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Who Cares for the Carers? Negotiating Transnational Social Protection among Older  
Ukrainian Care Workers in Italy

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Submitted in fulfilment of the Requirements of the Degree of Doctor of Philosophy  
in Health and Social Policy

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September 2025

Wordcount: 99956

## ABSTRACT

This thesis examines older Ukrainian migrants employed as eldercare workers in Italy, situating their lives at the intersection of migration, ageing, and transnational social protection. Extending foundational literature on gender, migration, and care work through an ageing–migration lens, it shows how care work functions simultaneously as livelihood, quick-fix welfare, and a source of long-term vulnerability when intersecting with the ageing process.

Based on multilingual qualitative interviews and participant observation in Naples and Milan—the thesis engages with the complexities of conducting research in politically sensitive contexts, particularly following Russia’s 2022 invasion of Ukraine. It reflects on the role of translanguaging and reflexivity in co-producing knowledge across linguistic and cultural boundaries.

First, transnational social protection shows intrastate variations, influenced by local welfare institutions, labour market dynamics, and urban spatial arrangements. Second, access to resources is filtered through subjective cultural and moral understandings of ageing, responsibility, and an historically constructed sense of protracted instability. Third, relational support networks—comprising NGOs, churches, employers, and kin—serve as vital but precarious infrastructures that migrants rely on to access protection.

Ageing in migration is revealed as a deeply relational process, where agency is unevenly distributed and shaped by intersecting structural constraints. Collecting the voices of both practitioners and migrant care workers, this thesis calls not only for a reimagining of social protection beyond national borders, but also for a rethinking of the care work profession itself—toward a more sustainable, equitable model that addresses the needs of ageing migrant workers

**Key words: ageing, migration, care work, transnational social protection, Italy, Ukraine**

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## ABBREVIATIONS

<b>ACLI COLF</b>	Associazioni Cristiane lavoratori Italiani <i>Christian Association of Italian Workers</i>
<b>ADI</b>	Assistenza Domiciliare Integrata <i>Integrated Home Care Services</i>
<b>CAF</b>	Centro di assistenza fiscale, Tax Assistance Centre
<b>GCC</b>	Global Care Chains
<b>GP</b>	General Practitioner
<b>INPS</b>	Istituto Nazionale di Previdenza Sociale, <i>National Social Security Institute</i>
<b>IOM</b>	International Organisation for Migration
<b>ISTAT</b>	Istituto Nazionale di Statistica, <i>National Institute of Statistics</i>
<b>LTC</b>	Long Term Care
<b>SAD</b>	Servizi di Assistenza Domiciliare <i>Home Care Services</i>
<b>STP</b>	Straniero Temporaneamente Presente, Healthcare code/card for undocumented migrants
<b>WHO</b>	World Health Organisation

## ACKNOWLEDGMENTS

I have only few words left, but I cannot finish this thesis without acknowledging those who helped me along the way.

My deepest gratitude goes to all the people who shared their time for an interview or a conversation—in offices, parks, cafés, or even while running marathons through Naples, crowded with visitors awaiting San Gennaro's miracle. I cannot list you all, but without your voices, this work would not exist.

Special thanks to my supervisors, Dr Alistair Hunter and Dr Sara Bernard, for their patient reviews and for enduring a student with strong opinions and a challenging temperament.

I am grateful to Francesca Stella, Erdem Avsar, and Tanja Schroot for their close collaboration in recent months, and to Anne Ramos for supporting my networking efforts. My thanks also go to Andrea Bellardinelli, Michele Iacoviello, my former colleagues and Cristiana Giordano for teaching me much about migration in Italy.

My thanks go to the labour expert—LittleBrother—my field logistics assistant—Dad—and to Mum, who not only did my laundry during fieldwork in Naples but also taught me much about care responsibilities. I may never apply that lesson in life, but it helped for this research.

Last but not least, thanks to my comrades-internationalists and friends—Erminia, Arida, Granduchessa, the Gallinas, and their pets—for companionship, drinks, and food, the indispensable fuel for any of my endeavours (special mention to the Arci Traverso—Trattoria Popolare comrades).

I am out of words, but I only need three more: thank you all.

## AUTHOR'S DECLARATION

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution

Printed Name: Maria Izzo

Signature:

## Chapter 1

### INTRODUCTION

#### 1.1. Situating the Research: Ageing, Migration, and Care Work in Global Perspective

This thesis investigates transnational social protection among older migrant care workers, focusing on Ukrainian care workers in Italy. In an era marked by profound demographic and socio-economic transformations, the intersection of ageing, migration, and care work has emerged as a critical site of inquiry (Amrith, 2023; Lutz & Palenga-Möllnbeck, 2010; Shutes, 2012). The global phenomenon of population ageing, driven by increased life expectancy and declining birth rates (UNDESA, 2024), has intensified demand for long-term care (LTC) services across many regions of the world (Hu et al., 2020). In response, care systems have increasingly come to rely on migrant labour, with migrants from different regions of the world - forming the backbone of care services in higher income areas (Anderson & Shutes, 2014; Lutz, 2018; Yeates, 2011). Among these workers, many are older or middle-age (Bauer & Österle, 2016; Molitor, 2024). Official statistics in Italy show that older workers make up a substantial share of the domestic and care workforce, with those aged 55–64 accounting for over one third of the total (INPS, 2024). These data indicate that ageing is a common trend across both Italian and migrant segments of the workforce. Nevertheless, migrant workers constitute a significantly larger share of the sector overall, accounting for 68.5 per cent of the domestic and care workforce (ibid). In the context of the transnational care economy, older migrant women have become both visible and invisible actors: essential to care recipients and their families, yet often overlooked in public discourse and social policy—not only in their role as indispensable care workers, but as a cohort that is ageing themselves and may increasingly require care (The Lancet Healthy Longevity, 2024).

This thesis aims to shed light on these critical issues, exploring how Ukrainian care workers in Italy navigate transnational social protection in the context of migration statuses, gendered labour markets, and the broader geopolitical upheaval of war in their country of origin. Italy provides a prominent example of a welfare system heavily reliant on migrant labour, particularly in the eldercare sector (Ambrosini, 2015; Cordini & Ranci, 2017; Rugolotto et al., 2017). Within this context, Ukrainian migrants—especially middle-aged and older women—are disproportionately represented (Ministero del Lavoro e delle Politiche Sociali,

2023). Consequently, Ukrainian care migrants in Italy constitute a highly pertinent case study for examining the intersection of migration, ageing, and care work. By focusing on their strategies for accessing welfare resources—both for themselves and for their families—this study offers a novel contribution to debates on the ageing-migration nexus, migrant care work, and transnational social protection in an increasingly interconnected world.

In the present chapter I will provide an overview of the research. It begins by outlining the structural context of the Italian welfare system, with particular attention to the growing reliance on migrant care labour and the systemic gaps that shape eldercare provision. It then turns to the Ukrainian care workers in Italy, highlighting their demographic features, labour patterns, and the specific vulnerabilities faced by women employed in the domestic and care sectors. The chapter also outlines the Italian welfare system as a fragmented landscape in which different local institutions and socio-spatial configurations produce markedly different outcomes. To illustrate this, it offers an overview of the two research sites—Naples and Milan—which exemplify contrasting socio-economic systems, welfare settings, and urban environments.

Building on this contextual foundation, the research justification follows, arguing that the ageing of this workforce—exacerbated by geopolitical upheaval and weak welfare protections in both origin and host countries—demands urgent academic and policy attention. Finally, the chapter concludes by illustrating the structure of the thesis.

## **1.2. Background and Relevance: The Italian Welfare System(s) and Ukrainian Migration**

In the study of ageing, migration and welfare, Italy offers a particularly telling case. It is undergoing one of the most dramatic demographic transitions in Europe, with 24.3 percent of the population over 65 years old, and projections indicating that by 2050, this will rise to 34.6 percent (ISTAT, 2024c). At the same time, fertility rates remain low and the average age has climbed to 46.6 years (ISTAT, 2024b). Despite these shifts, the Italian welfare system remains unprepared, with LTC provision marked by fragmentation, regional disparity, and a persistent reliance on cash transfers rather than comprehensive services (Diodati et al., 2024; Naldini & Saraceno, 2008; Notarnicola et al., 2020).

The *indennità di accompagnamento* (attendance allowance), a monthly flat-rate benefit of 542,02 euro for those certified as fully disabled, remains the primary public support mechanism. Only around 10 percent of the older population benefits from formal home-

based services such as *Servizi di Assistenza Domiciliare* (SAD) - Home Care services - or *Assistenza Domiciliare Integrata* (ADI) - Integrated Home Care Services. However, these programmes have been found to typically provide only a few hours of care per week (Ranci et al., 2025) and having a general limited reach. In fact, it has been demonstrated up to 60–80 percent of dependent individuals over 75 do not receive adequate formal care (Notarnicola et al., 2020).

In monetary terms, LTC is significantly co-financed by families. In 2023, household spending on domestic work totalled €7.6 billion, but when accounting for the estimated rate of informal employment at 47.1 percent, actual spending rises to €13 billion—€7.2 billion on care workers and €5.8 billion on housekeepers (Domina, 2025). This stands in contrast to €34 billion in public LTC expenditures, or 1.6 percent of GDP (Ministero dell'Economia e delle Finanze Italiano, Ragioneria Generale dello Stato, 2024). The financial burden is especially heavy for middle- and lower-income households. Around 57 percent of older Italians earn less than €20,000 per year (about €15,000 disposable income)—barely enough to afford five hours of weekly assistance, the maximum most retirees (55 percent) can manage (Domina, 2025). This estimate combines home-care costs — ranging from about €2,000 per year for 5 hours per week without live-in arrangements to as much as €25,069 per year for 54 weekly hours with live-in care, depending on hours worked and the level of assistance required — with official data on consumption among people over 65, which shows a median monthly expenditure of €1,482, leaving roughly €12,000 per year for essentials such as food, clothing, and utilities (ibid).

This care regime has been described as a “privatised” or “familialised” care regime (Da Roit & Sabatinelli, 2013; Ranci & Sabatinelli, 2014), where migrants—mostly middle-aged or older women from Eastern Europe, Latin America, and the Philippines—fill systemic voids in public care provision. Migrant workers became a structural feature of Italian eldercare system as early as the late 1990s, when insufficient state provision and women’s rising participation in the labour market created a need for external caregivers (Barbagli et al., 2004; Da Roit, 2014). The “migrant-in-the-family” model (Anderson, 2000; Bettio et al., 2006) became widespread and socially normalized, to the point that government-sanctioned amnesties in 2002 and 2009 regularized thousands of previously undocumented care workers (Pasquinelli & Rusmini, 2013).

The figure of the migrant care worker embedded within family households is commonly referred in Italian as *badante*, —a term widely used in public discourse and frequently

echoed in policy. Its use encapsulates the dynamics of the Italian welfare system, highlighting both the essential role of migrant care workers in sustaining eldercare and their persistent marginalisation, manifested through informal employment, limited social recognition, and precarious legal status.

Officially introduced in Law No. 189, Article 33 (2002), the term refers to a non-EU migrant providing care to individuals with limited autonomy. However, *badante*—derived from the verb *badare* (“to look after”)—carries derogatory connotations, historically used for animal caregivers. Despite pushback from NGOs, migrants' associations, and progressive political actors advocating for terms like *home eldercare assistant* (Degiuli, 2007), *badante* remains widely used.

Despite two decades of systemic reliance, migrant care work in Italy remains poorly recognized and undervalued. Scholars have consistently described it as a marginalized labour sector: characterized by low wages, long hours, limited legal protections, and high rates of irregular employment (Degani, 2022). These vulnerabilities are further compounded by significant physical and mental health risks, stemming from the demanding and emotionally intensive nature of care work (Redini et al., 2020). This general lack of protection is not incidental, but rather generated by a structural and institutional lack of a coherent policy framework (Picchi, 2016) not only observed in the welfare system, but also in the migration schemes. Coupled together, those two components produce widespread illegality as a structural reality in Italy due to the large number of foreign workers in undocumented or illegal work (Degani, 2022). In fact, Italy's immigration system, based on temporary residence and work permits tied to inherently precarious work, has led to a cyclical process of informal employment, and eventual partial legalisation (Fedyuk, 2016). Such legal precarity exposes migrant care workers to exploitation and marginalisation.

In addition to these vulnerabilities, as mentioned above, many care workers are themselves growing older. This thesis focuses on Ukrainian care workers, one of the most significant migrant groups in Italy's care sector. Their case is a particularly significant example to investigate the intersection of ageing and migration among care workers. The first arrivals can be dated back to the mid-1990s, a few years after the breakdown of the Soviet Union. Italy has become a key destination for Ukrainian migrants, especially mature women (Marchetti & Venturini, 2014; Vianello, 2016b; Vianello & Escrivá, 2016). This migration has been driven by a combination of economic hardship, political instability, and weak welfare institutions in Ukraine (Solari, 2017).

Migrations of Ukrainian nationals, mainly women, to Italy have gone unnoticed for many years. Before 2002, Ukraine did not even appear on the list of sending countries; however, as a consequence of the amnesty issued in 2002, the presence of Ukrainian care workers in Italy was finally made visible and, with 101,651 applications, the number of Ukrainians in Italy has (officially) grown by eight times in the official statistics (Marchetti & Venturini, 2014). As of January 2021, 223,489 Ukrainians were officially residents of Italy, the fourth-largest non-EU migrant community in the country (Ministero del Lavoro e delle Politiche Sociali, 2022). Since then, the Ukrainian presence in Italy has become increasingly established. Holders of long-term residence permits accounted for 81.2 percent in 2021 (Ministero del Lavoro e delle Politiche Sociali, 2022).

Domestic work, including eldercare, represent the primary sectors of employment for Ukrainian migrants in Italy: as of 2023, 54.7 percent of Ukrainian workers in the country were employed in the care sector and the 69.2 percent of this population were women (Ministero del Lavoro e delle Politiche Sociali, 2023). The Ukrainian migrant population as a whole is predominantly female, with 75.4 percent of the total being women. Notably, the population is ageing: 22 percent of all Ukrainians in Italy were over the age of 60, and this figure rises to 44.6 percent among women (ibid). Figures reveal a certain integration of Ukrainians in the Italian pension system. In fact, Ukrainians represent a relatively high share among non-EU old-age pension beneficiaries—22.5 percent (Ministero del Lavoro e delle Politiche Sociali, 2023). However, the persistence in an unprotected sector raises the question about their ability to sustain themselves as they age.

The 2022 Russian invasion of Ukraine added a new layer of urgency and complexity, plunging the country into a profound humanitarian crisis, with wide-ranging implications for its population and public institutions. As of October 2024, approximately 3.6 million people were internally displaced (World Health Organisation, 2025). The war has severely strained Ukraine's social protection infrastructure, disrupting access to essential services and placing unprecedented demands on already fragile systems. Social spending has declined markedly, falling from 23 percent to 16 percent of the state budget compared to the pre-war period (Chorna & Pleines, 2023), as resources have been redirected toward other emergency-related priorities. At the same time, healthcare infrastructures have been severely endangered or destroyed as a result of Russian military action (World Health Organisation, 2025). These developments have significant implications for migrant care workers, particularly older individuals who may be considering return. The war context may complicate their ability to

rely on familial networks or state support in old age, undermining both material security and social reintegration prospects. These circumstance calls for deeper inquiry into the ageing of Ukrainian care workers, a timely and urgent issue often overlooked in policy and research, which is at the core of the present work.

### 1.2.1. The local context of Naples and Milan

Analysing the intersection of ageing, migration, and social protection requires attention to regional socio-economic differences and the highly localised nature of Italy's welfare system (Pavolini, 2015). My research examines two major Italian urban centres, Naples and Milan. These cities are important not only because they host the largest and second-largest Ukrainian communities in Italy - 21,710 residents in Naples and 20,035 in Milan (Tuttitalia, 2023) - but also because they embody the sharp socio-economic and welfare disparities that characterise the Italian context.

Indeed, the two cities differ significantly in socioeconomic settings. Milan is a city of over 1.3 million located in Northern Italy, the administrative centre of the richest province in Italy and the main economic, financial and innovation hub in Italy. In 2019 the GDP per capita in Milan was almost double the average recorded in the rest of the country (Assolombarda, 2019). Naples is a Southern city of approximately 1 million, a centre of historical and cultural relevance and a major tourist destination. Compared with Milan, Naples has a much weaker economy with an alarming level of unemployment, especially among young people (Città Metropolitana di Napoli, 2020). Being the most important economic and financial centre of Italy, Milan is attractive for labour migrants residing in the country. As of 2021, Milan Greater Area had the highest number of non-EU workers in Italy (12 per cent of the total population) (Ministero del Lavoro e delle Politiche Sociali, 2021b). The largest nationality groups are Egyptians, Filipino, Chinese, and Peruvians, with Ukrainians as the eighth-largest community (ibid.). In Naples, non-EU workers amount to 2 per cent of the population. Ukrainians are the largest community in Naples, followed by Sri Lankans, Bangladeshi and Chinese (Ministero del Lavoro e delle Politiche Sociali, 2021c).

Despite the differences in socioeconomic settings and characteristics of the migrant populations, the reports reveal significant similarities between the cities concerning the migrants' areas of employment. In both cities, unskilled domestic work is among the most preferred destination sectors (the first in Naples, the fourth in Milan), and the female component of this domestic workforce is greater (64 percent in Naples and 78 percent in Milan). These commonalities point to welfare and care landscapes that rely heavily on

private home care, as numerous studies have shown (Ambrosini, 2015; Caneva, 2007; Näre, 2011), albeit with significant regional variation in the scale of the phenomenon. In 2011, almost 10% of older people in Northern Italy received public care either at home or in an institution. This percentage fell to 6.7% in Central Italy and to 4.7% in Southern Italy (Pavolini, 2015). Territorial differences are paramount to frame different experiences of workers embedded in care systems. Additionally, those welfare disparities across the country are important to understand the type and width of support available to Ukrainian care workers.

For example, Naples and Milan appear to be rich in Third Sector initiatives, which are central actors for migrants' access to services, as it has been said above. According to the official register of Third Sector organisations (RUNTS)<sup>1</sup>, 1802 organisations are active in the city of Naples; 3408 organisations operate in Milan. Yet the two cities differ substantially in the healthcare provision. Northern regions, including Milan's region, generally operate without major deficits, display low rates of interregional hospital migration (4.4 percent), and record high satisfaction levels (around 50 percent) (Pavolini, 2015). Southern regions, including Naples' region, by contrast, face structural deficits (2.4 percent), experience much higher outbound hospital migration (almost 10 percent), and show lower satisfaction rates (28 percent) (ibid).

Another important dimension to consider is the configuration of urban space. Naples displays a spatial pattern that differs markedly from other Italian cities, including Milan. Instead of the clearer class-based segregation seen elsewhere, Naples shows a more complex mosaic: pockets of manual-worker households exist even within affluent neighbourhoods, challenging conventional models of socio-spatial stratification (Maloutas, 2024). Cities such as Rome, Venice, and Florence have seen their historical centres transformed by mass tourism and gentrification, particularly in formerly working-class quarters. By contrast, Naples continues to host significant lower-class residential populations. These cities have also preserved local artisan traditions and informal economies, while increasingly becoming hubs for new immigrant communities (Dines, 2002, 2012). Milan offers a markedly different scenario. The city is strongly polarised between wealthy areas and deprived peripheral zones (Briata & Di Vita, 2024). The degree of ethnic residential segregation is low, and the presence of immigrants is scattered across the city, however, a persistent class divide excludes ethnic minorities from the wealthiest areas of the city (Consolazio et al., 2023).

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<sup>1</sup> [Home Page | Runts-Registro Nazionale Terzo Settore](#)

Studies have underlined that, within this context, migrant care and domestic workers represent a distinctive case. They are the only foreign group with a significant presence in Milan's central districts. However, despite residing in these areas, they are largely excluded from the public and social life of the neighbourhoods where they reside (ibid.).

These socioeconomic, welfare, and spatial contrasts form the structural backdrop against which Ukrainian care workers navigate their daily lives in Naples and Milan. Introducing these differences at the outset is essential not only for understanding how local labour markets, welfare institutions, and urban spaces shape migrants' opportunities and vulnerabilities, but also for examining how access to social protection and the resources available to migrants are mediated by specific local states.

### **1.3. Justification for the Research**

Ukrainian care workers occupy a unique and precarious position, embedded in two welfare systems under strain: one, the Italian eldercare sector that structurally depends on their labour while offering limited recognition or protection; the other, a Ukrainian welfare state now weakened by war and displacement. Therefore, their experiences reveal not only the vulnerabilities of a largely invisible ageing migrant population, but also broader systemic tensions that shape the transnational organisation of care. This research not only aims to illuminate the constraints shaping the lives of Ukrainian care workers, and their strategies to overcome such constraints, but also to interrogate the sustainability of the Italian care model itself, one that continues to rely on ageing, undervalued migrant labour without offering long-term guarantees in return. This interrogation is crucial both for policy and academia.

Despite their growing importance, older migrant care workers remain underrepresented in research on migration, ageing, and welfare. As I will show in greater detail in the next chapter, a significant body of literature on migrant care workers has looked extensively at gendered labour, inequality, and experiences of transnational motherhood (Lutz, 2018; Parreñas, 2001); however, a focus on ageing has been rarely employed in this scholarship. Studies focusing on ageing in migration contexts have instead incorporated experiences of older people mostly as left-behind relatives or informal caregivers (Baldassar, 2007; Baldassar et al., 2007; Bastia, 2009; King and Vullnetari, 2006; Vianello, 2013, 2016b). Less attention has been dedicated to the migrant care workers who age while abroad. This thesis therefore responds to calls from scholars to illuminate the ageing experiences of older care workers (Amrith, 2022a) in the broader context of ageing-migration research, describing

ageing not merely as a biological fact but as a social, political, and spatial process shaped by movement, labour, and belonging (Amrith, 2018; King et al., 2017).

By focusing on Ukrainian care workers in Italy, the research brings together two pressing issues: the care crisis in ageing societies and the transformation of welfare under conditions of global migration and economic insecurity. It asks how migrants who are ageing themselves navigate access to income, healthcare, and social support. It considers how they manage competing demands—caring for others while seeking care for themselves. Lastly, the thesis explores how their experiences of mobility, work, and family reshape the contours of social protection across borders.

Furthermore, the research is timely. It takes place in the wake of geopolitical rupture, amidst growing intersectoral debates in Europe and globally about the sustainability of welfare systems (Greve, 2016; OECD, 2023), the role of migrants in ageing societies (Horn et al., 2021; Hussein, 2022), and ethics and well-being aspects in LTC (Herold et al., 2024). It contributes to a deeper understanding of the lived consequences of welfare outsourcing and the gendered burdens of transnational support. Importantly, it foregrounds the voices of those too often seen as peripheral to both academic inquiry and policy concern.

My thesis revolves around two linked research questions:

1. What are the social protection needs of older Ukrainian care workers in Italy?
2. What formal and informal strategies do they employ to address these needs transnationally?
3. How are the social protection needs and strategies of older Ukrainian care workers entangled with the process of ageing?

Addressing these questions, the research engages with and connects critical domains in social policy—ageing, migration, and welfare—to understand the everyday practices and dynamics shaping protection for ageing care workers.

#### **1.4. Structure of the Thesis**

This thesis is structured into eight chapters, each contributing to a comprehensive understanding of the ageing experiences of Ukrainian care workers in Italy through a transnational social protection lens. Following this introduction, **Chapter 2** explores the intersection of migration, ageing, and care work in scholarly literature. It critically engages

with debates on gendered care labour, ageing, migration, and transnational social protection, identifying key gaps that this study seeks to address. The chapter engages first with the rich literature on care work and migration (i.e. the Global Care Chain framework and its critiques). Then this scholarship is put in dialogue with concepts from the ageing-migration nexus to analyse ageing as a socially and spatially situated process. The chapter introduces transnational social protection as a central lens to examine how migrant care workers construct welfare strategies across borders.

**Chapter 3** outlines the qualitative, multilingual, and reflexive research approach. It details fieldwork in Milan and Naples, the use of semi-structured interviews, fieldnotes and participant observation, and the analytical strategies adopted. The chapter also reflects on language use in the field, particularly sensitive in the context of the Russian invasion of Ukraine, which shaped interactions and choices around communication. These reflections tie into broader ethical considerations and questions of researcher positionality. The chapter shows how the multilingual nature of the research required moving beyond conventional notions of the “native speaker,” embracing translanguaging and code-switching as integral to the co-production of knowledge (Tseng & Cashman, 2015; Wei, 2018).

**Chapters 4,5,6 and 7** presents empirical findings across four thematic pillars. **Chapters 4 and 5** address, respectively, the pursuit of financial well-being and the challenges of health and healthcare among older Ukrainian care workers. Together, they show how care work functions as an ambivalent resource. On the one hand, it offers crucial financial relief, allowing workers to construct forms of informal welfare for families left behind in the absence of adequate wages or reliable pensions in Ukraine. Migration thus provides a quick-fix solution to pressing economic needs and sustains transnational households amid ongoing geopolitical and economic crises. On the other hand, this livelihood comes at a very high cost, particularly in terms of health and well-being. The relentless demands of care work, combined with the vulnerabilities of ageing, compromise workers’ physical and mental health. While Italy formally grants healthcare access to migrant workers, long waits, bureaucratic barriers, and an increasing reliance on private services limit its effectiveness; meanwhile, in Ukraine, war and systemic marketisation have rendered even basic care inaccessible. As a result, migrant care workers often resort to transnational health-seeking strategies, self-care, and informal support, while gender norms compel them to prioritise family needs over their own. In this sense, care work simultaneously sustains transnational households and entrenches workers’ precarity, exposing the tension between economic survival and personal well-being.

**Chapter 6** illustrates transnational social protection as a deeply relational phenomenon. It focuses on Ukrainian care workers' support networks, showing how these involve a multitude of formal and informal actors: employers, friends, churches, NGOs, and family. These relationships—which I refer to in my work as *relational support systems*, drawing on literature on transnational informal social protection and social support—serve as gateways to resources, emotional reassurance, and practical assistance. However, access to these networks is unequal, often shaped by geography, social capital, and individual disposition.

**Chapter 7** examines future orientations among migrant care work at the intersection of aspiration and transnational social protection resources. It shows how older Ukrainian workers in Italy negotiate their ageing amid uncertainty. Migration, initially imagined as temporary, often extends indefinitely. Retirement is rendered elusive by inadequate pensions, restrictive legal frameworks, and persistent financial needs, while aspirations of return to Ukraine are undermined by wartime instability. The findings highlight care work as a precarious long-term strategy, producing a temporal disjuncture between short-term survival and long-term planning

**Chapter 8** consolidates the thesis' findings and makes four original contributions to scholarship on migration, ageing, and social protection. First, I define ageing as a socially constructed trajectory shaped by unequal access to support networks, welfare entitlements, and gendered socio-cultural expectations across borders. Then, I demonstrate that transnational social protection is not uniform but shaped by intrastate variations, including local welfare institutions, labour market dynamics, and urban spatial arrangements. Second, I identify relational support networks—NGOs, churches, employers, and kin—as vital yet precarious infrastructures on which migrants depend. Lastly, I show that access to resources is mediated not only by structural conditions but also by cultural and moral understandings of ageing, responsibility, and an historically constructed sense of protracted instability. Together, these contributions reframe ageing in migration as a relational process in which agency is unevenly distributed and continuously reshaped by intersecting structural constraints.

This research thus contributes to scholarship on migration, care, and welfare by centring the lived experience of older migrant care workers navigating fractured systems. It is a call to attend to the invisible infrastructures of support that sustain lives across borders—and to the people who make those infrastructures possible.

## Chapter 2

### THE AGEING OF MIGRANT CARE WORKERS: CONCEPTUAL FRAMEWORK

#### 2.1. Introduction

Having set the scene by outlining the structural context of the gendered and fragmented care sector in Italy, and having introduced the core research questions, this chapter turns to the conceptual framework that underpins the study. The framework draws on and brings into dialogue key strands of literature on migration, ageing, care, and transnational social protection. It provides the analytical tools necessary to understand how older Ukrainian care workers navigate later life while remaining embedded in global care economies. I will start by positioning the topic in the broader context of studies on migration and gendered care labour. Then, I will bring the concept of ageing into the analysis. To do this, I will build on the literature on the ageing-migration nexus, bringing into focus the experiences of older people involved in transnational care settings.

#### 2.2. The transnationalisation of care

##### 2.2.1 The emergence of the Global Care Market

The migration of care workers from low- to high-income countries is not a recent phenomenon. Studies have documented the flows of migrant workers, mostly women, who left postcolonial countries in the late 1960s and early 1970s for the former colonising countries and worked there as domestic and care workers (Andall, 2017; Marchetti, 2010). However, scholarly attention on the intersection of migration and care first emerged in the late 1990s, when the dramatic increase in the demand for paid domestic and care labour emerged worldwide, paralleled by significant growth in the number of migrants who migrated from the poorest regions of the world to meet this demand. In the last two decades the analysis of care migration has become a growing field in several disciplines – sociology, anthropology, economics, geography, social policy, and gerontology.

Research on this topic has been dominated for two decades by the Global Care Chain paradigm. One of its leading theorists, Arlie Hochschild, defined Global Care Chains as “a series of personal links between people across the globe based on the paid or unpaid work of caring” (2001). Evelyn Nakano Glenn (1992) first conceptualised the racial division of reproductive labour, and Rhacel Parreñas (2001) extended this analysis to the international scale by developing the notion of the international division of social reproductive labour.

This framework captures the migration of people from less developed, low-income or less wealthy countries (Dejardin, 2019) who migrate to carry out care and domestic services in developed and better-off countries (Yeates, 2005), according to a mechanism of supply and demand generated by global capitalism where care operates as a commodity (Scrinzi, 2003).

Analysing the dynamics of the global care market, the Global Care Chains (GCC) framework has primarily focused on the employment of women from low-income countries in middle-class households, highlighting the deep gendered inequalities embedded in these flows (Anderson, 2000; Hochschild, 2001; Parreñas, 2001). The framework emphasizes the social cost of the care economy and care migrations for migrants and their left-behind family members, conceptualized as care drain. Care provision chains also imply a care gain in recipient countries, where households secure an extremely flexible, low-cost workforce while benefiting from the emotional value of interpersonal work (Lutz, 2018). This concept of care chains encompasses the commodification of care work, migrants' precarious and often degrading working conditions, racialization, and transnational social asymmetries between families in destination countries and those left behind in countries of origin. The paradigm depicts the former as winners and the latter as losers who bear the costs of parental—especially maternal—absence (Hochschild, 2001; Parreñas, 2001).

The object of Global Care Chains in research has developed since its inception. Building on its initial focus on the migrant nanny trade in the US and on transnational networks of families connected through market and non-market care relations (Hochschild, 2001; Parreñas, 2001), Global Care Chains research has expanded to examine a wide range of care labour migrations across diverse occupational, regulatory, historical, and geographic contexts. For instance, Yeates (2012) noted that Global Care Chains are made up of a wide range of caregivers working in different sectors and settings. They may be low-skilled migrants employed in households or professional medical workers who work in a variety of settings, i.e. African high skilled healthcare migrants employed in the public healthcare sector in the UK (Wojczewski et al., 2015). Studies have demonstrated that care migrations do not involve exclusively female workers but also men (Gallo & Scrinzi, 2016), transcending the early understanding of the Global Care Chains as a 'women's business'.

Moving beyond macro-level analyses of global care inequalities and the micro-dynamics of family interactions, scholars have stressed the need to consider the wider constellation of actors involved in organising transnational care. Yeates' (2009) extension of the Global Care Chains framework is central here: it shows that the transnationalisation of care is shaped not

only through households but also through states, markets, Third Sector organisations, and religious institutions. Building on this insight, Gallo and Scrinzi (2025) conceptualize the intermediary role of religion across macro, meso, and micro scales, showing how churches and faith-based organisations mediate migrants' mobility, moral belonging, and access to support. This highlights the need to consider such actors as part of the landscape shaping migrants' experiences of care and protection. This perspective aligns with scholarship arguing that care migration cannot be understood solely at the macro-level of global inequalities or the micro-level of family relations; it also requires attention to the meso-level of national and local policies, welfare regimes, and the configuration of state, market, civil society, and family roles (Shutes, 2021). This meso-level is central to the regime concept, which I examine in the next subsection.

### 2.2.2. Welfare/care and migration regimes

The concept of GCC has provided a broad overview of the link between personal and global relations underpinning care migrations; however, this analytical framework has neglected the role of state policies and institutions in shaping care migration flows and experiences of migrant care workers involved in them. State policies and institutions represent a meso-level (Williams, 2010) mediating between the global care dynamics and individual experiences of care workers, which has been conceptualized in terms of regimes. The concept of regimes has been employed in studies of migrant care work as a framework for categorizing cross-national differences in care systems, while also accounting for the historical, political, and economic factors that shape these variations (Kilkey et al., 2010). The concept of regime, however, extends beyond clusters of state policies to encompass cultures, practices, and popular discourses, as well as the social relations of power and inequality that shape those policies, including the forms of contestation through which they are challenged and negotiated (Bauer et al., 2014; Williams, 2010). Gender, care/welfare, and migration regimes, and the interplay between the four have been used by scholars to explain the development and establishment of care labour migrations (Kilkey et al., 2010; Lutz and Palenga-Möllnbeck, 2011).

