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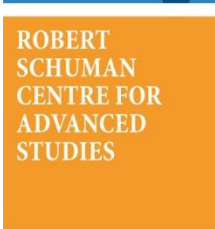
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Sabrina Marchetti and Francesca Scrinzi

European University Institute
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Abstract

Scholarship on migrant care work argued that we need to broaden our understanding of the international division of reproductive labour by incorporating into the analysis other agents of social reproduction besides the household such as the non-profit sector, the market and the State. In response to these debates, the article focuses on migrant labour within the bureaucratised care sector, by comparing Latin American and Eastern European women employed in social cooperatives providing home-based elderly care services in Italy. Ethnographic data are used to show how both the workers and the cooperatives' managers negotiate racialised and gendered constructions of care work and skill. We argue that the dominant gendered and racialised perceptions of paid care as non-skilled 'feminine' work, which are at play in private employment, are activated in specific ways in the bureaucratised sector too. Bureaucratised care thus comes into sight as being in strong continuity with the traditional forms of care work, as far as the social construction of the job is concerned. However, it does represent a general improvement for migrant workers in so far as it allows them to achieve better living and working conditions if compared to live-in domestic service.

Keywords

Care work, Migration, Gender, Eastern Europeans, Latin Americans, Italy.

Several studies have investigated the interplay between gender relations and global inequalities, in terms of the differential positions in the access to care which affect people living in different regions of the world. On the one hand, middle-class women in affluent countries increasingly rely on migrant and racialised women to ‘buy out’ domestic and care work, in societies characterized by durable inequalities in the gender division of labour and the restructuring of public care provision. On the other hand, women as well as men (Sarti & Scrinzi 2010) from developing countries migrate to fill this demand and are employed in care and cleaning services (Ehrenreich & Hochschild, 2002; Lutz, 2011; Parreñas, 2001). Recent scholarship on migrant domestic and care work has argued that we need to broaden our understanding of the international division of reproductive labour by incorporating into the analysis other agents of social reproduction besides the household such as the non-profit sector, the market and the State (Kofman & Raghuram 2006, Yeates 2009, Williams 2010, Triandafyllidou & Marchetti 2014, Mayer-Ahuja 2004). Indeed, most existing studies focus on the traditional domestic service based on the relationship between a private employer and an employee and carried out in the private sphere. Further, scholarly interventions call for an analysis of skilled migrant care workers as opposed to non-skilled care workers, to recognise the diverse forms in which women are incorporated into globalised labour markets and to challenge a simplistic representation of migrant women (Kofman & Raghuram 2009).

Responding to these recent debates, this article provides a novel contribution to the study of the international division of reproductive labour by focusing on migrant labour within the bureaucratised elderly care sector in Italy. In so doing, we take into account migrant workers in social cooperatives that provide home-based care services for the elderly. Our aim is to show how this sector incorporates and promotes models of racialised femininity, by focusing on two different groups of migrant women employed in the cooperatives, namely Latin Americans and Eastern Europeans. By investigating the realm of bureaucratised care work accomplished in a domiciliary setting, we contribute to analysing the ways in which sexism and racism shape the experience and trajectories of migrant domestic workers in Europe as well as the agency of these women. Ethnographic data are used to show how different actors (the cooperatives’ managers on the one hand and the workers on the other) are involved in the negotiations around the gendered and racialised definition of skill in care work. After a review of the studies focusing on the role played by gender and racism in bureaucratised care and domestic work, the article presents the context of the fieldwork research and its sample. The last two sections delve into the analysis of the ethnographic material to show how migratory trajectories interplay with professional mobility and the social construction of skill in this feminised labour force.

1. Gender, ethnicity and racism in the bureaucratised care sector

Employment in bureaucratised home-care is organised in a very different way from home-care based on private employment. Bureaucratised care work is characterised by the intermediary role of care providers who are the employers of the care workers; they are responsible for recruiting, managing and organising the work. Bureaucratised care work can also involve a collective dimension (organisation of workers in teams, formal or informal opportunities for exchanging experiences and information with co-workers) and some monitoring/tutoring provided by the managers. In addition, as opposed to the two-way relationship between one employer and one employee which is at play in the traditional home-based domestic service, the care workers can be interchangeable and can be assigned to any of the clients, although the social cooperatives tend to keep a stable rota sending the same workers to the same clients. Finally, domestic chores tend to be organised on the basis of ‘industry-like’ criteria and routines, as a certain time is allocated to each task. Starting from the late 2000s, workers in this sector are required to hold formal qualifications, unlike those working in the private sector. Such specificities of the organisation of care work in the bureaucratised sector significantly limit the isolation and personalisation of work relationships which are typical of domestic service. These workers tend to have a more ‘distanced’ relationship to the people cared-for (Ungerson 2003) and seem to appreciate the lack of personalised work relations (Scrinzi 2009).

However this does not mean that emotional labour is not involved in bureaucratised care jobs or that paternalistic¹ practices are absent. On the contrary, caring for elderly people in bureaucratised settings is both physically and emotionally demanding. Workers in bureaucratic care jobs still experience positive inter-personal relationships with the people cared-for (Timonen & Doyle 2010). As in the traditional household-based domestic service, paternalistic practices can be observed depending on the size of the companies and the 'social ethics' which characterise social enterprises (Puissant 2011). Some companies or non-profit organisations present themselves as a large family; whilst the management can aim at creating and imposing a gendered work culture of care and service vis-à-vis the clients (Bickham Mendez, 1998). The fact that commercial and impersonal relations, rather than a two-way personal relationship between one employer and one employee, inform the provision of care or cleaning services has implications for the specific forms of exploitation of workers, which are typically based on time constraints (Lada 2011; Scrinzi 2009).

Only a few ethnographic studies exist which concern migrant workers occupied in agencies providing domiciliary cleaning and care services as well as in residential care. The need for such studies has been voiced by scholars (Timonen & Doyle 2010) to explore the growth in the employment of migrants in bureaucratised care jobs throughout Europe, and the ways in which gender and racism shape their inclusion in this sector. Bureaucratised care is common in Northern Europe, for example in Denmark (Cancedda, 2001), the Netherlands, Sweden, Norway (Da Roit and Weicht 2013) and the UK (Shutes and Chiatti 2012). France too represents a context where bureaucratised care is developed however little scholarly literature has focused on migrant workers in the associations providing care services (*associations d'aide à domicile*). Migrants (most of whom are women) working in bureaucratised care are often occupied in jobs characterised by low salaries and levels of qualification (Shutes and Chiatti 2012; Doniol-Shaw et al 2007; Timonen & Doyle 2010). These studies show that care providers appreciate the flexibility of migrant workers, relying on them to ensure that 'difficult' clients are cared-for, and that shifts at unsocial hours such as evenings and week-ends are covered (Doniol-Shaw et alii 2007; Shutes and Chiatti 2012; Scrinzi 2013).

