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Change in care regimes and female migration: the 'care drain' in the Mediterranean

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Summary Concern over the need to provide long-term care for an ageing population has stimulated a search for new solutions able to ensure financial viability and a better balance between demand and supply of care. There is at present a great variety of care regimes across industrial countries, with Mediterranean countries forming a distinctive cluster where management of care is overwhelmingly entrusted to the family. In some of these countries elderly care has recently attracted large flows of care migrants, ushering in a new division of labour among family carers (mainly women), female immigrants, and skilled native workers. The article explores the interconnections between the feminization of migration, on the one hand, and ongoing change in the Southern European care regimes, on the other hand. Different strands of the literature are brought together and reviewed to illustrate ongoing developments. One main objective is to identify issues of efficiency, equity and sustainability raised by this new 'model' of care. The results of recent surveys on provisions and costs of long-term care are accordingly reviewed to set the stage for discussion on the optimal mix of long-term care provisions in place of traditional family care.

Key words ageing, care drain, care regimes, female migration, informal work

Introduction

One of the most consequential developments in Western societies today is ageing. In particular, concern over the need to provide long-term care (LTC) for the elderly has stimulated a search for new solutions able to ensure both financial viability and a better balance between demand and supply of care.

In countries traditionally centred on a family-based care model, demographic and economic changes have modified both the demand for elderly care and the availability of unpaid family care work. This is happening in Southern European countries in particular and requires an overhaul of the LTC model. The fall

in fertility and increasing life expectancy have resulted in a progressive and rapid ageing of the population, boosting demand for elderly care. At the same time, households are growing ever smaller and more geographically mobile in order to enlarge opportunities for work. Also, women are entering paid employment in increasing numbers: with the exception of Portugal, the employment rate in Southern European countries in 2003 was nine or more percentage points below the EU15 average, but had been increasing by more than the average in the preceding five years.

Developments are such that the burden of elderly care can no longer be shouldered by the family on its own, no matter how cohesive. Female migrants are

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gradually replacing unpaid care by native women, and a new division of labour is emerging between the family, the market and the state.

In Southern Europe, immigration is engendering radical change in the traditional model of family care, especially with regard to care for the elderly. The region is at the receiving end of the flow of increasingly feminized migration that has been dubbed the *care drain* in somewhat ironic parallelism to the *brain drain*. Cheap and flexible, the new immigrant-based care model now developing bears similarities and differences to that of the USA, where immigrants have long been affordable alternatives to family care.

In this article we recount the transition from a 'family' to a 'migrant in the family' model of care and reflect upon the strengths and weaknesses of this new model. Our main focus is elderly care in Italy, which we take as an illustrative example of the role of migration in changing the organization of the care sector in Southern Europe.

Ageing and pressure for change in care regimes

The provision of care across Europe varies with labour market and welfare state regimes. As is well known, Esping-Andersen's (1990) original typology of welfare regimes has been criticized for focusing too closely on the labour market, thereby neglecting gender and family dimensions. Recently, Bettio and Plantenga (2004) have found that, if attention is shifted from the labour market to the care sector, including informal care, a different grouping of countries arises. In particular, Mediterranean countries like Greece, Italy and Spain form a distinctive cluster where the management of care is delegated almost entirely to the family, while Portugal is a borderline case between this and other clusters. As we shall illustrate in what follows, these four countries also display some broad commonalities in their recent patterns of migration now altering the traditional organization of the care sector. We shall refer to these countries interchangeably as Southern European or Mediterranean. By most conventional indicators, that is, dependency ratios or the share of the old and very old population, Southern European countries are among the most rapidly ageing (Table 1). Taking the case of Italy as an illustration, the World Health Organization estimates that the

number of people requiring daily care among those aged 60 and over will increase to 110 in 2010 from a base value of 100 in 2000, and that it will continue to increase, peaking at 142 in 2040. A decrease will only set in by 2050.¹

Southern European countries have, until recently, relied primarily on the family for elderly care (Millar and Warman, 1996; Bettio and Plantenga, 2004). Involvement of the private sector is also limited, and as a consequence, informal networks continue to fulfil an important role.²

The picture is more complex with regard to monetary transfers, mainly because pensions are a major component of such transfers. Unlike Greece, Spain or Portugal, Italy is as generous with pensions as are Germany and Austria (Bettio and Plantenga, 2004: Fig. 5). In addition to relatively generous pensions, Italy has two main benefit schemes specifically targeted on care of the elderly. A cash benefit (*attendance allowance*) for dependent persons with severe disabilities, which amounts to €436 per month in 2003, is not means tested or conditional on the family structure of the person in need, and is granted to 5.8 percent of elderly people over 65 in 2003 (Gori, 2003: 6). The second cash transfer is the *care allowance*: this is means tested and is granted by local authorities to elderly people at risk of institutionalization, but is usually lower and much less widespread than the attendance allowance. As far as elderly care is concerned, therefore, Italy typifies a Southern European welfare regime where the state acts as a 'carer of last resort' and the system is largely based on monetary transfers. However, the level of transfers to the elderly appears to be higher in Italy than elsewhere in Southern Europe, and it is important to account for the fact that even relatively low-income families can afford to buy the services of migrants.