Gender regimes are conceptualised as the combination of gender equality outcomes and the set of cultural and social norms enacted in each country that define the division of domestic and reproductive labour (Giordano, 2022; Lutz, 2008). Welfare regimes encompass not only formalised social policy arrangements, but also “collective patterns of institutionalised solidarity and social justice beliefs” (Jæger, 2006, p. 159). Care regimes are the set of

regulations that each state puts in place to deal with care responsibilities (Bettio et al., 2006; Bettio & Plantenga, 2004; Simonazzi, 2008) as well as cultures, social practices and beliefs shaping care arrangements in a country. Migration regimes include migration policies and regulations on the entry and stay of non-nationals - as well as the exit of nationals from sending countries - which can affect the international mobility of domestic workers (Cox, 2012; Shivakoti et al., 2021; Williams & Gavanas, 2008).

Previous studies have shown that in the countries of Southern Europe and other countries such as Germany and Austria migrant care work is embedded in specific care and welfare regimes (Ambrosini, 2013; Lutz and Palenga-Möllnbeck, 2010). For instance, in Italy, migrant care work is the result of intersecting care and welfare arrangements, where Italian women are progressively retreating from care responsibilities to participate in paid work, while the welfare regime still revolves around families. Reinforcing this dynamic, a migration policy based on a utilitarian approach toward migrant workers, “irregular but tolerated” (Ambrosini, 2015), has contributed to the growth of the migrant care worker population.

The same contradictory approach, oscillating between restrictive policies and tacit acceptance, has been found by Lutz and Palenga-Möllnbeck in Germany. Examining the intersections of gendered migration and care regimes they conclude that undeclared care migration is an integral part of German welfare state policies, that are characterised by compliance and complicity (Lutz & Palenga-Möllnbeck, 2010). Other scholars argued that global care chains are configured at the intersection of three regimes - care, migration and employment (Williams, 2012). Williams has pinned down the various features of employment regimes that impact the status of migrant domestic workers’ and their labour relations: the multifaceted segmentation of the care labour market; the reasons behind the care labour shortage; labour market deregulation policies and marketization of care work and employee and social protection issues (ibid.).

Studies conducted in several countries have shown how welfare regimes and associated policies intersect and interact with regimes of migration and labour in many ways (Bettio et al., 2006). A comparative study by Williams and Gavanas (2008) on the employment of home-based childcare in the UK, Sweden, and Spain, has shown how the intersection of migration regimes with childcare regimes shaped the phenomenon of care work migrations in diverse ways in different countries. They emphasized this concept arguing that it is not simply the absence of childcare services for working mothers, but the types of missing

services that generate specific demands by working mothers. Other studies have adopted the perspective of sending countries. For example, scholars have shown how care migrations of female workers from Ukraine to Italy have been sparked by changes in gender, care and welfare arrangements occurring in Ukraine after the breakdown of Soviet Union (Solari, 2010; Vianello, 2009). Gender was one of the organizing principles of Soviet society. Women were positioned as worker-mothers, responsible both for producing future generations of workers and for managing households. In return, the state provided protections linked to their reproductive role, while participation in paid work offered a degree of independence (Ashwin, 2012). However, despite the egalitarian rhetoric, women were largely excluded from top-level positions and earned lower wages than men.

Following Ukraine's independence in 1991 and the shift to a market-oriented economy, these conditions worsened. Women increasingly faced labour market discrimination due to their reproductive roles. As the state transferred the economic burden of social entitlements to private actors, women, as potential mothers, became "too expensive" to employ (LaFont, 2001). The socialist welfare state that had previously assumed some caregiving responsibilities became unaffordable in the free market, and these duties were largely devolved back onto women (Verdery, 1994). Rising costs of housing, healthcare, and education further intensified women's reproductive responsibilities without corresponding increases in wages.

These structural and economic pressures occurred in parallel with the affirmation of an ideal of femininity emphasizing caregiving and family protection. Public discourse has drawn on the figure of the Berehynia, an ancient pagan goddess symbolizing the protectress of family and nation, as a cultural reference point for these expectations (Rubchak, 2001).

Several studies on female Ukrainian migrant workers in Italy locate the drivers of migration at the intersection of these transformations in gender, welfare, and care regimes, within the broader social, economic, and political upheavals following the collapse of the Soviet system (Marchetti & Venturini, 2014; Solari, 2010; Solari, 2017; Vianello, 2009). Solari (2010) has also looked at how those changes in Ukraine interacted with changes affecting the welfare and care regime in Italy. These changes led to the transformation of the Italian family care model into a model wherein foreign domestic workers are seen as the solution to the care shortage. The large availability of Ukrainian women, left in marginal conditions in the new gender and welfare arrangements, contributed to the establishment of migratory trajectories between the two countries. Those studies demonstrate how different regimes interact and reproduce across borders.

### 2.2.3. Care work relationships

Studies have highlighted the complex and ambivalent nature of care work, with its working tasks ranging from less-intimate tasks, such as household work, to highly intimate ones, involving both body work and the emotional dimension (Yeates, 2011). Expectations about emotional display connect care work to the concept of emotional labour, a term coined by Hochschild to define the management of one's feelings and expressions based on the emotional requirements of a job (Hochschild, 1985). Hochschild describes how care work requires workers to manage negative feelings such as grief and anguish vis-a-vis their own long-unseen children, spouses, and older parents, even as they try to feel warm attachment to the children and older people they care for in the North (Hochschild, 2008). In her work on emotional labour, Hochschild borrows from Richard Sennett the concept of "hidden injuries of class" (Sennett & Cobb, 1993) to highlight the often invisible, emotional costs of social systems.

Given this complexity inherent in home care work, the theme of care work relationships legitimately emerged as a central issue in scholarship on migrant care workers. A large part of migrant care work literature has tended to focus on the 'hidden costs' of the 'care-chain': the 'care exploitation' of paid carers by their employers and the 'care drain' impact on the family members left behind by the migrant (Hochschild, 2001; Parreñas, 2001). Other works have concentrated on the diverse nature and aspects characterising employer/employee relationships in care work in the blurred environment of home care work. Research has shown that close personal ties commonly develop in care relationships and that these relationships often extend beyond the usual boundaries of formal care (Doyle & Timonen, 2010). In domestic care work indeed there is a general tendency to perceive the labour relationships not as contractual in an economic sense, but as family-like (Näre, 2011), involving not only care workers and care recipients, but also other members of the recipients' families (Baldassar et al., 2017). Parreñas (2001) has stressed the ambiguity of this relationship characterised by fictive kin relationships which results in families as employers often regarding care workers as separated from the family context, while at the same time expecting them to act like a family carer. Other scholars have emphasized the flexible nature of kinship between care workers and employers, which can take on various forms and revert to a fixed notion of kin once the employment period ends (Amrith & Coe, 2022). As a result, marginalized domestic workers in a globalized economy can be treated as disposable kin, with their status as citizens or social equals denied.

The establishment of good care relationships emerges as an arduous task. The literature on the dynamics of the relationships between older people and migrant care workers has documented negative attitudes, including racial stereotyping, prejudice and discrimination against migrant care workers and non-acceptance by older people (Walsh & Shutes, 2013). Other studies shed light on positive feelings which relationships between migrant caregivers/care receivers may raise (Amrith, 2022b). According to Baldassar et al. (2017) care relationships reflect ambivalent processes of “kinning” which may involve both positive feelings (like love, mutual regard and appreciation) and negative feelings (like ambivalence, jealousy, envy and exploitation). Coe’s study (2020), based on the observation of African care workers in the US context highlights the interdependence of care workers and older care receivers. This idea is echoed by Elana Buch’s work (2018) which also shows how the vulnerabilities that each face are intertwined.

What emerges from different accounts is that roles in care relationships are not clear-cut and the experiences of care workers/care receivers may be diverse. Developing a ‘good’ care relationship is influenced by many factors, including the particular care arrangement, the length of time over which care is provided or the behaviour and characteristics of care receiver and caregiver (Walsh & Shutes, 2013). Among those factors, migration, employment and LTC regulations are paramount. Investigating care work among Central and Eastern European migrants in Austria, Bauer and Osterle (2013) have noted that the migration regime, allowing shorter-term commuting from countries of origin to Austria and a shorter live-in arrangement, has enabled migrant care workers to develop a more professional, distance-oriented understanding of the care job. This demonstrates that the regulatory context governing the transfer of care responsibilities from family members to paid migrant workers similarly shapes the redistribution of the emotional dimensions of care.

#### 2.2.4. Power and agency

Depictions of the exploitative and racialised nature of care work dominate most of the literature on migrant care workers. Bridget Anderson (2000) interprets intimate and domestic work as a new form of slavery in which the workers are selling not just their labour power but their whole personhood. Williams (2010) has pointed out the racialised nature of care work, which operates according to different hierarchies in different countries. Those hierarchies may be dictated by the persistence of colonial relationships (Marchetti, 2010) or by essentialist stereotypes based on gender, nationality and ethnicity. These dynamics intersect with broader labour market inequalities. Unregulated and informal work, coupled

with insecure residency status, can force migrant workers into precarious situations (Degani, 2022; Luppi et al., 2018). Work in private households is characterised by undefined and flexible boundaries, with care workers frequently required to perform a wide array of tasks beyond eldercare — including housekeeping, emotional support, and even childcare — a fluidity that increases their vulnerability to overwork and exploitation (Anderson, 2000; Lutz, 2008; Shutes, 2012). Furthermore, migrant care workers employed in private households often face limited power to contest poor working conditions due to their dependency on employers for legal status, the weak regulation of domestic work, and the isolation of live-in arrangements. This isolation cuts them off from support networks and information on rights (Shutes, 2012). On the emotional side, being treated as a member of the family may give an overload of responsibility to care workers, so that the boundaries between working and the private sphere become blurred (Degiuli, 2007; Williams, 2010).

While not denying the vulnerability of their conditions, other studies have emphasised the agency enacted by care workers. Migrating for care work may involve a drop in status, often accompanied by a deeply felt sense of stigma among the workers themselves (Cvajner, 2012; Parreñas, 2001). However, it has been shown how care migration serves as a channel to improve the migrants' status or family situation through remittances sent home (Lulle & King, 2016; Österle & Bauer, 2021; Vianello & Escrivá, 2016). Considering the gendered nature of care work migration, it can be argued that migrating serves as a strategy to escape domestic violence and reclaim autonomy (Bowstead, 2015; Williams, 2010). This form of movement reflects women's agency in navigating both personal safety and economic survival, often in response to intimate forms of gender-based violence (Alsop, 2023; Parish, 2017). This dual function highlights the gendered agency embedded in care work migration, where economic contribution and personal safety might be deeply intertwined.

Studies have highlighted that often domestic work is considered a stepping stone to more qualified work or more stable residency status (Lutz, 2008). Others have concentrated on describing coping strategies enacted by migrant women to react to degrading work (Vianello, 2014). Overall, the ability among migrants to exercise choice is deeply constrained by a range of factors, i.e. differential rights granted to migrants on the basis of citizenship and immigration status (Shutes, 2012) or kin obligations (Williams, 2010).

The debate on agency is particularly prominent in the literature on the migration of older women, where scholars highlight how migrating at a later age can represent a path to self-realisation and empowerment (Lulle & King, 2023). These perspectives are central to the

literature on the ageing–migration nexus, which I will explore in the next section of this chapter.

### **2.3. Bringing “ageing” into care migrations**

Ageing populations and global migrations are two key phenomena in the twenty-first century. Globally, there are over 30 million migrants aged 65 and over<sup>2</sup> and older migrants represent approximately 12% of the total migrant population (IOM, 2018). Yet ageing and migration have often been treated as separate fields. In research and policy, migration has been largely considered a labour-related phenomenon mostly occurring among younger, healthy individuals, while ageing populations are understood *in situ*, embodying stillness and stasis, rather than mobility (Amrith, 2018). However, in the last three decades a growing number of scholarly studies across many disciplines – social gerontology, migration studies, human geography, sociology, anthropology etc - have contributed to revealing that people of advanced age are moving as well. Such late-in-life migrants may engage in mobility for varied reasons: working and sending remittances back home, achieving well-being, providing or receiving family care or accessing welfare benefits or affordable care services (Ciobanu et al., 2020). Older people may also be involved in forced displacement (Böcker & Hunter, 2025; Bolzman, 2014; Wolter, 2023). What emerges from analyses of late-in-life migration experiences is that ageing and migration intersect in multiple ways and can bring transformative changes to societies—for example, when older migrants become agents of development through remittances, diasporic engagement, return migration, international retirement migration, and intergenerational care (Bastia et al., 2022). Bringing migration and mobility into the investigation of ageing has also contributed to capturing the different meanings of ageing in local and translocal contexts.

### **2.4. The meanings of "ageing"**

Most common definitions and boundaries of ageing are associated with biological processes or dictated by states and agencies, which contribute not only to setting chronological thresholds (e.g., populations over 60) but also to creating frameworks that shape how ageing is perceived. One example for that is the concept of "active ageing" established by the WHO

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<sup>2</sup> According to the IOM definition, ‘migrant’ is an umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally-defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students.

(2002) emphasising older adults' potential to remain engaged, healthy, and autonomous across physical, social, and economic domains. Official categorisations may have clear practical and policy implications on people's lives in terms of welfare, work and care in later life; however, the concept of ageing goes well beyond the definition imposed by bureaucratic boundaries. A growing body of work in social gerontology has emphasised that the definition of ageing is broader than the staged chronologies and linearity associated with the life-cycle concept (Elder, 1974). It has been noted that the meaning of old age as a life stage varies over time and space and between individuals, to the extent that it can only be conceptualised in relative, not absolute, terms (Bytheway, 1995). Conceptualisations of ageing in scholarly literature are manifold. King et al. (2017) have summarised some of them as follows: the Cartesian dualism, based on the conception of (ageing) body and (youthful) mind as separate experiences and characterised by contrasting stereotyped representations of ageing as physical decline or growing old healthily and independently; the individualistic, self-reliant model characterising the countries of Northern Europe, where family is not the main pillar for older age populations; and the end-game model, which questions the old-age-related conceptual framework and argues for a relativist terminology, while at the same time warning of the risk to deny old age as a rightful category.

Hence, attempts to define and conceptualise old age with clear-cutting categories may be slippery and controversial, in that ageing is more a process connected to other stages and events of the life course rather than a fixed life-cycle stage associated with predictable changes in behaviour and perception (Amrith, 2018). Rather than defining and employing old age according to chronological indicators, many scholars concentrate on the socially, culturally, and economically constructed aspects of old age as major factors having an influence on the condition of older people's lives (Pain et al., 2000).

The life-course approach emerged as a fruitful research paradigm to capture different dimensions and meanings of ageing (Elder, 1974; Elder, 1994). This approach offers a valuable framework for understanding how individual lives unfold within broader social, cultural, and historical contexts. Central to this perspective are concepts such as transitions, trajectories and turning points. Transitions refer to discrete, time-bounded changes in status (e.g., marriage, retirement etc), though their consequences may be long-lasting. Trajectories, by contrast, denote long-term patterns of stability and change that often encompass multiple transitions and can be distinguished from alternative pathways. Importantly, transitions and trajectories are interrelated (Elder, 1985; George, 1993). Turning points represent significant

moments of redirection or transformation in a person's life trajectory, seen as disruptions in a trajectory, a deflection in the path (Wheaton & Gotlib, 1997). Turning points may be prompted by unsettling events, such as major geopolitical disruptions—for example, changes in immigration law, political instability, or economic crises—that force migrants to reassess their journeys, decisions, and future plans (Kilkey & Ryan, 2021). The life-course approach highlights how human lives are shaped not only by the timing of life events, by also by interdependence of lives within families and communities - the so called "linked lives" concept - and the capacity for agency in navigating social structures (Elder, 1994). Importantly, it draws attention to how social forces—including migration regimes, welfare policies, and labour market structures—interact with individual biographies over time.

In the context of older migrant care workers, a life-course lens allows us to explore how earlier experiences of mobility, work, and care responsibilities accumulate and shape ageing trajectories. It also helps illuminate how critical junctures such as migration in later life or declining health can redefine a person's role within both family and society. By tracing these experiences, the life-course perspective deepens our understanding of ageing not as a static condition, but as a dynamic, lived process embedded in time and social change. Focusing on the full life course, this type of framework is able to capture and illuminate the consequences of early life events or later experiences and events, as will be shown later in this thesis. In the next section, I will look at how the literature on the ageing-migration nexus has contributed to expanding the perspective on ageing introducing “place” and “space” into the analysis.

## **2.5. The ageing-migration nexus**

The literature on the ageing-migration nexus builds on the interconnectedness between two different sociodemographic phenomena – ageing and migration – as a productive site to examine rapidly transforming societies (Sampaio & Amrith, 2022). Literature on the intersection of ageing and migration emerged in the 1990s (Bolzman et al., 1996; Dietzel-Papakyriakou, 1993). The conventional view on ageing and migration has analysed older migrant populations using the *double jeopardy* concept (Dowd & Bengtson, 1978). This perspective, which emerged in the 1970s to analyse experiences of race/ethnicity and ageing, holds that being old and having an ethnic minority or migration background constitutes a *double jeopardy* leading to multiple vulnerabilities. This cumulative effect may originate from the risks of migration and the accumulation of disadvantages through some migrants' life course (Dwyer & Papadimitriou, 2006). Accordingly, early studies on the ageing-

migration nexus tended to concentrate on ageing-in-place migrants to examine the stressors that they encounter in their country of residence and to analyse the relationships between ethnicity and social disadvantages (Baykara-Krumme et al., 2012).

The focus on ageing-in-place migrants has been impacted by methodological nationalism, which refers to the naturalization of nation-states in social science research (Horn & Schweppe, 2017). Due to this approach, social sciences for a long-time equated society with the nation-state and considered national borders as the natural unit of study (Wimmer & Schiller, 2003). Within this framework, analyses of ageing and migration experiences remain in a territorially bounded dimension where cross-border aspects of ageing migrants' lives often go unnoticed (Ciobanu et al., 2017). A growing body of literature which investigates old age through the lens of transnationalism (Vertovec, 2009) has given greater attention to those cross-border movements and older migrants' entanglements. The concept of transnational ageing has been coined to provide a methodological frame for studying transnational dimensions in old age (Horn et al., 2013; Horn & Schweppe, 2017). Defined as the "process of organizing, shaping, and coping with life in old age in contexts which are no longer limited to the frame of a single nation-state" (Horn et al., 2013, p. 7), transnational ageing cuts across many themes relevant for research on ageing (family relationships, biographies, everyday practices, social services, well-being, social policy).

Using the lens of transnationalism, the ageing-migration nexus contributes to capturing the multi-scalar nature of the geographies of ageing, bringing into the focus mobilities as well as immobilities, fluid boundaries, and emotional geographies (Sampaio et al., 2018). Research on the ageing-migration nexus builds on the concept of ageing not just as a life-stage, but more as a socially, culturally, and historically situated and constructed process (King et al., 2017) where "place" becomes an essential structuring variable. Human Geography literature refers to ageing as embodied, emplaced and relational, a process which is co-constructed and co-evolves with space/place as "entwined becomings" (Schwanen et al., 2012).

Scholars of ageing-migration research have incorporated the life-course approach (Elder, 1974; Elder, 1994) with the lens of intersectionality (Crenshaw, 1991). The intersectional approach has been used to investigate how ageing identities take shape at the intersection of class, gender, race, ethnicity, sexuality, ability and other markers of social difference. The intersectional life-course approach has been proposed to analyse the relationships between

the structural and institutional forces that shape everyday experiences of older people at marginal and racialized social locations (Ferrer *et al.*, 2017).

These analytical frameworks helped to identify a remarkable variety and diversity of practices, experiences, actors, and dynamics lying at the intersection of migration and ageing. Warnes and William, in their pioneering work (2006) have tried to synthesise the different forms of mobility at a later age in their early typology of older migrants. They distinguished between four groups: affluent retirement migrants; labour migrants who age in the country of destination; labour migrants who return to their countries and regions of origin when they retire; and older persons who follow their adult children's earlier migrations. This initial typology, emphasizing various dynamics within the ageing-migration nexus, has lately been diversified and expanded to bring into focus a greater variety of cross-border mobilities – physical and non-physical - of older persons. Later typologies include cross-border movements which have a significant impact on those who do not move. King *et al.* (King *et al.*, 2017) have categorised six diverse situations in which the entwined trajectories of ageing and migration express themselves across time, space, and place, with different outcomes.

The first group includes older people left behind by migration: These are not migrants themselves, but older individuals affected by the emigration of their children. Some studies challenge the stereotype of passivity, highlighting their active roles—such as caring for grandchildren (Bastia, 2009) or managing remittances (King & Vullnetari, 2006). This illustrates that older people in migration contexts can be proactive contributors. They may also become agents of social change and development (Bastia *et al.*, 2022).

Follow-the-children migration includes older people who migrate to join their children abroad. An example for this group of migrants is the so-called "Zero Generation", mobile grandparents with active caregiving roles within transnational families (Nedelcu, 2023). In the Albanian context, follow-the-children migration can help reconstitute family life but may also cause social isolation (King & Vullnetari, 2006). A related group is family-oriented international retirement migrants, typically older people relocating to countries like the US, Canada, or Australia to reunite with children who migrated for work or personal reasons (King, 2012; Warnes *et al.*, 2004; Warnes & Williams, 2006).

International retirement migrants are retirees migrating independently of family. Routes include Northern to Southern Europe (Casado-Díaz *et al.*, 2004; King, 2012), North to South America (Hayes, 2015), Europe to Southeast Asia (Botterill, 2017), and intra-Asia moves

(Toyota & Xiang, 2012). These migrants are often seen as affluent lifestyle seekers, but research shows that the pursuit of well-being can be intertwined with challenges and vulnerabilities, as I will explain later (Hall & Hardill, 2016).

Another group includes older labour migrants who return to their country of origin. This group returns to their home countries post-retirement. For some, it fulfills a long-held plan and reconnects them emotionally with their homeland (Bolzman et al. 2006). However, others face reintegration difficulties (Barrett & Mosca, 2013; Ganga, 2006), prompting some to adopt a transnational lifestyle involving regular movement between countries (Lulle & King, 2016)

The ageing-in-place migrants is the largest and earliest studied category, including those who migrated for work (for instance, from Southern to North-West Europe from the 1950s to 1970s) and remained (King et al., 2017). Many face later-life disadvantages due to systemic employment precarity experienced in their working lives, low education, and limited access to financial and social resources (Hunter, 2019). Support often comes from family networks (Fokkema & Naderi, 2013; Gardner, 2002), though others, such as older male North African migrants in France, may suffer from loneliness and poor integration (Hunter, 2011).

The older economic migrants are people who migrate at later age as labour migrants have been for a long time an overlooked group within typologies of ageing migrants. Yet more recent studies have revealed that older people, especially women, are a large component of labour migrations. Research has demonstrated that older women may decide to migrate at later age for several reasons, most notably overcoming economic vulnerability (Vianello & Escrivá, 2016). For many of them, migrating is a way of coping with the lack of welfare support in their country of origin, as in the case of Ukrainian grandmothers (Solari, 2010). A study of older Filipina care workers in Los Angeles illustrates trends towards increasing age at first-time emigration and towards working beyond the ‘normal’ retirement age, typically in the eldercare sector (Nazareno et al., 2014). These experiences—situated at the intersection of ageing, migration, and welfare, and examined through a clear gender lens—are particularly relevant for this research, as will be elaborated later. Before turning to the ageing of migrant care workers, it is essential to outline the key themes of the ageing–migration nexus, which provide the conceptual and analytical lens for understanding these trajectories. These themes are agency and vulnerability, welfare, and care.

### 2.5.1. Key Themes: Agency, Welfare, and Care in the Ageing–Migration Nexus

Recurring themes and issues within the ageing–migration nexus reflect the diversity of experiences and trajectories illustrated in section 2.5.. Early research on older migrants has centred on vulnerability, with a major focus on health-related topics (Fokkema & De Valk, 2018; Kristiansen et al., 2016). In several studies being aged and having a migration background has been framed as a cause of double vulnerability risk in terms of poor economic and health status as a result of manual labour and stressful life, often coupled with limited opportunities for outdoor social interaction and participation (Cela & Fokkema, 2017; Visser & El Fakiri, 2016). Literature has highlighted processes of discrimination, isolation, and social exclusion (Fokkema & Naderi, 2013; Victor et al., 2012). Yet, counter to this dominant narrative, other studies highlight how older migrants demonstrate significant agency in navigating challenges. Migration at later age in many studies is associated with the quest and achievement of well-being, as briefly mentioned above. This does not only concern international retirement migrants, who move in search of a more enjoyable lifestyle. One exemplary case study focused on older Latvian women in the UK, who experience migration as empowering, enabling material and psychosocial enrichment (King and Lulle, 2016), despite the hard work and the physical strain. Those migrants can even experience a serendipitous re-sexualisation at later age (Cvajner & Sciortino, 2024). Migration at later age thus emerges as a "space of possibilities" (Morokvasic, 2004). However, this quest for well-being through migration is not without costs and drawbacks: in fact, agency and vulnerability coexist in complex and often fluid ways (Kay & Trevena, 2018). This is true not only in the case of older migrant workers but also applies to more affluent life-style migrants like international retirement migrants, who often endure difficulties in the country of migration due to the lack of welfare entitlements or family support in the country of destination (Botterill, 2017; Hall & Hardill, 2016).

The latter experiences draw attention to the central theme of care within the ageing–migration nexus. In the relevant literature, care has emerged as a foundational concept for understanding late-in-life migration, encompassing both institutional provisions through formal welfare systems and practices of familial and social support. A growing body of scholarship has shown that older migrants' access to care is deeply embedded in the structural conditions shaped by welfare regimes, healthcare systems, and migration policies (Böcker & Hunter, 2017; Ciobanu et al., 2020). Insufficient levels of welfare in the country of origin may push older people to leave (Vianello & Escrivá, 2016). In the long term, insufficient welfare provision both in the country of origin and destination may be the reason

for migrants to remain in a “suspended” status (Vianello & Escrivá, 2019). Conversely welfare entitlements and healthcare access in host and origin countries can shape decisions to stay, return, or engage in circular migration at later life stages (Baykara-Krumme, 2013; Bolzman 2006). At the same time, legal constraints and the portability of social protection entitlements significantly affect the mobility and security of ageing migrants (Ciobanu et al., 2017; Levitt et al., 2017). Access to entitlements may be hindered or facilitated by many other factors, including economic resources or physical health conditions (Ammann & van Holten, 2013).

Beyond institutional provisions, care among older migrants also manifests in terms of negotiated caregiving practices within families. The care circulation perspective looks at the ageing–migration relationship through the prism of transnational care, focusing mainly on the care needs of the left-behind older generation—typically the parents of the migrants—and on how intergenerational responsibilities can be managed at a distance by a mix of visits, virtual presence through telephone and video-calls, remittance payments, and other family assistance (Baldassar & Merla, 2015). The care circulation paradigm has exposed the involvement of older relatives in care migrations, which has been overlooked in the global care chains paradigm (Hochschild, 2001; Parreñas, 2001). Some studies have highlighted the active role and agency of older people directly or indirectly involved in care migration, whether this means older migrants who look after their grandchildren in the destination societies (Skornia, 2015) or grandparents left behind who care for their grandchildren in their countries of origin (Bastia, 2009; Skornia & Illanes, 2016), often through managing remittances (King & Vullnetari, 2006). Importantly, research has increasingly associated limited access to care with precarity in later life. Among older migrants, such care precarity may arise from disrupted or transnational family networks, barriers to formal healthcare and social services, and structural exclusions linked to migration status, language, and cultural differences. (Hall, 2023; Kobayashi & Khan, 2020).

In sum, the focus on ageing has revealed the diverse ways in which systems of care—understood both as formal welfare provision and as family or kin-based caregiving—are reconfigured across transnational spaces, and, in turn, how ageing experiences are shaped by the intersection of migration and care. Within this landscape, older migrants participate both as caregivers and as recipients of care, navigating and sustaining various formal and informal care networks across borders. This evolving context sets the stage to introduce the

figure of the older migrant care worker, who occupies a pivotal position within this nexus—both as a provider and, increasingly, as a subject of care herself.

## **2.6. The ageing of migrant care workers**

As noted above, the experiences and trajectories of older migrants are interwoven in multiple ways with the realm of care. Migrant care workers are at the forefront in the provision of paid care for older populations, while providing support for their families across borders. At the same time, as older people, they are also potential recipients of care, either now or in the future. The progressive ageing of migrant care workers has been demonstrated in different studies, showing how older migrant workers may engage in care work later in life (Vianello & Escrivá, 2016), even beyond expected retirement ages (Nazareno et al., 2014). For this reason, Parreñas has spoken of eldercare chains (2020), made up of older people caring for other older people. Studies have documented that care and domestic work may be the cause of risks and vulnerability among older workers (Fedyuk, 2016; Ferrer, 2017; Marchetti and Venturini, 2014; Vianello and Escrivá, 2019). As discussed in 2.2.2. above, this migration is the result of intersecting regimes - namely specific welfare, care, gender and migration regimes - operating both in the countries of origin and destination. Studies have described how many mature women – older mothers or grandmothers - found themselves in marginal conditions in the aftermath of the Soviet collapse and decided to migrate to engage in care work in Italy (Marchetti and Venturini, 2014; Solari, 2010; Vianello, 2009). Similar conditions have been found among older Peruvian women who decided to migrate to Spain at the end of the 1990s to cope with the economic crises which were severely hitting their countries (Moré, 2022; Vianello & Escrivá, 2016).

Along with the mentioned regimes, scholars have acknowledged the importance of other ‘interconnecting regimes’ (Anderson & Shutes, 2014; Bauer et al., 2014; Williams, 2012) such as employment regimes. However, despite its clear demographic relevance, ageing has received limited focused attention in studies on migrant care workers. Among the few that do address it directly, two key themes have emerged: the role of migrant care workers within transnational family networks, and their experiences and prospects around retirement.

### **2.6.1. Transnational families**

The investigation of how practices and expectations of familial care are negotiated and reconfigured in transnational contexts has been central to research on paid care migrations since the early studies. The introduction of a gender approach to the field of international migrations (Donato et al., 2006) has increased interest in topics related to care in migratory

processes, and to the impact of female mobility on family relationships and care. This impact manifests in female migrants acquiring new roles, turning into breadwinners in the household, while still holding their position as primary caregivers (Vianello, 2009; Yeoh et al., 2020). The gendered effect of paid care migration also affects other members of the family or other women from poorer countries, called to take unpaid or paid care for dependent family members, often older relatives or children (Lutz & Palenga-Mollenbeck, 2012; Tolstokorova, 2013).

It is clear how the phenomenon of care work migration is closely and directly correlated to the reconfiguration of families in a very broad sense. However, as has been mentioned above, early studies in the foundational paradigm of GCC concentrated on mother-child dynamics, with a major focus on young mothers. In more recent years, research has revealed that many of the migrant care workers are at an advanced age with informal care obligations not only towards children or even grandchildren but also towards older family members (Bauer & Österle, 2016).

In literature it has been demonstrated that engaging or persisting in care and domestic work at later age may reflect a form of intergenerational care. Marchetti and Venturini (2014) in their study investigating migrations of grandmothers from Ukraine to Italy, found that older Ukrainian care workers may decide to migrate at a later age, substituting younger daughters, to avoid mothers separating from their children. This arrangement reflects gender obligations and commitments to migrant care workers' roles as mothers and grandmothers within the household. Similarly, Filipina domestic workers in Canada negotiate extended working lives in later life, navigating both the formal and informal economies while relying on intergenerational family arrangements (Ferrer, 2017).

Bauer and Österle (2016) have explored patterns of re-organising informal care obligations among late-in-life migrants commuting from Romania and Slovakia to Austria, where they carry out 24 hour-a-day, live-in paid care work in shifts lasting 2-4 weeks. They have found that in most cases, members of the nuclear and extended family - often husbands or partners of migrant care workers - act as the main substitute caregivers during these absences. The transnational care arrangement is strongly co-determined by the presence of institutional care provision in the migrants' home countries, where, according to the study, migrants' care workers can rely on some institutional support for childcare, while services for older people are hardly available. According to the analysis, while re-organisation of informal care depends significantly on specific family situations, structural factors are also important:

strong assumptions towards family care, limitations in economic resources and lack of public welfare provisions strongly co-determine the arrangement.

Other studies concentrate more specifically on transnational care for older relatives among older migrant care workers. Moré (2022) has analysed the case of Ecuadorian older care workers in Spain and found that while these women can get involved in care for their older relatives, they are faced with constraints due to their socially unequal position in terms of the intersecting axes of gender, social class and migratory status. Difficulties may arise due to their limited access to geographic mobility, but also due to the economic pressure they are subjected to in supporting long-term care for their older relatives. This body of literature confirms that the role of familial networks and obligations is central and cannot be overstated when analysing ageing among migrant care workers. Migration of older care workers, as well as other types of labour migration, indeed is not an individual endeavour but a familial one that creates new interdependencies and inequalities (Deneva, 2012), and it is deeply entangled with the availability of welfare resources (or lack thereof). Among these, older age welfare support appears to be an important lens to examine migrant care workers trajectories, especially when they are approaching retirement age. This will be the focus of the next section.

#### 2.6.2. Ageing and retirement among ageing care workers

In the literature on older migrant care workers, retirement legitimately occupies an important position. Scholars have noted that for immigrants, retirement marks a critical life stage, raising questions about social status and future plans, as their previous role as ‘guestworkers’ ends (Bolzman et al., 2006). However, examining retirement dynamics among migrant care workers introduces new layers of complexities. It foregrounds retirement not as a straightforward and clear-cut life-course transition, but rather as a socially constructed and culturally embedded phenomenon. Investigating the ageing of Filipina care workers in Singapore, Amrith (2022b) has demonstrated how this change in migrant status is constructed by the State and employers in restrictive neoliberal regimes of mobile labour, where the ageing bodies of ‘temporary’ migrants are considered too frail and no longer productive, and thus subject to mandatory returns to their countries of origin. The analysis describes how the neoliberal regime of mobile labour hinders future mobilities of older migrant care workers. However, it also shows how migrants contest such characterisations of their bodies and attempts at controlling their mobilities.