This suggests that the international division of care is inscribed within a gendered and racialised division of work which does not affect only private employment but also the bureaucratised sector. Such division of work is associated with the juridical stratification brought about by restrictive immigration policies in Europe. Since the 1990s immigration legislation has combined with the process of EU integration, contributing to established hierarchies between migrants along nationality, class and gender lines, thus contributing to their differential inclusion into the labour market. This has taken place in the context of segmented labour markets, an important informal economy and the demand for non-skilled low-paid jobs (Bribosia and Réa 2002). Migrant women are disadvantaged by policies privileging skilled migration as well as by legislation denying work authorisation to those who have migrated to reunite with their families (Van Walsum and Spijkerboer 2007). At the same time, xenophobic discourses and gendered representations have developed in European societies which make distinctions between 'good' migrants and those whose integration is deemed impossible, on the basis of ideas of the migrants' religious or cultural proximity or distance (Van Walsum and Spijkerboer 2007).

The ways in which these racialised and gendered representations inform the organisation of domestic and care labour have attracted considerable scholarly attention, as far as private employment is concerned. Ethnographic studies of domestic service show that, due to the specific nature of care work, personal criteria are key to the employers' satisfaction as these tend to emphasise the quality of the relationship with their employees (Rollins, 1995). Both employers of care-givers and of cleaners tend to assess the quality of the service provided on the basis of the personal qualities and attributes of the workers. This is even more important in care jobs, as opposed to cleaning jobs, as care work – of which emotional labour constitutes an important part – is socially constructed as a private matter and

¹ Paternalism functions as a form of labour control and exploitation by assimilating labour relations to family relations.

is central to dominant understandings of femininity. As far as private employment is concerned, several ethnographic studies have addressed the gendered and racialised construction of ‘skill’² in migrant domestic labour. They have shown how the naturalisation of gendered and of racialised difference serves to make the emotional labour of migrant domestic workers invisible, on the basis of the idea of a ‘cultural’ predisposition for caring of women of certain nationalities. In other words, migrant women from certain national groups, for instance Latin Americans, Caribbeans or Filipinas, are portrayed as being especially endowed with ‘feminine’ qualities such as patience and devotion and are assigned the characteristics of the ‘ideal’ care worker (Scrinzi 2013, Marchetti and Scrinzi 2011).

Little is known instead about the role played by racism and ethnicity in the organisation of work in bureaucratised care jobs. Studies concerning France and Ireland suggest that Black workers report experiences of racism by care-recipients (Scrinzi 2013; Marchetti 2014) as well as by managers and co-workers (Timonen & Doyle 2010). Timonen and Doyle (2010) have shown that care workers tend to enact ideas of cultural difference in their relationships with their co-workers, attributing positive qualities to themselves and other workers from their home country. Finally, those actors who act as intermediaries between care-recipients and care workers, such as recruitment agencies, can play an important role in reproducing or challenging sexist and racialising ideas as well as the gendered and racialised division of work in the sector (Bakan and Stasiulis 1994, Lendaro and Imdorf 2012, Scrinzi 2013, Souralova 2014). We need to investigate how gender and ethnicity are embedded and negotiated in bureaucratised care jobs, to appreciate the multiple configurations and arrangements of the international division of reproductive labour.

We know that in private employment, care work is constructed as non-skilled and can be poorly paid, not only on the basis of its association with unpaid domestic work assigned to women in the private sphere, but also on the basis of racialising assumptions constructing some migrant groups as ‘naturally’ docile and subservient, because of their culture. Our aim is to understand whether the same mechanism is at play in the bureaucratised care sector and what are its specificities. Further, by comparing migrant workers coming from Latin American and from Eastern European countries, this article responds to the need, recently voiced by some scholars (Timonen and Doyle 2010), to shed light on the diversity in the experiences and working conditions of different groups of migrants in this sector, in comparative perspective.

2. Social cooperatives, elderly care and migration in Italy

The Italian welfare system is currently in a phase of transformation which has attracted the attention of a number of scholars, especially in public policy studies and policy-oriented research (Del Favero 2011, Network Non Autosufficienza 2011, Pasquinelli and Rusmini 2013, OECD 2013, Sarti 2010). These transformations, which are mainly based on the involvement of new actors in the provision of care, take place in a context characterized by a very high demand for home-based elderly care services by Italian households. Home-based care is in fact the main response given to the approximately 2.3 million Italians aged over 65 and who, due to their physical or psychological conditions, have different degrees of dependency (Pasquinelli and Rusmini 2013). Families are seen as a repository for finding the strategies to support this ageing population, a feature which survives in current Italian policies despite the increase in non-traditional (single, no children, etc.) households (ISTAT 2011). It is ultimately the household which is responsible for providing care to its members, as well as for organizing the delegation of care to paid workers. Although some Italian households with dependant members do receive some financial support from the local and national administrations, families still remain largely autonomous in their decisions on how to organise the care they need (Ambrosini 2013, Marchetti 2014). The Italian welfare system thus remains intrinsically based on a ‘familistic care

² ‘Skill’ is a gendered and racialised construction and is the output of negotiations and conflicts over work and the appropriation of work between social groups and around social divisions of class, gender and ethnicity (Cockburn 1981).

culture', which 'idealises home-based care provided by family members according to an intergenerational contract' (Näre 2013, p.185).

Within this context, the novelty lies in the fact that this resilient familism of the Italian welfare system increasingly combines with the participation of local authorities and private organisations in the provision of elderly care services. These changes are the result of profound reforms in the delivery of health and social services and in the administration of public funds, brought about by laws n. 328 of 2000 and n. 42 of 2009 respectively (see Banchemo 2011). Together, these laws require regions and municipalities, instead of the national government, to take responsibility for an efficient provision of social and health services in their territories. In this shift, the non-profit sector, and social cooperatives especially, has acquired a crucial role, becoming a privileged partner of local authorities in the provision of such services.

