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**Beyond ‘women’s work’.**  
**Gender, ethnicity and the management of paid care work**  
**in non-profit domiciliary services in Italy**

**FINAL PRE-PRINT DRAFT**

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**Abstract**

Based on qualitative data, this article focuses on management practices in social cooperatives operating as non-profit providers of domiciliary care services in Italy. Their livelihood is eroded by the presence of migrant live-in care-givers, who are privately employed, inexpensive and often irregular. This competition is not only economic but also symbolic, as it jeopardises the managers’ attempts to define care work as a skilled job and reproduces notions of care as naturally feminine ‘women’s work’. The article analyses the strategies adopted by the managers in order to negotiate this competition, and shows how these challenge dominant gendered constructions of care work.

**Keywords**

Migrant care workers, paid care work, non-profit sector, social cooperatives, management, gender, Italy, ‘women’s work’

Debates on care work have grown progressively connected with studies of international migration and ethnicity: ageing European societies increasingly rely for their social reproduction on inexpensive and flexible migrant female labour. This incorporation of migrant labour into national care regimes takes different forms. Unlike those of Northern European countries, Mediterranean care regimes are characterised by the persisting centrality of women as unpaid carers in the family; here social policies are comparatively limited and based on the prevalence of income transfers, such as rather generous pensions and cash-for-care allowances<sup>i</sup>, which enable the families to buy care labour privately (Da Roit and Weicht, 2013). In Italy, it was estimated that 830,000 elderly care workers were employed by private employers in 2012, including those irregularly employed; most were migrant women working as live-in employees (Pasquinelli and Rusmini, 2013). Massive cyclical regularisations of irregular migrants have been implemented, targeting these ‘useful’ workers, widely called *badanti* (minders). This Italian ‘migrant in the family’ system (Bettio et al., 2006) is inscribed within a context characterised by a large underground economy and one of the highest numbers of elderly inhabitants in Europe. The recruitment of migrant care workers by Italian families compensates for the scarcity of residential care services and the lack of comprehensive policies on elderly care.

Paid care work in private employment – based on work relations between a private employer and an employee – is highly stratified along divisions of gender, class, ethnicity and religion: in Italy, Black and Muslim workers are occupied in the lowest levels of the sector, as opposed to Eastern European and Latin American migrants (Andall, 2000). This internal stratification of the sector draws on gendered and racialised assumptions which make the workers’ emotional labour<sup>ii</sup> invisible, based on the idea of an essentialised ‘cultural’ predisposition for caring among women of certain nationalities (Gallo and Scrinzi, 2016; Scrinzi, 2013). This matches notions of care as

‘women’s work’ – work that any woman could do – relying on essentialist assumptions about supposedly ‘naturally feminine’ caring and domestic skills, which are widespread in Italy, together with familistic representations of care, idealising home-based informal care, and an aversion to institutional care arrangements (Saraceno and Keck, 2011). Recruitment relies on word-of-mouth and ‘ethnic networks’, resulting in the overrepresentation of migrants of a given nationality/origin in specific jobs in the sector (such as cleaning or caring). Non-profit charitable organisations such as Catholic voluntary associations and parishes facilitating the recruitment of *badanti* by Italian families may contribute to reproduce such racialised and gendered constructions (Gallo and Scrinzi, 2016). Working conditions are exemplary of (formally) non-skilled feminised occupations. The national domestic workers’ collective agreement is scarcely applied and those employees who have relevant professional qualifications – such as those who worked as nurses in their home countries – rarely manage to have them recognised. Many *badanti* perform care work with little or no support from external services and abusive ‘totalising’ relationships can emerge in the case of irregular migrants (Ambrosini, 2013).

While in Italy private employment represents the most important form of organisation of elderly care, non-profit care-providers, namely social cooperatives, have become important partners for local authorities in the provision of elderly care. Italian municipalities increasingly act as funders of both non-profit and for-profit private actors operating as employers of care workers and providers of domiciliary services. Arrangements are diverse across regions and municipalities, but many social cooperatives provide domiciliary care services on behalf of the local municipalities (after tendering to do so). In the two cooperatives studied here, services are cost-free for low-income elderly and disabled care-recipients (called ‘service users’). The cooperatives also cater to those with higher incomes above the threshold, however; the latter

(called ‘clients’) pay the full price for the services. These non-profit care-providers are under pressure from the burgeoning private care market. As mentioned, this market is largely based on the informal economy and reliant on the inexpensive, flexible, and formally non-skilled *badanti*, which have the additional advantage of offering round-the-clock assistance. The clients of the two social cooperatives studied here paid between 16 and 19 euros per hour of service. According to the managers, recruiting a *badante* in Milan costs 9 euros per hour, including contributions. Moreover, there is little regulation on how the families use cash-for-care allowances: these may be destined to pay for care labour in the underground economy, further fuelling the private employment market. In this context, the livelihood of social cooperatives is eroded by the competitive irregular market of the *badanti* (Bettio et al., 2006, Pasquinelli, 2015). The supply of *badanti* has contributed to keep the demand for domiciliary services low, in addition to selectively shaping it: since 2000, the number of low-income elderly people with high levels of dependency and serious health issues has grown among the publicly-funded users, while those families who can afford to pay for domiciliary services have tended to rely on the more flexible services provided by the *badanti* (NNA, 2017).