Transfers are one side of the 'care drain' story in Italy. The other is women's work burden. Because of cohort effects, the burden of elderly care falls disproportionately on women in their mid-forties and fifties. The elderly care index, which is obtained by dividing the estimate of the (not entirely) self-sufficient, over the age of 80, by that of women in their fifties (the most likely carers), stood at about 16 percent in 2005 and was predicted to double in the next 20 years (Micheli, 2004: 14). Given the chronic shortage of public services, and the underdeveloped private market, latent excess demand for care

Table 1 The very old population in the EU15: selected indicators

	<i>B</i>	<i>DK</i>	<i>D</i>	<i>EL</i>	<i>E</i>	<i>F</i>	<i>IRL</i>	<i>I</i>	<i>L</i>	<i>NL</i>	<i>A</i>	<i>P</i>	<i>FIN</i>	<i>S</i>	<i>UK</i>	<i>EU15</i>
(a) proportion of total population aged 80+ (%)																
2000	3.5	3.9	3.6	3.6	3.7	3.6	2.5	3.9	3.1	3.2	3.5	3.3	3.3	4.9	4.0	3.7
(b) very old population (aged 80 and over)																
% increase																
2000–10	45	6	36	43	41	49	17	45	45	25	35	36	34	9	14	35
(c) old age dependency ratio (population aged 65+ as a % of the working-age population, 15–64)																
2002	25	22	25	26	25	25	17	27	21	20	23	25	23	27	24	25
2010	27	25	30	29	27	27	17	31	24	22	26	24	25	28	24	27

Source: Eurostat (2003a, 2003b, 2004b).

services has burgeoned over recent decades. Large numbers of female immigrants have moved in to fill this gap, replacing unpaid work by native female family members.

Paradoxically, economic emancipation is the factor driving the behaviour of both Italian women and female immigrants, and the Italian case exemplifies very well involvement in the 'care drain' of a familistic Mediterranean country along a similar path to that followed by far less familistic societies such as the USA. As we shall document in the next section, interaction between unsatisfied demand for care work and a flourishing underground economy is shaping a distinctive immigration pattern in all four Mediterranean countries, with immigration performing a pivotal role in the reorganization of the care sector.

Setting the stage for change: immigration in Southern Europe

European international migration has evolved considerably since the oil crises of the 1970s, when the countries of Central and Northern Europe sought to erect barriers to protect native workers against the negative repercussions of the economic downturn. Since then, migrants have entered Europe through new portals: the northern coastlines of the Mediterranean and the mountainous eastern border regions. Geographical proximity initially appeared to be a decisive factor in immigration flows. Entry as a visitor was not only relatively cheap (from North Africa and the Eastern Mediterranean) but also easy. Southern European countries were traditionally open because they were heavily dependent on tourism, but unprepared to receive large numbers of immigrants because they were historically countries of emigration.

Early migration into Southern Europe was transient in character because the migrants intended to cross these countries and move further north to find employment. But some stopped and found work in the informal economy (mostly in fishery and agriculture), so that foreign workers rapidly became an important feature of labour markets in Southern Europe. In the 1980s, Southern Europe changed from being a region of emigration to one of immigration (Baldwin-Edwards and Arango, 1999; Venturini, 2001; Salt, 2002: 23–6).

The governments were unprepared to cope with this new development. The general attitude was one

of alarm at what appeared to be an unstoppable flood of poor people 'escaping poverty to survive' and competing for jobs with local workers. By the mid-1990s, controls on land and sea frontiers had been intensified in all Southern European countries, but the results were very poor everywhere (Jahn and Straubhaar, 1999). It took a long time for the realization to dawn that, although the overall unemployment rate was high, there was demand for migrant workers at the lowest levels of the occupational structure, and occupational-sectoral segregation along ethnic lines substantially lessened *direct competition* with *national* workers (Venturini, 2001; Reyneri, 2003). Nearly all immigrants work in low-quality jobs in agriculture, construction, manufacturing, household and personal services, and commerce (as street vendors), with most of these activities falling below the acceptance level of native workers. Where competition exists, it concerns marginal segments of the national labour force: young school drop-outs, (some) women with low educational attainment, and gypsies in Portugal and Greece. At the same time *indirect competition* cannot be ruled out for specific sectors (Venturini, 2004) and, as we shall argue, in particular for personal services where the hiring of immigrants might hinder the growth of alternative market or public suppliers.

The 1990s were years of mass migration into all Southern European countries, fuelled by the collapse of Central and Eastern European regimes. According to an authoritative Italian source, the number of applicants in the most recent regularization campaign, combined with those of authorized immigrants, indicate a total foreign population of 2.5m (Caritas, 2003: 100), which is equal to almost 5 percent of the total population. According to the 2001 census, Greece's foreign resident population amounted to 762,000, representing approximately 7 percent of the total population. But when account is taken of unauthorized immigrants, the estimate rises to between 7.2 and 8.9 percent (OECD, 2003: 187; Kasimis and Kassimi, 2004: 2). Recent data on net migratory flows are even more striking: in 2003 the EU15 recorded a net migration rate of 2.6 (per 1,000 inhabitants); the corresponding figure was 6.1 for Portugal, 5.5 for Spain, 3.6 for Italy and 2.7 for Greece (Eurostat, 2004). In 2003, Spain and Italy alone accounted for 44 percent of all net migration to the EU.