Social cooperatives are the Italian non-profit association *par excellence*. They account for 7% of the Italian GDP, and employ more than one million workers (Fabbri 2011). On the basis of the principles that guide their membership, as well as their strategies of investment and employment, the aim of social cooperatives is 'to satisfy a common pre-existing requirement or needs' (Thomas 2004, p. 5). After a reform of the sector in 1991, today cooperatives can be active also in the field of social and health care for the provision of home-based and residential care. They can be entitled to provide these services on behalf of the Municipality – thus at no cost for the most needy care recipients – after a tender selection, and on the condition of certifying that they meet certain quality standards. A key requirement for this certification concerns the skills of the care-workers. Qualified workers need to hold a diploma³ as OSS or ASA operators⁴, which corresponds to specific training followed by an examination. Not all cooperatives are selected by municipalities, but they can still provide care services to clients who pay for the whole service themselves. This can also happen in a certified company, when clients require supplementary services to those to which they are entitled for free by the Municipality.

The number of Italian households that organise the care for their dependent members through a social cooperative is growing. Not present until a few years ago, this type of employment today accounts for 14.3% in the home-care sector at the national level (ISMU&CENSIS 2013, Lamura 2013). A recent survey with 1,500 home-care workers estimated that 6.2% of them are today working through cooperatives (ISMU&CENSIS 2013, p. 18). Due to the transformations described above and the increasing emphasis on the role of local authorities and the non-profit sector, the market for social cooperatives in this field is certainly expanding. Yet, from the point of view of the workers, employment in the cooperatives is not forcefully an improvement: contracts are usually short-term and pay is low, due to the cost restrictions imposed by the tender system, and few workers have trade union representation (Chaloff 2008, Polverini et al. 2004, Lamura 2013).

What is the contribution of migrants in this specific type of employment? We know that migrants represent 90% of the 830,000 workers currently employed by Italian households on a private basis, and with a regular working contract (Pasquinelli 2013). Most of those who are employed as elderly care-givers are live-in (Pasquinelli and Rusmini 2008). Precariousness in live-in jobs is due to the importance of non-declared work and to the fact that these jobs come to an end unexpectedly if the elderly person dies; or else because of personal conflicts between the workers and the person cared-for or his/her family. The crucial role of migrants in the privatisation of care services has induced scholars to describe the Italian system of elderly care as a form of 'transnational market familism' (Näre 2013) or as a 'migrant in the family system' (Bettio, Simonazzi and Villa 2006). For this reason, all changes

³ On the different implementation of the training for this qualification see Rusmini 2013.

⁴ The acronym OSS stands for *Operatore Socio-Sanitario*, which can be translated into English as 'Social and Health Care Operators' while ASA are *Ausiliario Socio-Assistenziale*, or 'Auxiliary Social Assistants'.

in the Italian regulations about the entry and the residence of migrant workers⁵ have an enormous impact on the functioning of this sector.

Migrants are also starting to work in bureaucratised care jobs within the social cooperatives, following the pattern described above. Although there are no aggregate data⁶ about this phenomenon, recent scholarship based on individual case studies indicates that migrant workers are increasingly active in social cooperatives, and more specifically in social cooperatives providing care services (Boccagni 2009, Sartini et al. 2011). These workers represent the lowest echelons in the ‘pyramidal distribution of foreigners in the health sector’ in Italy (Chaloff 2008: 20). Indeed, while few migrants are employed as doctors and nurses, a growing number of migrants work as low-skilled care workers in these cooperatives. However, in comparison to entering private employment with families, obtaining a job as a care worker in a cooperative is quite difficult for migrants, as this requires them to have a permit of stay, a professional qualification such as the OSS or ASA diplomas, and a good level of linguistic skills in Italian⁷. In this respect, these jobs are not easily open to those migrants who have recently arrived in Italy, or to illegal migrants.

In the next section, we elaborate on this issue by focusing on the case of Latin American and Eastern European women working in cooperatives providing care services in the cities of Milan and Reggio Emilia.

3. Latin Americans in Milan and Eastern Europeans in Reggio Emilia

Milan and Reggio Emilia are vital points of Lombardy and Emilia Romagna respectively, which are two big and affluent regions in Northern Italy. Milan is a large city of more than one million people, while Reggio Emilia is a small provincial city of 165,000 inhabitants; despite these differences, they share similarities which are significant from the point of view of the development of the non-profit sector of care services. Both are characterised by a high degree of implementation of the model of a local and multi-stakeholder administration of social and health services previously described (Mesini et al. 2006, Iori 2011, Mosconi 2011). Both regions are important examples of the spread of social cooperatives in the Italian economy: Emilia Romagna is the historical cradle of cooperatives (Fabbri 2011), while Lombardy is a terrain of intense development for these kinds of social enterprises (Unioncamere 2009). Almost 40% of all the cooperatives’ care workers in the country are employed in these two regions, and in Northern Italy are employed most of the domiciliary care workers at the national level (Andreaus et al., 2012). Moreover, these regions are among the most prosperous in the country, attracting large numbers of migrants, men and women alike, who move there from other parts of Italy to seek employment. Indeed, in Lombardy and Emilia Romagna migrant workers show better levels of labour participation and income in comparison to other Italian regions (De Filippo and Strozza 2011).

The ethnographic data concern workers of two migrant women’s groups: Latin American⁸ workers in a cooperative in Milan (Lombardy), and Eastern European⁹ workers in a cooperative in Reggio