Based on qualitative data, this article analyses how social cooperatives in Italy negotiate the competition posited by the presence of non-skilled migrant care workers, which is both material and symbolic. Through an analysis of the strategies and practices of management of care labour in two social cooperatives in the city of Milan, the article shows how the managers end up questioning the familistic and essentialised gendered construction of paid care work. In so doing, the article responds to scholarly calls for further research on the ways in which paid care work is socially constructed in domiciliary settings beyond traditional private employment, which has more often been the object of study: it is necessary to further explore the ‘growing contradictions

between normative understandings of care as something private and the contemporary reality of an expanding formal (migrant) care work force, a development which in many instances is explicitly or implicitly encouraged by long-term care policies' (Timonen and Doyle, 2010: 39). Responding to a double (social and market) logic, the social cooperatives raise the issue of how our understanding of care is affected by its marketisation. The entry of the market logic into the realm of care exposes the multiple dichotomies around which informal and unpaid care is socially constructed (family versus job, love versus economic rationality, etcetera) as well as the widespread aversion of the people cared for to ideas of professionalisation and institutionalisation in this context (Weicht, 2015). The marketisation of care therefore reveals how multiple meanings of care are constructed, transformed and negotiated.

The first, empirical, section shows that the *badanti* represent not just a material but also a symbolic competitor for the social cooperatives, and shows how managers respond to this by promoting the professional nature of the service they provide. The second section describes how, through the organisation of work, the managers attempt to handle the pressing demand for *badanti* from their own customers. The third section shows how managers have to negotiate market logic and customer demand in relation to the discriminatory requests of some clients.

### **Social cooperatives as providers of care in Italy**

In Italy, the cooperatives operate in sectors such as logistics and distribution, while the social cooperatives provide social, health and educational services to the elderly, disabled and deprived. Based on Law 381/91, they are granted favourable taxation arrangements and required to promote social integration. Social cooperatives emphasise the necessity of combining the qualifications of their employees with the quality of the services provided. This is due to their

‘social vocation’, originating from local voluntary and religious associations in the 1970s and developing into a ‘social enterprise’ model. Working-class native women are overrepresented in these more protected jobs, based on the national collective agreement applying to the social and health sector (which provides workers with guarantees but relatively low wages). In 2011 there were 11,264 social cooperatives, employing 365,006 workers, mostly female and part-time (Euricse, 2015).

Social cooperatives illustrate the Italian route to the development of ‘quasi-markets’ of care, where publicly-funded private actors are subordinated to criteria of accountability based on principles such as productivity, and where for-profit and non-profit actors co-exist. The agreement with the municipalities generally requires that their employees receive some kind of training or qualification. Similar arrangements exist in other European countries. The presence of non-profit (public and private) residential (such as elderly care homes) and domiciliary (home-based) care-providers is uneven across Europe: compared with for-profit providers, they represent 70% in Italy, 14% in England and 90% in France. In France and Belgium, care regimes importantly rely on non-profit elderly care-providers which are publicly funded based on quality criteria. In Nordic countries, local public institutions play a significant role in providing care services (Gardin and Nyssens with Minguzzi, 2010).

In the context of the economic crisis, the Italian social cooperatives have proved to be more dynamic than the private for-profit sector (Euricse, 2015). However, while the 2000s saw a certain increase in public spending devoted to elderly care at national, regional and local level, more recently the recession has involved a reduction in spending, diminishing the resources available to sustain the service users’ demand (Maino and Ferrera, 2015). In 2011-2013, for instance, Lombardy (Milan region) witnessed a significant decrease in the resources allocated to

municipal social services, while the demand from non-paying users has grown due to the impoverishment and continuing ageing of the population (Gori, 2018). Conversely, the demand from paying clients has decreased as families partly ‘re-familiarised’ care or turned to the cheaper services provided by the *badanti*. The economic crisis has not significantly affected care jobs in private employment (Picchi, 2012). These developments were reported by the managers of the two social cooperatives studied here, who complained about the decreasing municipal funding and lessening demand among paying clients. Their clients, they claimed, were turning to recruiting *badanti* in the informal market. While they could provide no formal measure of these developments, they concurred that this was also the experience of other Milan social cooperatives.

The nexus between immigration and social cooperatives is largely understudied. Migrants are significantly less represented in domiciliary care jobs compared with the private employment sector; nonetheless, their number is growing (Sartini et al., 2011). In 2013, up to 20 per cent of social cooperatives’ non-seasonal employees were migrants (Wilkinson, 2014). Compared with private employment, securing a job in a social cooperative is not easy for newly arrived migrants as it requires the possession of a permit to stay, a professional qualification, and a good level of Italian. Moving from live-in private employment to jobs in the non-profit sector constitutes a form of social mobility for migrant women, who achieve a more stable economic and juridical position (Boccagni, 2008).

Migrant care workers in domiciliary and residential settings have received limited scholarly attention compared with those in household-based care services. While the latter are managed directly by the private employer or his/her (often female) family members, in domiciliary services the workers are subject to multiple hierarchies proscribing their work: the cared-for



elderly person, his/her family and the care-provider managing them. Studies on other European contexts show that workers in domiciliary services enjoy the absence of personalised work relations which characterise private employment as well as the opportunities for team-working and the tutoring offered by care-providers. However, migrant women tend to be occupied in the inferior echelons of the domiciliary care sector, where they are mobilised as flexible labour to cover ‘difficult’ time shifts and clients: racism, coming from both care-receivers and co-workers, is central in the experiences of these workers (Shutes and Chiatti, 2012, Timonen and Doyle, 2010).