While the permeability of borders certainly played a role, and continues to do so, three common pull

factors account for the similarity of inflows and of integration paths of migrants across the four Mediterranean countries: a large underground economy, *ex post* regularizations in lieu of *ex ante* planning of flows, and demand for care work.

The underground economy

Despite the impression given by the media, illegal border crossing by land (hidden in buses or lorries) or by sea ('boat people') is not the usual way in which migrants enter Southern Europe. The overwhelming majority of migrant workers enter legally (for tourism, to visit relatives, or on student visas) but without a stay permit for the purpose of work. In order to enter legally, migrant workers must obtain a work permit in advance. Foreigners on short-term visas are not allowed to work. Hence, it is common for new immigrants to overstay their short-term visas without a proper residence permit and look for employment, taking up jobs in the underground economy while waiting for a regularization programme. Residence permits for work purposes are usually granted on a temporary basis – one or two years – and renewal is conditional on holding a regular job or proof of sufficient income. Thus, relapsing into illegality is quite common even among those who have managed to get a work permit, for example, after expiry of a permit, job loss, or conclusion of a short-term contract (Arango, 2000: 258–9 on Spain; Reyneri, 2002 on Italy; Kasimis and Kassimi, 2004: 4–5 on Greece).

Since the vast majority of immigrants into Southern Europe find their first job in the underground economy, it clearly works in favour of irregular or unauthorized migrants. However, a large informal market, which was well established before the recent immigration waves, attracts unauthorized migrants, rather than being fuelled by their inflows (Reyneri, 2002; 2003). Migrants entering Italy, Greece, Spain or Portugal find it easy to live and make money even without a residence permit: jobs are available in the black labour market, and competition with native workers is generally low, as already indicated.

Regularization programmes

While a large underground economy has significantly promoted unauthorized immigration, sporadic but frequent regularization operations (Table 2) have had the same unintended effect of fuelling new unauthorized migration flows in the medium run, despite the temporary decline in illegality that they have brought about (Venturini, 2003: 303–5). Governments, lacking any immigration policy, have repeatedly offered unauthorized migrants a one-off chance to legalize their status. Table 2 gives some figures on the total number of people who have taken advantage of this. These amnesties have benefited a very large number of immigrants working in the underground economy and created expectations which have acted as a strong pull factor.

According to an authoritative source, immigrants on national territory without proper authorization

Table 2 Unauthorized immigrants who have made use of regularization programmes in Southern European countries

	<i>Italy</i>		<i>Spain</i>		<i>Greece</i>		<i>Portugal</i>	
	1987–8	118,700	1985–6	43,800	1997–8	371,000	1992–3	39,200
	1990	217,700	1991	110,100	2001	351,000	1996	21,800
	1996	244,500	1996	21,300			2001	120,200
	1998	217,100	2000	163,900				
	2002	704,000	2001	216,400				
Total no. of regularizations		1,502,000		555,500		722,000		181,200
Total population in 2002 (000)		57,382		40,292		10,373		10,371

Source: The data are drawn from different official sources including the OECD SOPEMI report (various editions) the Ministero degli Interni as quoted in Caritas (various editions) and Eurostat on population. The figures have been cross-checked with those reported by other scholars including Cavoundis (2002). Reyneri (2003), Salt (2002) and Venturini (2001).

for at least some time can be estimated at three out of four in Italy, more than half in Spain, and over 30 percent in Portugal, while estimates for Greece put the figure at only one authorized migrant out of 10 foreign people living in the country (Reyneri, 2003: 3). Because of the underground economy, Southern European countries probably record higher proportions of illegal/unauthorized workers than other European countries.³

Demand for care work

If we take earlier immigration waves into countries like the US, the UK, France or Germany as our reference point, the composition of recent migration flows, into all four Mediterranean countries, is distinctive in at least two important respects. First is the unprecedented concentration of migrant workers in households: data available on the sectoral breakdown of foreign labour in OECD countries in 2000–1 show a remarkable over-representation of foreigners employed in ‘services to households’ (i.e. housework and personal services) in the Mediterranean countries, with percentage shares ranging from 18.1 in Greece to 10.8 in Italy, compared with 1.2 for the UK and 1.9 for the USA (OECD, 2003: 63). Housework and personal care (child care and elderly care) are typical sectors of the underground economy. With specific reference to Italy, official estimates set the share of irregular labour input in ‘household services’ at 83 percent (Sestito and Anastasia, 2003: 8). Here, until very recently, families have had no incentive to regularize the workers in their employment, since sums paid by the family for housework, child minding and the like were not tax deductible. In 2000, deduction was finally introduced, but only for payment of social contributions.

The second, and related, distinctive feature is marked segmentation by gender and by country of origin. Given the way in which migration chains operate, some countries of origin specialize in ‘exporting’ female care migrants to specific destination countries. Thus, women form the overwhelming majority of immigrants from the Philippines, Cape Verde, Poland and Ukraine in Italy (Kofman, 1999: 280–5; Campani, 2000; King, 2000: 12–13; Pugliese, 2001: 14); from the Dominican Republic, the Philippines, Peru, Equatorial Guinea and Cape Verde in Spain (Arango, 2000: 262); from Albania, the Soviet Union, the Philippines and Ukraine in

Greece (Lazaridis, 2000; Kasimis and Kassimi, 2004); and from Latin America, South East Europe and South East Asia in Portugal (Steinhilber, 2004).

