

## Crisis as Catalyst? Romanian Migrant Care Workers in Italian Home-Based Care Arrangements<sup>1</sup>

Marlene Seiffarth<sup>2</sup>  
University of Bremen, Germany

**Crisis as Catalyst? Romanian Migrant Care Workers in Italian Home-Based Care Arrangements.** The COVID-19 crisis in Italy has brought to public attention the labour of almost one million migrant care workers (MCWs) who care for older Italian persons in their homes. Over the past three decades, the migrant-in-the-family model has become one of the main pillars of eldercare provision in Italy. The increase of this kind of care is analysed with a mixed-method approach, using official statistics, secondary literature, and expert interviews. The analysis integrates dynamics in the countries of origin and destination and focuses on Romanian MCWs as a case in point. The analysis highlights crises as catalysts for complex consequences and dynamics of transnational care migration, which play out at the levels of state, family, and individuals.

*Sociología* 2021, Vol. 53 (No. 5: 502-520)

<https://doi.org/10.31577/sociologia.2021.53.5.19>

**Key words:** *Migrant care work; Italy; Romania; crisis*

**Word count:** 117

### Introduction

As the first European country to be substantially impacted by the COVID-19 crisis in February 2020, the gaping holes in Italy's health and social assistance sectors were exposed as if overnight. Among a multitude of issues, this ongoing crisis has brought to the fore the vulnerabilities of those working closely with at-risk populations, such as migrant care workers (MCWs). In Italy, home-based eldercare provision would be impossible without the estimated 960,000 care workers, of which over 75% were born outside the country (De Luca et al. 2019). Across Western Europe, Italy is one of the main receiving countries of MCWs, and the migrant-in-the-family model has become the main mode of paid eldercare in the last three decades. Around 58% of MCWs are informally employed, work long hours, and often work in isolation with older care-receivers. In the current crisis, these workers have been hit particularly hard. Like the Italy-based Romanian care worker Magda Toporan, whose cry for help went viral on social media (Anghel 2020b), many lost their

---

<sup>1</sup> Funded by the Deutsche Forschungsgemeinschaft (DFG, German Research Foundation) Projektnummer 374666841 – SFB 1342

<sup>2</sup> Address: Marlene Seiffarth (M.Sc.), University of Bremen, Mary-Somerville-Str. 7, 28359 Bremen, Germany. E-mail: [m.seiffarth@uni-bremen.de](mailto:m.seiffarth@uni-bremen.de)

jobs, and in some cases their homes, because of the death of the care-receiver. Others have seen their wages cut or suspended while continuing to work in situations of extended isolation.

Research for this paper began before the onset of the COVID-19 crisis, and my aim has been to better understand the increase of migrant-in-the-family care with regards to Romanian MCWs as a case in point. I consider the dynamics of this transnational care migration over the last three decades and how they play out in both the countries of origin and destination of the MCWs. The quantitative and qualitative data collected not only reveal that Romanians have become the largest group of MCWs in Italy, but also that crisis has been a recurrent theme in both Italy and Romania when it comes to the complexities of transnational care migration. Italian families were faced with a crisis of care as early as the 1990s because of the inadequacy of public infrastructure to address the needs of its dependent population, which were exacerbated with higher female labour market participation and decreased family sizes. In Romania, massive economic restructuring and subsequent economic and social crises encouraged emigration. Romanian women, along with others from Eastern Europe and the Global South, migrated to Italy to fill the care gap. When the global financial crisis of 2008 struck, Italian families adapted how they organized care work, which in turn impacted the lives of MCWs. Consequences of this transnational care migration are borne by those who provide labour as much as by their families and countries of origin. Thus, crises in both the migrants' country of origin and recipient country have acted as catalysts to transform the provision of eldercare in Italy over time. I argue that these past crises, which impacted the organization of the care sector tremendously, inform analyses of the current and looming COVID-19-related crises.

### *Methodological approach*

Data for this paper were collected before and during the COVID-19 crisis. I accessed data from the Italian National Institute for Social Security (INPS) not publicly available<sup>3</sup> and interviewed nine academic and civic experts from Romania and Italy in person and through video conferencing. The interviews were held in Spring, 2019 and 2020, in English or Italian, and the transcriptions were subject to a qualitative content analysis (Mayring 2000). The 2019 interviews were explorative in nature, and in the 2020 interviews, I was seeking contextualisation for migrant care work and the experts' opinions on and

---

<sup>3</sup> After consultation with INPS officials, I requested a customized data set of the five most prominent nationalities of Eastern European MCWs, namely, Albanian, Moldovan, Polish, Romanian, and Ukrainian. This sample represents approximately 95% of all Eastern European MCWs registered at INPS.

analysis of the statistical data from INPS. In this way, statistical data and interviews intersected in both data collection and analysis. Interview partners were anonymised and are designated by an interview number and the year of the interview (#/YY).

### **The crisis of the Romanian exodus and the path to Italy**

In Europe, transnational care migration is a phenomenon that mostly involves Eastern European MCWs who are employed in institutions or households in Western European countries (Lutz 2008; van Hooren 2011). In this paper, Romanian MCWs in Italy serve as a case for the dynamics of this transnational care migration. The focus will be on workers who are employed in private households, often in live-in care arrangements. The migration corridor between Romania and Italy is the largest one in the European Union, and currently Romanians form the largest migrant community in Italy, with 1.2 million people (ISTAT 2020). In 2018, 72% of registered MCWs in Italian households came from Eastern Europe (INPS 2020), and 45% of Eastern European MCWs came from Romania (INPS 2019).

The transition from Ceaușescu's socialist regime to a capitalist economy left Romania's population to its own devices. In addition to the growth of the informal economy in Romania, Potot lists transnational migratory movements as representative of "an alternative survival strategy" to cope with the transition period and "a specific form of adaptation to a crisis" (2010: 254f.). When Romania's borders opened after the end of the socialist dictatorship, Italy was not the most sought-after destination (IP-1/20; IP-3/20). Romanians first went to neighbouring countries, and beginning in the mid-1990s, Germany, which was perceived as a 'wonderland', became their Western European destination (IP-3/20). Although these processes were not neatly sequential, Romanians then began migrating to France, considering its historical ties with Romania and the appeal of French culture to Romanian intellectuals (IP-1/20; IP-3/20). But many decided to leave this "rather intolerant country for a more tolerant country" (IP-1/20). Spain and Italy were considered to have more *laissez-faire* migration policies, but also a more easily accessible labour market with well-paying jobs (IP-3/20), and so Romanians began migrating to Southern Europe.

