

Same words, different ideas? The social construction of care markets in Italy and UK

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PRELIMINARY DRAFT, PLEASE DO NOT QUOTE

Abstract

Privatization of care has been occurring in many European countries in the last decade, and mainly in Anglo-Saxon and Mediterranean countries where care regimes have been characterized by strong institutional inertia. While research has extensively explored the political and institutional mechanisms (i.e. the type of care policies as well as immigration controls) through which care has been increasingly privatized, so far only a few studies have studied the role played by ideas and public discourse in the social construction of care markets. Building on the Kingdon's agenda setting approach, this paper is aimed at reconstructing the public discourse about the privatization of care in Italy and the UK. Its focus is on ideas about quality of care, requirements and characteristics of care work that have supported the shift towards care market solutions. Our analysis is empirically based on the reconstruction of the public regulation of care markets in Italy and UK and a content analysis of the public discourse that has accompanied the rise of care markets in the last two decades (2002–2016) in both countries. It provides evidence on how care markets have been differently shaped and legitimized through distinct social and cultural dynamics in these two countries.

1. Introduction: privatization of care and the growing role of migrant care workers

Migrant workers have become a permanent component of the labour market in many EU countries. According to some authors, they represent a new form of the lower service class that is functional to the development of leading globalized economic sectors (Sassen 2008). Until some years ago, they were considered as part of a temporary labour force, highly affected in its size and contractual conditions by economic contingencies (increase and upgrading in times of economic growth, reduction and downgrading in times of crisis). However, data show that the recent economic crisis has not largely depressed the employment rate of migrant workers, in particular within the care sector in which the employment rate of female migrant workers has rather increased (Shutes and Chiatti 2012).

In more general terms, the growing relevance of migrant care workers (hereafter MCWs) in the care sector of many EU countries is related to specific structural processes which have taken place both in the global as well as in the European dimensions. Firstly, growing global inequalities have forced migratory fluxes of female domestic workers (i.e. the global care chain) from low to high-income countries (Cangiano 2014; van Hooren 2014). Secondly, EU countries have been affected over the years by a growth in the demand of care due to population ageing, in a context of reduced capacity of families to provide informal care (mainly guaranteed by women as spouses or daughters) (Cangiano and Shutes 2010; van Hooren 2014). Finally, increased marketisation and privatization of service delivery in the care sector have paved the way for a greater role played by private agencies in the care industry, offering low wages and poor working conditions to care workers, and so discouraging the supply of native workers. As known, in absence of a public intervention guaranteeing adequate working condition, the care sector is strongly affected by cost disease problems (Esping-Andersen 1999), by which increase in competitiveness can be obtained mainly by lowering labour costs and increasing labour flexibility. In this context, therefore, MCWs workers have become functionally important, even though the intensity and the dynamics of this phenomenon have been different among EU countries (Cangiano 2014; van Hooren 2014).

Indeed, as pointed out by Williams (2012), the inclusion of MCWs in the care industry is shaped by the intersection of three specific regulatory factors: the care regime, the labour market regime, and the migration regime. The care regime is related to the specific way through which the delivery and funding of care services are organized according to specific political and cultural factors (Simonazzi 2009). For instance, an high provision of public in-kind services is likely to crowd out MCWs, while limited public intervention coupled with cash-based (unconditional transfers) benefits may support the growth of a large informal care market based on MCWs (van Hooren 2014). Moreover, the structure of care regimes is embedded within specific culture values regarding the role of the state, the market and the family in care provision, which may favor or not the privatization of care through MCWs.

The concept of labour market regime refers to the structural conditions which characterize the national employment model and the related implications on the care market (Simonazzi 2009). For instance, dualisation in the labour market has relevant and negative effects on the contractual conditions of workers

involved in secondary segments, hence reducing the level of attractiveness for native workers while increasing the presence of MCWs in these segments. Indeed, workers in secondary labour market experience very low wages, high number of working hours per day and per month, high uncertainty and precariousness, high risk of unemployment, contractual weakness, low welfare protection (Anderson 2010). Moreover, the lack of qualification and skill accreditation exposes such workers to long-standing entrapment in the secondary labour market, with a few chance for career improvements or exit trajectories.

Finally, migration regimes play a crucial role in shaping the involvement of MCWs within families and private employers (Shutes and Chiatti 2012). According to Anderson (2010), these policies may create specific profiles of vulnerability and institutionalised uncertainty for MCWs, especially when strict entry criteria do not allow easy inclusion and limit the chance for such workers to exit from secondary, marginal labour markets. In this sense, migration policies may contribute to make migrant workers more prone to accept poor working conditions and low wages (Cangiano and Shutes 2010). Moreover, migration policies based on ex-post regularization plays a key role in reinforcing and reproducing an illegal or semi-legal inclusion of MCWs.

In previous analysis of the privatization of care, the role of MCWs has been therefore mainly explained as a functional labour force matching the regulatory conditions of care markets that have been established in the three regimes considered above. Care regime, labour market regime and migration regime are specifically constructed, in different ways across the countries, not only to allow the entry of MCWs in the care market, but also to make this labour force a crucial resource for marketization of care. Without their presence, it is claimed, care market would have hardly developed in the European context, given the high level of labour market protection generally guaranteed to native care workers.

While these functionalist explanations contributed to understand the specific conditions under which care market has recently expanded in many European countries, they miss explaining why and how a foreign labour force was accepted as a functional equivalent of informal caregiving provided by families or of professional care of qualified social workers. The entry of migrant workers in the care industry came together with the growth of a dual labour market, and coincided with a worsening of the conditions in which care work has been carried out. In this process, ideas and expectations about “what care is” and “what care should be” have been restructured to recognize the care work provided by MCWs as legitimate and adequate, and to incorporate it into the system. For example, in the Austrian case, Weich (2010) has shown that the growing involvement of MCWs within families has been morally and culturally framed by a specific discursive construction through which MCWs have been recognized as “ideal carers” because similar to traditional Austrian family carers. Similarly in the case of Germany, unlike restrictive immigration policies, the expansion of a large sector of undeclared MCWs workers seem to have been legitimized through a specific social representation of these workers within the public discussion (Lutz and Pallenga-Mollenbeck 2010). In Italy, finally, Cordini and Ranci (2016) have shown that MCWs have been progressively recognized as “deserving migrant workers” and have obtained a special social status even though they are often irregularly living and working in the country.

Given such premises, this paper is aimed at reconstructing the process of privatization of elderly care and the parallel growing involvement of MCWs in two European countries: Italy and the UK. The focus will be on the two sides of the same dynamic: the setting up of a specific regulation for the entry and working conditions of MCWs on the one hand, and the social construction of a public discourse about care and the role socially attributed to MCWs.

The choice of these two countries is paradigmatic of two different ways of regulating and legitimizing the care market through Europe. The LTC system in both countries is characterized by a strong institutional inertia and lack of relevant reforms in the last decades (Ranci and Pavolini 2013; Ranci and Pavolini 2015). In both these contexts, privatization of care and the involvement of MCWs have been very relevant, even though following two different trajectories (see also tab. 1 below) (Shutes and Chiatti 2012; van Hooren 2014; Christensen et. al. 2016). In Italy (like in other EU Southern countries), MCWs have been directly employed by households as individuals providing care at home. In this case the care market is shaped by diffuse informal or irregular agreements between individual care providers and care recipients. In the UK (as in many Nordic and Continental EU countries), the involvement of MCWs has taken place mainly in the formal sector (i.e. health and social care services, and in particular residential care homes or home care providers), both as a response to chronic difficulties in the recruitment and retain of native born workers in the care sector (Cangiano 2014), and as a cost-saving strategy pursued through contracting out and externalization of publicly-funded care services to private, for profit providers.