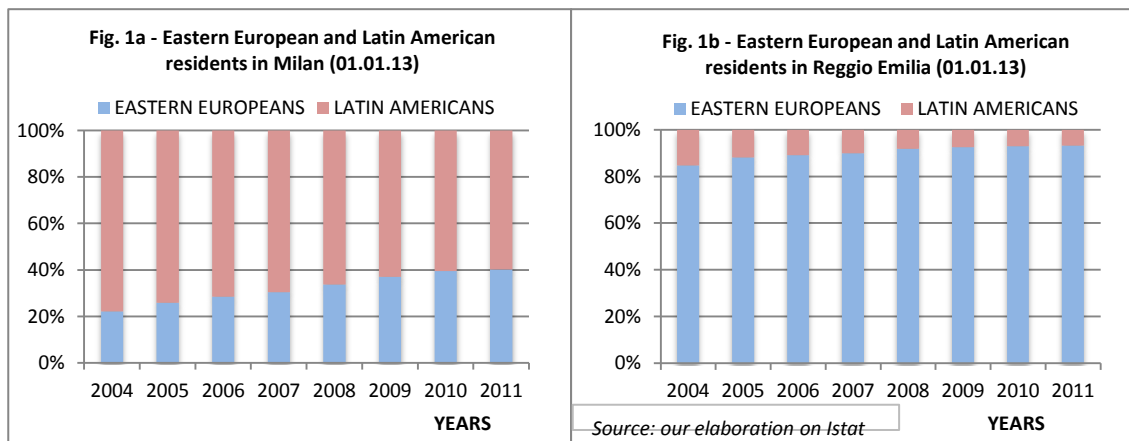
⁵ The annual allocation of quotas for on-call foreign workers always assigns a relatively high number of permits to prospective care and domestic workers. Moreover, migrant care and domestic workers have been an explicit target of regularisation policies. On this see Marchetti, Piazzalunga and Venturini (2013, p. 20 and pp. 66-68).

⁶ Workers employed by cooperatives do not fall under the occupation of ‘domestic and care workers’ as home-care workers normally do. In fact, they are not covered by the labour contract on “domestic and care workers”, but by the most advantageous one for workers in the social and health sector. As a consequence, it is difficult to assess, in terms of statistical data, the actual number of home-care workers since they could be included in either of these categories.

⁷ Research on individual case studies shows that the educational level of migrant care workers employed in the cooperatives is quite high, the majority of them holding a university degree or a bachelor degree (Sartini et al., 2011).

⁸ This included migrants coming from Peru, Ecuador, El Salvador and Colombia.

Emilia (Emilia Romagna). While fieldwork in Milan¹⁰ was carried out in 2004-2005, the data concerning Reggio Emilia¹¹ were gathered in 2012. This diachronic dimension enabled us to appreciate the changing features of migration in Italy, following changes in immigration policies and the presence of different national groups in domestic service. Indeed, in the years when the research was carried out, Latin Americans and Eastern Europeans were the most predominant migrant groups, in terms of residency, in Milan and Reggio Emilia respectively. This predominance is to be understood both in terms of their comparative presence as inhabitants of the two cities and in terms of their participation in domestic and care labour. Figure 1a shows how, in Milan, Latin Americans (particularly Peruvians and Ecuadorians) were a more significant presence in comparison to Eastern Europeans. This is especially true for the time of the fieldwork (2004-2005). Similarly, the presence of Eastern Europeans in Reggio Emilia, especially in the case of Ukrainians and Romanians, was always more significant than the presence of Latin Americans, as figure 1b shows.



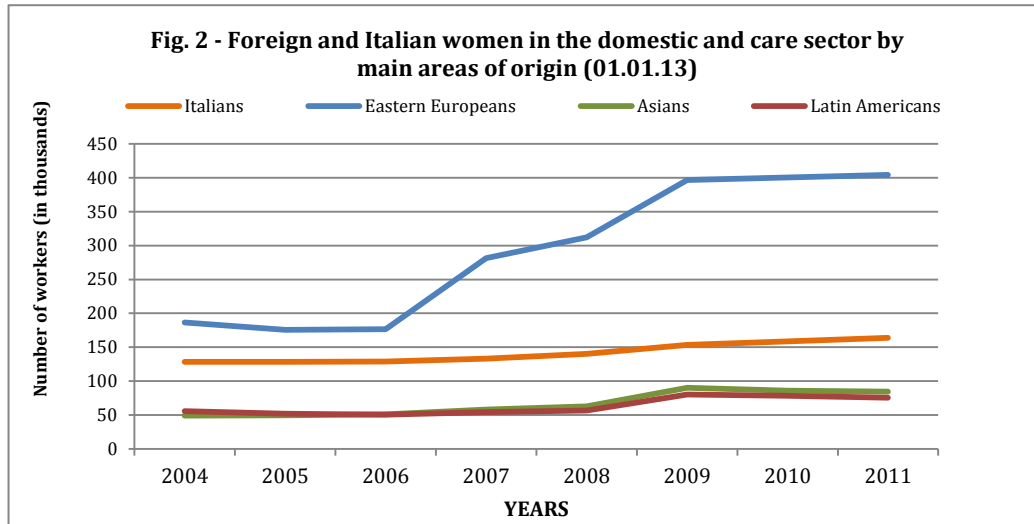
As in other Southern European countries, in Italy female migration has been intertwined with the demand for domestic and care work, which has functioned as an entry route for women (King and Zontini 2000). This migratory pattern is characterised by the feminisation of migration (especially for some national groups), the prominence of undocumented migration, and the demand for migrant labour in labour-intensive and low-skilled jobs. Figure 2 shows the tendency in the employment of the four most numerous migrant women's groups occupied in the Italian domestic and care sector, between 2002 and 2011: Eastern Europeans, Latin Americans, Asians and Italians. The data show that, Italians aside, Eastern Europeans are by far the most highly represented group, while Latin Americans and Asians level each other through the years.

(Contd.)

⁹ These were migrants from Moldova, Ukraine, Poland, Romania and Albania. It is worth noting that the Romanian and Polish interviewees do not need a residence permit to live in Italy. Both the Romanian and the Polish interviewee had experienced a long period of unemployment before entering this job, while the Moldovan and Ukrainian interviewees had been continuously working since their arrival. The Albanian interviewee had also been unemployed for a long time, but she was in Italy on the basis of family reunion.

¹⁰ The data used for the case of the cooperative in Milan were collected by Francesca Scrinzi for her doctoral research 'Les migrant(e)s dans le service domestique en France et en Italie: construction sociale de la relation de service au croisement des rapports sociaux de sexe, de « race » et de classe' ('Migrant Women and Men in the Domestic service sector in France and Italy. The social construction of the service relation at the intersection of gender, « race » and class'), URMIS/CNRS, University of Nice (France), viva held in December 2005.