## **Methodology**

The data were collected in two social cooperatives providing elderly care services in Milan. This local context is significant for investigating how the demand for *badanti* is affecting other forms of paid care work in Italy. The parallel and interconnected national trends of population ageing and of the growth of *badanti* are particularly intense here. Between 2001 and 2011, people aged over 75 have gone from representing 5.6 percent to 12 per cent of the total Milan population. It is estimated that 156,000 *badanti* are employed in Lombardy, mostly migrants occupied in the informal economy, and that these amounted to five times the number of elderly people cared for by the Lombardy municipal care services; in 2009-2013, this region followed national trends in the increase of the informal private employment sector (Pasquinelli, 2015). Most of the cash allowances transferred to the families in Milan are estimated to be spent on *badanti* (Comune di Milano, 2012); the non-profit sector makes a significant contribution to Milanese social welfare and Lombardy has the highest share of migrants among cooperative workers in the country (Boccagni, 2002).

In line with their ‘social vocation’ and tradition of internal democracy, the two social cooperatives have a custom of investing in the mentoring and coordination of their workers in order to ensure not only the quality of the service provided but also of the jobs themselves. Both were founded in the 1980s to provide employment for working-class Italian women, who were then partly replaced by migrant women. This ‘social vocation’ is characteristic of those Italian cooperatives which emerged from the Catholic social movement and are mainly active in the provision of social and healthcare services. Thus the two Milan social cooperatives provide a significant site in which to investigate how ‘quasi-market’ arrangements and the private employment sector affect non-profit care-providers, particularly social cooperatives which are subject to both a social and market logic. Employing 30 and 10 care workers, respectively, they match the national profile of Italian cooperatives, which are mainly small-size (Wilkinson, 2014). All their workers held a qualification as *Operatore Socio-Sanitario* (health and social care helper) or as *Ausiliario Socio-Assistenziale* (care assistant). While the latter can only perform personal hygiene and house-cleaning tasks, the former may also assist in performing basic medical tasks, such as medicating bedsores. The bulk of the two cooperatives’ business was based on public funding. They catered mostly for low-income elderly individuals whose service costs were paid in full by the municipality, and had a minority of paying clients.

Ten interviews with the Italian managers of the two social cooperatives were conducted in 2005. ‘Managers’ are defined here as women and men holding various management responsibilities in the social cooperatives: the presidents, the coordinators in charge of allocating employees to users/clients, the psychologists supporting the team, and one team coordinator (who was a care worker acting as referee for the other employees). Managers liaised with the municipality social workers to identify low-income elderly citizens in need of care, while the

paying clients called the cooperative directly to request a service. The informants were thus differently positioned; however, they shared a commitment to the social mission as well as the experience of acting as intermediaries between workers and clients/users. The interviews covered the social cooperatives' markets, working conditions, and the management of employees. The research was designed as a qualitative study of management practices: the choice was made to interview only managers, who are directly involved in supplying care services and have a direct experience and overview of the local elderly care sector. It is acknowledged that managers only represent one group among many stakeholders involved in the sector, expressing specific points of view on it. As demonstrated by other studies (Gallo and Scrinzi, 2016; Scrinzi, 2013), the managers' experiences can shed light on processes of gendered and racialised construction of the job, due to their intermediary position between the demand-side and the provision of care.

Ten follow-up interviews with managers in the same cooperatives were conducted in 2016. A decade after the initial fieldwork, both social cooperatives were still active. The number of care workers they employed – mostly Latin American women – had remained roughly the same. The follow-up interviews aimed to locate the managers' practices in the context of significant changes in the sector due to the economic crisis. Further, they allow an appreciation of how the clients'/users' perceptions of care have evolved over time.

Most interviews were recorded and transcribed, while others generated field-notes. Additional observations were made during team meetings in order to record the workers' concerns around racism and conflicts with co-workers. Finally, some materials produced by the social cooperatives (activity reports, brochures) were also examined.

### **Beyond 'women's work': promoting professional care**

This section will analyse the strategies adopted by the social cooperatives to negotiate the *symbolic* competition produced by the private employment sector: the *badanti* are associated with an essentialising construction of the job as ‘naturally feminine’ and non-skilled. The managers responded daily to the requests made by the clients/service users and allocated a care worker to each of them. In collaboration with the municipality social workers, the coordinators tried to make the best match between an employee and the client/user’s specific needs, based on the timetable and the workers’ levels of experience, and elaborated individual care-plans. The managers reported that the requests were oriented towards familistic and gendered notions of care and that the care-receivers did not make a clear distinction between the *badanti* and the social cooperative employees: they thought that any woman could do the job. The managers were highly critical of this idea and described the services they offered as proper ‘professional work’, as opposed to that performed by privately-employed care-givers. From their point of view, it was crucial that the care-receivers acknowledged the professional quality of the service being provided; this could compensate for its greater cost, compared with private employment.