Other analyses have highlighted how retirement may have little relevance for individuals who have been involved for years in informal work (Amrith, 2018), which is often the case for migrant care and domestic workers. Nazareno and Parreñas, in the study mentioned in section 2.5. (Nazareno et al., 2014) show that due to the interaction of several factors (persisting poverty, insufficient welfare provision, family obligations, undocumented work) Filipina women are forced to work well beyond the formal retirement age. Their description of the plight of these “unretirable” eldercare workers (ibid..) has been echoed by Ferrer (2017) who has looked at the case of Filipino retired care workers in Canada forced to work, often informally, at later age due to insufficient pension provisions. In another study, Ferrer et al. concentrated on analysing the narrative of a 73-year-old retired care worker (Ferrer et al., 2017). Using the lens of the intersectional life-course perspective in relation to structures of im/migration and ageing, they show how state systems of domination that take place through im/migration schemes such as the "Live-in caregiver program" frame immigrants as commodities in early periods of the life course but also have implications that extend into later life.

The inadequacy of pensions is a recurring issue among ageing migrant care and domestic workers. Analysing cases in different countries – Canada, in the studies mentioned above, but also in Spain and Italy (Moré, 2022; Vianello & Escrivà, 2019), - literature has demonstrated that inadequate pensions are often the result of insufficient pension schemes, coupled with specific characteristics of domestic and care work (low wages, undeclared contracts, poor access to labour rights). The combination of these factors may severely impact retirement perspectives and migration trajectories of older care and domestic workers.

Vianello and Escrivà (2019) have investigated the ageing of female care and domestic workers, comparing two migratory flows involving middle-aged and older women, Ukrainians to Italy, and Peruvians to Spain. Their work shows, on the one hand, how insufficient retirement schemes in the countries of origin are major determinants of emigration and, on the other hand, what the retirement scenarios are for Ukrainian and Peruvian migrant workers, highlighting the risk they face of becoming poor pensioners. Vianello and Escrivà also point out that the lack of a bilateral agreement between Ukraine and Italy on the portability of pensions may put Ukrainian migrants, too old to work in the care sector and too poor to retire, in a “suspended” status. Moré (2022) has analysed the retirement plans among Ecuadorian care and domestic workers in Spain. She found that these

women have to cope with inadequate pensions working in the informal sector, as well as their Ukrainian, Filipina and Peruvian counterparts, and she describes some compensation strategies, both formal and informal, which they enact to supplement their meagre pensions, including, for example, the purchase of property in Ecuador, or through the bilateral agreements between the two countries and the easing of processes for the social contribution that the Ecuadorian state offers migrants. However, Moré concludes, these strategies are more accessible for women who are better off and less accessible to those who are in a situation of higher social disadvantage (ibid..).

The cases illustrated above show how ageing and retirement among migrant care workers are impacted by the intersection of welfare, gender, labour and migration regimes and how their ageing and retirement experiences are shaped by different social markers - such as class, gender and nationality – or life-course events – such as the time of migration. All the case studies above suggest that retirement is not a clearly staged phase of life but rather a fluid and shifting concept—sometimes even a mobile frontier—that can be reversed or delayed through labour migration, as suggested by Lulle (2021) in her investigation of labour migration among older Latvian women. In such cases, older Latvians, faced with insufficient old-age welfare provisions, reverse frontiers of retirement both in time and space by continuing working as long as possible, extending their personal geographical frontiers by migration, and rendering national borders more porous through transnational practices. Reversing retirement here is seen as an example of active ageing.

The analysis of literature focused on transnational families and retirement highlights the migration of ageing care workers as a phenomenon deeply embedded in the transnationalisation of both family care and welfare systems. Migrant care workers form the backbone of eldercare systems in destination countries, while simultaneously serving as breadwinners and caregivers—either in person or from a distance—for their own families. At the same time, as they age, they themselves become recipients of care, relying on both formal and informal support. These care resources are shaped by complex networks of relationships and entitlements that are continually reconfigured across borders. It is within this context that the concept of transnational social protection becomes particularly relevant and productive for the purposes of my research.

## **2.7. Introducing transnational social protection**

The transnational social protection framework reflects on how individuals and families manage and cope with social risks while they are involved in transnational mobility. It adopts

the notion of social protection as referring to all tangible and intangible resources which mitigate social risks impeding the realisation of life chances (Bilecen & Barglowski, 2015; Devereux & Sabates-Wheeler, 2004). This framework reconsiders traditional notions of social protection through the lens of transnationalism, acknowledging the cross-border dynamics that shape how such resources are accessed, distributed, and utilized. Against this backdrop, transnational social protection has been defined as the policies, programmes, people, organizations, and institutions which provide for and protect individuals in a transnational manner (Levitt et al., 2017).

Adopting the lens of transnationalism, the transnational social protection perspective challenges traditional narratives about social welfare as something provided by states to their citizens in a single place (Levitt et al., 2023). Instead, it is pieced together from a variety of "resource environments" and combinations of sources of support (ibid.). Those include the state (at different levels: local, subnational, national or supranational), the market, nongovernmental organizations (NGOs), and social networks.

Social protection is typically categorized into formal and informal domains (Bilecen & Barglowski, 2015; Levitt et al., 2023). Formal social protection is generally considered to involve publicly funded formal state regulations that are reinforced by laws, statutes, and regulations, institutionalised in policy and legislation, and conveyed in the form of (supra)national frames and eligibility criteria (Bilecen & Barglowski, 2015). Informal social protection is associated with interpersonal networks. In particular, three key interaction clusters have been identified within this informal domain: information exchange, care relations, and financial protection (ibid.). Information-sharing includes guidance on the labour market, healthcare, legal matters, and education, offering essential tools for navigating employment, medical services, and legal residency processes. Care relations encompass a range of support, from household assistance and childcare to eldercare and medical attention for both minor and severe illnesses. Financial protection involves regular and occasional monetary transfers.

Different actors are involved in these interactions. First and foremost, informal social protection includes networks of family and friends (Amelina et al., 2012; Bilecen, 2020; Bilecen & Barglowski, 2015; Bilecen & Sienkiewicz, 2015). These connections create a cross-border continuum that involves both migrants and non-migrants in reciprocal practices. However, the degree of reciprocity in these relationships is often highly asymmetrical (Bilecen, 2020). Those left behind tend to have fewer economic resources,

which means their support can only serve as a complementary strategy for helping migrants cope with challenges. Informal social protection mechanisms and actors also manifest through community ties in a broader sense, including charities and civil society organisations (Levitt et al., 2023), churches and religious organisations (Gray & Levitt, 2022; Levitt, 2004). Migrants organizations provide unique spaces where migrants can navigate the challenges of their transnational lives (Barglowski & Bonfert, 2023). Religious communities are seen as important sources of belonging in transnational spaces (Amelina & Faist, 2008). This sense of belonging, rooted in inclusionary social networks based on trust, mutual exchange, and solidarity, offers an alternative to the exclusionary, territory-based concept of belonging often tied to formal social rights (Antonsich, 2010). As a result, churches and religious organizations serve as key sources of informal social protection for migrants (Levitt et al., 2017). Churches offer opportunities for migrants to organize, build powerful networks, and express their interests, while also gaining skills and making claims in both their home and host countries (Levitt, 2004). It has been said that in the context of transnational social protection, churches are replacing state social welfare arrangements, while at the same time bringing to light shifting church-state entanglements in the provision of social protection to transnational migrants (Gray & Levitt, 2022). This shift occurs to fill transnational protection gaps, created by the increase of transnational mobility coexisting with state social protection measures which often remain as restrictive as possible (Paul, 2017). As a result, many migrants rely on services provided by churches, migrant associations, and other civil society organizations, which provide material support, while also fostering cultural belonging and maintaining ties to the origin state for the broader non-resident citizen population (Gray & Levitt, 2022). This highlights the relationship between social protection strategies and sense of belonging (Barglowski & Bonfert, 2023). In sum, it can be said that communities and networks play a significant role as channels of transnational social protection, offering migrants a variety of resources to safeguard against basic social risks. This is achieved through networking, consulting, and social interactions, all woven together by a shared sense of belonging.

Given this diversity of actors and practices, providing for social protection transnationally is far from being a static and monolithic process, but rather a "hybrid" domain marked by its unevenness and complexity (Levitt et al., 2023). Cross border social protection appears as an assemblage of formal and informal elements. Assemblages are fluid in nature and combine informal welfare schemes with formal ones (Bilecen & Barglowski, 2015) with varying degrees of formalization and on different scales (Faist, 2018). The notion of

transnational social protection also transcends the traditional hierarchy that places formal schemes above informal ones (Bilecen & Barglowski, 2015) recognising that informal support provided through social relationships is closely interwoven within formal protective mechanisms, such as the welfare regimes of nation-states (Bilecen, 2020). Formal and informal are mutually constitutive domains and dynamically interact based on their availability and interdependence, constituting assemblages of resources and strategies that integrate both state-driven formal elements and informal support systems, such as family and friendship ties (Bilecen & Sienkiewicz, 2015). This multiscalar architecture of actors, resources and interconnected interactions recalls what in migration research is termed migration infrastructure (Xiang & Lindquist, 2014), a concept capturing the multi-level and interlinked nature of transnational mobility, mediated by state agencies, NGOs, religious organisations, employers, brokers, and kin. The migration-infrastructure lens foregrounds the relational and networked character of these intermediaries, which are often ambivalent—providing critical support while simultaneously reproducing vulnerability (Dağdelen, 2025). It therefore helps capture how different multi-level actors mediate migrants' access to social protection.

It is important to note that the high diversity of sources and dynamics does not necessarily translate into a wide and equitable access to social protection (Levitt et al., 2023). The functioning of transnational social protection is deeply embedded in broader social hierarchies, particularly those operating along gender, age, ethnicity, and class (Amelina, 2019; Bilecen et al., 2019), which shapes how individuals and families interact with and access resources at different scales. This interplay between heterogeneous social categories and governance levels gives rise to highly uneven experiences and outcomes of social protection among migrants and their families. It underscores one of the central features of the transnational social protection perspective: a critical focus on inequality as it is produced, maintained, and reproduced across borders (Faist & Bilecen, 2015; Levitt et al., 2023). For example, social protection based on community ties heavily depends on individuals' ability to turn to family or friends and mobilize social networks, as well as activate connections with civil society organizations to manage risk and get ahead; another example of inequality emerges when people are compelled to rely on the market to gain access to social protection, which is treated as a commodity, and thus becomes contingent on individuals' ability to pay (Levitt et al., 2023).

Transnational social protection scholarship has drawn attention to migrant care workers, emphasizing how migration itself can serve as a form of transnational social protection for many individuals (Osterle and Bauer, 2021). Through migration, in fact, migrant care workers are able to sustain their families in multiple projects. Other studies have concentrated on involvement in the transnationalised eldercare sector, highlighting the lack of formal protection and access to welfare which migrant care workers often endure (Levitt et al., 2023). Literature has spoken of a "welfare paradox" (Oso & Martínez-Bujan, 2022) for those workers, who are at the forefront of eldercare, while being widely overlooked in their own employment rights and social entitlements. Furthermore, it has been said that the field of migrant care work is where the greatest tensions in the hybridised transnational social protection regime become most clearly manifest, in that protection for some often equates to precarity for others (Levitt et al., 2023). More rarely, migrant care workers have been examined through the lens of transnational social protection to explore how they negotiate access to resources as individuals who are themselves ageing while navigating transnational spaces. A few exceptions have concentrated on how the limited pension schemes may expose care and domestic workers to the risk of poverty at later age (Vianello & Escrivá, 2019). The gap lies in the lack of research that simultaneously considers ageing, migration, and access to formal and informal resources among older care workers. My research addresses this gap by putting in dialogue literature on care work migration, the ageing-migration nexus, and transnational social protection to explore how care workers' experiences of ageing are shaped by the intersection of ageing, migration and access to available formal and informal resources.

## **2.8. Conclusion**

In this chapter, I have presented a state-of-the-art review on the ageing of migrant care workers. I began by examining the literature on care migrations to situate migrant care workers' trajectories within the broader context of the transnationalisation of care, starting with the GCC paradigm and subsequent developments. I highlighted the foundational contributions of scholarship at the intersection of gender, migration, and care work; however, I argued that these streams have rarely applied the lens of ageing, which is central to understanding migration trajectories involving primarily mature women.

I then engaged with the literature on the ageing–migration nexus, showing how this field expanded earlier studies by illuminating older people's involvement in care migrations. Particular attention was given to key categorisations and themes in this body of work,

especially the analytical centrality of agency, welfare, and care in understanding the experiences of older migrants and, more specifically, older migrant care workers.

The third section focused on ageing among migrant care workers. I reviewed research on their familial arrangements in the context of transnational care, which demonstrates how obligations to kin remain central to their migration experiences and are shaped by welfare, care, labour, and migration regimes. I also examined studies on ageing and retirement, which reveal how care workers' retirement perspectives are affected by familial obligations, inadequate pension schemes, and the cumulative effects of informal work. These dynamics often compel older care workers to remain in employment beyond retirement age, both to mitigate economic vulnerability and to provide intergenerational care. Such studies underscore the centrality of care systems—formal and family-based alike—in shaping the ageing experiences of migrant care workers, consolidating the importance of adopting a care- and welfare-centred approach.

Finally, I introduced the concept of transnational social protection, understood as fluid and multifaceted clusters of formal and informal resources assembled across borders and bound by mutually constitutive relationships. While this framework is highly relevant for analysing migrant care workers' ageing, the lens of ageing itself has rarely been applied. My study addresses this gap by revisiting these dynamics through an ageing-sensitive lens, thereby contributing to and expanding the foundational scholarship on gender, migration, and care work.

Building on these insights, the following chapter outlines the methodological approach of this study. It illustrates how I investigate the ageing experiences of migrant care workers by operationalising the analytical frameworks discussed above. Specifically, I detail the research design, methods of data collection, and analytical strategies employed to capture how ageing, migration, and transnational social protection intersect in the everyday lives of migrant care workers.

## Chapter 3

### METHODOLOGICAL APPROACH

#### 3.1. Introduction

This chapter outlines the methodological approach adopted to address my research questions, which focus on the social protection needs of older Ukrainian care workers in Italy and the formal and informal strategies they employ to meet these needs across transnational spaces. It is structured as follows: I begin by discussing the epistemological underpinnings of the research, followed by a detailed account of the methods of data collection. This includes the setting of the fieldwork and the different phases of data collection—participant selection and recruitment, interviews, and participant observation. I then move on to illustrate the analytical process, with a focus on how I used thematic analysis to interpret the data. I also reflect on methodological challenges encountered when conducting research in a multilingual context. In addition, I address ethical considerations and reflect on my positionality as a researcher. Finally, I discuss the limitations of the study, acknowledging the constraints and boundaries of the methodological choices.

#### 3.2. Epistemological approach to the research

The epistemological foundations of my research lie in the interpretivist and constructivist paradigms. Interpretivists believe in socially constructed multiple realities (Rehman & Alharthi, 2016) and contend that knowledge is produced by understanding individuals' unique viewpoints, experiences, backgrounds and attached meanings, therefore interpretivist epistemology is highly subjective. According to this view, knowledge is constructed as people work to make sense of their experiences (Creswell, 2018), and it is permeated with perceptions, “seen not as passive-receptive process of representation but as an active process of production” (Flick et al., 2004, p. 89). Those paradigms are more concerned with gaining a deep understanding of a research subject (Denzin & Lincoln, 2011), rather than producing objective generalisable knowledge or predicting outcomes, as in the positivist paradigm. The positivist paradigm in social sciences is derived from natural sciences and entails the belief that the social world exists objectively and externally and only “those phenomena which are observable, in the sense of being amenable to the senses, can validly be warranted as knowledge” (Bryman, 1988, p. 14).

Interpretivism distances itself from positivism in that it refuses “to adopt any permanent, unvarying (or foundational) standards by which truth can be universally known” (Guba & Lincoln, 2005, p. 204). Positivism as such contends that universal generalisable knowledge may be produced through observation of facts, empirically measured with quantitative methods. Interpretive research does not aspire to explore and produce universal, objective context and value-free knowledge and truth but to try to capture individuals’ views and interpretations about the social world and social phenomena they are entangled in. Therefore, it acknowledges the existence of multiple interpretations able to produce multiple knowledge, which are also shaped by researchers’ worldviews. As Grix puts it (2004), “researchers are inextricably part of the social reality being researched, i.e. they are not ‘detached’ from the subject they are studying” (2004, p. 83). The significant role that researchers’ individual worldviews play in the research process also implies that different researchers may bring diverse perspectives on the same issue (Rehman & Alharthi, 2016). In sum, interpretivism and constructivism provide the epistemological foundation of my research, an in-depth investigation of transnational social protection practices and resources through migrants’ viewpoints and subjective experiences.

### 3.2.1. Selected methods

As subjective meanings are central to interpretivism, this paradigm often calls for qualitative research, which values people’s lived experiences and is inherently subjective (Tomaszewski et al., 2020). Interpretivists aim to gain understanding and knowledge of social phenomena within the context's complexity (Blaikie, 2004). Hence, the interpretivist paradigm relies on qualitative data, often collected over an extensive period, such as ethnography or case study. Qualitative research is based mainly on language-based data. Qualitative methods have gained a prominent role in migration research, which needs to be sited and contextualised (King, 2018) and may be seen as “mostly about interpretations rather than a fact” (Zapata-Barrero & Yalaz, 2018, p. 411). Some of the most relevant studies on female and care migrations from Ukraine to Italy have been conducted using qualitative methods, based on fieldwork, which helped to illuminate many different aspects of migrants’ subjective lived experiences: motherhood (Fedyuk, 2011), aspirations, social bonds and obligations (Vianello, 2009), experiences of sex/race/gender in care work relationships (Näre, 2008).

My study aimed to develop an in-depth, inductive analysis of the lived experiences of older Ukrainian care workers in Italy, with particular attention to their social protection needs and

the formal and informal transnational practices and resources they mobilise to address them. I selected the qualitative approach, based on fieldwork and primary data collection through semi-structured interviews and participant observation

The semi-structured interview is largely used in the social sciences for qualitative research purposes (Magaldi & Berler, 2020). While it generally follows a guide or pre-determined protocol focused on specific central topics to provide a structure, the semi-structured interview also leaves space for discovery and new topical trajectories as the interview unfolds. A distinctive trait of the semi-structured interview is the flexibility in the sequence of questions, while maintaining the organizing focus determined beforehand (Hill et al., 2005). Given the nature of qualitative interviews – a form of in-depth exploration of topics or experiences that paves the way for interpretive investigations (Charmaz, 2012) – they are an efficient tool to respond to my project research questions. Interviews have been used in other studies as a key method when researching individuals with liminal legal status, or undocumented migrants (Anderson, 2000; Ruhs & Anderson, 2010). The interview continues to be largely used in explorations of care labour markets in Europe (Anthias & Lazaridis, 2020; Lutz & Palenga-Möllnbeck, 2010; Näre, 2011). Here, the interview as a method helps to access ‘hard-to-find’ migrant populations, mostly made up of women, who are working in private homes and closed care-institutions, usually hidden from the public gaze (Fedyuk & Zentai, 2018). Qualitative interviews have been successfully employed in several studies with older women to explore their subjective experiences of retirement, caregiving—both paid and unpaid—as well as their health and well-being. (Fu et al., 2023; Govil et al., 2024; Sousa-Ribeiro et al., 2022).

Participant observation is another method often used in qualitative research. Creswell (2019) defines observation as the process of gathering open-ended, firsthand information by observing people and places at a research site. Observation has long been a primary form of data collection for qualitative researchers. It is the act of noting a phenomenon in the field through the five senses of the observer, often with an instrument, and recording it for scientific purposes (Angrosino, 2016), to have “the full experience of being in a place” (Kearns, 2000, p. 120). Observation also helps to capture aspects which may not emerge from interviews, because the logic of practice may be different from how the respondent perceives the logic of practice (Bourdieu, 1977).

Observation notes are usually complemented with a field diary. “Scratch notes” or field notes have been a central component of qualitative research since the early 1900s, originating

in the field of ethnographic anthropology (Emerson et al., 2011). Field notes serve many functions. The use of field notes may encourage researcher reflection and identification of bias, as well as facilitating preliminary coding and iterative study design (Phillippi & Lauderdale, 2018). The use of fieldnotes therefore is deemed to increase the credibility of qualitative research (Tomaszewski et al., 2020),

Additionally, supplementing the language-focused data, they aid in constructing thick, rich descriptions of the study context (Phillippi & Lauderdale, 2018) and many aspects of the physical and social environment shortly after they occur. Field notes are used to provide information about study locations, which are a significant aspect of the research process (Bjørvik et al., 2023). Field notes as such are central to researchers who strive to act as “travelers” in the field, a metaphor used by Kvale and Brinkmann (2009) to describe the researcher’s or interviewer’s interest in ‘the landscape’ and in the people living there. This approach recognises the importance of the “journey” of conducting interviews, generating reflections and thoughts in the researcher, who write them down as notes. Scholars have noted that incorporating field notes into qualitative research can enrich the analysis of health and health-related topics—relevant also to the study of transnational social protection—by providing an additional layer of data that captures critical nonverbal content absent from interview or focus group transcripts (Phillippi & Lauderdale, 2018; Sandelowski, 1994)

### **3.3. Data collection**

#### **3.3.1. Locations of the fieldwork**

In the introduction to this study, I have detailed the contextual similarities and differences between Naples and Milan, configuring the two cities as two distinct resource environments. From the methodological point of view, the diversity of the two locations adds to my research a comparative angle, which is fruitful to observe how social protection strategies and interventions may vary widely according to the specific contexts at local level (Sabates-Wheeler, 2019) as a multitude of local and subnational actors - i.e. local states (Borkert & Caponio, 2010), along with national and supranational, might all be involved in the provision of transnational social protection (Levitt et al., 2023). The differences between the two cities also had implications for the recruitment of participants, as I will show in the dedicated section 3.3.2.

Due to the large concentration of migrants in the private care sector, mentioned in section 1.2.1., Naples and Milan offer rich opportunities for the investigation of care migrations and

related phenomena. This is especially evident in Naples, where care job adverts are hanging everywhere, in many different forms (see figures 3.1. and 3.2.). Those adverts may link to agencies or private individuals.

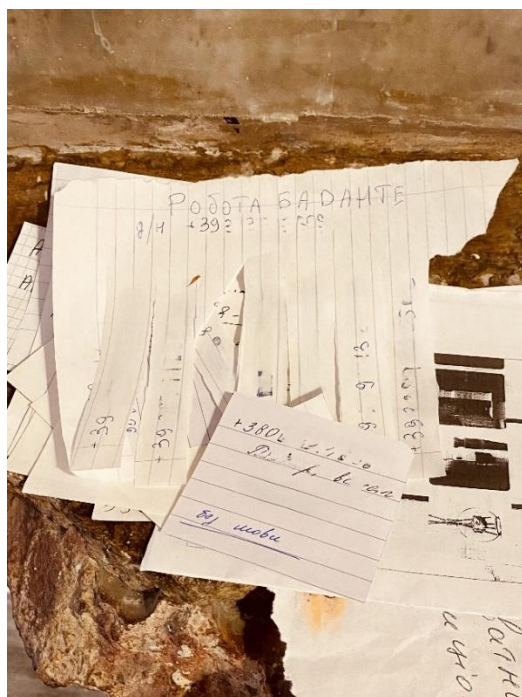


Figure 3.1., Care work job advert in a church in Naples, Jan 2025



Figure 3.2., Care work job advert on a wall, Naples, Jan 2025

Naples is also relevant to the investigation of Ukrainian migrations to Italy, as other studies have revealed (Fedyuk, 2011; Näre, 2011). Naples has been the gateway to Italy for many Ukrainian care migrants who later moved to other locations, including some of my informants in Milan, and it remains one of the major destinations among Ukrainians. These long-lasting ties made the Ukrainian community in Naples a well-established group, whose presence is clearly visible in the city landscape. The area of the Old City Centre hosts several Ukrainian grocery shops; shipping offices operating formally and informally between Naples and Ukraine; a Ukrainian Saturday school named after Lesya Ukrainka, a prominent Ukrainian poet; and two Ukrainian Churches, one of which – the Ukrainian Greek Catholic Church – was established more than 25 years ago. Buses leave on a weekly basis from the Central Station area for Zaporizhzhya, with stops in many major Ukrainian cities and the service has been operating regularly even in wartime.

Milan presents a different landscape in this respect. During my fieldwork, I observed care work adverts in the Orthodox churches I visited, but such postings were rarely seen

elsewhere in the city. Additionally, despite official statistics listing Ukrainians as the eighth largest community in the city, their presence is less visible and harder to identify on the ground. The network of sites relevant to the Ukrainian community is not as dense as in Naples. I was able to locate the churches and two community organisations, though I could not visit the latter because the coordinators were unavailable. Investigations of transnationalism often call for multi-sited fieldwork and mobile methods (Barglowski et al., 2015; Marcus, 1995). Accordingly, my initial research proposal included a fieldwork period in Ukraine. However, I had to change my plans due to security concerns after the Russian invasion in February 2022. To compensate for this, I have conducted observation in some of the places in Milan and Naples where transnational mobilities of people, ideas, material goods, may take place, such as the bus station, shops, Churches.

### 3.3.2. Selection and recruitment of participants

I reached a total number of 60 respondents, 25 of them in Naples, 35 in Milan. Among them, 34 participants were older Ukrainian migrants employed in the care sector either at the time of interview or in the past. 26 participants were community representatives working to support Ukrainian care workers. Although the study focuses on care workers, I included in the sample housekeeping workers as well when I started realising that care workers can shift multiple times from care work to other types of domestic work and vice versa according to the availability of jobs or to their familial or financial needs.

As my research is focused on the intersection of ageing and migration, age was central to determine the respondents' eligibility criteria. The definition of older age may be associated with chronological thresholds dictated by States or UN agencies, which refer as "older" to individuals aged 60 or over (UNDESA, 2020). It has been acknowledged that such statistical thresholds have relevance, as they may have a major impact on many aspects of people's lives, such as welfare and work trajectories (Amrith, 2018). However, determining the boundaries of "older age" according to universal and fixed definitions can be questioned. The definition of older age may vary by country and studies (Sabater, 2020). Some studies include people as young as 40 or 45, others take the ages of 50 or 55 as their reference point, whereas others use the retirement and pre-retirement ages of 60 or 65 (Phillips & Siu, 2012). Regarding ageing migrants, it has been noticed that migrants aged 50 or older are commonly considered as "ageing migrants" because for many migrants retirement occurs well before the conventional threshold (65 years) due to job-related illness, disability, or redundancy in their fifties or before (Sabater, 2020).

Having in mind this multiplicity of views and definitions of older age, to define my sample I referred to a broader concept of ageing as has been conceptualised by scholars of the ageing-migration nexus (King et al., 2017). According to this perspective, ageing is a socially, culturally and economically constructed and dynamic process connected to and impacted by other stages and events of the life course, rather than a fixed life cycle associated with predictable changes in behaviour and perception (Amrith, 2018). As a result, I opted for broad eligibility criteria, including informants aged 40 and above. The final sample comprised 34 adult Ukrainian care workers of different ages, spanning from 43 to 75, with even one in her early thirties. The interview with the younger informant, whose name is Adriana<sup>3</sup>, came from a misunderstanding with the person (her employer) who gave me her contact details. He told me that Adriana is 40-45 years old, and I found out her age only when we met for the interview. As the interview moved forward, it also came up that Adriana is the daughter of a care worker who moved to Naples twenty years ago and she had lived and worked herself in Naples as a domestic worker. Therefore, although Adriana did not fit the eligibility criteria, her experience as a younger domestic worker offered the opportunity to compare her journey with the ones of the older generations.

Across the two research sites, 34 interviews were conducted with Ukrainian migrant workers, evenly split between Naples (17) and Milan (17) and spanning diverse ages and migration histories. In Naples, most participants were in their early fifties (5) or late fifties (3), with smaller groups in their late forties (2) and one participant in her mid-seventies. In Milan, the largest groups were in their late fifties (4) and in their sixties (4 in total), and one woman in her mid-seventies.

Across both cities, most interviewees had lived in Italy long-term, typically between 10 and 26 years, though a few had shorter stays of 3, 6, or 8 years. One participant had recently re-migrated to Italy after an earlier period of residence. The majority held regular legal status, including one person with temporary protection granted to Ukrainians fleeing the war. At the same time, five participants—four in Naples and one in Milan—were undocumented at the time of interview, highlighting persistent vulnerabilities despite long-term settlement.

Given the gendered nature of care work (Amelina & Lutz, 2018) and the striking predominance of females in Ukrainian migration to Italy (Ministero del Lavoro e delle Politiche Sociali, 2021), I recruited only female workers, with the exception of one male

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<sup>3</sup> Adriana is a pseudonym. All participants have been given pseudonyms

care worker (see Appendix 1). I also included in the sample a Ukrainian female migrant who lives in a rural area north of Naples to explore potential diaspora networks outside of the city centre

To complement the point of view of care workers, I also recruited for my study a group of key informants selected among public authority representatives, professionals, and community representatives. Those informants are commonly referred to in literature as experts (Barglowski et al., 2015; Fedyuk & Zentai, 2018). Expert interviews are a way to achieve knowledge about formal regulation, formal opportunity structures, welfare, and migration regimes which are interrelated with and shape social protection strategies and practices in the transnational space (Barglowski et al., 2015). Expert interviews aim at exploring expertise or entitlement to represent an institutional position or reflections, in addition to collecting information not available from other sources (Fedyuk & Zentai, 2018). The group of experts includes one institutional representative and one religious representative. I reached in total 24 professionals from ten different organisations (NGOs, a political group, labour Unions, Church groups and organisations). Those informants have been selected as representatives of three key actors - Third Sector organisations, Churches, State – playing a primary role in shaping transnational social protection resources available to migrants (Gray & Levitt, 2022; Levitt et al., 2017). The role of Churches and Third Sector Organisations is particularly relevant in Italy, where the reception of newcomers and the promotion of their rights have been provided mainly by non-public actors – trade unions, volunteering organisations, social movements, Catholic institutions – from the beginning of large-scale immigration to Italy in the 1980s (Ambrosini, 2013; Caponio, 2005). Of the ten organisations reached, three are based in Naples, three in Milan, and four operate both in Naples and Milan.

Overall, I conducted 21 interviews, with 13 based in Milan and 8 in Naples. Across the sample, the most represented professional groups are workers' union staff - the so-called *patronati*<sup>4</sup> (5) and NGO-affiliated participants (5), social workers (4), followed by foundation professionals (3), and religious or church-based representatives (2). Additional

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<sup>4</sup> The patronato is an institution in Italy that provides assistance and protection for workers, pensioners, and all citizens residing in the country. It operates as a direct extension of a trade union, employers' association, or other type of organization, whether representing employees, self-employed individuals, or both

categories include medical doctors (2), diaspora-organisation actors (2), and a political organisation (1).

It is also important to clarify the relationship between these organisations and the migrant care-worker participants. As will become evident throughout the thesis, especially in Chapter 6, the organisational actors interviewed do not simply represent “expert” voices. Many had long-standing, trust-based relationships with migrant care workers and were integral components of what this thesis terms “relational support systems”. Several care-worker participants were indeed invited to participate in the research by Third Sector workers, particularly those in frontline roles, who often acted as key intermediaries and everyday support figures. These connections help explain why those organisational actors offer a more nuanced and grounded perspective than the so-called *experts*, and why their role is analytically central to the study.

As my research involved the exploration of access to transnational social protection among older Ukrainian care workers, I gave voice to these different types of informants in order to capture the multiplicity of factors which shape transnational social protection practices and resources among the subject group (policies, social networks, availability of formal and informal welfare). The experts involved were mainly Italian (20 in total), one was Ethiopian, one was Romanian, and two were Ukrainian nationals. The Ukrainian experts, recruited in Naples, had also direct experiences as care workers, therefore they were able to offer a double gaze into care work. Likewise, four of the care workers who participated in the research were able to act as experts, in that three of them were involved in a worker union advocating for care worker rights; the other, Lida, a psychologist in Ukraine, offers her expertise to support medical programmes dedicated to care workers.

### *3.3.2.1. Recruiting hard-to-reach populations*

Investigating migrant care work may be challenging to a researcher, in that care workers may qualify as a hard-to-reach population. Populations may be hard to reach because of their physical or social locations (Ellard-Gray et al., 2015). Others define a hard to reach population as groups with “low SES [socio-economic status]” (Freimuth & Mettger, 1990, p. 232). The concept of hard-to-reach populations is often linked to migrants (Duvoisin et al., 2023), especially the undocumented, who might “fear to be detected or identified” (Zapata-Barrero & Yalaz, 2018, p. 276). Populations might be also “hard-to-find” for researchers due to participant resource constraints – other priorities or stresses of daily life – which often push potential participants to deprioritize research (Bonevski et al., 2014) or

commitments other than work. All these definitions might apply to home care workers, who work in closed domestic settings. Inherent characteristics of care work - i.e. poor salaries, informal labour relationships, exploitative work conditions - may put them in a situation marked by low-socio-economic status and legal precarity (Amrith, 2023; Ferrer, 2017).

Resource constraints – more specifically, time constraints – emerged as a major factor affecting the recruitment process. Among my potential informants, many were either live-in care workers, working six days per week with only two hours off per day, usually around lunchtime/early afternoon, or live-out care workers dealing with multiple clients, or even multiple jobs, and in some cases, familial commitments. All these constraints made contacts with informants particularly difficult to organize, with research appointments constantly subject to changes, rescheduling, postponing or even cancelling.