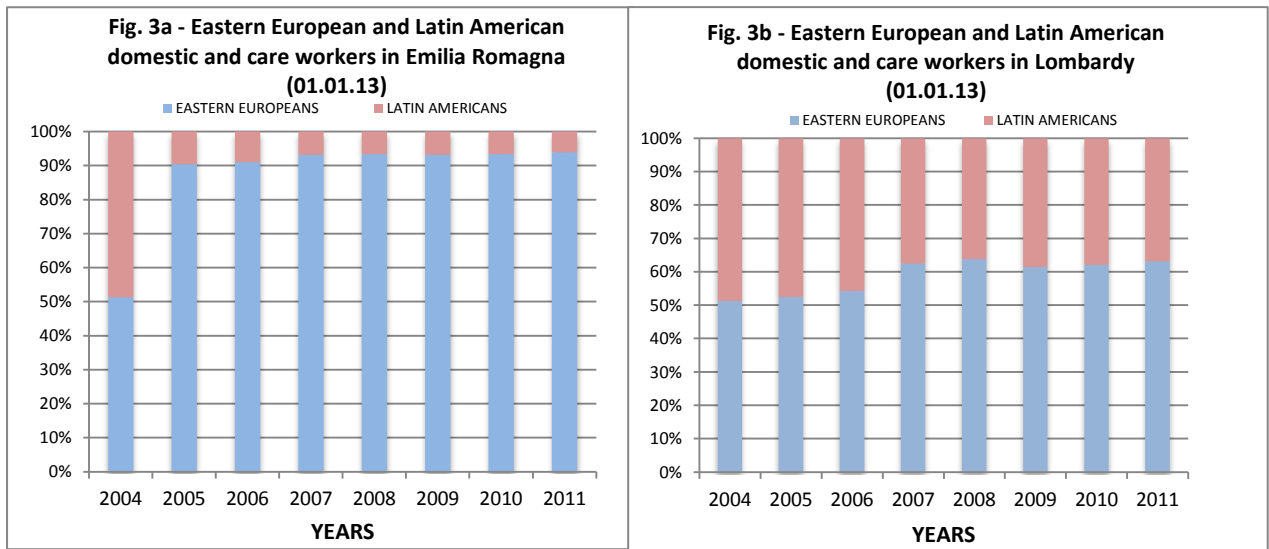
¹¹ The data on the social cooperative in Reggio Emilia were gathered by Sabrina Marchetti in the context of the IEF research project "Circular Care" (2012-2013) supported by a Marie Curie Intra European Fellowship within the 7th European Community Framework Programme.



After the 2006 EU enlargement, the presence of women migrants from Eastern Europe has become of the outmost importance, especially in the case of Romanians. In 2011, almost 530,000 Romanians, 223,000 Albanians and 160,000 Ukrainians lived in Italy (ISTAT 2013). These are very big numbers that dwarf the smaller presence of Latin Americans. After a sharp increase at the beginning of the 2000s, the presence of the latter has remained stable, while the presence of Eastern Europeans has strongly increased. Today, Latin Americans are not listed amongst the top ten foreign nationalities in Italy. However, when we consider data on female migrants only, Peruvian and Ecuadorian women reach the 9th and 10th positions, with almost 60,000 and 54,000 present respectively (ISTAT 2013).

Looking at what is happening in private home-based care employment, the picture appears different but equally interesting. At the national level, as Sergio Pasquinelli (2013) notices, there is an important gap between the participation of Eastern European and of Latin American women in Italian home-based domestic and care labour. The participation of Eastern Europeans is in line with their general presence in Italy: they constitute about 50% of foreigners in Italy, and 50% of foreigners in this sector. More peculiar is the tendency among Latin Americans, who are definitively over-represented in this sector: they constitute 8% of foreigners in Italy but 33% of those employed in this sector (Pasquinelli 2013, p. 43).

Yet the choice of the two fieldwork sites also reflects trends in women's migration in Italy across the past decade. Let us look at data from the two locations. Fig. 3a and 3b generally confirm the impact of the increased number of Eastern Europeans on this sector. This is especially true in the case of Emilia Romagna, where Eastern Europeans largely outnumber Latin Americans employed in this sector. However, in Lombardy the picture is more nuanced, since the increase in the number of Eastern Europeans employed in this sector still leaves an ample margin to the Latin Americans. Definitively, however, Latin Americans were more numerous in Lombardy at the time of the fieldwork (2004-2005), while the same holds for Eastern Europeans in Emilia Romagna during the fieldwork in 2012.



It is against this background that the two cooperatives which are the object of this study have started to employ migrants in addition to Italian workers. The two cooperatives organise their employees in teams and assign them to a client on the basis of the existing demand. These workers travel through the city providing assistance on a case-by-case basis. This may range from a minimum of 30 minutes (a basic hygienic treatment and a breakfast) to a few hours (e.g. in the case of Alzheimer patients). The duration of the job will determine the final price of the service: payment of the cost will be shared between the Municipality and the recipient depending on the scaling income of the latter. Managers oversee the organisation of the work schedule, matching the requests from the clients and the availability of workers, and are responsible for assessing the care service provided. The managers also lead a weekly meeting with the workers belonging to each team to discuss issues that have arisen during the service provision. In the Reggio Emilia cooperative the number of migrant employees is increasing, and they now constitute almost half of the workers on each of their teams. According to the manager of the Milan cooperative, 80% of the workers employed there at the time of the research were migrants. All the managers were Italian women. Workers are usually employed on the basis of a permanent part-time or full-time contract, although the actual amount and the distribution of their hours of work can vary as these are negotiated every week.

The ethnographic fieldwork was based on a total of eighteen semi-structured interviews conducted with migrant women working in non-profit cooperatives and on nine semi-structured interviews with the cooperatives' managers in Milan, and Reggio Emilia. The fieldwork also entailed participant observations concerning a vocational training course for care-givers, which was attended by unemployed people (mostly women from Latin American countries) in Milan¹². In Reggio Emilia, interviews with both migrant workers and managers were organised through the collaboration of the cooperative's administration. In Milan, some migrant informants were contacted through the snowball method and personal contacts; others worked in the cooperative led by the interviewed managers. Interviews collected with the migrants in both cities covered their migration history, family situation, work/family balance and professional trajectory. All the interviews were recorded. The analysis

¹² This 9-month course was funded by the European Social Fund. Observations were carried out concerning a class of 18 people, of whom 13 were of foreign nationality.

regarding the training course relies on notes taken during the training or immediately after conversations with the instructors and trainees.

