. You had at your disposal only five of 5.5 and five of 10.5 syringes. You had to solve this problem and manage to do the work needed on all the patients while maintaining sterility! All these things I did, all stimulated me to find new solutions and this condition pushed me to try new things! So also the previous experiences influenced me [...] All these things got my curiosity stirred up. I wanted to get out and see something else and now, after 10 years, sometimes, you know, you remember maybe stories that have not even ever happened or maybe you just give your interpretation of things... However, this is the explanation I gave to myself!

(Cristina, overseas nurse, Romania)

She really likes everything that is new and matured an on the job experience in the nursing sector, as Maria, who resigned and decided to leave a permanent job:

'I did not do it for the money! It was a new experience and then I wanted a little of change and there was this possibility!'

One of the respondents describes as follow an 'adventurer' model she admires:

I've always had the idea of leaving Romania, a very dear cousin of mine who is 8-10 years older than me she left in 1996. From Transylvania to Germany. At first she did not work as a nurse but worked in a family as a baby-sitter. More than twenty years ago she did the nurse school in Germany. I admired her so much because she was a very open minded person. It was not easy in 1996, after only six years from the revolution. To leave Romania! We were still very culturally closed, as mentality. Instead she was not. She had this courage to leave. She improved her life and I admired her so much! This cousin of mine was a role model to me, it represented a positive idea! I was always thinking how nice it would be if I could be able one day to leave the country like her! This was printed in my mind since I was young, this idea of going away. However I never wanted to be a nurse as I said. It was my mother who practically almost killed me to do it!

(Diana, overseas nurse, Romania)

At the opposite side of motivations there are those women who moved to follow their partners and arrived to Italy to get married or as spouses. These migrants underline that their choice is an affective leaded choice and that they wouldn't have left their country and family of origin if they hadn't fall in love with the partner they decided to marry and/or to follow in Italy. What characterizes their experiences is the fact they wouldn't have moved otherwise. There are three cases of Romanian women in line with such a profile. Even if the following consideration relies on few women, it is worth to be mentioned the fact that all women who re-qualified at the higher level of the present study, thus getting a degree as nurse, entered Italy through family migration channels. They

initially renounced to their professional or educational perspectives. In a case this meant giving up with university studies at the faculty of Psychology, after four years of lessons attended and exams passed in Romania. As Dora, a nurse re-qualified in Italy, did. She explains to me: 'I married him a year after we met' She admits: 'At the age of 23 you think you know everything! I decided to get married and follow my husband'. He told me – 'We have to move to Italy because I work in Italy and then you'll see that when you will finish your studies you can find work in Italy!'- I had never been in Italy before and I did not know that it is hard even for Italian psychologists to find a job in the sector! I let you imagine for those who come from Romania!' Since she was at the last year: 'They agreed and they accepted that I could do the last exams like this (also without attending courses)'. In the end her husband prevented her from returning to Romania to finish the exams at the University with the result that she never finished that University.

In another case the subject arrived in Italy 18 years before the interview. When she left Romania there were promising job opportunities in her country for her and a training course would be paid by the firm she was working for. However she moved to Italy in 1999 when she got married with an Italian man. She is now divorced. She met her ex-husband in Romania because he run a business there. A friend of her who worked in the bank asked her a hand with Italian language translation and she got engaged.

I have been working in Romania for more or less five years. I was an accountant in a fashion house. I resigned [...] They wanted me to study and they would have invested on my education and training before I left. But I fell in love with him and it was unexpected!

(Simona re-qualified as nurse, Romania)

As the previous one, she has now divorced.

They all declare to be satisfied of their life in their country of origin and all underline an initial critical time in which they suffer from isolation. Beside the

aspiration of building up a family life here in Italy with their husbands, none of these women, prior to migration, had conceived themselves neither as housewives nor as migrants. But then: 'I turned to be a housewife and for the first three years I did back and forward from Italy to Romania' (Simona, re-qualified as nurse, Romania).

The younger tied-wife of the sample left Romania when she was 20 years old with the idea of attending University in Italy. She was studying at the first year of a private school at the Faculty of Journalism in Romania and she reports she had guaranteed a job after her studies. However, she preferred to leave and follow her husband. She arrived in 2008, thus moving to Italy using her mobility and residency rights as an EU citizen. With the initial idea of conciliating family and university studies she tried to access to tertiary education just arrived: 'Yes I then came to Italy I tried the admission test but the first year I did not pass because I did not know how it was! I had five subjects to study I had a book big like that and first I had to translate then I had to study and I wasn't able to do all that stuff even within the terms'. It was more selective than expected and the failure frustrated her. However she attended another faculty, that was able to access, namely Biotechnology with the intention to pass some exams and be able to enrol the second year of nursing University. This year - she admits - was training for her. It helped to build up connections, better understand the academic Italian system functioning and to improve her language abilities. 'Since 2009 I have attended Biotechnology courses then in 2010, I re-did the admission test for nursing faculty and I did pass it! At that point I did not make the application to move from Biotechnology to nursing courses, instead I started all over again because this passage would have been too expensive!'

Women of Peruvian nationality refer mainly to political instability in their country of origin, risky conditions and social uncertainty. In these cases both economic and familial needs, even if cited, are less urgent in the taking of decision. Those women who left Peru in 90s refer to socio political motivations as reasons to migrate. They underline how the question of safety and wellbeing is more important than the question of, for instance, high salary. A representative case, embedded in the specific political context of the terrorism of those years, is the case of Nora: It was 1990, I was adult, I was 29 years old and I was working

in that period in the department, I was in a military hospital and often did happen things like that!'. She refers to an incursion in the hospital where she worked.

She tried to escape a critical situation of serious danger in Peru, survived a bomb attack and voluntarily dismissed herself, as reported by her own words: 'I would have lost my job because with conscientious objection I could not go on this way, they would not have tolerated my refusal to be armed anymore'. She was worried about her security and was fed up with living in fear. Talking about the idea of migrating to Italy she continues:

It was a good opportunity not only at economic level but mainly psychologically. I felt better and even my parents were aware that otherwise I was at risk in that hospital. [...] I personally lived in a stressful and painful situation. I was a 1st grade military and I lived in a risky condition.

(Nora, overseas nurse, Peru)

Expectations on their settlement prospect are usually of short term. In most cases the idea was a short-term migration almost all people I interviewed declare to come to Italy not to stay permanently but eventually they settled. Some still indicate their wish to return. In a case this future possibility is to assist the old mother, in another for the retirement, in other cases the return option was considered in the past but the attempts to go back home failed because the subject had an accident and was recovered at the hospital. In another case the option was considered but this woman reports she had to pay for having a job vacancy in Peru and she eventually renounced. In other cases family related events occurred (they marry or have children in Italy or meet a person) and their idea to leave the country was postponed.

## CHAPTER 6 – CAREWORKERS AND NURSES

In Chapter 6 I will try to describe the social opportunities and ‘conditions of capability/ies’ of the migrants’ workers under investigation. An effort to describe the plurality of functionings and capabilities of the women I met and talked to will be developed.

Chapter 6 addresses the following research question: ‘What kinds of social opportunities and ‘conditions of capability/ies and functionings’ do emerge for female migrant workers<sup>199</sup> in their ‘achieved’ typologies of mobilities?’

I will focus on similarities and differences comparing social opportunities emerged in different paths. The concept of mobility (see Chapter 4) will refer here to two typologies of mobilities: 1. the capability to move, geographically intended; 2. the capability of mobility related to membership statuses (thus to move from a lower status of inclusion and recognition of rights to a higher status i.e. long term residency status). The occupational mobility will be addressed in Chapters 8 and 9.

The present Chapter will try to describe the ‘achieved’ typologies of mobilities emerged. Similarities and differences will be grasped comparing different paths of ‘mobility’ and of ‘recognition<sup>200</sup>’. The concept of recognition refers to the capability of conversion. The opportunity to transfer a qualification into an achieved recognized status that enables workers to be employed in an occupation that fits the educational credentials gained.

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<sup>199</sup> As health professionals employed ‘in an occupation that fits their educational titles’ after a process of recognition

<sup>200</sup> Qualification from abroad and re-qualification in Italy

## 6.1. Capabilities to Move: from potential to achieved

Some people may privilege the idea of staying where they live. Others may try to migrate elsewhere. Potential migrants, in considering the possibility to leave their countries of origin and work abroad, have to face the real opportunities available to move. Since they do not move in a *vacuum* space, this choice can only be framed in the specific geographical and historical context of these specific biographies. Mobility can be understood, thus, referring to the available real options that these people may have to be (cap)able to move (see Chapter 3).

The achieved decision taken by these migrants resulted to be influenced by many factors. According to what emerged from my field-work, I argue that visa system, in shaping the entry conditions and related settlement opportunities, deeply influenced not only the social opportunities that these people had to move but all their following capability sets in the post-migratory paths, especially in the occupational domain.

Of primary interest is to focus how the visa system may shape different categories of migrants at the entrance and how these selective mechanisms may create different degrees of inclusiveness and membership statuses, shaping the people's capability sets and consequent available occupational options of insertion. In attempting a classifications of migrant statuses, I based considerations on entry conditions and of upward mobilities of statuses on two different macro legal/juridical subgroups. I distinguished between: 1. the status of being EU-citizen (communitarian) and/or 2. the status of being non-EU citizens or non communitarian. The status of being EU-citizen will imply that they are not dependent on a visa issue to legally move to Italy. On the contrary, non EU citizens<sup>201</sup> may need the visa requirement to freely move.

The migrants of the present sample who re-qualified in Italy and entered with a tourism visa, being non-EU-citizens, when were asked why they entered just Italy, they answered that they had friends or relatives. The study shows that migrants decide and negotiate according to legal structures.

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<sup>201</sup> Peruvians before 2016 and Romanians before 2002.

Almost all (with the exception of two) knew that if they wanted to work, their position after the arrival would be that of undocumented migrant for an unknown time span. In some cases they could count on an 'invitation' to obtain a visa issue more easily. When taking their decision, thus, they chose among the available destination countries and, in order to make the best selection, they considered, among other factors, also the legal constraints that regulated their international migration. The presence of someone who could sustain them was crucial. In few cases of the sample these women entered the country as undocumented. In the case of non legal entrance, they chose Italy because it was a country they had someone they could count on, already in Italy. Indeed, they had to recur to not legal intermediaries as a result of restrictive migration regimes and limited access. Those who entered as undocumented show how their selection was influenced by the visa system functioning. In many cases they borrowed money. This made them more vulnerable due to debts and their re-pay mounting migration related. As I will better explain in the following paragraphs their travel organization was characterized by the burden control functioning and by several escamotages to overcome such barriers.

In the case of legal entrance for work reasons, that of overseas nurses, respondents said to have chosen Italy because it was a country that they perceived as being easier to enter. Overseas nurses who arrived before 1998 entered as tourists. All the others were capable to enter with a legal work visa, out of quota. However, their status, even if legal, was strictly linked to their occupation and to their employer. The 'skilled' mode of entry for overseas nurses in real terms signified to be dependent on intermediaries services, on the subscription of a work contract and on the IPASVI registration. Also in these cases there were re-pay expenses migration related. Their opportunities to legally work were related to limits and constrains and some of them incurred in debts. This made them more vulnerable and their initial precarious status restricted their available social opportunities to find alternative options of occupational mobility: low possibility to change work and low possibility to change contractual terms emerged (these aspects will be further discussed in Chapters 8 and 9). In the cases of first wave Peruvian pioneer's, they had to go back to their country to re-arrange their fuzzy 'legal' status and their unclear contractual terms of employment.



### 6.1.1 Mobilities from Peru to Italy

According to the present sample, the options available to Peruvians' mobilities who applied for a tourism visa, in the period in which they moved, was restricted by visa and self-maintenance proofs to enter Italy. Currently a bilateral agreement between Italy and Peru, exempts Peruvian nationals from holding a visa to enter Italian territory. In fact since 2016 there are no more visa requirements for Peruvian citizens. The sample characteristics do not allow reasoning on these more recent changes. However it would be interesting to go more in deep on such migratory trends and on how they may shape different patterns of mobilities, according to the new available opportunities to move.

In these biographies it emerges how migrants read the range of possible migration connections and the varying geographical contexts of receptions with a hierarchic lens of social opportunities. In this hierarchy, for the majority of Peruvians, the United States represents the first choice. However many declare that such a possibility was denied at the entrance. Italy was a second or a third choice destination country as the entrance access and visa issuance was facilitated. From the interviews emerges a consciousness, both implicit and explicit, on how the possibility to move is linked to visa requirements. People mention difficulties mainly related to prove to be adequate 'tourists' at the Embassy. They have to provide documents for accommodation, return travel ticket, health insurance. Indeed in the narratives emerge a strategy that takes into account the easiest available way to move. Some refer to different degrees of openness/closure of consulates. Some have the reputation of being less 'strict' than others. In a case the subject chooses Italy as the final travel destination due to a politic recommendation, helpful in gaining a visa issuance: 'I had a politic recommendation and my mum told me to try with Italy'. She moves to Italy as a first migratory step. She arrives in Italy but she would like to reach US. Italy, in this case, was considered as a stepping stone towards another country. Eventually she failed in her purpose and settled in Italy:

At that time it was very difficult for a Peruvian citizen to go abroad, both to America or to Europe. Only an entrepreneur, a religious or a

student or a famous person could afford it! Ordinary people of course cannot do it easily! You had to prove a high income and there were so many documents required! My dream was to go to America. Even when I arrived here in Italy, I still had that dream. I wanted to go to America! I went to the American Embassy in Peru and then I tried here in Italy. They told me that I could not to go because I was alone. There was anyone I knew in US. Anyway even after years, when I had an occupation and I was regular here, even at that time when I had an income and everything was right! Well I went to the American ambassador because I still wanted to go to America! He told me that if I had had a property here, a house or something they could have thought I would have returned, they would have considered to give me a tourism visa otherwise not. Eventually they did not issue the visa!

(Patricia, re-qualified as OSS, Peru)

The applicant's willingness to return to the country of origin according to the Embassy was not enough in that case. Also Beatriz tried to migrate to US: 'I made the Toefl exam but I did not pass the first exam because it was very difficult! I had already contacted this cousin of mine who were here in Italy and then since she was here I managed to come first here to Italy!' She moved because she obtained a visa. Her cousin was already in Italy and provided an invitation. She migrated in 2009, few years after graduation:

First in America but then I thought about Italy. It was during the last year of University! That's why I started the Italian language course [...] I thought also Chile since my sister has been living there for five years! I actually went there for a short time, as tourist, on holidays but I did not like it, then the food it was not good! And it was not so different from Peru!

(Beatriz, overseas nurse, Peru)

Another example in this sense is the experience of Violeta who is a Peruvian pioneer nurse who moved in 1991. Talking about Italy as destination country, according to her initial idea of migratory project, she says: 'It was a long time since I had the idea of an experience abroad. I have already attended the English course at the American Institute and there were already some of my colleagues who went to the United States'. She explains to me that many Peruvian nurses applied for the equivalence of their qualifications in US. However it was very difficult since: 'The test was in only two countries of South America: in Chile and another country... I think it was Argentina! There were these two countries in which the competition was held'. She admits she is never been good at languages, adding: 'Those who were more fluent in languages were facilitated and passed the test. The test was held only once a year and you had to do the test in Santiago'.

In her case the first attempt to have a US work visa failed due to the difficulty in passing the English language test.

I did not succeed because I did the pre-test in Lima. I was not ready for the English test since I passed the theoretical part but didn't succeed in the practical. So there was not the possibility! They wouldn't engage me! Then I thought to go there, to US and study there and re-do my degree. I thought, however, I will go first to Europe.

She tried also at the Spain Embassy and finally she opted for Italy because acquaintances granted her a support at her arrival and in searching an occupation.

In Spain I had some colleagues but they did not guarantee me hospitality [...] Then I heard there (at the Embassy) that there was a person who was acting as an intermediary with the documents and she

told me that in Italy were looking for nurses and there was a high demand and that it was easy!

(Violeta, overseas nurse, Peru)

She was promised a support at her arrival that made Italy turned out as the selected destination country even if: 'In Spain they did not want the translation of documents and it was easier! While in Italy it was a bit more difficult for translations! I had to pay for all that stuff and I had to go privately'.

Generally speaking, the majority of people of the sample who migrated from Peru show a preference toward US as a first choice destination country.

Mirna leaves Peru in 2008 and says:

Because honestly I had lost the opportunity to go to the United States. I could not go back there because the tourist visa was too expensive for me. I had already spent a lot of money. It is very hard to have a tourist visa for the United States! You have to demonstrate to have cars and money otherwise they say you want to come there and stay. So that was my first option and I would have liked to go to America again and it was closer. I was young, 23 - 24 years old! I thought: 'I can do it! I want to do things and then I was thinking of helping my parents and take care of them and I had so many illusions that at that age you have! I couldn't go to US again and finally there was the Italy boom and I knew about some colleagues who had already come here

(Mirna, overseas nurse, Peru)

Katy who re-qualified as OSS and left Peru in 2002 talks about the possibility to migrate to US in these terms:

But because it's harder, entry is more difficult! They will kill you! Look at what happens to the Mexicans! I knew what happened and you can read it on the newspapers everyday: the Mexicans who wanted to cross the border ended up killed. Understood? You die! And then I had a sister already here. So I thought - At least she can give me a hand, give me some advice! [...] Otherwise possibly I would have chosen Spain instead but then at the time I left it was fashionable Italy. Everyone was talking about Italy Italy Italy Italy!

(Katy, re-qualified as OSS, Peru)

### **6.1.2 Mobilities from Romania to Italy – shifting visa requirements**

According to the present sample, the options available to Romanians' mobilities changed over the time. The available opportunities of mobility varied according to three different periods: 1. a first period, between 1998 and 2002, in which the legal status of the two national groups (Peru and Romania) was under the same regulatory law (third-country nationals) and so it was their legal treatment. In these cases, thus, migrants needed extra-EU visa requirements to enter Italy; 2. from 2002 to 2007, a transitional period freed mobilities of Romanian citizens and there was an exceptional treatment in which there were no visa requirements, for Romanian citizens, to enter Italy and 3. after 2007 romanian citizens acquired EU status, being communitarians.

According to the results of the present study, holding a communitarian status or not, has a significative impact on opportunities. From 2007, Romanian citizens gained a UE status and their social and spatial mobility turned to be higher: they had an available opportunity that extended their freedom on the mode of entry and on the possibility to find an occupation directly on the Italian territory. As I will show, this higher membership status enlarged opportunities. Indeed, the material at disposal shows how the higher degree of available mobility opened to some of these women social opportunities that supported them with re-qualification paths and occupational matters. This is the case of those Romanian women who could count on care and economical supports of their familiars that, being communitarian, could easily move to Italy and help them.

Romanian migrants have adopted diverse strategies to move according to the different period they decided to move. During my research, I came across several strategies, which mostly document how the porous changing nature of immigration controls, visa system functioning and shifting borders may influence the available social opportunities to move, not only geographically. The following examples cannot be exhaustive; however they show how the visa concern results to be extremely important. I will report few examples that describe how regulatory changes influenced coping strategies in daily lives of Romanian women's mobilities affecting their structures of opportunities and their agency

functionings, according with normative changes that occurred during their migration experiences.

The following two cases reported exemplify in particular how the visa liberalisation for periods of up to three months eased the migrants' borders passage. Dorina, who re-qualified in Italy as OSS, declares that free mobility made her chosen Italy. She came to Italy twice. The first time she arrived in 2005, when Romania wasn't yet part of the EU community. However since Romanian citizens were allowed to cross the borders without the visa requirement she moved without barriers. She explains to me that people could simply travel with a stamp on their passport with the date of entrance and they had guaranteed legal permanence on the Italian territory for three months. At the light of such opportunity, when I asked her – 'Why Italy?' – She replied: - 'Because it was easier. You can come here without a visa, you can travel and, if you want and find a job you can stay more. In other places you need to prove income and economical resources to enter the country!'. Another case that exemplifies how important may be for a migrant the opportunity to enter a country without visa requirements is the one of Elsa, Moldavian<sup>202</sup> citizen who gained the Romanian citizenship. Moldova and Romania, used to be a single country, and the Romanian policy favoured the acquisition of citizenship to Moldavian citizens. This created a high level of migrations between the two countries. In the middle of the 2000s, many Moldovans applied for Romanian citizenship. They could benefit from the overmentioned free visa regime and then of the status of being EU-citizens, after the 2007 EU Enlargement. She arrived in Italy before 2007 and she underlines how her status of Romanian citizen enabled her to move to Italy without paying a very expensive fee visa charge. Moldavian citizens had their opportunities to move very reduced if compared to those of Romanian citizens. According to the respondent I interviewed, in fact, the alternative available opportunity to move would have been to pay 2500 euros for a tourism visa.

In another case, being a EU citizen has facilitated the management of a couple's relationship at a distance, leading to the final decision to marry and come to live in Italy together. This overseas nurse explains to me that when she left she had a

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<sup>202</sup> This was possible due to the Romanian policy of granting its citizenship to Moldavians and created a strong inflow of immigrants (94,916 between 1991 and 2001) who migrated to Romania (Pantea, 2011)

fiancée in Romania. She did not want to stay far from him so he often come to Italy: 'for three months asnd then he returned' He kept going backwards and forwards and these movements were made possible by the facilitated regime that allowed Romanian nationals to travel and enter Italian territory for three months, without a visa. "After that period, in 2004 we got married to stay together. We made a civil union here, just to make him able to do all the documents here! We decided to marry because he could do family reunification. Otherwise he couldn't have a legal residence permit and he couldn't do anything!" In 2004 Romanian citizens needed a work visa to be able to work. Instead a permit for family reasons gave her husband the possibililty to work and have e regular permit of stay. We are married here to do these documents (Coesione familiare) here and then in 2005 we got married at home in Romania with all the relatives!. The fact that he could freely move eased the family reunification process since they could benefit of the so-called family cohesion.

Family cohesion<sup>203</sup> can be defined as 'a family reunification carried out directly in Italy' which does not therefore presuppose the prior request for authorization to the Immigration Desk of the competent Prefecture (Sportello Unico Immgrazione) and the subsequent issue of an entry visa per family. This opportunity is more likely to be practiced as a familiar of Italian (relative within grade II) or of a EU-citizen. In the first case the documents to obtain a family residence permit are made directly in Italy, in the second case the procedure is much longer and consists of two recognition phases: the average waiting time according to my participants is at least one year and a half: "No, my husband was already here and I made family cohesion, that is, we went to Offices with the marriage certificate and we did all the documents from here!"(Ana, overseas nurse, Romania)

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<sup>203</sup> This hypothesis is governed by article 30, paragraph 1, lett. c) Legislative Decree n.286 / 98 and following mod., Consolidated Act on Immigration, in which it is established that the residence permit for family reasons is issued to the foreign family member already legally residing in Italy, with the right to stay for a reason other than that per family, in possession of all the requirements provided for reunification with another foreign citizen legally residing in the area (articles 28 and 29 TU Immigration).



### **6.1.2.1 Communitarian status: expanded opportunities for free mobility – family and care arrangements opportunities - economic support.**

As described in the overmentioned case of ‘coesione familiare’, being a EU-citizen gave to these women a membership status that favoured not only the opportunities to freely move but also the capability of free movement for their families. They, as EU-citizens, could have a higher familiar support. For Peruvian nationals such an option was much more difficult to be achieved. On the contrary, free intra-UE mobility eased the capability to be and do family. Moreover being Romania geographically close to Italy, these women could be supported by familiars also in care arrangements. This happened to Ana whose parents could travel freely and, as she reports, resided often in Italy for periods of three months. They could care for her sons during the summer period, for instance: ‘When schools are closed and there are not services available!’.

In another case, Adelina solved her husband’s health related problems through the husband’s sister support: ‘I called her sister to come over and help us. Because I could not manage the situation any more! He was driving me crazy! I had to take care for him but for me it was impossible with schedules at wor!. – How could I do? – She explains to me, referring to that difficult period related to the illness of her husband – ‘I’m going out of my mind because if I leave him alone he can really through out of the window!’ - She was fed up of the situation and needed a support: - ‘So her sister came here for a while’. She could count on this kind of familiar care support only due to her communitarian membership status: ‘Because in 2007 we entered the European community and therefore she (the husband’s sister) could come up and down freely whenever she wanted to assist him!’.

Also Dora, who enrolled at University, was supported by a familiar strategy: her mother come to Italy to work in order to allow her to finish her academic studies. Without a communitarian status they would certainly not be able to manage such a supportive familiar strategy. The opportunity to count on her mother’s help could not be easily translated in reality without this freedom of mobility. Moreover her mother would have not had the possibility to find a job after her arrival in Italy. Without the constrain of a specific visa made her capable

to find a job and with a regular contract.

Also Georgita benefitted of the freedom of movement. Her parents, who currently live in Romania, can freely come to visit her and their new-born nephew without standing in long queues outside consulates. On the contrary her co-national Simona, only few years before, could invite her mother only asking to her husband consensus and an invitation letter, due to her familiar permit of stay.

In sum, membership status and free mobility created different civic stratifications also in terms of available opportunities of care arrangements and capabilities of 'being and doing' family.

## **6.2 Modes of entry: a bifurcation**

It is at the point of entry that distinctions between those who 'belong', who have an absolute right to enter, and 'others' are drawn. Those others may be permitted to enter, but it is at the discretion of the state issuing visas, and different conditions apply to different groups.

Liza Schuster and John Solomos (2002: 39)

Different capabilities are related to the available rights attached to migrants and workers categories: EU nationals' citizenship, non-EU nationals, non-EU nationals married with Italian/communitarian citizens, non-EU nationals mothers of Italian citizens, and so on. To different degrees of memberships correspond different degrees of formal inclusion into the Italian state. The higher status that grants the right to not be expelled for unemployment or not self maintenance reasons is that of long-term residence. On the contrary the lowest available recognition is that of being undocumented. Each pre-migratory condition (short term vs permanent) reveals to be strictly linked to the settlement typology of migrant (allowed to reside on the territory and work vs allowed to leave the country by three months) and thus to the type of worker category that

will be capable to work (undocumented vs documented) in the destination country.

The present results suggest a polarization of opportunities among the available paths of 'inclusion/exclusion'. A clear divide between skilled/unskilled and documented/undocumented paths. Unsurprisingly these two dichotomic groups overlap: to those who are recognized as skilled fits a documented entrance typology followed by a documented status of settlement.

Results show how on the basis of citizenship, the visa issue is a necessary condition to freely move. Indeed, as showed in Chapter three, on such a simple premise it is traced the settlement path according to the typology of membership status. The access may be denied, conditional, or free. I deserve a focus on the entry mode and on the intermediary infrastructure that emerged in the first migratory phase, that of arrival. The two factors are not analyzed solely as two contextual factors but as actors and factors that were linked to the real functioning of the subjects' capabilities to achieve their occupational status. The questions addressed were not only what these people did, but also what they were in the position to do and to enact.

In the present empirical study different degrees of access can be distinguished according to entry conditions and consequent legal statuses. This premise shaped the capability sets in which migrants could actually move their options to be employed and/or to re-qualify in the so called receiving country. The different categories, as defined at the entrance, created the real available opportunities of employabilities at disposal for these real people. The attached recognitions corresponding to each membership status had indeed serious implications on the people's liberty and choices. As will be shown, they could be able to freely move or not, to be employed in regular jobs or not. The results that the present narratives show is a wide spectrum of possibilities and categories, going from those women who, after a marriage with an Italian citizen were naturalized after few years and held the same rights of native citizens to those who have been undocumented for a long time period. Moreover they had different entry related reasons to access Italian territory. In practical terms, these people have been able

to work as legal or not legal workers according to their different available statuses in different phases of their migratory experience. As I will better explain, changes of statuses may depend on: the strength of time of residency, being it a short or a long term and/or the dependent or autonomous status linked to their permit of stay, linked to geographical changes (enlargement of EU territory) and/or to life events and changes like separation, divorce and motherhood.

Drawing on the empirical evidence of the analysed material, the visa system functioning and the linked modes of entry available to potential migrants are crucial in defining these workers' pathways. The possibility of the issue of a visa and its typology influences the entrance of willing migrants to Italy. In particular it traces a bifurcation, a two ways trajectory based on the following dichotomy: legal *versus* non legal status. This reasoning refers to work related migrants. The present results show that almost all overseas nurses applied and gained a nurse specific labour visa, issued out of the quota system (ex art.27 r-bis) and obtained a legal status of permanence on the Italian territory. On the contrary, all women who followed the re-qualification track, with the only exception of the women who migrated for family reasons, experienced a non legal status of permanence on the Italian territory. Moreover, the findings of the present study confirm the so-called 'overstayer' mode of permanence that characterizes work migration to Italy. None of the women who entered to work and re-qualified as OSS or ASA applied for a work visa. Instead, they arrived holding a tourist visa or entered as non legal aliens.

Before entering the core of analysis I will briefly recall the connections between the typologies of visa and the conditions of residence. They may vary according to the reasons<sup>204</sup> of issuance. For the present study purposes the divide I considered was the one between two visa typologies that allow to work (work<sup>205</sup> and family) and the one that does not give any opportunity to work legally after arrival (tourism visa).

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<sup>204</sup> The types of visa also vary according to the reasons. The present research only includes in the analysis (see Chapter 3): 1. Visa that shapes a short term permanence: for travel – Tourism Visa; 2. Visas that shape a long term permanence with related settlement paths: 2a. for work or 3a. for family.

<sup>205</sup> Seasonal work visa are not included in the present research. These visas are usually issued for a maximum of six months and extended for a further three months period.

### 6.3 Modes of Entry and following available mobilities

In line with the peculiar traits of the Italian immigration framework (see Chapter 3), it can be clearly read through the individual's lives of these women a first macro-distinction. I refer to that one between migrants characterized by their undocumented forced settlement path after their entrance (all women who re-qualified with the exception of tied-movers who entered with a tourism visa<sup>206</sup> or without visa) and migrants who hold a labour visa that allowed them to gain a regular settlement path and a legal status in the host country (almost all overseas nurses). Findings of the present study corroborate the importance of immigration law in filtering people mobilities.

The case of entry mode by a tourism visa is related to an undocumented status of permanence. Indeed it pertains the 'non legal' category of people spatially located. The picture that emerges of Italy is that of a country where, sooner or later, regularizations will turn the undocumented status into a documented one.

In the case of entry mode by a work visa, the permit related to work reasons, even when gained, is attached to a legal status that will be precarious and connected to unequal conditions and opportunities of employment.

These two conditions of membership statuses will be broadly discussed in the following Chapters.

The case of family reunification and the entry mode by a family visa makes people capable to work. However it produces categories of migrants that depend on the familiar they are linked to. This is the case of Dora. She held a permit for family dependent on the marriage with an Italian citizen. Under the current migratory law, the legal status of an extra-UE ex-wife can be granted on bases different than family. The legal status can be granted for work reasons, for instance. It is contingent upon presenting a regular work contract. Her communitarian (EU-citizen) status at a certain point of her life, during her divorce, was crucial since she was not dependent upon her occupational condition to have granted a legal residence. When she decided to divorce, in 2006, thus, she

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<sup>206</sup> In order to apply for a tourist visa, as already explained, the applicant must be able to prove adequate financial means of support including the amount necessary to return to the country of origin or a valid return ticket, health documents, and proofs of accommodation.

would have risked to shift into a non legal status without a job. ‘The only thing that I know is that I have never had a residence permit related to work because before I had a family permit then in the meanwhile Romania was part of the Eu community’ - She could become undocumented passing from a regular documented status to an irregular one. To this concern she declares: ‘In 2007, Romania entered the European community and so I fortunately never had such problems’.

The critical dimension that emerges is a bifurcation in women’s capabilities to function in different following settlement paths (Zanfrini 2004, 2013; Calafà 2017). The present sample shows the following permits of stay and settlement paths that emerged from the three modes of entry selected.

Immigrants of the present sample were able to obtain the following legal/membership statuses and permits of stay:

1. Work permit of stay - ex post, after an undocumented or unclear period:
  - 1a) Amnesty/*Sanatoria* in Italy
  - 1b) Decreto Flussi ex-post- re-entering with a valid visa (fuzzy)
2. Work permit of stay - ex ante, from abroad, with a valid work visa to entry (ex art. 27)
3. Family permit of stay:
  - 3a) as mother of an Italian citizen;
  - 3b) as wife of an Italian citizen;
  - 3c) as wife of a migrant who holds a third-country national as long permit status;
4. Change of legal status due to the entrance in EU-citizen status – communitarian

As illustrated in Chapter 3, only few exceptional categories of workers can gain easily (more easily than others) a visa D issued from abroad (case at the point 2). In this sense, the case study of overseas nurses represents the migrant category of recognized skilled workers, the ‘legal form of entrance’. As so being, in the reported experiences, the immigrant pattern of professional nurses who arrived in Italy after 2002<sup>207</sup>, corresponds to a legal entrance with a special labour visa issued for nurses, followed by a legal status of residency and a documented track of settlement<sup>208</sup>. On the contrary, the immigrant pattern of all other migrant workers corresponds to a mode of entry with an Italian tourism visa<sup>209</sup> or to a non legal entrance, followed by an unauthorized status of residency and an undocumented settlement period.

#### **6.4 Tourism visa and undocumented paths**

According to this research, all women other than overseas nurses, experienced undocumented statuses of permanence in the Italian context. In their biographies they illustrated two modes of entry<sup>210</sup>.

1. the first type of entrants is constituted by those who entered the country with valid documents, usually with a tourism visa (that then would expire after a maximum span time of three months). They shifted to a non legal status as overstayers, as Patricia, re-qualified as OSS Peru in 1997: ‘A 10 days tourist visa and I had a month to return but I never returned. The fourth day I found a job!’ –

2. the second type of entrants is constituted by those who entered the country without regular papers, thus, without a valid visa:

For those who wanted to migrate it was very difficult because you leaved the country with a seven days trip reservation, it was challenging! ... And so the day of travel was Italy and at the end of the trip, when you arrived, it meant to stay in Italy as ‘clandestino’. On

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<sup>207</sup> Year in which professionals nurses could hold a privileged work permit of stay (art.27 - out of quota system).

<sup>208</sup> In the present sample there are not cases in which these overseas nurse turned to be non legal on the Italian territory. However some reported the risk of such a condition. These cases will be described in the next Chapters.

<sup>209</sup> The tourism visa normally specifies the duration of the authorized permanence in the Schengen area. In any case, the visa for tourism is not issued for a period of more than 3 months. Only in special and documented circumstances (for example for health reasons), the police station can discretionally authorize the extension.

<sup>210</sup> I will not consider here the three residual family related modes of entry of the sample.

the trip path the bus was supposed not to stop in Italy, Italy was just on the way, a site of passage of the bus

(Delia, requalified as nurse in Italy, Romania)

#### **6.4.1 Undocumented paths and opportunities**

Migrants other than overseas nurses not having the available opportunity to apply for a work visa, neither for a tourist visa, mobilized their resources to build up the practical possibility to move. In the transposition from being a 'potential migrant' to be an 'achieved' migrant the available options at their disposal were limited to the 'non legal' opportunities. Non legality caused a condition of (in)capability to be and do: people were not capable, for instance, to move or to work and live under legal available opportunities. Lack of recognition, limited access to basic rights. Those who effectively were able to migrate to Italy, occurred depending on the availability of resources, from social to economic, that these women were capable to access. Non legal connected activities to gain free mobility have been documented: by the use of non legal intermediaries and agencies in order to be capable to move under the 'non legal' options of available choices. Some made false documents and/or engaged in dangerous journeys. Moreover once inside the European territory, holding an non legal status, they had access uniquely to some opportunities.

Their capabilities were also combined with suitable or less favourable external conditions. In these cases they knew that they would not be regular *sojourners* and this condition pushed them to be more likely to address those countries where they could rely on ethnic and/or familiar networks. As expected, the migrants who moved as undocumented are higher depend on intermediation for travel arrangements and on networks of familiars for placement in the country of arrival. In the narratives, the strategies that emerged in order to exercise mobility was to arranging the travel in a condition of total or semi-non legality. The more non legal the condition of entrance, the more the constraint to depend on for profit intermediation operating at the fringes of legal systems. The higher the possibility to face migration-related debts.



In the following section I will focus on the functioning of two modalities of mobilities, trying to underline the structure of possibilities and the intermediation that enabled/obstacled these women's capabilities. The different groups under investigation and their experiences with travel agencies are particularly illuminating. Only the few who could afford a tourism visa for Italy were also the few who were able to secure the travel without extra-fee charges and intermediary obligations. The centrality of resources available and of availability of resources to be able to exert agency, in the decision to move and migrate, lays on their degree of need of an external support. Basically, behind such accounts, lays the lower legal resource availability and the higher need to use non legal or semi-legal for profit intermediation. Their mode of entry the country, indeed, did the difference. In many cases they had to re-pay debts. What emerged in re-qualified women's experiences was that the more the low status and income were, the higher the travel expenses they would face and the non legal condition they were engaged in. In some cases respondents had their own money to invest and to pay the travel (as the case of Peruvian pioneers' nurses) and/or the agency expenses. Those migrants of the sample who declare to live in poor economical conditions are more likely to ask for borrowing from relatives and/or making shark loans at high interest rates for migration. In these cases they accumulate debts after migration. If the applicants do not have available money to pay immediately, then, they have a period after their arrival in which they have to re-pay their debt. This aspect affects their occupational opportunities and freedom of choices.

As the case of Simona:

So I went to a loan shark. I had a dollar in my pocket because at that time there was communism and you could not even have a dollar in your pocket! I needed \$ 999. I went to the agency asking for a touristic excursion to Italy because I could not do anything else. I signed up for an excursion

(Simona, re-qualified as OSS, Romania)

Sole shows a familiar strategy: 'All of them (her extended family) have invested on my migration because I knew English and I had already been abroad! Luckily I managed to get here because otherwise how would I have repaid them?'

An enlarged household based investment underpinned her migration success:

They (Italian Embassy) would never give me a visa to Italy! I lived in an area where population was very poor and then my salary as a teacher was very low. I could not proof a good income I couldn't even show that I had enough money to be spent as a tourist. We worked hard, me an my sister, both of us we worked as knitters and as teachers and we were able to save up 1100 dollars. But still they were not enough!

(Sole, re-qualified as OSS, Peru)

She explains that all the family components contributed to make up the sum required to migrate: 'Yes, my brother-in-law, each gave the little savings that could! But you know they also earned very little!'

Women refer how their first effort was to apply for a tourism visa so as to leave legally the country and not to be forced to pay for travel arrangements. Respondents' accounts shed light on the way they strategically moved in order to obtain a valid visa. As Sole also Simona, from Romania explains: 'It was not easy at all to leave the country (to get a tourism visa). You had to own a house to get out of the village, you had to work and you had to have a bank account and money on it. I had only this job because I worked as an accountant in a company. Look! I asked my mom to declare that her house was mine but she did not want because there was also my sister to think about!'

Eva, re-qualified as ASA, from Romania says: 'I couldn't have this letter of invitation from Italy! None here could help me to have it! [...] It was not a visa for Italy ... - No it was for Germany but there was a space for Schenger I was able to come to Italy [...] I had a letter of invitation to go to Germany from a person, this Romanian boy [...] now can go out when you want but before you had to know someone who can invite you! [...] I didn't know anyone in Italy but I knew

this boy instead! He had German citizenship because he was married to a German and then this friend of mine told me that he had already done this I paid 600 euros for the invitation letter and I went to Bucharest to the German embassy for visa!

Only few lucky women of medium or high class, usually with an own house, an employment, who could mobilize different types of capital (social, cultural, economic), could obtain a tourist/travel visa for Italy. A middle-class family, a well paid occupation, a liquidation. This was the case of overseas nurses and of Patricia, a re-qualified OSS. She was interested in gaining a visa for US. Instead she migrated to Italy because she had a recommendation. In this case she could mobilize her social capital. In other cases they did not have the pre-requisites to apply for a legal visa for Italy nor the social status or social networks that might help. Women reported different ways to face the obstacle of not being able to move with a regular visa and of organizing the journey. As emerge from their narratives, they were relatively aware of what it was possible and of what they needed to be able to migrate. At the same time there was a consciousness whether it was possible to obtain it legally or not. In some cases they paid travel agencies in order to be supported in acquiring documents that could provide a passport with visa. Intermediaries activities ranged from transport across borders, through the documents issue, by non legal ways. Marleny, re-qualified as ASA, left Peru when she was 19 years old, in 1994. She went to a travel agency that arranged her trip: 'I entered the country non legally with a tourist visa to Prague'. She took the train Prague-Frankfurt-Milan explaining: 'In Peru the visa issue (for Italy), you know, they do not give it to you!'. She continues adding: 'Now they want to abolish the Schengen visa (in 2016 the visa requirement for Peru was abolished) as the economy is now more stable'.

I got a tourist visa and you had to have also some money to cross borders. I borrowed them. The only type of visa they issued at that time was for Slovakia and Hungary [...] In Lima there are agencies that do everything and they gave you the chance to go out from the country in this way!

(Sole, re-qualified as OSS, Peru)

She explains to me: 'I paid 3,000 dollars for everything. However I had to pay extra-fee for the trip as a clandestine too'. When she arrived in Europe she just had a visa that did not allowed her to cross Italian borders: 'I had to contact people up from Austria to cross the border with a van to the Italian border. I paid for that transfer 1,200 dollars with the car. From Innsbruck through the Brennero'.

Peruvians, due to their geographical distance, report a dual step travelling arrangement. Some women declared to cross borders from unguarded border areas or with fake documentation. They have to arrive to Europe by plain and usually they have to cross Italian frontiers by using different strategies and intermediaries. Women usually report of 1. the issuing of travel visas for tourism in other European countries arranged by airplane and 2. the travel arrangements of crossing the burdens to reach Italy from the country they entered Europe by airplane.