Table 1 - Employment of foreign-born persons by industry (health and activities of households as employers) among some EU countries: % of total foreign-born employment, 2015

	<i>Health (%)</i>	<i>Activities of households as employers (%)</i>
Austria	9,6	0,5
France	14,5	2,8
Germany	11,3	1,1
Italy	4,8	19,9
Spain	5,1	13,3
Sweden	19,7	0,0
United Kingdom	14,7	0,3

Source: OECD (<http://dx.doi.org/10.1787/888933396335>).

2. Research focus, method, data and hypothesis

Two analytical dimensions will be developed in the article in order to understand the dynamic of privatization of care and the emerging of care markets largely based on the involvement of MCWs in Italy and UK. Firstly, the main regulatory arrangements and their recent changes shaping the inclusion of MCWs into the care systems will be reconstructed in both the countries (see section 3). Second, building on the Kingdom's agenda setting approach, we will carry out a content analysis of the public discourse about privatization of care and MCWs running in Italy and the UK in the period 2002-2016 (see sections 4 and 5). The conclusive section will summarize the main results and theoretical implications.

While the analysis of public regulation concerning care markets and the role of MCWs has been carried out on the basis of literature review and grey documents, an original empirical research has been carried out to reconstruct the public discourse. As already shown in Cordini and Ranci (2016), the agenda approach of Kingdom is one of the most useful analytical tools to develop such analysis. In Kingdom's approach, an agenda setting is the process by which a public discussion about a specific social problem is framed through ideas and social representation driven by relevant social and political actors. Kingdom identified three specific agenda setting streams: 1) a "problem stream", through which problems get a public audience as relevant for the public interest; 2) a "policy stream" through which alternative solutions are discussed by experts; and 3) a "political stream" where specific policy solutions emerge and become dominant. At the end, all these parallel streams contribute to what Hall defined as a paradigmatic shift in public policy.

While policy solutions are reconstructed by observing the changes occurred in the regulatory settings of the care system, the agenda setting here is focused on the "problem stream", i.e. the process by which problems and situations related to care and MCWs have been discussed in the public discourse in Italy and the UK. Following Cordini and Ranci [2016], we mainly used the content analysis of the articles published in two main nation-wide newspapers in both the countries. The selection of the newspaper to be reviewed was based on their general paper and online nation-wide diffusion.

In the case of Italy, we considered the two main national newspapers, *la Repubblica* and *il Corriere della Sera*. They are the most read, both in the paper and online version (*Il Corriere della Sera* counts 288.000 readers, *la Repubblica* 240.000). While *Il Corriere della Sera* is the most read, authoritative newspaper at the nation level, with a centrist, moderate dominant orientation, *la Repubblica* is considered the voice of a progressive, reformist, intellectual élite. In order to choose articles relevant to our research question, we selected those published when (three months before and three months later) new laws or important regulation concerning immigration or social care (such as amnesties, entry quota decisions or budget laws) were issued. The relevant articles selected through many general keywords were more than 7000 (5418 for CdS and 1624 for Repubblica) of which almost 300 were object of a specific content analysis. Analytical categories were built bottom-up through content analysis. Once categories were saturated, they contributed to build ideas and social representations of the care market and MCWs that have played a dominant role in the public discussion.

For UK, we considered articles from the two most read newspaper, *The Daily Telegraph* and *The Guardian*. According the National Readership Survey, *The Daily Telegraph* reached 21,4 million readers, while *The Guardian* had 22,7 million (monthly average 2016). As known, the two newspapers differ in their political orientation, being the Telegraph close to the Conservatory Party and the Guardian following more the Labour Party's orientation. The digital archive LexisNexis Academic provided access to the two newspaper

articles. We took into consideration articles issued between 2002 and 2016. In order to select relevant articles, we identified 46 k-words given by the combination of words such as “migrant” and “immigrant” with words related to the care work (“carer”, “care worker”, “care assistant”), the care places (“care home”, “residential care”, “nursing home”), social services (“social care”, “care services”), ageing of population (“older people”, “ageing population”). We finally considered more general events that partially affected the public discourse on MCWs, such as the entry of Central-Eastern European countries in the EU, the new rules for the management of immigration flows, the Brexit referendum. These criteria led to the selection of 387 articles from The Daily Telegraph and 1.219 from The Guardian.

3. Care market regulation and changing arrangements: Italy and the UK compared

As pointed out by Williams (2012), the inclusion of MCWs in the care market is shaped by the intersection of three specific regulatory settings: the care regime, the labour market regime, and the migration regime. Therefore, this section is focused on a comparative analysis of these settings in Italy and in the UK, and a reconstruction of the main arrangements and dynamic of change that have happened in the past two decades (see for a general overview tab. 2 below).

Table 2 - Italy and the UK: main arrangements and dynamics of changes

	Italy	UK	Italy and UK
<i>Care regimes</i> Main arrangements	a) Low LTC expenditure b) Low coverage of LTC services c) Wide extension and generosity of cash measures (IdA)	a) Intermediate-high level of expenditure and service coverage	Nation-wide cash-based measure (AA e IdA) Separation between cash based measures and locally-based care services
Dynamic of change	a) Increase in extension of IdA b) Cuts of local services due to financial constraints	a) Targeting and focusing of care services due to public funding cuts b) Increasing costs for private providers	Institutional inertia Cuts in local services due to austerity
<i>Labour Market regime</i> Main arrangements	a) Informal/grey contracts between families and MCWs b) High level of precariousness due to short term employment and insecurity	Dualization between public and private sector	Low wages, high flexibility and bad working conditions in the contractual arrangements of MCWs
Dynamic of change	Huge expansion of such contracts	Chronic difficulty in the recruitment and retention of care workers	a) Privatization of delivery b) Ethnicization of care labour force
<i>Migration regime</i> Main arrangements	Wide space for informality that is implicitly accepted (see ex-post regularisation)	Strong link between permits and employment increases insecurity of MCWs	Sojourn permits and access to citizenship are subordinated to work contracts
Dynamic of change	Progressive acceptance of informality and consideration of MCWs as special migrant workers	Restrictions on criteria to entry and stay in the country	Both migration regime do not allow a full recognition of MCWs as citizens

Source: own elaboration.

The care regime

Italy and the UK are two countries characterized by different LTC policy systems (Ranci and Pavolini 2015). The UK is characterized by an intermediate-to-high level of coverage (even though decreasing in the last years; see below), while Italy is a paradigmatic example of a “residual model”, where limited in-kind services (even reduced by austerity policies during the last years) are strongly supplemented by the key role played by family carers (mainly women) and intergenerational solidarities in supporting dependent older people. However, these two LTC systems share important common features as far as their institutional structure is concerned. Indeed, both are characterized by a structural separation between unconditional cash-based measures (the “Indennità di Accompagnamento” - hereafter IdA - in Italy; the “Attendance

Allowance” in the UK) and locally-based care services provided by local authorities. Moreover, despite population ageing and related growth of care needs, both LTC systems have been affected by a structural inertia characterized by lack of national reforms (Ranci and Pavolini 2013; 2015).

More specifically, in the case of Italy the IdA, introduced in 1980 only to protect adults with disability and later extended to older people, has expanded incrementally providing a partial compensation to the care costs directly sustained by Italian families. Given the absence of specific requirements and controls about the use of these resources, in recent years the IdA has strongly contributed to the growing involvement of MCWs directly employed by Italian families, mainly through irregular working relations (van Hooren 2014). The recent estimates are impressive: there are around 750,000 MCWs directly employed by the families, only one third of them being with a regular contract (Barbabella et. al 2015).