At the time, Italy's economy and democracy were undergoing massive changes, and the country was still transitioning from an emigration to an immigration country (Bonifazi et al. 2009). Nevertheless, its business connections to Romania might have influenced Romanian immigration to Italy: throughout the 1990s and 2000s, 13% of Romania's direct foreign investment was Italian (Baga 2007: 148). Moreover, in Italian textile and shoe factories in western Romania near Timișoara, the employees were often internal migrants from the poorer region of Moldavia (Martin et al. 2006: 92). This internal

migratory movement favoured the transition to international migration over time (IP-1/20). It is exactly the historic region of Moldavia from which most circular migrants go to Italy (Sandu 2005, 2017). The first migrants from this region belonged to the Catholic minority, and the Catholic Church provided them with ‘network capital’ to connect to Italy, in the same way as the Adventist Church supported Romanian members who migrated to Spain (IP-1/20). Another aspect of why Romanians might have chosen Italy as a destination is the shared “Latin background”, especially when it comes to language (IP-1/19).

Starting in the late 1990s, it was predominantly Romanian men, many who had acquired construction skills during the socialist era, who went to work in the expanding Italian construction sector (IP-1/20, IP-3/20). Networks were established quickly among the first wave of Romanians to find work in Italy, and some became intermediaries in recruiting co-nationals to come to Italy. This first generation of migrants recruited their wives and other female relatives and friends for available jobs in the domestic work sector, cleaning, and eldercare. From that point onwards, the Romanian emigration can be characterized as a family migration (IP-1/20), meaning that almost equal numbers of men and women emigrate.

Family migration, and even community migration, contributes to a high degree of network capital and support amongst migrants in Italy. Women who emigrate individually may have looser support structures but usually also come to Italy through personal contacts (IP-3/20). Throughout the 1990s, migrating to Italy was a one-way ticket: visas were available in Germany, but cost about five times an average salary in Romania, thus women who went to Italy as domestic or care workers often had to accept whatever employment conditions were available, since the prohibitive cost of returning to Romania made return impossible even if things in Italy were not to their liking (IP-3/20). Many employers took advantage of their precarious situation by not regularizing their employment (through contracts and social security contributions), which was to the employer’s advantage. This situation only intensified during Romania’s recession (1997 – 1999), which resulted in massive unemployment (IP-1/20).

In 2002, Romanian citizens no longer required a visa to enter the Schengen Area. My interviewees considered this to be the pivotal moment influencing Romanian emigration, since migration to Western Europe became “very easy, less costly, less risky” (IP-3/20). Romanians started to move west on a massive scale. Given the free-movement provisions, temporary migration intensified. According to a survey carried out in 2006, the number of Romanians departing for Italy to work doubled between 2002 and 2006 (Sandu et al. 2006: 24). Female migration flow increased as well. Between 1990 and 2001, men represented almost 90% of all temporary departures to work abroad, but in

2002 the balance began to shift. Absolute numbers of Romanian women living in Italy doubled between 2002 and 2003 alone, and reached over 90,000, surpassing the number of Romanian men (ISTAT 2002, 2003). In 2006 men comprised 55% of temporary departures and women 45%.

### **The crisis of Italian eldercare, DIY welfare, and migrants in the families**

While Romanians were leaving their country and its crises in search of employment and new opportunities, Italian families were increasingly confronted with a crisis of their own. In Italy, public long-term care provision was non-existent until the 1970s, when residential and community care services were developed by some municipalities (Costa 2013). Until the 2000s, Italian hospitals were generous in their policies towards older patients, allowing longer stays if family members had limited resources to care for them (Bettio – Plantenga 2004: 99). But this practice was discontinued with the restructuring of the public health sector, which led to shortages in staff and hospital beds (Di Rosa et al. 2012). The subsequent reduction in public investment and weak public governance in the long-term care sector led to an absolute lack of residential facilities (which, when available, cost exorbitantly much) and insufficient coverage of social services (Da Roit – Moreno-Fuentes 2019: 600). Overlapping with these developments were factors such as demographic ageing and increased female labour market participation, which intensified in the 1990s.

When families with dependent older relatives, many of whom wished to be cared for in their home, were looking for care provision, they had to deal with the lack of public support and infrastructure to provide care on the one hand and, on the other in some cases, with the relative ease of acquiring financial state support in the form of a cash-for-care allowance (*indennità di accompagnamento*). Growing care needs were thus attended to by privately hiring help for eldercare at home (Di Rosa et al. 2012; van Hooren 2012), and so-called *badante* (home-based care workers)<sup>4</sup> became the private solution to societal problems.

This practice resonates with the concept of *welfare fai-da-te* (DIY welfare), which is now a popular term in Italian society, media, and literature used to refer to families who have to arrange and finance child care, school-to-work transitions, and care for the sick and eldercare because of inadequate public welfare services (Ermeneia 2014: 12). Italy's familialistic welfare regime does not provide in-kind services but offers cash benefits that must be administered

---

<sup>4</sup> Throughout this paper, I refrain from reproducing this derogatory term and, instead, use 'family assistants' or care workers to refer to both migrant and Italian home-based care workers and 'MCWs' only for those who are born outside Italy.

by families or care recipients themselves (Le Bihan et al. 2019). Women of all ages bear the responsibility to ensure adequate care provision, either by doing it themselves or delegating it to another person, also usually a woman (Bertani 2015: 79).

By means of DIY welfare, Italy has undergone a “transition from a ‘family’ to a ‘migrant in the family’ model of care” (Bettio et al. 2006: 272). Indeed, in Da Roit and Weicht’s (2013) analysis of migrant care work in nine European countries, Italy had the highest concentration of the migrant-in-the-family model. Up to the 1990s, migrant domestic workers came to Italy through colonial ties or the Catholic Church (Sarti 2008). During the 1990s, Eastern Europeans increasingly entered this sector to provide eldercare and by now have become the largest group of MCWs. Between 2001 and 2012, the domestic work sector grew by 53%, and the increasing number of migrants was the main factor in accelerating this growth (CENSIS 2013).