In the sample emerge the following different combinations:

1. 'travel agent' under payment and the support of relatives in crossing the burdens:

They only gave me the visa to enter Germany. My aunt lives in Germany. Basically my arrival here in Italy was non legal. I only had a passport and a visa for Germany. I stayed a week in my aunt's house and then I came from Germany to Italy with my brother-in-law. He came with me to cross the border and enter Italy.

(Elisa, re-qualified as nurse, Peru)

2. 'travel agent' under payment and the support of contacts of people already in Italy:

My sister knew a lady who was already in Italy. She decided to rejoin her son and I arrived with her son. So she contacted these of the agency to let us cross the borders. The contact was of a lady who lived in Rome. At that time it was fashionable to contact people to transport

people. They cross the border and earned money ... They were ordinary people, even Italians but also Argentinians who had the car and transported undocumented people and gained money! For this passage of the border we spent 1200 dollars ... Yes yes with the car!

3. 'travel agent' under payment to arrange the travel and cross the Italian borders paying a fee to the local smugglers recommended by the initial travel agent as Katy did. In some cases the subject arrives by train, in others using trucks. The most disadvantaged are those who entered non legally, got into debt and spent a huge amount of money relying on non legal agencies and intermediaries involved in such traffick. To this regard Katy represents an emblematic example: she did not have the opportunity of a visa issuance: not enough income requirements nor properties that allowed her to apply for a tourism visa. She relied on the help of a non legal agency and spends \$ 4000: 'There was a person but I never met him, that is why I told you that after years, I would never do it again! It was really dangerous!'

She faced a long, dangerous and challenging journey, starting from Peru, to Bolivia ending in Brazil. The following extracts describe her trip:

I didn't go directly from Lima to Europe but first of all I went to Bolivia. We were a group of several people [...] I went to Bolivia and we stayed one day in Santa Cruz, then they took us to another house more isolated. We were a group of almost 20 people. There were the kitchen and all the facilities. We stopped there because we had to wait until the false documents got ready. They gave us Bolivian passports because the Bolivian citizens at that time could enter easily Italy (no visa requirement). They needed time to do that, the Bolivian documents I mean! However we didn't leave from Bolivia (to go to Europe)! It was like that! The day in which documents were issued - they said - 'Get ready to leave! For instance you leave on Monday, in two people groups'. They did it for groups of 2 people at a time. They picked up us and we were transported to Brazil. We leave from Brazil because from there it was easier - you know - because, not speaking in

Spanish! I mean the guards at the airport, they speak in Portuguese so at the check-controls they would have not noticed the different accent between the Bolivian language and the Peruvian one! For this erason they (those of the agency) made us travel to Sao Paulo. [...] We travelled 20 hours by bus (to go from Peru to Bolivia) and we did more than 20 hours by bus (to reach Brazil).

She took the airplane from Sao Paulo to Madrid:

For me it was all new and I've never seen anything! I did not know where they were taking me to and all stuff. They just told me: - 'Do it like this! And I did it!' - I was very scared but at the same time you know... I had to show self-control otherwise I was lost!

She explains to me that while she was in Bolivia the agency had to stop the non legal business for a while in order to re-set up the whole non legal trade again. Since some of the bosses of this organization were imprisoned - We stayed there with no possibility to move for almost two months! [...] I had to stay even more in Bolivia but finally they told that there were three passports ready' So she – decided to go first: 'I do not care, I left risking and risking I will arrive!'

Eventually she arrived almost three months after having left her house:

The girl who was with me during the travel went to Turin while I arrived in Malpensa and I took the bus to the central station of Milan [...] 'Yes my sister was there!'

(Katy, re-qualified as OSS, Peru)

The importance of visa requirement is shown by the bolivian passport in the arrangements of 'non legal travels for undocumented people'. The available oportutniy of mobility was shaped by the visa system at the time in which Katy moved. When the subject left Peru in Bolivia there were no visa requirements.

Indeed, the opportunity to be ‘tourists without return’ to Italy entering by the bolivian gate was interrupted in 2007, when the visa requirement was introduced also for Bolivians who wanted to enter the Schengen Area.

In all Romanian cases the travel is arranged on land-based movements, instead, by bus or train.

I travelled by bus from Trieste and then I went to Venice and down to Rome [...] The trip was organized by an agency and I paid 3 million of the old lire. The family where my sister worked loaned the money for my trip to my sister and then they slowly kept some money monthly from her salary to re-pay the loan. Half of my sister's salary to re-pay for the trip!

Eva, re-qualified as ASA in Italy, who left Romania with a friend of her. She arranged the travel paying an agency for the visa issue: I payed 700 dollars! Can you imagine? For a visa stamp on the passport! It took three days of trip to arrive to Austria. Then we took the train’. However she moved only because there was someone she could count on at her arrival. The contact in Italy was the uncle of her friend: ‘Because you know if you don’ have any contact. I mean this is what I think... You can’t do that! At that time I was young, less than 30 years old!’

### **Undocumented settlement paths**

A mode of entry with a legal tourism visa or an undomented mode of entry will allow a permanence on the Italian territory with no possibility to work under a legal contract. It will follow an undocumented, irregular status of permanence on the territory. Narratives provided many examples of how this non legal status actually hindered many of human capabilities to do and be. These women lived in a temporary ambiguous status with imposed restrictions, not entitled of some of the basic human rights. They temporarily did not exist as individuals:

They just left the people somewhere on the way! We were just left! It did not even exist the traceability of these trips! Where did they went

to, where did they ended up, you don't know! They could get lost in the street! Who knows! Do you mind?

(Delia, re-qualified as nurse, Romania)

The high vulnerability of these people depended on their membership status as not being recognized as real. However such a status was a migrant category, legally built. Their mode of entry affected all their following capable actions. This non legal path of settlement began from the options and opportunities available to potential migrants, from their pre-migratory preparation steps for going abroad, to the arrival and working possibilities. Their limited opportunities was extended also to their returning home possibility. In the present sample, for instance, none of the undocumented migrants could leave Italy to go back home since they were undocumented. The sample show that the average time to be regularized lasted 2 years and an half. In this sense one woman was out of the capability to assist her father's funeral, another to see her daughter first school day. They were out of the capability to be regularly employed, out of the capability to study.

Looking at the women of the present sample, it results that they obtained a legal status waiting an average of 2 year span time after their arrival, through amnesties and regularisation programmes. In a case it took 5 years of waiting. Delia who arrived in 1999 and re-qualified as nurse says: 'I had the documents in 2002 with the amnesty and I had a residence permit. Only then I could join the school courses!'; in two cases they turned into a documented status in only few months after their arrival, as Rosa, who says: 'At the entrance I had a tourism visa but I was without documents only for a month because I was very lucky ... the amnesty was launched in 1996 in March' and Katy, who arrived in 2002. She accurately got rid of her false passport immediately after her arrival and she was regularized by less than one year thanks to the support of her sister's employer:

Let me think, I try to reconstruct what happened, it was 2002. Yes it was still 2002. Well I arrived in 2002, between April and May of that year and I was very lucky because there was the amnesty and I seized the opportunity since I met this person. She was of the cooperative



(were her sister was working) and did all the documents for the amnesty she immediately made me regular

(Katy, re-qualified as OSS, Peru)

The sample confirms how regularizations were the main ways in which migrants obtained their first work permit of stay in Italy. Only one of the sample tried to recur to Decreto Flussi, the annual quota decrees that provides a chance to obtain a work related entry visa. As already illustrated in Chapter 1 and 3 this regulatory tool is used in the Italian system to set annual ceilings for non-seasonal admissions for work purposes. It is for selected nationalities and work positions (seasonal and long-term, dependent and self-employed, domestic and skilled workers). To this study purposes, it is noteworthy the fact that women narratives confirmed how these entrance quotes targeted the regularization of care and domestic sector (Ruspini and Pasquinelli 2013). In the sample some women regularized in 1994, others in 1996, some others in 1999 and, with the most popular amnesty, in the 2002. Isabel, who re-qualified as ASA tried in 2006, after her arrival and says: 'I tried but I failed, they didn't accept my application'. She refers to the fact that her employer applied on her behalf for a work visa. As she explains to me she did not succeed to enter the available quota vacancies established by Decreto Flussi. She continues: 'I met my son's father in 2006 and then we went to live together. I had a 10 kg suitcase with me and I thought to come back to Peru. Instead when in 2007 my son was born I stayed'.

She exemplifies another way to get a documented status in Italy: regularizations due to family. As mother of an Italian citizen:

I got my first permit of stay when I was pregnant in 2006. First a six months temporary permit for pregnancy and then when the child was born he saved me! Luckily, he's my saver!

She had a regular legal status because she turned to be the mother of an Italian citizen. Her membership status was modified by her son's full Italian citizen

status. She acquired the right to have a regular residency in Italy. She is now a lone mother: 'With his father we had to get married but eventually we did not get along very well!'

In other cases the documented status can be obtained due to a familiar. As spouse of a person who holds a regular permit of stay: 'I had a work permit of stay (from 1996) and in 1998 (she married a man of Egyptian nationality who had a long stayer permit) I converted my work permit into a family permit. He (her husband) took the Italian citizenship and then all of us took it'. This is the case of Marleny, who arrived from Peru in 1994. She regularized in 1996 with a two year work permit of stay but then she married a person, who had a regular long residency permit of stay. In the sample there also spouses of a husband who is an Italian citizen. In these cases they gained the higher full Italian legal status in only few years.

## **6.5 Work visa and documented path: The case of overseas nurses**

In the case of overseas nurses, as previously explained, the eligibility to work as nurses in Italy was strictly linked to the recognition processes with the issue of a country specific authorization to practice as health professionals in Italy (Ministry of Health Decree).

Even in those cases where the recognition of qualification was linear and fully accepted, the processes and practical steps that led to the effective employability were expensive, time consuming and implied bureaucratic passages with different intermediaries, competent local and statual entities in charge to produce the needed documents.

To this regard this couple of romanian nurses who migrated together says:

They (agency) explained us that we had to translate and legalize all the documents and then apply abroad in order to have the equipollence. They told us that there were job vacancies and opportunities. They would have found a job because there were some hospitals looking for nurses. Up to them it seemed so easy and simple! And they also told us they can help us with all the documents!

(Victoria, overseas nurse, interview in couple, Romania)

All the aspects connected to the migration success of these overseas nurses, had a pre-migration preparatory time span that strictly depended on the recognition process.

The following points summarize all the bureaucratic passages that have been mentioned by interviews and key informants to be able to legally practice in Italy nursing profession:

1. collection of all documents<sup>211</sup>;
2. translation and legalization<sup>212</sup> of educational documents;
3. Statement of Validity<sup>213</sup> issue;
4. Ministry of Health Decree issue (in Italy);
5. IPASVI test pass and registration;
6. Job pre-contract subscription;
7. Labour Visa issue.
8. Permit of stay for work

Noteworthy is that many subjects declare that they wouldn't have tried again if they had known how complex and long the process would have been: 'Even the agencies, they didn't know! None of us knew it would be so complicated because for every Ministry you had to fix an appointment, and every appointment was a trip to Bucharest, and every trip to Bucharest was a stamp and then you had to do the translation and legalization.[...] Everything happened in winter, it was January or February and it was so cold and we did endless queues to obtain these documents ...I remember! (Victoria, overseas nurse interview in couple, Romania).

These women show how complex, lengthy, costly and discouraging the process was. The compulsory passages for recognition were multilocalized, both in Italy and in the country of origin, and involved different institutions, actors and intermediaries. These 'transferability' procedures that enabled 'employability' in

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<sup>211</sup> Birth certificate, penal certificate, etc. and all educational documents attesting the total schooling years, the amount of hours of university curriculum, subjects and trainship at University in order to apply for the Declaration of Value.

<sup>212</sup> Qualification, must be legalized in order to guarantee authenticity. If the country where the qualification was obtained has adhered to the Hague Convention (5 October, 1961), the so-called Hague Apostille should be applied to the qualification itself

<sup>213</sup> That it is an official document issued by the Italian Embassy in the country where the qualification is obtained.

Italy required high expenses for documents and travel costs for applications at the institutions. Moreover, all these nurses declared they took more time than they expected. All narratives report similar passages and difficulties in order to apply for the recognition. Women refer that many people were at first interested at moving and going to work abroad but finally very few succeeded and got engaged in the entire process. Cristina, overseas nurse from Romania says: ‘At first there were 60 people but only 10 people started with the practices and only four of us actually left! [...] For more than two years I did up and down ... so many times I finished the night work schedule at the hospital and I directly went to the station to take the train to go to Bucharest’

Linda arrived in 2011, when Romania was part of European Community. She entered as a communitarian citizen and delegated the whole bureaucratic passages and procedures to an agency paying almost 500 euros for the service. In her package IPASVI exam was included. She explains to me that she continued to repay the agency’s services for a long time after her arrival. In this case the respondent declares to have delegated all procedures to a third party. Her experience was negatively reported. In the majority of cases, overseas nurses, both Peruvians and Romanians, decided not to delegate to third parties the bureaucratic passages they could do autonomously in their country of origin. This made them save up money but the process was time-consuming and, even if cheaper than if they had had their documents prepared by agencies, it was expensive.

Everything that was on the territory of Romania we did it on our own. It was not easy at all! At those times it was a nightmare! We wanted to give up but once started we did go on! So much road to go to Bucharest! Now probably it would be much easier but for the Statement of Validity it was a mess [...] Yes because living in this city far from the offices you had to move to Bucharest. Fortunately we had the house of our parents in-laws there but we moved because all the institutions were in Bucharest!

(Elena, overseas nurse, interview in couple, Romania)

The Elena's husband adds: 'We spent more than \$ 5000 for both of us!' explaining that: 'After the long way to go to Bucharest you had to queue or wait for another appointment or that that day it was closed! It was very hard for us! [...] For each document there was a fee to pay and for each stamp a translation fee was a charge!

Juliana, who arrived in Italy with her husband, talks about their investment: 'We spent at least \$ 400 at the time for two of us' Since they couldn't afford that amount of money when her sister knew they had the chance to move: 'My sister who lives in the United States gave us this money! - She told me: 'Look! I will send you the money!'

We had to move back and forth! We lived far away from the capital. It were 350 km. We did not go by train but we went by car in 4 or 5 of us! And you had to be there early in the morning. We left in the evening to arrive early in the morning because the queue was so long that you risked not entering. So you did not even know if you did the whole trip for anything!

(Juliana, overseas nurses, Romania)

The Decree issue was a bureaucratic process mainly dependent on intermediaries:

I already had done all the translations and I just had to send the documents (to Rome) but if you do not have anyone it's not easy, obviously with the language too! So we contacted this agency to be able to have an higher gear and also to make things faster

(Ina, overseas nurse, Romania)

In this sense they expected to speed up the process but it lasted from at least 1 year to 4 years. For both Romanian and Peruvian nurses the average waiting time

resulted to be two years and a half.

Cristina, a Romanian nurse who heard about job opportunities in Italy started the procedure in 2002. She asked for a help in the Decree request to the cooperative who had organized informative meetings in her city and reports that: 'I spent three years to do that! You had to go through all the ministries in Romania, then here in Italy [...] That's why I started in 2002 and I arrived here in 2005'

Others like Lidia started her documental troubles in 2000 with a friend of her: 'We went to the Italian consulate with the Italian cooperative supporting us but before going there we had to do all the documents in Romania'

Many invested a lot of money: 'Our salary was very low! I think we gave them € 500 only for the documents and then there were the trips expenses and the Embassy practices and do all the things' Ina spent the amount of four months of her salaries - 'In 2002 we started doing the documents and we obtained them after two years' Once started the process, she explains, it was difficult to stop it. It was an investment of energy, time and money: 'we came to Italy with an agency and we have invested all the money because they take a lot of money for all things and travel'

In such span time respondents reported of conditions that in the meanwhile changed in their lives. A couple of nurses had a child, in another case a nurse moved to another city, another changed her previous job. Melany, a Peruvian overseas nurse decided to try: 'While I was working at the hospital this friend of mine who was in Italy called me and she asked me if I wanted to go to Italy and if I was interested in coming here'.

While preparing and waiting for the recognition of her documents, she wanted to spend her time with her daughter: 'So I went back to my old village to do everything, to do all the documents and to stay for a while with my daughter, at least before leaving'. She was employed and: -'I had to resign my previous job because I was too far away from home and I was alone with my baby to look after and also because I knew that I had to leave her and I would have been far from my daughter for a long time. I went back to her'. She explains to me: 'If I have to leave I'd better go back and stay with her for the period I have to wait that the

documentation will get ready!'. In this meanwhile I found a job that was in my sector and it was for the Municipality. I worked as a nurse in kindergarten.

In other cases relatives' illness deteriorated, as happened to Diana, for instance, whose mum was seriously ill: 'If I had an appointment for example in consulate, unfortunately I couldn't go because of my mum... then there was a delay and the time required for the permits was extended!' She waited more than two years for the Decree and work visa issue: 'The Italian consulate had to give us the Nulla Osta and when I had to go to take the clearance it was the funeral of my mother!'

She postponed her departure of five months due to her mother's the death:

'I called and said that there was a serious problem and that they could check it!' - I presented all documents, my mother's death certificate and they called me from the Consulate. But she explains to me that since the Italian consulate gave the clearance only twice a year: 'I had my departure postponed of six months for this reason! While my group left in August, I had to wait December'.

Things changed not only for workers but also for intermediaries and employers involved in such intermediation: in two or more years workers told me that it happened that some cooperatives lost the contracts for which they were recruited to go to Italy. In other cases they made them waiting and didn't give them original documents. In a case they warned the applicants that they would not go ahead with their practices: 'Because they were subcontracted at the hospital but then they lost appalto and they hadn't vacancies any more! (Victoria, overseas nurse interview in couple, Romania).

Difficulties in the country of origin, combined with delays in obtaining nurse education transcripts or equivalent documents emerged in a transversal way for all the people I interviewed. Cases of 'blocked' applications and documents being held by agencies and intermediaries or original documents detained. When obtained the Decree, many of these women reported that the agencies and cooperative didn't give it to the potential workers in order to avoid the possibility that they could be employed by others. It emerges as a common *praxis* an employers retention of migrant labour. However, if emerged problems or inconveniences like delays or document detention, the Romanian subjects were



more able to exert a certain capacity of agency. Some solved them personally. In these cases they travelled to Italy and went personally to withdraw the Decree in Rome. Adelina: 'We had to come in 2003 and go to the Rome ministry to go and pick up the decree so I came here twice ... It was a mess!'

In two cases they self-organized in groups to check out what it was happening and do something to speed up the procedure. Some others left on their own and came to Italy to look for a job autonomously. On the contrary, for Peruvians' subjects these aspects were more difficult to solve individually and the range of choices resulted to be more limited. The first barrier was the longer, harder and more costly journey that Peruvian migrants had to make to reach Italy. They were actually unable to solve and manage such inconveniences with a certain degree of autonomy, also due to the geographical distance. They indeed resulted to be more dependent on intermediation.

As illustrated by the steps reported in the previous part of this paragraph, the first step consisted of collecting all documents, both general and educational, as Marleny explains: 'The first document was the request for global hours at the university and the internship'. The second step was obtaining translation and legalization of all educational documents in the country of origin. Qualification, must be legalized in order to guarantee authenticity<sup>214</sup>.

Marleny goes on saying: 'With those documents we had to go and stamp each ministry, the ministry of education, etc. she adds – 'and then to the Ministry of Foreign Affairs in Lima'.

According to all the people interviewed the process of obtaining translation and legalization of educational documents and the equivalence of nursing qualification was challenging:

I had to move to Lima. I went personally but I made some documents thanks to my sister who was there because I could not stay in Lima too

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<sup>214</sup> If the country where the qualification was obtained has adhered to the Hague Convention (5 October, 1961), the so-called Hague Apostille should be applied to the qualification itself

long. Then, once we finished with the translations, we also had to make the legalization.

(Gloria, overseas nurse, Peru)

It was expensive and in many cases they had to move back and forward because institutions and the embassy weren't where they lived or worked: I had to move because I lived 700 km away from Bucharest. I spent a whole night queuing with -20 in front of the Italian consulate and, look, it was a real mess.

There are some countries where the recognition has a facilitated process but nothing happens automatically. In fact, you must always undergo through the Ministry of Health in Rome. 'For example, in Tunisia, the practices are facilitated because there is a bilateral agreement but you still have to send your documents to Rome and then the ministry decides what to do with the decree issue

(CGIL key informant<sup>215</sup>)

In the sample are included all individuals who applied and obtained a fully recognized Decree issued by the Ministry of Health.

After this, then the last document before obtaining a labour visa to Italy was the job pre-contract. Adelina, a romanian nurse who passed IPASVI test in Italy says: 'We had to go back (to Romania) because to have the work visa you subscribe pre-contract from the cooperative! You had to demonstrate to have both the recognition (Decree) and the registration at the IPASVI. The registration, can be done only if you do the exam and you do pass it! Not everyone passed it! You know!'

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<sup>215</sup> He has been living in Italy for thirty years, of Tunisian origins. Graduated in Italy. At the moment he works at the Chamber of Labour in Milan but has worked from 2000 to 2006 for a cooperative that was responsible for providing health and nursing staff from abroad. He has many years of experience in coordinating the flow of foreign workers in the health sector. Both of their recruitment, of the interviews, of the formations, and of the maintenance of relationships with the structures and of intermediaries also with institutions for the recruitment of nurses and foreign health personnel. He has been involved in particular with nursing groups from Tunisia, Romania and Poland. In some cases it has been involved in carrying out actions and interacting with the subjects of the case (IPASVI) in order to facilitate work exchanges and practices between countries and to facilitate the arrival, insertion and training of the reference staff).

In order to apply for a labour visa at the Italian Embassy of their country of origin these nurses need a pre-contract for job. Only with the sponsor of an employer they could obtain a labour visa for professional work.

Then the cooperative gave us, well we subscribed a sort of contract for employment, not really a contract ... like a pre-contract in which the cooperative declared that, once in Italy, they will employ you and you had to sign this document.

(Cristina, overseas nurse, Romania)

Ema, overseas nurses from Peru says: 'I arrived in 2009 with a visa for work as a nurse through a friend of mine who was already working here. She made me met this peruvian guy who did documental staff and helped us to find a job through this cooperative. The cooperative gave us the contract of employment with which all the documentats was then made'.

A problem reported by the recruitment intermediaries from abroad was the delays and the time that Embassies and consulates took for bureaucracy.

'Very long waiting time for visa ... at a certain point they had great difficulties because they had the subcontract of health services for the following month but they had to wait 3-4 months for a visa issue despite having recruited the staff and having obtained the recognition of all documents. The timing of the visas was very long even if nurses were a professional category out of the quota system and Decreto Flussi. But the contract had been won and there was a need to start making people work as soon as possible but people arrived with very long time '

(Recruiter1)

The long queue at the Italian Embassy recurs in almost all romanian experiences.

## 6.6 The exception of the pioneer group

The immigration pattern of Peruvian pioneer group is fuzzy and their mode of entry differs from that of the overseas nurses who arrived after the immigrant Law called Turco-Napolitano (1998) and after the set of ex. Art. 27 (2002) as described. They received a different still not formalized treatment, if compared to the one of other economic migrants. The following paragraph will illustrate their initial ‘no formal channelled entry mode’ and their initial adjustments.

First of all these nurses didn’t apply for a skilled labour visa before migrating but generally entered Italy as tourists. They didn’t declare to enter the country to find a job as nurses, as the case of Eleonora: ‘I declared that my permanence in Italy would last 15 days (she laughs). I still remember this particular! My good! It really happened in this way!’. Violeta explains to me she entered as tourist and Maria: ‘I didn’t bring with me educational documents’ – ‘Not to generate suspicion, if someone checked us they may have though that we wanted to work instead of traveling as tourists!.

Another ‘exceptional aspect of this pioneer group’ was their regularization pattern: it was similar to the Decreto Flussi pattern ex post of regularization (see Chapter 1 and 3).

She explains to me:

I have been working as a freelance for almost two years, from April 1991 then for the whole 1992. In 1993, almost in February, I had to leave and go to Peru urgently because of the documents. There was a sort of ultimatum imposed by the hospital. They asked us the documents and we had to apply for a labour visa. We had to return to Peru. Yes, we had to go back to Peru to get the labour visa at the Italian Embassy in Peru. We went there with the contract they gave us. [...] We already had a contract of employment. I remember that they gave us a month of holiday and they told us to fix up everything!

(Eleonora, overseas nurse Peru)

With all these documents and the Decree of the Ministry of Health. We had to translate everything and have it legalized by all the Ministries of the Interior of our country. After that we went to the Italian Embassy where they checked everything and they gave us an entry visa to Italy for working

(Maria, overseas nurse, Peru)

It took at least a month for the authorization of these documents

(Violeta, overseas nurse, Peru).

In practical terms these workers who were already employed as nurses applied for a visa for work purposes in Peru. They must return to their country of origin and obtain an entry visa for work issued by Italian Embassy and/or Consulate. The 'Peruvian pioneer' group arrived in 90s, when immigrant law was still fragmented. They shared a legalization path similar to that of undocumented people who entered the country after 1998: the *ex post quota flux decree praxis*. They entered as tourists and then, in order to receive a legal work permit after years, returned home with the Decree and the labour contract subscribed in order to re-enter Italy, with a valid labour visa issue this time. However, in the meanwhile they were able to work adopting flexible, agreed forms of employment as freelancers or with atypical contracts (like *ritenuta d'acconto*). Maria who arrives in Italy in 1991 says: 'I waited until 1993 (I did not have a contract). In June I went (to Peru) with the recognition (the Decree) in my hand and I returned with everything regular [...] However I was hired with a fixed-term contract that they renewed every two years'.

In the case of Nora: 'One of my colleagues found out that our documents had never been sent anywhere and that they were still there! So we made a complaint at the Guardia di Finanza and they understood that wasn't our fault!.

She finds out that the hospital she was working for hadn't done the bureaucratic procedures of recognition that she expected: 'The hospital was then forced to do everything quickly, very quickly. Before that we hadn' a proper

contract. However within three months we were regularly employed’.

The Peruvian pioneer nurses did a work contract after having started to work. In a case a nurse brought with her all documents:

Yes, I brought all the documents from Peru. The birth certificate, the certificate of antecedent penal, the driving license and educational certificates with all primary and secondary studies, the certificate of the Nursing school translated and legalized. [...] They needed 4600 hours of study but I had done much more, more than 5000.

The procedure requires the issue of the Statement of Validity<sup>216</sup> in the country where the qualification has been obtained but this nurse received an exceptional treatment. This allowed her to gain time and not to go immediately to Peru for bureaucratic procedures. As she reports, after few months, she solved her documental lack going directly to the peruvian consulate in Italy. She saved money because of the favourable currency exchange: ‘translation in Peru was in dollars, while here it was in lire!’. She goes on saying:

It was exceptional because we were the first and the only ones. Because after us the other colleagues who arrived didn’t receive the same treatment we did. We were the first ones and they translated our documents immediately and then we sent these documents to Peru...Or maybe the same console signed our documents because she was the person in charge and she had the authority, she was a representative... I do not remember anymore! With this translation we

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<sup>216</sup> The Statement of validity is a document of transparency, written in Italian, that gives information on a specific qualification earned abroad and on its value in the issuing Country (the official character or otherwise of the issuing institution, requirements for access to the relevant study course, length of course, etc.). Such a Statement is produced by the foreign Italian diplomatic authorities (Embassies, Consulates) of territorial reference: territorial reference is defined as the Italian diplomatic authority closest to the city where the institution that awarded the qualification is located. All the documents to be presented in order to obtain the Statement of Validity must be requested at the relevant Italian diplomatic authority for the release of the same (Embassies/Consulates). The release of the Statement of Validity does not mean that the foreign qualification will be recognised in Italy, and indeed the Italian diplomatic representations have no authority as regards the recognition of Italian qualifications, therefore any comparison/equalization made inside the document is not binding in any way on the legally authorized institutions which perform recognition procedures. Indeed, it should be remembered that “the request for the Statement of Validity, all things considered, is equivalent to a mere established procedure, which does not exclude the authority-duty of the Administration to perform its own autonomous evaluations even when the relevant diplomatic authority has not produced the requested statement or has produced it in generic or insufficient terms” (consult Council of State Sentence n. 4613 of 4/9/07) (Cimea website)

practically could postpone all formal practice. We went to the HR office with the promise of ...how do you say? [...] Update, perfecting the practice later. In the meanwhile, other nurses arrived, other 20 colleagues. I remember that we arrived on August 30th and other nurses arrived in September

(Eleonora, overseas nurse, Peru)

In another case the document were sent to Italy after arrival:

Well the consulate was reliable and they told me not to bring documents with me because we had to go out as tourists and then – they said - ‘We would send us the documents and the qualification’

(Maria overseas nurse, Peru)

## 6.7 To sum up

The questions of freedom of choice and social opportunities to freely move and to freely set have been described as they emerged in the space of the achieved options that these women had in real terms. According to these narratives the visa issue resulted to be of high relevance in their migratory experiences. These biographies showed that discrimination at the entrance shaped a neat bifurcation in settlement and opportunities of integration in the host country. Among these migrant categories I identified two paths: the undocumented and the documented one.

A remarkable recurrences that emerged from my fieldwork was that all the people I spoke to, who were not recognized ex-ante as overseas nurses, experienced the undocumented path. Among the re-qualified group of women, family migrants<sup>217</sup> were the only exception. Only women who arrived by a family visa and/or by ex art.27 experienced a documented settlement path.

Peruvian pioneers' group who migrated in 90s reported different experiences in their mode of entry and occupational insertion. In 1991, infact, the regulation of profession, the educational system and the immigrant framework weren't yet defined as nowadays.

Even if overseas nurses were given a legal opportunity over other migrants' workers and were entitled to a broader *spectrum* of available rights. Their documented paths revealed vulnerable and highly difficult condition to achieve the recognition of their qualification. Moreover, for those who entered legally, opportunities were highly shaped by the way in which intermediaries dependence and law shaped their opportunities.

The present findings corroborate the hypotheses of the importance of immigration policies and visa system. Other studies on the topic (Schon 2013; Banerjee 2013) support what the present findings seem to suggest.

Not getting appropriate visas at the first step of the migratory process implies not be capable to obtain a related legal permit. Indeed in these cases the capability

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<sup>217</sup> In the sample there are a majority of labour migrants and some family migrants (N=3) that are a residual category and all pertain the group of highly re-qualified women (nurse degree obtained in Italy), all of romanian nationality.



sets available made migrants capable to use non legal alternative options. They could apply for a short term visa typology to move and/or enter irregularly (Messina, 2007). The Italian normative system, modes of entry and norms of settlement as described seem to sustain a *nexus* that strictly links the mode of entry to the immigration/integration issue. According to the membership status that migrants hold, it results a hierarchy that Morris (2002: 19) calls 'civic stratification'. It is embedded in this wide *spectrum* of possible statuses (Morris 2002; Sohn 2013).

## **CHAPTER 7 – CAREWORKERS AND NURSES**

In Chapter 7 I will try to answer to the following research questions:

What kind of factors and actors may enable/constraint women's agency in their post migratory experiences? What kinds of 'intermediation' do emerge?

What kind of similarities and differences can be grasped comparing different kind of 'intermediation'?

### **7.1 Social opportunities and Intermediation**

Intermediation is here intended within a broad inclusive definition as 'a party who mediates between other parties'. I refer to intermediation as the 'available' connections between migrants and the destination country and I will address it as a factor/means that can both enable or obstaculate people's capabilities and their functionings.

Connections to Italy in the case of the women that in the sample followed a track of re-qualification and experienced an undocumented initial status of settlement and employment, are constituted both of strong ties made of family networks and weaker ties supported by friends and relatives of friends. Usually they consisted of co-nationals who supported these women's first entry and their initial settlement. As already explained, the presence of relatives in the receiving country was crucial to provide these migrants the migratory knowledge and the basis to be able to move. Unformal intermediation provided quite a wide range of opportunities for those who were irregular migrants: from being aware on what kind of services could be accessed to having an accommodation at the arrival, to having an address or a telephone number to call, 'in case of need'. They got help for the initial accommodation and available occupational opportunities. In these cases they were often inserted into the domestic care work, mainly employed as live-in carers for elderly people. As baby sitter in only one case of the sample. Exceptions were those women who arrived to look after their nephews and they did not experience a live-in condition of employment. On the contrary they had an

accommodation. The domestic carework sector, in line with what is documented by studies on the topic, adopts an informal recruitment based system that relies on ethnic basis. From the material at disposal it emerges that in only a case a women paid a ucranian women to substitute her. However, generally, no formal third parties and paid agencies contributed in the occupational match processes for these workers. Migrants' networks have been proved to be a privileged channel for job recruitment. However some authors (Ambrosini 2006) who studied the long term implications on these recruitment system, argue that, even if at first glance they can be supportive and facilitate the job searching for recently arrived migrants, in a long term perspective, ethnic networks may actively reinforce the segregation of migrants in certain occupations, limitating their access to other networks (Ambrosini 2001; Fullin and Vercelloni 2009) and thus to different opportunities and alternative occupational sectors.

### **Types of activities in Intermediation: a focus on the nurse sector**

In analysing the concept of intermediation Ambrosini (2016) illustrates five types of activities. I will borrow from his conceptual framework only three of them and I will describe how they shaped social opportunities and how these women's capabilities were enabled to be and to do in such intermediary mediated infrastructure. I will adopt the following activities of intermediation: 1. *connection*, 2. *provision of services* and 3. *help* (Ambrosini 2016) to illustrate what emerged in the present study. The effort is that to illustrate how these women's capabilities are enabled and/or constrained to be and to do in such intermediary mediated infrastructure.

Although much is known about why migrants leave home and what happens to them upon arrival, considerably less is known about the forms of infrastructure that facilitate their mobility [...] the institutions, networks and people that move migrants from one point to another [...] 'black box' in migration research [...] is generally not scrutinized in this process, but rather taken for granted.

(Lindquist et al. 2012: 8–9)

## **7.2 Intermediation as social opportunity: connections and (dis)connections:**

The first type of intermediation activity I individuated is the one called of *connection* (Ambrosini 2016). It pertains immaterial goods passages like information. In the present study this first type of intermediation emerged for both overseas nurses and women who re-qualified *in loco*. I will report few examples that may shed light on how the so-called *connective intermediation*, both under payment or free of charge provision, could build a linkage between social opportunities available, migrants' agency and their capability to act. Intermediaries revealed to be instrumental in providing important information on bureaucracy, on formal requirements, on occupational opportunities. In the cases of the first waves of overseas nurses' arrivals, usually women talk about individuals who facilitated contacts with potential employers and/or functioned as bridges to occupational opportunities. They contributed to channel these nurses labour market entry and their employment positioning. Findings, indeed, show how knowledgeability enables an active use and control of resources available. Intermediators constitute thus a bridge between the migrant and the new post migratory receiving system. What these agents know opens windows on available opportunities. Only readily accessible resources/capabilities made these people's actions finally be achieved. One example in this vein is that of K., Peruvian, re-qualified as OSS in Italy. In a condition of high vulnerability she received useful information that enabled her to find first aid to her contingent material needs. This information represented a social opportunity to be able to overcome a seriously difficult period. She lost her sister's support few months after her arrival and was connected to the new country charity services thanks to people she met by chance, at the park. When I asked her to better understand how she did, she replied: 'Because you know when you are in a weird foreign place and you just look around, you can distinguish between blu eyes, clear green eyes, white skin color. You know the difference and they do not speak your language! Then, among these people, you can recognize someone like you, you can see a person from Peru and it is natural just ask! They can talk to me!' - she met co-nationals, foreigners that

spoke her same language and - 'You ask! You say: 'I've heard about people that may help me! Do you know where can I go?' - because she needed a help. These people addressed her to places like Caritas, nuns dormitory where to sleep and eat. They gave her practical information about people or services that may be helpful. She continues: -' It happened in this way: 'I meet a person and this person says: 'You have to go there!'- ' and you know what? I'm going there, let's go together!'. She continues explaining: 'So you start talking about you and you start meeting other people and more and more and... That's how you make new acquaintances!'. These words report how in this case were built weak social networks that favoured the agent's knowledgeability that finally enact her capability to find what she needed.

The next example I will mention, is the case of Eleonora. The events she accounts illustrate more closely how agents' knowledgeability enabled their capability to function. She refers to her first arrival phase of migration. She is a Peruvian 'pioneer' nurse, recently arrived in Italy as primo migrant. She is wife and mother and left behind, in Peru, her husband and her son. Even if her migrant position is legal and she is potentially entitled to rejoin her family members in Italy, there are some practical conditions that obstaculate the capability of a fast reunification: 'Where will my husband and my baby stay when they will arrive? I don't have any accomodation!'. E. is living in the hospital room and has only a bed, she works as freelance and her first occupational contract is flexible, with a short term contract. She doesn't know if her employment contractual condition allows her to reunificate in Italy her family. She knows that long and difficult bureaucratic steps separate her from her familiars. She has to do documents that are necessary and look for an apartment<sup>218</sup> for her and her family. She hasn't yet the proficiency of language and has not yet the ability to move in the complex labyrinth of Italian bureaucracy. In this case the intermediation of her colleague

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<sup>218</sup>The current procedure for family reunification is a time-consuming bureaucratic procedure. In a first phase all the requirements for the issue of the permit are checked (residence permit, income and regular contract, accommodation). All these collected documents have to pass a second phase that concerns the Italian Consular representation. The second phase is strictly connected to the first and enable the issue of an entry visa for family reasons. The family reunion application I described occurred in 1991. Indeed I collected information on the procedure in those years. The worker's accounts, the key informants I interviewed and documental research confirm that the capability to reunite family also in 1991 was linked to the proof of an accommodation that met the requirements of housing suitability and income. Moreover this possibility was linked to a long term contract.

played a key role in facilitating the knowledge of the context of the country of arrival and on the destination labour market. He explained her all passages and services she can ask for according to her needs. This information was referred not only to the reunification process but also to the nurse specific educational system functioning. The following words report how information was channelled:

My colleague helped me! There was a long corridor full of material that I had to go through to arrange the hemodialysis session every day. He looked at me when I went to get the material and I was always crying! I used to stop there for a while and I cried everyday. Once he looked at me and asked: - 'Why are you crying?' - and I replied - 'Because of my family. 'Because my husband and my son are so far away, I can't stand it!'- and he told me: - 'Do you think that I do not know what does it mean?'

(Eleonora, overseas nurse, Peru)

This colleague, without a payment, was a connection, gave her all information useful to link E.'s needs to the services required to rejoin her family and consider an extra educational and occupational opportunity for her husband. Twenty years before only women could work as nurses in Italy. The extension to male staff for the exercise of professional nursing profession was introduced by the law of 25 February 1971<sup>219</sup>, nursing schools were converted into schools for professional nurses.

She explains: ' He told me to go to the Nurse School to get informations'. It opened a possibility that otherwise wouldn't have been considered by the subject and available occupational opportunities in the italian health sector:

You know, it was the same that happened to me but my wife helped me! That's why now I'm here. I'm a nurse! I studied here and I'm over 40!'- Then he asked me - 'How old is your husband?' - and I answered - ' He is 29! - 'So you see! He's young you can join him here! Do it now! I'll tell you what you have to do!

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<sup>219</sup> no. 124. By Law 124/1971

The same social actor provided also a free of charge (see following paragraph – *provision of service intermediation*) translation service, assisting her when she went to the hospital to gain information on the enrolment conditions.

He suggested me to ask at school what it was necessary and the documents I needed. But I couldn't even speak currently the Italian language! So he come with me to the nursing school. At that time there were still nurse diplomas and courses inside the hospital, that is, courses were outside the structure but you were inside the health hospital circuit!

(Eleonora, overseas nurse, Peru)

The use of an opportunity by her colleague, opened up, in this circumstance, further opportunities to the occupational horizons for her husband.

In this case the right information at the right time in the host country activated the capability of E. to mobilize her resources to rejoin her family faster: after only 4 months.

Another example of intermediation as *connection* is the case of K.. She was employed by a cooperative, working in cleaning sector. As she was working in hospitals she met a lot of people working as nurses and health-auxiliaries. As she was interested in gaining a better occupational position, she asked them how to do. 'And they told me that they made a competition, they told me the name of the school and they told me that I had to go to the Region offices to ask. So I went to the region to look for the schools and they gave me all information on schools and courses'.

These colleagues explained her how they managed to success and gave her all information useful to link her needs of requalification with the regional context in Lombardy that were organizing OSS courses for unemployed people.

Also Mirna recurred to connection intermediation. Unfortunately, in her case, with negative results. This intermediation happened in her country of origin, Peru and she lost money. She is an overseas nurse who trusted intermediaries who contacted her by mail: 'They passed their advertising on the radio but also via e-

mail. They have the e-mails of all the nurses and I do not know how they did access to all our data but they did. They contacted all those who studied in my university classes, they sent information and everyone knew them and they knew it by e-mail and so who wanted, who could'. She trusted intermediaries who conveyed information that made her relies on fake suppliers of services. She payed for not having the services they promised her. The possibility of having at disposal the right information at the right time is then fundamental. In particular, this intermediation is precious, given the complex nature of the bureaucratic contemporary statual systems. What if information is not channelled? Evidence show how misinformation or lack of information strongly affects actions. This is the case, for instance, of N. who, just arrived in Italy, didn't know what the amnesty was and that she would have had the possibility of regularization if only she knew. This temporal dis-connection with the right information made her lost the possibility to go out from her irregular condition. Instead, she did it but years later. The available structure of opportunities, in her case, would have potentially enabled her agency to get a legal status earlier but the misinformation was a barrier to obtain that goal.