This market-based solution of the care deficit problem has been highly appreciated by Italian families for its economic convenience as well as for the intensive hourly coverage guaranteed by these workers (i.e. 24 h. in the case of a MCW living in the family house). Research has also shown that the migrant-in-home solution has been generally accepted as coherent with a dominant cultural orientation in favor of “ageing in place” solutions and adverse to the move of frail older people into residential institutions (Ambrosini 2014; Barbabella et. al 2015; Pavolini et al. 2017).

In the case of Italy, therefore, a context of institutional inertia, limited and even lower provision of in-kind services (due to austerity plans), and dominance of a structural nation-wide LTC cash-based unconditional measure (Pavolini et al. 2017), have jointly contributed to make MCWs a sort of low-waged functional equivalent to care provided through professional services or informal caregiving, in particular for older people with high dependency (who often need a 24-hour care arrangement) (Shutes and Chiatti 2012).

In the case of the UK, the growing involvement of MCWs within the care sector (the share of migrant care workers increased from 7% to 18% between 2001 and 2009) (Cangiano and Shutes 2010), has been affected by two main factors.

The former is the increase in the contracting-out of public services, driving a structural shift towards the private sector (Cangiano and Shutes 2010; Shutes 2014). Due to low wages levels, high flexibility conditions and poor career opportunities affecting this sector (see below), this shift has implied over the years a chronic difficulty in the recruitment and retention of care workers, which has been partially covered through the growing involvement of MCWs (Shutes 2014; van Hooren 2014).

The latter is a situation of chronicle underfunding of the social care system. Though, in a comparative European perspective, UK is identified as a country characterized by an intermediate-to-high level of public expenditure on LTC policies, during the past decade there has been a significant retrenchment in public funding due to a strong pressure to contain public expenditure (Shutes 2014). Between 2005/06 and 2015/16 expenditures on older people’s social care have fallen significantly, about by £ 1.95 billion in real terms (Mortimer and Green 2015), with a strong reduction during the 2010-2015 years (Glendinning 2017).

Public underfunding and reduction in public expenditure have affected both the capacity of local authorities to cover the needs of older people (driving them, for instance, to adopt stricter eligibility criteria or service cuts, to reduce care packages and targeting services only on the most in need) and the prices paid by local authorities to private providers in order to deliver outsourced public services (Mortimer and Green 2015; Cromarty 2017). These financial pressures have implied negative consequences for private providers, in terms of increasing debts, bankrupt or withdrawn from local authority contracts (Care Quality Commission 2016; Jarrett 2017). In some cases, public spending cuts have simply narrowed the room for speculative financial strategies adopted by private providers to maximize their profits (Glendinning 2017). Anyway, given the labour-intensive character of the care sector, the reduction of public transfers to private providers has implied for them the necessity to adopt cost-cutting strategies mainly based on low-wage and worst employment conditions, with a direct impact on the quality of care provided and the capacity to recruit and retain domestic care workers in the sector (Cangiano and Shutes 2010; Glendinning 2012; Cangiano 2014). The growing reliance on MCWs has been therefore a key factor in order to fill the gap in the demand of care workers.

To sum up, in both countries the growth of MCWs has been functional to a private strategy to deliver care services in a situation of cuts in the public funding of professional services. MCWs were part of a huge labour force available to accept wage cuts and worsening of the contractual conditions guaranteed to care workers: two conditions that, in absence of high public investments, are functional to the growth of a nation-

wide care market. The dynamic of marketization has been however, different in the two countries: in Italy MCWs have been employed by families, who could use a public cash-based measure (i.e. the IdA) to partially compensate these costs; in UK MCWs have partially replaced native care workers not available to work in worst conditions. In both countries, nevertheless, the growth of the care market has been indirectly (in the case of Italy) or directly fostered through public money. The lack of adequate regulation about the contents of care work and the salary levels of care workers have facilitated the search for a low-cost solution and therefore the entry of MCWs into the market.

The labour market regime

The involvement of MCWs is shaped also by the specific features that characterize the national employment model (Simonazzi 2009). For instance, the level of education and training required, as well as the recognition of particular skills for care workers, are crucial factors affecting labour demand. When these criteria are low, this fact reinforces the development of a labour market segment attracting migrant workers. Moreover, the presence of an underground sector, huge use of informal agreements, as well as strong labour market dualisation, favor the entry of MCWs into these segments. Only in hard crisis times, weak domestic workers can be attracted by dual labour market niches. Similarly, strong privatization in labour market segments previously dominated by public provision may reinforce the presence of MCWs as they dump the domestic workforce due to their cost competitiveness.

In the case of Italy, the development of a private care market structurally based on the supply of irregular MCWs directly employed by the families has been largely supported by specific features of the national employment model, such as the existence of an unregulated labour market related to an extensive informal economic sector (Simonazzi 2009; Da Roit and Weicht 2013), and the lack of strict professional requirements to enter this market (Barbabella et. al 2015). These aspects have favored precariousness and structural illegality in the care sector (Cordini and Ranci 2016), thus shaping the demand for MCWs. Moreover it's important to notice that this trend has been not stopped even by the introduction of a specific national contract for homecare workers, extended also to LTC workers and aimed to set minimum wage and basic working conditions in this sector. Indeed given limited controls, scarce generosity of tax rebates on household services and personal care and the possibility to spend freely the resources provided by the IdA (see above), the incentives for families in regularizing a MCW directly employed as individual provider remain very low (Costa 2013).

In the case of the UK, the marketization and privatization of LTC services (see above) has implied a growing dualization in the labour market between highly skilled, specialised care jobs mainly offered in the public sector, and low-skilled, low-qualified care jobs increasingly out-sourced to the private sector, characterized by low-paid jobs, high flexibility conditions, high turnover rates, poor career opportunities (Shutes 2014; van Hooren 2014). This process, coupled also with the low level of qualification required to care workers (Simonazzi 2009) has implied over the years a chronic difficulty in the recruitment and retention of care workers in the private sector, which has been partially covered through the growing involvement of MCWs (Shutes 2014; van Hooren 2014). However, as mentioned in the section below, the changes in the immigration policies have progressively exacerbated this tension through a reduction of the opportunities of recruitment of MCWs in particular from non EU countries (Cangiano and Shutes 2010; Shutes 2011), given the recognition of MCWs as skilled workers, thus requiring a specific level of formal qualification and of minimum wage in order to be eligible for the entry in the UK.

To sum up, in both countries the growing involvement of MCWs has been shaped by the structural existence of a secondary labour market, characterized by low wages, high flexibility and turn-over, poor working conditions. In particular, in the case of Italy this sector is mainly informal and linked to the direct employment of MCWs by the Italian families, while in the of UK the growing involvement of MCWs is shaped by the presence of a secondary labour market, embedded within the structural process of marketization and privatization of LTC which has taken place in this country over the years.

The migration regime

Immigration policies play a key role in determining the inclusion of MCWs in the hosting country. For instance, immigration policies based on ex-post regularizations may reinforce an illegal or semi-legal inclusion of MCWs, while an employer sponsorship system may bring immigrants into a very subordinate position in respect of their employers (Shutes 2011). Focusing on the European dimension, opportunities and/or constraints for MCWs depend also on their status within the EU (van Hooren 2014): in the case of non-EU nationals, the permission of stay and work in the hosting country is subordinated to the access through specific entry channels (e.g. work permits, family reunification etc.) (van Hooren 2014).