*‘The families are in the dumps when they realise that the elderly person is no longer autonomous and they tend to put forward the most material needs: cooking, shopping. But they underestimate the relational skills which are necessary: how to monitor and manage the ageing process, how to slow down the loss of autonomy of the elders, how to make an assessment through observation techniques... They only see material care chores and say: we need someone to stay at the side of the elderly person, and identify this with a woman, because of cultural reasons’* (manager, cooperative 1).

According to the managers, the care-receivers tended to focus on the material aspects of the work, such as intimate personal hygiene and cleaning, while downplaying the technical and relational skills involved. In order to deal with these expectations, the managers adopted various strategies. To begin with, they emphasised the emotional labour carried out by their employees. In the following interview excerpt, for instance, a manager stresses the subtle relational skills deployed by the workers in identifying and meeting clients' emotional needs, in addition to their material needs.

*'The work is relational: is the good care worker the one who gets the elderly person to eat the whole meal even if s/he is not very hungry, or the one who is able to understand the state of mind of the client, managing to improve his or her quality of life? Is it the one who cleans the house until it is spotless, or the one who, when needed, respects the domestic space of the person cared-for, even if it is not very clean, avoiding intrusions and the humiliation of making him or her feel even more dependent and less able?'* (manager, cooperative 2).

This interview echoes existing findings on care workers whose eminently invisible emotional labour is directed towards creating the 'illusion of independence' in their elderly care-receivers, thus preserving their self-respect (Rivas, 2003: 76). By highlighting such invisible and naturalised aspects of the job, the managers challenged dominant assumptions on 'women's work'. They also described their employees as skilled, motivated workers who were fully

capable of interacting with the local social and health services for the purposes of providing good care. This was put in contrast to the *badanti*, whom they considered inexperienced in matters such as dealing with family doctors and lacking in training in basic healthcare tasks. They did not deny that the *badanti* could provide good care, but said that they lacked professional training compared with their own employees. They were critical of the model underpinning the private employment sector, where care-givers often operate separately from formal care and health services, in the isolation of the private sphere.

In addition, the managers criticised the clients' expectations for female employees and their suspicions vis-à-vis male workers. Many people contacting the social cooperatives expected to be assigned a female worker. Because of this, the managers valued their (rare) male employees for contributing to support a professional image of the job, detaching it from its association with unpaid feminine care. The managers were keen to report that some care-receivers were fully satisfied with the serviced provided by male care workers, despite their initial reservations. For the managers, this helped to spread the idea that specific skills were needed to be good at the job. Requests for a female care worker were sometimes disregarded, irrespective of the sex of the client; in some cases, male employees were allocated 'to open up the mind' of the care-receiver, as one manager put it. As in other feminised jobs, managers described male workers as a source of enrichment for the team and for the sector in general (Williams 1993). Through their very presence, male care workers were seen as embodying the professional quality of the services provided. As such, they appeared as an 'ally' to the managers in their task of challenging the gendered views of care-receivers.

Crucially, the managers expressed regret that paying clients did not seem to value the services offered in terms of the management, training and coordination of their employees. The

representation of the job as non-skilled renders invisible not only the workers' emotional labour, but also the administrative, organisational and training work accomplished by the managers. Indeed, some clients contacted the social cooperatives to ask for support in finding or regularising a *badante*, or expected that the cooperative provided a live-in round-the-clock service. Others voiced expectations of a 'totalising' personalised relationship, as may occur in irregular private employment.

*'Most people come to see us and say: I need someone who has to stay with my mother twenty-four hours a day. And they don't understand that the solution is not simply to find a care worker – that there must be an organisation behind her to train, manage, control the allocation of services, the timetable, the replacements... This organisation needs to be there because the job is mainly relational, and the burn-out is frequent. But the families only understand that they need 'a woman'... We need to sit down with them and start a job with them: fill in forms, administer questionnaires... it is hard, because people will say: there is no need for all that, I just need 'a woman'' (manager, cooperative 2).*

*'To dismantle this mentality is difficult, we do a visit at home to begin with, we ask questions, we explain that the care worker won't be there all the time. The fact that the workers are entitled to weekly rest, annual leave, or*

*that they can be away on sick leave, is not taken in consideration!'*

(manager, cooperative 1).

The managers thus tried to spread the idea among clients that professionally-trained workers, together with the administrative and organisational arrangements to manage them (for example, mentoring workers, the assessment of individual care needs and the compilation of care-plans) were necessary to providing good-quality care. Importantly, they emphasised their perception that the service offered by the social cooperatives, though costlier, holds extra value as opposed to that offered by care-givers in private employment.

This is confirmed by the interviews conducted in 2016, during which the managers expressed similar complaints about the disregard clients showed for the professional nature of the service they provided. The representation of care has changed little in this respect: most clients are influenced by a familistic representation of care, resist the idea of spending money on care, and do not seem to value the specific skills possessed by workers. The managers advised them to beware of *badanti*, whose inexperience could cause harm to elderly care-receivers. Although further research would be needed to assess this, the data suggest that the efforts devoted by the two social cooperatives to 'modernising' the image of the job among their clients has had a limited impact.