### **7.3 Intermediation as Provision of services**

I will focus mainly on the second function of intermediation. This activity of intermediation, not only connects migrants with resources but also acts to provide the services required (Ambrosini 2016). It can ease (or not) movement and/or favour (or not) adaptation of migrants in the country of arrival.

An exemplificative case is the one of travel arrangements and documents for irregular migrants. Those who are willing to move but do not have any possibility to gain legal ways to migrate, in fact may choose alternative service suppliers. In these cases intermediation activities are non legal and for profit and range from transport arrangements across borders, through the issuing of false documents (these cases have been described in Chapter 6 par. 4). However, while non legal agencies have attracted significant attention they are not representative of the whole spectrum of intermediation. Scholarship tends to concentrate on migration intermediaries that operate on the non legal side (Ambrosini 2016). Less attention



has been devoted to more formal sectors in migration mobilities and on profitable businesses not only related to non legal migrants but also to legal migrants. Overseas nurses' respondents reported of agencies and single operators that provided them services that assisted their mobilities and settlement pathways, including transportation, loans, accomodation, language courses, assistance with documents issue as well as negotiating employment contracts.

Little is known about the various kind of intermediation and services that operate on the legal side. In this sense, this research may add some insights on intermediaries functioning in creating the infrastructure of social opportunities available to skilled legal migrants mobilities. I will try to describe how have been shaped their occupational paths in the italian specific context and how intermediation, as a factor enabling and/or constraining capabilities, functioned.

### **Focus on nurse specific Intermediation: available opportunities at the arrival**

#### **a. Accomodation**

Migrants tend to face multiple challenges when they arrive. On arrangements at the arrival, for instance, many overseas nurses reported that they had granted an accomodation by service providers or by the structure that employed them:

The accomodation was there, for free and the hospital provided it! At that time it was in that way everywhere you know! I talked about that also with many other people and with other colleagues of mine who arrived through other agencies. And they too had the house!

(Nora, overseas nurse, Peru)

However many were promised houses but ended up with a bed and/or a room. In some cases, especially for the firstly arrived, accomodation is lodging of the structure, free but it is usually a bed or a room, located in the same workplace, with no freedom of movement. These women sometimes report of solutions with

no possibilities of a private life and with a too high spatial involvement in the workplace setting. In other cases intermediaries, before placing workers, provide temporary accommodations. The typologies of accommodation vary from hotels to overcrowded apartments. In some cases workers pay a rent but some women experience extra fee charges and high deductions from the salary because of the accommodation expenses. Some accounts report very uncomfortable situations, as the following unfair conditions:

They left us in a terrible place! They said they would have provided us an accommodation instead they left us in an awful ugly pension where we had to pay every day! I had low fluency in Italian speaking but I really tried to react, to defend at all costs at least one right! - 'Because you cannot do this to me!' - 'Because if you tell me: 'I give you a house and then... then you abandon us in a place that looks like the house of monsters!' 'The nurse who was with me ...she cried and I told her: 'Hold on! Stop crying! Just do not cry! We have to look for another accommodation!'

(Mirna, overseas nurse, Peru)

In a case the employer was reluctant to make live together a couple of nurses I interviewed. As they asked for accommodation: 'At the beginning they did not want to leave us live together!' - When I asked her why, she replies: 'There were all females, single women and we were the only couple! And you know, whoever hires you...they want to feel quiet with no problems!' - Juliana, overseas nurse, Romania, tells me that they wanted to avoid a possible pregnancy: 'And I explained to him (the employer) that after the last caesarean I did an operation and that it was not possible! I had the tubes cut and then they let us live together!'

For many of these women accommodation is a 'bed' or a room usually located in the same structure where they work. Many declare that the provided solution would have not been the one chosen, within a wider possibility of available options. However, the most common strategy related to this first accommodation varied from being provisional and temporary (few months) to last also years. The

‘package deal’ solution provided by intermediaries for accommodation prevented some of these women from being capable to reunite their familiars left behind. Indeed women who joined their families moved searching an adequate apartment in order to reunite their familiars. This is the case of Juliana, for instance, who had a free accommodation but decided to move, to pay for an expensive rental solution in order to be able to reunite her sons from Romania.

#### **b. Bureaucracy and documents: being capable to get a legal status**

I triangulated information comparing workers accounts, lawyer, key informants and recruiters. According to the recruiters I interviewed, at their arrival they had to assist all third-country citizens to navigate Italian bureaucratic labyrinths. Indeed, a common trait that emerged also in the reported overseas nurses experiences is a pervasive presence of bureaucracy. They needed an insider actor whose knowledge enabled them to move as these words clearly show: ‘They assisted us the first day because - you know - we did not know where to go! We seemed like aliens coming from the moon!’ (Victoria, overseas nurse, interviewed in couple, Romania).

Whether dealing with the Questura, with Anagrafe offices of the municipal or with Agenzia delle Entrate, when arrived, they have to deal immediately with all the bureaucratic requirements that passing borders imply. These subjects refer to many documental procedures. Not only that linked to the recognition of qualification and IPASVI registration to practice as nurses and to adjudicate labour visa issue. When migrants enter Italy in a legal way, they have to manage a huge number of applications. First of all they have to apply for a permit of stay and address particular procedural obstacles.

The first documents we did with the person who was the chief of the cooperative....He popped me to the Questura to make the permit and the fingerprints. With the ID card the secretary helped me and she told me what I had to do! They helped me even for the choice of doctor!

(Cristina, overseas nurse, Romania)

The paperworks which accompany their arrival is a matter that makes these migrant workers linked to their intermediaries. They can be both informal, like familiars, colleagues and employers or for profit agencies. I will briefly list here some bureaucratic procedures required as emerged in the study from my informants (two immigrant lawyers, key informants and workers).

The first is *Residenza* that is the inclusion in the lists of the resident population of a municipality. In the Italian legal system the residence status is the prerequisite for the exercise of numerous rights, therefore it can be defined as a ‘right to exercise other rights’<sup>220</sup>. It refers to the constitutional right that protects the freedom of movement and stay ‘in any part of the national territory, except for the limitations that the law establishes in general for reasons of security and health or safety’ (Article 16 of the Constitution). The ‘residenza’ entitles people to the issuing of the identity card and of certificates and documents. Without this registration potential capabilities may be reduced. Migrants for instance would not be capable to apply for citizenship without a ten year of residency proof. With *residenza* people have the right of accessing social assistance and the possibility to have any subsidies or benefits provided by each municipality, including participation in calls for public housing. *Residenza* is important also for Italian driving license or for the conversion of the foreign driving license. Another important document is the fiscal code that is a document identifying the citizen issued by Agenzia delle Entrate Offices.

Those who do not hold this code will not have the capability to be regularly employed in Italy. It is necessary for any work related activity right. Moreover it enables to conclude any contract (rent, sale, etc.), to open a bank account and to subscribe the National Health Service.

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<sup>220</sup> The inability to register at municipal registry offices (for residency right at Anagrafe) for certain vulnerable categories (like refugees or unemployed) is widespread. Against discrimination and bureaucratic arbitrariness has been launched the ‘LasciateCIEntrare Campaign’ aimed at monitoring discriminatory practices of the administrative offices throughout Italy.

## **First occupational insertion**

Referring to the insertion in the new context of arrival, in the Italian specific case, for the overseas nursing flows that I explored, namely Peruvian and Romanian, emerged different ways of intermediation and several typologies of activities. In the present study a variety of configurations included a *spectrum* going from more formal, to informal and/or hybrid arrangements of intermediation.

Overseas nurses groups, especially those who arrived after 2002, resorted to intermediaries, often under payment, from abroad. In the cases of pioneers, both from Peru and Romanian emerge non profit intermediation. In some cases it was conveyed by the same overseas nurses who I interviewed. They in fact resulted to be service providers for the familiars who followed them and/or for co-workers and friends. The same role resulted to be covered to them by those colleagues and/or professional friends that even arranged the matching between supply/demand sides, functioning as informal recruitment agencies. In these cases they fixed job interviews in the structure they worked for. Beside these examples, the role of provision of services was usually under a fee charge. Women report of practical supports and services received. They mainly refer to travel arrangements, documents issue, recognition of qualification passages, financial issues and loans, aid with legal system and documents, housing and transports arrangements.

Italy as a destination country gained a fertile ground of emigration for overseas nurses and this implied a higher involvement of structured intermediaries in these flows.

There were a lot of cooperatives recruiting nurses from Romania and there was practically a nurse business at the time! Many Italian nurses who had the cooperative and got in touch with other people here in Romania and Romania created a kind of business to select nurses.

(Diana, overseas nurse, Romania)

#### **7.4. Available provision and (non) provision of services: the case of IPASVI registration and exam.**

As explained, in order to have a labour visa and be able to practice as nurses in Italy, these women had to overcome a step constituted by IPASVI (Professional nurses, health assistants and paediatric nurse) exam that allowed the registration at the Regulatory Nursing Board. To be officially employed as nurses, in fact, both EU and non EU-citizens, had to pass a language proficiency test and an examination of knowledge that enabled them to register at professional board. In the cases of overseas nurses, I will show how intermediation functioned enabling possibilities or rather hindering women's capability of agency. In these cases intermediaries may *provide or not provide some services*. Specifically, intermediation is crucial in the way in which acts to provide (or not) some services.

Evidence of this study showed how linguistic barriers resulted to be the most cited obstacle in the first post-migration phase in these women's experiences. On the workers' side, language barrier was faced by Italian language lessons and *ad hoc* professional trainings. One third of nurses of the sample, the majority of Peruvian origins, declare to have attended private lessons and/or courses of Italian language in their country of origin. Some Peruvian nurses talk about Raimondi Institute. Some others took some private lessons. On the recruiters' side, they organize training modules and language courses. Crossing information from multiple subjects both, recruiters and workers, mentioned that not to pass the IPASVI exam represented a giant obstacle to be able to work. It was partially solved adopting different strategies. I will show how the provision of services by intermediaries and, in the specific case, the provision of language courses and nurse specific training courses and/or the possibility to access sessions of IPASVI exams also abroad, enabled overseas nurses to better overcome the language barrier and to be capable to function in order to pass IPASVI exam to register and work.

To this regard, the key informant<sup>1</sup> who I interviewed recruited nurses from abroad for an agency reports:

At the beginning the agency organized intensive language courses and in some occasions even legislative training so that nurses could be able to pass the IPASVI exam. We prepared a targeted training package for people who come here because at the beginning they often tried but failed the exam. We organized language courses to facilitate their insertion.

The provision of these services was for free:-‘Because if they didn’t succeed the risk was that these people were ‘parked’ for months and you had to pay for accommodation and maintenance. But you can do this kind of reasoning with few numbers. [...]

Later on, when we had to manage many professionals it was a too high cost.

(Recruiter 2)

In the majority of cases of the present sample overseas nurses declare to do the IPASVI test after their arrival in Italy. In line with the reported observation of the key informants, in some cases emerge how those who tried to pass the exam without the support of services of intermediation, thus without any preparatory phase or language course attendance, failed. As the case of Marleny, Peruvian overseas nurse exemplify: ‘We arrived on December the 31st and then I went to the IPASVI to do the exam. I did it immediately in January but I was rejected in the language part because I did not speak well and then we had to redo it later’.

Ema, who arrives in 2009 with three friends of her, is the only one able to pass the IPASVI exam that she does here in Italy. ‘In April I was the only one to pass among four of us’ – she declares. And she goes on saying that as soon as she passed the IPASVI test and registered, she started to work. In the three months before the IPASVI test, however, she could not be paid as a nurse and has been inserted in the hospital by the cooperative through a not remunerated traineeship. She declares having saved 3,000 dollars to cover these expenses and to have asked

for a loan to the agency broker. She had to re-pay the debt when she started to work.

In other cases intermediaries and hospitals organized courses in Italy. According to some of the Romanian pioneers, courses were organized by the structure that employed them. In some cases, as the following quotations report, intermediaries arranged exams abroad according with IPASVI Commissions and provided free session tests in the country of origin. For profit intermediaries moved in search of agreements with IPASVI Commissions to be able to make pass the exam to potential nurses also abroad so as not to have the problem of 'parking people'. Indeed some workers of the sample did test sessions in their countries of origin and/or didn't left Italy unless having passed the exam. This is the case of Ina, overseas nurse who arrived in Italy in 2004: 'They organized a 'megagalattico' event and brought the IPASVI commission to Romania, in the city where this agency was located [...] We were so many! Let's say we could be 400 people, really! I met a lot of people there. This event has been held other times too. I do not remember exactly but the exam lasted for 2-3 days and every 2-3 months they repeated it, they did this IPASVI exam again.

Adelina, Romanian overseas nurse who arrived in 2004 reports:

They told us that they came from Milan, in fact they gave us the IPASVI registration in Milan when we arrived here. I tell you we did all this stuff in Romania, however, this Commission of five people came and each of them was in charge of something different: one for the language, one for the laws, one for the oral and another for writing and for nursing skills. They gave us the reference book to study. You had to study and you had to pass the exam and half of the people who tried did not pass it. If you did not pass the exam they (agency) did not give you the chance to come here. At least for us it was in this way. I knew then that other colleagues did it (IPASVI test) here in Italy.



And Cristina whos says: ‘Luckily I was in the right period, it was November 2004, during the past two years, nurses have started to leave. From 2000s agencies were involved in providing nurses to Italy and then there were also other destinations like France and Germany’.

In other cases the same provision of service was under payment as for Mirna, Peruvian who left Peru in 2008: ‘I gave him \$ 500 in Peru even before coming because he provided us the courses and the IPASVI exam and all IPASVI stuff!’

She explains to me that: ‘There were commissions every 6-8 months’:

We did the exam for the registration ath the professional register in Peru because he (the peruvian intermediary) has done and agreement with his cooperative and a group of IPASVI nurses who come from Italy to Peru. I remember that these Italians were from Perugia and we practically did the exam. He prepared us to pass the exam, organizing both grammar lessons and field specific lessons. Then we did the IPASVI exam there in Lima and we passed it. [...] A three-person committee come to take the exam. It was more useful for the technical terms. I had studied italian before and I already knew that Giorgio Napolitano was a head of the Italian state and I also knew about Silvio Berlusconi

(Mirna, overseas nurse, Peru)

Diana, arrived in 2005 explains: ‘My cooperative had no offices but there were other cooperative branches in other areas and through these offices we have done this language exam and all the necessary for the registration’. In the sample emerge a range of different arrangements and time and modes to pass the IPASVI exam. Some subjects after their arrival started to work without IPASVI registration but the employers give them a limited, specific time to register themselves (from 6 to 3 months). A couple of nurses who arrived in January, for instance, started to work immediately and studied helped with internal courses organized by the hospital in order to pass the IPASVI test and they succeeded after few months after their arrival:

A Romanian couple arrived in Italy and attended courses while working, before passing the exam and registering at IPASVI: ‘When we had to subscribe the work contract then you had to take the IPASVI exam within six months and register. We did the exam here in Milan (Victoria, overseas nurse from Romania, interview in couple)

Gloria, overseas Peruvian nurse who registered in Modena at IPASVI professional body reports: ‘We did a course in Reggio Emilia. In Reggio Emilia there is no IPASVI. It is in Modena. But there was the school of the municipality of Reggio Emilia that was the school for foreigners and we attended that lessons. They call it CTP. We worked at the hospital and in the meanwhile we studied Italian. There were lessons even in the evening. My group went in the evening classes but then there were several groups that attended also in the morning and afternoon. We attended depending on the working shifts’.

In other cases these nurses arrived in Italy but, without IPASVI registration they were not allowed to work. They didn’t receive any information about this registration. This happened to Georghia who explains to me: ‘They (those of the cooperative) took us to Brescia and rented us an apartment: a group was near Lake Iseo while another group was here in Brescia. But since I had not yet done the IPASVI examination I could not work . She was a divorced woman with her mother and her son dependent on her remittances in Romania. It was a great matter and she finally found a job as *badante* and worked as live-in carer because she needed money.

Some did a temporary traineeship in the hospital waiting to pass the exam and to be able to register at Ipasvi, in other cases they did intensive courses. Some employers arranged one-two months of intensive courses at the arrival. Workers attended lessons, waiting to pass IPASVI exam and register at the professional body before working. This is the case of Ana: ‘I’m not wrong it was after two months. They also give us the time to learn a little bit! We took the exam that was an oral exam and a written close test, and of course it was difficult! I could understand, I mean I knew the answer but to reply it was difficult. The commission understood the efforts that a foreigner may do and these people helped us a little bit and turned a blind eye. So we made the registration.[...] Yes,

also because this was something to work legally and it was necessary to do it!. If not, I mean you could not work without registration!'.

Some respondents talk about courses founded by European Union or places where agencies organize training course for different typologies of workers.

Basically I think it was supported by a European project that was not funded specifically for the agency but I think for Italy. I arrived in La Spezia in Liguria and then we studied. The teachers, they were those of the IPASVI commission. They came to give us the lessons and they taught us Italian language and specialized professional terms that are used in the work

(Emy, overseas nurse, Peru)

In some cases the agency or intermediary in charge of finding a job in Italy organizes a sort of pre-test of language to select the more idoneous subjects before leaving. Linda explains: 'I then went to them to do the exam in Bucharest in a very well known hotel. I took the oral exam. [...] The IPASVI exam I did it here that one was another exam. It was on the Italian language and I was asked these questions as your name and then they asked me about my sector and I talked about neurology and I passed [...] In Romania they did a test but IPASVI but we have done the IPASVI exam and the registration here after. If you did not know Italian and failed you didn't get involved and I managed to pass it!'.

Lidia who arrived in Italy in 2002 says: 'We did a language exam in Romania. Who has passed it...good for him but who didn't pass it was rejected!'. In this case she came physically to Italy to do the IPASVI exam and, after having passed it, she went back to Romania to get the work visa.

## 7.5 Available opportunities: occupational access and placement

I will describe intermediaries functionings in the first occupational insertion stage and in the matching between the potential migrant workers and the potential employers. I will focus in this paragraph on the connection between migrants and the destination country labour market in the context of overseas nurse labour migration from Peru and Romania to Italy. In order to give a picture of the variety of intermediation experienced by these women, I will report some extracts to exemplify the heterogeneous puzzle emerged.

Some of these overseas nurses report to have been 'actively recruited' from abroad through job advertisements for placement and staffing agencies. I refer to active recruitment since nurses talk about the use of mail targeted to nurses, job fairs, advertising, and visits to schools and hospitals to encourage nurses to contract with a recruiter or an employer who would have sponsored them for the application of a labour visa in Italy:

There were rumours and everyone says that in Italy they need nurses and there were cooperatives and agencies in that period, it was 2005, in 2006 there were all these rumours and then those who were lucky enough to find a honest cooperative came here first and had several advantages instead it happened to me to meet people who...First there was a lawyer who promised me to do all documents and made us sign a document and then even if we had paid it she left us, then we asked another cooperative that then disappeared with our documents ... They just wanted money and that's it!

(Mirna overseas nurse from Peru)

When I left, it was plenty of legal agencies that brought workforce everywhere, not only to Italy but also to Canada, they brought nurses also to England.

(Diana overseas nurse from Romania)

Gloria read of nurses recruiting on the newspaper and she started thinking to migrate to Italy: ‘After that a lot of agencies flourished and many people were sent to Italy!’

In the professional specific case of overseas nurses the typologies of intermediation are connected to the historical period of arrival of each group:

1. Peruvian pioneers who arrived in 1991 didn’t subscribe a pre-contract abroad. Shortage in the Nursing sector was very high and there were not structured laws defining the migrant status. Indeed there were not direct connection between legal status and pre-contract. Moreover the profession had not yet gained a full autonomy and recognition. These nurses, had a sort of verbal guarantee by their professional contacts, mainly colleagues they were working with or that they met at university. In these cases there was a mouth to mouth passage of information and the typology of intermediation involved was that of informal connection, free of charge. Peruvian pioneers referred of private social actors and migrants that became connective intermediaries. They shared information and advice about job opportunities abroad. These informal intermediaries were mainly individuals operating in the health field, both co-ethnics and Italians. In migrant cases they were migrant people who worked in Italy and periodically went back home. They attracted other professionals by a mouth to mouth service on sector specific employability conditions. In these cases there was not charge for this passage of information. These forms of informal intermediation refer to connection. They consisted of the facilitation of labour matching through social networks. In these cases subjects reported to rely at their arrival also on institutional entities like Embassy and Consulate:

Yes, and as soon as we arrived here we went to the Peruvian consulate. They gave us unofficial directions and gave us the names of the cooperatives in charge of nursing employment. We enter their and even though we had no documents they immediately found us a work

(Maria, overseas nurse, Peru)

2. For Romanians pioneers who arrived between 2002 and 2004, immediately after the ex art.27 law was the hospital or health care structure the direct recruiter. The Romanian first wave couples experienced a favourable full treatment package in this sense. Elena says: 'It was informal; let's say it was a verbal agreement. We trusted these people and the nurse we talked to she said - It is serious! You won't have any problem!' - and we signed. They received job pre-contract subscription, recognition of qualification mediation and support, legal paperwork aid, IPASVI registration and exam support, accommodation, language and training courses organized by the structure, a coaching period, permit of stay related support and pre-paid A/R ticket. As the HR manager explained (recruiter 3), the failure in recruiting Italian nurses and/or migrant workers (like those from Spain that after few years left the country and renounced to the contract forcing the structure to start again recruitment processes), led employers to rely on strategies targeting workforce from abroad. In these cases the employer paid for private recruiters services. The HR manager I interviewed talks about trusted Romanian people they got in contact with. In a case a Romanian lawyer, in another case an ex-nurse or temporary informal people connected with health sector that functioned as gatekeepers. They were in charge of seeking nurses in Romania under a fee-payment (gettone). He reports that they organized recruiting meetings in municipalities and in churches in Romania.

I remember that at the time the dollar was the currency because the salary was in German marks maybe! Anyway we signed a pre-contract ... Yes, and then the colleagues who arrived from 2004 onwards in 2004 or 2005, they did differently! But we not I did interviews. I told you we were practically the first ones. There were no Romanian nurses directly employed with a contract when we arrived.

(Elena's husband, overseas nurse)

3. In the sample in an only Peruvian case all the procedures were autonomously hold and recruitment was self-directed. The subject had a cousin working as nurse in Italy and all passages happened through familiar social networks. In only one case the subject organized everything with her uncle support. She did all documents on her own. However also in this case document issue was an expensive and time consuming passage and for 'legalization and translation I have paid \$ 1500' Beatriz, overseas nurse, Peru

4. In all the other cases nurses trust intermediaries made by employers, agencies and third parties and/or a combination of the three. However, four Romanian respondents, after relying on intermediaries ended up with a self-directed recruitment method through different social networks.

Both the Peruvian overseas nurses group who arrived after 2002 and the second wave Romanian group who arrived after 2004 are characterized by being recruited by intermediaries under payment. Narratives show how in nursing recruitmet flourished a business based on this international mobility (in particular from 2004-2006). Indeed a 'trusted social network mechanism' that functions as a chain is well reported by these words: 'I know a lot of people who moved through the agency. This colleague of Arequipa for instance they actually did as a chain. In this hospital there are many nurses who come from the same place in the same way. Since they got along well, then they warned each other, from a city near Lima. Everyone came from the same city!'. However, she didn't follow this chain path, instead, she came to Italy with her nurse cousin's contact. In another case the 'trust contact' was a university colleague whose sister was migrated to Italy years before. She connected the potential migrant nurse with two Italian workers of a cooperative that was recruiting professionals.

I told you I had a university colleague of mine. She was at nursing College with me. Her sister has been living in Italy. Since 5 or 6 years, she probably worked as a nurse too, I do not remember. She was friend of the Italian guys that then we met. They arrived from the Italian cooperative that recruited us. She asked us if we were

interested once school was over to go to Italy and work. We said – Yes of course! - So, these two guys came to Romania and we did an interview. But we spoke Romanian and they were Italian.

(Diana, overseas nurse, Romania)

She explains that they did not have a structured business in Romania. ‘The cooperative was in Milan’ she adds and that there were not offices or linked branches - ‘No in Romania there was not a fixed place, they didn’t have a location. In fact to do these meetings and interviews we went to the husband’s office of the girl who called us. They had no offices and in this meeting they explained what we had to do, all the documents we had to carry, translation and legalization and so on. They gave us some advice’. In other cases, nurses trust institutions, as in the following case in which the possibility of working in Italy was conveyed by the reliable Municipality advice: ‘Municipality did a step behind and we got lost, without an organization we could count on’. *Ina, an overseas nurse adds*: ‘In that period there were these cooperatives that were already doing the same thing (recruitment of nurses) in other cities in Romania and then we asked them and eventually we arrived using one of these cooperatives’

She adds that: ‘Now they are much wider than before because you also can go to England to France and to many other states and therefore is a very huge thing. There are more locations and branches there is not only one. I met them with one of the girls I come to Italy with. Because in the end I told you! We used this agency to come here and we did the all documents. We invested all the money in that because they asked a lot of money for all things and for travel’

She gave them ‘at least € 500 only for the documents (Decree). But then there were the travel expenses and even we had to go to the Embassy and do all the things (...) Then when I got the recognition of the Decree and after doing the IPASVI exam ...the agency basically moved us from here to Italy for the job!’.

Some of the Peruvian overseas nurses refer to a profitable business that connected professionals to Italy. A cited agent broker in the 90s is Alvaro Gutierrez. He migrated to Italy in 90s and obtained a nurse Diploma in 1997. Its figure is emblematic because he built a lucrative business strategy exporting



nurses to meet the rising demand of health workers in Italy. In the enquiry his name is recognized or reported by four of the women interviewed.

Alvaro Gutierrez recruited nurses even without experiences and inserted them into a new job. Nurses who do not come from the capital but from rural areas work differently and it was much harder for them the adjustment in a new context [...] The College (IPASVI) did not like such modality and actually from that scandal no more nurses come here from Peru (referring to the Ipasvi of Milan).

Since 2003, however, since this news about the business trade of nurses... Because they were told that everything was easy, that they will have all facilities, the apartment and money but if you do not look at the psychological side of the migration or the difficulty to go to a foreign country where you will be alone without a family without a support. If you are unexperienced

(Violeta, overseas nurse, Peru)

Alvaro Gutierrez played a job matching role in nursing labour markets, seeking workers and established a profitable business.

A representative experience in this sense was that one of Gloria. In this case she trusted institutional entity was the Peruvian College of Nurses. This example represents the more structured *formula* of intermediation that has been reported by the respondents I was able to interview:

I left the documents in this agency. The agency had an agreement with the Peruvian College of nurses. Colejio de Enfermeras de Peru that is a large College based in Lima. My city depends on Lima. My city is out of hand, at a 2700 m high. [...]

The fact of the College agreement gave me the guarantee that it was a serious affair. I gave all the documents to the agency and they sent the documents. I can trust them because of the stamp of the Italian

embassy and the Peruvian College. You know... For the Ministry of Health documents and on all the certificate of study there were Italian embassy stamps! And also the stamp of the College! This was for me a kind of proof of the fact that it was sure! I mean it was stamped by the Italian Embassy!

(Gloria, overseas nurse, Peru)

However, her trust was not completely well reposed. Another case that is significant is the one of Emy who reports:

I felt my choice highly influenced by what was happening around me because at that time I saw so many colleagues migrating. You know, we knew one each other at the hospital and everyone was leaving and there was advertising and every month left at least five, six even seven nurses. Years ago, all the nurses moved abroad! [...] It was a word of mouth, it was not an official recruitment, but we talked about it, we saw and we knew that for example, that colleague departed and how and then it was the boom period and everyone went abroad. All the nurses came to Italy in 2005-2006.

(Emy, overseas nurse, Peru)

She trusted her workplace colleagues: 'I had seen other colleagues did like this. I also contacted these people by phone. I phoned them! The people who were here in Italy to better understand. You know, how did it worked with the agency and I asked them how they felt like, how was the job' - she adds - 'We arrived here and were a group of seven or maybe eight colleagues'- the agency provided - 'All documents and the Nulla Osta then the house when we arrived here. We did the course and the IPASVI exam'.

She declares she paid 3,000 dollars for all these services.

So, she relied on an unknown agency basing her choice on a weak professional based network of colleagues that migrated before her and that she called by phone. They used that agency services to move and find a fitting job before. She had a good word by trusted people and, as she explains: ‘There were so many agencies in that period! There were also many people that were scammed you know!’. When I asked how she got in touch with the agency and if there was a ‘contact person’ she replied: ‘Yes, he was a Peruvian guy who did everything with us on the behalf of the Italian agency. He had to follow us and, how to say, look after us until we had found the job. This Peruvian man lived here in Italy and stayed with us. He was the brother of the man (broker) who ran the agency in Peru. He was a kind of mediator here in Italy. So, his brother did all the documentation in Peru and he did what we needed here in Italy and he was somehow contracted by the Easy Job here [...] At the beginning - I believe - it was a profitable business but then I think it was not so convenient because so many people dropped out and left or go away. When she reports about her intermediaries connections: I think he (Peruvian broker) made a double game with them (agency) [...] He gave me the contact for another job. They probably paid him commissions. I don’t know!

## **7.6 Intermediation as Help**

The third activity is *help*<sup>221</sup>: it is described as a concrete first-hand support in meeting actual needs. To give account of the help intermediation case there are many examples. I think that K. words are exemplificative in this sense. She arrived in Italy and stayed for few months at her sister’s house. However, since ‘her husband (of her sister) made me feel out of place as a not welcomed guest’ she decided to leave. - ‘I have been sleeping for two days in the park. In the evening. It was okay, being summer! – she smiles - ’But I paid attention and slept on a bench near the bus stop you know not to get lost in the park! I don’t want to be alone otherwise someone may rape me!’.

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<sup>221</sup> help is immediate and not structured, it differs from the provision of services on the basis of the less degree of complexity and organisational structure required.

She was undocumented, with no money and she could not rely on the only contact she had: her sister. – ‘I was with nothing in my pocket! I had maybe € 50 and I paid my sister before leaving, I paid € 700 for rent’ – ‘I stayed here 2-3 months and I give you the money! – I said her After such a repentine decision K. was in the position to look for practical immediate help. – ‘I had invested all my previous savings on the travel expenses. I had nothing left’. She found *help intermediation* at the homeless shelter where she went to eat thanks to people she met at the park ‘We went to get the hot soup, the *sopa caliente*’

Another typology of help that the material at my disposal shows is illustrated by Elisa, who re-qualified as nurse in Italy. She explains that the daughter of the old lady she was caring was a lawyer. Thanks to her practical help she was able to gain a ‘jump of queue’ at Questura for the request of regularization: ‘I remember, when the amnesty in 1996 was launched that there were endless queues of immigrants in front of the Questura. Many many people, from 4 o’ clock in the morning waiting. People standing there, in front of the police offices’. Elisa reports: - ‘She (the lawyer) went there at Questura at nine o’clock when offices opened and told me – ‘Come in!’ she adds: -‘I will always thank her! Because if weren’t for them I wouldn’t be here legally! I will always thank them!’

Another meaningful help that emerges from these women’s narratives was the possibility to receive money in advance instead of ask for external loans. In a case the subject asked for a shark loan but her employer made her an offer and made up for all her debts:

This lady was a great person because I was drowning in debt and when she become aware of the whole story of my father and also of the loan shark loans, and of high amount I had to re-pay she immediately went to the bank and estinguished the whole debt. She paid me salaries in advance to re-pay off the debt and she sent them all money

(Simona, Re-qualified OSS, Romania)

Several employers showed an empathetic aptitude towards these workers, supporting them. In this case the help was an opportunity not to be stuck. The employer paid in advance her salaries: 'It was more than 1000 no euros, were dollars 1000!' Paying immediately there were not interest rates on the loan. I gave them all money before a month'. She helped her, in practical terms, also in sending money to Romania. Simona, infact, was not capable, being non legal her status, to be able to transfer money going to the bank or using official services. She had not the possibility to legally send money by her own. Instead, without her employer's help, the available options she had probably had, would be related to a service intermediary mediation, under a further payment.

The family were the Delia's sister worked for, helped in a similar way her sister: they borrowed her sister some money in order to pay travel expenses without loans. They then directly withold a part of her salary each months.

Another first hand help that emerged was that one referred to accomodation and housing, as reported in the following experience. Paula arrived in 1997 in Italy. She was fiancee but she didn't see her boyfriend since she was irregular. As soon as she regularized she was able to mobilize her resources to get married and reunificate her husband: 'I got married in Peru in 1999 and he arrived with reunion process in December 2000' In order to reunion her husband she needs a registered rental contract. Moreover it is necessary a certificate attesting the size of accommodation and how many people can live in (Idoneaità Alloggiativa). She has to go to municipal offices and its request is time consuming. She explained to me that it was difficult to find an idoneous apartment and someone who rent it. Finally the family she used to work for solved her request: - 'They were very good people!' and they gave her the possibility to have a regular rental contract and were available for all bureaucratic documents (Idoneità Alloggiativa<sup>222</sup>) she

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<sup>222</sup> the capability to reunite is linked to the proof of an accommodation that meets the requirements of housing suitability and complies with the hygiene-sanitized criteria. The certification is issued by the competent municipal offices. Documentation required for accommodation: a) copy of the lease, free loan agreement or deed of ownership of the accommodation; b) housing suitability and hygienic-sanitary certification, that is, the municipal certificate stating that the accommodation is within the parameters set by law and that it complies with health standards; c) if the applicant is hosted: authenticated declaration of the holder of the accommodation, certifying the consent to the reunification of the family members named with reference to the part of accommodation made available to the employee; d) in the case of reunification with a child under the age of 14, whether only following one of the parents, the suitability for housing can be replaced by the consent of the owner of the accommodation in which the child will actually reside.

needed. Her capabilities to reunite her husband had a practical means to be transposed in an idoneous apartment, however, if she could have had other options, she would have probably chosen a different house since she goes on saying: 'But you see. I could not do anything but accept it if I wanted my husband here. And then I thought - When my husband will arrive we will find something else...You see! We are still there!'

## 7.7 Grasping similarities and differences

Focusing on the differences and similarities that emerged between those women who moved as overseas nurses and those women who got a re-qualification in loco, a first remark concerns the *typology of intermediation involved* in the find of accommodation and in the recruitment processes. Both the two occupational segments of first occupational insertion we refer to, namely nursing and domestic sector, are highly segmented (if not segregated) and female dominated sectors. While recruitment channels for migration of professionals are activated mainly by professional actors and depend more on the nurse specific sectoral context, the ones for migration of non professionals depend on informal channels. The latter are mainly based on connections with familiars, co-nationals and/or with Italian employers. Rarely subjects rely on mediation of unknown third parties and the kind of intermediation they can count on is more the one described as of *connection*. Moreover the sample shows that it is not a fee charged intermediation (with only one exception). Conversely, intermediation in the overseas nurses recruitment cases is more focused on the *provision of services* typology as I described. It involves commercial intermediaries and agencies. A second remark refers to the spatial dimension, the kind of location in which recruitment services are provided. Abroad in the nurses case, in the destination country in the case of the re-qualified group. In job searching, in fact, almost two third of professionally qualified overseas nurses of the sample came directly hired and used the *provision of services* intermediation. They were recruited from outside, via labour migration channels, usually with the help of intermediaries in their country of origin. According to interviews, the collected information were partial and in many cases they didn't figure out how long, expensive and complicated the process of recognition and the visa issue would have ended to be.

Almost all the respondents contacted a third part, namely agencies or cooperatives or single intermediaries, to attend the bureaucratic part in Italy concerning the recognition process and the request of the Decree at the Ministry of Health in Rome and the sub-contract issue. These activities go under the provision of service umbrella. Among the typology of intermediation the most represented in the sample are agencies set in the country of departure that recruit

from abroad nurse personnel on the behalf of italian temporary agencies and/or cooperatives. In other cases intermediaries are informal brokers who operate in searching professional staff for hospitals and health structures, individuals who work for cooperatives as nurses or auxiliaries in Italy and/or representatives of agencies and cooperatives and/or brokers that act on two side branches. They often find health personnel in unformal ways and/or refer opportunities to colleagues. In some cases they are paid by the agencies and/or cooperatives they represent.

The romanians pioneers could count on the hospital direct help. Two couples I intervieweed were directly recruited and employed by the HR manager of the hospital. Theu relied on the trust of people they got in touch in Romania. They gathered information on occupational opportunities. This was the most favourable way to be recruited and assured other kinds of provision of services: travel arrangements and payment of plane ticket a/r, free accomodation, language course internal to the structure, help with documents and bureaucraic steps in Italy, from the permit of stay to national insurance code (Codice fiscale). They did not report of fraud or improper salary deductions as many nurses of the second wave flow did. In this case the Human Resources manager did personally the request at the Ministry of Health for the Decree issue. Subjects refer to cooperatives, health structures and agencies. In seven cases (three Romanian and four Peruvian) they come personally to Italy (or were already on the territory) to look for a job. Conversely, all the other 'not legally recognized as skilled' migrants, were mainly employed as domestic care assistants. Indeed they were hired locally. A further distinction that emerged between the two groups was the *typology of the available networks* involved in the recruitment process for the first occupational insertion in Italy. The latter was more based on co-ethnic and altruistic social networks, the former more based on weaker professional networks and for profit-oriented intermediation. In particular, for the nurse sector, an important distinction can be made among the first waves of nurses, whose contacts were mainly *social networks based and mediated* and the other overseas nurse who migrated after. The former relied on information that come from colleagues and acquaintances linked to nursing profession and nurse related settings. The same professional



belonging thus played a key role in the feelings of trust reported by all respondents. The latter group contacts were more *agency for profit based and the intermediation involved often unknown third parties*. However, to be noted is the fact that also in these cases trusted people like colleagues, friends, people who attended university and/or acquaintances linked to the nursing professional field played a relevant connective role between potential migrants and for profit intermediaries. They were the ‘trusted bridge’. The overseas nurses who migrated during the peak period of nurses mobility (2002-2006) report a high level of intermediation under payment if compared to all other respondents.

## **7.8 To sum up**

In the previous Chapter I have described the functioning of intermediation for the two typologies of recognition paths under investigation.

After a brief description of the typologies of intermediation that I borrowed from Ambrosini (2016), I focused on those activities of intermediation that he refers to as ‘provision of services’. Italy, as a destination country for overseas nurses gained a fertile ground for recruitment of the national groups under investigation. In particular in 2000s, in both the countries, Romania and Peru, flourished a recruitment business based on the nurse international mobility to Italy. Until the crisis period, different brokering agents emerged. I focused the analysis on the ‘provision of services under payment’ and the case of overseas nurses. Different types of intermediaries emerged as recruiters: 1. agencies and cooperatives that subcontracted nurse’s employability and ‘lease’ their labour to employers and 2. placement actors that received a finder’s fee from employers for each worker employed. Among them appeared lawyers, migrants who worked as auxiliary assistants in Italy or as nurses, ex-nurses and cooperative’s workers. In these cases respondents and key informants cited both structured recruitment agencies and private recruiters. They were in charge to seek workforce for: 1. cooperatives who had health services subcontracted in public hospitals and health related structures, 2. temporary agencies and 3. private structures that recruited directly.

Results show that there were not institutional organizations involved in such intermediation as those emerged in international studies on the phenomenon applied to other countries with higher nurses mobilities like, for instance, the Philippines, India and China (Kingma 2006; Yeates 2009; Xiang 2012).

As other studies outline, profit, trust and empathy often are related (Linguist et al. 2012). In the overseas nurses' case of Romanian and Peruvian professionals who moved to Italy, the present findings show how a 'trust contact' whether formal or informal, institutional or private, was the key way in which for profit intermediation happened. Indeed, workers relied on colleagues, ex-university mates, friends, relatives or neighbours.

In some cases intermediaries offered a 'full package deal' that included many services, from accommodation to occupational placement. In other cases migrants could count only on few of them. Some others reported how different agents provided different typologies of intermediation at different stages of migration and under different conditions. Commercial agencies, social networks and informal and semi-formal sub-intermediaries agents were involved in such nurse targeted intermediation. Agents operated on the basis of subcontracting chain *formulae* including both *ethnic and Italian intermediaries* that targeted nurse professionals as workers. In Italy recruitment entities and organizations were not officially regulated. What emerged was a condition of vulnerability and dependence on intermediation. At the arrival, the subscription of a contract to be able to obtain a legal status, IPASVI registration procedures, bureaucratic paperworks and accommodation made these migrant workers linked to their intermediaries. These workers employment's conditions were linked to their 'being legal status' and create conditions of asymmetrical dependency, vulnerability and precariousness for workers. During the first phase of arrival in fact in many cases the respondents accounted of low capability of negotiation. Uncorrect levels of salary and unequal conditions for migrant workers emerged. In some cases nurses were locked and blocked into ambiguous relation both with recruiters and employers.

Even if these workers showed to have greater opportunities and 'rights' recognized and wider freedom of choices if compared to their undocumented counterpart of 'non legal' migrants, this research shows that also the 'nurse migrant category', experienced forms of risks of exploitation and unequal treatments. These conditions were partially due to distortions in passages of provisions of services and misinformation. After their arrival, many primary needs of these women resulted to be accomplished by intermediaries: from accommodation to issues linked to legal documents, placement and recruitment processes. Many of these practical aspects were mediated by actors that in some cases hindered women's capability of agency. As showed, in some of these cases nurses paid the recruiters for their services but finally they suffered losses. Some of these women reacted, others could hardly do that. In the volume entitled 'Merchants' of various types: yesterday and today, scholars offer different viewpoints and approaches in developing protection strategies for migrant workers. Philip L. Martin (2002) suggests that the best protection for migrants is the power to say no. Intermediaries may remove some barriers and may open and/or may close opportunities. A clear evidence on this dynamics concerned the example that I reported on the functioning of the IPASVI exam. As I showed in paragraph x, the provision of language courses and nurse specific training courses and/or the possibility to access IPASVI exam sessions also abroad made the difference. When intermediaries provided these services they enabled some of the workers who I interviewed to better overcome the initial language barrier and to pass IPASVI exam. On the contrary, those who were not supported by these services failed the exam and had to postpone it. Some had to wait months for the following exam session, others made debts due to their (un)capability to work without IPASVI registration.