In the case of Italy, immigration policies have been characterized by recurrent amnesties (there have been four amnesties in the period 1997-2012) (Cordini and Ranci 2016), aimed to ex post regularize the position of MCWs massively employed by the Italian families through irregular working relations (see above) (Ambrosini 2014). This structural illegal system has been favored by a regulation of the entry of migrant workers based on a very intricate yearly quota system, setting the yearly number of non EU migrant workers allowed to enter the country and requiring a job contract to obtain a residence permit (Barbabella et. al 2015; Cordini and Ranci 2016). Given the particularly rigidity of this system, only a marginal part of MCWs has entered the country with a regular contract, while most of MCWs have entered through alternative ways (touristic visa, seasonal work permits, and so on) (Barbabella et. al 2015; Cordini and Ranci 2016).

Ex post regularization of MCWs has taken place in a political context dominated by a restrictive policy agenda towards immigration. In this context, MCWs have been framed in the public discourse as functional workforce through a positive discrimination which has separated them from the rest of illegal migrants (Cordini and Ranci 2016). Therefore MCWs have been targeted as a specific exception in the Italian immigration policies (Shutes and Chiatti 2012).

In the UK, the concentration of MCWs within the care sector has been favored by a relatively liberal orientation of immigration policies for many years (Shutes 2012; Shutes and Chiatti 2012). In 2004, for example, the free access to the labour market of citizens from the eight accession states (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia) was allowed (among EU states, only UK, Ireland and Sweden adopted this approach) (Christensen et al. 2016) in order to facilitate the circulation of labor force and the coverage of the domestic demand (Cangiano 2014).

However, since the mid-2000s and in the wake of a changing orientation of British public opinion and attitude towards migrants (Cerna and Wietholtz 2011; Christensen et al. 2016), several restrictive measures were implemented in order to contain the influx of migrant workers. For instance, in 2007 specific additional requirements in terms of qualification and wage level were introduced for the entry of MCWs, which significantly limited the access of these workers (Cangiano et al 2009): in 2007, only 1,005 care workers entered the UK, while during the period 2001-2006, 22,000 MCWs entered the country (around 5,000 per year) (Cangiano et al 2009).

In 2008, the Labour government introduced a new point system (based on 5 main tiers) in order to regulate the access to UK of non EU migrants. According to the new system, specific points are attributed to each worker according to various criteria (age, salary, qualification etc.) in order to check the compliance with immigration requirements (Cerna and Wietholtz 2011). For the access of non-EU skilled workers (i.e. Tier 2), in which are included also migrant care workers, a specific sponsorship by a UK employer is required and priority must be eventually given to domestic workers with only a few exceptions (not including care workers). Finally, after the 2010 general election the new coalition Government (led by the conservative and liberal parties) introduced an annual cap of 20.700 skilled migrant workers under Tier 2, which was reached for the first time in 2015.

To conclude, migration regimes in the two countries are differently shaped. In Italy, an ex-post regularisation regime has developed favoring the diffusion of undocumented workers and illegal work contracts involving MCWs. However, a special regulatory status has been recognized to these workers de facto allowing their permanence in the country independently from having obtained or not a regular permit. In the UK, a strict sponsorship system and specific caps have been recently introduced to limit the inflow, without targeting MCWs as a special category of workers.

In both countries, through different rules, the migration regime does not allow a full recognition of MCWs as citizens. In Italy, most of them are kept in an illegal status though this fact does not pave the way for any

form of expulsion. In the UK, not only has the influx of such workers been increasingly reduced through stricter restrictions, but also their working conditions have been progressively worsened by subordinating them to a sponsorship system attributing a strong contractual power to their employers. In both cases, the migration regime contributed therefore to keep MCWs in a weak and subordinate position in the labour market.

To sum up, considering the interplay among the migration, labor market and social care regimes, we observe a wide range of contradictions and tensions. First, MCWs are regulated in the care regimes of both the countries as a functional workforce allowing a cost-saving marketisation of care. However, the migration regimes only partially comply with this strategy: in Italy, these workers are not allowed to obtain a permanent status as citizens or permanent workers, and most of them are forced to stay in illegality for a long time; in the UK, restrictions in the entry systems have limited the inflow of MCWs and therefore their use in the private care industry. Second, while there is a clear need for such workers in the social care regime to fill the gap in care provision, the labour market regimes in both countries still keep these workers in a very subordinated position, substantially contributing to the dumping of domestic workers and limiting any further qualification of care work. If MCWs are functional to a cost-saving strategy, their very weak position in the labour market is likely to contribute to worsening the quality of care services.

4. The public discussion about privatization of care and MCWs in Italy

Analysis' results

The public discussion about privatization of care and MCWs has developed in Italy through four main phases. Each phase shows the representation that has been spread by the public opinion in that period. During the first phase (2002-2004), the public opinion gradually accepted the increasing presence of MCWs and started to recognize the fundamental role they play in preserving the structure of Italians' families and supporting the labour market participation of Italian women. Secondly (2005-2008) this new private market was assimilated to a new pillar of the welfare system on which Italian households are more and more dependent. In the third phase (2009-2012), the subordinate conditions of MCWs, both in terms of legal and working status, were politically and socially legitimized. The last phase (2012-2016) is finally characterized by a softening of the debate and the timid introduction of new topics linked to the formalization of the care work.

The first phase: 2002-2004

In 2002, under the center-right government led by Silvio Berlusconi, a new migration law (Bossi-Fini) was issued reflecting the strong anti-immigration orientation of the two proponents. The law was in fact promoted by the leaders of the xenophobic party Lega Nord and of the extreme right-wing party Alleanza Nazionale. Besides introducing a regulation more oriented towards restraining immigration rather than on reception, this was the first law to introduce the amnesty (*sanatoria* in Italian) as an instrument to regularize migrants. In particular, this amnesty explicitly targeted the MCWs, providing them with a special status compared to other migrant workers who were only object of restrictive measures.

The topic acquired considerable relevance in the public debate with many newspaper publishing articles on this new figure of MCW, commonly called *badante* in Italy ("*No Limits for migrant care workers*", Corriere della Sera, July 13, 2002). The public debate showed an increasing awareness of the need Italian families have for these workers ("*MCWs rescue the Italian female labor force*", Corriere della Sera, July 13, 2002). MCWs were considered to be the perfect answer to this need because they assure an in-home care, which is the most preferable solution for many Italian families, and they accept hard working conditions and low wages because of their precarious, sometimes illegal, status.

In this phase the public opinion did not linger on the lack of public provision to fulfill the demand for care. Neither attention was paid at the working and living conditions of MCWs. At the same time, institutional actors neglected the topic and did not address the issue of the shortcoming of a public service care provision. The lack of *ad hoc* policies, the controversial status of MCWs, the harsh working condition were not considered either by the public or in the political debate.

As the new migration law (Bossi-Fini) was approved, curiosity for this population grew furtherly and newspaper concentrated mainly on two controversial aspects: MCWs were often without permit of residence

or they worked without being under a regular contract. On the other hand, they were assimilated by people almost as family members (*"The family's illegal migrants"* in Italian *"Le clandestine di famiglia"*, August 28, 2002, La Repubblica). Though they had one of the most denigrated characteristics among migrants, being with no documents, they were well accepted and protected by the families who had hired them. Other irregular migrants working in diverse sectors were strongly persecuted, while MCWs, as mentioned before, informally benefited of a special treatment. The strongly pejorative connotation of "clandestine" lost its negative meaning being placed aside the term "family". The contradictory fact that families were assuming illegal migrants were not addressed by the public debate at this point.

It is interesting to notice how this protection had some boundaries that did not include adequate working conditions. Families protected their care workers at the extent to which it was convenient for them. Provide adequate or better working conditions would have risen the hiring costs. In this sense, the problem stream is perfectly aligned to the political stream that promotes a partial tolerance of the presence of MCWs in the Italian families, unless it is necessary and convenient.