The estimates provided by the DOMINA Observatory suggest that two million people, mainly women, are employed as domestic and care workers in Italy (De Luca et al. 2019). The number of migrants is estimated at 75.4% among family assistants, and at 91% among live-ins. Almost all family assistants are women (92.3%), and two-thirds are over 50 years old. Informal employment is widespread and estimated to amount to 58% of the sector. Informality is higher in the southern regions, which leads to lower official figures than in northern regions (Maioni – Zucca 2016). Pasquinelli points out the three main forms of employment in this sector: contract (38%); a residence permit without a contract (36%); neither a residence permit nor a contract (26%) (2013: 47). This illustrates the informal nature of this type of employment. Workers without a contract are not able to register with social security, hence, do not enjoy labour protection. They are paid in cash, sometimes at higher rates, which presents short-term benefits or suits the temporary nature of their migration plans. Those with neither a contract nor a residence permit find themselves in a situation of extreme uncertainty and risk, making them vulnerable to exploitative situations, as they fear loss of wages and livelihood as well as deportation.

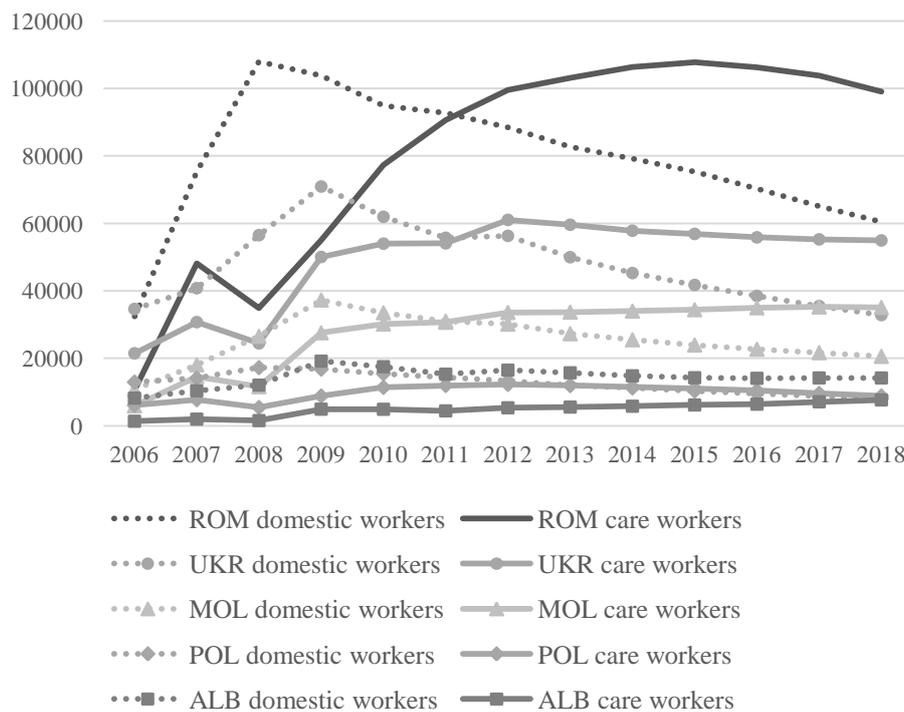
### **DIY crisis management?**

In the domestic work sector two types of employment are officially recognised: domestic work (*colf*, short for ‘*collaboratrice familiare*’ [family helpers]) and care work (*assistenti familiari* [family assistants]). *Colf* are hired mainly for domestic chores or babysitting, usually on an hourly basis. Family assistants are care workers mostly hired specifically for eldercare, and of which more than one third live with their employers (De Luca et al. 2019). The difference is

not always clear-cut, as for example, a *colf* can be hired for domestic chores but take on more care-related tasks when a family member becomes dependent.

The two categories of workers are often conflated in the literature about eldercare in Italy, and this can lead to analytical distortion. For example, the 2002, 2009, and 2012 amnesties (ex-post government regularisation programmes targeted only at migrants who are already living and working in Italy) are often taken as an illustration of the migrantisation of the eldercare sector (e.g., Da Roit – Moreno-Fuentes 2019). A closer examination, however, reveals that more *colf* than family assistants benefitted from these amnesties (OECD 2018: 184). This means that the amnesties did not actually have a direct impact on migrants working in private home-based eldercare, but, rather, they signalled to migrants that eventually their status could be regularised in Italy. I separate the two categories (Figure 1), making a more informative analysis possible.

**Figure 1: Total number of Eastern European domestic and care workers privately hired by Italian households, selected nationalities, 2006 – 2018**



Source: INPS 2019

Although Romanian nationals comprised 20% of all beneficiaries of the 2002 amnesty (OECD 2018: 184), they were no longer eligible for the 2009 amnesty because Romania had become an EU Member State in 2007, which afforded Romanian citizens free movement and the right to legally stay in Italy. But, as pointed out by my interviewees, Romanian migrants had already started to come and build networks earlier, and in significant numbers after the introduction of the non-visa regime in 2002. The change in 2007 meant that Romanians already working in Italy informally were able to formalize their employment relationships by registering with INPS. This explains the increase of numbers from 2006 to 2007. In 2008, only the figures of Romanian MCWs dropped, whereas those of Romanian *colf* increased by 43% (see Figure 1). Since neither EU accession nor an offer of amnesty can explain these figures, I consider another set of factors.

So far, this paper has touched on several crises that have had an impact on transnational care migration in Italy: crises in the country of origin, as well as a care crisis in the country of destination. Both crisis situations have been addressed largely at the individual level rather than by government policy. Individuals have taken on the burden and risk of searching for employment abroad to improve their lives and the lives of their families, who may or may not have remained ‘at home’ in Romania. It was also individuals and family units in Italy who used their incomes and sometimes cash-for-care benefits to privately employ family assistants.

Of course, these individual actions were carried out in larger structural and institutional frameworks such as the immigration and social policies of nation states. This already complex picture becomes more so by factoring in the impact of the 2008 – 2009 global financial crisis. The economies of both Romania and Italy have been important factors in how transnational care migration has taken shape. The dire economic situation in Romania has been the main reason migrants leave their country. Before the crisis, in 2006, the average wage in Romania was 200 euro, whereas Romanians working in Italy were able to “earn between 800 and 1400 Euro and send back home between 400 and 800 Euro” (Stan 2006: 25). When Romania joined the EU in 2007, its purchasing power-adjusted GDP per capita was still only a third of Italy’s (EUROSTAT 2007).