Both features are suggestive of the role that the care sector is playing in drawing independent female migrants to Southern Europe (Anthias and Lazaridis, 2000; King and Zontini, 2000; King et al., 2000). This draw does not always work through enticement, however. Some women (e.g. from the Philippines or from poorer Eastern countries) migrate expecting to be employed as maids or carers for elderly people, while others discover that care work is the easiest or the only job option once they have reached the country. What matters is that the care sector retains migrants, which in itself encourages further flows.

Although the evidence is fragmentary, once it is assembled, as in Table 3, it lends convincing support to our argument that not only are Mediterranean countries experiencing a common process of immigration, but that female migration into the care sector is one of the hallmarks of this process. The story of the migrant minders of elderly persons in Italy which we shall recount in the next section is emblematic in this respect.

Change in care of elderly people in Italy: families and migrants

From ‘female, Catholic, maid’ to carers

While the 1970s and 1980s had witnessed an increasing inflow of ‘lone’ female migrants into Italy from countries with colonial or Catholic ties (former Italian colonies in Africa, Cape Verde and the Philippines), a significant shift in favour of the Catholic component from Latin America and Eastern Europe took place at the end of the 1980s. The Catholic Church played a key role in this process as it constituted the only channel of recruitment and the only matching agency between female migrants and Italian families (Andall, 1998; Palidda, 2001: 8): the former were ensured secure employment, albeit low in status and in a highly secluded market, while the latter were guaranteed kindness, obedience and morality.

These female migrants were relatively young, possessed good levels of education and had medium to long-term migratory projects. They were employed by urban, bourgeois families as maids (De Filippo,

Table 3 Immigration in Southern European countries

	<i>Italy</i>	<i>Spain</i>	<i>Greece</i>	<i>Portugal</i>
Trends	Net migration balance positive since 1972 and increasing since 1988.	Net migration balance positive since 1972 and increasing throughout the 1990s.	Net migration balance positive since 1975.	Net migration balance positive since the early 1990s, and increasing substantially after 1998.
Stock of foreign population ^a (OECD ^a , 2003: 295; Salt, 2002: Table 3)	423,004 (1985) 991,400 (1995) 1,388,200 (2000)	241,971 (1985) 499,773 (1995) 1,109,060 (2001)	n/a 153,000 (1995) 797,100 (2001)	79,574 (1985) 168,300 (1995) 223,600 (2001)
Stock of foreign labour force ^a (OECD, 2003: 303; Salt, 2002: Table 11)	285,300 (1991) 850,700 (2000)	58,200 (1988) 199,800 (1999)	27,400 (1995) 204,600 (1999)	54,900 (1991) 99,800 (2000)
Estimate of the total number of immigrants in the country ^b	2,500,000 (in 2003) (Caritas, 2003)	1,100,000 (in 2001) (OECD ^a , 2003: 254)	1,000,000 (in 2000) (Cavoundis, 2002: 48)	n/a
Migrants without a proper authorization at least for a while (around year 2000)	About 75% (Reyneri, 2003)	More than 50% (Reyneri, 2003)	About 40% in the last regularization programme (Cavoundis, 2002: 48)	Over 30% (Reyneri, 2003)
Net migration rate (2003) (Eurostat, 2004)	3.6	5.5	2.7	6.1
Regularization programmes	5	5	2	3
The structure of immigration	The first five source countries provide only 1/3 of the foreign population. New groups (Eastern Europeans, South Asians, Latin Americans and Chinese) are challenging the predominance of North Africans and Filipinos. About 50% of applicants in the 2002 regularization programme were women, but the figure varied across nationalities.	At the end of the 1990s, Moroccans predominated, followed by Ecuadorians, Peruvians and Chinese. This is broadly confirmed by the data from the 2000–1 regularization programme.	According to the 2001 census almost 2/3 of the total foreign population in Greece originate from Albania, Bulgaria or Romania. Migrants from the former Soviet Union and the Philippines are next in the ranking. Women made up about 60.5% of the inflows of foreigners in 1998, but the figure varied across nationalities (OECD ^a , 2003: 304). Two-thirds of the immigrants from the former Soviet Union and Bulgaria are women, as well as 4/5 of those from the Philippines (Kasimis and Kassimi, 2004: 3).	In 2000–1 53% of all foreigners came from Eastern Europe (Ukraine, Moldova, Romania, Russia), and only 10% from PALOP (Portuguese-speaking African) countries (Salt, 2002: 23). Portugal is known to have large numbers of female migrants from Latin America, South East Europe and South East Asia. (Steinilber, 2004: 16).
Female participation rate (2000–01 average) (OECD, 2003: 60)	46.6 nationals 50.7 foreigners	50.9 nationals 59.1 foreigners	49.0 nationals 56.0 foreigners	64.0 nationals 65.3 foreigners
Occupation for female migrants	Household services have long been the most important sector for foreign workers.	Around 30% of total foreign labour is concentrated in household services (OECD ^a , 2003: 256).	According to the 2001 census over 20% of immigrants are employed in household services (Kasimis and Kassimi, 2004: 4).	Migrant women are far more represented in household employment (Steinilber, 2004: 51).