The second phase (2004-2008)

This phase was characterized by a major awareness of the role of the new care market. In particular, the debate highlighted the huge efforts of families to sustain the regularization and the lack of public care service. In particular, the government was accused to not have taken into charge the responsibility of this provision because of the "natural and spontaneous" solution provided by the migration flows (van Hooren 2011).

A report issued by CENSIS in 2004 described MCWs as the "new welfare system": this brought the topic into the foreground again. Newspaper disseminated statistical data, reported experts' commentaries and stories about people facing the need for social care services. Critics against the government became more and more hatred (*"MCWs the new private welfare. They help older people and the government economizes"*, Corriere della Sera, 13/06/2004). The Repubblica warned about the excessive dependence on this labor force, which was not to be considered ever-ending, but was rather a non-controlled resource motivated by migratory international trends eligible to change.

However, the recognition of MCWs as a pillar of the Italian welfare system occurred also at the political scale in 2005, when during the issue of the 2006 Budget Law, a new immigration quota dedicated to care workers was defined as a "welfare measure" by the right wing-party Alleanza Nazionale. On this purpose, some scholars theorized a shift from a "family" to a "migrant in the family" care model (Bettio et al. 2006).

In the meantime, MCWs started to be depicted through ambiguous images: the high dependence of families on foreign workers for an essential need, especially in cities such as Milan or Rome, frightened the public opinion. Both Corriere della Sera and La Repubblica reported episodes of mistreating and violence against older people.

The third phase (2008-2012)

The attitude towards immigrants became even stricter in 2008 because of the outbursts of the global economic and financial crisis. Also in this phase (2008-2012) MCWs were saved from this so called "linea dura" (hard line). While other migrants were accused of stealing jobs from Italians, working illegally or for lower wages, not paying taxes, MCWs were not considered as competitors on the job market and their irregular status was still widely tolerated. While immigration became more and more an "hot" topic dividing political parties and public opinion, MCWs did not rise any passionate discussion and their presence into the Italians homes was never threatened. Even the xenophobic Lega Party, whose main flag was its anti-immigration attitude, treated MCWs in a different way: *"All clear for MCWs: who works is different from who breaks the law"* (Corriere della Sera, 18/05/2008).

Because of the worsening of households' economic conditions, the government was accused of abandoning Italians households not providing adequate help through *ad hoc* measures aimed to sustain care costs. Public opinion claimed for a new regularization aimed at helping both families and MCWs. This pressure led the government to plan a new amnesty (called "regolarizzazione" this time) in 2009. The new label wanted to distinguish this law from the previous ones. In fact, in the government's intentions, this law represented a turning point. While "sanatoria" was presented as a last minute measure to regularize those who had been working illegally for years, the new amnesty claims for providing better work conditions for migrants and helping families to regularize migrant care workers. Despite the expectations, few migrants applied for this regularization. The main reason was that families were expected to pay 1.000 euros in order to regularize their care workers and, secondly, the costs of a regular contract overpassed the economical convenience of

an informal hiring. Although the law was advertised as a step forward for families and migrants, as a matter of fact no serious incentives were provided in order to push households to apply for regularization. This law enhanced a vivid debate on newspapers, that described again these workers as “*The best face of immigration*” (Corriere della Sera, 07/07/2009). Nevertheless, the representations of MCWs became more complex: sometime they were depicted as victims and sometimes as opportunist and avid. On one side, they were recognised as a “*crucial component of our familistic welfare*” (la Repubblica, 23/05/2009), on the other side they were suspected of terrible crimes (“*The gang of unfaithful badanti*”, la Repubblica 24/01/2010). These controversial descriptions were useful to confirm the peculiar status of this population: the continuous swinging between positive and negative images kept them in a limbo where they were accepted but still under permanent judgment. Despite their presence into the Italians’ homes, they were still migrants.

The fourth phase (2012-2016)

Since 2012 the debate on migrant care workers became less passionate: for example, the number of articles discussing this issue considerably decreased (Corriere della Sera counted an average of 466 articles on MCWs per year between 2009 and 2012 and 196 between 2013-2016; la Repubblica passed from an average of 134 articles to 75 per year for the same time spans). This was probably due to the fact that the government did not promote any new measure concerning this population, after the last failed regulation in 2012. In this phase, newspapers followed a very similar orientation. Two themes recurring from the past years emerged again: the rhetoric of a welfare in immigrants’ hands (“*Family welfare in migrants’ hands*”, Corriere della Sera, May 2, 2013) and the constant fear of being cheated by these workers who lived so close to Italian families (“*MCW was stealing from the home where she was working; caught by a video*”, Corriere della Sera, December 4, 2014). Besides these usual arguments, two new themes emerged and had a great popularity among articles on MCWs. On one side, newspaper started to provide information to households on how to deal with a migrant worker in terms of contract issues. They collected information on how to pay contributions, holidays or the thirteenth wage, in case of MCWs hired with a regular contract (“*Badanti and baby sitter. It is time for the thirteenth wage*”, Corriere della Sera, December 10, 2014; “*Contributions for care workers. Assessments to pay within October, the 10th*”, Corriere della Sera, October 6, 2014). On the other hand, newspaper reported a few attempts by public actors or third-sector agencies, usually at a local scale (from municipalities to region), to institutionalize and regularize this market. These measures implied, for example, a register of the available care workers and assistance in hiring them. These initiatives usually arose by the need of protecting Italian families, but they brought also a higher degree of control in the sector, with potential advantages for migrant care workers as well (“*MCWs guaranteed by the Region*”, Corriere della Sera, August 27, 2014, “*Here is the register for migrant care workers and babysitters. Boom of requests by families*”, Il Corriere della Sera, February 25, 2014, “*Babuska, MCW’s linkedin matches supply and demand. The Bolognese start-up helps in finding assistance for elderly*”, Corriere della Sera, December 7, 2015; “*Colf, baby sitter and badanti: higher deductions for those who hire these workers on a regular contract*”, Il Corriere della Sera, September 27, 2015). These topics provided a very initial and timid shift towards the idea of a more formal and institutionalized market, where both households and MCWs are protected. Though this image crashed with a reality that was still widely characterized by irregular working conditions, it pointed out an initial change in the perception of MCWs.

In the meantime, the government is working on a new law called Jobs Act that introduces two new measures having a considerable impact on the regulation of MCWs’ work. Firstly, the new law raises the maximum payment covered by voucher from 2.000 euros up to 7.000. This is a form of payment thought for occasional and discontinuous jobs, that provide higher flexibility but remove some rights, such as paid holidays or illness. Raising the amount of voucher means that MCWs can be easily included among workers paid through vouchers (“*Job Acts; voucher until 7.000 euros to pay MCWs*”, Corriere della Sera, April 15, 2015). Secondly, the law introduces the NASPI (New social Insurance for the employment), which is a monthly unemployment subsidy, whose access criteria are particularly restrained and discriminatory for MCWs. La Repubblica reports how this law will bring a set of disadvantages to MCWs, as the loss of the right to the unemployment subsidy and an increasing precariousness. The newspaper publishes a set of articles pointing out the negative and discriminatory effects that these measures will have on MCWs working conditions, highlighting how this type of work is hardly to be labeled as occasional and discontinuous, but all the contrary (“*Jobs Act; one-third of colf and MCWs without unemployment subsidy*”, La Repubblica, September 27, 2015).

Although this phase highlights an increasing awareness about the need for a more regulated care market, articles addressing this issue are sporadic and usually placed in the secondary pages of newspaper (such as local news for instance). They do not feed the debate, as other issues on MCWs previously did.