While the economic crisis was delayed somewhat in Romania, by 2009 it was in full force: public- and private-sector employees, especially rural, working-class people, were affected by high unemployment rates, precarious employment, and high levels of inequality. The inflow of Romanians to EU countries slowed down, but migration stocks increased nevertheless, as the situation in Romania showed few improvements (Stan – Erne 2014). The global financial crisis hit Italy and Southern Europe in 2008, at a time when

Italy found itself already confronted with multiple challenges, such as austerity measures and a shift toward the political right (Di Quirico 2010). The public sector and the welfare state were under extreme pressure, and long-term care policies were further neglected (Gori 2018). The people most affected by this crisis were young adults, men, and migrant workers. With fewer seasonal jobs available, especially in Spain and Italy, many Romanian migrants suffered the loss or reduction of income, which led to a sharp decrease in remittances to Romania by almost a third beginning in November 2008 (Stanculescu – Stoiciu 2012: 22). However, Romanian migrants residing in Southern European countries were in a situation of “choosing between two evils – and the crisis at home seem[ed] to be worse than the crisis abroad” (ibid.: 20). Somewhat surprisingly, migrant women employed in the care sector were not as affected by the economic crisis. On the one hand, this was because privately hired MCWs are often paid from care-receivers’ pensions, which remained stable, and on the other, “because the elderly will never go in crisis” (IP-2/19), meaning they will always need care regardless of the economic situation.

### *Italian families and their choices during economic crises*

How did the financial crisis of 2008 and the subsequent years of economic crisis impact families who hired MCWs privately? First, it is important to note that families’ private expenditures for care, drawn from pensions, savings, or assets, are contributing to old-age poverty (Luppi 2015). It takes about one-third of a household income to pay a care worker. But only 31.4% of families who employ family assistants receive any form of public support for their spending (national or local cash-for-care benefits and tax deductions). In times of recession and economic crisis, families struggling to provide their worker’s salary cut down their household consumption, use their savings, and some even go into debt (CENSIS 2013: 5).

Second, another mechanism used by families in times of crisis is changing the employment status of their domestic or care worker. Even when family-employers were able to register their employment relationship with the new EU citizens (Romanians) and those granted amnesty (Ukrainians, Moldavians, Albanians), they chose to register them as domestic workers, or *colf* (IP-4/20), probably for economic reasons. The benefits that must be paid for *colf* are much lower than those required for a registered family assistant. The then applicable National Collective Bargaining Agreement for Domestic Work<sup>5</sup> prescribed minimum rates of at least 550 euro per month for *colf* and 800 euro for live-in family assistants. Hourly rates for live-out care workers were almost

---

<sup>5</sup> In force from 2007 to 2013.

double of those for *colf*. One of my interviewees pointed out that registering *colf* as domestic workers benefitted both the worker, who gained some protection, and the family, who paid less benefits (IP-4/20). This advantage notwithstanding, some workers were de facto providing a different set of tasks (*sotto inquadramento*) and working more hours than they had been contracted for. The common under reporting of hours is another aspect of informality in the domestic work sector and leads to fewer social security benefits for the workers in the long run.

Another important pattern emerges from the data shown in Figure 1. Until 2011, the numbers of *colf* from Romania, Ukraine, and Moldova exceeded those of care workers. This trend had reversed somewhat by 2012, when the number of *colf* had decreased steadily and was overtaken by those of care workers. Although these official figures must be analysed with caution, they point to an important facet of the domestic and care-work sector in general: it is relatively crisis-resistant. It seems more resistant to unemployment fluctuations relative to other sectors, which is especially true when it comes to female migrants (Di Bartolomeo – Marchetti 2016). Yet as the figures suggest, the sector underwent changes as the hiring practices of families changed. The shift in the sector (more registered care workers hired than *colf*) points to the choices families make in times of crisis: families opt out of hiring domestic help and instead, the care of their older relatives is prioritised, as evidenced throughout the past decade of almost constant economic crisis in Italy.<sup>6</sup> Working-class families especially try to continuously employ care workers, since they cannot afford to leave their own paid jobs (IP-3/20).

Another explanation may lie with the extent of informal employment in the sector. According to the interviewees, informal employment is most likely to happen in the case of *colf* paid by the hour, as this type of employment requires fewer working hours and is less visible to the public. Hiring a private care worker, on the other hand, is more visible: the worker is present for longer periods of time or even lives in the home and thus gets to know the families' neighbours, as well as health or social workers who make home visits to the care-receiver. With the employment being more visible, families are more likely to be caught. And it was in 2010 when the INPS introduced stricter measures to combat informal work in the sector (Legge 183/2010, Art. 4) that the number of Romanian care workers peaked. Fees for not registering an employee with INPS range from 1,500 to 12,000 euro plus the employer faces other possible sanctions and penalties for hiring an undeclared worker, beginning with a minimum fine of 3,000 euro (INPS 2017). Families might

---

<sup>6</sup> The Italian GDP rose in 2015 after not increasing since 2008 and showed zero-growth between 2009 and 2011 (Gori 2018: 5f.).

have also been more aware of the negative consequences of informal employment because of the increase in disputes and court cases that involve ex-post claims of social security benefits, and thus have been more inclined to register their employees (IP-5/20).

### *Italian families' choices during the COVID-19 crisis*

The migrant-in-the-family model is the second most important pillar of Italian eldercare, following the unpaid labour of approximately 3.3 million family caregivers (Barbabella et al. 2017). The fragility and vulnerability of this arrangement has been exposed during the COVID-19 crisis. With the outbreak of COVID-19 in Italy starting on 20 February 2020 in the northern region of Lombardy, families and care workers alike feared contagion, since home-based eldercare involves close body contact. The potential risk of infection, the death of the care-receiver, and financial issues of the family-employers led to adjustments of MCWs' employment relationships. MCWs paid by the hour or live-out workers usually are less attached to the care-receiving families and many use public transport, which is why these workers were often let go or decided to return to their home country for their own safety (IP-5/20). Sometimes though, these workers agreed to termination, which entitled them to unemployment benefits. But many were left without an income, and others had their pay suspended even while continuing to work (IP-4/20). Those MCWs who had lived with the care-receiver and were dismissed, not only lost their source of income, but also simultaneously their home (IP-2/20, IP-4/20). This was the case of the Romanian care worker Magda Toporan, who expressed her distress in a video that went viral on social media. Although Toporan's case was resolved, her situation was not an isolated incident (IP-3/20). In other situations, family members left the care-receiver solely in the care of the MCW to reduce the risk of infection, which in turn intensified the worker's isolation, as well as physical and psychological strain (IP-4/20).