Notes:

^a Data consider foreigners with a residence permit.^b Data include an estimate of undocumented foreigners.

2000; Pugliese, 2001). With the passage of time they formed an ethnic community while moving up a slow emancipation ladder, from full-time live-in work with the same family, to household services on an hourly basis (Tognetti Bordogna, 2003).

With the arrival of Peruvian women in the early 1990s, there was a 'spontaneous' move to employ female migrants as minders of elderly people. From the mid-1990s onwards, a much larger and more heterogeneous flow of migrants entered the personal care market: female workers from Eastern Europe (Poland, Ukraine, Romania, Russia). Recourse to female immigrant labour to look after elderly family members spread rapidly through the country and across families in all income brackets, so that the organization of the LTC sector was completely overhauled.

Two factors, excess demand and low wages, explain the readiness of families to resort to immigrants. As argued in the previous sections, latent excess demand for personal care, and long-term care for the elderly in particular, had been mounting rapidly in Italy due to ageing and increasing female participation. In spite of increased efforts by local authorities (particularly in the North East) to step up the supply of services, public provisions remained vastly inadequate in quantitative terms and not flexible enough to ease the reconciliation of work and family life.

Prior to the wave of migration in the early 1990s, families had sought to cope with the sudden increase in long-term care needs by resorting to a mix of solutions: exit from the labour market by (mainly) female carers, when the double burden became unbearable; the use of public carers for a limited number of hours to meet special needs, or when the degree of self-sufficiency was still good; and institutionalization in public or private sheltered housing as a last resort. Mounting demand for care swelled an informal market for private carers who worked by the hour, at night (e.g. minding elderly people in the case of hospitalization), or around the clock. The supply was mostly made up of irregular female workers – often single elderly women who had previously cared for their own relatives – or retired nurses. It also comprised a limited flow of native co-residing minders, once again controlled by religious institutions acting on behalf of the families as guarantors for the workers.

All these options were extremely expensive. Round-the-clock carers could only be afforded by the

upper-income households, while middle and low-income households relied on temporary help to fill the gap between the family, on the one hand, and public services, on the other hand. Institutionalization was the last resort in the case of the very severely disabled, as already noted.

Female migrants met unsatisfied needs for care while ensuring the continuity of a family-based long-term care model. They provided long-term care at prices which middle-income families could afford, while benefits for the elderly, already in place – like the attendance allowance – helped low-income families to meet the cost. They filled a widening gap between family care and professional (public) care, so that the main tasks of families were organizing and monitoring the minders' work. This eased reconciliation between otherwise conflicting concerns: on the one hand, widespread aversion to institutionalization coupled with a traditional, family-centred care model where children/daughters are responsible for their parents' care; on the other hand, a dwindling supply of daughters living sufficiently close and willing to sacrifice employment. In the specific case of care for elderly people, the potential conflict with women's work should not be overstressed on two accounts: (a) female participation is rather uneven across regions, with low rates in many areas of the South; and (b) participation tends to be low among likely carers, that is, women in their fifties and sixties. However, Bettio et al. (2004) find that, in an area where female participation is relatively high, a significant proportion of employed women taking responsibility for an elderly person hire non-family carers.⁴

Who employs immigrants to care for the elderly?

Given the high incidence of irregular positions, information on immigrant care work is neither precise nor comprehensive. Surveys conducted at national or local level indicate that the share of families with dependent elderly members resorting to the full-time or round-the-clock services of immigrant workers varies from 13 to 17 percent. Bearing in mind that the reference population may differ between estimates with regard to age and disability of the elderly being cared for, or other family characteristics, a survey carried out in 2002 by Iref-Acli estimated that the share of families resorting to household services from migrants was 17.2 percent

Table 4 Foreign workers in domestic services in Italy

<i>Broad region</i>	<i>Applicants for regularization in 2002</i>	<i>Regular foreign workers in domestic services (registered at INPS, 31.12.2000)</i>	<i>Estimate of regular foreign workers after the 2002 regularization programme</i>	<i>Applicants every 100 regular foreign workers</i>
	<i>a</i>	<i>b</i>	<i>c</i>	<i>a/b</i>
North West	98,533	46,306	144,839	212.8
North East	58,608	16,620	75,228	352.6
Centre	112,045	53,294	165,339	210.2
South	60,287	11,368	71,655	530.3
Islands	11,648	9,031	20,679	129.0
Italy	341,121	136,619	477,740	249.7

Source: Ministero dell'Interno (in Caritas, 2003: 299).

among those with elderly dependants (Caritas, 2002: 294–5). Research carried out by Censis (2002) showed that private household service is sought by 10.2 percent of elderly people aged over 60, 12.4 percent aged between 70 and 79 years old, and 20 percent aged over 80. A survey by the Comunità di Sant'Egidio found that 13.3 percent of people aged over 65 (and in need of assistance) relied on a round-the-clock migrant care worker, with a significantly higher share among the very old living on their own (Caritas, 2002: 296–7). Finally, a statistically rigorous survey specifically targeted on care of the elderly, carried out in Modena in 2003, found that 27.3 percent of families with non self-sufficient elderly members employed non-family members, prevalently migrants, to help with care for the elderly: little more than half of these families employed a cohabiting minder on a round-the-clock basis (Bettio et al., 2004).⁵