In a broader context of managed migration Connell and Stilwell (2002) address governance at institutional level to protect overaseas nurses, They suggesting bilateral agreements,.

On the basis of what my material showed and on how intermediation functioned in these specific achieved nurses' cases, a first advice to workers

would be that to collect accurate information from organization, embassies and institutions in charge of institutional information avoiding the mouth to mouth recruitment, advertisements and promotions. Many did not collect enough information on the functioning of the 'receiving system'. Another advice would be that of trying to make all the processes that involve recruiters and agencies clear, identifiable and legally traceable. I would suggest to sign contracts and use legal tools like formal contracts, documents, bank payments and registrations. Another aspect is linked to the guarantee to be refund in case of losses, requiring recruiters a coverage of protective labour laws also in cases of weakness of legal status.

Moreover, according to the women I talked to and the vulnerable aspects they enlightened to me I would suggest some kinds of support that enabled people to have higher 'social opportunities' to be able to 'say no': 1. support and training at the arrival and in the first occupational insertion (with language courses, training and internships, better accommodation solutions, transportation between the living place and work site); 2. support for legal practices (i.e. family reunification, permit of stay, bank accounts); 3. support in collecting new information on the receiving country context (favouring contacts with institutional services, structures for migrants, trade unions that could support in being able to find and/or change occupation).

## CHAPTER 8 - CAREWORKERS AND NURSES: Occupational mobilities: opportunities of re- qualification in loco

I will address the social opportunities and ‘conditions of capability/ies and functionings’ that emerged for these female migrant workers<sup>223</sup> focusing on their achieved occupational mobilities.

In the following Chapters it will be discussed the ways in which these women achieved the capabilities to be able to work in an occupational condition that corresponded to their credentials. In Chapter 8 I will describe the spaces in which these migrants were able to move their real strategies for actions in order to re-qualify and the achieved occupational conditions after recognitions obtained in loco. Two kinds of re-qualifications in Italy have been considered: i. *higher investment* – namely those professionals who obtained a three years degree<sup>224</sup> in Italy as nurses and ii. *lower investment* – namely those auxiliary health professionals who obtained a regional qualification as ASA or OSS.

In Chapter 9 it will be discussed the achieved occupational conditions as nurses, after recognitions from abroad.

The analysis describes ‘the starting’ post-migratory occupational location from which these women moved to gain upward mobilities. The first occupational insertion and the re-qualification passages in these occupational pathways are addressed. Among the factors and actors that enabled/constrained women’s agency in their post-migratory experiences of upward mobilities, both intermediaries and the legal ‘context of reception’ played a key role.

Results show how different social processes and legal mechanisms contributed to generate civic stratifications<sup>225</sup> (Morris 2015, 2002).

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<sup>223</sup> As health professionals employed ‘in an occupation that fits their educational titles’ after a process of recognition

<sup>224</sup> The first qualification is obtained after a three-year course by completing the Bachelor's Degree with the possibly to do a two-year course for the Graduate degree..

<sup>225</sup> The concept of ‘civic stratification’ (Morris 2002) refers to the system of inequality generated through the differential granting of rights by the immigration regime adopted by a state. Morris borrows the term from Lockwood (1996), who focuses on membership statuses and connected rights. She looks at the stratifying effects that may generate the concept of membership itself as institutionalized and normalized. In this conception, ‘the institutionalization of citizenship is embedded in and at the same time contributes to the structure of social inequality’ (Lockwood: 533).

## 8.1 Upward mobilities: horizontal mobilities, undocumented starting points and ‘multiple steps of recognition’

Even if the sample is far from being representative (N=24 re-qualified women), it shows the importance of some obstacles that these migrant women faced to gain the achieved upward mobility after a re-qualification process in adulthood. The accounts show issues that arise considerations on the circumstances that shaped people’s social opportunities and traced occupational paths in the specific Italian context. The whole social and institutional contexts sharply influenced their freedom of choice. These conversion factors and their functionings in practical terms will be illustrated.

As already explained, the starting point of my reasoning on the available social opportunities of re-qualification and employability for these workers was based on the time of their residency<sup>226</sup> in Italy and on the mobility<sup>227</sup> of their paths.

The concept of mobility and the capability to be able to work, improving occupational status and upward opportunities will be discussed according to what narratives reported.

In the cases under investigation a formal education, whether a higher academic qualification or a vocational regional license, locally gained, for migrants increased the possibility of advancing to a better occupational status and to achieve opportunities of employment that recognized the qualification obtained. However, as it will be described, the agency action of these women could function only with a high investment of resources like time, money and with the conditions that enabled their capacity to function. In a post migratory context of re-qualification in adulthood, to be able to manage and combine not only learning and earning aspects but also the possibility to maintain a legal status was crucial. In those cases of lone motherhood in which care needs had to be balanced, difficulties were even higher. They could succeed because they were able to

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<sup>226</sup> Here the temporal span of five years, is the assumed minimum length of time required in order to be able to apply for permanent residence and gain a supposedly more privileged status of denizenship (Hammar 1989).

<sup>227</sup> The concept of mobility refers to three different areas, covering three kind of capabilities:

1. the capability to move, geographically intended;
  2. the capability to be able to settle on permanent bases (thus move from a lower status to a long term legal status);
  3. the capability to be able to work (occupational insertion, re-qualification and upward mobility).
- In Chapter 8 and 9 I will try to show how the three are related.

alternate employment and/or unemployment phases interlocking maternity leaves and unemployment status with their educational needs. Functionings enacted by these individuals in order to achieve a re-qualification resulted to be heterogeneous, depending on each individual situation, according to care arrangements, different kinds of intermediation and networks and to available resources and capitals. Both economic maintenance and social support by familiar were key factors in gaining successful goals.

In the next paragraphs I will illustrate the social opportunities that emerged in the two pathways of recognition.

The ‘subordinate economic integration’ with a concentration of migrants in unskilled, precarious, socially penalized, exploited, poorly paid occupations (Zanfrini, 2002; Allasino, Reyneri and Zincone 2004; Ambrosini, 2005; Colombo and Sciortino 2008) emerged from the initial phase of occupational insertion of these women in the secondary care labour market.

Almost all the workers who were not nurses prior to migration confirmed a care domestic experience as first job experience in Italy. Segregation into the care and domestic sector led to specific opportunities and constraints. Indeed these narratives confirmed the initial downgrading in migrants’ occupational insertion as argued by human capital theories. For many of those who were employed in their country of origin this meant a general decline in their status after migration that meant a decline in social status but an increase in economic status. This condition has been termed as ‘contradictory class mobility’ (Parreñas 2001).

According to the U-curve hypothesis (Chiswick et al. 2009), factors like the length of residence, the young age at arrival and the education levels should all promote upward mobilities.

These cases under investigation were in line with the overmentioned hypotheses. Some studies underline also how the migratory project may make the differences in shaping different post-migratory patterns (Vianello 2009). Respondents of the present research showed how their intention to stay longer made them look at occupational mobility and re-qualification options differently. With the exception of those women who moved for family reasons, all of them declared a short-term migratory project. However, after their arrival they ended to

turn their initial temporary prospects into long-term settlement ideas. Indeed a 'first step exit' from the live-in job condition was usually engaged by these women when they matured a more stable horizon of settlement in their mind. The women I interviewed pertain to the category called of 'permanent women',<sup>228</sup> (Vianello 2009; Marchetti and Venturini 2013b). Their temporal prospects is temporally extended and their future plans, even if not always consciously understood, are oriented to settle their future in the country where they migrated. Therefore, they had the willing to change their occupational position and to improve what they initially conceived as a provisional condition.

OSS and ASA auxiliaries can provide basic care to patients and do simple tasks for diagnostic support and disease treatment. They are in charge of observing and taking note of patients' needs and of their conditions, evaluating and collaborating for the care interventions, working under nursing supervision. These profiles are more qualified options to the unskilled patients' homes care based also called *badantato*. The healthcare assistant (called 'Operatore socio-sanitario' or OSS) has been present since the 60s in the Italian health labour market but this occupational profile was established only in 2001. It has a regulatory definition since 2000s in Italy among regions<sup>229</sup> (Spina 2013).

Migrant women who re-qualified as auxiliary health professionals in Italy are moderately well educated. Almost half of these women were students before migration and left their country immediately after the secondary school or after having finished or interrupted University studies. Some started to work in their country of origin but even if they did, after education employment was discouraging. They could not get a secure and gainful occupation. On the whole, those who migrated mainly for economic reasons have usually already worked in their country of origin. The professions included in the sample are teachers, accountants, clerks and self-employers in familiar activities. Nonetheless, they

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<sup>228</sup> Vianello (2009) conducted a research on Ukrainians carers and Marchetti et. al (2013b) compared Moldovans and Ukrainians carers and described their pathways and patterns according to their typologies of migration projects and prospects. They made a distinction along the lines of desire of permanence on the territory. Those 'in transit' are Ukrainian women who are not willing to settle. They will work in Italy until they would consider they have remitted enough for their extended family's needs. In these cases there is not a prospect of occupational improvement. The "permanent" ones, by contrast, are those who, at a certain point of their post-migratory may experience the desire of improvement of their conditions.

<sup>229</sup> It is currently regulated by two national laws: the State-Regions Conference, dated 22 February 2001 and the State-Regions Conference, dated 16 January 2003. In order to become an OSS, the acquisition of a license is required. This profile provides basic care to patients and the national law lists the functions and duties of an OSS



end up as unemployed and their occupational prospects are very poor in salaries. This is the case of Dorina, with a Degree in Economics: 'I came here as a caregiver. The first time I went to Basilicata for 14 months and I returned thinking I would never come back!' She goes on explaining the 'brain waste' with her own words: 'What I had studied for with what I was doing here it was a waste!' She found a job in Romania in a large glass factory but 'I come here again and I found a job in a restaurant but it was too heavy for me. I ruined my back because it was too heavy and then I worked as a baby-sitter ... then I had to go back to Romania to do back treatments because I had serious damages at my back'

These women were able to function as potential students and re-qualify only when their practical conditions enable them to enrol and produce all documents required. She, as a communitarian citizen, had a privileged legal status in Italy if compared to her Peruvian counterparts.

Then I come back working as a caregiver but only after two and a half years as a carer I had the courage to change and to attend school because I was alone. Here I had no relatives I did not know anyone I had to rely on at least a decent material situation that could allow me to be able to pay for household expenses and school expenses and be able to work. I decided then after two and a half years working as a caregiver to do the school!

(Dorina, re-qualified OSS, Peru)

The majority of migrants that I interviewed were extra-EU at the time of their requalification in Italy. This signified in practical terms that they had scarce opportunity to re-qualify. They had not the freedom of choice in this sense. They often had to wait years to gain a legal status. This period, as before illustrated, may range between few months to 5 years. Only after having gained a legal position, they can seek for further training in order to enlarge their prospects and opportunities. In other cases the different educational system hinders their

capability to achieve. As for Marleny. She wanted to attend OSS classes but: 'I had not my diploma recognized. I did less years in my country and they did not accept my qualification. In the end I opted for ASA instead' (Marleny, re-qualified ASA, Peru)

They know that health related professions are in high demand, especially among migrants and women. In all the reported experiences they find easily work: 'I did internship at Alzheimer Centre . They called me immediately after the courses and I find job in august. I substituted a person for maternity. They did me a ten months contract' (Marleny, re-qualified ASA, Peru)

Two aspects emerged as common traits to all these experiences: their first job occupation in Italy was channelled into the unformal market by non profit intermediaries and it was characterized by an undocumented status. All of them, with the exception of four (three were tied movers), worked as carers, employed in the highly segmented and gender/ethnic specific sector of care in the household setting. The starting occupational point for half of the re-qualified women I interviewed was a live-in condition of employment in the care private sector. The available job opportunities were related to the unformal economy. The non legal status hindered the migrant's access to formal markets and institutions in the host country which were, instead, available to documented migrants. The longer women stayed in Italy, the more likely they moved to a live-out condition and tried to improve their status. After having obtained a regular status all the women who had a family 'left behind' in their country of origin reunited their families, both spouses and/or children. In other cases they created their own families in Italy or moved to an accommodation on their own. Many refer that at a certain point they started to invest their energy and savings more in Italy than in their country of origin, trying to improve their conditions here. In many cases the expectations of permanence on the national territory are family related. The remittances are lower and less continuous, if migrants have formed an own family in Italy and/or there are familar components in Italy.

In line with previous researches (Ambrosini 2013), respondents reported their difficulty to combine a live-in care occupation with a own life. These women experienced what has been called an 'horizontal mobility' paths (Ambrosini 2005)

with a passage of status within the same care sector. In the cases in which they reunified their family and/or they constituted their own family in Italy, a first step could be achieved in the passage from a live-in to a live-out typology of employment. When I asked why they re-qualified, many interviewees said that it was for a better occupational condition. They were suggested by relatives and friends, working as health professionals and/or in touch with institutional care settings. They reported to like care work but that they would have liked to move to better jobs, in the same care sector they had gained experience in Italy. Some declared that even if they did other jobs in their country of origin, they particularly liked care-related jobs and wanted to pursue their tasks in a more professional way. The majority of them at a certain time of their post-migratory experience, preferred not to be directly employed as live-in carers. They tried to move to work in settings other than domestic private home-based care, like residential care structures. In some cases they continued to work in home-based care settings but under different working conditions and types of employers, by cooperatives and agencies, for instance. A live-out position granted better living conditions and personal spaces. Yet, this change often did not mean having better contractual terms and/or advancement in occupational tasks and/or higher wages for these workers. On the contrary, it often implied the loss of some practical advantages and, under certain viewpoints, the loss of more stable conditions. According to respondents, hourly work based shifts were characterized by greater efforts to maintain more stable contractual forms of employment. The passage from fixed to hourly based work, in fact, positioned them in a more risky position to renew a work permit of stay and have a regular legal status. What emerged from the present study is that the opportunity to be capable to choose the option to work as live-out was often characterized by higher flexibility conditions and lower contractual continuity.

Moreover, while live-in occupational conditions gave them the opportunity of free accommodation and meals, in live-out working conditions these benefits were not provided any more. Workers, instead reported extra expenses like rent, means of transports, food:

‘I found a job thanks to my sister, through a cooperative! I worked as carer for different elderly people. From eight in the morning until five in the afternoon but I had to move and I needed the car to move from one place to another!’

(Elisa, re-qualified as nurse, Peru)

In many cases the share of accommodation expenses with relatives was reported as a key support. In some cases they had to manage among many jobs and employers in order to sum up a full salary. It, in practical terms, meant a greater risk of unemployment with a higher risk of losing their gained legal status.

In many of these cases the chance to move to better working conditions followed ‘a step by step’ path from the lower to the higher segment of care work area.

I will report the case of Rosa. It well exemplifies the typology of mobility that I have described and that these respondents reported. She started as carer live-in, then she moved to a care worker position as live-out. In her case, as in many others, occupational changes are not voluntarily acted but are often the casual result of events that then turn to change their occupational status. This aspect emerged in other studies on the topic (Fullin Reyneri Vercelloni 2009). Specifically the death of the persons they cared for. Rosa, who changed occupation, said: - ‘Because the elderly my sister was caring - you know - he dead and my sister, she moved to Milan and I followed her because - she said to me – ‘Come with me! It is easier to find job in Milan!’ – ‘So we moved together to Milan and I found a live-in job as carer at the home of a landlady. There I worked for two years for the whole day. Later on I worked in a cooperative that offered elderly home care services’.

When I asked her why she changed she replied: – ‘Because in private care it is too demanding you know! You are always working with no rest, in a day the whole 24 hours and it is too hard to me and since my sister was working for this cooperative and then I see I also wanted to try. To do all that things I learned. I learned hygiene tasks, I gave meals and offered company at home and assistance for the elderly. But not for the whole day this time! [...] Because before I had

only one day off while working for the cooperative I have been working for a year and a half and look! It was much better!’

Talking about her working conditions she explains: ‘I subscribed a permanent contract and I worked 5/6 hours also 7 hours. Well it depended on the month. Sometimes I earned much less than I used to do before!’.

When I asked her about holidays and days off she replied: ‘Shifts were concentrated during weekends. I always worked on Saturdays and Sundays but life was more decent and I felt better because I had my own house and my own life!’

In 2001 she stopped working because she was pregnant and she had the opportunity to be entitled of maternity leaves because she was regularly employed with a lawful contract. A regular contract before her maternity, thus, gave her the possibility to stop working. She waited until her son was grown enough to leave him, then she decided to go to school. Two women of the present research ‘used the opportunity of the maternity leave period’ to re-qualify doing a vocational regional course. In two cases the unemployment benefits helped them to achieve a re-qualification path. In many cases familiars that are employed in the sector suggested these women to re-qualify and gave them information on available courses. Rosa attended OSS course: ‘I studied the OSS course because my sister had studied the course ASA and then after, when she finished her course the same school organized a course for OSS professionals. She was in contact with people and teachers of the same school. And she told me about this opportunity and even a friend of mine suggested me to study, that it was important!’. She relied on institutional services for the care arrangements she needed: ‘Yes, because I took him (her son) early to the toddlers school at 8.30 and then I went to school at nine and then, you know that you can have an extra-stay until six o'clock ... so then I went to pick him up when I came back from classes’. She was a lone mother but she could arrange with social services available in her municipal context and she had her sister’s support. She could divide rental expenses with her sister and used both familiar and institutional supports to navigate care arrangements. She held a long term permit of stay that granted her

stability, she had proficiency in language and a good knowdgeablity of the context.

Talking of her future prospects at the time of interview she declares she is trying to participate to Public selections in order to avoid indirect employment by agencies and cooperatives.

Rosa stopped at the OSS step. So did also Patricia that gained a long term public contract: 'First, they had a private contract in the two-year-old foreign hospital but then I got Italian citizenship. I had my first two-year contract from 2006 to 2008 but then I was able to apply for the state sector because I had citizenship and I was selected and since then I've been working there (Patricia, re-qualified OSS, Peru)

She could not study as nurse but: 'My sister! I told her to do nursing because they needed it here but she didn't want to. She told me I couldn't force her. And then she did IT in Peru but then when she came here she did nursing. [...] She's 34 years old now, she's 15 years younger than me. [...] I'm glad for my sister at least! I brought her up as if I were her mum because our mum died when she was 11 and I helped her with studies, I made her come here when she was young and then she went to the school for ASAs!

Yes when she arrived here she went on an ASA course straight away and immediately started working with me ... She worked for seven years and also qualified as an OSS. After seven years she decided to do nursing and now she works as a nurse. She proudly affirms: 'she went to nurse school and thanks to me, since she was like an eldest daughter, she could go to school, and she graduated' (Patricia, re-qualified OSS, Peru)

In three other cases of the present sample they ended in a upper level qualification, engaged in academic track, with an Italian nurse degree. In a long prospect basis many started from a live in condition of carer and with a step by step educational path they could re-qualify. Some just stopped at the first stone.

In other cases it started from ASA and continued transforming it in a OSS qualification.

They choose the care sector often under suggestion of familiars or colleagues and/or because their cleaning work is located in institutional settings like hospitals and residential care structures that connect these people with other health related professionals. Indeed, friends and relative's suggestions, often sister's suggestions, but also co-workers of higher occupational status seem to deeply influence the conversion of a potential re-qualification opportunity into a realized one. Evidence of the present study show how the choice of attending vocational courses is often promoted by networks. Almost all the women who re-qualified as OSS/ASA have at least a familiar in Italy who works in the health sector and she/he gave them information and/or pushed them into these vocational educational paths. Education in health sector and networks connected to this specific laboural sector results to be of high use to others. In three cases of the sample, women encouraged their husbands to study in order to enter the care sector as OSS and they benefitted of the significance of their interpersonal connections to find them a job. This is the case of a romanian nurse, Adelina, for example, who says: 'He was a freelance artisan, he was not a OSS before' but then, after having lost his job he attended the OSS course for unemployed people. It was in 2008. In the meanwhile he got the unemployment insurance. He attended a eight-month course with his friend'. It was due to their occupational status they could attend it. – She affirms - if they hadn't done this course they would have gone right back to Romania! I told him because there was no vacancies and work!'. The recession affected different sectors of the economy in different ways. The economic downturn and unemployment rate increased and the construction sector, where Romanian migrants, like Adelina's husband were largely employed, declined. Unsurprisingly, the demand for care work remained stable, even if it was not constrained by labour supply as before. As this woman explains, immediately after requalification, she found him a job in 2009. At the time of interview, he is still working in care sector, with disabled children. As shown by this case, some of these courses were funded by local entities like region and were targeted to unemployed people. In some cases re-qualification is a way to face a temporary condition of unemployment with a better occupational future prospect. Referring to Sen's articulation of agency as the 'capability to function', I will

explore now how strategies are enacted with reference to unemployment. I will take the example of 'unemployment status' to discuss the evaluative space of these women in gaining credentials in order to have a more suitable employment status. In this sense the capability concept is a useful tool to read these paths and better understand what enables actions and their functionings and how individuals position themselves in the opportunities scheme that the context let them available. In the following section I will illustrate three cases to give a picture of the problems women faced in requalification process. Quotations report how these migrant workers overcome the difficulties and what kind of strategies enabled them to overcome them and gain a better 'employable status' by re-qualification.

## **8.2 Unemployment status: capabilities and opportunities**

The capabilities framework is useful to adequately capture relevant issues and difficulties linked to the possibility of function and to the freedom of choices issue due to enlarged/restricted opportunities and options available to act. People do not necessarily develop strategies in a conscious way, however some factors and actors are the means necessary to achieve capabilities. Resources and means' distribution is unequal and even if it would be equally available it would not determine people's capability sets in an uniform, homogeneous or linear way to function.

Overall, for adult immigrants in Italy the general structural context of entering education or training is not easy. The following examples will focus the unemployment status. They problematize on the one side the double vulnerability of being unemployed, being a denizen, on the other the opportunity to access a re-qualification with ASA/OSS vocational training. It was a sector in which regional fundings financed unemployed statuses. In the first years of 2000s it was characterized by many training opportunities. As already illustrated the unemployment status may led to a non legal status after a year. Migrants are thus more vulnerable.

I address the issue of vulnerability and precariousness not only undocumented conditions but also in short term documented legal conditions. I will describe how



these women were capable to act in a specific point time in their lives, and how their legal status influenced their freedom of choice. The following pieces of interviews show also how the same life event can affect in completely different ways the social opportunities of people to be able to act.

### **Should I stay or should I go?**

Restricted and short term residence permits can make a person's incapable to plan life ahead; weighing down on her well-being and on that of their dependents (Menjívar 2008). All of the women who re-qualified experienced an undocumented starting point. An initial unrecognized occupational insertion. Since their legal condition was undocumented they had not available choices: they were capable to work in the irregular labour market. Their undocumented condition was not static and definitive but changed over the time. According to regularization processes their legal status shifted. However, until the long term of residency is not gained the risk to turn again into the state and status of non legality is high. According to the current law, regardless of how long a person has been living and working legally in Italy, if at the time of request or renewal of the permit of stay he/she is not employed, he/she can lose the possibility for renewal after a year, becoming in this way a *clandestino* ('non legal'). Furthermore, permits have a very high cost and they can be renewed only within two months after their expiry date. This precarious and unstable condition of legality, as shaped by the italian migrant system, has a deep impact on the social opportunities that the context of reception offers to migrants. In the case that follows the risk of losing legal status was very high and played a crucial role in the personal history of this woman. Reading this lined experience under the lens of social opportunities to be able to re-qualify and work, it is a determining factor that seriously hinders the freedom of the subject. This woman was almost forced to renounce to her initial aspiration and to postpone her desire to study. She explains to me that she had already translated all her documents in 2003 in order to be able to attend the OSS course. But she had to wait a long time and even her older sister who arrived after her attended the OSS course before. She couldn't

figure out that she had to wait three long years before having the right conditions and the opportunity to be capable to re-qualify as OSS. When in 2005 she was working as live-in carer she reunificated her family: 'My work contract finished with this family and the old man wanted a permanent person for caring 24 hours a day. He asked me but I could not accept this position any more because I needed a house on my own: my mother and my daughter were just arrived here!' - So I called a person who could substitute me, a friend of mine to replace me'.

She couldn't work anymore in that way: 'So he fired me and I was unemployed for a year'. In the meanwhile, in order to find a job, she attended a course for carers targeting Alzheimer affected people. After a period of internship she changed her mind and realized she didn't want to work with people with Alzheimer: - 'They proposed me to do ASA's job in the nursing home but I refused because a nasty thing happened to me (she didn't want to tell me what happened) and I was not interested any more to work with Alzheimer in the nursing home! -She continues: - 'So I started looking for another job'. She wanted to attend OSS course but she had to accept an occupation due to her double constrained status: that one of lone mother and that of unemployed. She held a temporary permit of stay issued for unemployment and she had a year of time to renew her permit. Since the vital condition to continue to be regular was to find a regular job, she had two available options: to work as ASA with Alzheimer patients or to work as cleaner. She exerted her reduced freedom of choice going for the last: 'I still remember that it was September 2005 I did not want to work with Alzheimer's patients. I was looking for a job as ASA'. Going around in all the hospitals to bring with me cv. She went to this hospital and she introduced herself to the cleaning company in charge for that hospital. -'They called me the day after' - she says - 'I did start working immediately even if I didn't like it. I would like to resign but I had to renew all the documents because my unemployment permit of stay was expired'

An element that has to be considered is that legal/regular residence status is not obtained as a right. It can be lost. There are a multitude of different statuses that a non-citizen might possess. For example, only continuous residence in the country grants a permanent residence permit and, perhaps more importantly, people have

to be capable to continuously be able to renew their short-term permits. It may happen in real terms that some migrants who have in principle resided in the country for the duration set out by law but are unable to meet the specific legal requirements. Usually the permit of stay has a year (if the worker is employed with a determined contract) or a two years (if the worker is employed with an undetermined contract) span-time of duration. As explained, a long residency permit of stay application can be submitted only after a 5 years span time of legal status, proving income, housing and language pre-requisites. Moreover for a work permit of stay, subjects are strictly related and depend upon their employment status. For these workers losing their job may mean losing legal status in Italy. Such interconnectedness thus markedly vinctulates individuals' freedom of choices because there is a linked risk of losing legal status and all consequent rights. Her major challenge, thus, was to be able to maintain a legal status, considering also that her daughter's legal status, being a minor, was dependent on her and if she had lost her legality also her daughter would have fallen in 'non legality'. This dependency put the subject in a condition of not being free to choose. She was denied of the education that would have been otherwise developed before. She was prevented from thinking of herself as a person with a plan of life and choices to be able to make. Moreover in this precarious condition she has to balance work and care arrangements without any support. 'I had a lot of troubles with these shifts, since my daughter went out of school at four o'clock but I had to start working at five and I never saw her during these years. She was only 11 years old and I finished to work at 9.30'. She goes on explaining that she was a lone mother, recently separated: – 'I was already separated from my partner and I lived with my daughter alone'. 'My mother was not with us any more' she went away. All the capabilities are linked to one another, how the absence of one, also erodes others.

'Now I live with my new partner but he is not my daughter's dad. I met him here later on. In 2006 and then we got married in Peru'. She had serious difficulties in care arrangements but she could count on the occasional help of a neighbour of her: 'She lived at the corner and she had children too so sometimes my daughter stayed with them. But my daughter stayed often alone. She used to

call me when I was working to tell me she was arrived at home, after school. When I went back home I found her always asleep. However during the weekend, Saturdays and Sundays that time was only for us! We went out together to see movies and I concentrated only on her! We overcome all these difficulties!’

In that period she had to temporary renounce to the ‘study option’. Since her request to change shifts were denied and she had few options or very low freedom of choice. She was in a vulnerable membership status. If she was an Italian citizen, maybe she wouldn’t have put up working as cleaner. She was prevented from having secured an equal occupational and educational treatment. The system failed to offer her equal access to educational opportunities. She might have more opportunities to quit it and if she couldn’t find a job she wouldn’t have risk to lose her legal status. She had to wait instead. Only when the cooperative in charge of cleaning services at the hospital changed and was removed from her previous contract she had a new employer who accorded her new time schedules. This negotiation allowed her to be able to attend classes. ‘And onwards it changed my life because I could work from one to five and from six to eleven and I went to school!’

**b. I'm free to choose my way! I'll, take the risk. Please fire me!**

On the contrary, if we look at the role played by law in this case, an interesting contrast appears. The free vocational regional courses funded by region Lombardy, provided an available opportunity to gain a re-qualification.

Katy told me that 1500 people applied but only 80 people were selected. She left her previous job even if she had a safe contract – ‘I thought that I had to start studying. The soon the better and not to wait and waste time! I could manage with my little earnings that I saved during those months. I could manage until I would haven't finished the school. In the meanwhile I did some occasional works, when I could, during weekeends’. Katy arrived in Italy in 2002 and her sister's employer, a cleaning service cooperative chief, regularized her after few months thanks to the amnesty. Among the sample it is the only case in which regularization was so fast. As she explains: - ‘I will always be grateful to her (the employer)! I thank her, I thank her very much because she made me the contract and she regularized me and she was so kind, she was very good but I explained everything and that I had to make a selection that I had to be unemployed because I wanted to study at all costs and she told me she would have done it’. Fire her. She was working with a fixed contract undertemined and a regular work permit of stay. After eight months Katy found out that there was a selection for a qualification as OSS at the Region of Lombardy. The condition to be eligible was the unemployment status so she asked her employer to fire her. ‘I got fired because you had to be unemployed and it was one of the conditions to access and participate in the selection because it was a free course for unemployed people and then I said – ‘No I must do it and I must be unemployed!’ - because otherwise Beside such available opportunity the basic capability was her legal status. If not unemployed ‘I can not access the course!’ - and she continues: - ‘And I made me fire and I risked!’. The pre-condition to be capable to dismiss was her legal status. If she had not had documents she had not possibility to requalify. K. is also aware of renewal constraints and of her legal status precarity due to her choice to be unemployed. ‘At the moment I'm ok’ she adds in her account – ‘because they

give me two years! I have to renew every two years and I calculated more or less’ – So she calculated the time. Since – ‘I have been here for a year’ she can count on legal status that covers the time of unemployment during the attendance at the OSS course: - ‘I have the permission that covers me for another year. I earned some money before and I can think of doing the course. It is free and they give me tickets for food and meals’. In the meantime while studying when I finished I can start working again because you told me that the course lasted about seven months, less than a year.

She attended a 7 months full time course: ‘I did eight hours a day and they gave us a meal ticket of three euros and 50 I think. I kept every ticket! Boys go and buy sandwiches but I did not buy a sandwich that costs three euros and 50! Instead, with those three euro and 50 I could buy at supermarket food. I remember that with that ticket I went and buy food for the whole week. So I covered the expenses to arrive at the end of the month!’. She saved up and did many sacrifices. She continues saying that she can not renounce to the the monthly bus ticket expenses in order to reach the course classes every day and to work. However she renounced to live in an apartment: ‘No, no, I only had a bed. I could not afford a house on my own! It was too expensive! I were comfortable in the place where I lived, I did not feel bad . Look! For me the important was to study!

**c. I was fired and I am unemployed. Let’s take this ‘available opportunity!’**

The same opportunity was available for Fausta: I read it on the Metro newspaper. I looked ..... Reading this way, I looked at it and I saw this the course of the region and they would have paid me. They gave us a meal ticket and some money every day. So she decided to take this opportunity: ‘I did the course in Melchiorre Gioia and it lasted six months. Every day!, I did the internship and I took the certificate!’ - she says – ‘Then with that I went personally to ask for vacancies at the x that employed me immediately and I started working there. They hired me directly with no matters. I did not go through cooperatives thanks to God! They hired me directly!’

In all cases under investigation the way in which the job after the re-qualification was searched was completely different from that one they used for the first occupational insertion in the Italian labour market. Training courses channelled more information opportunities. Even if weaker, this intermediation was more varied: ties of colleagues, teachers, students and internship period in health structures provided useful information to the respondents and opened up new opportunities. The period of time they have spent in Italy and a long-term prospect in their migratory project, a regular status, higher language abilities and a widened social network were all factors that resulted to be crucial in enlarging these women's potential opportunities and capabilities to re-qualify. Indeed these results show that educational and workplace settings were significant in broadening their horizons: both a live-out occupation and education together brought in touch these women with enlarged networks and opened the space of broader available social opportunities. For those women who experienced motherhood in Italy, both after reunification or after a process of reunion of their children from abroad, care supports and arrangements played a key role in enlarging/hindering their educational opportunities.

### **8.3 Upper tier re-qualification: the case of nurses re-qualified in Italy**

The examination of the motivations that women mention to re-invest in nurse academic education revealed how these paths of re-qualification are tied to these women's agency and to specific subjects' perceptions of education as a broader concept of growth. The re-qualification process itself in the higher educational track is usually reported as having an intrinsic value, as a way to grow and develop as human beings:

A degree I think is a goal as a human being. I mean, for a person, the fact of holding a degree is something good that you actually did in your life! You sacrifice yourself to get a degree. And it's important because you are working thanks to that, you are also earning your money that and then you are living decently and you can be proud and tell it to your children. [...] If I were younger I would like to continue studying'

(Paula, re-qualified nurse, Peru)

I told you, since my arrival I repeated to myself: -No, I have to study! I can't stop here and be stuck I haven't come so far away, to Italy in Europe, to quit this way!

(Ines, re-qualified nurse, Peru)

Ines uses these words and consider education as a tool to learn more, to go deeper into the things. To my question: 'Why nursing?' She replied - Because I was already in that occupational environment, I was already working in the health sector and then I think that if you want to do this job you need to better understand its dynamics and what lies behind it. Not to do things in an automatic way, without understanding what it's happening and what you need to do and why you are doing it! In fact since I have worked I've always being asking! To make



an example to you, I wanted to understand how to use insulin. I learnt something more doing the course (she refers to the OSS course) but it wasn't enough to me. It didn't explain everything! I wondered how it works, what the benefits were, how to recognize ... If you aren't given the possibility to understand what happens, you see...What for? Without understanding the root of the problem that can cause the excess of insulin!

She did not attend university to find a better job: – ‘No I could safely give up (studying) and not to decide to go on studying. I had a safe work, I had my stability, my permit and I had it and I also covered a position of responsibility. My manager told me that studying would have even affected negatively my ASA referent position! Because anyway they promised me an incentive for that position, a higher level! They told me - ‘Not to worry that we also change your contractual level! - But I thought - I understand your reasons but still I want to try. Because giving up I still would be only an ASA referent but I did not want to be stuck in that position! I wanted to go ahead, do you understand?’

She added:’ Let me at least try and if I do not pass the entrance exam then I will renounce! – I thought - I wanted to try! This was the way I felt somehow good, this made me happier!’

Finally she was able to get into the Nursing faculty and finished her academic studies.

To this regard all women who experienced upper requalification of the present sample state that education has an intrinsic value regardless practical reasons linked to financial reasons or work prospects. A higher propensity to underline this intrinsic value emerges in those women who migrated at a younger age, for cut-off motivations and/or for family reasons. On the contrary those women who left their country with a prior job experience and/or started their re-qualification process older stressed more economic motivations.

According to Dina's narrative she changed her life ‘in five days ‘. She left Journalism Faculty in Romania and when she arrived in Italy she explains to me in these terms the importance that she attributes to academic education: ‘I do not know if someone else has already told you but we have this conception, this idea that you have to study. What I mean is that University it is a must! You have to

study! You must! Even those who are not able to write, even those people have to go to the University! Since my parents have a high level of education I let you imagine the further importance that education may cover to me!’

All these women underline the importance of having a second chance after some events of their lives that they lived as a defeat. For some the requalification was a ‘personal challenge’, an investment on self-esteem. Some reported to have lived periods of distress due to situations related to personal problems, conflicts or family. This is the case of two divorced women of the sample who entered as tied movers. One of them explains her educational choice in these terms: ‘He (her ex-husband) met another woman but at the beginning it was very confused and unclear. It was a very difficult period! When I enrolled at university it was a particular period of my life. I decided to go this way because I thought: - ‘And now what shall I do? I had invested everything on my family here and on him, I left my family there (in Romania) and now?’. She migrated going against her family of origin so both the returning at home prospect and the possibility of an employment in a low skilled sector would frustrate her... Instead she wanted to demonstrate to her family and to herself her value: ‘So I had to invest on me ... What I really want to do? - I asked to myself - And my answer was – ‘I would like to go to the University! And I chose for Nursing’. She could count on a financial opportunity: she had money available due to the selling of the house she used to live in with her husband. She goes on saying that her mother’s desire influenced her: ‘Because when I chose to go to high school (she chose philology and history) my mother wanted me to be a health carer’ – she continues – ‘then when I came here I had this desire of my mother in mind and I also two thoughts, I had to choose something that I liked and a job that could give me a sense of stability’. She includes among her motivations the high mobility prospects of this occupation and the awareness of transferability of nursing education: ‘A job that even if I would like to return to Romania tomorrow I will have the chance to find a job, there or in any other part in the world!’. She declares also that is motivated, at least partly, by the personal rewards in pursuing a calling to care: ‘Then, being childless I feel satisfied because so many women who do not have children you know you need to have this care side, you need to take care of...It gives you a lot

of satisfaction when you can take care of someone outside' - She did the test and - 'I was number 300 and something and I started this path. It was very difficult!'

The Peruvian women who then enrolled in University in Italy as nurses report previous unsuccessful university admissions attempts. In some cases this meant interrupting their education, in some others they gained a 'second choice' University degree in their country of origin. This is the case, for instance, of Paula who enrolled at the University of Economics and worked as accountant in Peru. She previously tried to enter the Nursing faculty, without succeed.

Another woman, after the health secondary school graduation, tried to access Medicine failing; the same happened to B. who tried to get into Law Faculty trying without succeeding: 'After secondary school I have been studying for two years I didn't pass the first time and it was depressed, I was 17 years old so eventually I completely changed direction and I studied for a three year technological forest degree. I went to school in Cuzco, with her father and her acquired mother'. They interrupted their studies.

In the case of nurses who requalified in Italy, the eligibility to be capable to attend University is linked to many passages to be overcome.

First of all gaining a legal status. As a matter of fact, the mode of entry and the linked initial irregular legal status that follows play a significant role. As over mentioned the average time of regularization lasts 2 years and the non-legal status suspends any right. A direct consequence is that it impedes any re-qualification for years and at least force people to postpone any possibility to re-convert their human and cultural capital until their status becomes legal. While women who entered as tied movers didn't experienced undocumented permanence on the Italian territory, all the other women of the sample (with the exception of recognized overseas nurses) experienced undocumented entrance as Delia, who after three and a half years obtained a permit of stay and says: 'In 2004 I applied for the admission test at the University of Rome because I was able to do the legal documents only in 2002 with the amnesty! I finally had a regular permit and then I could join the school courses!'

For all these women a first step was *1. gathering information about the opportunities of requalification*. They gained information through different sources University, family, colleagues, friends and a boyfriend as Delia. She has the dream to study Physics at University but when she talks about her desire to her Italian boyfriend, he prevents her from enrolling saying: 'Look! Here in Italy the University of Physics is not for everyone! Only wealthy guys can afford it! You know! If you're not the daughter of someone notably important or if you don't have a mother who is engineer or if you do not have the right friends at the right place! Well then forget it! You cannot do it!' - This suggestion discouraged her initial idea and made her propending to enrol at the Medicine faculty - 'Because you can apply Physics' to the medical field. However she added: 'It was too long and seriously hard'. So she finally admitted I thought - 'I will do it step by step, by little steps so I said I will start with Nursing and later on with the money and time maybe I could afford also to do Medicine!'. She adopted a 'step behind strategy':

My dream was the idea to do Physics, than a step lower I positioned Medicine and then a step even further behind there was Nursing. From Nursing I would have had the possibility to upgrade and apply to the Medicine Faculty and then to finally apply to Physics to the health field!

(Delia, overseas nurse, Romania)

The decision process involves several evaluation and stages that make people capable to engage an educational re-qualification and that eventually turn the possibility into an achieved condition. For instance in the Dora case, she doesn't consider to integrate the previous exams done at the Psychology Faculty in Romania to enrol at Italian College because, when she asked for educational transfer possibilities, she was told she had to re-start her academic career again<sup>230</sup>.

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<sup>230</sup> In Italy the Lisbon Recognition convention was acknowledged and implemented by law 148 of 2002. The authorities competent for the assessment of foreign qualifications are Universities, who are autonomous and have full jurisdiction on this matter. A didactic committee, composed of professors teaching in the field at issue, will analyse in detail the applicant's previous studies and qualifications and will decide on the application's outcome. In most cases an individualized program is proposed (for instance undergoing some examinations and preparing a degree thesis), for filling

Moreover she underlines how in Italy there are few professional opportunities for a Psychologist. She is disappointed of the final results and she says that if could think again to re-qualification she would adopt a different strategy. She wouldn't have done University in Italy: 'By the time, I would have been able to do Medicine, considering the time I took to get the degree here! If I had to do it again, I would go for doing it in Romania. Otherwise I think it is not worth of it!'