In addition, the data suggest that the economic crisis has negatively affected the cooperatives' mission of providing 'professional' quality care. As a result of the decreasing municipal funding allocated to support user demand in Milan, and the smaller number of paying clients, in 2016 both cooperatives devoted less time and resources to training and mentoring



activities, such as team meetings. During these collective discussions, the workers had the opportunity to express their concerns and exchange positive or negative experiences; the managers, with the support of a psychologist, used the team meetings to monitor the quality of the service provided. Previously such meetings had been held fortnightly, but in 2016 one cooperative could no longer afford to hold any meetings at all. The social cooperatives thus struggle to devote time and resources to what they consider as their defining mission – coordinating professional care workers and promoting awareness among the clients – as this is undermined by the new financial context. These findings concur with existing studies demonstrating the negative impact of the recession on the quality of domiciliary and residential care services in Northern Italy (Gori, 2018).

### **Competitors or co-workers?**

The managers were also induced to handle aspects of this competition in concrete ways. Some clients tried to ‘appropriate’ workers from the social cooperatives, attempting to convince them to work for them for a few hours a week on a private basis. The employees were instructed to firmly reject these attempts, not to give their mobile phone number to clients, and inform the managers. Further, as some clients relied on both privately-employed migrant care-givers and on the services of a social cooperative, there was potential for workplace tensions to arise between *badanti* and cooperative employees. There were instances of clients asking the cooperative care worker to teach the live-in *badante* how to lift someone who was confined to bed, or to perform intimate hygiene tasks; after this, they stopped buying services from the social cooperative and relied on the live-in worker only – a cheaper arrangement. In these cases, the cooperative

employees saw the *badanti* as non-skilled workers ‘stealing’ their jobs. At team meetings, the workers made ironic comments on the short duration of the service requested by such clients. For instance, when a manager informed the team that a certain client no longer required the service because he was going to rely on a *badante* in future, one employee remarked: ‘definitely, this is a job which anybody can do!’

The managers attempted to neutralise these tensions by monitoring the relationship between their employees and the *badanti* in the workplace, and establishing a division of tasks between the two. Normally, based on their contract, the cooperative workers were supposed to limit their services to care tasks, but they could still be expected to do person-oriented cleaning chores – cleaning the window of a client’s bedroom, for example, if the client was confined to bed. When a cooperative worker and a *badante* operated in the same household, the former was posited as the main carer, performing personal care tasks and ensuring that the care-plan was respected, and leaving all the cleaning chores to the *badante*; if, indeed, a *badante* was present, the cooperative workers were ready to refuse such chores.

*‘If there is a badante working at the client’s home, then the workers will carry out exclusively personal care. They can help the badante to make the bed, but overall there is a specific intervention focused on the person cared-for. There can be a conflict with the badante, for example if they have some nursing skills and criticise the way in which our worker lifts the bedridden elderly person, but in that case the worker will say: I did the professional training while you did not, I learned how to do this at the hospital, you didn’t’ (manager, cooperative 2).*

This strategy, however, might have the unintended effect of undermining the perception of paid care work as a professional activity. The division of work between the *badanti* and the workers from the social cooperatives could in fact invalidate the ‘holistic approach’ which is at the centre of the professionalization of care jobs: this is aimed precisely at overcoming the divide between ‘dirty work’ and valued person-oriented work, and between health and social care (Ungerson, 2003). As other studies indicate (Andall, 2000), the hierarchy between different professional figures is expressed through the distinction between person-oriented care chores and domestic chores (cleaning, cooking), the former being considered as skilled work and the latter as menial non-skilled work. Through this division of work, gendered assumptions about care as non-skilled work are reproduced: care work is devalued through its delegation to others.

This division of work can also lead to some confusion about the roles of different co-workers in the same setting. One manager reported that some clients referred to the cooperative worker by calling her ‘my *badante*’, which the employee strongly resented. In such cases, the manager called the client over the phone to clarify the situation. However, there were instances in which the social cooperatives agreed to provide short-term services to clients who required the worker to instruct the *badante* on how to perform specific technical tasks, such as lifting an elderly person. As the cooperatives could not afford to refuse the demand for such short-term ‘mentoring services’, the care worker in these cases was posited as the trainer of the *badante*. From the managers’ point of view, presenting this kind of work as involving a valued mentoring role and reaffirming the employees’ professional status was a strategy to defuse the tensions between the cooperative workers and the *badante*. This argument was used in team meetings to deal with the dissatisfaction of the staff regarding the competition from the *badanti*.

*'I try to get the workers to experience the co-habitation with the badanti as something positive, telling them that it is them who teach the badanti how to work properly. It all depends on how we present the situation to them'*  
(coordinator, cooperative 2).