Existing literature on hard-to-reach populations proposes different strategies to access respondents. Snowball sampling is a technique which relies on the nature of social networks and consists of identifying respondents who may refer researchers on to other respondents (Atkinson & Flint, 2001). It is often used to access hard-to-reach respondents; however, there is a risk of selection bias, as only interconnected respondents are included (Sadler et al., 2010), resulting in homogeneous samples (Meezan & Rauch, 2005). Other scholars suggest that a combination of sampling strategies might be the best way to maximise the recruitment effort (Ellard-Gray et al., 2015).

Both in Naples and in Milan I asked for support from Third Sector Organisations. Third Sector Organisations and other actors - formal organisations or informal community leaders – are commonly referred in literature as community gatekeepers (Spelley, 2023). Recruiting through community organisations may be an effective option when access and recruitment for the research present challenges (McAreevey & Das, 2013). Some researchers have shown how this approach helped them not only to access a wide range of groups within the community, but also to appear as someone who wanted to “engage openly and transparently” (McAreevey & Das, 2013, p. 117). However, this approach to sampling might also be problematic. It has been noted that, as community organisations are in control of access to research sites and potential participants, in situations of non-access, they may intentionally or unintentionally cause delays or block the research (McFadyen & Rankin, 2016); it might also be problematic if community organisations have no time or do not see advantages for supporting the research, or if they are extremely protective of their members (Duvoisin et al., 2023). Other studies have shown that this type of recruitment strategy may create bias,

as it may reach only individuals who attend the community locations (Ellard-Gray et al., 2015). Another issue underlined by scholars is that “[o]ften there are no gatekeepers for the most marginalized” (Condon et al., 2019, p. 1330).

Scholars who have investigated Ukrainian care migrations to Italy have used different approaches to access their subject populations. Vianello (2009), who has investigated transnational migration practices among Ukrainian women in Italy, has utilised snowball sampling and relied on a cultural mediator to reach informants recruited in different events organised by Ukrainian diaspora communities in Venice, Padua and Rome. Näre, for her PhD thesis (2008), has conducted an ethnographic research study in Naples with three different national groups of domestic workers: Sri Lankan, Polish and Ukrainian. To reach her informants and respondents, she resorted to different approaches. She reports how she started approaching Ukrainian domestic workers as a trainee at ACLI COLF, a nation-wide worker union promoting care- and domestic workers’ rights. However, when she realised that one Ukrainian respondent felt obliged to participate in the research because she identified the researcher with the organisation, she decided to change strategy and to recruit randomly respondents in public spaces, in the *piazza* – the square - where Ukrainian women routinely met on Sunday and Thursday afternoons, traditionally the care- and domestic workers’ weekly time off. Yet she reports that recruiting Ukrainian women in this way proved to be inefficient, as Ukrainian women were often too busy to spare some time for the research. If compared with Näre’s experience mentioned above, the recruitment process for my fieldwork has been different in many aspects. One of the reasons for this is linked to a possible evolution of Ukrainian community life (and related places of interest) in Naples. I will discuss those differences in the next sections.

#### *3.3.2.2. Recruitment in Naples*

Ukrainian care migrants firstly arrived and started to settle in Naples over twenty-five years ago. By coincidence that was also the time when I moved to Naples for my university studies. At that time, Piazza Garibaldi, the square where the Central Station is located, was one of the main gathering places for Ukrainian migrants. It was also the place where employers went to recruit care workers from Ukraine, Poland, Sri Lanka. A Ukrainian informal Sunday market soon appeared in one of the side streets nearby Piazza Garibaldi and the presence of Eastern European care workers, especially Polish and Ukrainian women gathering on Thursdays afternoon and Sundays, became very distinctive to the area.

I remember that years ago, we were still in the 1990s of the last century, the weekly newspaper “Famiglia Cristiana” became interested in this massive Ukrainian presence here in Naples, to the point of dedicating [*to it*] a piece entitled "Kiev Square". Kiev Square is Garibaldi Square. Garibaldi Square has been renamed Kiev Square (Michelangelo, Church Organisation, Director)

When I returned to Naples in July 2023, I found the situation completely changed. Ukrainian and Polish women have been replaced by Georgian women, who have engaged in more recent times in care migrations to Western Europe (Zurabishvili, 2023). They could be easily seen sitting in pairs or in large groups at the tables of the numerous cafés, pastry shops, pizzerias, street food counters, opened after the huge tourism boom in the last few years. One of my informants told me that the Sunday market has been dismantled in 2017 when the unauthorised trade of medicines was discovered by local authorities. That same informant told me that many Ukrainian care workers kept meeting on Thursdays in another place, Piazza Cavour, in the Old city centre.



Figure 3.3, Piazza Garibaldi, Naples, Apr 2024

In three months of fieldwork I have passed by that *piazza* many times, however, I have not seen any gathering there. Spending time in the city I started realising that Thursday and Sunday gatherings were part of imaginaries which already belonged to the past. This change can be read as a part of community dynamics which may occur among migrant workers in the settlement stage when migrants start to see each other as differentiated, or when they may rejoin or form families (Castles et al., 1984; Piore, 1979).

The Ukrainian community in Naples has grown constantly since its establishment in the late 1990s, going up to over 20.000 and becoming a small town in the city. The migration journeys of Ukrainians in Naples might have developed in different directions over time, even more so after February 2022, when Ukrainian migrants rejoined their families fleeing the armed conflict in the home country. By May 2022, 20.000 Ukrainian refugees had found refuge from the war in Campania region, of which Naples is the capital (Wisthaler & Signori, 2022).

Once it became clear that recruiting in *piazze* was not a viable option, I started considering other places of interest, such as Ukrainian grocery shops, shipping offices, and Ukrainian churches. I was even put in contact with a Ukrainian hairdresser who had mainly care workers among her clients, which is why she considered herself a key informant. However, the access to these places required prior negotiations with gatekeepers, who in most cases were not supportive. I approached these persons directly, in some cases presenting a leaflet about my research to share with interlocutors for more information. The officer in a shipping office did not accept to talk and sent me to a grocery shop just across the street. At the grocery shop the owner told me to come back next week and kept postponing for three months. The hairdresser acted in the same way. The priest in one of the churches at the beginning accepted to participate yet warned that he was going through a busy time. However, when I sent him an email to make an appointment and talk in more detail, he never replied to my request. I also visited another church, where I could not speak directly to the priest due to language barriers, but the priest's assistant allowed me to leave a leaflet on the advert wall, among multiple handwritten messages advertising home care jobs. In only one shop I had the consent to recruit respondents from the owner's son, a second-generation young Ukrainian, who spoke with a pure Neapolitan accent. He suggested to come back the next day, Friday, in the afternoon, when many older women in the neighbourhood had some time off and usually went shopping. This came as confirmation of a change from the past, when having time off on Thursdays and Sundays was the most widespread practice among care workers. On the next day I spent some time sitting on a bench just outside of the shop and trying to approach respondents. However, even that location was not successful for multiple reasons. First, the well-known time constraints: the women I approached were all in a rush, which did not give me the time to explain the subject of my research. One of them left very quickly, but she came back after a few minutes, apparently because she forgot to buy something from the grocery shop. She came to sit next to me on the bench and started to talk about her worries

about her family in a war-torn region of Ukraine, but she left before I had the opportunity of asking about her availability for an interview.

Hence, the strategy which worked best for my fieldwork was seeking the collaboration of Third Sector and civil society organisations. Having a professional background as a humanitarian and social worker involved in programmes of social and medical support for vulnerable people in Italy, I started planning my fieldwork in the easiest and most convenient way, contacting my former colleagues in a healthcare NGO based in Milan, which manages outpatient clinics and counselling offices in different Italian cities/areas, including Naples and Milan. The coordinator of the local branch in Naples is a Ukrainian national with solid connections both with Third Sector organisations and the Ukrainian diaspora. Her contribution in the initial phase was paramount to find my first respondents.

In parallel, I tried to expand my network in different directions. An old friend from university introduced me to a political organisation engaged in many programmes of social support to migrants and disadvantaged population groups in Naples. This contact allowed me to participate in the food distribution organised in one location in the city centre. The person responsible for the food distribution, a Neapolitan man involved in a political group called “*Disoccupati Organizzati*” (Organised Unemployed Persons, advocating for employment rights) and married to a Ukrainian woman, introduced me to potential respondents selected among the beneficiaries of the food bank, whom I interviewed a few days later. I also tried to find new contacts through the web. I drafted a list of diaspora organisations and relevant Third Sector organisations and contacted them by email or on the phone, but my attempts were in most cases unsuccessful. Being motivated to reach at least the bigger organisations, toward the end of the fieldwork I decided to change approach and to show up at the locations of the organisations without a prior appointment, something that I would not do normally as a professional who has mainly worked in Milan, a city where work relationships tend to be more formal and unexpected guests are not always appreciated. Unexpectedly, in this way I had access to the Directors of two major organisations. During my fieldwork in Naples I contacted 18 organisations, eight of which actively collaborated to provide access to informants. In this way I reached 15 care workers. Being aware of the potential bias deriving from recruiting only through Third Sector gatekeepers, I tried to diversify the sources of referral. I also recruited two Ukrainian women through friends and relatives.

### *3.3.2.3. Recruitment in Milan*

In Milan I organised the earlier phase of the fieldwork in a similar way as in Naples. First, I contacted the Project Coordinator in the organisation where I worked before starting my PhD. We made an appointment, during which we drafted a list of potential informants, selected among adult Ukrainian nationals engaged in care work. The final list included six people, a number considerably lower than in Naples, where the Ukrainian coordinator represents a factor of attraction for Ukrainian migrants in the city. My former colleague called potential informants on the phone to check their availability and then passed me the numbers of those who agreed to participate, leaving me free to organise the interviews. From the experience with this organisation, I learned that a list of potentially available respondents does not necessarily translate into a list of interviewees. Among those contacts, I was able to interview only two care workers, and I observed similar patterns many times during my fieldwork in Milan, where I received multiple lists of contacts from different organisations or informants who had already verified the availability of the potential respondents. In Milan I contacted 20 organisations. Some of them were contacts I made while working in the city; two were reached through personal contacts; two were reached through contacts I found on websites; eight collaborated actively. They provided a total number of 30 contacts; five more contacts were provided by friends after receiving clearance from the care workers. I was able to interview only 17 people, less than the half of the potential respondents referred. When I contacted the care workers, in some cases, they showed interest in the research and willingness to collaborate, dwelled a long time in conversation during my first contact, but then when it came to make an appointment for the interview, they kept postponing for weeks due to other commitments, until I decided not to insist anymore. In other cases, they decided to leave after reading the participant information sheet and the privacy notice. In other cases, they just did not reply to my calls or messages. Compared with Naples, in Milan it was relatively easier to find organisations willing to collaborate and to find contacts yet moving from the phase of first contacts to interviews has been much more difficult.

In Milan recruiting informants randomly was even more difficult, as the city is bigger and meeting areas for the Ukrainian community are even less identifiable. I visited two Churches, but, as happened in Naples, I had to negotiate my access before starting the recruitment, this time with bigger success than in Naples. In Naples, as well as in Milan, the leaflets I left in multiple places did not give any result. In Milan I also left an advert to find a teacher of the Ukrainian language, but my request remained unanswered.

### 3.3.3. Recruitment through Third Sector Organisations: challenges and opportunities

Overall, in both the locations support from Third Sector Organisations was helpful in many respects, especially those concerning the establishment of trust relationships with informants. In most of the cases, I had a preliminary talk or an interview with organisation representatives to explain in detail my research projects and to clarify my intentions. This step might have slowed down the research process; however, in this way, I was able to gain trust among organisations who left me free to interact with my respondents with no interferences. Furthermore, presenting me as a trusted person, organisations helped me gain trust among respondents. In some cases, the role of organisations as intermediaries was fundamental.

[Khrystyna] is nice and friendly, however she admits that even if I look like a reliable person, she wouldn't have accepted to meet and talk to me, if I hadn't been introduced by Amelia [*Worker Union Director*] (Field notes, Naples, 09.28.2023)

Organisations also provided useful information to get in contact with the respondent (best time to reach them, use of Whatsapp or phone as preferred communication method, preferred language etc.). Indications about the language(s) were particularly useful since language preferences among Ukrainians might be impacted by the ongoing conflict, which makes languages a sensitive field, as I will explain later. In some cases, I found that the respondent had agreed to be interviewed only to be polite with the officer/social worker who contacted them but had factually no idea about my research and the implications of their participation. In such cases, I provided all required information and made clear to respondents that they were completely free to leave if in doubt. Only in two cases did the respondent prefer to leave.

Among care workers I observed very minimal snowball effects either in Naples or in Milan. One of my respondents in Naples, Larysa, tried to recruit her sister and some friends, but they refused to participate due to time constraints. One of my respondents in Milan brought a friend and tried to recruit one more while we were talking, but this latest friend was in a rush. Toward the end of my fieldwork two respondents, Khrystyna in Naples, and Lida in Milan, proposed to introduce me to some of her friends, but unfortunately, I was already about to move somewhere else, therefore these opportunities did not evolve. A possible explanation for the ineffectiveness of snowball recruitment may be the relatively short time

I spent in both the locations. Indeed, it has been noted by scholars that finding “hard-to-reach” populations may require long recruitment periods (Duvoisin et al., 2023).

Conversely, the snowball effect helped significantly to expand my network of informants among experts both in Naples and in Milan. Most of the organisations I collaborated with were open to share their contacts and to refer me as a trusted person, which I found paramount to interact with actors dealing with hard-to-reach populations. In some cases, the snowballing has been slightly misleading due the mismatch between my research focus – long term Ukrainian migrants – and the focus of some organisations which were prioritising assistance to post-2022 Ukrainian refugees. This mismatch involved sometimes the necessity of clarifying misunderstandings or redirecting the interview; occasionally, it led to unexpected insights or to new useful contacts. This has been the case for two organisations which got involved with Ukrainian migrants only after February 2022 through programmes dedicated mainly to refugees. The persons I met, one in Naples, two in Milan, turned out to be an interesting source of information on the involvement (or non-involvement) of female refugees in care work.

One of the backdrops of working through Third Sector Organisations has been that their responsiveness had a major influence on the pace of my fieldwork activities. Because of that, I felt at certain stages that I was not completely in control of the fieldwork planning, especially in Naples, where social workers seemed to be extremely busy and overwhelmed working in a context affected by resource constraints. Another backdrop I observed is the difficulty of reaching the most vulnerable and isolated individuals through the community/Third Sector organisations. Such organisations represent an integral part of migrants’ social capital and an opportunity to “get by” in critical situations (Ratnam et al., 2024). During my fieldwork, therefore, I had access mainly to people with a certain degree of social capital. Although experts both in Naples and Milan revealed the presence of a group of care workers affected by severe forms of vulnerabilities and marginalisation (i.e. homelessness), I was not able to reach them.

### **3.4. Methods. Semi-structured interviews, participant observation and field notes**

#### **3.4.1. Semi-structured interviews**

I conducted a total number of 55 semi-structured interviews with 60 participants. This discrepancy in the final numbers is due to the fact that six interviews of the 55 involved more than one participant (i.e. care workers with friends who also accepted to participate, professionals working in the same office). 50 interviews were conducted face-to-face, three

interviews with professionals were conducted online with Zoom. As I invited respondents to suggest the most convenient location, interviews were held in multiple areas and places across the cities, which gave me the opportunity to observe how socio-economic inequalities within the cities shape care workers' experiences.

The duration of interviews with care workers in Naples varied significantly from 22 minutes to 2 hours and 20 minutes. The variation in the length of interviews, especially among the first respondents I met, was due either to language barriers, as I will explain further in the dedicated section 3.5., or to the individual character of respondents. In Milan the duration of the interviews varied from 15 minutes to 1 hour and 20 minutes. Interview durations were impacted mostly by informants' time constraints. In other cases, individual characteristics of respondents had a bigger impact. All the interviews in both cities were audio-recorded, with only one exception in Naples, an interview with an expert who asked me to take notes instead of recording our conversation.

Having selected semi-structured interviews as one of my methods, I conducted interviews based on guides devised beforehand and directed to two different types of respondents: migrant care workers and experts (professionals or community members)

- **Migrant care workers**

Interviews with migrant care workers revolved mainly around 5 core interrelated topics:

- Biographies, trying to capture relevant elements of care workers' lives and migration trajectories
- Care work (challenges, achievements, perceptions of care work at later age)
- Transnational social protection practices (healthcare, pensions, social networks, opportunities or lack thereof in Italy and Ukraine)
- Impact of the armed conflict on everyday experiences
- Future plans (return plans, retirement plans, desires and aspirations beyond care work)

The scheme described above reflects the organisation of the interview guide I devised before the interviews. However, due to the semi-structured nature of interviews, in which the flow is likely to change in order and in content depending on the participant's responses (Magaldi & Berler, 2020), my interviews with care workers varied significantly according to

respondents' experiences, priorities and sensitivities. For example, in many cases, war-related topics emerged just at the beginning of the conversations, sometimes even before the recording started. Overall, I let the interview flow, aiming to create a natural and conversational setting, trying to reintroduce topics I had pinned down in the interview guide at a later stage. The semi-structured character of the interviews also left space for new topics to emerge from respondents' answers. This allowed me to expand the focus of my research opening new/further research lines, following the reflexivity principle, which involves a process of on-going mutual shaping between researcher and research (Attia & Edge, 2017). The original interview guide, drafted before my fieldwork began, was tailored to specifically investigate healthcare practices and healthcare resources among ageing Ukrainian care workers. It evolved over time through different stages. In the initial phase I conducted a small sample pilot study. Pilot studies are useful procedures as the preliminary stage of a full-scale study, regardless of paradigm (Tashakkori & Teddlie, 2003). They can be employed to address potential practical issues in research procedures (Teijlingen & Hundley, 2002) and to test the questions. Interview protocols may be strengthened through piloting the interviews (Castillo-Montoya, 2016). I conducted a pilot study on seven interviewees, two experts and five care workers, aimed at testing the interview guide and addressing some practical issues, such as potential language barriers. The pilot study shed light on language barriers as potentially ethically sensitive; I will delve more deeply on these aspects in the dedicated sections.

At a later stage, as specific perceptions of care work at later age and retirement started emerging as a major theme, I introduced specific questions to elicit more in-depth narratives of care work and retirement. Gradually, it emerged that healthcare access and resources among Ukrainian care workers are shaped by many other forms of transnational social protection (work, social relationships, organisations). The focus of the interview guide was expanded to capture these complexities.

- **Experts/community members interview**

Interviews with experts were generally organised around 4 main topic clusters:

- Care work and migration
- Implications of ageing as a migrant care worker and related access to social protection

- Specifics of Ukrainian care migrations (community life among migrants; use of services; access or lack thereof to social protections)
- Impact of 2022 war in Ukraine (impact on services and on long-term Ukrainian communities in Italy)

As in the case of care workers' interviews, the order of the questions was highly variable and dependent on respondents' experiences and specific fields of expertise. In some cases, ad hoc adjustments to the interview guide have been made in advance to fit the specific expertise of respondents, i.e. preparing for interviews with health providers, I oriented the interview guide toward issues more specifically related to health, healthcare and care work (for instance, the impact of care work on migrants' health and healthcare). Some interviews with experts acted as an interesting counterpoint to care workers' narratives, whose views might be different, if not opposite to those of experts, i.e. views on care work at later age, which was considered too heavy and inappropriate among some social workers, whereas it was seen as acceptable and even preferable to other jobs among some care workers.

#### 3.4.2. Participant observation

I conducted five observations, three in Naples and two in Milan, to grasp the dimension of social practices and social protection in everyday life (Barglowski et al., 2015). The locations of the observation in Naples were a shuttle bus, a private service funded by an NGO, connecting the Central Station with the NGO outpatient clinic, located East of Naples, in an area poorly connected with the rest of the city; a bus station connecting Naples with different major cities in Ukraine; and the space in front of the Immigration Office premises. In Milan I conducted observations in one of the major hospitals in the city and in the Orthodox Church, during the Sunday mass. I selected those five different places as they all represent different aspects and locations of transnational social protection practices (migrants' interactions with public offices, use of services, travels, social networks...).

It has been said that researchers can approach observational research along a continuum from complete observer to complete participant (Angrosino, 2007; Angrosino & Mays de Perez, 2000). My role and involvement as an observer have varied significantly depending on the places and circumstances of observation. In the church, in the hospital and at the bus station I acted more as a non-participant observer, close to the field of research while retaining the position of an outsider or a guest (Kostera & Harding, 2021). On the other two locations, the shuttle bus and the area in front of the immigration office, my role shifted toward a more participant observer. At the shuttle bus stop, I have been mistaken for a member of the NGO

staff and a doctor, therefore, some of the patients started asking me about the exact time of arrival of the shuttle bus and about health-related issues. I explained that I was neither a doctor, nor a member of the staff, but I offered to check the time of arrival of the bus, stuck in the traffic, calling the NGO coordinator who gave me the clearance to access their service. I also helped a Georgian woman headed to the outpatient clinic with a short Russian/Italian translation, which attracted the attention of a Ukrainian woman whom I interviewed later.

At the immigration office, where I attended to meet a respondent, my active involvement in the observation field has been dictated by similar circumstances. Once one of the migrants waiting for their turn to access the office realised that I was an Italian native speaker, she – and many others after her - asked me to help decipher the unintelligible crackling voice calling in the attendants on the megaphone by their appointment numbers.

Two of the locations, more specifically the shuttle bus and the church, required prior permission to access, which I negotiated respectively with the NGO coordinator and the religious community leader. As three of the locations attended were public spaces (the hospital, the bus stop and the area in front of the immigration office), I did not request permission beforehand; yet I tried not to invade people's lives and spaces with my presence. I tried all the time to respect the dignity and the privacy of individuals attending the same locations, keeping a comfortable distance, and not recording any personal data or conversation. Notes from the observation have been taken afterwards.

In addition to these observation sessions, I had more opportunity to observe the social world where my research subjects are immersed by conducting five interviews in migrants' own homes (or their employers' homes), a type of interviewing called "ethnographic interviews" (Baldassar et al., 2007, pp. 18–19), which combines some naturalistic participant observation while interviewing migrants, refugees and their parents and other kin in their homes and other familiar social spaces and community events.

Participant observations, especially those conducted in spaces where transnational social protection practices take place, were helpful in that they allowed me to look at the logic of practice from an external point view. For example, directly observing the healthcare facilities, I found that the access to social protection was made difficult by multiple obstacles; conversely, migrant care workers would describe their access to healthcare as smooth and, overall, not particularly problematic.

### 3.4.3. Field notes

In my research I drew attention to geographic and/or logistic features that affect social protection resources and access to them. To capture these aspects, I tried to reach interviews and observations sites using public transport or walking to the place of the appointment, whenever possible, and I recorded in handwritten field notes factors which may hinder or facilitate access to social protection.

I also used field notes to describe the setting of interviews and track some relevant aspects which did not emerge in the interview yet had an impact on it (i.e. care workers' time constraints determining the length of the interview; respondents' motivations for participating in the research; respondents' approach to bureaucratic aspects of the research such as reading the participant information sheet and signing the consent form). In field notes I kept track of what eventually did not happen in the research process, for example, attempts of contacts which did not develop into interviews. The recruitment phase has not always been smooth and making contacts with respondents often involved rescheduling and cancelling appointments, a part of the research process which might go unspoken in the recorded interviews, even more so if the interview was cancelled. However, the analysis of events, circumstances, and reasons behind cancelling and rescheduling are relevant data as well, in that they may reflect and reveal aspects of respondents' lives experiences. Fieldnotes helped to keep a record of all this information and include it in the analysis.

### **3.5. Doing fieldwork in a multilingual context**

Across my fieldwork, I have engaged in the practice of "researching multilingually" (Holmes et al., 2013). Some scholars have dedicated attention to the use and roles of languages in field research. It has been noted that learning and using languages is a crucial part of the "broader process of learning and building relations with people" (Watson, 2004, p. 65) which is central to field research. The use of a specific language might play a great role in shaping a researcher's positionality (Carling et al., 2014). It has been noted that "language is not only a linguistic system of words and sentences, but also a social practice in which identities and desires are negotiated in the context of complex and often unequal social relationships" (Norton, 2016, p. 2); therefore, the task of researchers working in multilingual, and often also highly politicised, contexts can be especially challenging (Gibb et al., 2020) in that they might face difficult decisions about which language (or languages) to learn and/ or use.

The use of languages in the research context emerged as a central issue already in the phase of planning my field research focused on Ukrainian migrants in Italy. Ukrainians are mainly bilingual (Russian/Ukrainian) however, after the Russian invasion of Ukraine in February

2022, the choice between the two languages became an even more politicised and potentially sensitive field, with a more substantial number of Ukrainians shifting from using the Russian language to Ukrainian since February 2022 (Maxwell et al., 2024; Racek et al., 2023). I am an Italian native speaker, and I am fluent in Russian; however, my knowledge of Ukrainian is basic. While planning my fieldwork, I was aware of potential language barriers which might arise when accessing some respondents, and I was willing to try to fill that gap. From March 2023 to June 2023, I attended a Ukrainian language course for beginners with a private tutor, but unfortunately the length of the course was not sufficient to reach an acceptable level, something similar to what other researchers experienced when learning a new language for academic research purposes (Gibb et al., 2020). If establishing contact with respondents in Ukrainian might be difficult due to my insufficient level, approaching them in Italian might not always be an option, as language barriers may persist among migrants (Pot et al., 2020). In sum, before leaving for my fieldwork, I was perfectly aware that navigating the multilingual context of my research would pose multiple challenges, even more so if considering the ethical implications (discussed below) of research relationships and the necessity of making the interview a comfortable space for respondents.

The first interviews left me quite pessimistic, as the sample coincidentally included mostly respondents who were not fluent in Italian and not willing to speak Russian. Four of the women I interviewed chose to be interviewed in Italian, however, when the interview started, linguistic difficulties emerged. I proposed to use Ukrainian, when Italian was difficult, opening to code switching (Heller, 1995), but they decided to continue in Italian. In two cases, the language barriers significantly impacted the length of the interview. In another case, the interview with Larysa, a woman in her late fifties living in Naples, was facilitated by her eagerness to speak, which helped overcome communication barriers. Although her grammar was not perfect, she was nevertheless able to make herself clearly understood.

At the same time, I had to reflect on the adequacy of my Italian in the research context. I realised during the first interviews that the standardised Italian I used in the interviews was not always intelligible and I often had to rephrase. Furthermore, I tend to speak very fast, which may cause problems for the respondent. To add a further layer of difficulty for the respondents, the very topic of my research involved the use of technical words such as “welfare” “social protection”, “access to healthcare”, “Third Sector organisations”. Therefore, I took action to simplify the interview guide in Italian, rephrasing difficult concepts with associated concepts (pensions, going to the doctor, asking for help when in

trouble etc...). In parallel, I translated the interview guide in Ukrainian, to help respondent decipher the most complicated questions. I also noticed that showing my poor language skills helped somehow to dispel the tension which might arise during an interview and to mitigate the risk of language-based power asymmetries in favour of the interviewer (Kvale, 1994; Schembri & Jahić Jašić, 2022)

The last interview included in the pilot study indicated code-switching as a viable option to navigate a linguistically complex research context like mine. I interviewed Yaryna, a woman in her early 60s, originally from a region of Ukraine located on the border with Romania. Yaryna, who is a Russian/Ukrainian bilingual, had been approached by an NGO coordinator, who asked her to participate in the project and anticipated that I was able to conduct the interview in Russian, if needed. At the beginning she chose Italian, as an opportunity to practice the language, but during the interview she switched to Russian, sometimes to Ukrainian, then back to Italian and Russian again. The predominant language of the interview was Russian; however, it is worth noticing that she naturally switched to Ukrainian to express emotions and feelings, especially related to the ongoing war.

*[While speaking in Russian] Tse e zhakh [in Ukrainian: this is horror], we say in Ukrainian, tse e bil [in Ukrainian this is sorrow], it is painful to see Russian soldier being killed and lying on the ground for three days and it is not possible to take them away and it is not possible to take ours away either, because of shootings (Yaryna, late sixties, Naples, interview in Italian, Russian and Ukrainian)*

In Naples I conducted 10 interviews in Italian, three in Russian and four hybrid interviews (1 ITA/RUS; 1 ITA/UKR; 2 ITA/RUS/UKR). In Milan managing the multilingual context was significantly easier than in Naples. Respondents were comparatively more proficient in Italian and all interviews with care workers were conducted in Italian. The difference between the two cities may be explained looking at Naples as a linguistic context strongly characterised by *dilalia* (Della Putta, 2022), which entails the use of the dialect and code switching between Regional-Standard Italian and Neapolitan dialect. Code-switching in Naples is not socially marked; it is rather a shared semiotic medium across the population (ibid.). Given the importance of exposure to destination language as a driver of proficiency (Kosyakova et al., 2022), it is likely that migrant care workers find greater difficulties in learning Italian in a linguistic context where the boundaries between the dialect and Regional

and/or Standard Italian are blurred, than in Milan, where the use of Italian is more homogeneous and widespread among population.

During the interviews, especially with respondents who were less proficient in Italian, I proposed to switch to dialect, if needed. Being born and raised in the Naples region, I am familiar with Neapolitan dialect; however, none of the care workers accepted to use dialect in the interview. This may reflect the low social status they assigned to dialect (Della Putta, 2022), considered not appropriate for interviews. One of my respondents even would keep apologising if any dialectal word came up during the interview. Reluctance notwithstanding, occasionally some elements of dialects emerged. One of my respondents I interviewed in Naples, Larysa, used dialect to negatively refer to employers she was not happy with; Liliya, a woman I interviewed in Milan who had lived in Naples, kept using the adverb “*mo*”, the Neapolitan word for “now” (in Italian, *ora*, *adesso*).

What emerges from what I have described above is that rather than opting for one specific language, I had to activate multiple linguistic resources at once (Italian, Russian, my little knowledge of Ukrainian and even Neapolitan). An example for this is the conversation with Nina, a care worker I met in Milan. During the interview in Italian, she said: “*Anche...dovrebbe andare anche a casa. Però sai cos'è, questi sireni...Mettono la bomba e questi racchetti*”, (translated literally in English: *Also...should also go home...But, you know, those siren...Put the bombs and those rackets*). In the interview she uses the word “*racchetti*”, which in Italian refers to tennis racket or ski pole. The sentence as it is may not be clear in Italian; however, it makes perfectly sense considering “*racchetti*” as the Italianised version of *rakety*, the Russian/Ukrainian word for missiles. Another example is the conversation with Larysa, a care worker I interviewed in Naples. She says: “*Mattina sono svegliata, prima dai le compresse, dopo parla 'Buongiorno', perché come ti sbagli a questi due minuti, dopo troppi commedie*” (in English: *Morning I woke up, before you give tablets, later you speak, “Good morning”, because as you get wrong in those few minutes, then too many comedies*). She uses the word “*commedia*” for “*fuss*”. “*Commedia*” in standard Italian refers to a play, a piece or a comedy, but it is clear, reading her words through the lens of the Neapolitan dialect, that she is not referring to a theatre piece, but rather to the verb *to fuss*, from the Neapolitan expression “*fare commedia*”, to fuss.

In parallel to my attempts to activate multiple resources, my respondents acted in the same way trying to translate linguistically and culturally some specific words, or ways of saying, and to switch between languages to make themselves clearer. The task of researching care

migrations in Italy involved moving away from the “native speaker model” toward a translanguaging space (Wei, 2018), where translanguaging is “the fluid practices that go beyond, i.e., transcend, socially constructed language systems and structures to engage diverse multiple meaning-making systems and subjectivities” (ibid.. 2018, p. 27).

Given the context of my work, the research data are multilingual. Interview data in Russian and Ukrainian are translated into English for analysis, while transcripts of interviews conducted in Italian remain in their original language and translated in English when used as quotes. When transcribing I try to faithfully reproduce the original speech of the speakers, preserving language-related specific traits of respondents (i.e. use of code-switching; use of local-nonstandard-dialect variants), trying to give visibility to the original language of the interview (Schembri & Jahić Jašić, 2022).

Maintaining the linguistic diversity of respondents may be difficult in the analysis/writing-up phase, when data must be all translated (and potentially homogenised) into English. Even for fluent language users, translating multilingual and cross-cultural data into English may be challenging (Goitom, 2020) as "language is culturally embedded: it both expresses and shapes cultural reality, and the meaning of linguistic items can only be understood when considered together with the cultural text in which the linguistic items are used" (Davaninezhad, 2009, p. 6). For this reason, it is crucial to situate data in its social context and make sure that data are translated in a way that accurately represents the participants' use of the language.

To facilitate the transcription work, I used the transcribe feature available in Microsoft Word. However, automatically transcribed texts in most cases require additional work to polish and make them clear. Transcribe features are a valuable tool to convert standard languages into texts, yet they might be insufficient to capture non-standard variations (non-native phonetics, local variants etc), which may be frequent among Ukrainian care workers, as non-native speakers, but also among Italians, who may use Regional Italian, rather than standard). While reviewing automatic transcriptions, I detected multiple misinterpretations or arbitrary insertions of different nature – swear words, hate speech, contents completely unrelated to the original audio – which required me going back to the audio-file multiple times. Likewise, I had to crosscheck audio and text to extract and eliminate from interview transcriptions fragments of external conversations or lyrics of songs played in cafés or public spaces. Handwritten field notes have been collected in English.

If necessary, notes were added to transcriptions to explain locally, socially and culturally specific information emerging in the conversation, i.e. acronyms defining Italian institutions or agencies; places and practices; specific words used by the speaker or in specific social groups and not in use in standard languages; I also supplemented transcriptions with relevant non-verbal contextual information describing respondents' approach during the interview (body language, tones).