4. Care providers negotiating sexist and racist constructions of care work

Through practices of recruitment and the organisation/management of work, the managers shape and coordinate the work of the employees, responding to the requests made by the clients and their relatives by allocating the workers to the various customers. Employees are matched with the clients on the basis of the timetable as well as of the workers' professional experience, for instance in dealing with people suffering from Alzheimer. However the managers' task is complicated by the fact that clients sometimes express sexist or racist 'preferences', by stating explicitly that they would not like to be assigned a Black care worker or a worker of a given nationality, or a male worker. Thus in their work of allocating the employees, the managers are submitted to conflicting demands: on the one hand, they aim at satisfying their customers on the basis of the available resources; on the other, they intend to maintain a professional image of the service they provide, which is at odds with these racialising/sexist constructions of the job, and they intend to protect their employees from abusive treatments and racist discrimination.

The clients' requests suggest that the dominant perception of paid care work as non skilled 'feminine' work applies also in the case of bureaucratised jobs. Indeed, the ideal care worker is primarily identified on the basis of her gender: when contacting a cooperative, the people cared-for expect to be assigned a female worker. According to the Milan managers, the clients' requests focus mainly on the material aspects of the job, such as cleaning and cooking, by associating them with a supposedly 'feminine' nature; instead, they tend to downplay or obscure the technical and relational skills of the job. In addition, this widespread representation of the job makes invisible the administrative, organisation and management work which is accomplished by the cooperative. The Milan managers complain about the lack of recognition of the service which they provide, which they aim at distinguishing from female unpaid carers and migrant domestic workers. From the point of view of the managers, it is crucial that customers acknowledge the professional quality of the service they provide, which can compensate for its greater cost, if compared with direct employment. Thus when the families contact a coop, sometimes they expect that the same conditions apply. The managers struggle to spread among the public the message that professional training of the workers and administrative/organisational arrangements to sustain them are needed to provide good care, and that there is a plusvalue in the service offered by the coops as opposed to the one offered by 'private' domestic workers. Similarly, the coops make a distinction between the non formally skilled work of domestic workers and the service provided by their employees. These, unlike the privately-employed care-givers, are described as skilled and motivated workers who are capable of interplaying with the local social and sanitary services. In their attempt to sustain a professional image of the job, the managers can also support their employees, acting as intermediary to moderate the relationship between the clients and the care workers, for instance if the clients request that the workers accomplish cleaning chores which are not formally part of their duties.

The professional quality of the service provided by the cooperatives is also put forward by the managers when dealing with clients' requests which are discriminatory in relation to the nationality or origins of the workers. Let us see how this situation is managed by the manager of the cooperative in Reggio Emilia: when discussing the service with new recipients, she stresses the fact that several employees, not only one, will provide her/him with assistance, and that all of them are professional care workers, thus implying that differences in terms of nationality or origins are not relevant and should not be addressed by the clients:

"I always tell [the patients] that they will now deal always and only with the same person [...] which means that many different people will enter into their homes. Usually I don't say anything about the nationality [of workers] 'cause I'm afraid to pave the way for prejudices, that's why I don't say anything. [...] we never had a complain of someone saying: "ah, you sent me that –

whatever nationality”. Patients usually terminate the service mentioning a lack of professionalism... but doing it because of a racial reason... never. [...] [And in the rare case in which] someone tells me something my reply is: “Look, if you have some prejudices that’s your problem. These are very good operators and we don’t have any problem with them. So, if this is your problem, you’ll have to deal with it”. (manager, Reggio Emilia)

This manager thus places the quality of the service and the fulfilment of the professional standards at the centre of the relationship between the care recipient and the workers. She seems to frustrate without hesitation the racist demands. The coops are also actively engaged in dealing with the racist requests of the clients, by talking to them over the phone and meeting them at their house. Therefore the managers develop various strategies to counter the discriminatory requests made by the people cared-for as well as the representation of the job as non skilled work, including putting forward the professional quality of the service and the social vocation and culture of the coops, and acting as an intermediary between the clients and the employees.

5. Racialised femininities at work: the perspective of the care providers

While explicitly criticising and resisting the clients’ sexist and racist requests, nonetheless the coops mobilise essentialist notions of gendered cultural difference in their daily allocation of employees to the various clients. The management of workers is informed by assumptions based on these notions; there is a difference, however, in the ways in which these affect Latin American and Eastern European employees. While in Milan Latin American migrants are generally seen by the managers as good care workers, in Reggio Emilia the predominant presence of Eastern European workers in the cooperative is perceived as problematic for the provision of care services.

Indeed, managers see Latin American workers as ‘naturally gifted’ for care work on the basis of essentialist assumptions about the ‘Latin American traditional culture’ and an idealised view of family relations in the migrants’ home countries. Such gendered and racialising assumptions also inform the vocational training which opens up the possibility of working in a cooperative. Many of the people attending the course are migrants; the training activities revolve around the construction of the ‘caring culture’ which would be typical of Latin America. Latin American societies are described by the training instructor as radically different from Italy with regard to the dominant arrangements of family and elderly care provision. Italy and the migrants’ home-country are often compared in this respect. This is functional to one of the training objectives which is, in the instructor’s words, to ‘humanise’ care services, to recreate social networks around elderly people and to promote a culture of caring which has disappeared in Italy. The instructors’ descriptions of migrant trainees recall the dualisms associated with the private/public and feminine/masculine divide, such as passive/active, irrational/rational, corporeity/abstraction, primitive/ civilised, and so on:

‘In our [Italian] culture care work is not valued, the body is denied, unlike in other cultures’
(Silvio, instructor, Milan).

Thus cultural difference is naturalised and seen as a potential asset for the workers in their workplace: Latin Americans are morally superior to Italians to the extent to which they are family-minded and do not leave their elderly relatives on their own. During the sessions both the instructor and the migrant trainees commented on the supposed cultural predisposition of Latin Americans for care work and for dealing with elderly people. However it should be noted that the comparison between Italy and Latin American countries is not only addressed in terms of essentialist cultural differences, as the instructor also raises the issue of socio-economic differences between these societies. In both respects, Latin American countries are assumed to be similar to the Italian society of forty years ago.