Overall, the managers' attitude vis-à-vis the *badanti* tended to be conciliatory: they tried to mitigate the frustration of their employees while at the same time attempting to limit the care-receivers' undue requests. Forced to negotiate the presence of the *badanti* on the market, and in the homes of their clients, the social cooperatives had little room for manoeuvre. This 'appeasement' strategy became even more evident in the context of the economic crisis. The shrinking demand for domiciliary services – to the advantage of the *badanti* – prompted the managers to re-invent their roles in ways that might enable them to continue their mission of promoting professional care while surviving in the competitive environment. By 2016, both social cooperatives had participated in a series of experimental projects exemplifying the so-called 'second welfare' (Maino and Ferrera, 2015) in the context of the recession. Based on local-level partnerships between the public sector and private not-for-profit actors, including the cooperatives, some innovative arrangements have been developed in Milan to meet the growing demand for care services by an impoverished population, in a situation characterised by limited resources. In 2009, one of the care-providers converted part of its activities into providing training for the *badanti* and support for their private employers, while maintaining a small number of clients for domiciliary services. Its role was to analyse the care needs of potential

private employers, to design a care-plan and introduce candidates to the family. According to the managers, this supervision and planning helped to promote the professional quality of the service provided by the *badanti*. In 2015, the second care-provider participated in an experimental project contributing to create the figure of the ‘apartment building *badante*’, inspired by the ‘sharing economy’. Social cooperatives have the capabilities needed to manage care-givers, but are prevented by law from acting as intermediaries between workers and private employers. The project allowed for a *badante* to be employed by a temp agency to work on an hourly basis for several elderly people living in the same apartment building. This service was fully-funded by the municipality. However, the temp agency hired the *badante* based on the national agreement on domestic workers’ private employment, which involves lower salaries than those of the social cooperatives’ workers. The cost to the municipality was therefore lower than that required to fund a service provided by the social cooperatives. The social cooperative did not provide a professional care service, in line with its original mission, but a service of supervision of the *badante*. Thus, to some extent, the development of this new form of care provision is antithetical to the interests of the social cooperative; at the same time, the ‘apartment building *badante*’ arrangement offers an additional work opportunity, at a time when public funding and customer demand are decreasing. However, the managers talked about the awkwardness of their position in taking on the role of controlling the *badante* while not being her employer. For example, it was not easy for them to assess the extent to which the guidance provided to the *badante* on how to carry specific tasks was followed, or to enforce such guidelines.

Finally, according to the managers, decreasing public funding affects the social cooperatives not only because this means lower subsidies to support customer demand, but also in relation to the smaller number of social workers recruited by the municipality compared with the pre-

recession period. Social workers are particularly helpful in negotiating the conflicts between *badanti* and cooperative employees operating in the same household. Moreover, in 2016 the managers' visits to clients' homes could be held only in special cases. These visits, traditionally arranged to assess individual care needs and set up a care-plan, can also help the managers to monitor client-employee relations, to ensure that the agreed tasks are carried out appropriately, and to deal with any problems which may arise in the delivery of the service.

### **Non-profit care-providers negotiating ethnicity**

In some cases, the managers had to deal with the care-receivers' explicit requests for non-migrant workers and their hostility towards Black<sup>iii</sup> workers. Though these requests were not common, all the interviewed managers had had to deal with them at some point. One argued that this was another negative effect of the predominance of the informal private employment market, where migrant care workers are highly flexible and employers can choose Italian candidates over Black individuals.

The marketization of care, on the one hand, and the 'social vocation' of non-profit care-providers, on the other, constitute the framework for these negotiations, with contradictory outcomes. The managers firmly expressed an ethical commitment to rejecting these discriminatory requests, because of the 'social vocation' and culture developed throughout the history of the cooperative movement. In dealing with these discriminatory requests, they intervened by talking to the clients over the phone or arranging a meeting, and by maintaining close communication with them. The arrangements that are distinctive of the publicly-funded non-profit care sector – where the social cooperatives offer the service on behalf of the

municipality by liaising with the municipal social workers – constituted a resource for the managers in their attempts to negotiate such discriminatory requests. In such cases, they were in a better position to reject such requests because the service was free for the service users, and they could also rely on the municipal social workers to handle these issues. The workers allocated to non-paying service users thus benefited from some protection from discrimination and potentially difficult work relations.

*‘We are firm on the issue ‘Italian/migrant’, on issues of skin colour... We are lucky to have the public institution which acts as a filter for these discriminatory demands. The culture and the organisation developed by the social cooperatives are important here because they enable us to answer to the care needs of the families while at the same time limiting these requests. We are an organisation which does not simply have economic objectives, but also cultural and social objectives’ (manager, cooperative 1).*

In contrast, the managers acknowledged that they found it harder to frustrate the discriminatory requests of paying clients, because of the pressure of the market demand. These care-receivers were seen as clients whose requests should be satisfied as much as possible. Although the managers tried to convince them to accept the workers, the demands of those clients who were most adamant in requesting an Italian worker were eventually met. The managers differentiated between the requests expressed by the elderly care-receivers and those coming from their relatives, which they dismissed more easily.

*'We don't work in agreement with the municipality, so the clients pay and they expect more. I try to make them understand... to play for time, I call them, I go to see them at home, then I see what I can do. If I don't have another employee available, I say: be patient, as soon as another worker is free I will replace her. If I can satisfy them I will do it. If it is the elderly person who asks for an Italian, I will try to accommodate her or her request immediately. If it is the relatives, I will try to make them happy but that is secondary. Otherwise the worker won't be accepted and she won't be able to do a good job, she will complain with me. If I see that the clients are adamant in rejecting her, then I replace her'* (manager, cooperative 2).

The social cooperatives also provided migrant care workers with an opportunity to voice complaints in a collective space, including their experiences of racism on the part of the care-receivers. In one cooperative, each care worker had a 'diary' where they noted the tasks undertaken and the difficulties encountered. The diaries were then discussed under the supervision of a psychologist. In the meetings, the workers could also voice some of the problems which they experienced due to their migrant status. For example, some employees raised the difficulties they had encountered in dealing with the experience of downgraded social mobility due to the non-recognition of their formal qualifications.