### **3.6. Data analysis**

Analysis is the act of giving meaning to data" (Corbin & Strauss, 2008). Qualitative data analysis involves reducing and organizing the data, synthesizing, searching for significant patterns. To give meaning to the data set, a qualitative approach may call for different types of analysis (Lester et al., 2020). I used thematic analysis, an analytic method commonly used to identify and report patterns (or themes) across language-based data (Braun & Clarke, 2006). Thematic analysis also functions as a "method for organizing the dataset and extracting meanings and interpretations embedded in the dataset" (Braun & Clarke, 2006, p. 79).

I did not use software for data analysis. The large presence of these non-standard language elements significantly limited the usefulness of transcription and analysis software. As a result, much of the transcription work had to be done manually, as the software was unable to reliably process or interpret the linguistic diversity present in the recordings. As mentioned above, software errors forced me to repeatedly return to the recordings to ensure accuracy.

Although time-consuming, this detailed work with the transcription files proved extremely valuable. By the time I began formal analysis, I noticed that patterns and dynamics had already started to cluster around certain emerging themes—such as family responsibilities and obligations, the inadequacy of pension provisions, and uncertainty surrounding future plans. After this early stage, I approached data critically to extract the main themes revolving around the lived experiences of transnational social protection, ageing and migration, using "reflexive close reading", a method which involve reading through the data with different levels of depth (Watson & Wilcox, 2000). It starts with a quick reading, which enable the reader to develop a personal approach and feelings. Then, it involves "zooming in", - reading closely, paying attention to the text, word choice and sentence, and "zooming out", a phase which implies distancing, whereby themes may come to surface. This approach allows the researcher to use insights both from practice and theories (ibid., p. 60), which are an integral part of the process. Throughout the research, the dialogue with the literature has been both

constant and central, not merely as a background reference, but as an active and evolving framework that shaped how the data was interpreted and understood.

In particular, I was guided by key pillars of transnational social protection identified in the relevant scholarship. These include domains such as income and labour, healthcare, social networks, ageing, and eldercare (Bilecen & Sienkiewicz, 2015; Levitt et al., 2023), all highly relevant to the experiences and life trajectories of the population under study. These thematic pillars helped inform not only the structure of the interviews but also the identification and clustering of early patterns during transcription and analysis. The close reading of the interviews one by one was followed by the identification of codes referring to different themes across the interviews. The comparison of the thematic segments then led to the emergence of interpretative categories through which I carried out the final analysis of the topic under analysis.

As mentioned above, the language of analysis is English. In carrying out the analysis, I paid attention to the use of language and underlying choices, i.e., code-switching (Tseng & Cashman, 2015), and how the use of languages relates to specific meanings and social interactions (Prin, 2021).

### **3.7. Data management**

For my research, I collected and worked on different types of data recorded in different ways. I used audio-recorded interviews, interview transcripts and hand-written field/observation notes. Transcripts and fieldnotes were pseudonymised from the very beginning of the research. Ahead of the interview I assigned a pseudonym to each participant, which I used to refer to the participant also in the field notes. Personal data do not appear either in transcriptions or in fieldnotes. I did not include specific references to geographic locations or places of interviews, using descriptive information to depict the context of the interview or observation (i.e. fancy area in Milan city centre; historical neighbourhood in Naples etc.) instead of toponyms. Personal data of participants were recorded in the interview log, an excel file stored in OneDrive Business, only accessible through the University of Glasgow student account. All research data, including scanned consent forms, were regularly stored and backed-up in OneDrive Business.

### **3.8. Reflexivity and Ethics**

Reflexivity is commonly seen as the process of a constant dialogue and critical self-evaluation of the researcher's identity, worldviews, and position as well as active

acknowledgement and explicit recognition that this position may affect the research process and outcome (Berger, 2015; Guillemin & Gillam, 2004). Practising reflexivity, researchers place themselves and their practices under scrutiny, acknowledging the ethical dilemmas that permeate the research process and impinge on the creation of knowledge (McGraw et al., 2000, p. 68). Reflexivity as such is therefore central to research ethics and integrity.

A reflexive stance calls for researcher to reflect on their positionality, a critical notion that frames the researcher's background, worldviews, and assumptions as socially constructed and perceived, and acknowledges that all these elements play a role in generating academic knowledge.

### 3.8.1. Positionality

Issues of positionality are key to qualitative research, which asserts that researchers bring their subjectivity into the research process (Braun & Clarke, 2013). Positionality prompts researchers to ask if this research should be done and if one is the researcher to be conducting this research (Parson, 2019). Trying to answer this latter question involved struggling with doubts and uncertainty.

To define positionality the model based on the insider/outsider divide has been dominant in the migration research landscape (Carling et al., 2014; Song & Parker, 1995). Traditionally, national belonging has been considered as one of the primary markers defining the insider/outsider status. However, it has been noted that this divide reflects the positions of essentialism (Carling et al., 2014) in that ethno-national origin is only one possible element of individual identity that should not a priori be privileged. Recently, critical approaches have increasingly acknowledged that the “insiderness” or “outsiderness” of researchers is not fixed and frozen, but rather fluid and context-dependent (Bilgen et al., 2021) and that researchers can be insiders, outsiders, both or neither simultaneously (Sultana, 2007; Till, 2001). It is also been noted that there are no specific advantages attached to one position rather than another (Carling et al., 2014).

I am Italian, a former NGO professional who worked with migrant populations in Italy, and who recently moved to academia to investigate Ukrainian care migration in Italy. In my research, I have been an insider with respect to the field location, my home country where I have spent most of my life and gained professional experience relevant to my research. Going back to the “field” as a researcher I have still been able to take advantage of my position of insider in the country; however, I observed from the very beginning of my

fieldwork that in the new setting my approach to the field and to my respondents was changing, with an increased perception of distances between me and my respondents, and a constant questioning of my ability to overcome those distances.

As my research involved a European researcher investigating Europeans, my concerns were not about dealing with a potential social-cultural divide or dramatically different mindsets and in fact I was not surprised when hearing my respondents' views and perceptions about certain topics - work, retirement, family obligations – which strikingly resonated with those of my Italian mother. The sense of the distance was not related to different national belongings either. It is likely that recruiting would have been easier being Ukrainian. At the same time, I do not believe that being Italian, a citizen of the destination country, represented an obstacle *per se*, in that some other factors, not necessarily inherent to an insider status, could have contributed to make the recruitment easier, such as having a better knowledge of the language or having closer prior connections with care workers or the Ukrainian community(ies).

It is worth noticing that many of the care workers I interviewed have been reached through Italian people, with whom they had trusted and long-term relationships. During the interview I did not experience tensions revolving around nationality. What I observed generally is that, even if categories of “you” (referring to Italians) and “us” (referring to Ukrainians) emerged, they were accompanied by the well-balanced awareness that “just like we are all different, you are also all different” (Yevheniya, late fifties, Milan, interview in Italian). In other cases, respondents did not look particularly concerned about my nationality and realised that I am Italian only after the interview, when, being curious about where to locate someone like me, who looks Italian, speaks Russian, and is affiliated to a Scottish university, they asked about my origins. All this said above reverses the traditional view describing migrants as isolated from the majority group in the host country (Van Oudenhoven et al., 1998)

What increased the perception of distances was my new role as a researcher. The reasons behind this are different. The first one is merely practical. Before starting my PhD, I had already interviewed migrants multiple times. However, I found that, in my previous position, the practical purposes of the job - supporting beneficiaries in dealing with bureaucratic hurdles or accessing rights – made the task of asking respondents for some time or personal information much easier than asking for the more intangible purpose of producing knowledge.

Another reason is related to the condition of privilege attached to the role of researcher (Parson, 2019), which I perceived as a negative attribute. It was undeniable that I looked at my respondents' experience from the privileged position of a person with a much smoother, easier life and, because of that, I was afraid of misunderstanding and misrepresenting respondents. That faced me with a series of questions: was I able to understand the complex dynamics of migrant care workers' lives? Were my lenses good enough to investigate the experiences of people who faced the trauma of embarking in migration leaving children behind or the pain of "losing everything twice" (Natalya, late fifties, Milan, interview in Italian) when the Soviet Union collapsed and again in the ongoing war? And finally, did I have the right to speak about and for migrant care workers?

All those interrogatives made me walk on the fine line between reflexivity and paranoia, a feeling which persisted despite the generally positive outcomes of the interviews, which did not reveal tensions or frictions related to my role or my research. Some of my respondents chose to participate and were happy to do it because they wanted to talk, "because sometimes one needs to vent" (Kira, early fifties, Milan, interview in Italian); others accepted to meet me because they wanted to help with my research. Looking back to my fieldwork, I must admit that handling myself has been the more complicated part of the process. This brought me to the conclusion that the exercise of defining positionality may involve taking in consideration not only how researchers and researched are positioned with respect to each other, but also how researchers see and locate themselves in the field and how they deal with multiple/shifting/conflicting identities.

To conclude this section, I will get back to the definition of positionality I mentioned above – the question about whether a research project should be done and whether the researcher is the one to do the research. The second part has remained for me an open question that could be answered only by looking at the first interrogative, "if the research should be done", which I have no doubts about. After more than two decades since the inception of care migration from Ukraine to Italy the urgency and the timeliness of the research is not under question and that sustained my work. I tried to take a picture - partial, non-exhaustive, limited in time and space - to shed some light on how migrants' life trajectories evolved, how they age as migrants and navigate potential risks related to long-term involvement in care work, and what are the social protection resources to cope with them. These are questions which matter for academia as well as for society at large. Getting closer to the people and communities under study I tried to bear in mind the so-called "ethic of care" (Reich, 2021),

a mindful ethical approach which calls for an introspective dialogue that encompasses respect for informants and other people involved in projects, and is always motivated by intentions to avoid harm and pain (González-López, 2011).

### 3.8.2. Ethical challenges

The study focuses on the relationship between transnationalism and social protection resources, which involves *inter alia* discussion of health and healthcare, a sensitive topic which potentially can cause distress. Although participants' medical history was not requested during the interviews with care workers (see Appendix 2), this type of information has emerged during conversations. I informed participants about their right to decide about the level of disclosure, and I stressed at the start of the interview that details of specific conditions or medical history did not need to be divulged. Furthermore, I took all possible steps to ensure that anonymity and confidentiality of the data were guaranteed wherever possible.

The research also included sensitive discussions revolving around the consequences of the ongoing war in Ukraine, which likewise might have been a cause of distress. I adequately informed participants beforehand about the questions they may expect during the interview in the Plain Language Statement Form (see Appendix 4). The PLS also includes contact details of support organisations in both study sites which participants could freely access after the interview. During the interview, I reminded participants of their right to pause or leave the interview at any time in case of discomfort related to discussion about the war.

Another ethical risk was related to participants not clearly understanding the scope of our meeting and the implication of their participation, an occurrence I observed several times among my respondents, who in many cases accepted to participate in virtue of the relationships they had with the organisation which put us in contact. To mitigate the risk, I ensured that participants were well informed of the purposes of the project, of their participation, and of the use of the data. All relevant documentation (plain language statements, consent forms, privacy notices) were translated into the relevant languages (Ukrainian, Russian, Italian). However, it is worth noting that in many cases paperwork proved to be counterproductive, as it involved the bureaucratisation of the research encounter (Miller & Boulton, 2007; Parsons et al., 2016). Respondents were in most cases confused when faced with three different documents, the language of which was often technical or obscure, while some clauses sounded even pointless to them (this is the case for the copyright clause). In a few cases, respondents were not able to read because they had left appropriate

glasses at home, a problem which may be frequent among older people. In those cases, and whenever necessary, I explained verbally the contents and purposes of the research, ensuring that the participant had fully understood.

The multilingual context of the research, already noted above, may also generate several ethical risks. Controversies related to the use of Russian were one of my major ethical concerns. I tried to explore the respondents' position on this matter in indirect ways, asking about their language preferences at the beginning of the interview, before presenting the supporting documents, or introducing Russian by giving information about my background. In other cases, the organisation representatives who provided me with contacts were of help, informing me in advance about the language preferences of respondents or informing respondents about the opportunity of speaking Russian, if they were comfortable with that. During the interviews, if conducted in the language of the researcher, power asymmetries in favour of the researcher may rise. These risks might have a marginalising effect on the research participants (Schembri & Jahić Jašić, 2022). To mitigate these issues, as discussed above, I gave the respondents the opportunity of choosing the language of the interview as well as code-switching.

### **3.9. Limitations of the research design**

The methods I have chosen and illustrated above present limitations. First and foremost, the time I spent in the locations was limited. A proof for that is that in both cities spontaneous dynamics of referral started activating only toward the end of the period allocated to each location. Despite the time constraints, I was able to reach a good number of respondents. However, this achievement involved being constantly busy with finding new contacts, at the expense of other important tasks, such as transcription and data familiarisation.

Another limitation is due to the fact that the fieldwork mainly considered urban areas as the “resource environment” (Levitt et al., 2023). Local dimensions are relevant to the access of social protection (Lafleur & Vintila, 2020) and a significant urban/rural divide still persists in the field of social protection (UNDESA, 2021), which is not extensively investigated in my research.

Lastly, another lacuna I identified in my research is related to the under-representation of public authorities, prominent actors in the provision of social protection. This is partially due to the difficulty of reaching people in public positions, but also to my personal prejudice about the likelihood of capturing their attention. My experience in the NGO sector shaped

my opinion of public authorities as a hard-to-reach population, therefore I invested more effort in reaching more approachable interlocutors. Unfortunately, only toward the end of my fieldwork did I decide to overcome my prejudice and tried to directly reach public officials, an attempt which proved to be successful.

### **3.10. Conclusions**

In the present chapter I have illustrated the methodology of my research, a qualitative investigation of transnational social protection among older Ukrainian care workers in Italy. I have described the epistemological foundations underpinning my research and how they relate to the methods selected. Then I moved to explain how the methods translated into the practice of fieldwork, adjusting to changing dynamics operating in the field (local practices, political and historical circumstances etc). I have dedicated attention to recruitment practices, highlighting challenges and opportunities of collaborating with Third Sector Organisation to reach so called hard-to-find populations. I have illustrated how I operationalised the selected methods of data collection and analysis – semi structured interviews, participant observation and fieldwork, and thematic analysis. Then I moved to describe the communication dynamics within the multilingual context of my research, whereby the dialogue between the researcher and researched involved moving beyond the static model of the native speaker to embrace code switching and translanguaging practices. I have delved into issues of reflexivity and positionality in the context of my research and showed how they shaped – both guiding or hindering - researcher/researched relationships and how being reflexive may require the researcher to reflect on the self-perception of their own role in the field. Then I moved to describe how I navigated ethical challenges, referring to an ethic of care. In the final section I have analysed some of the limitations of my research. I have tried to shed light on how conducting qualitative field research involves constantly reflecting, questioning, dealing with the unexpected, deflecting from familiar schemes and assumptions and navigating complex and fluid dynamics which are deeply embedded in social, historical, and geographical contexts.

Building on the methodological reflections above, the thesis now turns to the substantive analysis of the empirical findings. The analytical chapters begin with an examination of older Ukrainian care workers' pursuit of financial well-being in later life. An interlude introduces a set of biographies that reflect the trajectories emerging from the data. These life stories contextualize the analysis by tracing how individual pathways evolve over time and become intertwined with the dynamics of transnational social protection.

## INTERLUDE. AGEING IN MIGRATION: FRAGMENTS OF A JOURNEY

This interlude presents six life stories of older Ukrainian care workers as an empirical entry point into the entanglement of ageing and transnational social protection. These cases were chosen for the diversity of trajectories, ages, legal statuses, and future orientations they bring into view, illustrating the wide range of later-life experiences among transnational migrants (Amrith, 2018; King et al., 2017). Together, they span women in their forties who plan for the future, as well as migrants in their seventies navigating insufficient pensions, health needs, and work in advanced age.

This variation reflects my work's analytical approach to ageing not as a fixed chronological stage but as a cumulative, relational life-course process shaped by earlier events, migration pathways, care responsibilities, labour-market positions, and geopolitical disruptions, echoing insights from life-course literature (Elder, 1994). The vignettes illuminate how ageing becomes entangled with transnational mobility and uneven forms of social protection. As the opening of the empirical chapters, the interlude introduces the differentiated ways in which migrants negotiate security, support, and belonging transnationally, and shows how their later-life experiences emerge from the interplay of past trajectories and present constraints.

### **1997. Khrystyna, late fifties, Naples. Settling down amid future uncertainty**

Khrystyna moved to Naples from western Ukraine in 1997 to provide for her family, a decision she made with her husband. At the time, she expected her stay in Italy to be temporary. But the years passed, turning what was meant to be short-term migration into a long-term life abroad. Eventually, she brought her children to Naples as a test. If life there did not work out, she was prepared to send them back to Ukraine. To accommodate them, Khrystyna left live-in care work, which meant higher expenses, but she chose to keep her family together.

One Christmas Day, her children gave her a letter expressing their wish to stay. From that moment, Naples became home. Khrystyna worked hard to build a decent life, gaining enough stability to buy a house and develop a sense of belonging. Over time, her social ties expanded: she connected with a workers' union that offered support and information about her rights, and her family network grew as her children married local Neapolitans.

Yet the future remains uncertain. As she approaches retirement age, Khrystyna worries her pension may not be enough to support her. While she hopes to remain close to her children, limited financial resources could force her to return to Ukraine, revealing the ongoing precarity even long-term, well-integrated migrants face.

Khrystyna's story reflects the layered challenges of transnational life - the trade-offs between family, work, and financial security - and shows how social protection for ageing migrants is never guaranteed, even after decades of relative stability.

### **2000. Liliya, early sixties, Milan. Reckoning with the weight of self-sacrifice**

Liliya was once an electronic engineer in south-east Ukraine. She left for Naples twenty-three years ago. Like many others, she first settled in Naples, learned Italian, and later moved to Milan for better opportunities, though traces of the Neapolitan dialect still surface in her speech.

She now works as a live-in carer in a small town north of Milan. Her employers are kind and treat her fairly. Yet the thought of working another four years to qualify for a pension leaves her weary, showing how bureaucratic timelines - eligibility ages, contribution requirements - lock migrants into long periods of precarity. Her children are far away, and the distance deepens her loneliness. She reflects on her life with fatigue and disappointment, feeling that although she gave everything for her children, much of her energy went into navigating migration and work rather than building a fulfilling life for herself.

The war in Ukraine adds another layer of difficulty. She wishes to return, but not to her hometown, where in 2022 a missile destroyed the house she had renovated with money earned abroad. This loss—symbolic of her sacrifices—underscores the impossibility of a simple return and the added strain of ongoing conflict.

Liliya's story shows how bureaucratic time shapes migrants' lives: long waits for pensions, years in low-paid care work, and obligations that tie them to a country far from home. Her narrative also reflects the regrets that can accompany migration, as decades spent supporting others often come at the cost of personal fulfilment and autonomy.

### **2005. Nina, mid-seventies, Milan. The delicate balance between competing needs**

Nina arrived in Milan from western Ukraine eighteen years ago, already in her fifties. She had formally retired in Ukraine and, having reached the required age, 71, also qualified for an old-age pension in Italy. Yet retirement did not bring stability. Her Italian pension amounted to just €250, far too little to cover even the rent for her shared accommodation. To

make ends meet, she continued taking occasional live-in care jobs, relying on intermittent work well past retirement age.

Nina had planned to go back, yet the conflict, along with ongoing medical treatment in Italy, led her to postpone her return. Access to healthcare in Italy, combined with insecurity in Ukraine, made staying the more pragmatic choice.

Her story highlights the financial insecurity many migrant care workers face in later life, even when they receive a pension. It also reveals the difficult trade-offs between accessing healthcare and support in Italy and returning to Ukraine, where life may be cheaper but care is limited. Nina's situation captures both the possibilities and limits of transnational social protection: mobility has given her healthcare access and a partial pension, yet neither system provides full security.

### **2009. Yuliya, mid-seventies, Naples. Work as a panacea**

Yuliya arrived in Naples in her late sixties and, by summer 2023, had already spent fourteen years as an undocumented migrant. She works as a live-in carer for a ninety-three-year-old person who, she notes with irony, once earned a living through informal black-market trades.

Although she speaks little Italian, Yuliya appears firmly rooted in Naples. She has learned to navigate the challenges of undocumented life, relying on informal networks, community ties, and everyday strategies of adaptation common among migrant care workers. Her situation reveals both the vulnerabilities and the resourcefulness of migrants living at the margins of formal social protection systems.

Economically, her transnational position is stark. The pension she receives from Ukraine is far too small to live on, while an Italian pension remains out of reach due to her undocumented status and years of informal work. Unlike younger migrants, Yuliya arrived already older, with little chance to accumulate the residence rights or contributions needed for secure status or a future pension. Yet she does not present herself as defeated. She describes work as her *panacea*—the means of sustaining herself and supporting her family back home.

Her plans remain open-ended. She sees Ukraine's future as bleak, expecting both the war and its aftermath to be extremely difficult. As a result, she intends to stay in Italy as long as she can work to support her family and maintain her independence. Only when she can no longer work does she imagine returning to Ukraine, though she cannot say when that will be. Her perspective reflects the uncertainty facing many ageing migrants whose futures are

suspended between two welfare systems: one too limited and strained by war, the other inaccessible.

### **2015. Lida, early forties, Milan. Dreaming future after all**

Lida, a trained psychologist from Ukraine, arrived in Milan eight years ago to support her two children back home, both now of conscription age—a reality that weighs heavily on her and shapes many daily concerns.

She speaks warmly about Italy, especially Milan, a city she has grown to love. She appears socially connected and engaged, drawing strength from friendships and networks that form an informal system of emotional and material support.

Her path has not been without difficulty. In recent years she faced a serious illness, but treatment was successful, and she is now recovering. She describes Italy as a place where one can be treated well and without obstacles, expressing deep gratitude for the care she received.

Still younger than many Ukrainian women in Italy's care sector, Lida has professional plans for the future. For now, however, she finds stability in live-in care work, which provides steady income, maintains her residence status, and allows her to support her children. While aware of the sector's structural limits and personal sacrifices, she frames this work as a pragmatic choice that anchors her in Italy and sustains her transnational responsibilities.

Lida's story reflects both the vulnerabilities and protective strategies of migrant life: the emotional strain of family separation, the uncertainty of wartime conscription, and the demands of precarious work, balanced against the opportunities created by mobility, personal resources, and social ties.

### **2023. Roman, late sixties, Milan. Round journey: the cycles of migration**

Roman first moved to Italy in 2005 to work in construction. He earned money, returned home, and used it to build an apartment for his daughter. After some time in Ukraine, he went back to Italy for a few more years of work, then returned again with savings. He bought a country house and lived on his pension and income from farming. For a while, he says, life was good.

Rising living costs in Ukraine, compounded by the war, pushed him to migrate once more. In 2023, he came to Italy under the Temporary Protection scheme and found work as a care worker. At the time of the interview, he was caring for a ninety-year-old person with a neurodegenerative disease. Roman said he values the job, finding satisfaction in helping

someone in need. He acknowledged the challenges, especially with neurodegenerative conditions, but did not mind working at a later age; on the contrary, work made him feel active and purposeful.

Despite this, Roman imagines his future in Ukraine. He wants to return and already owns two houses and nearly a hectare of land. For now, he still has the strength to work, but what he truly needs is peace, so he can live and farm in security.

Roman's story reflects the cyclical nature of migration, where mobility is not a single move but a series of departures and returns shaped by economic and political conditions. His case highlights the role of transnational social protection in later life: mobility brings income and enables investment in property, yet also entails repeated disruption and uncertainty

## Chapter 4

### SEEKING FINANCIAL WELL-BEING IN LATER LIFE

#### 4.1. Introduction

The search for financial well-being is important to understand how Ukrainian care workers negotiate transnational social protection. In this chapter I will focus on needs, resources and strategies, formal and informal, to achieve financial well-being among older Ukrainian care workers, as they emerged from their narratives.

Financial well-being is a state of being wherein a person can fully meet current and ongoing financial obligations, can feel secure in their financial future, and is able to make choices that allow them to enjoy life (Consumer Financial Protection Bureau- CFPB, 2017; El Anshasy et al., 2023). Along with these meanings, financial well-being is also interpreted as the feeling of having financial security and financial freedom of choice, in the present and when considering the future (El Anshasy et al., 2023). These aspects highlight financial well-being as deeply subjective and connected to multiple temporal dimensions. Financial well-being as such is a central part of transnational social protection intended as the network of formal and informal social systems that migrants and their families enact to ensure security and prevent future risks, both in their countries of origin and destination.

Financial well-being has been identified as a key objective among female workers who migrate at later age (Lulle & King, 2016) and it is central to care migrations (Boccagni & Ambrosini, 2012). As said in Chapter 2, migrant care workers are mostly mature women, who found themselves in a marginal position in the job market and/or in condition of economic vulnerability in the context of transformations and crises which swept across their countries of origin during the 1990s (Marchetti & Venturini, 2014; Moré, 2022; Solari, 2010; Vianello, 2009; Vianello & Escrivá, 2016). Among these mature women, many have decided to engage in eldercare beyond retirement age (Nazareno et al., 2014) as a way to compensate for limited access to income and formal welfare support. Nevertheless, it has been shown how the quest for financial well-being through care migration might be a complex ambivalent process, dense with tensions, which often generates a “well-being by proxy” (Boccagni & Ambrosini, 2012), mostly beneficial to other people and other places, rather than to care workers themselves.

In this chapter, I explore these ambivalent care work dynamics - financial security and intergenerational care versus individual well-being - in the context of older Ukrainian care

workers in Italy. I begin by examining how their financial needs have evolved over time, shaped by both personal circumstances and broader structural factors. Then I move to the analysis of care work as a strategy to achieve financial well-being, delving into the complexity of a sector able to bring some economic benefits at very high social and emotional costs. Following this, I analyse the access to pensions (or lack thereof), another crucial component of financial well-being among older migrants. After that I move to describe some strategies deployed by Ukrainian care workers to improve their financial well-being, such as income patchworks through additional jobs.

#### **4.2. Changing times, changing needs?**

Care migration from Ukraine to Italy originated in the aftermath of the Soviet collapse, when Ukrainian women found themselves marginalised in the labour market and with poor access to welfare provisions (Marchetti & Venturini, 2014; Solari, 2017; Vianello, 2009). Literature on Ukrainian care migration to Italy has largely underlined the central role of Ukrainian women as money remitters, who sustain their families in multiple ways, helping them to study, buy houses and start their own families (Marchetti & Venturini, 2014)

Research has shown that many of these migration journeys started with the assumption that financial pressures coming from family would decrease over time, allowing care workers to engage in a less intensive form of migration (Marchetti, 2013; Marchetti & Venturini, 2014). However, care workers' narratives described a different scenario. Olesya, early fifties, a care worker in Naples, migrated to gain an extra income to pay for her daughter's higher education. Olesya had been employed for many years in an illegal casino in her city in West Ukraine. Her salary, which had remained the same for years, became insufficient when her daughter started her university degree, therefore Olesya decided to migrate to Naples and engage in care work to improve her financial situation. Later, Olesya's daughter gave birth, which made Olesya decide to stay longer in Italy. At the time of the interview, she had been working in Naples as a live-in care worker for nine years with a precarious legal status.

Kateryna, a woman in her early forties whom I interviewed in Naples in the summer of 2023, had left for Italy a few years before. She had left her job as a teacher of Ukrainian language and literature to work as a care worker and earn money, helping her 24-year-old daughter to start a career. Kateryna's daughter had a prestigious degree and a good job, however, she still needed support from her mother to pay her rent. Kateryna said she proposed to her daughter to join her in Italy and start a career there, but she refused. As Kateryna put it:

My daughter is 24 years old, she said "I don't want to go anywhere, I want to work in my own country and help my country". For the moment they are all

staying there, and here I am earning money (Kateryna, early forties, Naples, interview in Russian)

Kateryna's words draw attention to an important aspect, the persisting difficulties endured by care workers' adult children to become economically independent from their mothers, even when they hold first class degrees and high-skilled jobs. This is evidence that some of the social, political economic difficulties which generated care migration have been transformed but not eliminated. Persistent issues of unemployment and precarious labour conditions have been documented in Ukraine by international agencies (ILO, 2019). Not surprisingly, Kateryna's case is far from unique in contemporary Ukraine. Yeva, a woman in her late fifties living in Milan, continued to actively support her children as they faced difficulties in the labour market:

There is one daughter and one son, two grandchildren, one is 17 now, one is one year and half...my daughter is unemployed, my son-in-law is the only one working [...] They have a degree in Law, but they cannot find a job (Yeva, late fifties, Milan province, interview in Italian)

Miroslava echoed Yeva's dissatisfaction, comparing her children's salaries with the cost of life, which is around 500 euros per person:

Normal, let's say normal... 500 [euros] for one person, not for the whole family [...] And my son and daughter graduated two times! Twice graduated and they get a salary of 10,000 hryvny, I'm saying this now, it's not even 200 € (Miroslava, mid-sixties, Milan Greater area, interview in Italian)

These difficulties have been exacerbated by the outbreak of full-scale war in 2022. It has been estimated that already in the first months of war operations 4.8 million jobs were lost with respect to the pre-conflict situation, equal to 30 per cent of pre-conflict employment in Ukraine (ILO, 2022); a fall in the number of job vacancies amounting to 50 percent has been recorded in the first few months after February 2022 (Work.ua, n.d.). Along with unemployment, the severe inflation in the aftermath of the 2022 war has contributed to shrink livelihood opportunities of Ukrainians (UNDP, 2023) and magnified economic difficulties. This is how Inna, a care worker in her mid-sixties in Milan, put it: "there everything is three times more expensive than here. Everything [costs] more" (Inna, mid-sixties, Milan, interview in Italian). Needs are even greater when the consequences of war intersect with

pre-existing vulnerabilities among care workers' family members. This is the case for Viktoriya, a woman I interviewed in Naples. At the time of the interview, she was recovering from a severe illness which made it difficult for her to continue doing her job; however, she still needed to work to provide help for her son who lives in a region of Ukraine severely hit by the conflict.

It's also been a lot of trouble with him, he has disability, he had stroke in 2019. A lot of disability, but disability that costs nothing [*here she means that the allowance for his disability is low*], 50 euro. Everything costs tremendously, even more so as in Italy, in Naples [...] how can you live for 50 €? (Viktoriya, late sixties, Naples, interview in Italian)

In sum, the picture described above suggests that the financial vulnerabilities at the origin of Ukrainian care migration have not been resolved over time; instead, they have been transformed and even emphasised by the emergence of new circumstances and mounting challenges. Additionally, the dramatic situation in Ukraine is paralleled by a cost-of-living crisis which significantly affected Italy, among other European countries (Moreira et al., 2024), reducing opportunities for income and well-being among care workers. For some, the cost-of-living crisis in Italy has been analogous to the situation in Ukraine in the aftermath of the Soviet breakdown:

I've lived through the collapse of the economy, inflation. I know what inflation is, I know what's ruining the economy and I see it when I hear from TV. Nothing is good. Nothing in the economy is good. Although they say jobs increased, nothing is working (Alisa, early fifties, Milan, interview in Italian)

Twenty-two years ago, [in Ukraine] it practically started being like it is now here in Italy, many companies were closing, low salary, costs of living were increasing and oh well I had to do something, I had a child to support. And off I went (Kira, early fifties, Milan, interview in Italian).

The large majority of my informants had been migrants for a significant number of years, from 8 to 26, except for one, Kateryna, who migrated in 2020. Ukrainian care workers still found themselves in 2023-2024 struggling not only with persisting economic pressures for income, with families the main recipients, but also with new needs, anxieties and difficulties generated by the outbreak of full-scale war in 2022 and the cost-of-living crisis. Given this context, the lives of Ukrainian care workers and their families became even more dependent

on care work as a resource to cope with needs and risks. However, as we will see in the next sections, the reliance on such resources appears to be problematic, due to needs and risks generated by care work itself.

### **4.3. Navigating the complexities of care work**

Care work is not free of social, economic and individual risks. In fact, migrant care work has been defined as an archetype of precarious work (Erel, 2012; Luppi et al., 2018). A precarious job is typically characterized by uncertainty regarding the duration of employment, the presence of multiple employers or ambiguous employment relationships, and is often compounded by low pay and limited access to social protection and employment-related benefits (Hobson & Bede, 2015).

In the transnational social protection perspective, care work functions as a private source of transnational social protection, which migrants utilise to mitigate economic risks in their home countries. As has been noted, private social protection sources such as the market are directly connected with the production of inequalities (Levitt et al., 2023), which may be particularly pronounced for migrant care workers whose care needs are frequently neglected by welfare systems both in their origin and destination countries (Boccagni, 2014). This situation reflects the “welfare paradox” mentioned above in section 2.7, for which care workers, despite being a resource for the provision of formal social protection, may have difficulties in accessing formal social protection themselves (Oso & Martínez-Bujan, 2022). Therefore, concerns have been raised regarding care workers' ability to safeguard their own rights while caring for their families (Levitt et al., 2023).

As mentioned in section 2.7., in the domestic care sectors, protection for some often translates into precarious conditions for others (Levitt et al., 2023). This can be particularly true for migrant care workers in Italy, where precariousness is institutionally and structurally produced by the marketized and familistic—thus privatized—nature of the care sector, combined with weak regulation and limited labour protections (Degani, 2022; Luppi et al., 2018). In the present section I will show how this duality – and the inherent paradoxes in it - are reflected in Ukrainian care workers' experiences.

Commitment to different forms of transnational caregiving practices was a recurring topic among my respondents. Those practices might take place at a distance, mostly through money remittances or shipping of goods from Italy. In some cases, as we will see in Chapter 6, transnational caregiving practices also occurred in close proximity, among care worker who hosted relatives fleeing the war. Recounting their experiences, they alluded to the

economic burden involved in taking care of their families in Italy or back home. Those expressions of difficulties went often hand in hand with the affirmation of the importance of their work to sustain their families: “We’ve got to be here to help” (Yeva, late fifties, Milan province, interview in Italian).