Estrella affirms: 'I decided to enrol at University 3-4 years after my arrival here. I had to save money to be able to manage my studies! – When she arrived she did not think to stay in Italy: 'No at first my idea was not live here! I mean I did not know! Then after about a couple of years I thought I wanted to do University because I did not want to work as a waitress forever!'

A second step consisted of 2. *collecting all documents necessary from their country of origin*. In all these cases the document translation was made by relatives (parents, sisters and in a case nephew that live in their country of origin) with a waiting average time that spans from 6 months to one year. In all cases women declare it was lengthy and expensive. In this case a third party intermediation speeded up the process:

I went to university to get information about the documents that I had to present to enrol. The diploma was a lengthiness procedure... My diploma has passed into the hands of anyone! All the ministries! I had to go back to Romania for these documents and fortunately at that time where there was a system of corruption, I was lucky! Because when I started the procedure I had no idea of how difficult it could be! If you don't know anyone it is much more difficult! I contacted a friend of friends of my father. This person was responsible for the recognition of diplomas and yet this person took the money ... he took his part of expenses and then my diploma passed to the Ministry of Justice Ministry of Education of Romania and Italy and the ministry of... all ministries but really all ministries!! ... It was just a diploma! I mean... It is not that you have to be executed as being guilty or

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the gaps linked to the differences between the educational systems of the two countries involved. In case of recognition refusal, the reasons for this choice must be officially communicated to the applicant. (Zanfrini et al. 2015)

innocent! I am not applying for being the president of the Republic! I do not know, it was too much! However, I was interested in having the diploma with the apostille translated and then legalized. I did it all in 2003-2004!

[...] I took six months thanks to friends in the right places! This person accelerated all the procedures...If I had done it on my own it would certainly be much longer! One year and a half, probably two years I suppose!

(Delia, overseas nurse, Romania)

After the translation of all documents they had to *3. access to university by succeeding selective tests*. In three cases the first attempt failed.

One in Nursing: 'Yes I then came to Italy I tried the admission test but the first year I did not pass because I did not know how it was'. - And then what? She tried to find a solution and 'I activated myself and I looked for university courses on Internet. Here we are! There was this course of pharmaceutical biotechnology with an admission test and I said – Well I will try anyway! You never know, since I had already studied similar subjects for nursing!' So in 2009 she applied for two admission tests - 'Yes, I took two admission tests and went to nursing and biotechnology and here I felt good in the sense that here it was my re-start point, a new departure!' She attended Biotechnology courses and then in 2010, she re-did the admission test for nursing faculty and she passed it.

Dora enrolled in the 2006/2007 academic year at the Biological Sciences Faculty. She wanted to work in a laboratory: 'For me it was something that I would like to do because it entails with the human nature, maybe not under a psychological aspect but under a more physical level. I attended the first year of College but it was very hard and things went bad and there was a lot of mathematics and biology and chemistry! I liked these subjects like maths but I've never been very good at it! At first I thought I could manage!' But she did not and she moved to the Nursing faculty, perceived as easier, getting a degree seven years later, in 2014.

These women had to be capable to invest in lengthy and expensive reskilling.

They evaluated what the opportunities offered by the educational system considering whether it satisfied their aspirations and needs. But mainly many difficulties were reported and among both personal and institutional barriers were described: from feelings related to personal aspects to financial and bureaucratic issues also linked to legal status.

The quotations that follow summarize the evaluative spaces emerged in these women educational paths. They exemplify the option sets in which these individuals were capable to move.

**a. Priority strategy**

**I'll do it next!**

I was thinking to study at university a long time before I enrolled but I have always had other priorities: at the beginning I had the priority of the house, then there was the child to re-join here<sup>231</sup> and always there were other priorities you know! So the desire to study it was always there! I kept it with me but there was always something more important that made me postpone it, I thought – maybe tomorrow, maybe you see...depending on the priorities!

[...] I went on according to my priorities. My first project was to reunificate my child. For his arrival I needed a job first and a house then. This is not a simple thing! You have to demonstrate to gain enough money and to keep a job contract renewed and then it depends also on the age you have! My following goal then was to have a house. Only years after, when my son arrived and we did all the stuff and adjustments we needed only then I said to myself: 'University will be the next!'

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<sup>231</sup> To apply for family reunification it is necessary a documented status, proof an adequate income and housing, which can be a problem in the Italian labour and housing market.

### **I'll do it first!**

Because I left against everyone and so at that moment I said - What I can do? I cannot go home as a defeat because in that way I would have returned home and that signified that they were right then! They had told me not to go away!

So I thought about investing on me!

### **b. Step by step strategy**

Because I wanted to get this degree as a nurse ... but I wanted to be sure that that was my vocation, I mean that that was exactly what I wanted to do, I did not want to waste energy and time... O sea ... I had to be sure it was what I needed to do. So I did this. When I found myself doing ASA, I thought that that was the way for me! After I started thinking about going to university! To me this is a vocation. I went to the University of Milan, and then I went to the Bicocca University. Which was easier to attend? I joined the Bicocca. I took the entrance test in September. I managed to do it and get in! If I were younger I would have been a doctor!

To be admitted to the final exams students enrolled at University must have attended at least 75% of the teaching provided for each course. This resulted to be one of the major challenges for these women who have to conciliate compulsory classes with work.

Among factors that obstaculate women's linear tracks they often account on the compulsory attendance to all the theoretical and practical activities at University.

Also the structure of academic courses and the fact that each year passage is propaedeutic causes delays. All declare to have serious difficulties in this sense. A factor that facilitated the younger students of the sample in passing exams was the possibility to access registrations of lessons and material on line.



Only in one case the economic situation allows her to fully dedicate to the study. She embodies the most favourable *'direct route option' profile*, the one in which subject enrolls immediately to higher education, without previous intermediate educational passages and has a higher freedom of choice compared to others. Indeed this truck is followed by a Romanian women. In this case she enters Italy with a communitarian legal status, her husband, Romanian citizen who lives in Italy. She can rely on the economic support of her family in Romania. Moreover her husband's family resides in Italy and can provide her a safe accommodation.

In few other cases women can manage periods of unemployment to meet educational needs. In a case a woman has financial savings, in another case she could count on her mother economical support as she reports. Her mother, who was working in Romania, left her job there and come here to work, as care assistant with the aim of helping her daughter. 'When my mother came here I left the job'. She says: - 'She (her mother) decided to come and give me a hand at the end of the third year of University because it was a complete mess! At the end of the school we had to think about the thesis, think about the subject and start to work on it. So there was also the thesis submission stuff that was added to all the rest and it was simply too hard to me'. She adds: 'Each semester had its theoretical part and the part of training. Moreover that year it was no longer possible to have scheduled timetables. I used to work in a pre-arranged fixed time, in the morning. After it was always changing and I was not able to organize my time any more. Changing lessons and job! I could no manage it! [...] The training that used to be only in the morning was no longer just in the morning but it was based on changing shifts so I could not work because every day it was different!'

Indeed many of them made preparatory steps in a long term prospects evaluation.

What made the difference results to be: economic and psychological support. Those women who could count on husband's or relative's salary and closeness could better face their vulnerable periods. In the last case, as illustrated M, at least partially, counted on her mother support. In another case she had a financial possibility that covered economically the long training period she engaged:

‘We owned a house and when we separated we extinguished the mortgage with the money. Then we divided them. I had money at my disposal and with that money: - What to do? - I decided to invest them in my education. This was in 2008’. (Simona).

In another case ‘l’arte di sapersi arrangiare’ and the sister’s presence plus a shared accommodation helped to overcome difficulties.

In many cases the women who decided to re-qualify attending University start at the bottom of educational prospects, in lower vocational education and move up ‘step by step’ to a higher level of education, taking a longer route of educational trajectories a ‘*stepping stone system profile*’. It was an indirect route that took more time but was fruitful. Indeed, these lower educational routes provided ‘second chances’ for migrants who have been streamed downwards earlier in their occupational insertion.

A relevant issue that emerges in all cases is the one to conciliate study and work. Some had to give up existing jobs or negotiate new arranged schedules. Some declare to have enough savings to maintain themselves during short periods, especially during internship; some others find several occasional options like domestic work on an hourly basis or concentrate their jobs during the weekends. In a case also night shifts working as waitress at a restaurant was a solution. However all refer to high sacrifices and interlocking organization. What is often reported by respondents is the possibility to have flexible working schedules, and/or the possibility to be unemployed for some periods.

The efforts were even greater when these workers were at the same time mother of young children and, in any case, when they also had their own family burden.

Family responsibilities and inadequate support of childcare services may hinder opportunities (Kofman and Raghuram 2009). To this concern Italian system of care is described as weak. The lack of publicly subsidized care (especially for infants and toddlers) and this structural aspect may influence individuals’ attempts to requalify. The care of toddlers is often described as critical, due to limited access, long waiting lists and high costs. Women capabilities were converted in successful functionings thanks to work-study-

family reconciliation solutions: the combination of formal and informal resources. Both services and husbands or partners, relatives, friends, and neighbours. The network on which women can rely on is essential to understand how care responsibilities can be shared among more or less wide networks of people inside and outside the household. What emerges in the present results is that services are difficult to be accessed and private care services are very expensive and largely unaffordable, as Elisa reports: 'The difficulty was that I did not have anyone here! No, because I came here to kindergartens in the town but they said: look madam, before you there are so many children who are waiting! I was forced to go to the private one, because I really needed to work! I went privately and there were the nuns. They helped me for a while because the cost was of more than 300 euros a month! Yes a nun helped me a lot! Because I needed to run back and forth with work and when he was still a little child it was very difficult!'

In a specific Peruvian case municipal kindergarten provision made a woman possible to finish her university studies. A first attempt to face care needs was that to try to call her sister and a nephew of her to provide child care. She made a letter of invitation to facilitate their arrival. However she didn't succeed and had to recur to services. Unfortunately, a year after her pregnancy, she wasn't entitled to access municipal kindergarten because she was unemployed. However, she had to finish the last exams, otherwise she would have lost the previous traineeship period and that could signifies loose the whole second year and do not access to the third year at all. She had not familiar networks to sustain her care needs. Since unemployed she had not available opportunities to be eligible of such services.

In trying to get the service for her son, she admitted with a bit of shame, she opted to make a false declaration. She subscribed a contract as domestic worker, with the help of the family that regularized her. As emerged in other studies (Bonizzoni 2015) 'migrants actively confront and negotiate legal structure' elaborating counter- strategies. She used a loophole strategy and declared a false occupation, filled documents in order to result to be employed as domestic. This coping strategy enacted by the subject was the available 'alternative opportunity' that turned her blocked functioning into an achievement. Eventually F. was capable to get the qualification she studied for. During the last year she had to pay

university fee and also the taxes connected to her ‘false’ employment. Her savings and her husband support enabled her capabilities to function.

#### **8.4 Lower tier of re-qualification: the case of health auxiliary professions**

The evidence that clearly emerges is that all the people of the sample, who re-qualified, with the exception of family reunifications, have been undocumented.

The present results are in line with what emerged in a recent research drawn on studies conducted in northern Italy that covers a ten year span of time, involving different experiences of migrant care workers (Ambrosini 2013). In the specific care work sector are embedded vulnerable aspects of the Italian ‘invisible welfare’ (Ambrosini 2014b, 2012). I will not recall all the aspects that many researches on the topic highlighted. I will underline here that, after a period of non-legal permanence these women used the regularisation tool in order to turn their status into a legal one. Basically all got their regularization by the ‘amnesty’ device. The sample shows that the average time to shift from being not legal to being legal was a 2 years span time. In some cases, after legalization, they risked again to lose their regular status, due to unemployment. To avoid this shifting to a not regular status and prevent a vulnerable status, as already explained, the best available scenario that foreign migrants may have at disposal, both communitarian and non-communitarian, is a long term permit of stay that extends rights also to partial members. The capability to settle permanently in Italy is time-depending and the criterion of eligibility is the time span of at least five years on the Italian territory, self-sufficiency employment-related requisites, passing an Italian test and having an adequate accommodation (if with family members). However, the five years’ time period is referred to people who are legal since their first entrance in Italy. On the contrary, the majority of the women I interviewed experienced an undocumented status and a precarious non legal status in their first insertion in the Italian labour market position (see appendix). They indeed worked as caregivers in the domestic sector. Those who wanted to improve their working conditions reported a structural delay that may be connected to their undocumented status.

They do not have at disposal the basic condition that may make them capable to re-qualify.

I recall here the concept of combined capabilities I mentioned in the introduction (Nussbaum 2002). People have to hold valid permits of stay as a basic premise to be capable to re-qualify. Re-education and formal qualification, thus, are opportunities that undocumented workers cannot consider among their available options. With a short permit of stay they hold reduced options of choice since the renewal of permits of stay make migrants' lives in precarious, unstable and temporary. 'Yes I had liked to it before! (to study) But at that time Even after re-qualification they report to live 'so-and-so legalized' situations. In the present study this peculiar aspect emerged markedly. This aspect illuminates in terms of capabilities of these migrant workers not only to access the formal segment of Italian labour market but also. To this regard, the status at the entrance, being it legal or not, shapes (Sohn 2016) pathways of educational and occupational integration. The lack of a recognized status for undocumented migrant workers is translated in no freedom of action and/or preclusion to be capable to act at the first stage of their migratory experience. The systematic undocumented condition at the entrance makes 'not capable' people of having lawful contracted jobs and locates them in vulnerable terms and asymmetrical power mechanisms. The precariousness is attached also to these workers who hold a legal work permit. A temporary based legal status and the denied right of residence without an employment gives immigrants less available social opportunities. In some cases in fact people are almost forced to accept a job not only as a matter of financial reasons but with the purpose to be able to renew their permit of stay and not to lose 'legality'. Often migrants give priority to legal status: getting it if undocumented and/or maintaining it if with a short term work permits.

This aspect influences the real capability to improve the occupational prospects.

My sample shows evidences that confirm a high level of vulnerability and insecurity of legal status among these women.

Estrella gained a Nurse Degree at the University of Milan two years before the interview. She told me that before finishing her studies she applied for a long term

permit of stay. It was the last year of University and she said: 'Yes, it was a problem because this made me postpone my studies. While I was studying at University the last year I had to find work in order to do this permit of stay. I had also to manage with the internship! It was very difficult for me because I needed to show them an income to be able to do the application for the permit! (...) When I asked her what could happen if she did not work she answered: 'Otherwise I could not to apply for the long term residence permit you know! I had to work!'

She had few options: 'In the meanwhile I could not attend lessons. The last year I had to follow traineeship as well! [...]. The result was the following: 'I got my degree later!'

This example of occurrences briefly spelled out the linkages between a legal status and the available social opportunities. To re-qualify in time in this specific case.

## **CHAPTER 9 - CAREWORKERS AND NURSES: Occupational mobilities: opportunities of recognition from abroad**

### **9.1 Overseas Nurses: de-skilling paths and overqualification**

Findings outlined a gap in professional rules between the countries of origin and Italy, especially for those overseas nurses that I called ‘pioneer nurses’. The first wave inflows of overseas nurses from abroad occurred in a phase when the recognition of nursing as profession were changing in Italy. In 1991 the role of nurses as autonomous professionals was not yet recognized by law. In 1994 a new professional profile for nurses and midwives was introduced<sup>232</sup>. Only later, with the laws 42/1999 and 251/2000, the new professional profile, was fully acknowledged as an health profession<sup>233</sup>.

Many of the women I interviewed were confident in their qualifications and job experiences prior to migration. In many cases they needed time and efforts in order to make adjustments to the new context. In some cases they had to shift their working and professional culture to the one of the Italian context.

In particular it emerged a general overqualification<sup>234</sup> compared to their equivalent native colleagues. Those who migrated between 90s and the first years of 2000s gained higher qualifications and many years of on the job experience. They reported skills variety, autonomy and discretion at work as nurses in their countries of origin.

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<sup>232</sup> Through the ministerial decree 739/199410, which recognizes full autonomy and responsibility to professional nurses, defines their role also in relation to other health professionals and identify 5 main areas of specialization (public health, paediatrics, mental health, geriatrics and critical care)

<sup>233</sup> In particular, since the early 2000s educational paths for professional nurses (as well as other non-medical health professions) follow the “3+2 system” with first-level degrees corresponding to bachelor’s degrees (Laurea Triennale) achieved after 3 years (first courses started in 2001) and a more specialized master’s degree (Laurea Magistrale) lasting 2 years (since 2004) (Salis Castagnone 2015).

<sup>234</sup> Overqualified are those who hold a job that require lesser qualifications than would theoretically be available to them at their education level

In explaining how she gained her professional career in Romania, this overseas nurse says:

So, when I finished the school I was employed according to the school lists. After five years I had to do an exam in the specialty I chose. After that exam you upgrade from the first to the second level. Then, after seven years there is another exam. It is always in the same specialty. With that you became a health assistant. Well, I did all the exams required and I experienced all the professional levels! Look! After 18 years working as nurse I could not easily leave that job!

(Lidia overseas nurse from Romania)

In the sample emerge fuzzy and de-skilling trajectories of individuals. The first waves of migrants, those with many years of experience, report de-skilling dynamics and skills mismatches at their arrival. A couple of Romanian nurses affirms: 'Let's say that in our country of origin nurses work as nurses in 99% of cases. You are only the nurse, not the OSS staff ... the profession of nurse here it is lower, it is considered a bit 'wasted' (Victoria overseas nurse from Romania, interview in couple)

In these narratives nurses affirm that the basic principles of care are universal and universally transferable and that nurse profession is a profession that can be practiced at global level however in many cases they declare that their professionalism is low recognized in Italy.

Many of these nurses came to Italy expecting to use their knowledge and abilities as they did in their country. Overall, the most common scenario was an initial loss of professional status. Elena says: 'I have never washed or changed patients because (in Romania) the auxiliary staff did it. We were real professionals there in the sense that we were visiting with doctors, administering therapy and drugs. While here we are working in a private hospital and we almost do everything!'



In many cases expectations did not correspond to the reality. Georghia describes her occupation prior of migration in these terms:

The hospital where I worked was not big, but they trained us and it was the first department in Romania. For me it was an exceptional opportunity because I become head-nurse. We were eight of us, we built it! We created this new department and they gave me the responsibility of the whole department in my country!

(Georghia, overseas nurse, Romania)

Overall, all my respondents agreed on the fact that in Italy there were a pejorative change of tasks and a lower responsibility in activities. Georghia ends up saying: 'Definitely! It was completely different to work as a nurse there compared to the tasks in a nursing home here!'

In the case of Peruvian nurses the first impression was the following:

Of course, I was impressed when I arrived here! We, in Peru ... We have much more autonomy! For example we can administer paracetamol with no limits or controls! We do transfusion without the presence of a doctor [...] When I arrived they told me to wait for the doctor to administer medicines! It was completely different!

(Maria, overseas nurse, Peru)

Some feel that their opportunities for advancement are or have been reduced on the professional point of view.

The autonomy accorded to nurses for example here is very low [...] Here I have to wash the patient among my tasks, but this is not my job! I mean we are much professional there... There was also competition between nurses but if you were good then you had the

possibility to gain a greater experience and you could improve in your profession!

(Ina, overseas nurse, Romania)

Among my respondents, there was a feeling of downgrading, especially felt during the period of arrival. In some cases, nurses report to feel undervalued and unable to work properly:

You know when you bring the dishes to the patients and you do not understand what you are doing! Since I started it has always been like this! I think it depends also on the setting, on the workplace. You know! In RSA you work like that! Sometimes you really do too many things! Sometimes you feel a bit 'of bitter in mouth and think: - what am I doing here? Cause at this point I would prefer to be just an OSS because you know the OSS has not so much responsibility: they just clean wash change and bring dishes! Instead the nurse can also have legal problems and has more responsibilities! If you do not do things well it may be a serious problem! Look in this job if an emergency happens you have to run! You have to be fast and clear and you have to manage with drugs!

(Emy, overseas nurse, Peru)

Emy goes on explaining: 'Sometimes I feel a little demoralized because I do things that I did not think I should do. It's not because I can not do it - of course I can! - But it's very different from how I used to work in my country and sometimes you feel like it's a waste!'

In some cases, difficulties are linked to the migrants' limited knowledge about the functioning of the new context: 'The qualification itself does not mean that you are able to do a job!' argue Cristina saying: 'In the cooperative where I worked, for example, two Romanian girls were fired. They submitted the resignation so that did not result the dismissal, but this happened because they were not able to face the new context'. It emerges how they were capable to work

explicitly adapting to the new context: 'I learned so many things but I shelved that idea of nursing because of the different techniques, different times, different ways to work and roles. I tell you! I won't say that I reset what I have learnt but I would say that I had to put that aside!'. Many respondents reported that they had never washed patients in their country of origin. They underline the difference between the job for nurses and that for auxiliary personnel. In these cases, the mobility was not simply to move a profession from a country to another. It meant to move cultural situated skills, perceptions of competences and tasks through different occupational contexts, embedded of rules and feelings. These women reported differences in perception regarding role, responsibility and nursing competences.

The system is different too. The nurse has a very different role because here the nurse has a different role, works also has OSS [...] I used to work in pediatrics. Let's take the tachipirina! I worked there and I could administer the tachipirina while here you can not! I have to call the doctor to have the ok! There are some basic things that I think [...] You know what I mean?

(Ina, overseas nurse, Romania)

All respondents, for instance, mention how the nursing labour of washing and bed making were not contemplated in the country of origin as nursing tasks.

I told you the job, the nurse job was also a bit different from here. There the nurse is a bit 'the lady. There are the OSS that deal with anything else that is what nurses do here while there the nurse takes care of therapy ... They do a non-dirty job because I consider it dirty! Because they are the ones who change the diaper! There other people do it here as in nursing homes, so in nursing homes the nurse takes care of the therapy, the tour visits while the others take care of the other how to wash the patient and change it and mobilize it while nurses have more responsibilities. And I thought that job would have a future

In particular Peruvian nurses, the one called of pioneers think they were educated and competent and that there was an underuse of specialist professional nursing capital:

We had a degree! I'm talking about a brain waste! A widespread situation, I'm speaking in first person but also at the nursing level, generally speaking! There are colleagues of mine (Peruvians) who were very professionals who had many titles and long traineeships and years of work. People with a high level of competence in nursing who eventually come here and just ended up in doing the job of an ordinary nurse. What I mean is that they had a further specialization! Because this was the case, it was a waste! An administrative failure to take this opportunity and use it! To use it as much as possible! Because they did not take advantage of it (this higher professional level) they did not recognise and use our high skills!

(Nora, overseas nurse, Peru)

Her educational background (two degrees and a Three years master plus more than ten years of nursing practice in her country of origin) indicates possession of skills and work capabilities that are over the requirements of her first and current job in Italy. She would be potentially capable of handling more complex tasks than the ones required to be performed at her arrival. The result was a downward mobility. When I asked them for a further re-qualification in Italy one respondent reported that it is useless because it is not recognized and valued.

Gloria talks about specialization and Master Degree in Italy and says:

But in Peru you need it so much because then you do not work like an ordinary nurse, but you can work doing more and instead here I saw that people, I have some friends of mine who have also done the Master but here they are not considered nor recognized more. In Peru

you often study for a master degree but it is indeed recognized! I mean, you worth more if you have something more! Not as a normal nurse, and you are paid more because you sacrificed two years more! Here it's not the same! I did many courses offered by the hospital, but I did not do the master. Because I wanted to do it, but then I told to myself: why should I have to sacrifice myself, if none will recognize my efforts here?'

(Gloria, overseas nurse, Peru)

Concerning career prospects, they declare that migration may have resulted in a career sacrifice. A Peruvian pioneer nurse says that she had already experienced advancement in career and promotion in her country of origin. Now she doesn't mind any more, she prioritized her new family here. All pioneers underline that they had not difficulties related to nurse tasks since they had a higher qualification. Violeta says: 'There were no difficulties in this sense and not even professionally. Professionally I knew a little more but then there was a mutual share!' she goes on admitting that 'I came from another level of expertise and professionalization'.

Among reported differences emerge different material availability, lower technologies at disposal, different equipment. She justifies her downgrading adding a value to the more favourable workplace environment: 'However, here there is all the material available you need to do things well!'.

Talking about professional relationships, the findings of the present research highlight some conflictual relations between nurses, that are more likely to be foreigners in RSA contexts, and Italian auxiliaries. In some cases, are reported disrespectful dynamics.

## **9.2. Occupational mobilities and opportunities of recognition from abroad: intermediate mediated placement.**

Narratives show that during the first years of 2000s emerged an international mobility of nurses towards Italy (in particular from 2002-2006). In the cases under investigation the capability to move relied on a 'trust premise' in the country of origin. As already described (see Chapter 7), these women could trust private individuals with variable forms of expertise. In the majority of cases they were fee-charging recruiters. Recruitment agencies promised to simplify the paperwork and migration processes that first-time migrants had to face.

Many overseas nurses reported that their expectations were disattended. In a case the contract was a fixed term contract but they told her it would have been a permanent one, in many other cases salaries were different than those subscribed in the pre-contract, some nurses explained how they had no training nor any adaptation or mentoring period. Others thought they could work immediately but they finally were trapped in a forced temporary irregular unemployed status until they did not register at IPASVI and passed the exam, in other cases setting and typologies of work and professional rules and tasks were disattended. In two cases emerged criminal activities linked to intermediation and these women were interrogated by the police.

It emerged that in the case of nurses recruited through these agencies, more than half of them stated improper withholding of money, misinformation and/or partial informations given about terms and conditions of employment and contracting. Moreover, hidden costs and extra fees associated with the services provided recurred in the majority of those women's narratives who relied on for profit intermediation. According to these accounts the vulnerable points that emerged included: deductions from salary for repayment of services and sub-contracted typologies of employment. These aspects severely constrained workers' conditions and opportunities. Moreover, as I will describe, the subscription of pre-contract and the connection between legal status and work were conditions that created a dependence on employers and intermediaries and made migrant workers more vulnerable and potentially more exploitable subjects.

In particular, some of these nurses declared to be inserted in workplaces other than the promised hospitals at the departure, with lower wages and precarious working conditions. Nurses reported deductions from salary to repay services and loans given in advance by intermediators, like recruitment and placement services, travel expenses, documents practices, training and language courses, IPASVI registration.

This study shows sub-contracted formulae of employment and high insertion of migrants working in out-sourced health services or private RSA. Overseas nurses were more likely to experience a segmented insertion in the skilled care labour market, especially in the private health sector. Indeed, outsourcing methods created a two-tier system of employment. Those who are directly employed are more privileged than those who are indirectly employed. Moreover, the latter are more likely to experience temporary and flexible work conditions. The general strategy that emerges from many respondents is: not to change until they are not able 'to stand on their own two feet!' However, the possibility to change in this set of opportunities is lower:

Agencies pay their workforce much less because they ask for repayment for food and lodging. Indeed, what I have seen in all these years is that those who ask for services and work through cooperatives or agencies do so because they don't have any other option. When they are in the condition to drop them and leave them, they leave! Because they know they can do better and earn more! So, what happens is that they usually repay what they owe and then they leave! Because they know they can do better and earn more! So, what happens is that they usually re-pay their debt and then they leave! I know very well these things because my brother was an accountant and programmer in Peru and when he arrived here I told him: 'Look! Here you have to change everything if you want to work!' - At that time there were free courses for health auxiliaries and my brother attended these courses because he is very patient and sweet and is keen of care. So, he did this course here and then he

was immediately employed in a conventional nursing home and worked with many Romanian and Peruvian colleagues and with nurses and I met many people! Many friends of him! It is through these people that I know all the things I'm telling you!

(Intercultural Mediator, Peru)

Workers' words supported the explanation of the *phenomenon* as reported by the Peruvian intercultural mediator who I interviewed.

Ema says: 'In the end we needed to work ... what do you do? You just give up? You can't! Do you go back home with only 200 € 300 € in your pocket? I signed it and then I said – 'Let's get past this first step and see what happens! Let's see what's next! See what I'll be doing down the road from here because inside of me I knew I wouldn't stay with them for a long time! I knew I could have found something better if I wanted but this was the very beginning for me. My fear at that time was linked to the language and they somehow protected me! My weak point was the language because I couldn't speak! I was confident as a professional, but the language! That was the problem! How could I manage to do an interview on my own and get a job?

Emy declares she paid 3,000 dollars for all these services but: 'I re-paid slowly them the amount when I arrived here! But not only that! For each commission they did on my behalf there (in Peru) it was an extra charge! I paid them 400 dollars! They asked me 400 dollars for every stuff that was done there! A pocket-to-pocket passage. I gave them money personally!'

Diana talking about the agency that recruited her reports her experience as a positive one, underlining the fact that they did what they promised: they found her a job as nurse in Italy. However, asking specifically: - 'Do you think they have been clear and honest? On contractual aspects for instance?' - She replies - 'Okay on that viewpoint I would say... no! It was a little... Mmmhh! But you see... Look! I think that it is also a personal matter. In my opinion it's better to avoid conflicts, I mean that I am a person that tends not to fight. I understood that there was something wrong with it! Because you know atb that time I could work 150 hours or 200 or 300 hours, they gave me always the same salary! I was always



thinking: 'There is something wrong!' - When I asked her what she tried to do she replied - : 'I tried to ask the cooperative, but they gave me the classic explanations telling me that I would find more money in the paycheck after – 'The next month they said- And then the month after it didn't happen. And I asked again and it went on and on like this!'

The experience of Emy reports the matching functioning. It exemplifies the mechanism by which many of these women found their first occupation in Italy as nurses. Other overseas nurses of the sample in fact refer to their matching experience as similarly functioning.

After her arrival she, and the group of overseas nurses, was located in the Liguria region in a temporary accommodation solution in order to find a placement for each nurse. 'We just lived there but we moved every day' she explains 'for job interviews'. From there the agency arranged interviews in order to find a job. 'They told me where and I went to. They came and pick us up by the car, they come with us and they did everything. We were their responsibility, we were in charge of them'

Mirna, for instance, left Peru in 2008. She was the younger and less experienced of a 11 nurses group with whom she arrived. After almost a month the cooperative in charge of searching her a job found occupational positions to all her colleagues. A month and a half after only three people were still jobless. Unfortunately, she was one of them. Unless she did and passed the IPASVI exam in Peru she was in the paradoxical situation to be 'parked' for other 3 months after her arrival: 'They basically left us there and took us to Mestre for almost three months to do some courses. We wondered why we had to run courses because we had already passed the IPASVI exam!'

She adds:

We didn't get through the interview and get the job vacancies because the employer didn't want to pay the money that the cooperative

wanted, because they were asking for more money, and they (the agency) had to keep some money. At that time, we didn't know that was the reason we were unemployed. We only found these things out later! In the end, they told us that the intermediaries wanted to take more money and the salary they were proposing the health facilities was very high and they wouldn't give us a job because they didn't accept the amount because it was too high! We waited in Mestre for three months without working for this reason [...] After the first month in Italy you know my savings were already gone! But we waited two more months [...] He (the man from the agency) asked me for more money and told me I had to pay him back after, but I told him - Look! Here I've got no more money in my pocket! What can I do? You left us for three months without working! We haven't got any money! How can we manage?

When I asked about the agency and the cost of services, in one case she refused to answer saying: 'I had huge economic investments, there were also travel expenses to cover and the cooperative loaned us the money for the plane ticket, then once here we had to re-pay it!'

Talking about the treatments of their first occupational experience in Italy (Gloria) says: 'At that time we were all Romanians and Peruvians in health structures! We were 12 Peruvians and then there were also 3 nurses from Spain. The clinic was a private clinic'. But she adds that their salary was not recognized as the other Spanish professionals employed in the same structure. Her cooperative did not recognize them holidays, extra shifts or nights or weekends. They were supposed to work 36 hours per week but actually they did workloads without extra pay. Moreover, she adds: 'In this first year we had to re-pay the Peruvian agency because the agency had given us everything. They paid us for the hotel accommodation as soon as we arrived, they gave us money for the plane ticket; for the food - We had all expenses paid in advance but then they kept money from our salary each month. We re-paid the agency in Peru for the whole year after the arrival' She explains that in order to avoid any problem with money

they started to pay for the service agency package only when they started to work. 'Every month they kept € 100 or 200 €' These re-payments were different for each worker: 'They said to one: Hey look! The ticket cost is this, take the case it was € 1000, the hotel costs were that, we spent for eating this and so on! They told us the whole amount, how much we had to re-pay' she explains: 'And then every month we had a debt with the agency'. When the one year contract was expiring, Gloria asked for a permanent contract, she wanted to be employed directly by the structure', but they denied such a possibility: 'So I thought it was not going well at all! It was nonsense because we were locked another year! We were linked to the Peruvian agency and the cooperative'. Since her goal was to have a stable and not a temporary contract, her strategy was to contact a colleague she travelled with when she arrived in Italy. She explains: 'When we arrived they divided us into different groups and the groups went to work in various parts of Italy. 'Some in Milan, in Turin, a group went even to Rapallo, yes! I still have a friend of mine in Rapallo, then some others went to Florence. So, I called this friend of mine who at that time was working in Milan and I asked her where she was working'. Gloria explains that in the case of the group of nurses employed in Milan they were lucky. After one-year contract, the structure made an agreement with the agency to employ all the nurse staff directly, with a permanent contract: 'She (her friend) told me they were looking for nurses' - So, she arranged an interview at the hospital. This weak professional contact made Gloria capable to have an accommodation and support: 'I did not know Milan. I've never been there before! I took the train and I came here, I came to my friend's house. It was important since I had an accommodation and she come to the interview with me!'

Ina explains that she arrived and worked two months in a residential structure for elderly care. 'Because basically they told me that I had not enough experience! They told me that I worked only three years in pediatrics and I did not have enough experience. According to them I could not work in a big hospital and that's why they sent me to a residential care home!'

She adds that other colleagues experienced different insertional modalities due to their expertise. According to her labour market entrants with no work

experience and/or with shorter experience were ranked far behind other more experienced colleagues. The same treatment emerged in other cases.

This Romanian nurse who had only three years of experience on the job in her country of origin says: ‘This first period was - I would say – really awful because the cooperative we worked for did not give us any relevance and they did not even consider us. For those two months of employment we worked hard and they gave us € 225 and we were not even able to re-pay for the accommodation!’ she continues: ‘Then my father died on September 6 and I could not go home because I did not have enough money!

Another nurses, talking of her first occupational experience reports:

On the contract I subscribed a 1600 € 1700 salary, but they deducted money. I didn’t gain more than € 1300 € 1400 despite the extra hours I did! The contract was supposed to be based on a 53-54 maximum hours per week, but I worked also 250 hours a month! I still remember that once I was working 24 hours non-stop in the hospital without sleeping, right from morning to morning because then it did not matter if you are tired or not! You just have to cover the shift!.

(Diana, overseas nurse, Romania)

Another Romanian nurse says (Linda): ‘The agency from Romania sold us to this of agent. This paid the agency and the agency deducted us the money. I earned only € 500 - 600 each month for 130 hours!’ ‘It was said that I had to return the money back to the agency for documents from Romania for the IPASVI for the hotel in Brescia and for the course ...But in the end it was like as if I had to return everything to everyone!’.

She had a re-pay period of almost one year. She explains: ‘I was supposed to be paid € 1400, but in my pocket I took 500 € 600 but now I told you this. I won’t tell you the name of the agency that however is no longer working in Italy. They moved to another country, in Germany. They are doing now there what they did here before’. After the first phase of arrival she wanted to better understand the functioning of who had made her suffered so much: ‘Only after I wanted to find

out what happened to me and I found out how things went!' (Linda, overseas nurse, Romania)

These subjects report also lower opportunities to work, according to the typology of agreement the agency was able to arrange with the structure they applied. Mirna, a Peruvian overseas says: 'At the beginning the salary was low but an average wage of around 1400 euros' but she had to re-pay services: The first six months I gave them € 300 – € 400! When I started working the first six months here, I paid Randstad almost € 470 every month but at the end of these six months I managed to pay off my € 1,700 debt. I paid the refresher course I did in Mestre almost € 200'

Another emblematic case is that of Georghia, a Romanian nurse who arrives in Italy and starts working for a cooperative. Then, after a few months, she changed job without giving notice: 'Fortunately, then when I realized that I had such a problem I do not know how he actually did it! The lawyer gave me a hand and they gave me another contract of employment with another cooperative. And so, with the contract I managed to work again!' she adds: 'Luckily, I found out that I had problems before the year of residence for my work permit expired and they told me that my residence permit had been revoked! The world fell down around my ears!' When she wanted to become a member of the cooperative which she now worked for, she found out that her previous employers had reported her. Despite continuing to work, because she only had a one-year residence permit she had an expulsion notice in her name, requiring her to leave the country. Her status was shifted from being legal to illegal, without her even knowing. Another case in which the employer's discretion emerges is that of Ema who works from 2009 to 2013. That year the cooperative loses the contract. After four years, she explains to me that she wanted to be employed directly by the organization she was working for but the cooperative would not accept because the organization did not give them sufficient money to hire workers. Ema explains that she tried to avoid going through a cooperative but to no avail. She was bound by the cooperative and they threatened that they would take her to court. 'The clinic would have paid € 15,000 for us – She says - but we'd have had to pay 10,000 to continue working

there. Because the hospital paid € 15,000 and not € 25,000 as the cooperative had requested!

She only earned € 900 per month 'for going here and there and doing all the night shifts'. What happened was since they no longer had a big health services contract they called us to go for home visits, but we didn't even have a car to get around in! They only had surgeries and I worked every night [...] No, I did the nights and then I kept going backwards and forwards and I was very angry and I was the first to say no ... I'd missed an opportunity, a sure thing [...]

I went to the trade union agency, but he told me that nothing could be done and this lady from the cooperative sent us a lawyer's card and she had a lot of contacts. Yes, the head of the cooperative knew a lot of people!

She finally resigned without giving any notice: 'In 2013. I had to pay what's called "notice" and I had to give the cooperative some money back another month. That month they took my whole salary!' I was too angry and when I get angry I'm one who gets worked up, so I don't think too much about the consequences that'd come later! I resigned. All the people I worked with stayed there but then slowly, one by one, they resigned' (Ema, overseas nurse, Peru)

While insertion due to a pre-contract constrains recruitment from abroad, in the change of the first job in Italy emerge that nurses can rely on different channels and are more capable to move autonomously. In the case of a Romanian nurse difficulties are linked to isolation and lack of support: 'I did not have anyone to help me here and that experience was - How to say, very bad! and then also the fact of having lost my dad! I lost weight and discouraged! I had accommodation but I lived in the hospital building I only had a bed. I did not have the money to do anything and I had to eat only what they gave us in the canteen of the structure. I had no friends, I was alone, I had no one, I was lost and sad and obviously, I missed my husband!'.

After an initial period in which she reported sadness and depression, she refused the bad working conditions and reacted. She decided to give up: 'I decided, well we decided, together (she and her husband) it was far enough and that I would come back home!'.

This experience made her able to better know the Italian context, and, being a Romanian citizen she had a free mobility, at least for three months. She could have re-entered the country and looked for a job by herself. She wanted to get rid of the intermediation as she explains: ‘I went back to Romania with the idea of returning but in another way this time! Without the agency intermediation but directly with the hospital!’ (Ina, overseas nurse, Romania)

The reported experiences show how these professionals used their educational background and experience to negotiate their economic and professional constraints. When the employer, namely the cooperative, did not honour the salary that had been agreed on the pre-contract in Romania, C. did not accept passively the discrepancy. On the contrary she brought to the cooperative’s attention the lower salary she received asking to act according to the contract they established before. Eventually she obtained the right contractual treatment.

### **a. Migrant civic stratifications and the work-legal status link**

This research showed how in these professional experiences emerge several civic stratifications (Morris 2002) linked to the relation between work and legal status. As I will show, the intersection of different degrees of membership statuses and opportunities to work influenced these skilled migrant women's occupational paths in different ways. The present study sheds light on some distortions in the employment mechanisms for migrant workers. For all the overseas nurses (with the exception of four) the premise to be legal was a valid work contract (Calafà 2013). The study reveals dynamics of ambiguous inter-dependence that links workers to employers. Since non-EU citizens' status depends on employment status, such interconnectedness constrained individual professional choices because there was a linked risk of losing or not obtaining legal status. In most cases, the recruited nurses signed contracts putting them at the disposal of the agents and/or employers who assigned the placements and decided on their salaries.

To this regard, even if at a first glance, overseas nurses who entered with a special labour visa can be seen as privileged professionals, enabled to work in the sector where they qualified for and were recognized, both key informants and workers, outlined some vulnerable aspects in their occupational insertion. This is explained by the reported words of a trade union representant who I interviewed:

Before 2000 there were lots of ways of subcontracting non-legal employment. For Romanians (nurses) with a Romanian not an Italian contract. They worked in Italy but were paid a Romanian wage! It was in this way until 2002 or 2003 I suppose. The way they employed people was to contract workers from abroad, especially for residences for the elderly. Then later the law changed and prohibited this form of subcontracting. Nurses could be hired directly with an Italian contract. In fact, the law has been specifically made for out-of-quota workers. There was the possibility to be able to hire at any time nursing medical personnel out of the flows mechanism. In the Public sector could not be employed foreign workforce. Not being able to directly



assume the public, there were the cooperatives that hired personnel from abroad!