Recourse to immigrant labour for long-term care is still uneven geographically and tends to concentrate in the North-centre of the country, as well as in large metropolitan areas (Rome, Milan, Naples), although it is spreading to smaller towns and their hinterlands. The use of co-residing minders appears to be especially common among families with elderly members who are very frail but retain some self-sufficiency. The above-cited survey by Bettio et al. (2004) finds that the share of families employing 'co-residing' minders peaks at between 30 percent and 39 percent for the elderly, scoring C to D along a (reduced) Guttman disability scale ranging from A to E (the average share is 14.7 percent). Families that can afford to take care of the most severely

disabled elderly members rely more frequently on private nurses (Bettio et al., 2004: Ch. 4).

What these various surveys convey is the desperate need of families for help in providing LTC for the elderly; a need which has grown so strong as to force yet another regularization operation upon a fairly unwilling government in 2002. A new law was enacted primarily in order to give Italian families the opportunity to legalize the status of their foreign 'helpers' or 'minders'.

What we know about immigrant care workers

There were about 137,000 foreigners regularly registered as 'household service workers' prior to the 2002 regularization (Table 4). An additional 341,000 migrants applied for regularization as domestic workers in 2002, corresponding to 2.5 unauthorized (therefore irregular) foreign workers in domestic services for every regular household worker. If we add the numbers of regularized workers and applicants together, we get an estimate of around half a million foreign immigrants (roughly 90% of them female) currently working for Italian families, some of them doing only housework, others combining housework with child care, and a very high proportion working as minders of elderly people.

Some insights into the age and nationality of the irregular component of migrant workers in household services can be gained from the data on the regularized component – that is, foreign workers registered with INPS (Istituto Nazionale Previdenza Sociale) – although it must be borne in mind that

Table 5 Regular domestic workers registered at INPS in 1999: Italy

<i>Source country</i>	<i>No.</i>	<i>%</i>	<i>Source country</i>	<i>No.</i>	<i>%</i>
Philippines	36,606	32.1	Ecuador	2,887	2.5
Peru	11,847	10.4	Somalia	2,771	2.4
Sri Lanka	9,791	8.6	Cape Verde	2,216	1.9
Romania	5,591	4.9	Brasil	1,424	1.2
Poland	4,533	4.0	Nigeria	1,309	1.1
Albania	4,530	4.0	Mauritius	1,235	1.1
Morocco	4,292	3.8	El Salvador	1,196	1.0
Ethiopia	3,204	2.8			
Dominican Rep.	2,985	2.6	Total	114,182	100

Source: INPS (in Caritas, 2002: 298).

Table 6 Regular domestic workers registered at INPS in 1999 by age group: Italy

	<26	26–30	31–40	41–50	51–60	>60	<i>Total</i>	<i>No.</i>
Immigrant workers (%)	10.2	19.3	38.8	23.5	7.3	9.9	100	114,182
Italian workers (%)	6.5	9.2	24.9	29.7	26.5	3.2	100	113,067

Source: INPS (in Caritas, 2002: 297).

this is not the largest component (see Tables 5,6). Immigrants originating from the Philippines, Peru, Somalia and Cape Verde continue to be over-represented within this component and tend to be younger than native workers, although almost a quarter of them are in their forties.

However, the 2002 regularization programme radically changed the ranking of migrants by nationality. Countries with the largest proportions of female immigrants (such as Romania, Ukraine, Ecuador, Poland and Moldavia) recorded the highest incidence of regularization, which signals that these flows are both the most recent and the most rapidly growing ones. With this change in flows, the characteristics of female migrants employed by Italian families for housework or care services have also changed, becoming more diverse in terms of country of origin, pattern of migration (i.e. length of the migratory project), type of relation with the home country, frequency and duration of periods back home as well as position in the labour market (authorized/unauthorized; regular/irregular).

With the caution always necessary when attempting to generalize, Eastern European female migrants, in particular, tend to differ radically from previous waves of immigrants, in addition to present-day female immigrants from non-European countries

(Kofman, 2003). They consist largely of middle-aged, well-educated women, married with children, who have left their families behind in their home countries. Most of them have a short-term, temporary project. They enter the country on a three-month tourist visa and with an income target geared to specific projects at home (e.g. save some money to build a house, pay for the university education of the children, and so on) (Caritas, 2003: 297; Tolomeo Studi e Ricerche, 2003 on behalf of *Associazione dei comuni del Veneto*, for Veneto; Bettio et al., 2004 for Modena; Ambrosini and Boccagli, 2003 for Trentino). They work for some months, go home for a period, and then return to the same family in Italy. This has resulted in new forms of temporary and/or rotational migration, with several women sharing the same job – typically employment in private households. Rotational migration enables female migrants to undertake care work in the host country while ‘retaining familial responsibilities in their home countries’ (Morokvasic, 1996; 2002).

As we shall document in the final two sections, all this has had significant repercussions on both the organization and the cost of care, and is bound to affect the viability of the new model of care for the elderly now emerging.