The interviews conducted in 2016 do indicate, however, that the clients are getting used to being allocated migrant workers: according to the managers, the number of those expecting to be cared for by an Italian has decreased over time. Overall the managers reported that hostility to Black and migrant workers was expressed by a very small minority of paying clients. However,



decreasing public funding – generating fewer opportunities for collective meetings and monitoring – can make it more difficult for migrant employees to voice their concerns related to racism.

## **Conclusion**

This article shows that, for the two non-profit care-providers under study, the impact of the competition posed by privately-employed migrant care-givers is not only economic but also symbolic. The article has explored how the managers are forced to develop strategies to negotiate the presence of the *badanti* on the market and in the homes of their clients, as well as to deal with decreasing funding. In so doing, the managers deploy social norms and meanings of care and professionalism, and develop specific strategies for the organisation of work.

The article thus provides insight into the understudied sector of non-profit domiciliary care in Italy, shedding light on how this is challenged by the burgeoning private employment sector. It provides a potential basis for comparison with other contexts where elderly care is based mainly on traditional household-based work relations, such as Mediterranean countries. Although the study covers only two social cooperatives, the Milan case is representative of current national trends: it can be seen as a magnifying glass for appreciating how the private employment sector affects other forms of paid care work, and the gendered dynamics activated by this material and symbolic competition. The article also makes some original contributions to the debates on the marketization of care work and on migrant care labour.

First, the findings raise the issue of the gendered dimensions of ‘skill’ and the professionalization of reproductive labour in domiciliary settings. ‘Skill’ is a gendered and racialised construction depending on the negotiations concerning the division of work around

class, gender and ethnicity lines (Cockburn, 1981). The interviewed managers were active in countering the representation of the job as non-skilled ‘women’s work’ by making emotional labour visible. However, some of their strategies had ambivalent outcomes: the division of tasks between the formally (mainly native) skilled care workers and the (migrant) *badanti* can reproduce the dualism of emotional work/‘dirty work’. A more effective step towards questioning the perception of care work as non-skilled would require that the existing gendered (and racialized) divisions of work and ideologies are exposed.

Secondly, the article provides a basis for comparing the deployment of notions of gender, care and professionalism in domiciliary care as opposed to privately-employed care labour. Differences and continuities can be observed between the construction of care work in these different settings. The dominant perception of the job as ‘non-skilled’ ‘feminine’ work is not distinctive of private employers but characterises also the users/clients of care-providers. However, the care-providers explicitly recognised emotional labour. In contrast, private employers mobilise gendered and racialising constructions to make the emotional labour of their employees invisible and exert control over them (Gallo and Scrinzi; 2016, Scrinzi, 2013). The intermediary position occupied by the social cooperatives between the demand for and provision of care potentially plays an important role in contributing to the care-recipients’ awareness of the multiple skills involved in the job. This article thus suggests that non-profit care-providers, as brokers of reproductive labour, can play an important role in challenging (or reproducing) sexist and racialising representations of work. It also provides evidence of the professionalising discourse of Italian care-providers: this conflicts with the familistic representation of care espoused by other non-profit brokers of care work in Italy, but is similar to that of non-profit care-providers in other countries such as France (Scrinzi, 2013). Further, the presence of an

intermediary structure does not mean that racism is absent in work relations in domiciliary care. Privately-employed care-givers rely on informal practices of exchanging information to resist racism and exploitation, for example when they meet in public squares on their days off. Conversely, the presence of an intermediary structure can provide support and a collective space where some problems can be voiced by workers. However, the article also suggests that the market logic conflicts with the ‘social vocation’ of the social cooperatives in relation to the issue of the discriminatory requests of some care-receivers. The recession further reduces the margins for countering any discriminatory requests.

In this respect, the article engages with studies on migrant care labour, which have so far been mainly concerned with privately-employed care work (Andall, 2000) as opposed to domiciliary and residential care settings. Scholars have voiced the need for further research which analyses the role played by other actors of care provision beyond the household, such as the state, the market and the non-profit sector (Kofman and Raghuram, 2015). Future research should investigate the continuum between these different worlds of reproductive labour. In particular, further studies are needed to compare the social construction and organisation of migrant and native reproductive labour in non-profit as opposed to for-profit sectors, in order to explore the tensions between the perception of care as a feminine ‘labour of love’ and its externalisation to the market.

## **References**

Ambrosini, M. (2013). *Irregular Migration and Invisible Welfare*. New York: Palgrave-Macmillan.