Initially it was only type A social cooperatives that could hire health personnel from abroad but then the possibility was also extended to the temporary employment agencies. The problem here was that often they couldn't guarantee workers continuity of employment: agencies work on a flexible basis, going from peak employment periods to replacements, due to illness or maternity. Agencies work more in the field of substitutions while the cooperatives worked by subcontracting forms of governance for health services. In these cases, the services lasted years, in a long-term prospect. Agencies then worked more on a short-term basis. And I remember that this was a serious problem. Agencies couldn't guarantee work to the people they had under contract! In some cases, the contract lasted less than one year! The problem to solve was not only stay permits but also financial issues. So, people started with interim agencies, but these couldn't guarantee them continuity. If, for instance, after 3-4 months the contract terminated and the people no longer had any work, they couldn't work for anyone else and the law denied them the possibility of changing job from nurse to another role. But then you understand that if the temporary agencies did not guarantee ongoing work and workers couldn't change, it was a big deal! I was unemployed and I didn't have the opportunity to be able to go, for example, and find work on my own because my contract committed me to the temporary employment agencies, I was stuck.

The key informant goes on, adding these considerations:

'But you should be able to have an alternative in this case I think! Either working on your own or working for another employer, or having unemployment benefit! There were many problems at the Questura<sup>235</sup> on this point. With article 27 on nursing staff, at first you

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<sup>235</sup> Police headquarters which grants stay permits.

couldn't change your residence permit. At the beginning it wasn't even possible to convert a residence permit into a permit on the grounds of self-employment in order to manage a possible loss of work. Fortunately, I assisted in some cases and it was possible to solve them, but I think this was a gap in the law, a regulatory loophole

(CGIL - key informant 1)

Looking at the opportunities that individual's capabilities may act in finding 'suitable' employments, it emerges a stratification of opportunities. Migrants' legal statuses are connected to work and their rights and entitlement maintenance depends directly and severely on work contract. As said, to secure a job, migrants must have an employment pre-contract subscription by an employer. Once arrived, their legal status is connected to a renewable permit of stay<sup>236</sup> which lasts one year (if migrant worker holds a short-term job contract) or two years (if migrant worker holds a long-term job contract). The job contract was strictly linked to the subscription of a pre-contract and to the renew of the permit of stay. At arrival these nurses had to proof the pre-existing employment contract and the subscription of what was called 'Contratto di Soggiorno'. The permit of stay itself doesn't guarantee legal status and a right to reside legally.

For the first issue, the worker must go within 8 days at the Immigration Desk, and complete the procedure by signing a work document<sup>237</sup>. Concerning this peculiar work subscription, two overseas nurses stated high difficulties immediately after their arrival. In a case the employer who subscribed the pre-contract for the work visa issue, could not guarantee any more the promised employment. Even if she found an alternative placement, she had to go back to Romania: 'But the law did not allow you to stay if you were working for another employer at that time! Yes, at that time nothing was clear!' says Lidia. Losses of job, short term and precarious contracts created one a source of high vulnerability.

Lidia is an expert Romanian nurse who arrived in Italy after working 18 years in Romania. In her case intermediaries' activities operated in a grey zone, at the

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<sup>236</sup> The terms of renewal are by two months from the expiry date fo the permit of stay they hold.

<sup>237</sup> Before it was called 'Contratto di Soggiorno' now replaced by the communication made to the INPS - the "COLD ASS" module.

fringes of the labour market. She reported of a labour inspection conducted by Guardia di Finanza. She was interviewed at the police station due to her agency's non legal activities. Her recruiters who were finally punished by the law, promised a wage that in her case was the half of what she signed on the pre-contract, earning 650 euros instead of 1200 euros. When she realized that they wouldn't have paid her more than that salary she tried to react. She contacted trade union representants and an Italian lawyer, friend of a friend in Romania. Only few weeks after her arrival she made an appeal: 'So we went to this lawyer to ask and went to the trade union and we found out that the pre-contract was just a contract that allowed us to cross the border and then they (the agency people) wrote a letter of collective acceptance that wasn't even personalized and I've really never understood under what terms!' However, according to this contract if they did not resign within six weeks, they would have to stay with the same employer for two years. With the help of CGIL<sup>238</sup> they understood that with this contract you couldn't change employer. 'And they told us that if we didn't give up within this six-week period, then we had to accept their conditions and the contract for the next two years' [...] I still have it and it was written that we had to pay € 10,000 for moral damage because there was a written contract and we were bound to work for them!'

In the case of Lidia, the law stated that she had to return to her country of origin and re-apply for a new entry visa for work reasons. Instead, it was not possible to apply for a new job, or apply for a residence permit for work reasons while remaining in Italy (this irregularity is still applied in the case of Decreto Flussi praxis) as is currently allowed.

Adelina, overseas nurse arrived in Italy from Romania but she lost her work contract. She could not apply for a stay permit for work reasons. As she explains to me, she needed someone to employ her within the eight days required by the law to reside regularly on Italian soil. 'I had to find another job because if I didn't, I'd have had to leave Italy, you become illegal! You know!'

In these two Romanian cases, fortunately the geographic closeness and the favourable conditions they met enabled these women to find a 'suitable

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<sup>238</sup> The Italian General Confederation of Labour.

employment' without falling in an irregular status. She and her colleagues were a group of nurses and they lost all together the job. They went to the border of Treviso to leave the country. When they stopped at the police station she says: 'We explained we wanted to leave the country to Carabinieri'. 'Can you imagine! It was crazy! We went to them just to do things properly!' but this is what happened: 'We were like under arrest! I think there were only irregular people in that Caserma! There was a carabinieri with a gun and they took us into a basement ... They did not understand why we were there! What to do for! They started taking pictures and fingerprints and my colleague did not put his hand for fingerprints and, in a good way and well the policeman beat him! - I thought Madonna! But why do you hit him?' 'I finally understood that they did not understand! I mean they thought we had not renewed the contract and that we were non legal immigrants!' Lidia concludes saying: 'Eventually they apologized ... But they kept us 7-8 hours in the caserma!'

As described, overseas nurses had unequal available opportunities to access occupations. They were not employed directly as nurse workforce. Within the same occupation, they were prevented from being employed in some more privileged, higher paid areas of public sector. It happened, for instance, in public hospital jobs to many of the respondents of the present sample. The majority of non-EU nurse could work within public health facilities only as outsourced staff, employed either by social cooperatives and temporary work agencies or as self-employed (through specialised professional agencies) (Salis and Castagnone, 2015; Chaloff, 2008). In the case of Gloria the Peruvian agency made a sub-contract in which the worker was bind to the agency:

The agency name is Obiettivo Lavoro which is still in Milan. The Peruvian agency sold us as workforce, how can I say? They did not sell us they, let's say, transfer us to the Italian cooperative. And for this passage the Peruvian agency was earning money. It was a year contract and then I told him – 'Okay for a year is fine'. Because the agency from Peru could not do all procedures related to job documents from here. They had to pay taxes and they were not

recognized by the Italian government and then they made a convention, I think, with the agencies set in Italy. But with that contract you were tied to the agency. It was a contract subscribed in Peru that linked the worker with the Italian agency for the work in Italy. The Peruvian agency was called Italia-Lavoro. Alvaro Gutierrez. He was the owner in Peru and they sold us to Obiettivo Lavoro.

**b. Migrant civic stratifications: access to Public selections and Permits of stay.**

In Italy the ban to public employment of foreign workers changed in 2013<sup>239</sup>.

The general practice of exclusion from public competitions of third-country nationals, family members of EU citizens, refugees and holders of subsidiary protection and long-term residents, was contrary to European directives. The Italian law in 2013 adapted the internal regulations on public employment and access to competitions and public selections, avoiding the infringement procedure of EU law. Holders of long-term residence permit of stay and refugees can now access competitions for recruitment in public hospitals. However non-EU citizens who do not hold a long-term permit of stay are still excluded from permanent vacancies in public hospitals and official public competitions.

Access to the public work exercise, was reserved only to Italian and EU citizens, with the exclusion of non-EU citizens. At the time I started my research, law had recently removed this barrier, but the legal informants I talked to and whom I interviewed, told me that they, as association ASGI (Associazione Studi Giuridici per l'Immigrazione – Immigration Law Studies Association), were monitoring the situation at national level. Social opportunities, even if potentially available, ended up in a civic stratification *praxis*, due to the informal dimension of public selections. These lawyers, referred me of practices in which the right for foreigners to participate to formal selections was not made clear by institutions. Even if formally recognized it was restricted in practice. Despite the current legislation, public administrations often, when issuing a competition notice, they

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<sup>239</sup> These new rules were established by the laws 96 of 6 August 2013 ("Delegation to the Government for the transposition of the European directives and the implementation of other European Union acts") and 97 ("Provisions for the fulfillment of the obligations deriving from the belonging of the 'Italy to the European Union') published in the Official Journal on 20 August and entered into force on 4 September 2013.

continue to use illegitimate terms. To this concern the lawyer I interviewed told me that they denounced many local municipal administrations that continue to publish hiring notices in which the Italian citizenship requirement is typed on the calls as a pre-requisite to participate.

Many subjects of the present sample declared with disappointment to have been out of access of an occupational privileged sector like the public one, due to the citizenship<sup>240</sup> requirements, as the following extracts show.

Fausta experienced no effective rights to practice her nurse occupation, even though she was as qualified as those who did have such a right. This is the argument of Fausta, in Italy since 1997. She had to wait the 1999 regularization to be able to get a legal status. She holds a five years degree in Economics obtained in Peru, an Italian ASA diploma and a three years Nursing degree obtained in Italy.

I obtained the Italian citizenship recently. If I had been a citizen before! Nine years ago, you know, at this time I could have another job! Employed in the public sector! But now... the public competition! Then this has happened even if I did the University in Italy! I think that if a person studies in Italy...I mean, if you have a degree after having spent 10 years here! I think it's a discrimination! When I finally had 10 years of residency I submitted for the application, but

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<sup>240</sup> Italian citizenship acquisition follows the *ius sanguinis* principle thus can be acquired automatically in the following cases:

- by birth. If you are children of at least one Italian citizen;
- by birth. If you are born in Italy from unknown parents, or stateless persons, or foreigners belonging to States whose legislation does not provide for the transmission of the citizenship of the parents to the child born abroad;
- recognition or judicial declaration of filiation. For recognition of paternity or maternity or following a judicial declaration of filiation during the minor age of the subject;
- by adoption. The foreign minor adopted by an Italian citizen becomes an Italian citizen;

It can be required:

- If descendants of Italian citizens by birth, up to the second degree, who have lost their citizenship, in the presence of certain requisites (performing military service in the armed forces and declaring in advance to want to acquire Italian citizenship, or assuming public employment employed by the State, also abroad, and declaring that he wants to acquire Italian citizenship, or legally residing in Italy for two years when he reaches the age of majority and declaring, within a year of reaching the age of majority, to want to acquire Italian citizenship);
- **by marriage**. After two years of cohabitation and legal residence in Italy following marriage, they decreased one year in the presence of children born or adopted by spouses (three for residents abroad and reduced to half in the presence of children). If one of the two spouses has acquired Italian citizenship by naturalization after marriage, the calculation of the terms starts from the date of acquisition of the Italian citizenship of the spouse and not from the date of marriage
- **by naturalization (residence)**. If you have resided legally in Italy for 10 years;
- if born in Italian territory from foreign parents. Resident legally and continuously from birth up to the age of majority. The declaration of will is given to the registrar.

after those 10 years I obtained the citizen status more than five years later! I applied in 2009 and I had citizenship recognized in 2015!

(Fausta, re-qualified nurse, Peru)

A common experience that these women report in many accounts is the long-time of Italian bureaucracy: they have to wait for each documental request a long span time. In this case the supposed time of 10 years turned to be of 15 years.

Ten years are necessary for naturalization, along with the requirements of legal and registered residence. In addition, applicants have to show a certain level of continuous income over the years. The minimum average time to receive an answer is three years. Italian citizenship status may be denied. In the case of Sara, who become an Italian citizen in 2014, she had applied for citizenship almost six years earlier. She explains: 'Because when you apply for citizenship you have to wait four or five years and you don't know when and what they'll reply. They ask you for proof that you can support yourself. When I made my application I was working full time but then things changed!'

All of the respondents who applied for citizenship told me they had waited from three (for marriage) to six years. The waiting time is very long and some of them were sent a letter because their application was missing documentation and they had to go back to the Prefettura<sup>241</sup> to show the additional documents. If over three years had passed, they asked to update the documents. Sole told me that two years after her application she received a letter and went to the Prefettura offices to integrate her income return documents in order to prove she should support herself and her employment status over the last three years: 'I was not working full-time anymore and since I didn't have enough income for them they told me no!' she explained: 'I was studying and working part-time and my income was very low!' – she explains to me - 'When they denied me citizenship because I didn't have enough income, well, I thought: 'I've got a long term-residence permit! I'll give up!'. She was abandoning the idea of becoming an Italian citizen because it was proving very difficult but immediately afterwards she was diagnosed with breast cancer and few months later she had surgery. Sole affirms,

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<sup>241</sup> Prefecture. The office that grants citizenship.

‘My cancer was diagnosed four years ago’. And: ‘when I realized I was sick I thought it was better to have Italian citizenship!’. She activated all her available resources to be able to gain full citizenship status: since she shared ownership of a house with her sister, she collected all the documents that could show she was the owner of that house and her active employment status: ‘I sent all my house documents to the Prefettura and then all the documents proving I was enrolled at university which meant that I couldn’t work full-time because I was studying! She adds: ‘I’ve been living in Italy for 20 years and I’ve worked since 1993!’. Finally, ‘They accepted my application and when they asked me why I wanted to be an Italian citizen at the swearing ceremony I replied that it was a small gift that I’d owed myself for a long time!’ adding, ‘I don’t want to be a domestic worker all my life, I want to be a nurse! - And they liked my answer!’

Ines applied in 2009. In her case she took almost six years to obtain citizenship. She became Italian citizen in 2015: ‘It took too much!’ - she says – ‘While attending university I thought that if I wanted to do public selections may be it would be better to have the Italian citizenship!’

Citizenship Italian law is based on *ius sanguinis* (the law of the blood)<sup>242</sup> and its acquisition can be obtained principally by marriage and by naturalization (residence)<sup>243</sup>.

In the last case the non-UE citizen applicant must demonstrate a 10 years status of residency, while citizens of the UE have to legally reside in Italy for at least 4 years (Article 9, paragraph 1, letter D).

Ina, from Romania says: ‘Yes I thought about that! I would like! But then you know all that documents and you have to pay! I could vote! That was the advantage! (Ina, overseas nurse, Romania).

Disappointment can be read in the word of Maria who says:

I remember that in this period (1998), when I was waiting to renew my contract, many public competitions were launched and I could not

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<sup>242</sup> The migrants who were born in Italy cannot become Italian citizens by birth as they could in other countries based on a *ius soli* (law of the land, meaning the law of the place of birth) citizen idea.

<sup>243</sup> The subject is currently regulated by law n. 91 of 5 February 1992, as amended by Law 94 of 2009, and subsequent regulations. <http://www.prefettura.it/milano/contenuti/10857.htm>



be included and participate. There was huge shortage of nurses at that time. Look! If there were 15 places available for nurses...people did not even participate! Only eight or nine nurses went at selections! It was such a pity because there was a high possibility to enter the public sector! But since *I was not Italian I was out!*

(Maria, Peruvian overseas nurse – Italian citizen since 1999)

However, after her arrival, she got married with an Italian man and she could obtain citizenship by marriage. As soon as she obtained the Italian citizenship, she applied for Public selections and she did pass. She is now employed as nurse in a public hospital and she is satisfied of her working conditions.

E. says that after having obtained Italian citizenship she thought to move to a public hospital. 'Because it is different! Because instead of having 4 or 5 patients on your shoulders, you have only two patients! In my specialty, I mean! People I talked to, they tell me that they really work in a good way! Well, because you have more time to devote to the patient even on the psychological side, you can listen to him!' - However, after so many years she did not try public selections.

On the contrary Violeta obtained citizenship as wife of an Italian citizen, after three years, in less time than many other conationals. She was interested in doing public selections as to access a public hospital and gain a better occupational opportunity. However, as mother, she renounced as she explains: 'I wanted to do it when my son was a year old and my husband was still working in his previous job! I tried to do the public competition, but all my husband's relatives were here and if I had accepted I had to move far away from here! I had to hire a nanny, someone to take care for my child you know, a stranger to take care of my child and then I preferred not to do it! The nearest place available was too far from my house and I renounced! I did this way because I could not handle my son!' - she explains. In this case job requirements and promotions are gender affected. Promotion is not gender 'neutral'. In this case family-related responsibilities shaped the available opportunities. Findings of the present research point out that some requirements like higher flexibility to reach the work place best fit people who have no child-care responsibilities, or if they do, have family or other help

available close to them. Violeta thought she could have had another chance to enter public sector: ‘But then I was 35 years old and I could not do it for the age limit!’ - she adds.

Since 2013<sup>244</sup> the access to jobs in public occupations has been extended also to non-EU citizens<sup>245</sup>. The law provided access to public employment, on equal terms with the citizen of the European Union, for different categories of foreigners (non-EU)<sup>246</sup>. This constituted an expanded available opportunity: ‘Yes, and then now the barriers are down! Before you could not if you were a foreigner, I know that now there are more possibilities’ (Emy, overseas Peruvian nurse)

Foreign citizens not communitarian are now able to take part in public competitions. Particularly are allowed those who gain a permit for long-term residents<sup>247</sup>. In some cases emerged that aspects regarding the practical side of the application of law and misinformation on criteria of eligibility can also create lack of available social opportunities, due to gaps and discretionality in procedural practices. In this case, even if it is recognized the equal capability to be able to gain such a means to convert the capability into functionings, in real terms, it may be hindered as the Ema case exemplifies.

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<sup>244</sup> 4/9/13 Legge 6 agosto 2013, n. 97. Law on the obligations deriving from Italy's membership of the European Union - European Law 2013, published in the Official Gazette of 20/8/13, General Series, n. 194, which in art. 7 provides for access to jobs at Public Administrations by modifying the art. 38 of the Legislative Decree 30/3/2001 n. 165. 1. Citizens of Member States of the European Union and their family members who are not nationals of a Member State who hold the right of residence or the right of permanent residence may have access to jobs in public administrations which do not involve direct exercise or indirect of public powers, or do not concern the protection of the national interest.

2. By decree of the President of the Council of Ministers, pursuant to Article 17 of the Law of 23 August 1988, n. 400, and subsequent modifications and additions, are identified the places and functions for which the possession of Italian citizenship can not be dispensed with, as well as the indispensable requisites for the access of the citizens referred to in paragraph 1.

3. In the cases in which a discipline adopted at the level of the European Union has not intervened, the Presidency of the Council of Ministers - Department of Public Administration, after hearing the Ministry of Education, of the Ministry of Education, provides the equation of educational and professional qualifications. university and research. According to the provisions of the first period, the equivalence between the academic and service qualifications relevant to the admission to the competition and to the appointment is also established.

3-bis. The provisions referred to in paragraphs 1, 2 and 3 apply to third-country nationals who are holders of EC residence permits for long-term residents or who are holders of refugee status or subsidiary protection status.

3-ter. In any case, the provisions of article 1 of the Presidential Decree of 26 July 1976, n. 752, on the subject of knowledge of the Italian language and of the German language for the recruitment to the public employment in the autonomous province of Bolzano.

<sup>245</sup> Holders of refugee status or of subsidiary protection status can be employed in public sector.

<sup>246</sup> foreign family members of EU citizens (Article 19 paragraph 1 of Legislative Decree 30/2007), refugees (Article 25 paragraph 2 of Legislative Decree 251/2007) and their family members (Article 22 paragraph 2 of Legislative Decree 251/2007), holders of residence permit for long-term residents (Article 9 paragraph 12 letter b of Legislative Decree 286/1998), holders of the EU Blue Card (Article 27-quater paragraph 14 of Legislative Decree 286/1998).

<sup>247</sup> The EU residence permit for long-term residents may be requested by foreigners with the following requirements:

- who are regularly resident in Italy for at least 5 years;
- who hold a valid residence permit;
- who can demonstrate self maintenance thus income not lower than the annual amount of the social allowance
- who have passed the Italian test (law is effectively enacted from the 9th of December 2010)

She did the first two year permit of stay at her arrival, after the subscription of the work contract by her employer. She then changed employer but her legal status was maintained by two more permits of stay, each of one year in length time. They were shorter in length due to the fixed-term contract she was able to provide at Questura at the time of renew. At the time of interview, she was working as a free-lance nurse in a RSA with yearly contract renewals. The subject thought that temporary contract was a stepping stone toward contracts of higher quality, but, instead, her track was the opposite. She started with a permanent contract and ended up as a freelancer. Considering the precariat of her contractual situation, she wanted to do as soon as possible the application for a long-term permit of stay. In fact, as soon as the 5 years necessary for the application passed, she immediately tried. In this way – she explains to me - her legal status and rights would not have been only bonded to her occupational condition. At the time of interview, she has been living and working in Italy since more than 6 years. In conditions of vulnerability, if she had lost her job, if she had had an accident or a bad disease, she would still result in the precarious situation of being able to shift in an non legal status with no rights guaranteed. When I met her, she was still waiting for the permit issue and she explains: ‘I went to Questura to ask for the conditions to make the *carta di soggiorno*<sup>248</sup> (long stayers permit) because of the five years and all documents and they told me I was fine! I explained that I was a nurse and I asked the policeman if I had to do the Italian language test and they told me: No! since I was a nurse<sup>249</sup>! So, I prepared all the documents and stuff except the Italian language test of course! I sent all the documents by Post Office’. After six months the Questura gave her notice so she went at the appointment in order to personally provide all the original documents sent by post and to receive the long-term permit of stay. But when she arrived at Questura: ‘They told me that

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<sup>248</sup> The EU residence permit for long-term residents may be requested by foreigners with the following requirements: who are regularly resident in Italy for at least 5 years; who hold a valid residence permit; who can demonstrate self maintenance thus income not lower than the annual amount of the social allowance who have passed the Italian test (law is effectively enacted from the 9th of December 2010)

<sup>249</sup> To see categories who are exempted refer to: <https://www.meltingpot.org/http-www-meltingpot-org-Permesso-di-Soggiorno-UE-per-soggiornanti-di-lungo-periodo.html>.

It is interesting to note how nurses are out of the privileged categories of professionals as listed in art. 27, paragraph 1, letters a), c) d), and q) of the Consolidated Law:

- 1) managers or highly specialized personnel of registered companies, representation offices or branches in Italy
- 2) university professors assigned to carry out an academic assignment in Italy
- 3) translators and interpreters
- 4) officially accredited correspondent journalists

I would have to pass the Italian exam instead! So, I had to enroll for the Italian test<sup>250</sup>! She had to wait six months more because she had to fill in the form on line, and then to wait for the exam session and then to do the exam (after 3 months) and then to wait for the results. In the end the validity of all the documents provided during the first attempt was expired. She had to ask *commercialista* all the work related documents as the freelance balance *Partita IVA*. 'I had to pay € 250 and it was doubled because I had to do it twice!'. She adds that the cost of the permit for stay kit at the post office was € 350. 'The first postal kit half (of the money) was lost! I had already paid and they gave me back only € 150! I had two envelopes to send for these papers. For the first one that gave me back € 150 and the second one I paid the full cost because I had to send it again! € 350 you know! - She finally sums up saying: 'To do this permit of stay I have spent a total amount of almost € 1000! And I'm still waiting!'

However, with that permanent permit of stay, she will be able to access more 'suitable employment' options since public sectors hold better paid and more secure jobs. For this reason, Mirna as soon as received the long-term permit of stay participated at public competition: 'Yes, I actually did a public selection in November last year and now I registered to the next again! I'm trying because they gave the opportunity to participate with the permit (*carta di soggiorno*) because previously it was not allowed to us! I had to wait six years to do it but after two renewals of the permit I managed!'

At the moment of the interview, she shows me the book for the public exam. She explains that she is studying with a friend of her, a nurse. 'Yes, they tell me that there are only 10 positions, but we are more than 10,000 participants! Anyway we (she and her friend) signed up and so far I'm studying because, you know, my dad would say: '*Quien no arriesga no gana!*' that means '*No pain no gain!*'

Dora, a communitarian nurse re-qualified in Italy, on the contrary says: 'I've never tried before! I've never even watched at the competitions before! 'Look! See

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<sup>250</sup> In order to do Italian test it is necessary to fill in an on-line form through the IT procedure active on the dedicated website. The information system acquires the application and calls the interested party within 60 days, indicating the date and place of the examination. In case of positive outcome of the test, the prefecture will be communicated electronically to the police headquarters of the province. In case of a negative result, the foreign citizen can ask, using the same procedure, to repeat the test, only after 90 days from the date of the previous exam [https://www.meltingpot.org/IMG/pdf/0828\\_Circ.\\_test\\_italiano\\_n.\\_7589\\_del\\_16.11.2010.pdf](https://www.meltingpot.org/IMG/pdf/0828_Circ._test_italiano_n._7589_del_16.11.2010.pdf).

how important information may be! I thought that for the public competitions could only access Italian citizens!’ In her case, being a communitarian citizen, she missed the right information and she did not use her extended available opportunities.

### **c. Migrant civic stratification: Pension rights - retirement and coping strategies.**

Obtaining a state pension is very difficult not only for migrants who have been working in the domestic informal economy and do not have tax recognized, but also for professional recognized as the overseas nurses I interviewed. Given that the majority of overseas nurses migrated in their 30s, the Italian social security system pension will not guarantee them high pensions. Indeed, in many cases these women paid half of their contributions in Italy and half in their country of origin and this condition makes it impossible for them to sum up their working years. The opportunities related to sustainability of their care needs in elderly are scarcely discussed. Nora has been working in Italy for 22 years and in Peru ‘I have not enough years. I would be entitled only to the health service, but I have no rights to retirement because I resigned’. The result is that they can not qualify for a fully recognized contributory pension. These migrants, thus, are generally in a position to not be able to maintain themselves because the recognized amount of pension will be too low to survive without can count on any other income or on support. When I asked her about the return possibility she answered: ‘This is certainly one of my prospect because I know that with my retirement I would not be able to survive ... I say that honestly! I did calculate all contributions and tax paid and I will be able to have a pension ... As a housewife!’

Application for Italian citizenship can vary, according to different attitudes towards naturalization. Citizenship can be seen also as an opportunity to have a pension after having been working for twenty years in the Italian labour market: in this case this migrant keep her return option opened due to the sustainability of her future after having been working for twenty years as a professional<sup>251</sup>.

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<sup>251</sup> In a recent study conducted in order to understand the behaviours of the new Italian citizens with a longitudinal approach it emerged that among the almost 669 thousand non-EU citizens who applied for naturalization between 2012 and

A solution that emerges from these narratives is the one of returning to their country of origin, to conduct a possibly better life when older.

'I arrived here that I were more than thirty years old then my pension will be more than poor ... How will I survive here alone? I am forced to return to my country because with the minimum pension here I will not be able to survive. I should work more than 35 years!

A coping strategy to manage with the low pension she will receive and be able to survive in elderly age is exemplified by Nora's words:

Since you are not working any more, you do not have a right!'. 'You are only entitled of a pension if you live here in Italy and you are recognized but if you are retired and you have still paid taxes when working...However, if you want to go to your country then you have no rights! Unless you are an Italian citizen!

Georghia also considers the return option as her future possibility. As a communitarian she can have a pension and reports: 'I am a little afraid of retiring! I will have a very low pension recognized. Now with this contract (self employment)! I will definitely have to go back home!'. She is also considering to re-migrate and move to UK.

Another nurse will not consider the return option because she is married with an Italian man and her son lives here in Italy. However, she is aware of the problem: 'I hope to reach 67 years!' – At the time of interview she was 56 years old – 'The minimum pension is thirty years'. I calculated € 400 and I hope God will send it to me!'

Thinking about retirement solutions another woman reposes her future expectations on a company she works for. She is a one-on-one independent

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2017, almost 42 thousand moved abroad. While the majority of Brazilians moved to their country of origin, all others nationals went to another European country.

distributor and provides products for this company. She could work from both Italy and Peru since the company works in more than 90 countries.

E. found a self-employment solution in order to face retirement penalty.

I would like to retire before but then when I met x it happened that I changed my future plans and this point of view. Let's say that if this self-employment project develops and that had a more stable economy and then maybe you know we will not even have a pension here! I do not want to work into the hospital until 67 years!

(Elenora, Peruvian pioneer overseas nurse)

#### **d. Migrant civic stratification: family rights – care chains and transnational welfare**

The results of the present research confirmed the gendered implications embedded in the care dynamics and aspects related to dislocated forms of care (Parreñas 2005). Household composition, marital status and ‘care dependents conditions’, both in Italy and in the country of origin, influenced these women’s decisions, motivations and expectations. As previous studies on the Italian context show (Bonizzoni 2013, 2015; Boccagni 2009; Bonizzoni Boccagni 2013) the gendered aspects of parenting roles and family life intersected with the process of legal recognition of membership status in their migratory experiences.

The present results invite to consider the different ‘care needs’ that emerge at different phases of life in post-migratory experiences of migrants.

Of course, the receiving context exerted an influence, by means of family legislation and via the migration regime, on the shape of transnational family life. Legal status indeed was crucial. For those migrants who were undocumented, a membership status denied influenced not just legal certainty and rights to residence and work, but also the chance to reunion with their partners and children and family. Narratives of the present sample show that third country nationals could do it only after several years. Unsurprisingly, those who were legal workers, as a couple of Romanian overseas nurses could do it faster. They had a room in the hospital and could not meet the accommodation requirements needed for family reunion. The health organization they were working for was far from the town, with not services and facilities close. They resigned and find another living and working condition to be able to reunite their sons. In another case an overseas nurse renounced to the free room she had for family reunion reasons. Another women had to move to an expensive flat to have the possibility to reunificate her husband.

As illustrated in the previous chapters, in some cases people did migrate with an underpinning ‘family strategy’ (Anthias 2000) at the base.

In the present study emerged different forms of care arrangements. In some cases family members moved transnationally providing better opportunities to balance work and care. Many respondents of the sample migrated as single



women and married after migration. In the case of new families in Italy they had to face new care arrangements without the support of their families. Responses were developed also by 'household extension strategies'<sup>252</sup>: bringing in family for temporary periods members to help with care arrangements and/or providing extra household income. For third country national lack of access to extended family to provide care support negatively affected the opportunity to go on working and/or to change occupation and/or re-qualify. In these cases the opportunity of recognized unemployment status and/or maternity leave did the difference. These opportunities were available according to the legal status gained. Lone women were more likely to experience downward social mobility and employment barriers without such a support. Indeed work hours often did not meet care/work balance needs. On the contrary, EU women could benefit of wider opportunities since their familiars were capable to freely move. Namely those who resulted to have higher changes of care arrangements were the Romanian citizens (as communitarians) and/or parents and relatives of extra-UE citizens who obtained Italian citizenship. In these cases full membership status gave them broader opportunities for care arrangements and welfare benefits. Some women reported that their parents moved to take care of their grandchildren in Italy for temporary or long span times in specific periods, like summer. In a case a sister moved to care the subject's husband several times. These women reported different strategies that involved enlarged familiar components like sisters in transnational care arrangements.

As a result, specific family members migrated to Italy for better care provision. Two of these women migrated to Italy with the aim of caring their nephews in Italy. In these cases, their status was 'non legal'. The same strategy was used by more privileged 'legal' migrants who invited in a 'legal' way grandparents, sisters and nephews.

Legal status and membership status were connected to the ways that migrants negotiated decisions around care and occupational mobility and occupational decision-making. Choices about family and care influenced also employment statuses. Among the migrants of the present study emerged as a specific

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<sup>252</sup> Some studies that focused on survival strategies in recession times identified strategies based on the generation of extra sources of earnings or on the entry of additional household members into the labour market.

transnational care need the provision of care for elderly relatives. In many cases respondents reported that welfare in their country of origin does not allow people to properly care their parents left behind and many respondents referred of low standard of health coverage and of the need of private services and money for elderly care. Some managed to provide care in their home country, others brought them to Italy. The sample composition and the long term settlement pre-requisite of selection allowed a reasoning on old parents to be cared for at a distance. Transnational daughters' care and their elderly parents needs are issues that have received scant attention in the literature.

Another aspect that is often neglected is that migration and return or re-migration are not definite static decisions and transnational lives may change their needs and profiles according to family compositiona and live events. Indeed in some of these cases like N., the return option has been considered as a strategy to assist old or sick parents: 'I'am trying to return to Peru because my mum is 75 years old and also my nephews, they need me!'

Migration or return are both strategies to provide a good care to their elderly parents. Those sons who are close provide physical and emotional care, to their parents, while transantional daughters provide material financial care, including pharmaceutical provision, payments of visits. I will report two emblematic cases that clearly exemplify these care arrangements and the filial provision of transantaionl care that emerged.

I asked Mirna if there are care homes in Peru and she laughs at me, saying, 'Are you joking? There are seven of us! Daughters and sons!'

Her mother died before she left for Italy while her father has been in dialysis for a year. She tried to convince him to move and come here with her, but he refused the offer: 'Because he says: I was born here and I'll die here! - He never came to Italy!' She adds: 'He has to do peritoneal dialysis. My room has practically become his medication room. And last year I had to go back and deal with all that stuff because I was worrying myself to death over here! It was driving me mad thinking that he wasn't well! He had to have this little operation and they put a little catheter in that becomes part of your body. The fuss! He didn't want it! I explained it to him! Dad, look, it's not going to make you into an

alien, it's not going to make you weird, but it was too much for him to accept it. Yesterday it was a year since he started dialysis. Last year, thank God, I went to Peru and managed to sort everything out. Then I came back, and I've had practically no time off since. I used up all my holidays to sort out my Dad!'

She explains that her family is in Peru but they do not all live close to each other: 'My brother, the second youngest' deals with their father. 'The other one is always travelling but there's my niece. We're four sisters and three brothers. Every single day the second youngest goes to check that everything's OK. He practically lives with him. My other brother, the next youngest one, goes when he can... but he's only there a week a month! (...) Two sisters are in Lima and they've got their lives and their families...but the one who lives closest goes to see Dad every weekend she can! Instead the two brothers who are in Tarma, well, the eldest goes to make lunch for my Dad every day, he goes and cooks and leaves everything clean and tidy and he looks after his diet. The second one, the sales rep who travels a lot, when he's at home for a week he goes to Dad and gives the other one a break. But the second youngest deals with everything, even the medicine, and stays with him. I organize all his medical appointments and everything linked to his health. I also had to teach dialysis to my nephew who was closer to my father and is my sister's son. He's so attached to my Dad, it's as if he were his father. He does the dialysis too. Then my nephew taught all the others... they organize themselves in shifts with my sister-in-law and my niece too.'

The care strategy also includes male involved in care arrangements and paying people in the extended family, such as her sister-in-law and nephew, who look after her father: 'We pay two people all the time, who are my sister-in-law and my niece, because Dad can't afford to miss a treatment. I've taught them how to do dialysis. It's since last year that he's warmed up the bag himself. But they've learnt that he can't do the treatment by himself and there has to be another person, so my sister-in-law does three shifts from six in the morning to midday and then from six in the evening to midnight. My sister-in-law used to do midday and my niece six in the morning every day but now she's studying to get ready to go to university. She's only got a year to go! She's in the fourth year and then she'll finish school in the fifth year so at the moment she's doing the night shift. She

goes at midnight and my sister-in-law is on holiday now with her family in Lima and we've hired a girl to cover for her. She does three shifts from six to twelve and at six in the evening. It's just for the moment until my sister-in-law gets back.'

Mirna explains: 'It was me! I organized all of this over the phone from here. Yes, it's me who deals with things even though I'm not there! That's the difference. I could be there with him but then we wouldn't have any money or anyone to help us. Instead I'm here and my brother is there. I help moneywise and organize things, and he manages to do everything else with the rest of the family somehow or other!'

When I ask if her father has health insurance she answers:

'Yes, but it's limited. For one thing, it doesn't cover medical appointments or blood tests.' She explains that where her father and her brothers and sisters live 'the hospital and all the specialist departments aren't in her town. There's no dialysis centre there and so to go he has to get the car and it takes two hours just to get there!'

Mirna does not just help with the expenses, but also with managing and organizing his treatment and getting his medicine: 'I send the medicine from here or I take it. You can buy 0.25mcg Rocaltrol in all the chemists here, but there you can't. There they only give you it for a month but the month after my father needs some more. He can't do without it, so I have to send it from here, like it or not. The sad thing is that there medicine costs a fortune and I organize myself from here. I keep track of everything in a diary. I've written down everything and I look at what I've got left: what he needs, the medicine he hasn't got and then I work things out with my brother. When I left, I managed to take all the medicine that he'd asked me for on the list in my suitcase! It was funny, my suitcase was like a pharmacy but at least then he had a supply because it's really difficult to buy things they don't have there and you struggle to find them! Then if you don't have a prescription, you can't get it and they don't have all the different types of medicine!'

She explains that in Peru, near the town where she lived, 'there's a whole road that's called Giron Pumo and they sell all healthcare products and when I go there

I buy all the masks and everything I need. My bedroom has more or less become a doctor's surgery. I was sorry because it was my room, but I thought that with the amount of time I spend in it, it isn't a problem'

Mirna admits, 'if I'd stayed there, I don't know how I could have managed all this situation. Thank God I can manage to do something from here to get him the medicine.'

Mirna states that she could have given her family a hand, 'but not how I'd have liked! The worst thing is being so far away, but now there's Skype, the phone, and so with all these things I can manage! With my Dad! Yes, he makes me feel rotten! And he always asks me... When are you coming over?'

Modern technologies, instant mass communication and more affordable long-distance travel make it easier to make short trips home and keep up relations.

In her family, more than one member works far from her father, and she is abroad. However, Mirna's transnational family constitutes a unit of solidarity. In this case, economic assets are mostly transferred from abroad to those who continue to run the household 'back home'. In this case a brother is in charge of care more than all other family members.

Apart from few exceptions (Yeates 2009; Escrivà 2005; Skornia 2015), so far studies on global care chains have mainly concentrated on domestic workers, focusing on migrant women in their shifting roles as nannies and transnational mothers. On the contrary, less research has investigated their shifting roles as carers for the elderly and transnational daughters.<sup>253</sup>

Linda provides another example of transnational families and welfare provision. Her father, a lorry driver, had a serious accident. This accident turned her life upside down, even making her change university course and study nursing since, as she explains to me, things in her town did not work: 'Because the system didn't work ... It makes me sorry. Now I talk to my colleagues who work there in Romania... And it's still the same. It's all about money! You had to pay to get treatment! Here in Italy no, it's all different from Romania and if I have to go to hospital in Romania it makes me feel sick because if you don't have any money in

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<sup>253</sup> Furthermore, little attention has been devoted to the care practices of single women who have extended family dependents, migrant men in the roles of both paid and unpaid carers (Quartararo and Falcinelli 2013; 2014) and other transnational actors.

your pocket, the nurses don't even look at you I don't give the system any money now. He's registered as disabled and has health insurance but they tell you that there isn't any medicine, there's no room for an appointment, there's no prescription, there's no nothing! But, hey presto, as soon as you give them some money... everything turns up!

In the same way as Mirna, Linda also organizes her holidays by trying to fit in her father's care requirements with her time off. She tells me that a week after our meeting she has already got a flight to go to Romania: 'More than for a holiday, it's for Dad, because if I go there, it's different. I'm a nurse and it's easier for his check-ups when I go home. I know how things work and they can't fool me because they know that I worked there and they know that I work here! [...]' She carries on, saying: 'No, no, no, now when I go home, I'll go there and I'll sort him out again for the next year. For the medicine, everything, because I know how it works with medicines and I stock up on them! Getting the medicine is very difficult because he doesn't have the documents to get it here' she adds, saying that in Romania 'they tell you that that they haven't got the special kinds anymore. Now if you know someone, then they can help you. They give you the medicine, otherwise it's not that easy. For example, they tell you that the targeted drugs have run out.'

The fact that she knows nurses and doctors makes his treatment easier. 'Because I know people there and now my best friend in Romania is in A&E but she was in the neurology department in hospital before and she helps me out a lot. She doesn't want any money, but whenever I go home, I'm always especially attentive to her. I'm very lucky because she always gives me help!'

She explains that she and her sister who lives in Romania look after their father's expenses and that their mother had to give up work so she could look after him for all these years. He has had to have a lot of operations and ongoing treatment. His physical condition has prevented him from being able to go back to work: 'Shush, it's all changed for my mother too!' Her profession as a nurse makes it easier to take charge of her father's treatment. Linda does not only deal with the medicine, but also the medical appointments.

In Bucharest on average a person earns € 300 a month: ‘I work here, so I can afford to pay €150 for an appointment, but someone who works there can’t take care of their mother or father there! If you give them money, they look after whoever’s ill more for you and, yes, let’s see, that’s changed everything for my Dad! I’m going to visit him next week!’

Narratives reported how these women, when they lived undocumented periods in their post-migratory experience, had not the right to have a family close to them. The legal framework did not allow them to reunificate and/or to freely move and to come back home without consequences. They could not visit their families, in some cases for years and they could be able to apply for family reunification only when their status was ‘legal’. Together, the membership status and the legal/non legal status contributed in a central way to access rights and social opportunities to ‘be and do’ family.

Even under the legal conditions showed by the more privileged legal migrants, the stratification of equal access to family rights was defined and constrained by limits. Income and accommodation parameters and long bureaucratic procedures affected the well-being of these individuals.