The above also illustrates how family-employers were faced with difficult choices amid this emergency. Apart from suspensions and dismissals, another reaction of families has been to register their MCWs. Surprisingly, this was because MCWs needed to identify themselves to the authorities when leaving the house during lockdown (IP-4/20). This happened especially in the south of Italy, as pointed out by Giamaica Puntillo, National Secretary of the Catholic Professional Association for Domestic Work, ACLI-Colf (InGenere 2020). Whether this will become a trend and thus decrease informality in the sector cannot be foreseen at this point in time.

### **Consequences of transnational care migration**

The INPS data (Figure 1) clearly show the continuous growth of Romanian MCWs, whose actual numbers can be estimated to have been more than 230,000 in 2018. This means that over one-third of all Romanian women residing in Italy take care of dependent old people inside Italian homes (ISTAT 2018). And although this arrangement alleviates the care crisis in Italy (see Section 4), it takes a toll on MCWs and their families, as well as affecting their country of origin, Romania. Three different crises emerge for female MCWs from the intersection of being migrant, female, and care workers.

First, migrant workers' employment abroad impacts their country of origin in complex ways. The 3.4 million Romanians living abroad sustain their home economy via remittances, contribute to the de-population of rural areas, and shrink the skilled and unskilled labour force by their absence (OECD 2019). Migrants' contributions to their home countries go beyond remittances to the skills they acquire, foreign languages they learn, and formal training they receive. Nevertheless, financial and in-kind remittances are still important for the Romanian economy, especially for households where the money is spent on education and healthcare, household goods, or new homes (Chirila – Chirilă 2017). The remittances result in immediate poverty relief, but also increase inequality within communities. Furthermore, remittance flows are erratic; they were almost halved during the global financial crisis (2008 – 2009), a time when the remittances of female MCWs became especially important, since their wages were less affected by this crisis compared to those of male migrant construction workers (Goschin – Roman 2012: 96). During the first eight months of 2020, remittances to Romania only decreased by 13% from 2019 amounts, and they were key to stabilising the foreign exchange rate (Anghel 2020a). Whether these flows are gendered as they were during the global financial crisis is yet to be seen. Because of COVID-19 and for the first time in thirty years of Romanian emigration, the Romanian government regulated emigration: Romanians' mobility was suddenly heavily restricted and only lifted when the Austrian and German governments requested Romanian migrant workers to work in eldercare and agriculture (IP-3/20; Leiblfinger et al. 2020). Entry to Italy was tied to a 14-day quarantine for Romanians and Bulgarians during the summer of 2020. For live-ins, this meant sacrificing their holidays to avoid quarantine in their home countries and back in Italy (DOMINA 2020).

Second, female workers' employment abroad results in a myriad of consequences, of which only some can be discussed here. As pointed out above, female migrants' jobs may be more stable in times of crisis, which leads to an increased pressure on women to retain their employment, especially

within a family migration project. Moreover, women are still mostly responsible for taking care of the family (providing care for children, the sick, and older people) in patriarchal societies, even when they are abroad. Therefore, women's absence in their home country results in a 'care drain', a parallel process to 'brain drain', which is more widely used in analyses of male migration (Hochschild 2003). However, "the emphasis placed on 'care drain' leaves little room for an analysis of the new equilibriums that are created following the emigration of women" (Piperno 2012: 191f.), and Dumitru (2014) points out the 'methodological sexism' of this concept as it is often implied that women are the only ones who provide all care. The concept of transnational families is more appropriate for encompassing the plurality of experiences that exist in transnational migration. What do we know about the consequences of transnational family life of Romanian migrants? When mothers and fathers leave to work abroad for long periods of time, strategies in the household, but also in community institutions, are adopted to compensate for their absence (Piperno 2012). Similar to Solari's (2017) study of Ukrainian MCWs in Italy, children of Romanian migrant workers are often taken care of by their grandmothers or other female relatives, especially in rural areas (Piperno 2012). Around 15% of all Romanian children have experienced the absence of at least one parent, and these 'left-behind children' have difficulty coping. For some this leads to learning difficulties or anxiety (Battistini 2019). According to Silvia Dumitrache (2019), the president of the Italian Association of Romanian Women in Italy, there are 100 known cases of teenage suicides among children of migrant workers. Technology has made it easier to keep in touch over long distances, and 'Skype mothers' have become a global phenomenon in transnational families (Francisco 2011), but not all Romanian mothers in Italy have access to this technology (IP-2/20). It must be noted that in Romania's familialistic welfare system, like Italy's, infrastructure for child- and eldercare is insufficient. Thus, older relatives experience reduced care because of emigration; in Romania, their numbers are estimated to amount to 1.5 million and they are often affected by loneliness (Serghescu 2016).

Third, migrants are over-represented in live-in care arrangements. Live-in workers may be expected to be available around the clock, depending on the health status of the care-receiver, and experience social isolation because of it. Caring for Alzheimer and dementia patients is the most taxing. Moreover, MCWs do not share a cultural background with the care-receiver, and sometimes also not the same language, which can lead to complications when negotiating needs within the family setting (Bahna – Sekulová 2019; Fedyuk 2020). In 2019, an Italian journalist exposed the devastating consequences of care work in a visit to a psychiatric facility in Iași in the region of Moldavia in Romania where patients with 'Italy syndrome' are being treated (Battistini

2019). In 2005, two psychiatrists in Kiev, Ukraine, first diagnosed this medico-social syndrome in returning MCWs and their family members from Ukraine, later also from Romania, Moldova, and other countries. The Italy syndrome manifests itself in fatigue, depression, anxiety, panic attacks, and suicidal ideation. In the Iași facility, for example, one-third of all women hospitalised have attempted suicide at least once, treatment can last up to five years, and costs are usually not covered by medical insurance. In addition to having to treat this condition, the Romanian health system is also strained by shortages of skilled medical staff and long-term care professionals as a consequence of mass emigration (OECD 2020; Vlădescu et al. 2016). Staff shortages have also impaired its handling of the COVID-19 pandemic, and healthcare workers have protested being overworked (Sanders 2020).