5. The public discourse about privatization of care and MCWs in the UK

Regarding the reconstruction of public discourse about privatization of care and MCWs in the UK, we have identified four main phases. The first phase (2004-2007) refers to the gradual enlargement of the EU to include Central-Eastern countries. Years from 2007 to 2010 (second phase) were characterized by the introduction of new rules for the entry and the staying of extra-EU migrants. In the third phase (2011-2014), a set of shortcomings in the care system emerged, exacerbated by evidence on the population ageing shown by census data. Finally, the two-year period 2015-2016 was marked by the Brexit-related debate, in which migration and the role of migrants in the care system played a significant role. It is important to note that the four phases are not defined by a change in the way of representing MCWs, but by a series of events that have stimulated the discourse on this issue.

The first phase (2004-2007)

In this period, The Telegraph and The Guardian published various articles on the immigration flows from Central-Eastern European countries due to the EU enlargement (Estonia, Leetonia, Poland, Check Republic, Slovakia and Hungary in 2004, Romania and Bulgaria in 2007). In 2004, the Labor Party, led by Tony Blair, decided not to restrain the flows from new European countries, in opposition to what the majority of EU countries did. The government estimated 5,000 to 13,000 arrivals per year. The effective numbers of immigrants arrived in UK (more than 175,000 in the first eleven months, almost 300,000 in 17 months and 600,000 in two years) and the consequent critics raised by the Conservative party and partially from the Labour electorate, fostered Blair to put some limits to the entry of Romanian and Bulgarian citizens.

Over this period, The Telegraph strongly criticized the government, accusing the Labor party of an irresponsible and indiscriminate opening of the borders. The newspaper reiterated the gap between the government's estimations on the arrivals and the actual situation, anticipating the negative impact of immigration on labor market and wages, but also on the housing market and public services. The growth of unemployment, a strong demand of social services, the reduction of low skilled workers' wages, the growth of housing prices were the most common scary figures disseminated by the newspaper ("*Unchecked immigration is putting Britons out of work*", The Daily Telegraph, August 18, 2006). No articles were specifically dedicated to MCWs, who represented a minority among the new arrivals (only 2% between May 2004 and September 2005, for instance).

The Guardian, instead, agreed with the line adopted by the Labor government with respect to immigration. The newspaper repeatedly affirmed the essential role of immigration for the British society, even proposing periodic amnesties to regularize illegal migrants living in the country. In The Guardian opinion, migrants contributed to the demographic balance, assuring the functioning of the pension system, and they accepted those low-skilled jobs refused by the British population. The care work was one of this job and it was more and more needed because of the ageing of the population ("*Time for a new mantra on migration*", The Guardian, July 26, 2006).

Migrants were represented not only as a population functional to the socio-economic system, but also as persons forced to accept working and paying conditions worse than those for British people. In some cases they had to bear threatens, violence, blackmails, extortions ("*When a group of east Europeans came to Britain to work they were surprised to find themselves packing chickens for Sainsbury's and shocked by the conditions they had to live in*", The Guardian, January 11, 2005). Articles reporting stories on MCWs told particularly harsh situations: migrants hired by recruiting agency or directly by households, forced to work unpaid in order to pay the debt incurred to arrive in UK, deprived from the work permit, visa or passport to avoid them to escape, and sometimes object of physical or verbal violence ("*Is this the way to treat nurses who want a job?: They come to UK having qualified overseas, in the hope of an NHS position. But when they get here it is all too easy for the recruiting agencies to break their promises; many nurses are left with no choice but low-paid work*", The Guardian, February 5, 2005).

On this purpose, the Guardian charged the government of favoring what it was defined as "forced-labor" or "modern slavery", hiding or worsening the conditions of those who were victims. The newspaper mainly referred to two events. On May 2005, the government postponed, after the elections, the publication of a research on the exploitation of migrant workers in UK, committed by International Labour Organization and

already concluded in the summer 2004 (“Forced Labour and Migration to the UK”, by Bridget Anderson and Ben Rogaly). This research highlighted the progressive deregulation of the labor market and the outsourcing of care services to the private sector with the consequent increasing of exploitation of migrant workers. Later, on May 2007, the government presented a proposal to abolish a 1998 norm allowing the care worker directly hired by households to leave the employer and benefit from a one year renewal of the visa, thus avoiding illegality and the risk of expulsion (“*Damning report on migrants delayed as governments fears poll backlash*”, The Guardian, February 3 2005; “*Incredibly, we are about to legalise modern domestic slavery again: to pander to the new plutocracy, the Home Office is planning to remove migrants carers’ rights to change employer*”, The Guardian, March 26, 2007).

The second phase (2007-2010)

From 2007 to 2010 both newspapers dedicated articles to the new immigration rules applied to non-EU citizens and introduced by the Gordon Brown government. The Entry Point Based System was the milestone of the new migration policy and assigned a grade to aspiring immigrants according to qualifications, English language proficiency, and income. In addition, a shortage list of occupations determined those sectors neglected by British workers. When the desired occupation was not included in the list, the employer had to verify whether any British workers was interested in applying to that job vacation before hiring an immigrant. These measures strongly exacerbated the entry and permanency criteria in UK. In particular, it became harder for a migrant to apply for a job in the care market, since this sector was one of those excluded by the shortage lists.

Both newspaper were very critical against new migratory policies, but for different reasons. According to The Telegraph, these mechanisms, presented by the government as a mean to adapt immigration flows to British needs, represented only an attempt to repair the thoughtless laxness that characterized the last ten years with reference to the immigration issue. These measures were considered useless because they didn’t lead at any reduction in the arrivals (“*Labour system let in more migrants*”, The Daily Telegraph, June 3, 2010). The only way to obstacle immigration, The Telegraph affirmed in line with the Tories Party orientation, would have been introducing a cap on arrivals (“*Benefits of migrants labour ‘overstated’*”, The Daily Telegraph, November 15, 2008). Although the exclusion of care work from the shortage list was often reaffirmed, it was never commented (“*Foreigners blocked from ‘shortage’ jobs*”, The Daily Telegraph, 30 April, 2009). Only one article suggested a different view, affirming the relevance of migrants for the British economy, in particular of the health, care and low-skilled services sectors, where the native labor force was not willing to work anymore. The same article downsized the immigration phenomenon, signaling the decreasing of flows occurred in 2009 because of the financial crisis and the consequent return migration of many Polish. In addition, the article imputed the reduction of low-skilled workers’ wages to the incapability of the government to make the norms on minimum wage be respected (“*Brown should say the unsayable: immigration has been a boon; who else will staff hospitals and care homes, pick potatoes and sweep streets*”, The Daily Telegraph, November 10, 2009).

The Guardian criticized the change of orientation in the Labour Party towards immigration, which was seen no more as a fundamental resource, but rather as a threaten for the British population. After all, the Home Office Minister Alan Johnson and Gordon Brown himself publicly supported the thesis of a negative impact of immigration on economy, labour market and social service. The Daily Telegraph, on his side, promptly quoted Brown and highlighted his turnaround (“*Immigration hits family ties, jobs and pay in some areas, says Brown*”, The Daily Telegraph, November 13, 2009). The Guardian instead denied the governments’ statements (“*200.000 jobs barred to non-European immigrants*”, The Guardian, November 12, 2008; “*Non-Europeans shut out from another 250.000 skilled jobs*”, The Guardian, November 13, 2009).

On the forefront of this debate we found MCWs. Several articles sustained that the new rules created a wider gap in the supply of care work. In fact, these measures led to the expulsion of thousands workers and it made it harder for home-care managers and recruiting agencies to hire new workers. These articles, in fact, pointed out that British workers did not fill the vacant job positions, characterized by hard working conditions and low wages. EU migrants, with no skills in the care work, would be likely to enter the sector, with the paradoxical result of lowering the quality of the service provided. The “hot” issue was not the qualification required by the new entry system, but the minimum wage that the care worker had to demonstrate to gain: 7,02 pounds per hour compared to the actual 6 pounds usually offered by nursing homes and care agencies (“*Thousands of care workers from overseas could be forced to leave the UK under new rules set by the government*”, The Guardian, November 12, 2007; “*We need an immigration system that favours care workers, not oligarchs and investement bankers*”, The Guardian, September 11, 2008).