For some of them, the difficulties of care work are repaid with the opportunity of helping their loved ones to cope with wartime difficulties. Despite hardships, working to care for children stuck in their war-torn country is a reason for happiness. This is how Miroslava put it:

Yes, it's hard [...] let's say, we're always with our minds with our children, with everything, but at least we have some money to help them, yes, of course we are happy...yes, yes, yes, yes, yes (Miroslava, mid-sixties, Milan, interview in Italian)

Bernhard et al. noted that these caregiving practices come at a high cost, requiring an "enormous amount of care work" to maintain family ties across distances (Bernhard et al., 2009). Ukrainian care workers are now facing greater demands in a job that offers little protection. The next section explores the characteristics of care work which might put workers in an unprotected position, such as fragile work relationships, irregular migration status, inherent instability, and discusses some implications of this.

#### 4.3.1. The fragility of care work relationships

Care work relationships have a unique character, in that they are based on the shared condition of fragility of both employees and employers. This fragility seems to be not sufficiently addressed by the State. This is how it emerges in the words of Claudio, representative of a network of workers unions (*patronati*) operating both nationally and internationally. Claudio underlines difficulties faced by people in need of care to sustain their responsibilities as employers:

[...] as I always say, the bedridden old woman has substantially the same burdens as FIAT [*multinational automobile manufacturer*] as an employer [...] the Italian State is not like it helps that much (Claudio, worker union representative, Milan)

His stance appears to reflect positions within the ongoing debate around the “personalisation” of social care (Needham & Glasby, 2022), a system in use in several areas – such as the UK, Australia, and Europe. This system involves enabling individuals to purchase services from a ‘service market’ using personal budgets or government-provided vouchers. While this system aims to enhance user choice and reduce governmental costs

(Carey et al., 2019), it also raises equity concerns. Access often depends on individuals holding sufficient social, cultural, and economic capital (Arksey & Baxter, 2012; Carey et al., 2019; Warr et al., 2017), potentially reinforcing middle-class norms and disadvantaging others (Hastings & Matthews, 2015; Matthews & Hastings, 2013).

In Italy State support for LTC to older persons is devised as part of the bill called “*Pact for a new welfare for non-self-sufficient persons*”, drafted in 2022 and transformed in the enabling law 33/2023. However, according to Claudio, the measure was still insufficient, as it had “zero resources” allocated<sup>5</sup>. The lack of support pushes people in need of applying for disability compensation to pay for care:

[...] disability compensation is regardless of income, 527.16 € per month<sup>6</sup>, which makes about six to seven thousand euros per year; a 54-hour live-in contract, which does not cover everything, costs about fifteen thousand euros, so it is evident that there is a problem of this nature (Claudio, Workers union representative, Milan)

In the marketized Italian care sector, the scarcity of resources among families in need of home care translated directly into the low salaries which characterise care work, so that the economic difficulties among care workers mirror the economic difficulties experienced by employers/assisted persons. This is how Alisa, a care worker in Milan, described this relation:

Unfortunately, most families, as I told you, [...] They pay you little-, six euros and seventy (per hour) because poor families, I said, someone who was a warehouse worker, what he can pay, have no chance (Alisa, early fifties, Milan, interview in Italian)

Making a living with care work salaries is difficult for many care workers:

Now increased a little, you earn 600-700-800, oh my goodness, big money, you know? For these 800 € I have to eat...you, I have to buy [*phone*] card, I have to pay, you... [*have to*] live (Larysa, late fifties, Naples, interview in Italian)

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<sup>5</sup> The enabling law 33/2023 has passed in 2024, few months after the interview was conducted. Nevertheless, experts and organisations expressed discontent, noting that the Implementing Decree departs in many aspects from the law 33/2023 and it has been rated as insufficient([Patto-Prima-valutazione-Decreto-Legislativo-Legge-33-2023.pdf \(pattononautosufficienza.it\)](#))

<sup>6</sup> As of 2023

I should go and find home. Now everything has increased, I pay only for rent 410 euros, then water, gas, electricity almost 600 € I pay and when do I earn per month? 800 €. And what money to live, money to live is not there at all, because everything has increased (Viktoriya, late sixties, Naples, interview in Italian)

In addition to this, care work is a sector with limited opportunities for economic growth. Many Ukrainian care workers sought economic growth with mobility within Italy, taking advantage of the economic disparity existing within the country. Naples has represented the gateway for many care workers, who spent some time in the city in order to collect money to move to the North (Fedyuk, 2011). Among my respondents, several women have followed this pattern: Liliya, Kira, Natalya and Alisa arrived in Naples, worked there, learned to communicate in Italian, and moved to Milan, where they generally found a greater compliance with labour regulation and higher salaries. However, the current context of economic crisis, severely impacting Milan (Fabbri, 2023) has jeopardised such opportunities. This is what happened to Alisa, who was undergoing economic pressures in Milan, after experiencing downward mobility on the salary scale:

Here [*her previous job*] I had €9 and a regular contract, but I waited a month and a half, the agency found me [*a job*], but said "Ma'am, €6.70". I accepted because I must pay the mortgage. I don't have time to wait, I can't. (Alisa, early fifties, Milan, interview in Italian)

Economic difficulties among employers might be a cause of informality (Van Hooren, 2010). From the employers' perspective, irregular contracts are more affordable as they eliminate the need to pay taxes and other fiscal obligations. In times of crisis and limited support, this option can appear appealing to many. Unsurprisingly, informality is widespread in the care sector; according to Margherita, a Worker union representative in Milan, informal contracts make up 50% of all care work agreements. However, Margherita also noted that this approach can backfire in the long run, as care workers may later choose to assert their rights after the end of the employment period:

[...] when these workers terminate the employment relationship, they take revenge on the employers, on the families and demand everything (Margherita, Domestic Workers union Representative, Milan).

In other cases, care workers themselves may ask for an informal arrangement, attracted by the opportunity of receiving upfront the money due for fiscal obligations as part of the salary, as Angela and Laura, two social workers in Milan, pointed out. Informality turns out to be

counterproductive for care workers when they find themselves in a situation of disadvantage in the work relationship and unable to make a claim, even when they are denied their salary or part of it. This is what happened with Liza, a woman I interviewed in Naples:

I worked all month and didn't get paid. All month free. And the lady who was 150...150 kilos and had a broken leg, I had to move, put, in the heat, in \*\*\*\*\* [*poor neighbourhood in the Naples city centre*], first ground floor and you couldn't breathe. And he didn't even give me a penny (Liza, late fifties, Naples, interview in Italian)

It is worth mentioning that Liza at the time was not only informally employed, but also in precarious legal position being undocumented. This is a widespread condition in the care sector (Ambrosini, 2015; Degani, 2022) closely associated with precarious employment and other livelihoods (Dotsey et al., 2023), which may potentially act as a magnifier of vulnerability among care workers. I will expand on this aspect in the next section.

#### 4.3.2. The costs of regularisations in an unregulated sector

It has been noted that the presence of undocumented migrants in the care sector is the result of specific governmental policies which openly accept, if not actively promote, the existence of immigrants in this labour market (Ambrosini, 2013; Dotsey et al., 2023). As has been mentioned in Chapters 1 and 2, many migrant care workers in Italy are “irregular but tolerated” (Ambrosini, 2015) in virtue of their conspicuous contribution to the care work sector. This contribution is recognised - yet in a contradictory way – by the Italian government, which has issued comparatively benevolent measures for the regularisation of care workers over the years (Dotsey et al., 2023). As Marchetti and Venturini have noted (2014), migrant care workers have received special treatment in the amnesties of 2002, with the extension of the applications deadline. Moreover, the government launched a dedicated initiative to favour these workers with an ad hoc amnesty in 2009. In 2010, Ukrainians benefited for the first time from a dedicated national quota under a system that differentiates applicants by nationality and establishes distinct thresholds for each country of origin in accordance with bilateral agreements (Fedyuk, 2016; Marchetti & Venturini, 2014).

Certainly, those measures have been important for the migration trajectories of many Ukrainian care workers and for many other migrant care workers, as the acquisition of a legal status might allow them to negotiate better working conditions and reduce the risk of abuse. However, these regularisation processes are not free from risks, tensions, and costs (Fedyuk, 2016). In some cases, the promise of a regular contract may push care workers to

accept exploitative conditions. As the opportunity of applying in many cases depends on the availability (and goodwill) of employers to formalise the contract, care workers might accept unfair working conditions in exchange for a formal contract. Yevheniya told me how she got stuck in a similar situation:

Yes, same family, husband and wife, both in wheelchairs... everything. But she only gave me money as for one person, because I needed the contract. So, I made up my mind and they told me that we'll pay you, but only for one person, but we'll give you the contract (Yevheniya, late fifties, Milan, interview in Italian).

She admitted that it was hard, even “terrible”, but she had to accept to meet the requirement to apply for a regular residence permit. In other cases, tensions and risks might rise due to the long and muddled procedures, and the exploitative behaviour of some of the actors involved. Olesya, who had finally applied during the amnesty launched in 2020, was still waiting to know about the outcome in July 2023. She added that she had paid a fee – 500 euro which is due by law by the employer - in order to be allowed to apply. She also mentioned a lawyer, who was supposed to give support, but as she said:

I worry because I am now without the contract and without residence. I don't know because my lawyer doesn't talk to anyone (Olesya, early Fifties, Naples, interview in Italian, Russian and Ukrainian)

Olesya's experience disclosed an irregular – yet well established – practice enacted by some agencies or centres which assist migrants with paperwork through bureaucratic procedures. Bureaucratic hurdles are a “well-known plague” (Tuckett, 2018) in the Italian administrative system. For this reason, services of this type are highly in demand. The nature of service providers might be different. In Italy the biggest worker unions provide services through the so-called *patronati*, which are authorised by the Ministry of Labour. Services are generally free of charges or involve the subscription of a membership. Some of them have specific expertise on migration, which may help migrant workers to overcome bureaucratic hurdles in the national welfare system and access a variety of employment and social rights. The role of *patronati* and other organisations and the way to reach them emerged as an important aspect of transnational social protection negotiations, which I will further expand on in subsequent sections.

Along with *patronati*, Centres for Fiscal Assistance (also known as CAFs) operate to provide help mainly with tax-related issues. CAFs can operate as part of *patronati* or trade unions, or independently. Within some CAFs, services might be paid. Unfortunately, the high

demand observed among migrants represents a rich opportunity for business, which has attracted actors willing to take advantage of migrants' needs. It was a shared opinion among social workers, both in Naples and Milan, that among the numerous CAFs, not all of them could be considered reliable. Indeed, it was said that some CAFs could slow down on purpose migrants' applications (for regularisation but also for other services/entitlements) to get more money or refer them to crooked (paid) lawyers to solve administrative issues which do not require legal intervention. A social worker in Naples reported that a CAF had recently been investigated for alleged collaboration with local organised crime.

#### 4.3.3. Dealing with care work precariousness

Paradoxically, the obtainment of a legal status is not sufficient to guarantee either protection or long-lasting stability to care workers. There are different reasons behind this. Firstly, a legal status might coexist with an informal contract (Luppi et al., 2018); in such cases, working relationships are based on verbal agreements, within which rules and responsibilities might be blurred and shifting. A case in point is Oleksandra, a woman in her mid-fifties I interviewed in Naples region. Oleksandra, who had been in Italy for 25 years, was married to an Italian man and held a long-term residence permit. She said that she managed to obtain a legal status at quite an early stage of her migration journey. This did not prevent her from slipping down again to irregular working conditions.

Secondly, abuses and irregularity might persist even within a formalised working relationship. Angela, a social worker in Milan, explained that employers, in an attempt to save money, might try to formalise a care work contract as housekeeping work, involving fewer obligation for employers, and she reported the argument she had with an employer who hired a care worker to assist a person in a wheelchair proposing a contract for cleaning work. Another widespread practice is declaring in the contract a lower number of hours than the actual worked time. The reduced working hours in many cases might prevent care workers from requesting social benefits as they officially do not reach the minimum number of hours required, as Margherita, a social worker in Milan pointed out. In other cases, care workers might be formally hired but forced to pay themselves their contributions for the pensions, as common practice according to Larysa, a care worker in Naples. Paying themselves for contribution is a practice that care workers may accept in exchange for a formal contract, which is a mandatory requirement for renewing the residence permit. A case in point was Liliya, a care worker I interviewed in Milan. It is important to notice that in the Italian migration system, the residence permit for migrant workers is strictly tied to the employment status (Dotsey et al., 2023). For this reason, care workers might decide to stay

in an exploitative working relationship to avoid the risk of slipping back to precarious legal status. Paradoxically, Yuliya, a care worker I interviewed in Naples, leveraged her undocumented status to convince her employers to comply with her claims. This is how she recounted her argument with her employer:

I say: “You know, if you don't know the law...if here in \*\*\*\*\* [neighbourhood in Naples] you have your own laws different than in Naples, come to a lawyer and find out what you should do and what you shouldn't do (Yuliya, mid-seventies, Naples, interview in Russian)

From all the above, it emerges that the marketized and largely unregulated nature of the Italian care sector co-determines the limited opportunities available to care workers to protect themselves. In fact, as we have seen, even a formal working contract and regular status (even a long-term permit of stay) are not sufficient to guarantee a fair access to employment and social rights. Care work, as an inherently precarious and unstable sector, might lock care workers in a perennial loop of ruptures, discontinuities, (re)negotiations, uncertainties and risks which might be difficult and costly to navigate. On top of that, it must be remembered that care work, a service provided to aged or severely ill people, is by definition temporary work. As Valentyna said: “This job is not stable. Because many things can happen... or progressive disease or what can happen” (Valentyna, early forties, Milan province, interview in Italian). Alisa echoed her words:

there is no security, because any moment a person of a certain age is...any day, so to speak, can be the last day. This is what happens: either condition arise that the children and relatives cannot manage and must be admitted to hospital (Alisa, early fifties, Milan, interview in Italian)

This aspect represents a problem for older care workers, who experience bigger difficulties to find a new job in a physically demanding sector, since younger workers might be a preferred option for employers. This was discussed by Laura, a representative of a Third Sector organisation operating in collaboration with Milan City Council to help families in need of home care assistance:

It is already very difficult for us to place a person close to sixty years of age because, even if from our point of view, they are completely suitable...this is unless the patient needs to be moved...in short, however, in short, companionship, hygiene, those things can be done easily (Laura, social worker, Milan)

From the above, it is clear how the pool of working and income opportunities shrinks over time, as care workers become older.

To sum up, Ukrainian care workers' experiences confirm care work as the epitome of precarious work, a condition shaped by the intersection of different factors, i.e. unregulated character, temporary nature and lack of social protection. The precarious nature of care work has broad and far-reaching consequences, extending into life domains beyond employment. As I will show in the next section, it directly contributes to housing insecurity.

#### 4.3.4. Choosing between live-in or live-out arrangements. What implications for financial well-being?

Care work encompasses a multitude of arrangements and work situations. The most typical arrangements are live-in care work, which requires cohabiting with the assisted person 24 hours a day, usually for a minimum of five to a maximum of seven days a week, and live-out care work, which usually consists of a shift of eight hours a day five or six days a week (Degiuli, 2007). Those options reflect the needs of employers and assisted persons – for example, people with neurodegenerative diseases such as Parkinson's or Alzheimer's, or with severe mobility issues might require live-in arrangements as a more intensive and extended form of care. At the same time, the choice of one arrangement rather than the other also responds to specific care workers' goals and needs, and that choice has evident financial motivations. Live-in employment might be a strategy to maximise the income and remit as much as possible during a period which is expected to be short (Degiuli, 2007; Marchetti & Venturini, 2014); therefore, as Degiuli has pointed out, "live-in work is not merely the best alternative among very limited options but may become an active choice" (Degiuli, 2007).

Undoubtedly, from the merely economic point of view live-in care work has some benefits, as live-in care workers do not need to pay for accommodation. Due to freedom from housing-related expenses, live-in care workers can be even considered a privileged type of worker, as I found out speaking with a Ukrainian woman, a cleaning worker in her thirties, who would speak of live-in care workers as carefree because they do not have rent to pay. Khrystyna, a care worker I met in Naples, recounted how her expenses increased significantly when she decided to move to live-out work, and how she was forced to work more to pay for her rent.

Care workers may also opt for live-in care work when they need to piece together the required number of working hours in order to renew their residence permits, as emerged in

the interview with Valentyna, a care worker who had moved out and worked as a live-out care worker with multiple clients:

Working by the hour, not every employer wants to sign a contract, I have a certain number of contract hours to renew the permit, because I need it [the permit] (Valentyna, early forties, Milan province, interview in Italian)

A live-in arrangement might also be easier to organise, as it does not involve moving to multiple locations to reach different clients, as live-out care workers usually do:

I do seven hours of work, plus an hour going, an hour coming back, and then half an hour from the other job, so it's not just a job, it's two (Alisa, early fifties, Milan, interview in Italian)

Having said that, it must not be forgotten that the option of live-in care work as a strategy to maximise income goes hand in hand with enormous risks in term of precarity. With care workers' housing arrangements strictly tied to employment, they are exposed to the risk of precarious housing situations every time a contract is terminated. Yevheniya's experience is extremely representative of this looming risk:

For six months I had to move eight times... Take the suitcase and go to another place, they take me to work, they take me to work, I do a trial week, I do, it doesn't go well, in the morning the children arrive and say: "You have an hour to prepare your suitcases". I say: "Is this a joke?" At least a warning, something, but you can't just throw the person away (Yevheniya, late fifties, Milan, interview in Italian)

Another relevant case is Inna, a live-in care worker in Milan. When I met her, she had just lost her job, after the person she was assisting passed away. As a live-in care worker, losing her job involved also losing her accommodation. The employer, the son of the person she had assisted, allowed her to remain in the house to give her some time to find another job and a new place to stay, but the arrangement was intended to be temporary. Inna had better fortune with accommodation than Yevheniya, but still her condition was quite precarious.

Francesca, an NGO worker in Milan, explained how due to those dynamics, typical within live-in arrangements, care workers may end up living in public dormitories for homeless people, a situation which was considered undesirable, yet one with few alternatives, especially given the cost-of-living crisis:

perhaps now there are still those who live in paid beds in private accommodations. And when the cost of living got high enough, because in a short time they couldn't find another job with another house, basically a place to stay, then, yes, they asked for access to the dormitories, often they asked for it (Francesca, NGO worker, Milan).

Among my informants, none experienced homelessness during their migration journey. Nevertheless, housing precarity remains a significant risk for live-in care workers, highlighting how the attempt to maximize income through live-in arrangements can sometimes conflict with their well-being—an issue that will be further explored in Chapter 5. This aligns with literature on precarity, which frames it as a condition rooted primarily in labour market experiences but also shaped by specific socio-political contexts (Waite, 2009). In contemporary times, marked by the forces of late capitalism and neoliberal reforms (Arnold & Bongiovi, 2013), the precariousness of life and labour become deeply intertwined (Strauss, 2018; Sunam, 2023). Thus, the insecurities experienced in the present are not confined to immediate living conditions; rather, they accumulate over time, extending the precariousness of care and housekeeping work into later stages of life. Additionally, the risk of precarity embedded in care work oftentimes spills into the future. In fact, fragmented and unstable employment trajectories, protracted in the long term, significantly impact access to public pension systems (Steinbach, 2018; Tucci & Yıldız, 2012). In the case of Ukrainian care workers, discontinuous work histories and frequent shifts between formal and informal employment may hinder their ability to access welfare benefits in later life, a point I will explore in more detail in section 4.4.

#### **4.4. Access to pensions**

##### **4.4.1. Access to pensions in Ukraine**

Access to public pension is a major determinant of migration among Ukrainian care workers. The literature on Ukrainian female migration highlights how the collapse of the Soviet Union and the subsequent retrenchment of the welfare system severely impacted pension provision (Vianello & Escrivá, 2016, 2019). This deterioration in social support pushed many older individuals—primarily women—to migrate in search of new opportunities, particularly in the care sector.

In Ukraine the provision of pensions still remains a major problem thus far. Despite the multiple attempts of reforms (Guz, 2021), the Ukrainian system of social protection is still insufficient in the provision of pensions (Pryimak & Vyshyvana, 2019). In 2017 the

Ukrainian Government adopted a pension reform that aimed to increase the level of pensions in payment but severely restricted future pensions (ILO, 2020). In Ukraine, an old-age pension is payable to an insured person who has completed at least 15 years of contributions and has reached 65 years of age. The pensionable age can be 60 years if a person has completed 25 years of contributions by 1 January 2018. After January 2018, the minimum pension is granted only to individuals who have reached 65 years of age and have completed 30 contribution years for women and 35 years for men; the minimum pension is set at 40 percent of the minimum wage. In parallel, the State started promoting the resort to non-state financial institutions (Pryimak & Vyshyvana, 2019), however, private pension funds never became popular due to their unreliability, on the one hand, and extremely low salaries in Ukraine, on the other (Guz, 2021). In 2021, there were 11 million pensioners in Ukraine, and 65 percent of them received a pension below 3,000 hryvnia (approximately 80 euro; less than 70 pounds in 2021) per month; 80 percent lived below the official poverty line (ibid.), a situation which has been worsened now that the war context has increased the gap between pensions and real living costs (Amnesty International, 2022)

The insufficiency of pension provision is a point most of the Ukraine care workers would agree on. Darya, a care worker I interviewed in Milan, had retired in Ukraine after working in a shoe factory, but, as she pointed out:

It's small so... even €50, we don't have, we don't have more [...] with €50 a month you don't do anything. What do you do? You go shopping once and then?  
(Darya, late sixties, Milan, interview in Italian)

Yaryna, a woman in her late sixties in Naples, had a prestigious job in the public sector, and yet her pension was so modest that she had to migrate in her late Fifties:

(ITA): [In] Ukraine I am already retired. Because I worked and (RUS) as I worked in the public sector, I have a pension. At the age of 60 I retired. [...] My pension is small, in Italian money, it's (ITA) ninety euros (Yaryna, late sixties, Naples, interview in Italian, Russian and Ukrainian)

Roman, a man in his late sixties in Milan, had been a migrant worker in Italy for many years, working in construction, and then decided to go back to Ukraine to live his life as a retiree, with the help of the money he earned abroad and through farming activities. However, over time new difficulties and new prospective expenses emerged:

In the countryside, I'm fine because I have... I had rabbits, pigs, I kept chickens, you have it all, right? But to pay for electricity, gas, other things...always without

money. The pension is small, 70 euros. What can you do with 70 euros? Then, then we thought, we [*he and his wife*] are already retired and life, years slip away let's say, and old age comes, and it comes that we have to leave this world. And we thought to earn some money, to set aside, maybe it will happen to everyone that sooner or later we go, but this is a help for my children [...] to have a funeral, you need money and life is hard, there and here. (Roman, late sixties, Milan province, interview in Italian)

Therefore, when the Russian invasion started in February 2022, bringing new financial challenges, he decided to come back to Italy in 2023 under the Temporary Protection Scheme (European Commission, 2022). Once in Italy he engaged in care work, following the same path as many other older co-nationals, to integrate his meagre pension. Many Ukrainian care migrants are now approaching the official retirement age while still in migration in Italy. In the next paragraph I will look at the opportunities available in terms of access to pensions in Italy and focus on factors and mechanisms shaping their access.

#### 4.4.2. Access to pensions in Italy

The Italian pension system is contributory, with the size of pensions based on the amount of annual salary and contributions. Ukrainian citizens residing in Italy have rights to access the Italian pension system. Like Italian citizens, they need to have reached 20 years of contributions and the age of 67 years to obtain the ordinary contributory old-age pension. Workers who do not meet those requirements still have access to the contributory old-age pension if they have at least 5 years of contributions, however, in these cases age requirements are higher, 71 years. The same conditions apply to Italian citizens. In both cases the pension is transferable to Ukraine.

The so-called social allowance is another option which is granted to non-EU citizens under the following conditions: being resident in Italy for at least 10 years; a documented condition of economic need and being at least 67 years old. It is a non-contributory income, which amounts to 534,41 euro, and it is not transferrable. Recipients, regardless of nationality, are allowed to travel outside of Italy for no longer than 30 days and the benefit is suspended if the residence is transferred abroad.

In the Ukrainian community in Italy older adults are prevalent. As mentioned in Chapter 1, official figures reveal a certain degree of integration of Ukrainians within the Italian pension system. However, some studies have highlighted that Ukrainian care workers might face difficulties to access their pension benefits in Italy due to the combination of different factors

(Fedyuk, 2016; Marchetti & Venturini, 2014; Vianello & Escrivá, 2019). Firstly, the long-term effect of precarious status and informality might be a major determinant. Even though most of the care workers I interviewed held a legal status, they were still enduring the far-reaching effect of the time spent in grey areas – both in terms of status and employment, which prevented them accumulating pension contributions, a common condition among migrants who have worked as undeclared workers (Hunter, 2018)

I spent 12 years, two years I pay contributions, ten years so I did good for Italy [...] Yes, ten years, I worked illegally, ate illegally, only brought money home. What have I done? Good for Italy? And not just me, thousands of us! (Larysa, late Fifties, Naples, interview in Italian)

Iryna reported a similar situation with her contributory status. When we met, in July 2023, her employer was about to formalise her contract. Before that, she had been in Italy and worked for ten years without a contract:

Before without a contract, it's a shame. These these...time I [*have been*] left without a contract and [*now I have to*] work well with a contract for the pension (Iryna, early fifties, Naples, interview in Italian and Ukrainian)

Paying contributions for a pre-determined number of years, as explained above, is mandatory to obtain old age and contributory pensions; hence, it is clear how legal precarity and informality might represent a major obstacle, especially if considering that many Ukrainian care workers arrive in Italy at a later age and may spend years in migration before obtaining a legal residence permit, as in Nadiya's case. At the time of the interview, Nadiya was in her early fifties and still undocumented after 13 years in Naples. Obviously, her opportunity of meeting contributory requirements for the pension were progressively shrinking year by year.

The temporary nature of care work poses further challenges. As has been said, a care worker often goes through temporary contracts, mostly tied to the life events of their assisted persons, while a more stable occupation would be preferable for pension purposes:

I was thinking about when I found this job, three years ago I was thinking...I say "Man, I'm starting to pray that the lady will last another 10 years to stay in the same position, at least if I get to retire...because I have left...They should be nine years left (Yevheniya, late fifties, Milan, interview in Italian).

In fact, temporary contracts may result in fragmented working paths and, consequently, in fragmented contribution histories.

In addition to this, there is also another important aspect to consider when analysing care workers' accumulation of pension rights. Care work is a particularly exhausting job, both physically and mentally (Degiuli, 2007), therefore working for such a long time to reach age requirements might be hard for care workers. Natalya, a care worker in her late Fifties I interviewed in Milan, found the age requirements absurd:

Now come these laws that a person retires at 67, but absurd, guys, absurd, absurd... because you reach 50 years of age and you already have your health... half... halved, [...] ...I want a pension [...] How should I work for 10 years of work, when my health already doesn't allow [...] ...there's just no strength, there's no strength and enough...Italians think that 70 years old and you are still...you can be young (Natalya, late fifties, Milan, interview in Italian)

Liliya, a care worker in her early sixties I interviewed in Milan, sounded even more exhausted than Natalya, and said that she wished she had the opportunity to retire earlier, even if this involved losing part of her pension:

Even I don't want to get a pension here, [...] And I ask one thing, why now I can't go to Ukraine and ask to give me what I paid. Contributions 100 euros, 120. I don't know, I ask now, I don't know, why do I have to wait these 67 years working (Liliya, early sixties, Milan, interview in Italian)

Furthermore, as Ukrainian citizens, care workers can benefit from portability rights, but they cannot benefit from the so-called mechanism of totalisation, which combines contributions paid in Ukraine with contributions paid in Italy to achieve pension requirements. This mechanism is made possible through bilateral social security agreements between countries (Holzmann, 2016); however, Ukraine and Italy have no agreement in place to regulate this matter. This would allow many care workers to retire at a more reasonable age:

There is no agreement, because Ukraine has not agreed. This should be perfect, when Ukraine makes an agreement with Italy that those contributions accumulated in Ukraine can be put with contributions. I am now 18+16, would have almost 34 years of contributory contributions and this is a good sum (Natalya, late fifties, Milan, interview in Italian)

Age requirements are not the only problematic knot within the Italian pension schemes, based on the contributory system. As has been said, care work is a low paid job, and contributions are often paid at the minimum level, either by employers who cannot afford more or by care workers who must pay for contributions themselves. The combination of the two factors results in insufficient pensions:

Problems of contributory system very big because I said I work for poor families. That they can't give us more. [...] they can't give you... contributory €400 every two-three months they pay. A misery. It's a misery. [...] I'm explaining to you that €900 of salary, they pay every two/three months, it seems like €400 of contributions, but they are not contributions, they are a pittance (Alisa, early fifties, Milan, interview in Italian).

Due to the intersection of the factors discussed above – the characteristics of care work and insufficient pensions – it is not uncommon for Ukrainian care workers to find themselves in straitened circumstances at later age as retired workers in Italy. A case in point is Nina, a care worker in her mid-Seventies whom I interviewed in Milan. She was already retired in Italy, but her pension – 250 euro – was not even sufficient to pay for her shared accommodation. Hoping to improve her financial situation, Nina had applied for the social allowance, and she was waiting for the outcome of her application. According to a Worker Union representative in Naples, applying for the social allowance was becoming a widespread strategy among older care workers to cope with financial vulnerability. He noted that the social allowance is not transferable abroad. Consequently, some migrant care workers, including Ukrainians, undertake back-and-forth movement between Italy and their countries of origin to comply with the eligibility requirements, which allow only very limited stays of up to 30 days. Those patterns of mobilities related to welfare entitlements are not uncommon among older migrants (Bolzman et al., 2006; Hunter, 2011; Lunt, 2009), but they are often dependent on the ability and resources which might hinder or facilitate travelling between countries.

#### 4.4.3. Subjective factors in pension access

Access to pensions among migrants is commonly understood as shaped by some structural and policy-related factors, such as the characteristics of welfare states (i.e. the degree of inclusivity) (Lafleur & Vintila, 2020), or by the interplay of immigration policies with immigrants' rights to social protection (Bertolini & Clegg, 2020). Certainly, those factors play a major role. However, having or not having access to pensions might also be dependent

on migrants' subjective approaches, goals and behaviours, which might be shaped in turn by the political, social and economic context they were or are immersed in.

In the case of older Ukrainian care workers, their migration journeys often seem to be dominated by a certain degree of short-sightedness and uncertainty which make them focus on short-term needs, rather than planning for the longer term, an aspect I will return to in section 7.3.. According to Margherita, these approaches prevent care workers from thinking about the opportunities of social benefits in the longer term, until they realised that it is too late:

they don't think about a future, only later, after a few years of being here, do they realize that time has passed, that perhaps they have to return or will want to return and they realize that what they have in substance is not... is only what they brought home immediately, but that there is nothing for their future (Margherita, Domestic Worker Union Representative, Milan)

This view was often confirmed in care workers' narratives. This is how Liza replied to my question about her pension prospects:

It's still early to say! Not 60 years old yet, we don't know what is next year. What are you saying? [*ironic*] We don't know what is tomorrow (Liza, late fifties, Naples, interview in Italian)

Lida, a care worker in Milan, showed a similar approach as Liza:

Honestly, I'm not a person who worries much, because as I started working legally in Italy late, it's not like the Italians, so at that point I understand perfectly that thinking about what will happen in twenty years is not something which can make me feel good, so I live for the day (Lida, early forties, Milan, interview in Italian)

This observation highlights an important aspect: the age at arrival and the age at securing the first formal contract emerge as central and interrelated determinants. Arriving at a later age and spending years in irregular situations can discourage care workers from focusing on pension prospects, as they might just sound unrealistic. As Claudio, a Worker Union Representative, pointed out, many Ukrainian workers who worked in Italy might even not be aware they are entitled to receive a pension, an approach which is especially widespread among returnees:

Then when they return to their country they forget, they don't think they have the right to a pension (Claudio, Worker Union Representative, Milan).

In some cases, the scarce interest toward pensions might be explained by the specific perception of work at later age as acceptable and even desirable, which emerged among some interviewees, especially among the older ones. Understandings of extended or non-extended working life are culturally specific (Ferdous, 2024). Among some groups of older migrant workers, being active and involved in the community and household might be considered as virtuous and connected to the ability of providing care for others and being dependable (Sampaio, 2022). In the case of older Ukrainians, attitudes to work might also have been influenced by Soviet ideology, promoting work as the first vital need of individuals (Shlapentokh, 1987). For Roman working made him feel good and active:

I can't rest because the doctor always told me with the illness, you have to keep moving, that's it, we stop, we freeze [...] Once a year is enough to go on holiday. I grew up like this, I was born into a family of farmers, they always worked. And for my own good, and I was happy after them that I took everything from them (Roman, late sixties, Milan province, interview in Italian)

Yuliya, the oldest among my informants, went even further by saying: "Work is a panacea" (Yuliya, mid-seventies, Naples, interview in Russian). Considering care workers' socio-cultural background, in some cases work at later age can be reflective of aspirations for an active life — a notion also echoed in the neoliberal rhetoric of active ageing (Foster, 2018; Laliberte Rudman, 2006). In other cases, work at later age, regardless of pensions and retirement, is due to the awareness that no such plans will be realistic as long as families were in need, a point I will return to in Chapter 7.