Interestingly, while in Milan Latin American women are assigned to a cultural difference which is naturalised in positive terms, and praised for their caring skills, in Reggio Emilia Eastern European women are considered by the cooperative as rather troublesome workers. Managers tend to complain about their lack of flexibility, humility and relational skills. There are three main criticisms which are

made by managers. First, Eastern European workers appear as women with tough characters, which do not always predispose them to deal with frail elderly people. They are criticised for not being sweet enough, self-oblivious and devoted to their job and to teamwork. Second, they sometimes appear to be frustrated by their jobs as care-workers, which (it is argued) do not adequately enhance their professional and educational profile, given that they often hold higher education degrees. This implies that they are seen as difficult employees to manage, because they constantly need to feel 'valued' in order to counter their tendency to feel frustrated. Third, they are reluctant to be flexible in terms of time, for instance when it is necessary to find a replacement or to cover evening or weekend work. Thus 'cultural difference' in the case of Eastern European workers is not idealised, but rather viewed with suspicion. One of the managers in Reggio Emilia explains that all of this requires her to be more attentive and spend more time dealing with these employees in comparison to other workers. In her words:

'To Eastern European girls you need always, in some way, to make them see their work as more special. To make them aware how important their job is. For instance, I am always praising them more than I do with the other workers. Thus, they are proud of what they are doing, although they still keep seeking a different job - which I can also understand... [...] [As managers] we need to take all of that into account, and do something about it'. (Fiorenza, manager, Reggio Emilia)

Managers see the desire for another, more valued job as a very distinctive feature of Eastern Europeans workers. This is due to their ambition and their eagerness to re-establish the social and economic status lost first due to the collapse of the Soviet Union and later through migration. In fact, managers often repeat the hypothesis that Eastern European employees consider their job as merely a transitory occupation while already looking for something else in a more socially and economically rewarding sector for example nursing. Along the same lines, another manager in Reggio Emilia portrays the Eastern European women of her team as follows:

'They are always taken by something else: 'I need to pass an exam', 'I have enrolled in another course', 'I must do this and that'. [...] And this makes so difficult the management of our service because they keep asking for a leave, or for something like that... I mean, they are always taking holidays or sick leaves because they actually want to do these other things. [...] I am very supportive of their personal growth, of course... But also I'd like them to be more humble. Also because I believe that in our kind of job, to be humble is a very important thing' (Patrizia, manager, Reggio Emilia).

These cooperatives' managers share the belief that personal and moral qualities which are traditionally constructed as feminine skills, such as humility and self-sacrifice, are as important to being a good care worker as technical/professional skills. We have seen how, although in different ways, the racialising constructions and the representation of paid care work as involving a feminine 'vocation', which are typical of domestic service in direct employment, operate also in the cooperatives. This is in conflict with the professional image which is put forward by managers in general. A different perspective, however, comes into play when we consider the workers' standpoint.

6. Migrant care workers' perspectives and trajectories

We have seen that the managers and the training instructors elaborate a stereotypical representation of the migrant workers, associating their skills and attitudes at work with their national background. But how do care workers themselves negotiate the racialising and gendered constructions which are mobilised in their workplaces? In this section we focus on the perspectives of the migrant workers and see how they relate to the issues at play in the context of their cooperatives. We find that both Latin American and Eastern European workers identify themselves as representatives of a specific 'caring culture', using dominant ideas of cultural difference and gender to construct a valued professional identity (cf. Marchetti & Scrinzi 2011). There is however an important difference in the stereotypes that these two groups are endorsing, the ways in which they negotiate their 'cultural aptitude' for the job, and their use of racialised ideas of gender.

In the case of Latin American workers, we see that they tend to endorse the positive stereotypes that express their supposed ‘cultural aptitude’ for the job, as in the following interview. Here Ester, a Peruvian woman, suggests that a hierarchy exists between Latin Americans and other migrant groups, supposedly less endowed with caring skills:

‘In Peru in the family we always remain close to our elderly relatives, I saw how my father took care for my grand-father, there it is different compared with Italy, there people do not abandon their elderly parents... [...] It is possible that Latin Americans are better at this job, I found that the people I work for say that they have had experience of Filipina or Romanian care – and they say that those people have a different character [...]. In the cooperative there are quite a few Italians who work as care-givers, but they do not have the patience... the elderly people complain about them’ (Ester, Peruvian worker, Milan).

Latin American women like Ester suggest that the cooperatives’ clients have a preference for the workers coming from Latin American countries as opposed to both Italians and migrant workers of other origins. According to Ester, these do not have the patience and good character necessary to care for elderly people. Latin American workers follow the general representation that sees them as gifted in keeping old people company and giving them the attention they need, especially at the psychological level.

Eastern Europeans, instead, tend to provide a representation which goes against the grain of general descriptions of care-givers. In fact, instead of presenting themselves as particularly sweet or attached to traditional values, they portray themselves as ‘very strong’ both in psychological and in physical terms. They see themselves as being able to deal with any difficulty: they say that what would usually impress other people is only a small thing to them. This is stated very clearly by a Polish worker:

‘We have more... We are cut – I always say – from a different cloth. We are a little bit tougher, in the sense that we are very strong, also physically. With no offense. But I see these girls, not only Poles, also Ukrainians, that are very strong, also in their attitude. And they are not afraid of anything. They are very patient – ‘cause they are really patient, a lot! This is why I think: we are different! [...] Just to give you an example: me, in my life, I went through all kind of things. Once an old guy told me: “If ever a truck will take you down, it will get over you, but then you just stand up and you go shopping. This is the way you are!”. It really impressed me... We are like that, indeed! [...] I remember all of that in our countries: poverty, war, everything... We are not scared. We go on, we must go on’ (Alenka, Polish worker, Reggio Emilia).

In their narratives, Eastern European women like Alenka find their aptitude for care in the hardship that they have endured in their countries and in their migration, rather than in a ‘cultural’ form of ‘feminine’ sweetness. In so doing, Eastern European women draw attention to qualities that are actually extremely relevant to care work, although less spoken about. These are the capacities to take up the ‘dirty work’, to not be scared of difficulties and to endure troublesome situations. When dealing with ageing and sick people, these qualities are certainly needed.

We thus see how both groups, Latin American and Eastern European women, tend to emphasise racialised representations circulating about them in order to confirm their suitability for these jobs. Sweet in one case, strong in the other, they both see themselves as ‘ideal’ care-workers and, in their own words, confirm the importance of a racialisation and feminisation of their qualities, as do the cooperatives’ managers.