Immigration and change in elderly care in Italy

It is well known from the history of immigration (Piore, 1979) that the latest waves tend to put pressure on the pay and working conditions of already-settled foreign workers. In particular, a different time horizon may imply a willingness to accept different pay and/or working conditions, a case in point being Polish female immigrants who, according to some scholars, have undercut the employment conditions of female migrants with longer migratory projects (Caputo, 2000: 92–3; De Filippo, 2000: 54–5). The immigration policy pursued by the Italian government, based on *ex-post* calls to regularize rather than a clear *ex-ante* plan, helps perpetuate this state of affairs by periodically replenishing the pool of irregular labour.

In the care sector, however, such competitive pressure is also indicative that, despite occasionally exploitative work conditions, a job as the minder of an elderly person may compare very favourably to alternative opportunities back home, as well as within Italy.

The market for care services for the elderly is especially under-regulated, and working conditions are rather differentiated, varying with the type of contract (or agreement), the geographical context and personal characteristics (nationality, religion, language) (De Filippo, 2000: 54; Mottura, 2004). In general, however, recourse to immigrant labour for LTC has dramatically reduced the cost of care for families. It has been estimated recently that in the town of Modena, which may be taken as broadly representative of northern Italy, if the weekly average full cost to the family of a co-residing minder is divided by the 'likely' hours of work, including being 'on call' at night, the hourly cost is below €3. This compares with a contractual minimum wage of about €5 per hour for a non co-residing minder and an actual fee of around €8–9 per hour charged by local members of cooperatives, most of them Italian (Bettio et al., 2004).

At the same time, interviews with female immigrant minders have disclosed that their wage is between 7 (Romania) and 15 times (Moldavia) greater than what they could have earned, or what their husbands were earning, back home (Mottura, 2004). Thus, although the earnings of a live-in minder in a rich northern city are very low in hourly

terms, the monthly total earnings are not much lower than average female ones in industry (for a manual job), moreover the sum can be saved almost entirely, given that free board and lodging are provided.⁶

While, for the migrant, co-residence solves the problem of board and lodging, the drawback is a 24-hour job that may be an obvious obstacle to socialization, progressive integration into the Italian labour market, or simply participation in Italian society. It may also make it extremely difficult for the migrant to form or care for her/his own family, especially if the country of origin is too distant for temporary and rotational migration to be possible. In a limited number of cases, moreover, the relationship between foreign minders and family has been described as akin to a 'servant-master' one which debases immigrants' skills and prevents them from moving out of such jobs.

Supply is still plentiful, however, which indicates that the incentives are stronger than the drawbacks. Incentives are no less strong on the demand side, albeit for different reasons, and they go beyond low cost per hour. First, monetary transfers, like the attendance allowance and the care allowance, have helped spread the foreign minder solution down to low-income families, as already noted. For example, the Modena survey found that the incidence of families hiring co-residing minders halves in the lower-income quartile compared to the rest of the distribution, but all poorer families choosing this option receive an attendance allowance, as opposed to 42 percent of families in higher quartiles.⁷ In turn, the spread of the foreign minder arrangement down to middle and low-income families, coupled with an abundant supply of care labour, may have helped increase the price elasticity of demand, as well as the responsiveness of wages.

Cultural reasons add to the package of advantages afforded by co-residing foreign minders, given that this solution comes closer to the ideal model of family caring. Above all, foreign minders are preferred because they are much cheaper than other options, especially those of institutionalization. In the Veneto Region, institutionalization has been estimated to cost families between 20 and 40 percent more than a foreign live-in minder (Caritas, 2003: 297). In Modena, however, the (highly) subsidized cost to the family of a public nursing home is slightly lower than that of employing a foreign minder on a regular contract, but entitlement to

subsidized places is means tested on stringent criteria. Co-residing minders are substantially cheaper for families having to bear the full cost of a nursing home.⁸

Finally, the mismatch which frequently exists between quality of labour supply (female foreign workers) and the quality of jobs (housework and care work) is to the advantage of Italian families. Since the employment of foreign minders is especially common where the elderly person(s) retains some degree of self-sufficiency, Italian families require trustworthiness, dedication, patience and, above all, time, rather than certified paramedical skills – that is, nothing that they would acknowledge and pay for as ‘skill’. Yet, a large majority of female immigrants (particularly those from Eastern Europe) are reasonably – or well – educated, as already noted, and bring valuable social capital to their jobs, as well as the cultural affinity which explains the preference for them over, say, African minders, other characteristics being equal.

The new care mix in Italy: efficient and viable?

Demand for long-term care and a large informal sector provide an example of mutually reinforcing pull factors in Italy. However, it might be that neither mounting demand nor a thriving underground economy would have been able, on their own, to generate radically new care arrangements had it not been for the political and economic collapse of the Eastern Bloc. The arrival of large numbers of these immigrant female workers allowed a typically Southern European immigration pattern to spontaneously develop into a new model of care for the elderly. Cheap and flexible, this model is able to overcome the structural deficiencies of public family care provision and strikes a good balance between the conflicting needs of publicly supporting care of the elderly and controlling public expenditure.