Hence, the access to pensions in Italy can be constrained by a range of structural and individual factors. Indeed, along with characteristics of care work, policies and regulations, subjective factors also play a major role in shaping the access to pensions, such as the age at migration, approaches to work at later age, and, importantly, the ability to plan in advance. Crucially, the capacity to plan for the future is often constrained by historical circumstances and broader social contexts—an aspect I will explore in Chapter 7 when discussing future aspirations. In addition to this, financial aspects also must be taken in consideration. Indeed, pensions are not a guarantee of financial well-being. Pension amounts reflect the low wages and limited protections characteristic of the care sector. This pattern, similarly emerging in the empirical literature on ageing care workers (Ferrer, 2017; Ferrer et al., 2017; Vianello &

Escrivá, 2019), demonstrates how the protracted employment in care work reproduces over time and across borders the limited access to pensions and the risk of poverty at later age among older care migrants.

#### **4.5. Patchwork income**

From what has been said above, many older Ukrainian care workers might find themselves struggling with economic difficulties. Consequently, some of them often undertake additional jobs to make ends meet, a widespread practice among care workers (International Domestic Workers Federation et al., 2019). Many care workers I interviewed used leave periods to accept a second job, which they would mostly find through information from friends or acquaintances. The most widespread arrangement was replacing temporarily friends or acquaintances during their leaves. Such practices provide evidence for how informal elements (information) and formal elements (access to work) are intermingling dimensions of transnational social protection (Bilecen and Barglowski, 2015). Alisa recounted that she had not gone on holidays for six or seven years, preferring to work over summer to gain an extra-income. She acknowledged her need of a break; however, she would not miss the opportunity to work when most people leave for holidays:

I can't in August when everyone is leaving, friend "Ah can you replace me?" So, I'll take this, this will take me another 1000-1500, which is a bit of a breather, I'll move on (Alisa, early fifties, Milan, interview in Italian)

Those “patchwork” opportunities are oftentimes in the informal labour market, an aspect which has been observed among care and domestic workers engaged in multiple jobs to cope with insufficient financial resources (Ferrer, 2017). This latest aspect was confirmed by Oleksandra, who had engaged multiple times in such experiences and even travelled across Italy to fill vacancies. Recounting her experience in Milan province, she added: “By the way, I worked three months under the table” (Oleksandra, mid Fifties, Naples region, interview in Italian), alluding ironically to the supposed higher level of law and regulation compliance among Northern Italians compared with their Southern co-nationals. Given the temporary character and the informality of the job, such opportunities involve no tax obligations, for which reason they are particularly attractive in economic terms. In some cases, care workers may agree with their employers to be hired informally as a replacement for themselves while being “officially” on leave. This is what was reported by Lucia, a Third Sector Coordinator in Milan.

[They say] Holidays? What? No..no! I replace myself and get paid under the table” ...this is the reality (Lucia, Third Sector Coordinator, Milan)

Access to additional employment opportunities might be dependent on different factors or different resource environments (Levitt et al., 2023). Resource environments might include individual characteristics – i.e. skills learnt at schools, as well as the embeddedness in a network of relationships. The type of school education that many Ukrainian women received back home, which included activities such as tailoring, embroidery, and some practical elements of nursing, allowed Ukrainian care workers to engage in additional activities to complement their income. As Kateryna said:

In my country, women can do it since childhood. They teach us everything (Kateryna, early forties, Naples, interview in Russian)

Larysa, a live-out care worker, was involved in tailoring as a second job, an activity that she carried on informally with the help of social media for an established network of returning clients. The dynamics behind these opportunities seems to reproduce the gendered character (Lutz & Palenga-Möllenbeck, 2011), which is distinctive in Ukrainian care migration.

All these examples highlight the multiple elements shaping migrants’ strategies to avert risks and underscore the central role of informal strategies—including social networks and relationships—in forming assemblages of transnational social protection (Bilecen & Barglowski, 2015; Faist et al., 2015). To conclude, it should be recalled that those strategies might reinforce inequalities (Faist et al., 2015), as they might not be available to people who are not integrated in social networks. Last, but not least, it is important to notice that the impact of such strategies on care workers might be once again ambivalent, as holding down multiple jobs implies an increased burden on the shoulder of care workers, with potential consequences for their physical and psychological well-being.

#### **4.6. Conclusion**

In the present chapter, I analysed the quest for financial well-being among older Ukrainian care workers as an integral part of the broader search for social protection through transnational migration. To do that, I analysed care workers’ needs, resources and some of the strategies they adopt to provide financial well-being for themselves and for their families back home.

I started by showing how familial needs have evolved over time under new pressures dictated by the Russian invasion, coupled with persisting economic crises. Care workers' children, now adults with families of their own, often struggle to achieve financial

independence—a situation further exacerbated by the outbreak of the armed conflict in February 2022. Against this backdrop, care work appears to be even more central to achieve financial well-being among older Ukrainian care workers and their families. However, this well-being appears to be an ambivalent resource and mostly directed to their kin rather than themselves. In fact, while care work provides some financial relief, particularly in the context of war, it also comes with significant costs in terms of multilayered precarity across financial, legal and housing domains. These observations both reflect and extend the transnational social protection concept that in the transnationalized care sector, protection for some individuals often entails precarity for others (Levitt et al., 2023). Care workers' precarity connects to what Oso and Martínez-Buján (2022) term the “welfare paradox”: migrant care workers, despite sustaining social protection systems through their employment in paid care, frequently have limited access to care and protections for themselves as workers.

My findings extend this paradox to their role as informal providers of care within their families. The support they offer to help relatives cope with protracted financial instability often comes at the cost of prolonged and multilayered precarity for the workers themselves. This highlights how the pursuit of financial well-being, along with the risks it entails, is negotiated within interconnected family networks—an observation that recalls the life-course concept of “linked lives” (Elder, 1994).

The life-course perspective further enriches transnational social protection research by illustrating how access to, and negotiation of, protection evolves over time, shaped by historical disruptions and shifting familial dynamics. In this regard, my findings show how the Russian invasion compelled care workers to reconfigure their caregiving role in response to newly emerging needs within their families. As familial responsibilities expand, the burden on care workers intensifies, while older workers face growing marginalization in the labour market. This dynamic exemplifies how transnational social protection does not necessarily mitigate social risks and inequalities but can replicate them across time and space, redistributing them within families (Levitt et al., 2023).

The lack of old-age welfare emerges as major issue among Ukrainian care workers. This aligns with existing literature on ageing care workers, emphasizing the role of structural factors, such as insufficient schemes and the precarious nature of care work, together with migrants' age at arrival, as major constraints on pension access (Ferrer, 2017; Ferrer et al., 2017; Vianello & Escrivá, 2019). My study further highlights that subjective factors—such as the ability to plan long-term, attitudes toward work in later life, and interest in pursuing a

pension—also shape financial outcomes. This contributes to the transnational social protection literature by showing how structural and subjective factors together shape individual resource environments among migrants.

In sum, limited access to pensions both motivates and results from care migration from Ukraine to Italy, exemplifying once again how social risks and inequalities are reproduced through transnational migration (Levitt et al., 2023). Strategies to counter financial instability may, in turn, reinforce inequalities. I have described how Ukrainian care workers may seek additional work through informal social networks, a strategy that may disadvantage those less integrated into such networks (Faist et al., 2015). In other cases, they may try to maximize income through live-in positions. However, in both scenarios, these strategies can jeopardize their physical and mental well-being. This introduces another key issue: the impact of care work on health and healthcare, which is especially significant when intersecting with ageing. This topic will be at the core of Chapter 5.

### NAVIGATING HEALTHCARE: CHALLENGES AND STRATEGIES OF OLDER UKRAINIAN CARE WORKERS IN TRANSNATIONAL CONTEXT

#### 5.1. Introduction

This chapter examines how older Ukrainian care workers navigate healthcare resources, balancing risks and opportunities, and the strategies they adopt to safeguard their own health as they age in migration. Health is considered a special good due to its vulnerability to unpredictable risks and its inability to be accumulated like knowledge or skills (Da Costa Leite Borges & Guidi, 2018; The World Health Report, 2000). Healthcare systems, recognized by the WHO Commission on the Social Determinants of Health, play a vital role in shaping health outcomes by ensuring access to care and reducing financial anxiety during illness (Kobayashi & Khan, 2020; Gostin & Wiley, 2016).

Healthcare as such is a pillar of social protection, intended as referring to all tangible and intangible resources which mitigate social risks impeding the realisation of life chances (Bilecen & Barglowski, 2015; Devereux & Sabates-Wheeler, 2004). The significance of healthcare as a fundamental social protection need in fact is particularly evident for transnational migrants, who often migrate to secure well-being for themselves or their families. Migrants often develop transnational strategies to access healthcare services (Gehring, 2016). However, as mentioned in the previous chapters, transnationality can be a potential source of inequality (Faist et al., 2015), due to the uneven distribution of resources among migrants. As a result, migrants in more disadvantaged positions may face unequal access to healthcare and, consequently, unequal opportunities to manage health risks.

These risks are particularly high for migrant care workers, who often experience a lack of formal social protection in their host countries (Lutz, 2018), while facing high work-related risks. Those risks negatively impact on health and well-being (Hussein et al., 2024; Turnpenny & Hussein, 2022). Studies have identified some recurring work-related risks involved in care work, namely back pain or other musculoskeletal pathologies due to lifting heavy loads, repetitive movements, or induced bad postures (Vianello, 2015). Sleep disorders might manifest due to the inability to rest adequately. In addition to this, there is a looming mental health risk for care workers, who are particularly exposed to burnout syndrome, which can arise as a defensive reaction to the chronic emotional tension created by continuous contact with the suffering of those they assist (ibid.). As has been said in the

previous chapters, migrant care workers are mostly older or middle-aged women (Bauer & Österle, 2016; Ferrer, 2017; Nazareno et al., 2014), who might be facing additional challenges related to ageing, while in parallel their needs might remain unaddressed in formal security systems (Levitt et al., 2023; Lutz, 2018; Oso & Martínez-Bujan, 2022).

In this chapter, I begin by examining perceptions of health as an indispensable yet fragile resource, often undermined by the demands of a taxing job, further compounded by age-related challenges. I then explore the healthcare resources available to Ukrainian migrants within the Italian welfare system, highlighting both the opportunities offered by the transnational dimension—such as the possibility of accessing services across two healthcare systems—as well as the constraints imposed by structural conditions of care work and welfare retrenchment in both countries. This is followed by an analysis of their access to formal healthcare in Ukraine and Italy, revealing how they engage with public, private, and Third Sector providers. I also examine how formal care intersects with informal strategies, forming a transnational hybrid healthcare assemblage (Bilecen & Tezcan-Güntekin, 2014; Bilecen & Bargłowski, 2015; Levitt et al., 2023). Next, I explore self-care and well-being practices and how these are integrated into medical routines to maintain physical and mental health. This section considers later-life migration to the Mediterranean as a potential opportunity for improved healthcare access and well-being, complementing the focus on care-related vulnerabilities.

## **5.2. Health, migration and care work: a complex relationship**

### **5.2.1. Health as an essential resource**

When analysing the healthcare trajectories of care workers, it is essential to recognize that, according to sociological literature on health and illness, ideas about health are socially constructed and carry cultural meanings (Conrad & Barker, 2010). These variations ultimately lead to diverse help-seeking behaviours, influenced by specific beliefs and understandings about health and illness. These beliefs can differ across various cultures and societies, and even within the same community (Williams, 1983).

Literature on the intersection of ageing and migration highlights health as a key concern for older migrant workers. It has been shown how many older migrants consider good health to be one of the most crucial factors in their lives (Bolzman et al., 2004) and a positive health status is often linked to higher levels of life satisfaction among migrants compared to their native counterparts (Baykara-Krumme & Platt, 2018).

Ukrainian care workers generally expressed similar views about the importance of health. According to Nadiya, a woman in her early fifties I interview in Naples, health is “the most important thing”. Nadiya was echoed by Yaryna, a woman in her early sixties, whom I also met in Naples: “Health is everything. It is all life, it is joy [...] Without health people are nothing”. The centrality of health can be understood not simply as a natural quest for physical well-being, but health is often described by care workers as an essential resource to earn money through care work and to carry on family care responsibilities. This viewpoint which generally aligns with the perceptions observed among other older adults, for whom health is often understood in terms of functional capabilities rather than merely physical fitness (Blaxter, 1990). Health thus is a key determinant of care workers' financial stability. This is how Inna, mid-sixties, care worker in Milan, put it:

**Researcher:** What would you need to live well? **Inna:** Health **Researcher:** Health only? **Inna:** When I have health, I can work. Where I have no health, I cannot work (Inna, mid-sixties, Milan, interview in Italian)

Another case in point was Alisa, a woman in her early fifties I interviewed in Milan:

If I had no health today, I [‘d] lose my house and I [‘d] lose everything. And I just need to pray for I have the health to work, otherwise the State won't help me (Alisa, early fifties, Milan, interview in Italian)

At the time of our interview, Alisa had two jobs as a live-out elder care worker and was struggling to pay her mortgage with her small salary. For her, health was the only available option to compensate for the lack of support from the state. Therefore, health appears to be a key individual resource for older Ukrainian care workers, which is important to preserve in order to provide social protection to their transnational families. Yet, these notions of health are often overshadowed by an understanding of the structural realities in care work, whereby job-related challenges —such as long hours, physical strain, and emotional burden—are recognized as primary influences that erode their well-being.

### 5.2.2. An exhausting job

In care workers' narratives care work emerges as an exhausting job, both physically and mentally, which may turn into a source of health risk. Yeva, a care worker in her late fifties I interviewed in Milan, declare that she had lost her health due to care work.

I also lost a lot of my health, because they think I'm big, then... then I can move a tractor, but no... It's the back, it's the hernias [...], it's the legs, everything is

lost, so much so much of my health because the work so hard (Yeva, late fifties, Milan, interview in Italian)

A further element of health risk is posed by the proximity with people suffering from neurodegenerative diseases, which may involve aggressive behaviours (Brodaty & Low, 2003). Liza, a woman in her late fifties I interviewed in Naples, had been violently hit in her eye by her client, a bedridden older person:

I woke up with pain, I thought my eye was missing. Many people don't feel the strength and don't feel what they do (Liza, late fifties, Naples, interview in Italian)

After the accident, Liza eventually made a full recovery, but the experience exposed her to significant risk. Her story highlights the potential danger of frequent contact with people who are impacted by neurodegenerative diseases (Kunik et al., 2010). This harm is not limited to physical well-being, but it may also affect mental well-being,

It was pointed out by Nataliya, a care worker in her late fifties I interviewed in Milan, that being constantly close to a severely ill person had a negative impact on her state of mind:

This person is difficult to take care of, I think being with her night and day, you become like...absorbs all negativity. [...] You get the same disease as your client (Natalya, late fifties, Milan, interview in Italian).

According to Oleksandra, a care worker in her mid-fifties I interviewed in Naples region, the psychological and emotional burden is even greater than the physical one due to the responsibility of taking care of fragile older persons:

It is not physically difficult, more mentally it is not easy, because let's say...if I work in a factory, I am responsible for a certain object, if that object falls, okay it breaks, they can take something from my pay-check [...] With older people we carry responsibility for their health (Oleksandra, mid-fifties, Naples region, interview in Italian)

Difficulties embedded in care relationships and their impact on well-being were a recurring topic. This is how Valentyna, a care worker in Milan, put it:

There are those who really make you nervous, that is, those who insult you. There are many types... even if you don't say anything, certain words remain in your brain and afterwards it's not that you feel very well (Valentyna, early forties, Milan province, interview in Italian)

An important concern raised by respondents regarding mental well-being was the lack of freedom, especially pronounced among live-in care workers: "The most difficult thing... lack of being free" (Lida, early forties, Milan, interview in Italian). In some cases, the lack of freedom translates into lack of personal spaces within the house, as was pointed out by Svitlana, a cultural mediator and former care worker in Naples: "I worked for a lady day and night, I slept with her in the same bed" (interview in Italian). Liliya, a woman in her early sixties I interviewed in Milan, disclosed that she suffered from depression while she was assisting as a live-in care worker an older lady in Naples. She said that a diagnosis came only at a later stage, when physical symptoms of depression started manifesting: "When it [symptoms] got to my stomach, I went and I discovered that it was depression, I took heavy pills for a year" (Liliya, early sixties, Milan, interview in Italian). These accounts highlight the critical need for mental health support for care workers. However, as we will see in section 5.6., this need remains largely unmet.

### 5.2.3. The impact of ageing

The impact of care work on health is further complicated by the emergence of age-related challenges. Several respondents mentioned increased difficulties in the face of new challenges brought on by ageing. Yevheniya, a live-in care worker in her late fifties in Milan, reported that in the last few years her health problems had become more and more frequent:

...for a while now, I've had health problems as I get older, every year something happens, or I have surgery, then again surgery (Yevheniya, late fifties, Milan, interview in Italian)

Larysa, a woman in her late fifties I interviewed in Naples, disclosed increased difficulties in doing her job while coping with age-related conditions:

Just all women who came, no young girls, [they are] 40-50-60 years old, who has menopause, who has gynaecological problems, who has teeth problems, liver, because everyone has worked all their lives, [they are] tired of life (Larysa, late fifties, Naples, interview in Italian).

Then she commented with sarcasm the difficulties she faced doing her job as an older woman with a potential hypertension risk. "120/80 [*referring to normal blood pressure values*] ...Yes, Gagarin was sent to cosmos with this, not an older woman who has menopause".

Iryna, a woman in her early fifties whom I interviewed in Naples, noticed a stark deterioration in her health as she entered her fifties. She said, "Thank God I had always been well. After 50 years I have been sick [...]." (Iryna, early fifties, Naples, interview in Italian)

and Ukrainian). As a result, she had to significantly reduce her working hours to 5 per day. When we met in Naples in July 2023, Iryna was in great distress because her health conditions prevented her from earning enough money to support herself and her family. Iryna is an example of how older Ukrainian care workers may find themselves in a difficult situation, where they have to balance their declining health with their commitments to their families. Some of them, as mothers and grandmothers who are also the main breadwinners in the family, consider work-related illnesses as something they have to accept:

if I do six hours, eight hours doing cleaning, sure I can feel my back, but I try to forget the next day, so... Always, also think about children [...]. That's why I came here. No, let's say, it is not comfort what we are looking for (Nadiya, Early fifties, Naples, interview in Italian).

These experiences illustrate the complex interplay of factors—cultural understandings of family responsibilities, the demands of care work, and age—that shape health-related approaches and behaviours among care workers. Social determinants—such as class, gender, and age—affect health outcomes and behaviours, with health emerging as embedded in broader social contexts across the life course. Hence, these patterns reflect the sociological literature on health (Blaxter, 2010), framing health as a socially constructed phenomenon, shaped by different factors, i.e., cultural norms, structural inequalities, and individual experiences.

These findings align with the transnational social protection literature, which highlights the heavily gendered nature of social protection (Levitt et al., 2023), where women are expected to care for both the household they work for abroad and their own families back home (Tawodzera, 2024), often at the expense of their own health and well-being (Hussein et al., 2024). In the following section, I will examine the resources and strategies available to Ukrainian care workers to protect themselves from health risks, focusing on the opportunities (or lack thereof) provided by social and employment rights embedded in care work contracts and arrangements.

### **5.3. Precarious work, precarious care**

Multiple gaps in protection for migrant care workers have been observed (Degani, 2022; Dotsey et al., 2023; Luppi et al., 2018), which result in harm to care workers' health. These gaps connect to gendered assumptions about care work (Levitt et al., 2023; Paul, 2017) as an invisible work (Daniels, 1987), a form of labour that is unseen, unvalued, and often omitted from formal recognition—even when it underpins daily life and institutional

functioning. Patriarchal norms frame caregiving as a “natural” female role, fostering informal and exploitative arrangements. Live-in work weakens legal protections and blurs work–personal boundaries (Joo Tan, 2023), while the domestic setting complicates enforcement of workers’ rights (Levitt et al., 2023; Paul, 2017). Abuses in private settings are hard to detect, and regulators rarely intervene in these spaces, leaving migrant women to handle their issues on their own (Levitt et al., 2023).

The unregulated character of the Italian care sector may also result in a restricted access to state-provided social protection benefits (Costa, 2013). In fact, it has been noted that while legal regulations and social security in Italy is generally more generous than in many other states, the same generosity does not apply to the care sector, whereby social protection guarantees are lower than other employment areas (Dotsey et al., 2023). This is especially significant for the health domain, as access to care and protection in the event of work-related incapacity is directly linked to these state benefits and support systems. Care workers are eligible for the healthcare provided by the Italian National Health System, as I will show in the next section, however, even if they are registered with the social insurance agency (INPS) and pay contributions, they are not entitled to sickness benefits. Families as employers are obligated to pay for sickness for a maximum of 15 days in total, depending on the duration of employment. It is important to note that employees in other sectors may receive a sickness benefit covering 66.7 percent of their former wage for up to 180 days (Leichsenring et al., 2022). Social security for care workers is provided by Cassa Colf, a joint employer-employee fund established in 2001. It offers supplementary health and long-term care benefits, such as hospitalisation and maternity reimbursements, but excludes ordinary sick leave, highlighting the limitations of Italy’s public social protection for care dependency (D’Alfonso Masarié, 2025).

With such limited coverage, care workers who need extended time off due to illness or recovery often must find other ways to compensate for the lack of job protection. Many times, care workers rely on informal support networks to help them through these situations. For example, Yeva, who had leg surgery after a car accident, asked her mother to replace her at work for two weeks so she could recover. By contrast, Miroslava, a woman in her mid-sixties whom I interviewed in Milan, received fair treatment when she underwent surgery due to an appendicitis. She was fully paid by her employer during her hospitalization, receiving the same amount as a regular working day; however, she was aware that in many cases things might not be as smooth. She added:

We [*with her employers*] got along like this. But I heard that many have been thrown out...thrown out. We don't have anyone to protect us (Miroslava, mid-sixties, Milan, interview in Italian).

Those experiences speak to how healthcare among migrant care workers is composed of different dimensions. In this context healthcare is configured as an assemblage of formal and informal elements (Bilecen & Barglowski, 2015), whereby informal ways of protection might be an option to fill in the 'gaps' in formal protection. When formal rules and regulations are not comprehensive or do not provide sufficient protection – as in the case of the Italian care sector – migrants might seek support from other actors, in these cases their interpersonal networks. However, it is important to note that these strategies may not be enough to bridge the lack of social and employment rights for Ukrainian care workers. In fact, in the cases I have considered, care workers' ability to provide for their health seems to depend more on the goodwill of their support network rather than their rights. It is also important to remember that these strategies may not be accessible to the most isolated individuals.

A further layer of complication is linked to migrants' legal status, as migrants may face additional restrictions on the rights to some benefits which might have a major impact on health. These restrictions, imposed by the Law 388/2000<sup>7</sup>, depend on their status and length of residence. That law has restricted the access to various social assistance benefits only for third-country nationals who are long-term residents (in practice, foreigners who legally reside in Italy for at least 5 years) (Chiaromonte, 2020). Restricted benefits include the incapacity pension and invalidity allowance, which are granted in case of physical or mental conditions that may hinder or reduce an individual's ability to work.

It is important to mention the lengthy bureaucratic procedures involved in the application process, which may delay the obtainment of the subsidy. This was the case with Viktoriya, a woman in her late sixties whom I interviewed in Naples in August 2023. At the time of our encounter, Viktoriya was hoping to receive the incapacity pension she had applied for a year earlier, after a severe illness made it difficult for her to work. She explained that her application had been approved by the social insurance agency based on her medical records; however, the application had been blocked for over a year without a specific reason. Consequently, she was forced to continue working to ensure an income, despite her health

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<sup>7</sup> Law 23 December 2000, n. 388, Provisions for the formation of the annual and multi-annual budget of the State (financial law 2001)

significantly deteriorating. In addition to the restrictions and difficulties mentioned above, it must be recalled that employment and social rights enshrined in the care sector contracts have a very limited reach in a sector where informality is widespread.

### 5.3.1. Lack of formal training

Another factor which put care workers' health at risk is the way care work is perceived and legitimised within the Italian welfare system as a low-skilled job (Cordini & Ranci, 2017). Generally, care work is only marginally recognised as professional waged labour that must be provided by trained, skilled and experienced professionals (Luppi et al., 2018). In most cases, care work is performed by migrant women with no previous experiences or education in care professions (Vianello & Escrivá, 2016). Among my informants, only one had been trained as a nurse. Additionally, appropriate training for the job within health institutions is rarely provided; however, as emerged in conversations with Third Sectors practitioners, a solid training for the job is key to preserve care workers' well-being at work. This is how Alessandro, a medical doctor in an NGO in Milan, put it:

In my opinion it [care work] is a very important profession, in which excellent training would certainly be necessary [...] [*learning*] the correct way to handle the patient [...] this would certainly help them preserve their physical integrity from back pain or other problems (Alessandro, NGO Medical Doctor, Milan)

During my fieldwork, I found that local initiatives in municipalities and regional councils had been launched to provide training and issue professional certificates for care workers. Svitlana, a cultural mediator in Naples, informed me that her organization, in collaboration with Venice Municipality, had developed an online training program for care workers available in Italian and Ukrainian. Svitlana, who had worked as a care worker when she first arrived in Italy, explained that the course also provided guidance on how to cope with potential mental strain involved in care work, as a very important aspect in safeguarding care worker well-being:

And because this job is a job from which you can have... from anxiety, high blood pressure and you don't have time to take care of yourself because you have to think about care [*for the assisted person*], you also have to know this...your, that is, your limit [...] people must be prepared (Svitlana, cultural mediator, Naples)

Svitlana mentioned that similar training initiatives were also active in the Lazio Region, where training certificates were a job requirement for care workers. Additionally, an NGO

worker I interviewed in Milan pointed out that similar programs were about to start in the Milan region. In some cases, psychological support to help care workers reduce the work-related burden might be provided by Third Sector Organisations. This was the case of a foundation in Milan, which offered support to families in need of aged care, providing psychological support to both family members and care workers. These initiatives represent a step forward in professionalizing care work and providing better guarantees for workers. However, the reach of these programmes is still very limited and fragmented. This sheds light on the importance of the local dimension (Borkert & Caponio, 2010) in the analysis of transnational social protection. As shown here, local governments adopt varying approaches and professional frameworks for care work, which can lead to divergent social protection outcomes.

In summary, it can be said that the situation of ageing Ukrainian care workers in the healthcare domain reflects the so-called welfare paradox (Oso & Martinez-Bujan, 2022). Migrant workers who are essential for providing care across borders for older people and their families have little opportunity for protection as transnational workers. In the following sections, I will explore the healthcare opportunities available in the healthcare systems of Italy and Ukraine.

## **5.4. Access to healthcare in Italy**

### **5.4.1. The Italian National Healthcare System**

The Italian National Healthcare System (INHS) is rooted in Article 32 of the Constitution, which defines health as both a fundamental right and a collective interest. Although public, the INHS combines public and private provision, with regional variations (Neri, 2019). Citizens may access care through public hospitals, accredited private hospitals—private facilities formally integrated into the INHS—or fully private hospitals outside the system. Both public and accredited private providers deliver most services free of charge, including primary care, emergency care, and vaccinations, while co-payments based on income apply to some specialized, non-emergency procedures. In contrast, non-accredited private providers require full payment by patients. Over the past decade, significant funding cuts have weakened the INHS and fuelled the growth of the private health sector (Buzelli and Boyce, 2021).

Access to healthcare among migrants in Italy is determined under Legislative Decree No. 286 from 25 July 1998 (LD 286/98)<sup>8</sup>. Legislative Decree 286/98 recognizes fundamental rights established in Italian and international law for all migrants, regardless of their legal status. Undocumented migrants cannot register with the Italian National Health Service (INHS) like citizens or legal residents, except for children (0–17 years), who can normally enrol. Undocumented adults can access care through a special card, the STP (*straniero temporaneamente presente*), valid for six months and renewable. With this card, migrants can receive healthcare under the same conditions as citizens or residents. Emergency care, primary care (e.g., general practitioners), preventive services (vaccination, screening, HIV prevention), and prenatal/maternity care are free. Secondary and rehabilitative care, as well as treatment for chronic conditions, require payment, although fees may be waived via an exemption code (*codice di esenzione*). Thus, legally, the Italian healthcare system provides pathways for migrant inclusion. However, hurdles and obstacles of access to healthcare have been observed by several actors. One of the obstacles is linked to the decentralised nature of the Italian healthcare system, where the interpretation and implementation of legislation on access to healthcare for foreigners might be very uneven even within the same region (McFarland et al., 2023), showing once again the role of the local dimension in shaping social protection outcomes. For instance, it has been observed that Lombardy has usually more restrictive health policies towards undocumented migrants compared to other regions, i.e. Tuscany (Leite Borges & Guidi, 2020). Barriers due to organisational factors or hostile political climate might also contribute to phenomena of exclusion from healthcare among migrants (Barsanti, 2018; Mipatrini et al., 2017; Ravinetto et al., 2009).

Among my respondents, several care workers had experienced Italian hospitals and the experiences they reported were generally good. They generally appreciated the opportunity of being treated free of charge and the quality of care. Yuliya, a care worker in her mid-seventies I interviewed in Naples, spent some time in the hospital after accidentally poisoning herself with a bleach mixture during her cleaning job. She was enthusiastic about the quality of care and the thoroughness of tests. She said: “They did everything they could, I didn't even ask!” (interview in Russian). Among several care workers, there was a notable appreciation for the advanced medical technology available in the facilities they accessed, especially when compared to the limited options in their hometowns in Ukraine. For

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<sup>8</sup> Legislative Decree No. 286 of 25 July 1998, Consolidated Text of the Provisions on the Regulation of Immigration and Rules on the Status of Foreigners

example, Tetyana, a care worker in her late forties whom I interviewed in the province of Naples, explained that she would not have had the opportunity to treat her oncological disease in her Ukrainian city due to the lack of adequate medical technology. Similarly, Lyudmila, a woman in her early fifties, shared her own experience of giving birth to her now sixteen-year-old daughter in Italy. Her daughter faced serious complications from a premature birth and had to spend some time in an incubator in the maternity ward. As Lyudmila remarked, "I don't know if she would have survived there" (Lyudmila, early fifties, Naples, interview in Italian and Russian). In these cases, being care migrants in Italy proved to be lifesaving for both Tetyana and Lyudmila, thanks to the healthcare opportunities provided by the Italian medical system.

More varied opinions emerged on the issue of interactions with General Practitioners. General practitioners play a crucial role, serving as the primary entry point to the health system, filtering patients' requests, prescribing them drugs or treatments, or, if necessary, referring them to hospitals (Barsanti, 2018). A drastic reduction in the number of GPs has been observed in recent years which worsens the access for the population, especially for the older and most vulnerable people (Fondazione Gimbe, 2024). Some care workers reported positive experiences, while other care workers had no interactions at all with GPs and preferred relying on the help of friends or acquaintances. This is the case of Yaryna, a care worker in her sixties in Naples, who was regularly treated by her clients, a couple of retired surgeons. Other opinions clearly reflected the situation of declining resources in services provided by GPs. Many care workers considered the mechanism of the GP referrals as problematic, due to slow and intricate procedures:

You have to get a prescription, go to the pharmacy, then if they have what you need, they'll tell you tomorrow or the day after tomorrow (Liza, late fifties, Naples, interview in Italian)

In some instances, to bypass the complexities of accessing healthcare services, care workers turn to alternative channels and strategies, both locally and across borders. A notable example is Viktoriya, who found herself without medical assistance during the COVID-19 pandemic due to a bureaucratic issue. Her general practitioner had retired, and her new registration was not processed in time. As a result, when she contracted the virus, her only option was to ask a friend in Ukraine to send her medication. Viktoriya's situation was not unique. Alessandro, a medical doctor working with an NGO in Milan, noted that purchasing medications directly and using them for self-medication is a common practice among care workers. This behaviour likely stems from their familiarity with the Ukrainian healthcare

system, where prescription drug regulations are less strict, offering quicker access to medicine. Many care workers mentioned buying medications both in Ukraine and Italy, either with prescriptions or through self-medication, and had clear preferences regarding where to purchase certain drugs based on their specific needs. Alessandro pointed out that the mechanism of self-medication in some cases might go beyond polypharmacy, involving undergoing tests without a specific prescription. As he clarified, in most cases, such attempts risk being a waste of money for “therapies which just make no sense” (Alessandro, NGO medical doctor, Milan)

Another problematic knot raised by care workers was linked to long waiting times for specialized consultation. This is how Lyuba, a woman in her late fifties I interviewed in Milan, described the situation:

It is difficult to get...if you have to go for a visit you have to wait a long time, that's true. Six months, eight months to do a check-up (Lyuba, late fifties, Milan, interview in Italian)

Yevheniya, a woman in her late fifties I met in Milan, echoed Lyuba's words, observing that the difficulties of access are the same among migrants and locals. “And on everything else, it seems to me, it is for us as well as for you” (Lyuba, late fifties, Milan, interview in Italian). This may signal the general decline in the public healthcare system which impacts the population at large.

Waiting lists coupled with tight work schedules make access even more difficult, as Liliya, a care worker in her early Sixties in Milan, explained:

Everything here... all difficult. Even health is difficult. First, you are not so free to... for... Going to the doctor, even if it's a thing... some simple intervention, you can't even do because you have to wait until they call you, and then you can't go at that moment [*when they call you*] (Liliya, early sixties, Milan, interview in Italian).

Lilya's words brought up a typical phenomenon among care workers, namely the tendency to deprioritise their health in favour of working commitments, as we will see in more details in the next section.