All issues discussed above illustrate how the emigration of over three million Romanians currently living abroad has complex consequences for the Romanian economy and society, family members who stay, and migrants who return. Without dismissing the positive effects of migrant work, the consequences of transnational care migration are economic, societal, and health crises, which spur inequalities and psychological distress and burden Romania's welfare system.

### **Conclusion: Crises as catalysts for what?**

This paper has pointed to the multiple crises that structure transnational care migration between Romania and Italy. Is it possible that these crises act as catalysts? And if so, catalysts of what? I use the Merriam-Webster (2020) definition of catalyst: 'an agent that provokes or speeds significant change or action'. Using this definition, I connect a variety of issues that have their roots in both historical and contemporary processes. Furthermore, my analysis illustrates the linkages between international and regional processes on the one hand, and public and private spheres on the other, all of which have important ramifications for the (re)structuring of public health systems and the care economy throughout the European Union.

The social and economic crises of the 1990s in Romania triggered emigration on a large scale. Migration regimes as much as historical and cultural transnational connections have made it possible for Romanian migrants to work and settle in Italy. At the same time, multiple factors have led to a crisis of care provision for the dependent older population in Italy. The lack of public long-term care services and policy making in this regard have left families to fend for themselves, although they were also increasingly under pressure to provide care themselves because of, *inter alia*, higher female labour market participation. Crises in both Romania and Italy were catalysts for the expansion of the migrant-in-the-family model as they intensified the hiring of

MCWs in private households. The often-precarious nature of live-in care arrangements that are part of this model underwent changes due to the global financial crisis of 2008. This crisis was a catalyst for the regularisation and adjustment of remuneration for employment in private households. Immediately, families began to lower wages to lower their eldercare expenses. Also, fewer families declared the employment to social security, they incorrectly categorised their employees, or they did not declare the correct number of hours worked. Although this sometimes happened in consultation with the worker, the short-term benefits to the family outweighed the (long-term or future) benefits to the worker.

In contrast, stricter controls and the COVID-19 crisis brought about a prioritisation of care workers over domestic workers in terms of regularisation and registration with social security. It is uncertain what this on-going crisis will be a catalyst for, but certainly it has resulted in a shift in public perception of the essential nature of eldercare for the functioning of the health and social assistance sector in Italy.

I also argue that many of these crises have been catalysts for individuals to come up with solutions to societal problems. Because these solutions do not happen in a vacuum but within larger structures, they have repercussions for society at large. In Romania, mass emigration has had manifold consequences, for example, the shortage of staff in healthcare and eldercare provision. This illustrates how the global and intra-European inequalities between countries create unsustainable situations for the countries that provide (wo)manpower to others in need and, in sum, give more than they get in return. In Italy, these inequalities could be mitigated by formalising employment relationships so that MCWs could enjoy similar employment benefits to those of Italian-born workers, although migrants' benefits are often lower because they work in the low-wage sectors of the labour market. And still, as shown above, most migrants in Italian families are not regularised. Another important instrument in addressing the issue for individuals and families regarding Italian households in need of domestic or care work is collective bargaining. Among Western Europe countries, the collective bargaining of domestic workers in Italy is unique since family-employers and domestic workers are well represented, and these stakeholders regularly negotiate a collective agreement for the domestic work sector.<sup>7</sup> This agreement provides a framework for decent work in this sector but ultimately cannot be a substitute for national policies and laws that would address the multiple crises in Italy and Romania alike.

---

<sup>7</sup> The latest National Collective Bargaining Agreement for Domestic Work went into effect 1 October 2020 and is binding until 31 December 2022.

*Marlene Seiffarth is a PhD candidate at the University of Bremen and works in the Collaborative Research Centre 1342 "Global Dynamics of Social Policy" in a project on transnational long-term care provision led by Prof. Dr. Karin Gottschall and Prof. Dr. Heinz Rothgang. In her PhD dissertation, she analyses the perpetuation of the migrant-in-the-family model in Italy. She holds an M.Sc. in Labour, Social Movements and Development from SOAS University of London. Her professional experience includes working in the project Decent Work for Domestic Workers at the ILO in Geneva, as well as in the international research project DomEQUAL.*

#### BIBLIOGRAPHY

- ANGHEL, I., 2020a: Frunțași în întrecerea capitalistă: Românii din străinătate au trimis acasă, în lunile de pandemie, de două ori mai mulți bani decât cei investiți aici de companiile străine: Ziarul Financiar. <https://www.zf.ro/eveniment/fruntasii-in-intrecerea-capitalista-romanii-din-strainatate-au-trimis-19731496>. Accessed 27 November 2020.
- ANGHEL, R. G., 2020b: When Diaspora Meets Pandemic. Northern Notes. University of Leeds. 20 March 2020. <https://northernnotes.leeds.ac.uk/when-diaspora-meets-pandemic/>. Accessed 18 August 2020.
- BAGA, E., 2007: Towards a Romanian Silicon Valley?: Local Development in Post-socialist Europe: Campus Verlag.
- BAHNA, M. – SEKULOVÁ, M., 2019: Crossborder Care: Lessons from Central Europe: Springer. <https://doi.org/10.1007/978-3-319-97028-8>
- BARBABELLA, F. – POLI, A. – CHIATTI, C. – PELLICCIA, L. – PESARESI, F., 2017: 2. La bussola di NNA: lo stato dell'arte basato sui dati. In: L'assistenza agli anziani non autosufficienti in Italia – 6° Rapporto – 2017/2018 – Il tempo delle risposte. Ed N. N. AUTOSUFFICIENZA. Santarcangelo di Romagna: Maggioli Editore, p 33-54.
- BATTISTINI, F., 2019: Sindrome Italia, nella clinica delle nostre badanti. Corriere della Sera. <https://www.corriere.it/elezioni-europee/100giorni/romania/>. Accessed 18 August 2020.
- BERTANI, M., 2015: Famiglia e politiche familiari in Italia. Conseguenze della crisi e nuovi rischi sociali: Conseguenze della crisi e nuovi rischi sociali: FrancoAngeli.
- BETTIO, F. – PLANTENGA, J., 2004: Comparing Care Regimes in Europe. Feminist Economics 10: 85-113. <https://doi.org/10.1080/1354570042000198245>
- BETTIO, F. – SIMONAZZI, A. – VILLA, P., 2006: Change in Care Regimes and Female Migration: The 'Care Drain' in the Mediterranean. Journal of European Social Policy 16: 271-285. <https://doi.org/10.1177/0958928706065598>
- BONIFAZI, C. – HEINS, F. – STROZZA, S. – VITIELLO, M., 2009: Italy: The Italian Transition from an Emigration to Immigration Country. IDEA Working Papers, p 1-92.
- CENSIS, 2013: Elaborazione di un modello previsionale del fabbisogno di servizi assistenziali alla persona nel mercato del lavoro italiano con particolare riferimento al contributo della popolazione straniera. In: Fondazione Censis e Fondazione ISMU.
- CHIRILA, V. – CHIRILĂ, C., 2017: The Analysis of Romania's External Migration and of the Causality between Remittances and Romania's Economic Growth. Amfiteatru Economic 19: 696-710.
- COSTA, G., 2013: Long-Term Care Italian Policies: A Case of Inertial Institutional Change. In: Reforms in Long-Term Care Policies in Europe: Investigating Institutional