The third phase (2011-2014)

The topic of elderly care was brought into the foreground again between the 2011 and 2014 by a set of events. In June 2011, Southern Cross Healthcare, the bigger manager of private care homes, showed to be unable to pay the rent to his dwellings' landlords, threatening the residence of thousands of elderly people in its care homes. In July, a governmental report from the Dilnot Commission, in charge of analyzing the current and future financial costs linked to the elderly population care, was published. The report lingered also on the quality of care and highlighted many deficits in the system. In the meantime, the publication of last census data showed a strong growth of population, but also the progressive population ageing and the increasing of the population aged over 85.

The two newspapers apparently agreed on the representation of the "shortcomings" of the care system. The Coalition Government, headed by David Cameron, was accused to have cut the funding to the care sector (6,5 milliards less than 2011), forcing the local authorities to target only the most critical cases and to decrease their contribution to private care homes. In addition, the government was accused of having fostered the shift from residential to in-home care, giving floor to a multitude of agencies difficult to be controlled. Critics addressed also private providers: Southern Cross Healthcare was accused to waste money in bad financial speculations, while care agencies were accused to impose inhuman working conditions, with serious consequences on the quality of care ("*Looking after our elderly is a costly and complex challenge and it's only going to get harder. Home visiting has been promote as preferable and cheaper than residential care. But is 15 minutes a day enough?*", The Guardian, May 28, 2011; "*The care homes scandal shows just what happens when financiers are free to make a profit out of the most vulnerable*", The Guardian, June 4 2011, "*Elderly care home residents "victims of cuts"*", The Daily Telegraph, June 15, 2011; "*Untrained home carers failing the elderly*", The Daily Telegraph, July 1, 2011).

The Telegraph, in addition, encouraged British women to have more children and hosting their elderly parents, bringing paradoxically as an example the Indian families. On this purpose they claim for a financial aid provided by the state directly to families in order to sustain the burden of the in-home care ("*Why does an educated, prosperous society choose not to reproduce itself*", The Daily Telegraph, July 2, 2009; "*State help for women who care for elderly parents*", The Daily Telegraph, May 7, 2013; "*Asian families 'show how to look after old relations'*", The Daily Telegraph, April 22, 2014).

The two newspapers were detached again with reference to the interest they showed in MCWs and how they were depicted. As observed until here, the Telegraph represented immigration as one of the negative factors burdening the British economy and social service. Moreover, immigration was one of the main drivers of the low quality of care services. MCWs were guilty of lowering wages, having insufficient language skills, working illegally ("*Carers need good English, says MP*", The Daily Telegraph, August 3, 2013).

The Guardian, on the contrary, dedicated more articles on care givers and especially lingered on the precariousness of migrants working in the sector. The newspaper mainly raised two issues: care givers' wage was often lower than the minimum income, also because it did not take into account the time spent for commuting from one patient to others, and secondly, the time dedicated to the care recipient was extremely reduced (15 minutes it was the minimum according to the contract) in order to follow more people in need, to the detriment obviously of the quality of the service. The two issues were significantly intertwined: more recipient in one day meant more commuting, more work, which was paradoxically less paid. In this context, MCWs represented a source of labor force to aliment a labor market less and less attractive for the British ("*We can't let those who care for us be paid so little: If we're truly concerned for elderly people's dignity, the practice of paying carers less than the minimum wage must be stamped out*", The Guardian, April 19, 2012; "*Tagged, harassed, underpaid: the uncared-for carers: The UK's million-plus care workers are routinely paid below the minimum wage*", The Guardian, June 14, 2013).

The fourth phase (2015-2016)

In the last two years (2015 and 2016), the topic of MCWs was usually embedded into the debates fostered by the referendum on the exit of the UK from the EU. The Telegraph proceeded with its anti-immigration propaganda. The newspaper mentioned a study by the Bank of England that, six months before the referendum, demonstrated the negative effect of immigration on low-skilled wages, including care workers ("*Bank report finds migration is pushing down wages*", The Daily Telegraph, December 22, 2015). Another argumentative article reported a speech from Lord Rose (one of the leader of the "remain" campaign): he affirmed that the exit from EU, and the following limits to immigration from EU countries, would have led to a raise in the salaries, including those of care workers ("*Wages to rise if we quit EU; astonishing*

admission from Lord Rose threatens to undermine the case being made by big businesses”, The Daily Telegraph, March 3, 2016). Only one article from the Telegraph addressed the shortage of care workers the Brexit might cause (“*Care homes face shortage of 200.000 staff, charity warns*”, The Daily Telegraph, November 17, 2015).

On the contrary, the Guardian in 2015 appeared significantly worried about the shortage of homecare workers and the working conditions in this sector (*New immigration rules will cost the NHS millions, warns nursing union; Royal College of Nursing predicts new rules for non-EU workers earning less than 35.000 £ will cause chaos for healthcare services*”, The Guardian, June 29, 2015). Articles quoted various researches, considering the phenomenon as an EU issue, and they claimed for professionalization (“*The guardian view on care workers: undervalued, underpaid; Thousands of care staff are missing out on the minimum wage. Tax inspector and councils both have a role to play in making sure that they get properly paid*”, The Guardian, February 8, 2005; “*The vicious circle of low status homecare work must be broken; The majority of homecare workers are immigrants who do a great job, but care work needs to be a more attractive and credible career option*”, The Guardian, March 5, 2015). The newspaper in many cases showed solidarity with MCWs, as in the case of Filipino workers after a case of murder in a homecare that put Philippino community in the spotlight through the diffusion of negative and discriminating stereotypes (“*Daily Mail criticized for “stereotyping” Filipino nurses after Cha murder case; Newspaper comes under fire over “extremely controversial” article hitting out at continued NHS hiring staff from the Philippines*”, The Guardian, May 20, 2015)

Since the right parties were engaged in a propaganda against immigration, The Guardian was very critical about their initiatives, reporting how society was now depending on migrants (“*Immigration: UK’S rogue employers’ to be hit “from all angles”*”, The Guardian, August 10, 2015; “*The exploitation of migrants has become our way of life; the British right pretends to be tough on immigration but produces a business model that depend on it*”, The Guardian, August 17, 2015). In 2016, Brexit was the absolute protagonist of the debate also concerning the care market: the question became: what would be the destine of EU workers in the care sector? And what would be the impact of their eventual leaving on the NHS? (“*EU workers in the NHS: “I’ve faced racial abuse and will head home”*”; *Some 55.000 staff in the English health service are citizens of other EU countries. Here’s what they think about Brexit*”, The Guardian, July 6, 2016; “*Telling NHS doctors to go home is self-harming madness; Why would anyone -let alone a health secretary- insult the one third of our doctors who were born abroad by suggesting them that they are only “interim”?*”; The Guardian, October 6, 2016; “*Brexit could trigger crisis in care for older and disabled people; UK sector’s reliance on EU workers means they must be given right to remain in any future arrangements, charities say*”, The Guardian, September 21, 2016). Sometimes the newspaper collected and reported stories from single households in order to show the direct consequences of Brexit on the daily life of elderly or disabled people in need of care (“*Leaving the EU would be disastrous for my autistic son and thousands like him; Vulnerable people have been forgotten in this Brexit debate. Who will fill the roles caring for those with learning disabilities if British leaves the European union*”, The Guardian, May 26, 2016).