A different issue is that of social and professional mobility. In this respect, Latin American and Eastern European women who work for cooperatives share some common traits, especially in comparison to their own co-nationals who continue to work as care-givers on a private basis. Women in both groups have medium to high levels of education. Most of the Latin American women interviewed have bachelor degrees, while only one of them has a higher education degree. In their home countries some of them had been shopkeepers while others worked in social services. Several of the Eastern European women, in contrast, have post-secondary degrees for nursing and other qualified professions in the health sector. Thus, for the Eastern Europeans especially, international migration

was associated with a 'contradictory class mobility', i.e. the acquisition of a better income through the lowering of their class and social status by becoming a care-giver (Parreñas 2001). For all, their previous professional experiences in Italy were limited to working as care-givers in private employment; a minority of them had worked in catering/restaurants. In both groups, a majority of women have reunited with their families and children, who are now living with them in Italy.

We could cluster both Latin American and Eastern European informants in two groups depending on the paths that led them towards their current occupation in the cooperatives. The first category consists of those women who entered their jobs in the cooperative after having been private home-carers for several years. Employment in the cooperative thus represents for them an important form of professional and social mobility, especially for those who were employed as live-in workers, and an improvement in their social status. Indeed, in their narratives they often express the feeling of being luckier than their co-nationals who 'remained' as private home-carers, as live-in jobs are characterised by isolation and long working hours (although salaries might be higher because live-in workers do not have to pay for subsistence and accommodation). Cooperatives' workers benefit from a formal recognition of their work – which the directly-employed care workers lack - but overall they complain about their low salaries. In the second category, we find those women who did not have any previous experience with health or care work and who ended up attending a professional course to become a professional care-giver: for whom working in the cooperative has been an important opportunity to escape unemployment or difficult working conditions.

For both categories of women, employment in a cooperative offers some key advantages in comparison with their previous conditions. It provides them with a stable job and a regular income, as opposed to the precariousness of working for private employers. On the basis of the Italian migration law, by acquiring a permanent labour contract they have the opportunity to apply for a long-term residence permit, for themselves and for the rest of their family members who live in Italy. Moreover, working in the cooperatives offers them the possibility of achieving economic stability. For those who previously worked as private live-in care workers, employment in the bureaucratised care sector also provides an improvement in the quality of their personal lives, particularly in terms of work/family balance. Indeed, most of the interviewees had chosen to work for a cooperative in order to have more time to take care of their children. As shown by other studies (Boccagni 2009, Timonen & Doyle 2010), these advantages compensate for the lower salaries and the hardship of the job, associated also with unpredictable working times, and the necessity of travelling from one client to another during the day.

Still, a difference remains between the Latin Americans and the Eastern Europeans in the way they are perceived by managers: gifted for care and happy to do the job in the first case, difficult and reluctant in the second. This difference can be connected with more general characteristics that define the migratory experiences of Latin American as opposed to Eastern European women working in home-care services in Italy. Migration from Latin American countries is associated with the collapse of national economies and the declining life conditions in urban contexts; for instance, in the second half of the 1990s Ecuador experienced an increase in poverty which has no precedents in the history of Latin America (Acosta 2005). Latin American migrants in Europe have relatively high levels of education (university or secondary school) (Pellegrino 2004). The migration of Eastern European women towards Italy has had some specific characteristics which affect the way they are seen in the eyes of Italians (Capussotti 2007). Eastern European women migrants usually have high education levels (tertiary education) and they come from a context of full occupation for women in the labour market, in which women also occupied management and leading positions (Kahlert & Schäfer 2011, La Font 2001). However, after the fall of the Soviet Union, these women were confronted with unemployment and loss of income. Hence the necessity to become family breadwinners by migrating westward in search of better work, especially in the service sector (Metz-Gèockel, S. et al. 2008, Passerini, L. et al. 2007). As emerges from the interview with Agnieszka, East Europeans see this traumatic experience as what gives them the strength to face further difficulties during their lives as

migrants and care-givers. While further research would be needed to explore the impact of class on differential racialised representation of these two migrant groups, it can be provisionally argued that the negative perception of Eastern European workers by the managers reflects a lack of recognition of the difficulties involved in the ‘contradictory class mobility’ (Parreñas 2001) and the attempts of educated migrants to counter it.

Conclusion

Our analysis has focused on two migrant groups in the Italian bureaucratised care sector, by looking at two geographical and chronological contexts in which their presence was particularly significant. Our data show that the dominant gendered and racialised perceptions of paid care work as non-skilled ‘feminine’ work, which have been demonstrated to be at play in private employment, are activated *also* in the bureaucratised sector. Thus, in bureaucratised care we may also find a representation of care work which obscures its skilled nature and the importance of emotional labour. The fact that the cooperative acts as an intermediary in organising the care provision relationship does not mean that the actors involved do not activate racist and sexist assumptions in making sense of their work – whether they are managers or care workers.

We have however highlighted that gendered and racialised assumptions affect differently women belonging to different migrant groups in cooperatives in different cities. On the one hand, from the point of view of managers, Eastern European workers are arrogant, not humble enough, inflexible, have difficulty with co-working and are not motivated to invest in the job, while Latin American women are idealised as ‘culturally’ caring and subservient. On the other hand, the workers use racialised and gendered categories in order to make sense of their own participation in the care sector and to justify the paths that have led them to enter it. Latin Americans tend to reproduce dominant sexist assumptions by associating care work with moral ‘feminine’ qualities – modesty, patience, etcetera – which they racialise by portraying them as their own ‘cultural’ specificity in comparison with other migrant groups, as well as with Italians. The same mechanism is activated by Eastern Europeans, who associate with being a good care worker those qualities which are traditionally seen as masculine, such as strength, endurance, and courage. In both cases emotional labour is claimed to be a cultural predisposition of one’s own national group. We see that all the actors involved mobilise gendered and racialised assumptions in order to describe the quality of the care services which the cooperative provides. This shows that when it comes to care, even in the context of bureaucratic forms of organisation and delivery, people tend to draw on a repertoire of images and representations that are associated with care as unskilled feminine work.

Within this scenario, we have also analysed the migrant workers’ agency by looking at the trajectories of Latin American and Eastern European women and the advantages and disadvantages that this type of employment can offer them. The opportunity to have a more stable life in Italy, to reunite with their families, and to improve their life/work balance are the main factors that seem to attract these workers to entering a cooperative. Bureaucratised care thus comes into sight as being in strong continuity with the traditional forms of care work, as far as the social construction of the job is concerned. However, bureaucratised care does represent a general improvement for migrant care workers in so far as it allows them to experience more fulfilling living and working conditions in Italy.

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