Some of these women deployed strategies to face care arrangements. Some of those women who experienced motherhood in Italy reported that they tried to have components of their family in Italy to care for their needs. In some cases emerged the strategy to reunificate sisters, parents or nephews to provide child care while they worked. In some cases familiars were called for financial support, as in the case of a nurse who re-qualified in Italy and was helped by her mother. Family reunification for third country nationals is governed by a two phase time-consuming application. It can be required only for few categories of familiars and, in the case of over 65 years’ old parents, under limited conditions<sup>254</sup>. On the contrary those who are recognized as ‘full’ citizens can more easily reunite in Italy also their elderly relatives. These women showed how holding a higher legal

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<sup>254</sup> Can be reunited spouse, minor children, adult dependent children, dependent parents, if they do not have other children in their country of origin and are not married another spouse who is legally resident and parents aged over 65, if the other children are unable to support them for documented, serious health problems, and not married to another spouse regularly resident (see <https://www.meltingpot.org>)

- Entry is allowed, for reunification to the minor son legally residing in Italy, of the natural parent who demonstrates the possession of the requirements for availability of accommodation and income provided by the procedure for reunification. For the purposes of the existence of these requirements, the possession of the same by the other parent is taken into account.

- direct ascendants of first degree of unaccompanied minor who are holders of refugee status.

status as Italian citizens or as communitarians meant that they could benefit from the free movement of their relatives, regular visits and the freedom of movement across borders of familiars is underinvestgated in the role that they may cover in solving migrants' care needs.

### **9.3 Achieved occupational recognition**

In the following pargraph I will focus on the nurse profession including all the women of the sample who work as nurses in Italy, both overseas nurses and nurses who requalified in Italy (N=29+2). With the only exception of the first wave of Romanian overseas nurses and of two Romanian nurses (one working employed in the public sector), all would like to improve their conditions. When I asked them how they were trying to find a more 'suitable employment option' they answered:

I'm participating at public selections! My goal is to be hired directly from a hospital without intermediaries such as cooperatives! 'Because they make you a certain contract they make you only temporary contracts for six months, renewable and even after ten years you have to renew! You will always have a contract of six months!

(Dora, Romanian overseas nurse)

Ines tells me that she is considering the return option. Since she re-qualified in Italy as nurse, she asked information for the recognition of Italian degree in Peru, because the Peruvian degree is a 5 years educational path. Before, she explains to me, the Italian degree was not recognized; you had to study two years more to be able to practice. But: 'Now things changed since 'I went to the College of Nurses in Peru the last year... They told me that they did with Italy an agreement and now there is validity for the qualifications obtained in Italy! So now if I have to go to work in Peru I would not have to do these two years of university more, but I just have to guarantee two years of job experience!' (Ines, re-qualified nurse, Peru).

Also other four nurses are considering the idea to return.



In a case the subject is fed up of nursing job and is trying to build an alternative option: a self-employment.

Looking at the occupational status at the time of interview, among nurses (29+2) the present sample allows to make a sharp distinction of treatment between the first wave nurses and those pertaining the second wave of arrival and the nurses re-qualified in Italy. The present findings show how the capabilities to access more 'suitable' occupational positions, even among the privileged overseas nurses migrant category, are differently shaped according to their changing membership statuses. Their trajectories are characterized by a polarization between old versus new migrants, between higher protected workers, directly employed by public and/mix structures, versus unprotected workers. The latter are incorporated in segmented laboural areas and usually outsourced as workforce by cooperatives with fixed-term contracts and/or with a self-employed contractual form. It seems to be a structural element of the ongoing new organization of work. All the nurses who gained their requalification in Italy, if compared to the first wave of overseas nurses, had a less favourable occupational insertion in the Italian labour market.

The occupational profiles I individuated are the following:

### **1. The elite profile of nurses: full citizens - a suitable employment**

The most privileged group of workers is the one of those directly employed in the Public sector, after Public competitions. The few women who fit this profile resulted to be the workers with the better working conditions of insertion in the Italian labour market. They hold an Italian citizenship or are UE citizens.

The members of this group possess many characteristics of stable settlement and they have been residing in Italy for more than 10 years. At the time of interview, they are all directly employed by the public hospital they work for. In all cases the previous working conditions were worse, both on the contractual and wage viewpoint. They initially suffered from some de-skilling aspects but finally their status improved. This occurred when they voluntarily changed occupation to

access Public sector. The average salary for these women ranges from 1600 to 2000 euros, with a national contract. Public employee status provides greater job protection and more favourable terms and conditions of employment. In their contract are included indeed sick pay, holidays, maternity leave and pensions. This group confirms the 'U-shaped' argued pattern of occupational mobilities of skilled migrants. After a first insertion in a lower occupational status they gained a subsequent rise, depending also on the time of residency in the destination country.

Being a public hospital there are not many foreigners! In any case you have to manage the contest! Instead the cooperatives have many more foreigners as workers!

(Cristina, overseas nurse, Romania)

## **2. The 'first wave group of nurses': immobility and direct employment**

Those who pertain the 'first wave' profile had been in Italy for more than ten years and they have never changed their workplace. Some of them moved in the same hospital but this did not entail any substantial career advancement nor additional economic benefits. In the case of the first wave group, the majority of respondents describe their presence in the structure since their arrival. At the time of interview, they are all directly employed by the structure with a long term contract. In the majority of these cases the first job was the only one. None of the pioneers experienced a change of occupation. The average salary range is from 1400 to 1700 euros. In these cases, there is a progressive improvement of contractual conditions. From a temporal atypical form to a stable undetermined one. In their contract are included indeed sick pay, holidays, maternity leave and pensions. In some cases, there are internal mobilities within the department. Some subjects asked for changes of shifts and/or tasks often because of care arrangements and/or for diseases work related. They are over qualified and over experienced. They were inserted in the health labour market in a period in which there was high shortage of nurses and few Italian nurses graduated in the field.

They were provided of facilities, especially with respect to accommodation and to support in both language and training courses and bureaucratic issues. In relation to the improvement/worsening of their condition in the post-migratory work situation, at least relative to the first years, they suffered from de-skilling aspects. This occurred mainly among the overqualified Peruvian pioneers and among the Romanian nurses who gained specialization and matured many years of service in sectorial fields in their country of origin.

In one of the few cases of this group in which the subject changed occupation, she says:

A nurse from Africa told us about a very good job opportunity in a private hospital. She told us: Look! This hospital is very open and you have to get out of the public in this way (they were employed in a public hospital, but they were not employed directly by the structure but sub-contracted by a cooperative)! She told us that this place was a very open and globalized private hospital and we knew, all of us actually knew, that the public actually was only for Italians! Foreigners are usually employed in private workplaces and so we came here and asked!' She goes on: 'Me and my colleagues! I now work in reanimation for my choice and another girl who works in the operating room' [...] 'We were all specialized in our country and we talked to them and they saw that we were talking well and they offered us a good contract!'

### **3. Fuzzy mobilities: flexible employment and precarious legal status**

Among more recently migrated nurses it emerges an employment concentration in less favourable segments of health labour market (namely RSA dedicated to the assistance of non-self-sufficient elderly people and employment under cooperative and agency) and more precarious working conditions. Precarious employment can also be considered as a continuum ranging from high to low precariousness, depending on wage and regulatory protection. They may

include temporary positions and different aspects of employment relations and characteristics of jobs and working conditions. These broader contextual premises are reported in the picture of everyday lives that the interviews I conducted shaped. The same considerations emerge by the several formal and informal interviews I conducted with key informants. In particular, I interviewed the HR manager of one of the five major actors<sup>255</sup> operating in Italy as elderly care service provider. When I asked her how it was the employment and contractual policy adopted by the company she replied that only OSS profiles were employed with a permanent contract, as direct workers, all other specialists and professionals were external profiles, hired as free lancers.

These nurses mainly work in RSA. If they work in public hospitals, they are not directly employed by the public structures but by cooperatives or agencies that provide nursing services and workforce. Their job experience is more precarious if compared to the ‘first wave nurses’. They were inserted in the health labour market in a period in which foreign presence of nurses had a peak and also Italian nurses started to graduate in the field. The changing trend of the nursing labour sector and the differences between the present time and the past are reported in this way:

Until 2007 nurses were needed but from 2007 also 2008 then after no they no longer hired as before ... From my point of view there was a decrease in the request of nursing staff at least from Romania to come here in Italy.

(Elena, overseas nurse, interview in couple, Romania)

At the same time emerged in many interviews how the workforce composition changed:

Yes, I think that when I started to work here there was a great shortage of nurses. Now I think everything has changed a lot because while

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<sup>255</sup> the research lists the following: Residenze Anni Azzurri S.r.l., Sereni Orizzonti S.p.A., Aetas S.p.A., Segesta 2000 S.r.l.

before came to work only Peruvian nurses or foreigners, now there are boys, coming from the south, from Sicily, from Puglia, from Naples from Campania and new graduates who are young from the south because I think maybe ... Maybe I do not want to say wrong things, but they also see a better occupational opportunity, that is to say that if you are a nurse at least you find work, both in Italy and abroad. For this reason, the young people start studying to obtain the three-year nursing degree because often with different studies you do not find a job. For example, now the guys who were working with us they are looking for a job in Switzerland or go to Germany

(Emy, overseas nurse, Peru)

These nurses work at least in one of these working conditions: 1. low wage job; 2. low security contractual conditions; 3. subcontracted conditions with temporary contracts; 4. high workloads and extra schedules not always recognized, high adaptability to do certain unpleasant jobs and shifts like nights and weekends. They often suffered a worsening of their working conditions and report de-skilling aspects in describing their profession. They are disappointed on several issues. They report that they are not able to care as they should and that they work in high stressful conditions, with low job quality and low wages. Moreover, some describe of working as 'joker figures' covering also OSS tasks and schedules.

Unfortunately, I have not had the chance to work in many places. I could not judge the situation as it is in general because I have worked only in three places and are all RSA nursing homes. Under use and work as ASA OSS and Nurse! Because in the nursing homes the situation is very different than in the hospitals! And for example, in the nursing home you can work doing everything not only what is nurse specific. Let's take the rehabilitation sector, you do things that we in Peru were not used to do! I don't know if this happened only to me! Because I think that (in Peru) there is more American influence ...

Take the tasks in Peru we do not do things that instead here are considered ordinary work, something that has to be done [...]

I'm not saying that they are downgrading me as a professional! Look I do all the tasks I am asked to do without any problem, but you know in my country things are different! We work in a more specific way and we are specialized while here in the rehabilitation area you do all! [...] But you work not only as a nurse, but you work as an ASA, as an OSS and you do everything! Not as a nurse! That's how it works in my structure!

(Emy, overseas nurse, Peru)

When I asked her if she expected these working conditions she answered: 'Yes, because my colleagues told me that it was different! Yes, but I did not imagine so too much (she laughs). I think that in the rehabilitation area where I work it is really too much! She explains that things are not improving: 'Are getting worse during the last years' She explains: 'When I arrived working conditions were better but now in our structure the staff is cut and they do not hire OSS any more, no instead they prefer to employ nurses because nurses can cover every role! They can do everything and they function like a joker! An OSS cannot cover a nurse's shift, but instead it can be done vice versa!'

The acceptance of unstable work contracts with more limited social rights is reported in those cases of self-employment contracts. Also two young Italian nurses, holding a recent Nurse degree I talked to, reported such contractual forms of employment. Many of them are employed as free-lance workforce and in their contract are not included sick pay, holidays, maternity leave and pensions: 'It is a lot of work for not much money!' adds Dora, a nurse who re-qualified in Italy.

Often changes of job are not voluntarily acted to improve their conditions but are the result of events that then turn to change these women's occupational status.

In some cases, occupational changes depended on endogenous causes. In some cases, were reported situations of *ricorsi*. For instance, Juliana's working conditions got worse and she did *causa* against cooperativa she was working for that did not pay her work: 'The coop did not pay me and then I moved. I had to go to a lawyer to get my salary. My son went on working for the same cooperative! Even if they did not pay him he went on working for them, he did not give up! Well in the end, he lost almost 10 thousand euros you know! Now he has changed work, working as a freelancer in another hospital. He no longer works for that cooperative!'

In particular it resulted that the outsourcing modality of employment generated involuntary forced resignations. M. for instance held an long term contract but: 'In short, this cooperative closed because the services that were subcontracted were interrupted by the hospitals. So we were all fired!' she explains: 'They had no other big structures where to employ us and so we had to resign because they could no longer guarantee us a work!'. In this group those foreign nurses who work in public hospitals are not directly hired by the public structures. They are employed by cooperative or agencies that provide temporary nursing services and workforce<sup>256</sup>. These stratified opportunities create an unequal employment system. The overseas nurses interviewed revealed salaries ranging from a minimum of 1000 euros to a maximum of 1400 euros. In their first occupation however due to the agency cost related deductions some declared to earn 500 euros per month.

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<sup>256</sup> According to this report hospitals hire nurses, saving on staff costs (around € 28 per hour through a co-operative / company against € 40 in case of hiring directly with the institution) and cooperatives and brokerage agencies proliferate.

Working conditions vary according to whether the workers are employed directly or by a subcontractor, and whether the migrant workers have temporary or permanent employment contracts. The condition of being subcontracted and temporary employed generate conditions that are worse, with longer hours, low paying and less safety measures. The following chart sums the profiles and working conditions as described. The positions located on the extreme left are the best, while the worse occupational conditions are located on the right side.

<b>Typology of contract</b>	<b>Permanent contract</b>  High work-related rights, entitlement of insurance and security schemes established by national legislation.  Recognition of maternity leave, tax credits for family dependents, unemployment benefits, and pensions schemes.	<b>Temporary contract</b>  Low work-related rights. Not recognition of maternity leave, tax credits for family dependents, unemployment benefits, and pensions schemes.	<b>Free lance</b>  Low work-related rights. Low recognition of maternity leave, tax credits for family dependents, unemployment benefits, and pensions schemes.
<b>Salary</b>	<b>High</b> 1500-2000	<b>Medium</b> 1200-1500	<b>Low</b> Under 1200
<b>Work place site</b>	<b>Public hospital</b>	<b>Private or mix hospital</b>	<b>RSA</b> Elderly care structures and Nursing home Daily Centers
<b>Employment modality</b>	<b>Directly employed by the public structure</b> access by Public Selection	<b>Directly employed by a private or mix structure</b>	<b>Subcontracted or outsourced</b> (Cooperatives o agencies)
<b>Migrant category</b>	<b>Citizenship/communitarian</b>	<b>Permanent permit</b>	<b>Temporary permit</b>



## 9.4 To sum up

I showed how law itself may lead to social and economic inequalities, and have direct consequences on migrants' freedom of choices. In focusing two typical successful cases of presumed 'achieved occupational integration', I tried to reconstruct the functioning of the capabilities of these women. I focused on how they were able to achieve their 'suitable' employabilities and their recognition of occupational status.

The differential granting of rights by the construction of membership statuses resulted to create different opportunities not limited to unskilled occupations and undocumented workers but also applied to skilled legal professionals like nurses.

The workers' experiences of those who re-qualified, especially those who had a higher education and have been working as teachers and accountants in their country of origin confirmed the U-shaped occupational status mobility curve as described by Chiswick et al. (2007). While those who arrived in Italy without a recognition of qualification were in some cases unemployed prior to migration, none of the overseas nurse was without a job. In only one case she was not working as a nurse in her country of origin. Those who followed a re-qualification path found a job in Italy in the domestic sector with an initial general decline in their occupational status just after migration. Only after several years and under certain circumstances and favourable social opportunities they were able to gain an upward mobility and an occupation that fitted their qualifications.

For those who re-qualified in Italy, they found the first occupation not from abroad but in Italy, after their arrival, by familial and co-national networks without a legal occupational contract at the entrance. I argue that their legal status upon arrival is a focal node of systematic subaltern migrant occupational integration. The undocumented status at the entrance precluded, not only to access to legal labour market and educational possibilities for years but also postponed the possibility to gain a less vulnerable status. According to this sample people took a lot of time to gain a long term residency and a full membership status.

For adult immigrants in Italy the general structural context of entering education or training was very difficult. In the cases under analysis all the

processes of recognition were very long in time due to legal statuses precariousness and first entry undocumentedness. Even after their legalization, these women talked about forms of dependency on occupational contract strictly linked to maintenance of legal status and to the capability of the renewal of permits of stay. Indeed some downgrading experiences that some of them reported were related to their legal status. As I showed, the study revealed for overseas nurses unequal dynamics that linked workers to intermediaries and employers. There is a prior dimension of inclusion/exclusion that operates over the degree of labour market access granted. In these professional experiences emerged different kinds of civic stratification (Morris 2002). Many of the overseas nurses who accessed Italian labour market as legal workers reported a subaltern occupational insertion and more vulnerable conditions. Some cases I described well exemplify the linkages between the subcontracting system of production and organization and the ethnic labor market stratification. Also in the cases of recognition of qualification from abroad, the degrees of partial membership and the differently built typologies of migrants as workers, showed how the citizenship concept contributed to the legal construction of unequal opportunities for these workers due to their not being 'full' members.

The more skilled nursing sector seems to be characterized by an underpinning outsourcing and a subcontracting system of employment. These migrant workers were more likely to accept temporary and flexible conditions with lower levels of protection. The findings related to the contractual conditions of the workforce showed also an unclear professional classification of these workers.

Findings seem to suggest how the available opportunities that these women had to work in legal ways were connected to membership status conditions that shaped the conditions of available employability.

The major concern of the previous chapters has been that to shed light on how these specific factors enabled/constrained women's capability(ies), particularly with regard to the occupational and educational opportunities in the Italian context. Findings show how, in understanding the processes by which the legal

definition of migrant workers occurs, it is important to focus how the category of workers, as stated by law, correspond to a real-world application of law.

In recent years legal, historical and sociological scholarship has been engaged, within the debate on migration, in explaining some of the overmentioned complexities linked to the status of being migrant. However, few studies openly addressed the concept of status and its implications for mobilities of transnational workers.

As other scholars sustain (Sciortino 2009) I argue that a critical point that has been neglected and that it is scarcely acknowledged and/or openly discussed is the legal status of these workers. I point out its important role in the so-called 'integration' of migrants. The present findings invite to reflect on occupational inclusion for migrants in a post-migratory condition taking into consideration on the one hand also the undocumented workers status, on the other the condition of 'legality' that migrant workers face. In these narratives emerged that it is a factor that had long term consequences on life prospects and on patterns of 'integration', including occupational mobility and educational opportunities.

The present results invite to consider how the entrance mode, in shaping the starting point of occupational insertion, may deeply influence the occupational opportunities available also many years after the arrival.

The entry-ticket, namely the Schengen visa, showed to set unequal bases to free mobility. In selecting the so called economic migrants of third countries while crossing borders created two distinct categories of workers: documented and undocumented: those who are authorized to freely reside and work and the unauthorized people who will work as 'invisible', not recognized workforce. Evidence showed how the 'being mobile capability' should be broadly intended not as a matter of borders definition and of legitimation or controlling but as a factor that enables capabilities and freedom of choices for people, as citizens and workers. Since undocumented status is criminalized and considered as not worth of any consideration, it is often neglected the fact that many of the migrants who are naturalized and become Italian citizens, as were these women at the time of interview, have experienced at a certain point of their migratory experience in Italy the undocumented status.

In these 'differential geographies' the understanding of how market and state intersections manage transnational migrations was a key issue.

Since the Italian immigration policy is based on the basic rejection of active labour entry in favor of backdoor or non legal entry followed by amnesties (Sciortino 1999; Pugliese Colombo 2004), the majority of the workers who re-qualified faced restricted freedom of choice due to their undocumented status and/or their partial membership status. I showed how also in those cases of 'full' recognition the law contributed actively to create these temporary and instable categories of workers (Schuster 2005) by porous legal statuses that strongly structured their occupational opportunities and mobilities. These conditions of not recognition of membership and/or of partial recognition of membership statuses, as built by law, channelled migrants in an initial subordinate position in the Italian labour market.

## CONCLUSIONS

The concentration of the migrant workforce in some occupational niches of care work has been the object of a considerable volume of research highlighting brain waste, occupational downgrading and obstacles to immigrant workers accessing better job opportunities. This study, instead, has focused the skilled side of female migrations and its recognition in occupational terms.

In investigating these female migrant workers in a post-migratory context, I addressed two occupational scenarios and two pathways of recognition, while questioning their presumed ‘successful achieved occupational statuses’.

My research looked at nursing professionals and semi-professional auxiliary health workers while focusing on the core issue of the ‘social’ opportunities open to migrant workers with a gender sensitive approach.

The concepts of ‘mobilities’ (Schon 2017) and ‘recognitions’ were discussed, developed and put to analysis. The term ‘mobility’ was taken to refer to different kinds of capabilities: 1. the capability to move, in geographical terms; 2. the capability to be able to settle on a permanent basis and have granted rights (thus to move from a lower status to a legal long-term status – upward legal mobility) and 3. the capability to be able to work and improve occupational prospects. The thesis covered the question of recognition by considering the transferability of qualifications to and from different contexts (from abroad and in loco), the recognition of membership statuses (and their implications for legal and non-legal statuses) and the recognition of migrant occupational positions within the ethnic/gender-specific sector of waged care work.

I adopted a CA lens to address the topic of equal and/or unequal opportunities and tried to cast light on some key factors/actors. Intermediation and the legal visa system emerged as key factors for these women’s social opportunities and were considered as both enabling and constraining conversion factors in the functioning of their achieved capabilities.

## Summary of findings

Focusing on the functioning of intermediation, the results show differences among the women who moved as overseas nurses and those who re-qualified in loco. First of all, almost two thirds of the professionally qualified overseas nurses in the sample came directly hired from abroad and used a for-profit intermediation service. On the contrary, re-qualified women were hired locally, in Italy, and relied on connective intermediation (Ambrosini 2016). In some cases, they used a for-profit intermediation service for their travel arrangements, so that they could move geographically. A second remark refers to the typology of intermediation involved upon arrival and during the placement processes. While the migration of professionals is more dependent on the specific nursing sector, non-professionals are more likely to be recruited by informal channels and networks. The latter group used the type of intermediation that Ambrosini (2016) calls 'connective'. A 'trusted contact' rationale was shared by both groups of migrants. In particular, in the case of the Romanian and Peruvian nurses who moved to Italy, the present findings show how a 'trusted contact', whether formal or informal, institutional or private, was the main channel through which for-profit intermediation could happen. The different types of intermediaries that emerged as recruiters are the following:

1. agencies/cooperatives with subcontracts for health services in public hospitals and health-related facilities. They subcontracted the nurses' employability and 'leased' their labour to the employers;
2. health care facilities that directly recruited nurses;
3. formal and non-formal actors that received a placement fee for searching for nurses to employ. In these cases, the respondents, recruiters and key informants cited both structured recruitment agencies and private recruiters in charge of seeking workforce.

Another aspect that emerged was the relationship of dependence of these workers, first with their intermediaries and then with their employers after arrival. The first phase of settlement reveals vulnerable aspects due to language barriers, high levels of bureaucracy and the related dependent legal status prerequisites

required to gain a work contract. Both private and non private labour intermediaries were extensively involved in these workers experiences, and their presence in some cases was optional but in others it become an unavoidable part of the migration process. This functioning raises questions on wheter intermediation become necessary for workers to access and navigate the state institutions. The recognition process and the visa system resulted to be key factors in shaping an intermediation dependency path. Such dependencies in turn makes migrant workers more susceptible to exploitation and likely to be employed in lower levels of qualifications and skills compared to their prior training.

Focusing on the functioning of the current Italian immigration governance model, the study shows how the law has contributed to filtering migratory movements by channelling women to some specific niches of health sector shortages. In so doing, the Italian state has shaped a pattern of gender and nationality-based differences. Thus, the higher emerging number of available transnational occupational spaces is the result of changing dynamics that have redefined the linkages between migration, citizenship and labour markets. In this study, the understanding of the occupational dynamics and social opportunities for migrant women as workers has been analysed by locating their capabilities to act within the recognized, segmented transnational care work locations open to them. The 'added value' of recognition attributed to the occupations under investigation offered a wider spectrum of 'recognized typologies' of available employabilities and/or mobilities. The results show that extended social opportunities are available for these skilled migrants as workers. Those women who re-qualified in Italy, either with a degree in nursing or on regional vocational training courses, were afforded new opportunities to gain upward occupational mobilities, unemployment status and/or ameliorate their previous occupational prospects. Those professionals who got recognition from abroad had the opportunity to use their 'migrant capital' following a coherent path that matched with the nursing qualification they held. For this reason, the pathways of foreign-educated nurses recognized in Italy could provide an example of the 'suitable employability' of migrants who move across borders. Indeed, they re-entered their profession in a

post-migratory occupational condition matching the professional domain in which they were employed in their country of origin.

Even though, at least formally, the two cases mentioned above should represent examples of 'suitable employment' statuses, if we are to take a more in-depth look, the findings show unequal civic stratifications and a polarization of opportunities. In particular, tendencies emerge to downgrade migrant workers by pushing them to the lower levels of the 'hierarchical' Italian care labour market. The occupational picture is of adaptability both to less favourable settings and to fields with less specializations. The results seem to converge in a stratification of opportunities along axes of gender and citizenship differentiations. From the sample there emerge qualitative de-skilling trajectories and/or the underuse of these workers' previous skills and competences. This migrant workforce proves to be mainly concentrated in less favourable segments of the health labour market and the workers are employed in more flexible and precarious work situations, with outsourced contractual terms of employment. Especially for those nurses who arrived more recently, it can be outlined that they accept harder working conditions and extra schedules, including night and weekend shifts. In some cases, the nurses reported that they were asked to cover auxiliary health professionals' shifts. For the first waves of nurses who have gained the best contractual positions over the years, the common scenario was an initial loss of professional status. The high demand for nurses and the opening of legal channels offered greater chances of employment for these professionals. There were so many job opportunities and vacancies that in many cases first-wave nurses reported holding down two positions with no rest during the week, especially during the first years of post-migration. Some discriminatory aspects emerged (even though the law has now been modified). The women's accounts show different capabilities to access more favourable job opportunities, affected on the one hand by the ban on the employment of third-country nationals in hospitals and, on the other, the inability to apply for public sector work. A further discriminatory aspect that emerged was linked to the recognition of social security payments and the granting of pension rights. All of the nurses were concerned about their low prospects and opportunities for their future self-sufficiency. The only exceptions were those



employed in public hospitals. The most vulnerable subjects are especially those nurses who are single, with no family support and a long occupational experience prior to migrating. In both of the two selected care work domains, there emerges a fragmentation of the production process along racial lines, a polarization of opportunities in the health sector and a civic stratification.

According to these narratives, the visa issue proved to be a significant issue in their migratory choices and experiences. The women's biographies show that discrimination upon entry created a bifurcation in settlement and opportunities for them to integrate in the host country. The research addressed labour mobility in Italy and in the European Schengen area<sup>257</sup> as shaped by the current visa system. The functioning of Italian immigration, nested in the European system (Faist 2017), has shed light on important aspects of the available 'social' opportunities for female migrant workers in the labour market in a receiving context and of the recognition of qualifications and re-qualification in a post-migratory condition. The legal status of immigrants and the degrees of membership that emerge place people's capabilities in a spectrum of shifting positions of weakness. The non-neutral border selectivity and shifting categories of membership statuses, as shaped by the law, shows functional and transactional ways of inclusion/exclusion. In particular, I am referring to the fact that both EU and non-EU nationals have to meet certain criteria in order to be allowed to move (only third nationals) and reside on the Italian territory. The findings show how the 'not to be a charge of the state' prerequisite and the employment—legal status nexus are factors that clearly limit social opportunities. Especially for third-country nationals, legal access to the Italian labour market and the connected legal contractual forms of employment are very hard to gain. Indeed, the functioning of the visa system and stay permits allocates people within a restricted spectrum of recognized rights, from non-legal to partially legal statuses. The available occupational opportunities shaped by the Italian context exacerbate what Zanfrini (2013) refers to as the 'unresolved paradox of European history' of a population of 'guest workers'. The results show how both documented and undocumented

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<sup>257</sup> Since the adoption (1990) and the entry into force (1995) of the Schengen Agreement, the Schengen Zone designates a geographical area for the free movement of persons between member states. Twenty-eight states of the European continent participated, and citizens of the EU Schengen area can move freely and cross borders without any requirements.

migrant workers belong to a highly vulnerable category of workers. The specific category of carers in some particular care work sectors of the Italian ‘migrant-in-the-family model of invisible and more visible transnational welfare assets’ (Bettio, Ambrosini and Tognetti) is favoured by law. Indeed, the Italian national immigration policies, through selective distinctions *ex post* and *ex ante*, have led to a female-dominated migration by creating documented channels for both skilled and unskilled categories and opening up occupational opportunities in those specific care sectors in which Italy registers shortages.

From the present findings, the following features emerge:

1. a bifurcation and a polarization of mobilities upon entry between documented and undocumented categories of migrants and workers;
2. restrictive available opportunities and limited conditions for a lawful employment contract linked to legal access to the Italian labour market;
3. high degree of bureaucratization of procedures governing entry and stay for the purposes of employment in Italy;
4. high level of vulnerability and precariousness with a high degree of dependency on intermediaries, recruiters and employers due to the inseparability of employment and the regularity of legal statuses;
5. short-term vision of settlement and related precariousness in maintaining legal status with direct and indirect consequences on gaining occupational opportunities for mobility;
6. lengthy procedures to gain long-term settlement and granted residency rights resulting in difficulties and civic stratification due to employment transactional and self-sufficiency prerequisites;

For EU workers no restrictions emerged on mobility, with consequent higher opportunities of legal entry and employment. However, there are restrictions on opportunities of residency after a three-month time span limited by employment status and proof of self-maintenance.

For third-national workers, the law sets high restrictions on mobility and low opportunities of employment and settlement. In particular, modes of entry are regulated by a restricted quota system and very difficult nominal selection

mechanisms that tend to produce categories of non-legal workers upon entry who change their legal status by *ex-post praxes*. Among the extremely widely used regularization procedures adopted by the Italian system, the specific care domestic sector represents the ‘fastest and most tolerated track’ for ad hoc *ex-post* legalization procedures. Few professionals are granted legal modes of entry for work reasons – highly specialized personnel, managers, university lecturers and professors, researchers, translators, interpreters, workers posted for training, salesmen, sportsmen and athletes and entertainment workers – but an extra entry quota (art. 27)<sup>258</sup> has provided nurses with a privileged entry channel. Indeed, it is a type of profession valued and recognized by the law. The Italian national immigration policies created selective documented channels for this skilled category in 2002, when there were great shortages in the sector.

Other legal modes of entry are allowed on family-based criteria: legal visas are issued and documented channels are available for dependent categories (family members) with proof of self-sufficiency prerequisites.

In actual fact, the Italian visa system and policies on the one hand have ended up generating forms of undocumented work in easily regularized, low-skilled domestic care services; on the other hand, it has attracted skilled migrants (nurses), reducing the legal constraints on them, but channelling them into specific occupational positions. The sector is characterized by flexible and atypical forms of work, often mediated by outsourced forms of employment and agency work.

Migrants’ legal eligibility to work intersects with the real opportunities available to these individuals. Narratives show how these women actively act and react in order to find better available solutions. However, the capability to be and do can only occur in the available spaces of action, depending on membership status. In the Italian context, I am referring to the concept of *denizenship*<sup>259</sup>

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<sup>258</sup> Art. 27 regulates the entry for skilled subordinate employment in the cases of: highly specialized personnel, managers, university lecturers and university professors, researchers, translators, interpreters, workers posted for training, nurses, mariners, sportsmen and athletes, and entertainment workers. Visas for these categories of workers are normally granted prior to the clearance for the job given at the request of the employer. The provision introduces article 27-quater to the Immigration Consolidation Act (Legislative Decree 286/98 and subsequent amendments), which sets out that highly qualified non-EU foreign workers can enter Italy, with a special visa, outside the quota system: therefore in any period of the year and without the numerical limits set by the ‘flow decrees’. With the publication in the Official Gazette of legislative decree no. 108 of 28/06/2012, in transposition of European Directive no. 2009/50 / EC, the provisions introducing the so-called EU Blue Card, entitles highly qualified foreign workers to stay.

<sup>259</sup> The term ‘denizenship’ has been used to refer to long-term residents and partial memberships.

(Hammar 1989). In interpreting the occupational mobilities of the migrants under investigation, the analysis adopted the civic stratification framework as suggested by Morris (2015, 2003).

The present findings show how, when applied to the real context, the inclusion/exclusion divide is blurred and may change over the time. Take the Romanian examples in the present study. If a Romanian citizen, who can now freely move to Italy, had crossed the Italian border more than ten years ago, he or she would have been considered an ‘unauthorized’ migrant. That it is indeed what happened. A person becomes ‘non-legal’ upon crossing a border that excludes him or her from having a legal status. Legality and the division between who is documented and who is not thus varies according to who crosses which borders, and when. Legal status is often part of a shifting range of statuses that people may move to and from: from being non-EU citizens to being part of the EU, being non-legal residents after non-legal entry but also being non-legal residents after legal entry, due to overstaying a stay permit. Since, in terms of labour migration governance, nation states encourage the flow of skilled workers through selective immigration criteria (Anderson 2010), the legal or non-legal status of workers incorporates different gendered configurations according to how the concept of skill is built and recognized (Kofman 2013). In a context of migration, it constitutes the parameter that enables people to cross a border and to be a legal migrant. The social construction of a ‘legal’ migrant goes hand in hand with the social construction of a ‘skilled’ worker. Take a person who has a degree in Economics. As it is not a selected skilled category, in crossing the Italian border, that person may lose the recognition of his or her skill. A person becomes ‘unskilled’ when crossing a border that excludes the formal, legal and institutional recognition of those skills, ruling out a proper ‘legal status’. Indeed, the definition of ‘skill’ itself makes a potential qualified worker legally employable or not. Such legal/non-legal shifts are not always linear. This is particularly true in the Italian context where the majority of immigrants experience varying lengths of unauthorized residence before obtaining a regular legal status. The present study showed that even those who entered with a work visa, authorized to work as professionals, shift between different legal categories, in upward modalities.

However, the time required to gain such mobilities is very long and it requires many passages and a high investment in resources. As migrants and workers, these women had to overcome periods of short-term permanence and be able to renew their legal condition (for a minimum of two to a maximum of six times). The ‘partial membership statuses’ demonstrate a stratification of available opportunities. The concept of civic stratification focuses on the ‘legal’ system of inequality generated through the differential granting of rights by the immigration regime adopted by a state. With respect to migration in the specific Italian context, it starts from the permitted modes of entry and how they may create different opportunities and membership statuses. Indeed, the results show how the legal framework enacted by the Italian nation state to ‘regulate and control’ migrations and/or to ‘create statuses’ has produced hierarchical categories of migrants. Once migrants have entered Italy with a specific mode of entry, they are subject to the particular conditions attached to it. As the reported experiences show, it shapes their free choices in terms of their capabilities to be and do. There are polarized effects on their opportunities as human beings, workers, students, wives, mothers, citizens and so on. The distinction between achieved functionings and capabilities of functioning is based on the available freedom of choice. The present findings shed interesting light on how some key factors play a leading role in transforming the potentially possible into the effectively possible.

The familiar background revealed a significant influence on these women’s agency. The present study showed how care needs and arrangements were crucial to better understand the rationales underpinning choices. The connected achieved mobilities, geographical, of membership statuses and occupational were linked to familial chains. Accounts showed how it was different to have dependent children, as well as being separated or with dependents in the country of origin. Care obligations are an element that in the present study has proved to be of considerable importance in influencing subjects’ migratory and post-migratory choices as well as in designing the priorities that these subjects have attributed whether to re-qualification opportunities or to profession in decision taking.

This study showed simultaneous positioning of persons in different systems of stratification (Faist 2017) with regard to gender, occupation or legal status.

Indeed the ways in which these transnational carers proved to contribute to shape transnational care arrangements provided some insights for the current research on both welfare and migration and on the issue of migrants' social protection.

The unequal opportunities and capabilities resulted in different transnational care arrangements. In the present study across Peru and Italy and across Romania and Italy emerged care arrangements as part of this broader *phenomenon* of transnationalization of care that these care migrations contributed to shape.

## **Contribution**

The present investigation may give a contribution to the broader debate on the immigrant labour market, integration issues and the care work sector in Italy. Despite the numerical presence of migrant women in semi-skilled and skilled care work too, there is in fact little research on the topic<sup>260</sup>. Nursing migration has received scarce attention, hence this work may enrich the current literature on the skilled side of migrant care work. This study has extended its focus to include different types of migrant care workers and different work care locations (Yeats 2004, 2009). Following the suggestions of various scholars (Kofman 2010; 2000), I have tried to look at different types of migration and labour migrants in a gender-sensitive way. The study also considers the dynamics of recognition at different levels (of qualification, legal status and occupational status).

Skills and the question of skills recognition and the implications of this in transferability processes have been subject to little investigation in other analyses. The same is the case for migrants' legal status and the implications of their recognition in post-migratory occupational pathways (with few exceptions, for example Shon 2013).

Moreover, this study has grasped more recent features of current migration in Italy. Trends show an increase in the numbers of both long-stayer migrants and new Italian citizens. These trends call for attention to the more permanent and stable typologies of migration and migrants. In order to avoid simplistic

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<sup>260</sup> To mention some of the few studies on auxiliary health workers and nursing in Italy: Salis 2013; Castagnone Salis 2015; Accorinti and Gagliardo 2014; Stievano et al. 2017; Palese 2008.

descriptions and giving an inhomogeneous static picture of these phenomena, the civic stratification framework and the analysis of membership statuses offered a prospect from which to question the condition of partial membership and its implications for migrant workers in society. The differentiation of migration both in terms of settlement processes and passages in membership status, and in terms of the different arrival and migratory phases is rarely taken into consideration (Castles and Miller 2009). The aspect of long-term settlers expands the focus of the analysis to different emerging lines of investigation. Research on migration tends to privilege analyses on distinct segments of individuals' migratory paths and less often considers migration as a process.

The present study has shown how in this process, some of these women have developed 'transnational welfare' strategies and care for the elderly in their countries of origin. As far as this issue is concerned, save few exceptions (Yeates 2009; Escrivà 2005; Skornia 2015), studies on global care chains have mainly concentrated their efforts on domestic workers, focusing on migrant women in their shifting roles of nannies and transnational mothers (Bonizzoni 2007, 2015). So far, little research has investigated other sides of the same coin. I am referring to migrant women in their roles as carers for the elderly and transnational daughters and/or aunts. These workers have shown alternative care practices relating to family dependents other than children and husbands. These issues and the related specific needs, I believe, should be researched further. The older age of migrants also calls for attention to aspects that have emerged concerning sickness and pension rights and social security benefits and contributions.

Another aspect usually neglected in analyses is the role played by intermediation. By focusing on the role of intermediation in shaping individuals' agency and their capabilities of functioning, the study has revealed a less visible side of gendered migrations. Further implications and lines of research could also be considered in this direction.

Finally, in dealing with social opportunities in occupational and educational paths, I have tried to build a dialogue between sociology and some legal topics of great relevance for the purposes of the present thesis. In my analysis of migrant workers and labour-related issues, I have addressed legal mobilities and I believe

that an interdisciplinary approach to this line of investigation could be a fruitful route for future research. Different paths of recognition and legal statuses across different migrant groups and their related experiences of modes of entry and settlement prove to clearly influence occupational paths. This issue points out the nexus between integration, legal status and economic migration.

This study may give a more practical and empirical contribution to advancing some questions on the management of immigration.

### **Matters for reflection**

Results have shown some passages and key factors/actors enabling and constraining the geographical, legal and occupational mobility that these migrants have achieved. In investigating how these women's capability functioned, some interesting matters for reflection emerged that I hope may lead to questions on integration issues and clarify some paradoxes<sup>261</sup>, discrepancies and gaps in the management of contemporary migrations.

Considering the broader political and social implications concerning women as skilled (and unskilled) transnational workers, the present findings show that potential workers and employers have to deal with many long bureaucratic procedures to manage entry and stay. The documental research, key informants and workers all painted a complex picture of the available opportunities. According to these narratives, the workers encountered tough barriers to accessing lawful employment contracts when they wanted to access the Italian labour market for the first time. The available opportunities for those whose skills from abroad were not recognized were concentrated in the domestic and private care sectors. Even though they are highly tolerated as workforce by the public opinion, they were still employed in so-called 'dirty', degrading jobs. In those cases in which a legal contract was accessed, it was often in highly vulnerable conditions and with precarious limits also linked to the renewal or maintenance of a legal status.

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<sup>261</sup> Such paradoxes, less clear before the economic crisis that began in 2008 were then more evident showing the subordinate entry of migrant workforce into the Italian labor market, balanced by late regularizations and generally non-resolutive.



State border controls are usually considered legitimate in public and academic debates. However, some positions (Anderson 2013; De Genova 2010, 2014; Chavez 2014; Mezzadra 2006) question the normalized understanding of controls, borders and mobility as such and their entrenched institutionalized conception (De Genova 2014; Anderson 2013). Other scholars focus on the embodiment of non-legal status and different hierarchical membership configurations. In this regard, while referring to ‘non-legal status’ as juridically built, some argue that laws create a ‘subclass of individuals’ (Kerwin 2014; Chavez 2014) and others show how the immigrant systems exert a stratifying role in Europe. Morris (2002) looks at the range of immigration statuses attached to non-citizens and underlines the complexity and the contradictory management that emerges in the empirical evidence.

The present study shows some gaps, paradoxes and failures of the current system. The main failures that emerged were: 1. the management of undocumented migrants and the consequent ‘deformed’ available settlement and employment opportunities; 2. the precarious right to have legal status granted and/or conditions linked to intermediaries and employees.

Undocumented and documented people are located, as migrants and workers, in specific context configurations as regulated by institutional immigration law.

The conception of the territorial nation-state border is fundamental to understand how law defines migrants as workers: ‘the border is the first place where the legal status changes [...] The potential unauthorized migrant is to be prevented from successfully entering. When this does not work a fundamentally paradoxical population emerges, both inside society (e.g. in employment, schools or housing) and outside the supposed legal territorial society’

(Heyman 2014: 129)

Current sociological studies generally only tend to focus the integration debate on people who hold a legal status. They neglect the evidence that, for many migrants, ‘integration’ starts from an undocumented status. Entry controls

function in a divisive manner, making people capable (or not) of being legally 'integrated' (Castles and Miller 2009; Solomos 1993).