- Change and Social Impacts. In: C. Ranci, E. Pavolini (eds.). New York, NY: Springer New York, p. 221-241.
- DA ROIT, B. – MORENO-FUENTES, F. J., 2019: Cash for Care and Care Employment: (Missing) Debates and Realities. *Social Policy & Administration* 53: 1-16. <https://doi.org/10.1111/spol.12503>
- DA ROIT, B. – WEICHT, B., 2013: Migrant Care Work and Care, Migration and Employment Regimes: A Fuzzy-Set Analysis. *Journal of European Social Policy* 23: 469-486. <https://doi.org/10.1177/0958928713499175>
- DE LUCA, M. – TRONCHIN, C. – DI PASQUALE, E., 2019: Primo Rapporto Annuale Sul Lavoro Domestico. Analisi, Statistiche, Trend Nazionali E Locali. Rome: Osservatorio Nazionale DOMINA Sul Lavoro Domestico.
- DI BARTOLOMEO, A. – MARCHETTI, S., 2016: Migrant Women's Employment in Paid Reproductive Work through the Crisis: The Case of Italy (2007 – 2012). *Investigaciones feministas* 7: 57-74. [https://doi.org/10.5209/rev\\_INFE.2016.v7.n1.52197](https://doi.org/10.5209/rev_INFE.2016.v7.n1.52197)
- DI QUIRICO, R., 2010: Italy and the Global Economic Crisis. *Bulletin of Italian Politics* 2: 3-19.
- DI ROSA, M. – MELCHIORRE, M. G. – LUCCHETTI, M. – LAMURA, G., 2012: The Impact of Migrant Work in the Elder Care Sector: Recent Trends and Empirical Evidence in Italy. *European Journal of Social Work* 15: 9-27. <https://doi.org/10.1080/13691457.2011.562034>
- DOMINA, 2020: Quarantena per chi proviene da Romania e Bulgaria, scatta l'allarme abdanti – 25 July 2020. Associazione Nazionale Famiglie Datori di Lavoro Domestico. <https://associazionedomina.it/comunicati/quarantena-proviene-romania-bulgaria-allarme-badanti-covid-19/>. Accessed 03 December 2020.
- DUMITRACHE, S., 2019: Prevention of Negative Consequences of Economic Migration on Children and the Transnational Family. Children Left Behind Conference. Bucharest: ChildPact. <https://www.childpact.org/2019/04/02/children-left-behind-conference-to-be-held-in-bucharest/>. Accessed 18 August 2020.
- DUMITRU, S., 2014: From "Brain Drain" to "Care Drain": Women's Labor Migration and Methodological Sexism. *Women's Studies International Forum* 47: 203-212. <https://doi.org/10.1016/j.wsif.2014.06.006>
- ERMENEIA, 2014: Un neo-welfare per l'Italia – Autoprotezione, Mutualità e Cooperazione. Milan: Ermeneia – Studi & Strategie di Sistema.
- EUROSTAT, 2007: Purchasing Power adjusted GDP per capita. [https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=sdg\\_10\\_10&plugin=1](https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=sdg_10_10&plugin=1).
- FEDYUK, O., 2020: Migrants' Embodied Geographies: Spaces and Boundaries of Care Work. Case Study of Ukrainian Care Workers in Italy. In: N. Katona, A. Melegh (eds.): *Towards a Scarcity of Care? Tensions and Contradictions in Transnational Elderly Care Systems in Central and Eastern Europe*. Budapest: Friedrich Ebert Stiftung, p. 143-165.
- FRANCISCO, V., 2011: Skype Mothers: Technology, Multi-Directional Care in the Transnational Filipino Family.
- GORI, C., 2018: Changing Long-Term Care Provision at the Local Level in Times of Austerity a qualitative study. *Ageing and Society*, 1-26. <https://doi.org/10.1017/S0144686X18000430>