6. Conclusion. Trade-offs and contradictions in the regulation and the public discourse of care

This paper is based on the hypothesis that marketization of care is strongly associated to the ethnicisation of the care labour market. This association has been observed in empirical terms: both in Italy and in the UK, a recent shift in the public-private balance of the care sector has come together with an increase of MCWs in this sector.

There is obviously nothing “natural” in this association. The association between care marketization and ethnicisation of care work is the result of specific regulation setting the conditions under which MCWs enter the country and find an employment in the care sector, and specific ideas and social representations attributing a specific “value” to these workers.

To understand this association, we may refer to the Baumol’s cost disease problem. Care markets as well as many other labour-intensive industries, are greatly affected by the difficulty to raise productivity without worsening quality. On the one hand, time and effort implied in the caring activity cannot be significantly compressed without a relevant loss in quality. On the other, without quality compression prices are likely to increase and overcome the cost opportunity of a family-based care self-servicing (Esping-Andersen 1999). Moreover, high taxation on labour and strict labour market regulation rise the labour costs even further, vanishing therefore the chance for a large expansion of the market.

In this context, market expansion is likely to happen only if care workers accept low wages and/or do not enjoy a strong welfare protection. This is what MCWs provide and this fact explains the close association

between marketization of care and ethnicization of care work. MCWs are therefore functional to a strategy of market expansion based on low-wages and progressive involvement of lowly-qualified workers in the care sector.

However, this “synergetic” dynamic (low-cost workers make care services affordable without great quality loss) is grounded on a number of pre-conditions that are not always guaranteed. First, MCWs should accept, or should be forced to accept, low wages and bad working conditions. Second, badly-waged employment should not deteriorate the quality to the point that care services are considered not adequate by the public. Thirdly, MCWs should be recognized as competent, qualified and adequate care workers by authorities regulating the care sector and by the public in general.

All these conditions cannot be easily given for granted, and actually bring about tensions and contradictions in the care market. MCWs are surely “functional” workers, but their bad working conditions can have negative impacts on many related aspects: the care industry may be affected by dumping dynamics that expel domestic workers from the sector; beneficiaries of care services can claim against the low quality of their services; the public opinion can react against a situation of de-facto slavery experimented by MCWs; and public authorities could change their policy towards immigration. MCWs are obviously not only cheap workers, but also foreigners experimenting a difficult process of social inclusion into the hosting society; their marginal social position can exasperate conflicts between supporters of their social integration and ethnophobic groups.

If the Baumol’s theory explains the difficulty of market expansion in the care sector, and ethnicization is one of the ways by which cost disease problems can be overcome, in this paper we highlighted the tensions and contradictions emerging in the growth of an ethnicized care market. In both the countries here considered, care marketization took place through a consistent involvement of MCWs, who provided the functional workforce necessary for a significant market expansion. However, the care market expanded in a very different way. As already shown, Italy and the UK represent two opposite LTC systems: while Italy is a country with a very limited public intervention mainly focused on cash-based provision, in UK the LTC system complements a cash and a care provision, and have a much higher level of public funding and investment in services. As a consequence, in UK level of qualification, specialization and professionalization of the LTC is considerably higher than in Italy. Marketization of care built up therefore on very different policy legacies in the two countries, and consequently tensions and contradictions emerged in different ways.

In Italy, care markets developed independently from the public LTC system as consequence of family self-produced coping strategy. A migrant-in-the-family care system (Bettio et al. 2006) expanded on the basis of a specific combination of regulatory regimes allowing the huge growth of an informal market, characterized by lack of quality regulation and strong subordination of MCWs to their employers. This market was more an extension and a re-definition of the traditional family-based care system predominant in the country than an outcome of intentional public policy (though public policy indirectly contributed to this market through the distribution of a nation-wide unconditional cash-based measure, the IdA, hugely used by families to pay the cost of in-home care provided by MCWs). No legal or quality requirements were introduced in this market as consequence of the dominance of informal agreements and lack of restrictive regulation in the care system and in the labour market. However, this situation paved the way for strong social exclusion of MCWs and their entrapment in the ethnicized, secondary market.

The public discourse was strongly coherent with this regulatory framework. Our analysis showed that MCWs gained in Italy the special status of “deserving workers” and this fact allowed them to be largely tolerated even in a time of strong conflicts around immigration and stricter entry regulation. Their special quality of functional workers was progressively accepted even though their harsh working and living conditions were not recognized in the public debate. They became “invisible workers”, with a very weak social and civil status, with no access to rights that are normally recognized to Italian workers (one day of holiday in a week, 1-2 weeks holiday in a year, unemployment protection, limitation in the working hours, etc.). Their social “deserving” role is accepted and legitimized under the condition that their work is defined within a private agreement with their employers, with no public regulation providing them with basic social and civil rights. It is in this pre-modern, pre-capitalistic shape that a care market could develop in Italy, and this is reflected in a unanimous agreement of all parties involved in the public discourse.

In the UK, since the 1990s marketisation of care was the result of retrenchment in public LTC funding and the introduction of contracting out and outsourcing in the delivery of care services. Private agencies were therefore constrained to save costs in order to comply with public budget cuts, thus decreasing the

attractiveness of the care sector for native workers, while increasing the involvement of MCWs in a context of low wages and poor working conditions. Moreover the migration policy opened the market to the entry of a considerable foreign workforce available to be badly paid. However, since 2007 migration rules were progressively changed to stop the entry flow and protect the employment levels of the native population. Hence a contradiction emerged between the structural demand of labour force by the care sector and the migration regime, which shifted to a protectionist regulation even reinforced with the Brexit decision. In a context of decrease in the public funding of LTC services, therefore, the ethicisation of the care market has become a controversial, contradictory aspect.

This is perfectly mirrored in the public discussion about care and the role played by MCWs in the British LTC system. The debate was focused on the issue of the entry rules for migrant workers. On the one hand, protectionists claimed for a strict restriction of criteria by which migrants are allowed to entry and stay in the country, while on the other liberals wanted to open frontiers and provide migrants with social and civil guarantees. Furthermore, strong conflicts and trade-offs emerged between the need to provide frail older people with adequate care services, and the need to restrict the entry of MCWs in the country. Public budget cuts did not allow any easy solution to this dilemma, so fostering a sharp polarisation in the public discussion.

To conclude, in both countries MCWs were involved in the care market as a very functional workforce. However, their involvement in the care industry brought about tensions and trade-offs due to their bad working conditions. The public regulation and public discussion about these issues were differently shaped in the two countries. In Italy marketization was a process led by families and strongly based on informal agreements; in this context, MCWs obtained a special status of protection, by which they were de-facto allowed to stay in the country without permits and a specific contractual regime. Dilemmas and trade-offs were basically overcome by creating a sort of institutional vacuum in the public regulation and a special profile of “deserving worker” in the public debate. In the UK, instead, marketization was a process driven by state retrenchment and public regulation allowing a clear split between financing, commissioning and delivering. Private agencies experienced a shortage of work due to low wages and harsh working conditions, and the cost burden has been reduced only by employing MCWs. Hence their involvement was basically driven by changes in the public policy. However, in the last years immigration policy did not comply with this trend and curbed the conditions for entry and stay in the country. A strong trade-off is therefore intrinsic to this situation as this is reflected in a strong polarization in the public discussion.

It is paradoxical that in these two different situations MCWs experience similar working conditions in terms of low wage, high flexibility and precariousness, and difficult career development. However, their social role as functional worker is shaped and represented in a very different way. In Italy, MCWs have become substitute of family caregivers, while in the UK they are marginal workers assimilated to any other migrant manual worker with low qualification and subjected to the sponsorship offered by their employers. Two different forms of care market emerged in these two countries that are based on workers in a very, differently shaped, subordinated position.

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