However, the availability of immigrant minders is crowding out the alternative solutions that were already in place, especially the more costly ones. Despite a rapid expansion in recent decades, the commercial supply of nursing homes or home-care services was previously scarce, particularly in richer areas of the country, as witnessed by the fact that Italy had the third lowest indicator for institutional

provisions for the elderly in the 1990s (Bettio and Plantenga, 2004: Fig. 6). When foreign female workers arrived, the commercial care sector found it difficult to match the conditions on which they offered their labour. Private workers in the care sector are now trying to move into public services or to upgrade in other niches of the labour market. At the same time, the media are increasingly reporting instances of (mainly private) nursing homes having to cope with unprecedented and unforeseen vacancies (*La Repubblica*, 2004: 24). Research under way is addressing the possibility that, in some areas, the commercial sector may be fighting back by formally hiring immigrants, a rather novel, but probable, development for Italy. However, satisfactory evidence on this phenomenon is not yet available.⁹

A complex division of labour is developing whereby family carers (mainly women) provide the coordination, while the task of minding is entrusted to the female immigrant, and more skilled as well as prevalently native workers – private or public – take on paramedical tasks where and when needed. A complex segmentation of the market along gender and ethnic lines has thus arisen from an abundant supply of cheap labour combined with a limited supply of specialized public services.¹⁰

This new care mix raises issues of social equity and long-term viability. Since the availability of a cheap alternative inhibits demand for, and crowds out, the supply of specialized care, any policy by local authorities to favour the ‘emersion’ of informal contractual arrangements and the regularization of foreign workers in order to reduce discrimination, or to upgrade the skills of foreign carers and reduce segmentation, is likely to meet with scant interest from families (and outright hostility from social workers faced with increasing competition). Families are more concerned that local authorities should help ensure that their demand is matched by quality supply, for example, by screening immigrants to ensure their trustworthiness (a role selectively performed by the Church) and helping them to learn the language.

Moreover, the long-term sustainability of the foreign minder solution is conditional on the continuous availability of cheap, migrant supplies, which raises complex questions concerning future migration flows. Migrant care workers from countries like Albania, Poland, Bulgaria, Romania, but also Chechnya and Moldavia, who are especially valued

by Italian families, migrated and continue to do so because of a lack of work opportunities in their home countries. The issue is how long it will take the economies of some of these countries to recover and thus dry up emigration flows. Given this risk, the short-term efficiency of the 'foreign minder' model may in fact be at the cost of its long-term sustainability, insofar as short-term benefits may jeopardize (or pre-empt the search for) more viable long-term solutions.

At the current state of knowledge, these are open questions for Italy, and *a fortiori* for the other Mediterranean countries where change in the organization of the care sector may not yet have gone so far.

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Notes

- 1 From the WHO web site at: [http://www.who.int/chronic_conditions/countryprofiles/en/].
- 2 According to the 2001 nationwide Survey on Health, Ageing and Wealth quoted by Bettio et al. (2004: 78) long-term care needs are met by family (and friends) in 83.1% of cases, by private services in 9.7%, by a combination of family and private services in 2.1%, and by public services or a combination of public and private services in the remaining 5.1%.
- 3 Boswell and Straubhaar (2004: 4) report that: 'Estimates of stocks of illegal immigrants in individual countries put the number at around 500,000 in Germany, 300,000 in France, 200,000 in the UK and up to 800,000 in Italy' (estimate for Italy prior to 2002 regularization).
- 4 The cited survey in the province of Modena found that 37% of female 'main' carers (i.e. taking responsibility for an elderly person) in wage employment hired a

non-family carer for help as compared with 21% among non-employees (mostly pensioners).

- 5 The survey was part of the GALCA project (Hughes et al., 2004) and found that, in absolute terms, of the 8,000 families in Modena caring for an elderly person, more than 2,300 used some form of minding.
- 6 In Modena, the average all-inclusive cost to families of a live-in elderly minder on a regular contract was €987 per month in 2003 (amounting to some €800–850 in net earnings: data provided by the Department for the Elderly [Servizio Anziani] of the Modena Council [Comune di Modena]), and is believed to be fairly representative of the overall market rate. This compares with an estimate of €979 for average net female earnings in industry in the Modena region in 2002 (our calculations on data from the Bank of Italy Household Survey).
- 7 Calculations refer to equivalent family income.
- 8 Families in Modena were required to pay about €890 per month in 2003 for a fairly representative nursing home, while the full cost was much higher, i.e. about €1,500 (source: data provided by the Department for the Elderly [Servizio Anziani] of the Modena Council [Comune di Modena]). A private nursing home is unlikely to charge less than this full cost and would thus be considerably more expensive than a foreign minder (see also Note 6).
- 9 One example drawn from ongoing field research by Giovanni Solinas is that of the cooperative firm 'Gulliver', based in Modena, which is fighting back by diversifying the range of LTC services it offers, including services outsourced by the municipality, and is currently employing about 10% of foreign workers.
- 10 There are variations to this typical tripartite division. For example, results from the GALCA survey in Modena indicate that, where public services are relatively well developed, families hiring co-residing minders report that the elderly person is visited by public nurses, physicians and public or private physiotherapists as frequently or more frequently than reported by families not relying on minders. By contrast, visits by private nurses or public home carers are less frequently reported if a co-residing minder has been hired, although the difference is small. This indicates that minders may, but do not often, take on paramedical tasks, although the pattern may be different where income is lower or public services poorer. Finally, a live-in minder appears to fully substitute for meals on wheels or regular services from other private home carers.

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