- GOSCHIN, Z. – ROMAN, M., 2012: Determinants of the Remitting Behaviour of Romanian Emigrants in an Economic Crisis Context. *Eastern Journal of European Studies* 3.
- HOCHSCHILD, A. R., 2003: Love and Gold. In: A. R. Hochschild, B. Ehrenreich (eds.): *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*. Macmillan, p. 34-46.
- INGENERE, 2020: Assistenti Familiari in Stand-by. <http://www.ingenero.it/articoli/assistenti-familiari-stand-by>. Accessed 18 August 2020.
- INPS, 2017: Fines and Penalties for Undeclared Employment. Rome. <https://www.inps.it/nuovoportaleinps/default.aspx?sPathID=0%3b45138%3b45189%3b45204%3b45205%3b45207%3b45210%3b&lastMenu=45210&iMenu=1>. Accessed 18 August 2020.
- INPS, 2019: Customized Supply of Aggregated Data.
- INPS, 2020: Osservatorio sui lavoratori domestici V Statistiche in breve – Anno 2019. In: C. G. S. Attuariale (ed.): Rome: Istituto Nazionale della Previdenza Sociale.
- ISTAT, 2002: Cittadini Stranieri. Bilancio demografico anno 2002 e popolazione residente al 31 Dicembre – Tutti i paesi di cittadinanza Italia. <http://demo.istat.it/str/2002/>. Accessed Access Date.
- ISTAT, 2003: Cittadini Stranieri. Bilancio demografico anno 2003 e popolazione residente al 31 Dicembre – Tutti i paesi di cittadinanza Italia. <http://demo.istat.it/str2003/>.
- ISTAT, 2018: Stranieri residenti al 1° gennaio – Cittadinanza (Foreign residents on 1st January – Citizenship). [http://dati.istat.it/Index.aspx?DataSetCode=DCIS\\_POPS\\_TRCIT1#](http://dati.istat.it/Index.aspx?DataSetCode=DCIS_POPS_TRCIT1#)
- ISTAT, 2020: Stranieri residenti al 1° gennaio – Cittadinanza (Foreign residents on 1st January – Citizenship).
- LE BIHAN, B. – DA ROIT, B. – SOPADZHIYAN, A., 2019: The Turn to Optional Familialism through the Market: Long-Term Care, Cash-for-Care, and Caregiving Policies in Europe. *Social Policy & Administration* 53: 579-595. <https://doi.org/10.1111/spol.12505>
- LEIBLFINGER, M. – PRIELER, V. – SCHWITER, K. – STEINER, J. – BENAZHA, A. – LUTZ, H., 2020: Impact of COVID-19 Policy Responses on Live-in Care Workers in Austria, Germany, and Switzerland. *Journal of Long-Term Care*, 144-150. <https://doi.org/10.31389/jltc.51>
- LUPPI, M., 2015: Non autosufficienza e impoverimento. In: N. N. Autosufficienza (ed.): *L#assistenza agli anziani non autosufficienti in Italia – Un futuro a ricostruire*, p. 87-103.
- LUTZ, H. (ed.), 2008: *Migration and Domestic Work: A European Perspective on a Global Theme*. Aldershot: Ashgate Publishing Limited.
- MAIONI, R. – ZUCCA, G., 2016: *Viaggio nel lavoro di cura – Chi sono, cosa fanno e come vivono le badanti che lavorano nelle famiglie italiane*. Roma: Ediesse.
- MARTIN, P. L. – MARTIN, S. F. – WEIL, P., 2006: *Managing Migration: The Promise of Cooperation*: Lexington Books.
- MAYRING, P., 2000: Qualitative Content Analysis. *Forum: Qualitative Social Research* 1.
- MERRIAM-WEBSTER, D., 2020: "catalyst, n., Art. 2". <https://www.merriam-webster.com/dictionary/catalyst>. Accessed 24 November 2020.
- OECD, 2018: *International Migration Outlook 2018*. Paris: OECD Publishing. p. 1-415.
- OECD, 2019: *Talent Abroad: A Review of Romanian Emigrants*. Paris: OECD Publishing.
- OECD, 2020: *Who Cares? Attracting and Retaining Care Workers for the Elderly*. In: O. Publishing (ed.): *OECD Health Policy Studies*. Paris.

- PASQUINELLI, S., 2013: Le badanti in Italia: quante sono, chi sono, cosa fanno. In: S. Pasquinelli, G. Rusmini (eds.): *Badare non basta – Il lavoro di cura: attori, progetti*. Rome: Ediesse, p. 41-55.
- PIPERNO, F., 2012: The Impact of Female Emigration on Families and the Welfare State in Countries of Origin: The Case of Romania. *International Migration* 50: 189-204. <https://doi.org/10.1111/j.1468-2435.2010.00668.x>
- POTOT, S., 2010: Transitioning Strategies of Economic Survival: Romanian Migration during the Transition Process. *A Continent Moving West? EU Enlargement and Labour Migration from Central and Eastern Europe*. Amsterdam: Amsterdam University Press, p. 249-269. <https://doi.org/10.1515/9789048510979-012>
- SANDERS, L., 2020: Romanian Health Care Workers Demonstrate in a 'Protest of Exhaustion': Euronews. <https://www.euronews.com/2020/11/10/romanian-health-care-workers-demonstrate-in-a-protest-of-exhaustion>. Accessed 03 December 2020.
- SANDU, D., 2005: Emerging Transnational Migration from Romanian Villages. *Current Sociology* 53: 555-582. <https://doi.org/10.1177/0011392105052715>
- SANDU, 2017: Destination Selection Among Romanian Migrants in Times of Crisis: An Origin Integrated Approach 1. *Romanian Journal of Population Studies* 11: 145-191. <https://doi.org/10.24193/RJPS.2017.2.07>
- SANDU, D. – BLEAHU, A. – GRIGORAS, V. – MIHAI, A. – RADU, C. - RADU, C., 2006: Living abroad on a Temporary Basis. *The Economic Migration of Romanians: 1990 – 2006*. In: Bucharest: Open Society Foundation.
- SARTI, R., 2008: The Globalisation of Domestic Service: An Historical Perspective. In: H. Lutz, (ed.): *Migration and Domestic Work: A European Perspective on a Global Theme*. p. 77-97.
- SERGHESCU, A., 2016: 1,5 milioane de batrani din Romania se simt singuri sau inutili. Cum ii poate ajuta un telefon interviu. Bucharest: Ziare.com. <https://ziare.com/social/romani/1-5-milioane-de-batrani-din-romania-se-simt-singuri-sau-inutili-cum-ii-poate-ajuta-un-telefon-interviu-1437983>. Accessed 18 August 2020.
- SOLARI, C. D., 2017: *On the Shoulders of Grandmothers: Gender, Migration, and Post-Soviet Nation-State Building*. New York: Routledge. <https://doi.org/10.4324/9781315201528>
- STAN, R., 2006: *Irregular Migration of Romanian Workers to European Union: Factors, Practices and Management*. Budapest: Open Society Institute.
- STAN, S. – ERNE, R., 2014: Explaining Romanian Labor Migration: From Development Gaps to Development Trajectories. *Labour History* 55: 21-46. <https://doi.org/10.1080/0023656X.2013.843841>
- STANCULESCU, M. S. – STOICIU, V., 2012: The Impact of the Economic Crisis on the Labor Migration from Romania. Friedrich-Ebert-Stiftung.
- VAN HOOREN, F., 2011: *Caring Migrants in European Welfare Regimes: The Policies and Practice of Migrant Labour Filling the Gaps in Social Care*. Florence: European University Institute.
- VAN HOOREN, 2012: Varieties of Migrant Care Work: Comparing Patterns of Migrant Labour in Social Care. *Journal of European Social Policy* 22: 133-147. <https://doi.org/10.1177/0958928711433654>
- VLĂDESCU, C. – SCÎNTEE, S. G. – OLSAVSZKY, V. – HERNÁNDEZ-QUEVEDO, C. – SAGAN, A., 2016: Romania: Health System Review: World Health Organization, on behalf of the European Observatory on Health.