This reflection is based on the present study results. The question of freedom of mobility is not simply about conditions of entry but also about conditions of stay after the act of crossing borders (Anderson 2010; Anderson and Ruhs 2010).

All the women I interviewed have been living in Italy for at least five years, they are currently active workers and the majority of them hold a long-term stay permit or are EU citizens. All experienced upward legal mobility that entitled them to similar rights to Italian nationals. Many are Italian citizens, as well as the mothers and/or wives of Italian citizens. In some cases, they eventually gained full citizenship status. Common sense would consider these women 'full' members of Italian society. However half of them have been non-legal. Time, circumstances and life events have transformed their original non-legal status into a now legal status.

Status is changeable and often it is a common 'starting point of occupational insertion for migrants' (Ambrosini 2013, 2018), especially if we refer to the domestic care work, privileged occupational entry channel for the majority of migrant female workers. In dealing with work-related opportunities for workers in a post-migratory context, undocumented status should be acknowledged in a long-term perspective. The undocumented migrants of today may potentially turn out to be the Italian citizens of tomorrow (Ambrosini 2018).

The present narratives show how the undocumented and/or, in the cases of regular workers, the precarious legal status attached to these migrants before they could gain a long-term residency permit ended up with a contradiction in practical terms, by granting equal opportunities and treatments. These paradoxes emerged from my fieldwork according to the information gathered from the key informants and legal workers in the sector. Many migrants who experienced an undocumented settlement status entered the country in a legal manner: with a valid short-term Schengen visa to access the European Union or Italy. The people I interviewed who did not pertain to 'out-of-quota' work visa entry as overseas

nurses or family reunion entry accessed Italy holding a tourism visa. Once they arrived, the legal document (tourism visa) they held prevented them from any possibility of being a recognized worker on the territory. They were forbidden from staying in Italy for more than a short period of time (three months) and for reasons other than tourism.

Take the case of a person who moves to another country and finds a job before the expiry of her tourism visa. Suppose that this person's employers may be willing to employ her with a regular work contract. Indeed, this happened to some of the women I talked to. They were not (cap)able to declare their occupational status legally because it was not allowed by law due to the expiry of their visa. These people had to work as undocumented workers until a regularization procedure turned their position from non-legal to legal. In some cases (Peruvian pioneer nurses), people who had been working in Italy for years had to go back to their country of origin and ask for a work visa to work legally. They had to buy transcontinental aeroplane tickets and queue at the Italian Embassy in Peru to have their legal occupational status recognized. The paradox of this way of legalizing an already potentially 'achieved' working position in Italy was that this legal opportunity was not open to them initially, but only ex-post. These women had to take advantage of an amnesty (or a Decreto Flussi - Flows Decree), instead. The law only recognized them a documented status after a 'forced' undocumented period. Some of the respondents in the sample declared that they found an occupation immediately after their arrival. In these cases, these migrants could have had a job before the potential expiry of their temporary tourism visa and/or before the date of regularization. Their first employers or those who employed them subsequently will probably have been willing to give them a regular contract. However, they did not have the opportunity to do it 'legally' in Italy. Instead the workers had to ask their employers to make an application on their behalf in order to regularize their status and/or to be included in a quota system. In the latter case, they had to hope to get onto the lists on a so-called 'click day' and then have the available resources and conditions to return to their country of origin to apply for a work visa at the Italian consulate in their country of origin (see Chapter 3).

Another aspect of ‘non-legality’ that is usually neglected is that a non-legal status can juridically change and become legal (and vice versa). Immigrants entering without authorization or breaching the terms of their visas are supposed to have committed a wrong against the state. Their status can vary and be voluntarily regularized/legalized and/or change due to external political factors. This circumstance, in turn, transforms the original wrong, so that it is a wrong no longer (Bosniak 2016). In this case, it automatically makes an unauthorized individual a community member even without he or she deciding to become so. This was the case of Romanian citizens, for instance, after the enlargement of the EU in 2007.

By not examining those operations over the course of their enactment, enforcement and revision, furthermore, the law is effectively treated as transhistorical and unchangeable.

(De Genova 2014: 43).

Take the Romanian examples in the present study. If a Romanian citizen who can now freely move to Italy had crossed the Italian border more than ten years ago, that person would have been considered an ‘unauthorized’ migrant. That it is indeed what happened. A current Italian citizen could have become ‘illegal’ by crossing a border that excluded him or her from having a legal status. The legality and division between those who are documented and undocumented thus varies according to who crosses which borders and when. As the present study clearly showed, legal status is often part of a shifting range of statuses that people may move to and from: from non-EU to EU citizens, from non legal residents after entering the country illegally but also from being non legal residents after legal entry, due to overstaying their permit. To avoid a simplistic approach to migration, a further non-neutral reflection should be applied to the social construction of categories. As happens for skills. One of the women I interviewed had a degree in Economics. She requalified as a nurse in Italy. On crossing the Italian border, she spent two years without legal documents. She lost the

recognition of her qualification. By crossing a border she was excluded from having proper recognition. When she gained legal status, she could get recognition to change from a qualified potential worker to a legally employed worker. Such shifts in legal/non-legal status do not always emerge in a linear way. In particular, this is true in the Italian context where the majority of migrants experience varying periods of unauthorized residence before and also after obtaining a regular legal status (Ambrosini 2018).

Some of those people who are supposed to be excluded from free mobility may have had limited social opportunities but in fact still had available alternatives. Indeed, in the end they succeeded in moving. In practical terms, some of the women interviewed had ended up as legal skilled professionals, undergoing an invisible and unrecognized process of inclusion in Italy before the recognition of a legal status and a legal occupation. They held different degrees of juridical weakness. Their *de facto* territorial presence as subaltern and undocumented people was real and, I believe that, in policy discussions and in theory, the question of legalization/regularization should be framed within these real contextual terms.

The choices made by states, both at supra-national and international level and within national legal systems may or may not privilege a ‘human rights perspective’.

I will not question nation-states’ choices and legitimation. Instead, I would suggest concentrating on what Bosniak calls the ‘*de facto* membership’ argument since: ‘we need to look carefully at the nature of the “context” in which we understand ourselves to be located’ (Bosniak. 2016: 218)

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<sup>263</sup> The Italian General Confederation of Labour

<sup>264</sup> ASGI- Associazione Studi Giuridici per l'Immigrazione – Immigration Law Studies Association

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## **APPENDIX ANNEXES**

# Interview guide - WORKERS

## Interview guide

### MIGRATION PLANS

Can you tell me about when you started to think about emigrating? Where did you get the idea from? Can you tell me the main reasons that drove you to emigrate? Was it an individual decision or did someone encourage you? Can you tell me who you contacted? Were you helped or hindered?

Did you think you would end up staying and living in Italy?

### PRIOR SOCIALIZATION

Why Italy? What encouraged you to choose to migrate to Italy? What information did you have on Italy? How did you get it? What were your expectations?

Did you already know anyone in Italy before you left? Did you contact Italian institutions or organizations in your country or your country's embassy in Italy?

FOR THOSE WITH CONVERTED QUALIFICATIONS: How much did it count for you to have a nursing qualification or to have worked as a nurse in your country in thinking you could find work in Italy? What did you know about employment opportunities in your sector in Italy?

How did you find out? Do you think that the fact your qualifications could be recognized encouraged your choice to migrate and work here?

Would you have left knowing that you would have to do a different job to what you studied for?

FOR THOSE WHO RE-QUALIFIED IN ITALY: what do you think of the care sector in Italy in terms of finding work and earnings? What did you know about the health sector and the job possibilities in your sector in Italy? How did you find out? What job did you think you would do when you arrived? Why did you decide to requalify in this sector?

### FAMILY AND SOCIAL ORIGIN – COUNTRY OF ORIGIN

Can you tell me about your family back home: how many family members are there, what are their jobs, where do/did they live, where are they now?

How would you define your family's social and economic conditions back home?

Who are you still in contact with?

### MIGRATION: Journey – entry and settling in upon arrival

Can you tell me how you managed to get to Italy and about your journey? Did you plan it yourself or did someone help you? Did you go through an agency or an institution, the Internet, friends, etc.? How much did you spend to come to Italy? What means of transport did you use?

What documents did you arrive on? What type of legal status did you have here when you arrived?

When did you start your first job? (see – survey form)

Did you arrive by yourself or with someone? Did you already have somewhere to stay?

Can you tell me what difficulties you had? Who helped you?

How did you deal with the paperwork to sort out your status as a foreign citizen here in Italy (stay permit, residency, tax identification number, national health assistance, etc.)? What difficulties did you encounter? Who did you contact? Who helped you?

### **CURRENT work in Italy**

What is your job? How did you find your job? Who do you work for?

If I asked you to define your job, what would you say?

Are you happy, satisfied with your job?

Has anything changed since you started?

What would you change if you had the chance?

Would you carry on working where you work now or would you change? Why?

Have you ever looked for a different kind of job? If so, how did you look and why did you give up?

Can you describe your day at work yesterday?

What did you do? List of activities-tasks-hours-shifts

What difficulties do you encounter in your work?

Terms of your employment contract: hours, days of the week, shifts, pay, regularization of the employment relationship, overtime, holidays, maternity, time off for ill health, personal or family reasons.

Have you ever had problems asking for holidays, to change your shift, time off, etc.?

What do you think of your working conditions?

Can you tell me how you get on with your colleagues?

Do you find any differences between you and your Italian colleagues? European colleagues?

And/or other nationalities? Differences between Italy and your country?

### **EDUCATION**

What schools did you go to? How did you choose to study in this sector and why?

How many years were you at college/university? Where? In Italy or abroad?

Do you think that the fact that it could have been easier to find a job abroad influenced your choice of course?

Do you go to or have you been to training courses?

If you could, would you carry on studying?

Procedure for conversion and recognition or to gain new qualifications

Can you tell me the main reasons that led you to convert your qualifications/get them recognized/retrain to obtain the qualifications you needed? Why this qualification and not another? If you could have, would you have done something different?

Can you tell me about your experience to obtain qualifications to work in the health sector here in Italy? What do you think helped you make that choice and how did you decide to embark on the recognition procedure/requalifying? How did you manage to get it? What difficulties did you find? Who did you contact? Who helped you? How long did it take you? How much did you spend? What obstacles did you encounter? Who supported you? In Italy or abroad.

How did you manage to fit working hours with studying and spending time with your family and/or family commitments?

I know you have to do some paperwork for qualifications. Can you tell me what documents you needed? (see survey form)

### **TRANSVERSAL SKILLS**

Had you travelled before? Had you already moved for work? What languages do you know? Which of these languages did you already know before you left your country? Have you got a driving licence? (Did you get it here or abroad?) Can you use a computer?

### **BUREAUCRACY AND INTERMEDIARIES**

Have you had to deal with complicated paperwork? (recognition of qualifications, stay permit, citizenship and family reunion). Did you get help from someone? If so, who and how? Did you have to pay (intermediary, someone from your country, etc.)? How long did it take you?

### **Previous JOBS**

#### **BEFORE LEAVING:**

Did you work before you came to Italy?

If so, what jobs did you do? In the health sector or other sectors?

How did you go about looking for a job?

Terms of your employment contract: hours, days of the week, shifts, pay, regularization of the employment relationship, overtime, holidays, maternity, time off for ill health, personal or family reasons.

Reasons for change. Level of satisfaction.

### **FINDING A JOB IN ITALY**

#### **First job in Italy:**

What type of job? Had you already found work from your country or did you have to look for a job here in Italy? Did you look for it or was it offered to you? How?

What difficulties did you encounter? Who did you contact? (Did you ask members of your family, friends/acquaintances from your country, Italian friends/acquaintances, colleagues, private

agencies, Internet, trade unions, etc.?). Who helped you? How long did it take you? Who were your contacts when you arrived in Italy? Who was the interview with?

Do you think that being a foreigner and your knowledge of the language influenced your job seeking? And your work conditions? How much Italian did you know when you started to work? How did you learn the language?

Did you start to work straight away? What difficulties did you encounter? Who helped you? Did you have a mentor at the start/an adjustment period?

### **OTHER JOBS IN ITALY**

#### **PAST JOBS and AGENCIES/INTERMEDIARIES survey form**

Have you done other jobs in Italy other than this? If so, what jobs have you done?

In the health sector or other sectors? How did you look for an employer?

Terms of your employment contract: hours, days of the week, shifts, pay, regularization of the employment relationship, overtime, holidays, maternity, time off for ill health, personal or family reasons.

Reasons for change.

### **FAMILY**

Who are your family members here?

Do you take care of someone in your home country?

Have some of your family members joined you here? If so, can you tell me when? Did you have to deal with complicated paperwork? Did you get help from someone? Did you have to pay (an intermediary, someone from your country, etc.)? How long did it take you?

#### **IF HAS A PARTNER**

What nationality is he and what does he do? Did you meet him in Italy or in your country?

If he was already your partner before you came to Italy: can you tell me how you decided to choose to migrate? Does your husband work? What is his job? Is it here or in your country?

In your opinion, who should work in a family? How should the housework be split in a family?

How is the housework split in your family?

#### **IF HAS CHILDREN**

Do you have children? How old are they? Did you have them here or before you arrived? Where are they now? What difficulties have you encountered in bringing them up: here in Italy or in your country? IF had children before migration and long-distance care: who looked after your children in your country? Can you tell me how you decided how to manage the children? Do you think that something has changed in how you manage the children since you have been in Italy? Are your children with you or in your home country? Have you been able to bring them here? IF the family is in Italy: how do you manage to juggle work hours with family commitments? What difficulties

do you have? Who helps you? Has anything changed in this respect compared to when you were in your home country?

**IF HAS ELDERLY PARENTS**

How do you manage to deal with being far away and family relationships? Who looks after your parents? Do you think you will bring them here? How long is it since you last saw them? How do you keep in contact with them? Are they self-sufficient or do they need care? Who looks after them?

**FUTURE PROSPECTS**

How would you judge your experience here and what do you think you will do in the future? (Will you stay here, go back to your country, move, etc.?)



## Consent form



### Liberatoria

*La richiesta della presente collaborazione si inserisce nel Progetto di Ricerca: “Donne migranti, lavoro di cura e qualifiche in movimento. Il caso delle lavoratrici romene e peruviane nel settore socio-sanitario e infermieristico a Milano e Lombardia”, condotto all’interno del Programma di Dottorato in Sociologia e Metodologia della Ricerca Sociale (SOMET), amministrato congiuntamente dall’Università degli Studi di Milano e dall’Università degli Studi di Torino.*

*In linea con gli interessi di ricerca inerenti gli studi di Genere, Lavoro e Migrazioni, l’oggetto del presente studio è quello di investigare come le donne migranti, peruviane e romene, si inseriscano nel settore di cura professionale e socio-sanitario in Italia, con un focus su Milano e la Lombardia. A tal fine verranno condotte interviste in profondità e semi-strutturate con lavoratrici e testimoni chiave del settore.*

*Lo studio si concentrerà sui percorsi di istruzione e riconoscimento dei titoli, sia sull’accesso e inserimento occupazionale all’interno del lavoro di cura infermieristico e socio-sanitario. Un ulteriore obiettivo della ricerca sarà quello di investigare come le migrazioni femminili qualificate in questo settore si collochino nei modelli migratori e di cura emergenti.*

#### **Acconsento a essere intervistato ai fini di questa ricerca e dichiaro:**

- Di aver compreso la natura e l’obiettivo del progetto di ricerca;
- di aver compreso che la partecipazione all’intervista è volontaria e che le informazioni a riguardo della mia persona resteranno anonime e confidenziali;
- di acconsentire che ogni informazione, incluse le mie citazioni, possano essere utilizzate per la Tesi di Dottorato e per eventuali future pubblicazioni.

**Data.....**

**Firma.....**

## Data Board

### SOCIO-ANAGRAPHIC FORM

<b>N. interview</b>	<b>Date</b>	<b>Interview setting</b>	<b>Work setting</b>	<b>City of residency</b>	<b>Name, Surname</b>	<b>Tel number/mail</b>	<b>Contacted by</b>
<b>Country of origin</b>	<b>Year of birth</b>	<b>Year of arrival</b>	<b>Marital status</b>	<b>Household Italy</b>	<b>Family of origin – Care dependent</b>	<b>Current occupation</b>	<b>notes</b>

**LEGAL STATUS FORM**

<b>N. interview</b>	<b>Date</b>	<b>Year of arrival</b>	<b>Mode of entry</b>	<b>Regularization</b>	<b>1st occupation Legal status</b>	<b>Long term permit of stay</b>	<b>undocumented status</b>	<b>Current legal status</b>	<b>changes</b>

**EDUCATION FORM**

<b>Foreign education</b>	<b>Italian education</b>	<b>Total years of education</b>	<b>Other courses</b>	<b>Italian courses</b>	<b>Recognition documents</b>	<b>Notes</b>

**EMPLOYMENT FORM**

<b>N.Interview</b>	<b>Occupational status prior migration</b>	<b>1st job in italy</b>	<b>Intermediaries</b>	<b>Other jobs in Italy</b>	<b>Intermediaries</b>	<b>Notes</b>	<b>Contractual terms</b>
							1. 2. 3. 4.
<b>N.Interview</b>	<b>Current job</b>	<b>Intermediaries</b>	<b>Type of employer</b>	<b>Salary</b>	<b>Type of contract</b>	<b>Hours/schedules</b>	<b>notes</b>

# CODIFICATION and CODE LIST

## 1. COUNTRY OF ORIGIN – OC

OC: care chains/dependents  
OC: economic context  
OC: socio-political context  
OC: social status  
OC: job experience  
OC: education  
OC: family of origin  
OC: own family  
OC: turning points

## 2. MIGRATORY PROJECT – MP

### MP: CHOICE

MP: professional choice  
MP: affective choice  
MP: economic choice.  
MP: socio-politic choice  
MP: expressive choice

### MP: TYPE OF DECISION

MP: high info decision  
MP: low info decision  
MP: individual decision  
MP: supported decision  
MP: decision in opposition to  
MP: Italy as destination  
MP: Loans  
MP: Intermediaries

### MP: OCCUPATIONAL SITUATION BEFORE DEPARTING

MP: job expectations  
MP: job aspirations  
MP: freeze  
MP: dismissal  
MP: unemployment  
MP: employment

### MP: TYPOLOGY OF PERMANENCE EXPECTED

MP: long term project  
MP: short term project  
MP: back and forward steps  
MP: return

### MP: INTERMEDIARIES

MP: familial network  
MP: ethnic network  
MP: italian network  
MP: job-related network  
MP: high tied network  
MP: low tied network

### **3. EDUCATIONAL CHOICE**

EC: economic  
EC: espressive  
EC: vocational  
EC: affettive  
EC: first choice  
EC: second choice  
EC: forced  
EC: free  
EC: years ABROAD  
EC: years IN ITALY  
EC: strategies  
EC: support  
EC: obstacles  
EC: intermediaries

### **4. OCCUPATIONAL TRANSFORMING CAPABILITIES:**

OTC: Nurse migrant capital  
OTC: Care migrant capital  
OTC: Care specific capital  
OTC: Social capital  
OTC: Legal capital

### **5. TRANSFERABILITY ELEMENTS**

#### **T: RECOGNITION SYSTEM**

T. Recognition steps  
T. Recognition time  
T. Recognition expenses  
T. Recognition problems  
T. Recognition intermediaries

#### **T: DOCUMENTS**

T. IPASVI registration  
T. Italian Language exam  
T. ASA qualification  
T. OSS qualification  
T. Nurse degree qualification

#### **T: IMMIGRATION POLICIES**

T. Sanatoria/Amnesty  
T. Art.27-visa  
T. Visa  
T. Change of legal status  
T. Communitarian  
T. Non Communitarian  
T. Entry channel/route - reason  
T. Entry legal status  
T. Long term residence  
T. Familial reunification  
T. Familiar cohesion  
T. Citizenship

#### **T: INTERMEDIARIES**

T: For profit  
T: Non for profit

T: familial network  
T: ethnic network  
T: italian network  
T: Connection services  
T: Provider of services  
T: Help service

## **10. ITALY**

### **I: ARRIVAL**

I: accomodation  
I: arrival support  
I: arrival obstacles  
I: arrival intermediaries  
I: fraud  
I: undocumented status  
I: work-care reconciliation strategies  
I: marriage  
I: maternity  
I: reunification  
I: remittances

### **I: CARE CHAINS**

Caregiving: Children  
Caregiving: Partner  
Caregiving: Parents  
Caregiving: Extended Family

### **I: RESKILLING DYNAMICS**

I: re-skilling MOTIVATIONS  
I: re-skilling TIME  
I: re-skilling NETWORK and INTERMEDIARIES  
I: re-skilling STRATEGIES  
I: re-skilling OBSTACLES  
I: re-skilling OPPORTUNITIES  
I: re-skilling: WILLINGNESS OF HC INVESTMENT  
I: re-skilling TURNING POINTS

### **I: EDUCATION**

I: ASA courses  
I: OSS courses  
I: Nurse degree  
I: Italian courses  
I: Other courses  
I: Driving licence  
I: Computer courses  
I: extra

### **I: ITALY JOB**

I: JOB first job  
I: JOB previous jobs  
I: JOB salary  
I: JOB CURRENT job  
I: JOB description  
I: JOB difficulties  
I: JOB perceptions  
I: JOB contract  
I: JOB work schedules  
I: JOBS other than nurse

I: JOBS other than ASA/OSS  
I: Contemporary jobs  
I: De-skilling dynamics - dequalification  
I: Public Selections  
I: Discrimination

**I: EDUCATION ITALY**  
**FUTURE PLAN**  
F:Return  
F:Retirement  
F:Changes



## Socio demographic profiles

	Year of birth	Year of arrival	Country of origin	Recognition pathway	Undocumented status	Membership status
1 Fausta	1965	1997	Peru	re-qualified nurse	Yes	Full citizen
2 Gloria	1962	Application 2002 arrival 2003	Peru	overseas nurse	No	Full citizen
3 Emy	1978	Application 2006 arrival 2010	Peru	overseas nurse	No	Third country national Work - Long term permit of stay
4 Cristina	1980	Application 2002 arrival 2005	Romania	overseas nurse	No	Full citizen
5 Cornelia	1980	1999	Romania	re-qualified nurse	Yes	Full citizen
6 Rosa	1976	1996	Peru	re qualified as OSS	Yes	Third country national Work - Long term permit of stay
7 Gheorghia	1970	Application 2002 arrival 2003	Romania	overseas nurse	No	EU- citizen
8 Ana	1958	1981	Peru	re qualified as OSS	Yes	Full citizen
9 Melany	1978	Application 2006 arrival 2009	Peru	overseas nurse	No	Third country national Work - Long term permit of stay
10 Diana	1980	Application 2003 arrival 2005	Romania	overseas nurse	No	EU- citizen
11 Nora	1957	1991	Peru	overseas nurse	No	Full citizen

	<b>Year of birth</b>	<b>Year of arrival</b>	<b>Country of origin</b>	<b>Recognition pathway</b>	<b>Undocumented status</b>	<b>Membership status</b>
12 Violeta	1959	1991	Peru	overseas nurse	No	Full citizen
13 Katy	1976	2002	Peru	re-qualified OSS	Yes	Third country national Work - Long term permit of stay
14 Ina	1976	Application 2003 arrival 2004 re-ntry 2006	Romania	overseas nurse	No	EU- citizen
15 Lidia	1964	Application 2002 arrival 2003	Romania	overseas nurse	No	EU- citizen
16 Pilar	1970	1996	Romania	re-qualified OSS	Yes	Full citizen
17 Eleonora	1961	1991	Peru	overseas nurse	No	Full citizen
18 Ana	1979	Application 2002 arrival 2002 - re-entry 2003	Romania	overseas nurse	No	EU- citizen
19 Isabel	1975	2005	Peru	re-qualified ASA	Yes	Third country national Family - Long term permit of stay Mother of Italian citizen
20 Marleny	1974	1994	Peru	re-qualified ASA	Yes	Full citizen
21Patricia	1968	1997	Peru	re-qualified OSS	Yes	Full citizen

	<b>Year of birth</b>	<b>Year of arrival</b>	<b>Country of origin</b>	<b>Recognition pathway</b>	<b>Undocumented status</b>	<b>Membership status</b>
22 Dorina	1976	2005 - 2009	Romania	re-qualified OSS	Yes 2005 No 2009	EU- citizen
23 Mirna	1978	Application 2007 arrival 2008	Peru	overseas nurse	No	Third country national Work - Long term permit
24 Maria	1960	1991	Peru	overseas nurse	No	Full citizen
25 Elena	1975	Application 2000 arrival 2001	Romania	overseas nurse	No	EU- citizen
26 Daria	1974	1999	Romania	re-qualified nurse	No	EU- citizen
27 Ida	1975	2000	Romania	re-qualified ASA	Yes	EU- citizen
28 Beatriz	1982	Application 2008 arrival 2009	Peru	overseas nurse	No	Third country national Family - Long term permit Wife of Italian citizen
29 Victoria	1972	Application 2002 arrival 2004	Romania	overseas nurse	No	EU- citizen
30 Ines	1969	1994	Peru	overseas nurse	No	Full citizen
31 Sole	1958	1993	Peru	re-qualified OSS	Yes	Full citizen
32 Dora	1978	2001	Romania	re-qualified nurse	No	EU- citizen
33 Linda	1984	2011	Romania	overseas nurse	No	EU- citizen
34 Dina	1988	2008	Romania	re-qualified nurse	No	EU- citizen

	<b>Year of birth</b>	<b>Year of arrival</b>	<b>Country of origin</b>	<b>Recognition pathway</b>	<b>Undocumented status</b>	<b>Membership status</b>
35 Estrella	1977	2003	Peru	re-qualified nurse	Yes	Third country national Work - Long term permit
36 Paula	1971	2007	Peru	re-qualified OSS	Yes	Third country national Long term permit wife Italian citizen
37 Simona	1963	1998	Romania	re-qualified OSS	No	EU- citizen
38 Adelina	1974	Application 2002 arrival 2004	Romania	overseas nurse	No	EU- citizen
39 Juliana	1965	Application 2001 arrival 2002	Romania	overseas nurse	No	EU- citizen
40 Elsa	1964	2002	Romania/Moldova	re-qualified OSS	Yes	EU- citizen
41 Melania	1982	2004 - 2010	Romania	re-qualified OSS	Yes 2004 No 2010	EU- citizen
42 Brigida	1981	2000	Romania	re-qualified ASA	Yes	EU- citizen
43 Ema	1978	2004 - 2009	Peru	overseas nurse	Yes 2004 No 2009	Third country national Work - Short term permit
44 Elisa	1974	1994	Peru	re-qualified nurse	Yes	Full citizen
45 Eva	1972	1999	Romania	re-qualified ASA	Yes	EU- citizen

## Family profiles

	Family and care dependents	Country of origin	Year of birth	Family at the moment of migration	Year of arrival	Family at the moment of interview
1	re-qualified nurse	Peru	1965	Single	1997	Married abroad- Family Reunification husband abroad – New family Italy - 1 son in Italy
2	overseas nurse	Peru	1962	Single	2003	Married in Italy - Italian spouse - New family in Italy - 1 son
3	overseas nurse	Peru	1978	Married - husband abroad	2010	Separated - After reunification with her Peruvian spouse
4	overseas nurse	Romania	1980	Single	2005	Single
5	re-qualified nurse	Romania	1980	Single - Care of nephew in Italy	1999	Single
6	re qualified as OSS	Peru	1976	Single	1996	Separated - 1 son in Italy
7	overseas nurse	Romania	1970	Divorced - Lone mother - 1 son and mother abroad	2003	Divorced and then Married in Italy- Romanian spouse - care of 1 son abroad - Retirement
8	re qualified as OSS	Peru	1958	Single	1981	Married in Italy- Italian spouse - New family in Italy - 1 son
9	overseas nurse	Peru	1978	Separated - Lone mother - 1 daughter abroad	2009	Separated - reunification with daughter and mother

	<b>Family and care dependents</b>	<b>Country of origin</b>	<b>Year of birth</b>	<b>Family at the moment of migration</b>	<b>Year of arrival</b>	<b>Family at the moment of interview</b>
10	overseas nurse	Romania	1980	Single	2005	Single
11	overseas nurse	Peru	1957	Single	1991	Single - Retirement issue
12	overseas nurse	Peru	1959	Single	1991	Married in Italy- Italian spouse - New family in Italy - 1 son
13	re-qualified OSS	Peru	1976	Single	2002	Living with Italian partner
14	overseas nurse	Romania	1976	Married - husband abroad	2004 re-entry 2006	Married – Family Cohesion - Romanian spouse
15	overseas nurse	Romania	1964	Single	2003	Single
16	re-qualified OSS	Romania	1970	Married - 1 daughter and 1 sister abroad	1996	Separated - Family Reunification with daughter and mother
17	overseas nurse	Peru	1961	Married - husband and 1 son abroad	1991	Married abroad - Family Reunification with husband son. 1 son in Italy
18	overseas nurse	Romania	1979	Single	2002 - re-entry 2003	Married – Family Cohesion - Romanian spouse New family in Italy - 2 sons
19	re-qualified ASA	Peru	1975	Single	2005	Lone mother – 1 son

	<b>Family and care dependents</b>	<b>Country of origin</b>	<b>Year of birth</b>	<b>Family at the moment of migration</b>	<b>Year of arrival</b>	<b>Family at the moment of interview</b>
20	re-qualified ASA	Peru	1974	Single	1994	Separated - ex-husband from Egypt – 3 sons in Italy
21	re-qualified OSS	Peru	1968	Lone mother 1 daughter and 1 sister abroad	1997	Married in Italy - Italian spouse - New family in Italy – reunification 1 daughter - 1 son Italy
22	re-qualified OSS	Romania	1976	Single	2005 re-entry 2009	Married - Romanian spouse - New family in Italy - 1 son
23	overseas nurse	Peru	1978	Single 3 nephews	2008	Italian partner - 3 nephews and father
24	overseas nurse	Peru	1960	Single	1991	Married in Italy- Italian spouse - New family in Italy - 2 sons
25	overseas nurse	Romania	1975	Married - Migration in couple – 1 son abroad	2001	Married - Romanian spouse – reunification 1 son 1 son Italy
26	re-qualified nurse	Romania	1974	Single - Leave to marry an Italian man	1999	Divorced
27	Re-qualified ASA	Romania	1975	Single	2000	Married - Romanian spouse - New family in Italy - 1 son
28	overseas nurse	Peru	1982	Single	2009	Married - Italian spouse - New family in Italy - pregnant
29	overseas nurse	Romania	1972	Married - Migration in couple	2004	Married - Romanian spouse - New family in Italy - 1 son
30	overseas nurse	Peru	1969	Single	1994	Separated - reunification son

	<b>Family and care dependents</b>	<b>Country of origin</b>	<b>Year of birth</b>	<b>Family at the moment of migration</b>	<b>Year of arrival</b>	<b>Family at the moment of interview</b>
31	re-qualified OSS	Peru	1958	Single	1993	Single
32	re-qualified nurse	Romania	1978	Single - Leave to marry an Italian man	2001	Divorced
33	overseas nurse	Romania	1984	Single - Medical expenses father	2011	Living with Romanian partner - Invalid father
34	re-qualified nurse	Romania	1988	Married - Romanian husband in Italy	2008	Married - Romanian spouse - New family in Italy - 1 son
35	re-qualified nurse	Romania	1977	Single	2003	Single
36	re-qualified OSS	Peru	1971	Divorced - 1 daughter	2007	Married in Italy- Italian spouse - Reunification 1 daughter New family in Italy - 2 sons
37	re-qualified OSS	Romania	1963	Single - Medical expenses father	1998	Married in Italy- Italian spouse
38	overseas nurse	Romania	1974	Married - husband abroad	2004	Married - Romanian spouse - cohesion
39	overseas nurse	Romania	1965	Married - Migration in couple 2 sons abroad	2002	Married - Romanian spouse - Reunification 2 sons



	<b>Family and care dependents</b>	<b>Country of origin</b>	<b>Year of birth</b>	<b>Family at the moment of migration</b>	<b>Year of arrival</b>	<b>Family at the moment of interview</b>
40	re-qualified OSS	Romania/Moldova	1964	Married - Migration in couple 2 daughters abroad	2002	Married - Romanian spouse - 1 daughter abroad
41	re-qualified OSS	Romania	1982	Single	2004 re-entry 2010	Married - Italian spouse - New family in Italy
42	re-qualified ASA	Romania	1981	Single - Care of nephew in Italy	2000	Single
43	Overseas nurse	Peru	1978	Single	2004 – re-entry 2009	Living with Peruvian partner - 3 nephews and mother abroad
44	re-qualified nurse	Peru	1974	Single - Care of nephew in Italy	1994	Separated – New family Italy – 1 son
45	re-qualified OSS	Romania	1972	Single	1999	Married – Romanian spouse

## Legal status profiles

	Citizenship	Mode of entry	Legal status - settlement	1st Legal employment	Year of arrival
1	Peru/Italia	tourism visa Italia	overstayer - undocumented	1999 Amnesty	1997
2	Peru/Italia	work visa art. 27	work permit of stay	2003: Sub-contract	Application 2002 arrival 2003
3	Peru	work visa art. 27	work permit of stay	2010: Sub-contract	Application 2006 arrival 2010
4	Romania/Italia	work visa art. 27	work permit of stay	2005: Sub-contract	Application 2002 arrival 2005
5	Romania/Italia	no visa Italy	undocumented	2002 Amnesty	1999
6	Peru	tourism visa Italia	overstayer - undocumented	1996 Amnesty	1996
7	Romania	tourism visa Italia	overstayer - undocumented	One month unformal domestic carer - 2003: legal Sub-contract	Application 2002 arrival 2003
8	Peru/Italia	tourism visa Italia	overstayer - undocumented	Marriage	1981
9	Peru	work visa art. 27	work permit of stay	2009: Sub-contract	Application 2006 arrival 2009

10	Romania	work visa art. 27	work permit of stay	2005: legal Sub-contract	Application 2003 arrival 2005
11	Peru/Italia	tourism visa Italia	Ex post	Legal contract ex-post - work visa abroad 1993	1991
12	Peru/Italia	tourism visa Italia	Ex post	Legal contract ex-post - work visa abroad 1993	1991
13	Peru	no visa Italy	undocumented	2002 Amnesty	2002
14	Romania	work visa art. 27	work permit of stay	1) 2004: Sub-contract and 2) 2006: Direct contract	Application 2003 arrival 2004 re-ntry 2006
15	Romania	work visa art. 27	work permit of stay	Legal contract ex-post - work visa abroad 2003	Application 2002 arrival 2003
16	Peru	no visa Italia	undocumented	1999 Amnesty	1996
17	Peru/Italia	tourism visa Italy	Ex post - work permit of stay	Legal contract ex-post - work visa abroad 1994	1991
18	Romania	one month temporary visa 2002 - work visa art.27	work permit of stay	2003: Direct contract	Application 2002 arrival 2002 – re-entry 2003
19	Peru	tourism visa Italia	overstayer - undocumented	Motherhood 2007	2005

20	Peru/Italia	tourism visa Italy	overstayer - undocumented	1996 Amnesty	1994
21	Peru/Italia	tourism visa Italy	overstayer - undocumented	1999 Amnesty	1997
22	Romania	Free entrance - no visa requirement - Non EU 2005	1) overstayed 2) 2) EU citizen	Unformal waitress	2005 re-entry 2009
23	Peru	work visa art. 27	work permit of stay	2008: Sub-contract	Application 2007 arrival 2008
24	Peru/Italia	tourism visa Italia	Ex post - work permit of stay	Legal contract ex-post – work visa abroad 1993	1991
25	Romania	work visa	work permit of stay	2001: Direct contract	Application 2000 arrival 2001
26	Romania	family - Wife Italian	family permit of stay	Sale assistant	1999
27	Romania	No visa Italy	undocumented	2002 Amnesty	2000
28	Peru	tourism visa Italy	work permit of stay	2009: Direct contract	Application 2008 arrival 2009
29	Romania	Free entrance - no visa requirement - Non EU 2005	work permit of stay	2004: Direct contract	Application 2002 arrival 2004
30	Peru	no visa Italy	undocumented	1996 Amnesty	1994

31	Peru/Italia	no visa Italy	undocumented	1994 Amnesty	1993
32	Romania	family - Wife Italian	family permit of stay	Unformal Market sale	2001
33	Romania	No visa requirement - EU citizen	EU citizen - employment re-quisite	2011: legal sub-contract	2011
34	Romania	No visa requirement - EU citizen	Familiar of EU citizen - self maintenance re-quisite	Student	2008
35	Peru	tourism visa Italy	overstayed	Student	2003
36	Argentina/Peru	tourism visa Italy	overstayed	Marriage	2007
37	Romania	no visa Italy	undocumented	1999 Amnesty	1998
38	Romania	work visa art. 27	work permit of stay	Legal contract ex-post - work visa abroad	Application 2002 arrival 2004
39	Romania	work visa art. 27	work permit of stay	2002: Sub-contract	Application 2001 arrival 2002
40	Moldavia/Romania	No visa requirement - Non EU 2002	overstayer - undocumented	2002 Amnesty	2002

41	Romania	No visa requirement - Non EU 2002 No visa requirement EU citizen 2010	overstayer – undocumented EU citizen	Unformal domestic care work	2004 -2010
42	Romania	no visa Italy	overstayer - undocumented	Unformal domestic care	2000
43	Peru	tourism visa 2004 – work visa art. 27 - 2009	overstayer - undocumented	Unformal domestic care work	2004 - 2009
44	Peru	no visa Italy	undocumented	1996 Amnesty	1994
45	Romania	no visa Italy	undocumented	2002 Amnesty	1999

## Occupational profiles

	Recognition path	Country of origin	Current employment	Type of contract	Lenght of contract
1	re-qualified nurse	Peru	Private Hospital	Direct - private structure	Long term
2	overseas nurse	Peru	Private Hospital	Direct - private structure	Long term
3	overseas nurse	Peru	Residential Care Home	Outsourced - private structure	Long term
4	overseas nurse	Romania	Public hospital	Direct - Public Selection	Long term
5	re-qualified nurse	Romania	Public hospital	Directl - Public Selection	Long term
6	re qualified as OSS	Peru	Public hospital	Cooperative/outsourced	Long term
7	overseas nurse	Romania	Residential Care Home	Self employed	Short term
8	re qualified as OSS	Peru	Residential Care Home	Direct - private structure	Long term
9	overseas nurse	Peru	Residential Care Home	Self employed	Short term
10	overseas nurse	Romania	Private Hospital	Direct - private structure	Long term
11	overseas nurse	Peru	Private Hospital	Direct - private structure	Long term

12	overseas nurse	Peru	Private Hospital	Direct - private structure	Long term
13	re-qualified OSS	Peru	Public hospital	Direct - Public Selection	Long term
14	overseas nurse	Romania	Private Hospital	Direct - private structure	Long term
15	overseas nurse	Romania	Private Hospital	Direct - private structure	Long term
16	re-qualified OSS	Romania	Public hospital	Cooperative/outsourced	Short term
17	overseas nurse	Peru	Private Hospital	Direct - private structure	Long term
18	overseas nurse	Romania	Private Hospital	Direct - private structure	Long term
19	re-qualified ASA	Peru	Cooperative/care domiciliary	Cooperative/outsourced	Short term
20	re-qualified ASA	Peru	Cooperative/care domiciliary	Cooperative/outsourced	Short term
21	re-qualified OSS	Peru	Public hospital	Public hospital - Public Selection	Long term
22	re-qualified OSS	Romania	Residential Care Home	Cooperative/outsourced	Short term
23	overseas nurse	Peru	Public hospital	Cooperative/outsourced	Short term
24	overseas nurse	Peru	Public hospital	Direct - Public selection	Long term



25	overseas nurse	Romania	Private Hospital	Direct - private structure	Long term
26	re-qualified nurse	Romania	Public hospital	Cooperative/outsourced	Short term
27			Residential Care Home	Cooperative/outsourced	Long term
28	overseas nurse	Peru	Private Hospital	Direct - private structure*	Long term
29	overseas nurse	Romania	Private Hospital	Direct - private structure*	Long term
30	overseas nurse	Peru	Public hospital	Cooperative/outsourced	Short term
31	re-qualified OSS	Peru	Cooperative/care domiciliary	Cooperative	Short term
32	re-qualified nurse	Romania	Residential Care Home	Cooperative/outsourced	Short term
33	overseas nurse	Romania	Residential Care Home	Self employed	Short term
34	re-qualified nurse	Romania	Residential Care Home	Self employed	Short term
35	re-qualified nurse	Romania	Public hospital	Cooperative/outsourced	
36	re-qualified OSS	Peru	Cooperative/care domiciliary	Cooperative/outsourced	Short term
37	re-qualified OSS	Romania	Care Home Daily center	Cooperative	

38	overseas nurse	Romania	Private Hospital	Direct - private structure	Long term
39	overseas nurse	Romania	Cooperative	Self employed	
40	re-qualified OSS	Romania/Moldova	Public hospital	Cooperative/outsourced	
41	re-qualified OSS	Romania		Cooperative	
42	re-qualified ASA	Romania	Residential Care Home	Direct	Long term
43	overseas nurse	Peru	Residential Care Home	Self employed	Short term
44	re-qualified nurse	Peru	RSA	Self employed	Short term
45	re-qualified ASA	Romania	Residential Care Home	Direct - Private structure	Long term