- Andall, J. (2000). *Gender, Migration and Domestic Service*. Aldershot: Ashgate.
- Andreass, M., Carini C., Carpita M., & Costa E. (2012). La cooperazione sociale in Italia (Social cooperation in Italy). *EURICSE Working Paper*, 27(12).
- Bettio, F., Simonazzi, A. & Villa, P. (2006). Change in Care Regimes and Female Migration. *Journal of European Social Policy*, 16(3), 271-285.
- Boccagni, P. (2002). *Cooperazione e immigrati*. Rome: Istituto Luzzatti.
- Boccagni, P. (2008). La partecipazione multi-etnica nelle imprese sociali (Multiethnic participation in social enterprises). *Sociologia e politiche sociali*, 1, 45-66.
- Cockburn, C. (1981). 'The Material of Male Power'. *Feminist Review*, 9, 41-58.
- Comune di Milano (2012). *Piano di sviluppo del Welfare*. Milan, [http://www.comune.milano.it/wps/portal/ist/it/servizi/sociale/piano\\_sviluppo\\_welfare/piano\\_sviluppo\\_welfare\\_%202012\\_2014](http://www.comune.milano.it/wps/portal/ist/it/servizi/sociale/piano_sviluppo_welfare/piano_sviluppo_welfare_%202012_2014)
- Euricse (2015). *Terzo rapporto Euricse*. Trento: Euricse.
- Gallo, E. and Scrinzi, F. (2016). *Migration, Masculinities and Reproductive Labour. Men of the Home*. Basingstoke: Palgrave Macmillan.
- Gardin, L. & Nyssens, M. with Minguzzi, P. (2010). 'Les quasi-marchés dans l'aide à domicile' (The quasi-markets in domiciliary care). *Annals of public and cooperative economics*, 81(4), 509-536.
- Da Roit, B. & Weicht, B. (2013). Migrant care work and care, migration and employment regimes. *Journal of European Social Policy* 23(5), 469-486.
- Gori, C. (2018) 'Changing long-term care provision at the local level in times of austerity'. *Ageing & Society*, 1-26, <https://www.cambridge.org/core/journals/ageing-and-society>

[society/article/changing-longterm-care-provision-at-the-local-level-in-times-of-austerity-a-qualitative-study/76B69E558F9ACDBE8067E216A768B20B](http://society/article/changing-longterm-care-provision-at-the-local-level-in-times-of-austerity-a-qualitative-study/76B69E558F9ACDBE8067E216A768B20B)

Hochschild, A.R. (2012). *The managed heart*. Berkeley: University of California Press.

Kofman, E. &Raghuram, P. (2015). *Gendered Migration and Global Social Reproduction*. Basingstoke: Palgrave MacMillan.

Maino F. &Ferrera M. (Eds) (2015). *Secondo rapporto sul secondo Welfare in Italia* (Second report on the second Welfare in Italy). Turin: Centro di Ricerca Luigi Einaudi.

Network Non-Autosufficienza (2017). *L'assistenza agli anziani non-autosufficienti in Italia. VI Rapporto* (Assistance for dependent elderly in Italy. Sixth report). Santarcangelo di Romagna: Maggioli.

Pasquinelli, S. &Rusmini, G. (Eds.) (2013). *Quante sono le badanti in Italia. Qualificare*. Retrieved from <http://www.qualificare.info/home.php?id=678>

Pasquinelli, S. (2015). *Primo Rapporto sul Lavoro di cura in Lombardia* (First report on care work in Lombardy). Santarcangelo di Romagna: Maggioli.

Picchi, S. (2012). Le badanti invisibili anche alla crisi? (The *badanti* invisible also to the crisis?). *InGenere*, May, <http://www.ingenere.it/articoli/le-badanti-invisibili-anche-alla-crisi>

Rivas, L.M. (2003). Invisible Labors. In B. Ehrenreich and A.R. Hoschschild (eds), *Global Woman*. (70-84). New York: Metropolitan Books.

Sacchetto, D. &Semenzin, M. (2016). Workers' cooperatives in Italy. In N. Pun et al. (eds), *Social Economy in China and the World*. (135-154). London: Routledge.

Saraceno, C. & Keck, W. (2011). Towards an integrated approach for the analysis of gender equity in policies supporting paid work and care responsibilities. *Demographic Research*, 25(11), 371-406.

Sartini, S. et al. (2011). *Report sui bisogni e sulle caratteristiche professionali delle immigrate nel settore dei servizi alla persona*. (Report on the needs and professional profiles of migrant women in care jobs). Macerata: Equal-DIPO-COOSS Marche.

Scrinzi, F. (2013). *Genre, migrations et emplois domestiques en France et en Italie* (Gender, Migration and Domestic Labour in France and Italy). Paris: Editions Pétra.

Shutes, I. & Chiatti, C. (2012). Migrant labour and the marketisation of care for older people. *Journal of European Social Policy*, 22(4), 392-405.

Timonen, V. & Doyle, M. (2010). Migrant care workers' relationships with care recipients, colleagues and employers. *European Journal of Women's Studies*, 17(1), 25-41.

Ungerson, C. (2003). Commodified care work in European Labour Markets. *European Societies*, 5(4), 377-396.

Weicht, B. (2015). *The Meaning of Care*. Basingstoke: Palgrave Macmillan.

Williams, C. (1993). *Doing 'Women's Work'*. Thousand Oaks: Sage.

Wilkinson, C. (2014). *A map of social enterprises and their eco-systems in Europe, Country report: Italy*. Brussels: European Commission.

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<sup>i</sup> In 2018, 516 euros were paid monthly to people in conditions of full dependency.

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ii 'Emotional labour' refers to the processes of management of their feelings performed by workers based on organizationally defined rules; it is typical of feminized service sector jobs where it reproduces the customers' status and well-being (Hochschild, 2012).

iii 'Black' is used as a political and descriptive category to indicate racialised individuals of African origin.