#### *5.4.1.1. “They don't have time, so they have to invest money”*

A medical doctor from an NGO operating in Milan reported how Ukrainian care workers may tend to neglect even severe diseases in order to continue working. He recalled that many

of the Ukrainian care workers he had treated displayed the effects of poorly managed or entirely untreated chronic or severe illnesses. In other cases, in an attempt to save time, Ukrainian care workers may decide to resort to private healthcare services, as emerged from the conversation between Yana and Lyuba, two women respectively in their late forties and late fifties I interviewed in Milan:

**Yana:** we are in \*\*\*\*\* [*town located north of Milan*] to tell you, we have that clinic that you go to, you don't have to wait, you don't wait long to do a check-up. **Researcher:** Is it a private clinic? **Yana:** No...in fact it's half and half. It works like this, that...they ask you...[if you want] immediately, you go private. You can wait two or three days though...I went with my husband, and I went to make an appointment, and I thought that who knows when they'll give it to me. But "Today, tonight, at six, can you come?" Sure, I can come. **Lyuba** I also have to come to \*\*\*\*\* [*town located north of Milan, where Yana lives*] to you...**Yana** Come, come to \*\*\*\*\*. I'll take you! (Yana, late forties, and Lyuba, late fifties, Milan)

The brief conversation between Yana and Lyuba highlights three important points. First, time is a crucial resource for Ukrainian care workers and plays a significant role in their choice of health services. Among care workers, time was considered worth spending more money on. As Alessandro, a medical doctor in an NGO in Milan, said: "They don't have time, so they have to invest money". The second important point is the value of feedback and information from friends and acquaintances when making decisions about different options. Lastly, it sheds light on the prioritization of private healthcare over public healthcare as a specific focus of state policies, which becomes evident from Yana and Lyuba's conversation. The clinic they mention is a typical example of a "mixed" structure, known as "accredited private" facilities, which are private health facilities reimbursed with public financing. These structures currently make up a significant portion of the Italian health system, with 48.6 percent of hospital facilities (995 in total) and 60.4 percent of specialist outpatient facilities (8,778 in total) being accredited private structures in 2021 (Fondazione Gimbe, 2023). Yana's case shows how in these facilities, due to their dual nature, users may have the option to bypass long waiting lists for public consultations by choosing faster private services. This can present people with a difficult choice: facing high expenses or forgoing treatment, with the latter often being the case for financially vulnerable individuals or households (*ibid.*), including some Ukrainian care workers. An NGO worker in Naples reported that many

Ukrainian care workers had willingly decided to drop their therapies to save money for families affected by war.

#### 5.4.1.2. Other determinants of access to INHS

Another aspect which might contribute to shape healthcare opportunities among older Ukrainian care workers is logistics. One of these is public transport availability, especially for those who live in peripheries and have no access to private vehicles. Oleksandra, a care worker in her mid-fifties, resident in a rural area in the Naples region, acknowledged her need for psychological support to treat her gambling addiction, but she would not be able to reach the services on public transport. Additionally, she could not fully depend on her husband to drive her, as he was occupied with his job throughout the day.

Logistical aspects are even more important for older care workers who suffer from mobility issues. This was the case of Nina, a care worker in her mid-Seventies who lived in a small town only a few kilometres west of Milan but poorly connected with the city. Nina, who also had mobility issues, was able to reach healthcare facilities in Milan thanks to the son of the older person she was assisting, who drove her to the hospital, where we met for the interview.

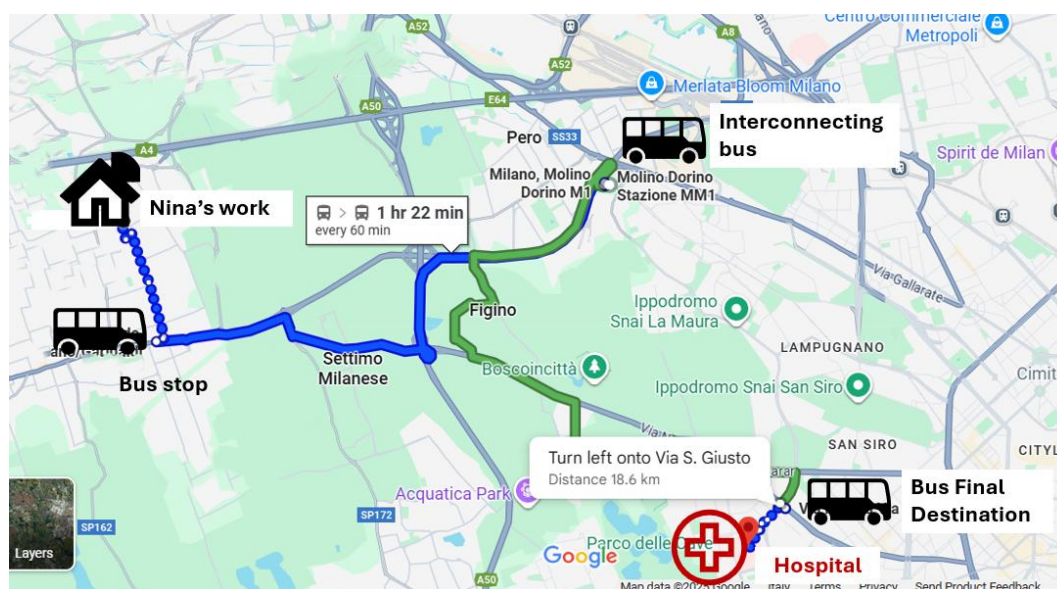


Figure 5.1, Going to the hospital from peripheral areas

In some other cases, individual aspects play an important role. This was the case of Yaryna, a care worker in her sixties in Naples, who was generally reluctant to see doctors. This is how she explained her approach:

What if I go to the doctor? The more I know and think about it, the more it kills me. That's what I think, maybe I am not right...the less I know, I move forward (Yaryna, late sixties, Naples, interview in Italian, Russian and Ukrainian)

It is important to note that Yaryna struggled because of language barriers, a factor which might have potentially amplified her difficulties in interacting with formal services and the choice of resorting to familiar people, the couple of retired surgeons she was assisting.

Awareness about entitlements might be a determinant of access, especially among undocumented migrants: Kateryna, a care worker I interviewed in Naples, had hypertension problems which she would leave untreated, being undocumented. She was surprised to find out that she had the right to medical assistance. This might suggest that for some migrants, having access to information might be even more crucial than holding a legal status in the Italian healthcare system, where access to a certain range of services is granted regardless of nationality and status. As Yuliya, a care worker in her mid-Seventies in Naples, explained:

We [*long term migrants*] do not struggle somehow, those people who do not know are the ones who struggle, because in my first year, I didn't know many things either, I didn't know laws, but people give tips, one after the other, we as migrants somehow gather together, and the one who knows, prompts the others, so that's how it is (Yuliya, mid-seventies, Naples. Interview in Russian)

It is important to note that Yuliya was undocumented herself, but she declared that access to healthcare for her had never been particularly problematic. In the same vein, Nadya, a woman in her early fifties I interviewed in Naples, undocumented, said that she felt comfortable in using services in Italy. This might be related to the fact that both Yulia and Nadya were supported in their access to healthcare by one of the local NGOs, another crucial actor in the provision of healthcare services for migrants. In the next section, I will expand on their role and functions among Ukrainian care workers.

#### 5.4.2. Third Sector Organisations

In addition to public and private resources available in the INHS, additional opportunities for migrants to access healthcare are provided by Third Sector Organisations. As mentioned in section 3.3.2, Third Sector Organisations play a major role in Italy in promoting migrants' rights since the 1980s. It has been documented how Third Sector Organisations are a coping strategy for undocumented migrants (Ambrosini, 2012), and in general for marginalised people. In this section, I will analyse how older Ukrainian care workers use these resources to access healthcare in Italy.

Third Sector Organisations were described by many respondents as valid support. They appreciated the greater language and cultural sensitivity compared with State services (even though it must be said that after February 2022 Ukrainian language has become more widespread in state services). Olesya, a care worker in her early fifties in Naples, said that she felt reassured hearing on the phone a person who spoke her language when she was seeking medical assistance in an outpatient clinic led by an NGO.

In the afternoon I called, Olena [*a social worker*] answered, when I heard her language [*the social worker was a Ukrainian national and a Ukrainian speaker*]...because when I have pain, I worry more, and when I worry more, I forgot words...here they speak Ukrainian, thank God, and today I am here (Olesya, early fifties, Naples, interview in Italian, Russian and Ukrainian)

I observed that many care workers had developed friendly ties to Third Sector workers, and this facilitated access to healthcare services and even to other services or benefits such as food banks, pensions or socio-legal counselling.



Figure.5.2, An NGO operating in Milan, Aug 2025

However, opportunities offered by Third Sector organizations might have limitations. For instance, Third Sector organisation, in an attempt not to replace the INHS whenever possible, may tend to refer individuals entitled to the competent GP, which might be difficult to reach due to unavailability, as mentioned above, but also due to the tight working routines of care

workers. Yuliya, a care worker I interviewed in Naples, who had been undocumented for 14 years, said that she preferred being undocumented and accessing healthcare services through Third Sector Organisations rather than going to her GP, which resulted in more complications for her:

Now as I will get *carta di identità* [*in Italian, ID card*] and I will hold a *permesso* [*in Italian, residence permit*], I will not pay for medication. But it is more convenient to be undocumented, because for example, I would go to \*\*\*\*\* centre [*NGO-led outpatient clinic*], Lena [*the social worker in the outpatient clinic*] would make appointments to the doctor for me, and all of this was for free. (Yuliya, mid-seventies, Naples, interview in Russian)

As mentioned above regarding access to the healthcare system, holding information is key to reach Third Sector organizations. In fact, most care workers I interviewed knew about Third Sector Organisations services through friends. Therefore, a certain degree of social capital is crucial (Ratnam et al., 2024).

It must be noted that Ukrainian care workers might not have the same understanding about the Third Sector and its role as Italians. Olesya, a care worker in her early fifties in Naples, said that in Ukraine she had mostly heard of organizations managing soup kitchens. Due to this different understanding, some care workers might have reluctance to use Third Sector Organisations as they view the use of such services as a form of charity and therefore stigmatising. For instance, Inna, mid-sixty, in Milan, said she had never tried to reach organisations as she does not like seeking help.

To conclude, it is worth noting that in both Naples and Milan, Third Sector healthcare providers reported a decline in the number of Ukrainian care workers accessing their services in the last year. Several factors could explain this trend. Some Ukrainian care workers may have achieved greater stability and gained independent access to healthcare. Another possibility is that, following the full-scale Russian invasion—which brought approximately 175,000 people from Ukraine to Italy—many care workers relocated with their families away from expensive city centres. Lastly, a plausible explanation is that care workers have taken on greater responsibilities due to the ongoing conflict, causing them to deprioritize their own healthcare. The conflict has also significantly hindered access to healthcare in Ukraine, as we will see in the next section.

## 5.5. Access to healthcare in Ukraine

Ukraine's health system officially provides for a comprehensive set of publicly paid health services. Ukraine has a higher per capita number of hospital beds in the public sector than in the EU countries (Romaniuk & Semigina, 2018). Although all citizens and residents of Ukraine are entitled to free, publicly funded health services, several factors may limit their actual utilization of these benefits. It has been noted that during the period after the fall of communism, there was a systematic increase in financial burdens on the side of patients for health related expenses (Romaniuk & Semigina, 2018). The World Health Organisation (2021) has reported an insufficient growth in public spending on health in Ukraine, noting that the share of public spending on health as a percentage of total government expenditure was 8.9 percent in 2018, an increase from its lowest point of 6. percent in 2008.

In parallel, an increase in private spending to the level of 45 percent of total expenditure on health has been observed (Lekhan et al., 2015). This high share of private spending (almost entirely in the form of out-of-pocket payments) can lead to households becoming impoverished and contribute to increased inequality of access to healthcare among patients (WHO, 2021). It is also important to note that in many cases out-of-pocket payments are informal. An investigation has revealed that "unofficial payments" are a common practice in the Ukrainian health system, whereby practitioners claim that this is necessary to keep the system afloat, as healthcare professionals in Ukraine are generally underpaid (Mendel, 2017). In the specific case highlighted by the investigation, a hospitalized patient had to pay for medicines, examinations, doctors' time, hospital stays, and even everyday items like washing powder, soap, and paper towels. These practices have a significant impact on the population, which is required to pay for services that are officially free of charge. The impact is particularly pronounced on those who are less well-off, as they may choose to forgo treatment due to the associated costs (WHO, 2021).

Ukraine's healthcare system has also been impacted by armed conflicts of varying extent and intensity across Ukrainian territories. Healthcare resources were severely stretched in the Donbass area, where the conflict started in 2014 at the cost of over 10 000 lives and over 1.5 million people displaced within and outside the country (Poberezhets, 2022). The large-scale Russian military aggression in February 2022 has worsened the situation. The war has brought enormous pressures and demands on the Ukrainian health sector, with population health dramatically deteriorating due to multiple war-related challenges, i.e. injuries, shortage of supplies, inadequate living conditions in shelters and upsurge of mental trauma (Zaliska et al., 2022). Ukraine's health and care systems are operating at reduced capacity.

The WHO (2022a) has found that as of March 2022, 64 attacks on health-care assets were carried out. The WHO report highlights that over 300 health-care facilities are located in areas with active hostilities. As a result, health-care workers have been injured, killed, or forced to flee their homes, leading to shortages of medical staff; additionally, delivery patterns are disrupted, causing limited availability of medical supplies (ibid.). Another assessment conducted by the WHO in October 2022 revealed that increasing costs have posed a further obstacle to healthcare access (WHO, 2022). Therefore, the increasing costs resulting from marketization, combined with informal practices and issues related to war, are significant obstacles to accessing healthcare for Ukrainians.

The people I spoke with mostly used healthcare services in Italy. This was not necessarily related to a greater appreciation of Italian services. In some cases, respondents expressed preference for Ukrainian healthcare, as they might find healthcare interactions easier in familiar settings, as Yaryna, a woman in her late sixties interviewed in Naples, pointed out:

For me it is easier in Ukraine. Because I know everything in Ukraine, as they say, I know everything, I know how to ask, I know where to go. I can find someone I know; someone can help (Yaryna, late sixties, Naples, interview in Italian, Russian, Ukrainian)

In another instance, the preference for Italian services appeared to be primarily influenced by geographical proximity. This was explained by Khrystyna, a care worker in her late fifties whom I interviewed in Naples.

When you have aches or pains, I don't know and so, you can't wait until you go to Ukraine because the vacation, the holidays, you have one month a year (Khrystyna, late fifties, Naples, interview in Italian)

For some of my informants, barriers to accessing healthcare extended beyond just geographical inconvenience. Some respondents showed a certain distrust, related to the awareness of non-transparent practices, such as unofficial payments, being widespread in the Ukrainian healthcare system. Roman, a man in his late sixties whom I interviewed in Milan province, explained his reluctance to use healthcare services in Ukraine. He cited his distrust towards Ukrainian medical staff, whom he believed prioritized their economic interests over patient care.

You must have a lot of money and... I'll tell you the truth... even if the daughter finds me a doctor, but... okay, we finished the round of medicine, everything,

everything went well, [*the doctor says*] "but you have to take this too, this too". I wanted to say "Whom it will be good for? For me or for you, always wanting to put something in your pocket?" (Roman, late sixties, Milan province, interview in Italian)

Roman was echoed by Yuliya, a woman in her mid-Seventies:

In Ukraine now when they are taken to the hospital, the first thing they ask is whether there is money, because you must pay for everything [...] If you don't have money, then you die (Yuliya, mid-seventies, Naples, interview in Russian)

Health-related costs emerged as a major problem. Liza, a woman in her late fifties I interviewed in Naples, cited a dramatic increase in the prices of medicines. "Prices are unreasonably high!" (Liza, late fifties, Naples, interview in Italian); Anna, Liza's friend who was present during the interview, added:

Here there are a lot of free medicine; there [*it*] isn't the same, there is no free chemotherapy (Anna, age not disclosed, Naples, interview in Italian).

During the interview, there was a disagreement between the two women about the quality of services in Ukraine. Anna was critical, while Liza had generally positive experiences, despite the high cost she had just mentioned, and a better appreciation of healthcare in Ukraine. She mentioned that Ukrainian doctors were more successful than their Italian counterparts in diagnosing her health problems.

As for doctors, I feel better there [...] I was sick two months ago, [*I saw*] three doctors and three didn't give me the right one, [*I made*] three payments because I get to the cash register, I paid €100, but all three gave me other diagnoses. Instead, when I did it there, just something else came out (Liza, late fifties, Naples, interview in Italian)

It was later revealed that many members of Liza's family were doctors. Her parents, grandfather, and son were all doctors, with her son being a surgeon. This family background may have provided her with social capital that contributed to her overall positive experience. This testifies to the central role of informal support in integrating formal social protection resources.

Liza's better appreciation of healthcare in Ukraine was also related to shorter waiting times. She said she appreciated the opportunity of accessing medicine directly at pharmacies

without prescriptions, avoiding the referral system in place in Italy: “In Ukraine you go to the pharmacy, buy without problems, go...instead of going to do [*the prescription*]”

Among some respondents, there was a general opinion that shorter waiting times were at some extent a justification for paying high costs for consultations. This is what emerged in the interview with Yana and Lyuba, two women respectively in their late forties and late fifties I interviewed in Milan:

**Yana:** It's easier over there, you go, you do the tests right away, they give you everything right away that same day **Lyuba:** And in one day you can do everything, even MRI and everything is done in one day...**Yana:** Everything...only you need to have the money, you don't have to make appointments for anything. You have to pay, but you do everything... (Yana and Lyuba, late forties and late fifties, Milan, interview in Italian)

Yaryna had similar views about paying for healthcare as an acceptable condition for shorter waiting times. She took as an example a recent experience which occurred with her daughter:

She went there, she paid, of course, but she made it, she knows everything about her problem, she went back home, and she knows what she is having, no problem, she doesn't need to leave her work for some days thinking about her pain and what is going to happen. It is easier (Yaryna, late sixties, Naples)

It is worth noting that this ability to pay is closely connected to their status of migrant workers, with generally better financial position than their fellow citizens who did not migrate. As migrant workers, they had more financial resources to cover healthcare costs and were willing to pay for faster service. This raises the issue of potential disparities and inequalities in transnational social protection between migrants (and families receiving remittances) and less privileged fellow citizens (Faist et al., 2015) within market-driven healthcare systems.

Having examined migrants' access to and use of formal healthcare systems, it is important to note that navigating between transnational systems can provide opportunities for choice. Yet these choices are often constrained by structural factors—such as shrinking welfare provisions, logistical barriers, or demanding work routines—as well as by individual priorities, including family commitments. Additionally, migrants must cope with work-related strain and ageing-related challenges. Against this backdrop, I now turn to the everyday practices of self-care and well-being that migrants develop to sustain their health.

## 5.6. Self-care and well-being in care work and migration

In addition to the use of formal healthcare providers to address medical needs, Ukrainian care workers often enact physical self-care. One of these is carefully selecting job offers in order to protect their health and, in some cases, to accommodate their own age-related needs. For example, some older care workers, such as Anna, a care worker in Naples, choose to avoid physically strenuous tasks by rejecting jobs that involve assisting people with severe physical impairments, like wheelchair-bound clients.

I have made a choice, I will not take wheelchairs [*wheelchair-bound clients*] anymore, because the doctor, when I went to the emergency room for the third time, told me: "Do you also want to sit in a wheelchair? Just take one more [*wheelchair-bound client*]" (Anna, age not disclosed, Naples, interview in Italian)

Nadya, another care worker, provided a different strategy by planning for a transition from live-out cleaning work to eldercare as she grows older, believing that eldercare would be less physically demanding:

if you find a quiet person, it's like living at home with mom or parents and once cooked and done chores, [*it is*] like normal work done at home (Nadya, early fifties, Naples, interview in Italian)

This pre-emptive decision highlights the need for Ukrainian care workers to adapt to the challenges posed by ageing, particularly in a physically taxing occupation. The strategy of selecting less physically intensive jobs is a conscious decision to protect long-term physical health. Older workers cannot afford to endure the physical deterioration associated with constant heavy labour, so they make job decisions accordingly. These practices exemplify how self-care is not merely a matter of attending to health when it deteriorates but rather a proactive strategy aimed at preventing future harm.

In addition to addressing physical health concerns, Ukrainian care workers also engage in practices of mental self-care. These practices are essential, given that access to formal mental health services is limited or unpopular among these workers. As noted by a respondent from an NGO, Ukrainian care workers often exhibit reluctance toward formal psychological support. Such patterns among migrants may be determined by low mental health literacy (Fauk et al., 2022; Tomasi et al., 2022), and stigma surrounding mental illness (Byrow et al., 2020; Kohrt et al., 2016). Cultural norms and differing understandings of mental health across societies further affect help-seeking behaviours (Sangaramoorthy & Carney, 2021). In Ukraine, historical legacies from the communist era, which framed mental illness as an

individual failing and isolated sufferers in psychiatric institutions, continue to shape negative perceptions and discourage service use (Buchman-Wildbaum et al., 2018; Weissbecker et al., 2017; Winkler et al., 2015) This historical context may help explain current reluctance among Ukrainian care workers to seek mental health support.

Additionally, Alessandro, an NGO medical doctor in Milan, proposed that care workers may internalize their suffering to the extent that they either ignore or overlook the potential benefits of psychological interventions.

they have probably experienced so much of it that they have become accustomed to it... or they pretend to have become accustomed to it...or their mind makes them believe that it has become accustomed to it, so they cannot understand that certain things do not need a physical solution, but rather a solution of psychological care (Alessandro, NGO Medical Doctor, Milan)

This suggests that many of the workers either become accustomed to psychological stress or are persuaded that they are managing it effectively.

This reluctance to seek professional mental health support may be exacerbated by systemic shortcomings in Italy's healthcare system, particularly concerning mental health services. Mental healthcare in Italy has long been considered a weak point within the National Healthcare System. Despite progressive reforms in the late 1970s (the so-called "Basaglia Law"<sup>9</sup>), including the closure of psychiatric hospitals and the move toward community-based care, access to adequate mental health services remains inconsistent. One of the most urgent issues facing mental health services in Italy is the lack of adequate financial and professional resources. It has been reported that in 2024 only 2.5% of the National and Regional Health Fund is allocated to psychiatric care. This places Italy at the bottom among high-income European countries in terms of mental health funding (ANSA, 2024). As a result, an estimated 3.5% of the population—equivalent to more than two million people with severe mental health conditions—lack access to necessary services (Cerati, 2024).

In the absence of formal mental health services, care workers turn to alternative forms of self-care to alleviate mental strain. Many engage in hobbies or leisure activities to cope with their demanding work lives. For example, Liza, a woman in her late fifties in Naples,

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<sup>9</sup> Law No. 180 of May 13, 1978 – "Provisions for Voluntary and Involuntary Medical Treatments" Official Journal of the Italian Republic, No. 109, May 15, 1978

practiced embroidery, while Olesya, early fifties, found relief in walking in the park in her town just outside Naples:

When I need it, it's needed, [*when*] I'm not very well, I go for a walk, because where I work there's a garden, just go for a walk, I listen to birds, I help myself. When I'm good I [*read*] a book, but now there's no time to read (Olesya, early fifties, Naples, interview in Italian, Russian and Ukrainian)

These activities serve as therapeutic outlets, allowing care workers to maintain their mental health despite the pressures of care work and migration.

For some, the decision to switch to live-out care work is a significant form of mental self-care. As mentioned above, live-in arrangements, where care workers reside with their clients, often blur the boundaries between work and personal time, leading to exhaustion and burnout. In contrast, live-out arrangements allow for greater autonomy and personal freedom. Natalya, a care worker in her late fifties, shared how switching to live-out care work improved her quality of life: “Now I pay [*for my*] home, many things, but I [*am*] free.” (Natalya, late fifties, Milan, interview in Italian). This statement underscores the trade-off many care workers are willing to make—prioritizing psychological well-being over higher income that might come with live-in positions.

While many care workers would prefer live-out arrangements to prioritize their psychosocial well-being, the socio-economic context in which they operate often limits these options. The financial resources available to Ukrainian care workers, coupled with familial obligations, play a crucial role in determining whether they can afford to switch from live-in to live-out care work. This is especially true in cities like Milan, where the cost of living is notoriously high, making it difficult for some care workers to afford independent housing while working as a live-out care worker. According to recent reports, dramatic inflation due to overtourism has also affected the cost of living in southern cities like Naples (Fanpage Redazione, 2024), further complicating care workers' financial decisions. Interestingly, the availability of live-out positions also varies between cities. Among the research respondents, fewer care workers in Naples worked in live-in arrangements compared to Milan, suggesting that economic pressures in the latter may force workers to opt for more restrictive living and working conditions. The decision to adopt live-out care work is thus shaped not only by individual preferences for well-being but also by external factors, such as local economic conditions and the availability of affordable housing.

In some cases, medical routines and self-care practices are shaped and complemented by the local context in Italy, with an often unexpected benefit being the milder Mediterranean climate. While narratives of exhaustion and strain often dominate discussions of care work, many workers expressed a contrasting appreciation for the Mediterranean climate, as it positively impacted their well-being. Olesya, a care worker in her early fifties living in Naples, described this experience:

I like it here because the climate is great. When I am in Ukraine, I always use medicine [...] here in the South...Yes, a little sweat, but better, I feel better (Olesya, early fifties, Naples, interview in Italian, Russian and Ukrainian)

Natalya echoed these feelings, recalling how her move to Naples had a significant, positive effect on her health. Reflecting on her time working in a coastal town near Naples, she said:

It seems to me that it was the most beautiful period there, two years, the ones I worked in \*\*\*\*\* [*coastal town north of Naples*] because I worked in a family...and that were the most beautiful years. For two years I don't remember...I didn't know what a headache is. I didn't take a pill for two years, didn't know what it is (Natalya, late fifties, Milan, interview in Italian).

However, Natalya noted that this benefit faded when she relocated to Milan, likely due to both the colder climate and her shift from live-out to live-in care work. Sofiya also praised the Italian way of life, finding it more light-hearted compared to Ukraine:

[*Coming*] here it was positive. Here people are lighter. We are more wistful; we think about what we do one year before. Here no, it's always a celebration, always a celebration, I like this country. We always have to cry and think about something bad [...] Because this country is lighter and sunnier for me (Sofiya, late forties, Naples, interview in Italian)

Sofiya even credited migration with revitalizing her, saying it made her feel rejuvenated:

I came here almost...almost limp. Like...grandma, really a grandma, 42 years old, but a grandma, so old...old...Already in February, 2-3 months after [my arrival], I already woke up (Sofiya, late forties, Naples, interview in Italian)

These experiences illustrate the complex nature of care migration. Despite the challenges of hard work, emotional strain, and precarious conditions, older care workers may still achieve an enhanced sense of physical and psychosocial well-being. In this context, care migration can be understood as part of a self-realization project (Lulle & King, 2023). This aspect

strongly aligns with the literature on the ageing-migration nexus, which critiques the focus on vulnerabilities among older migrants to emphasise the role of migration as an opportunity for achieving well-being in later life (King et al., 2017).

## **5.8. Conclusion**

This study contributes to the literature on transnational social protection by first underscoring the implications of transnationality for healthcare access. Healthcare is not confined within national systems but negotiated across borders: these negotiations take the form of hybridized arrangements that combine elements from different welfare regimes and support networks. The transnational dimension in the healthcare domain produces some opportunities - i.e. the choice between two healthcare systems but is counterbalanced by vulnerabilities and inequalities - i.e. the unequal social position and lack of protection among care workers. The interwoven dynamics of opportunity and vulnerability—ranging from the benefits of a Mediterranean climate to the strains of care dependence—show that care precarity runs as a common thread through the lives of older migrants, despite socio-economic differences. This precarity reflects the broader retrenchment of safety nets and resonates with existing studies on migration and insecurity in later life (Kobayashi & Khan, 2020).

The analysis adds a variation to the analysis of transnational social protection as a multi-scalar phenomenon (Faist, 2013) bringing into focus the role of the local state in producing social protection pathways. Most of the literature on transnational social protection focuses on state entitlements and the mismatch between state-centred services and migrants' transnational lives. My work sheds light on the role of local governments - more specifically healthcare institutions and municipalities - in determining social protection pathways among care workers, and the potential unevenness of access and resources.

My findings also highlight that, while formal healthcare entitlements are crucial, they are not the only factor determining access. This adds a new dimension to the debate on transnational social protection, which often emphasizes the fragmentation of state systems and the conflicts between entitlements and migrants' transnational lives (Levitt et al., 2023). In the present work, it becomes clear that even when entitlement is guaranteed—for example, through the universality of the Italian healthcare system—other determinants can pose significant challenges for migrant care workers. Gendered care responsibilities, familial obligations, and logistical barriers within cities all emerge as equally decisive in shaping

healthcare experiences. In this sense, healthcare is deeply gendered and embedded in broader inequalities of care work, making it inseparable from wider social hierarchies.

Under the impact of these factors, healthcare use among care workers often appears as a negotiation of competing needs. One example of this is the decision between live-in and live-out care arrangements. Many care workers would prefer live-out arrangements to prioritize their psychosocial well-being; however, the socio-economic context in which they operate often constrains these choices. Here, the local context emerges as a major factor: comparing two different cities with distinct socio-economic environments proves particularly fruitful in highlighting how local structures, labour markets, and resources shape care workers' possibilities. The financial resources available to Ukrainian care workers, combined with their familial obligations, play a crucial role in determining whether they can afford to switch from live-in to live-out care work.

Finally, the study shows the close intertwining of formal and informal dimensions, aligning with the literature on transnational social protection (Bilecen & Barglowski, 2015). This literature conceptualises social protection as an "assemblage" of both formal and informal elements, bound together by a mutually constitutive relationship. In my study, informal resources often appear as a precondition for accessing formal rights. Interpersonal networks and community-based support frequently fill the gaps left by institutional systems and emerge as indispensable for navigating healthcare. Access to healthcare services is often mediated by employers, friends or members of the family, who might intervene in multiple ways. It emerges that social relationships (with friends, employers, Third Sector workers) are a crucial resource for healthcare access among Ukrainian care workers, in some cases even more relevant than legal status. These findings align with sociological literature indicating that social relationships have a major impact on different health outcomes (Umberson & Karas Montez, 2010) and underscore social isolation as a further factor of risk. I will explore the mediating effect of social relationships on social protection in more detail in the next chapter.

### COPING WITH AN ISOLATING JOB. RELATIONAL SUPPORT SYSTEMS AMONG OLDER UKRAINIAN CARE WORKERS

#### 6.1. Introduction

This chapter provides an original and nuanced understanding of Ukrainian care workers' experiences at the intersection of social connectedness and social protection. Research on social capital among migrants underscores the significance of interpersonal networks. It has been emphasized that social networks provide individuals with essential resources through personal interactions (Burt, 1992; De Haas, 2010a; Lin, 2007; Tsounis & Xanthopoulos, 2022). These social ties can facilitate migration by reducing costs and risks, assisting migrants in financing their travel, securing employment, or finding housing (Haug, 2008). However, migration can also disrupt existing networks, leading to the loss or weakening of connections over time (Lubbers et al., 2020; Putnam, 2000), which necessitates that migrants build new relationships in their local environments (Ryan, 2007).

Key sociological studies have shown that different stages of migration—arrival, settlement, and beyond—are shaped by migrants' embeddedness in social networks (Granovetter, 1985; Ryan, 2018). Embeddedness is a multidimensional concept encompassing relational (network influence), societal (position within broader structures), and territorial (geographic location) aspects (Hess, 2004). These relationships evolve over time, influenced by changing circumstances (Ryan & Mulholland, 2015). In summary, the prominent role of social connections—providing both tangible and intangible support—has been widely recognised as protective for migrants navigating cross-border networks.

To explore these connections and their capacity for providing support and protection among ageing Ukrainian care workers, I will integrate two bodies of literature—social support and transnational social protection. Social support refers to the mechanisms through which a social environment safeguards its members against risks and aids them in coping with those challenges (Engel et al., 1996). Social support can be real or perceived (Gottlieb & Bergen, 2010) and has important implications for promoting well-being (Ross & Mirowsky, 1989).

The transnational social protection framework uses the concept of informal social protection to define the set of tangible and intangible resources and strategies aimed at risk prevention and reduction that are rooted in interpersonal networks (Bilecen & Sienkiewicz, 2015).

According to this perspective, informal social protection dynamically intermingles with formal schemes in a mutually constitutive relationship (Bilecen & Barglowski, 2015). While both social support and informal social protection emphasize the relational nature of support systems and social protection, they have rarely been considered together. This chapter synthesizes these dimensions to provide a distinctive and nuanced perspective on how Ukrainian care workers navigate the intersection of social networks and social protection. Because social connectedness is shaped by place, I also consider how location influences access to support and protection.

I will start by providing the conceptual ground, defining the key concepts underpinning the chapter, namely, social support and transnational informal social protection. Then I will move into the analysis of care workers' social connections to identify available resources and strategies to achieve support through their networks. I begin by examining the connections centred around the workplace, which in many cases is also the care workers' home in Italy, focusing on the pivotal role employers play in influencing care workers' experiences, both positively and negatively. Next, I delve into the dynamics of family support, considering the contributions and challenges faced by care workers' families in both Ukraine and Italy, including the complexities of maintaining relationships across borders and the impact of the ongoing conflict on these ties. Finally, I analyse opportunities for social connection within the broader community, highlighting the roles of friends, churches, and civil society organizations in fostering protective bonds, while also addressing the barriers that hinder their formation.

## **6.2. Establishing the conceptual foundation. (Transnational) social support and informal social protection**

In this section, I establish the conceptual foundations of the chapter by bringing the notion of social support into dialogue with the concept of informal social protection, as framed within the transnational social protection perspective. I highlight their differences and similarities, underscoring their relevance for understanding the experiences of older Ukrainian care workers.

### **6.2.1. Social Support**

The concept of social support has been widely utilized across various disciplines, including psychology, sociology, and public health, to emphasize the protective nature of social relationships. Early definitions in health research describe social support as a protective factor that buffers individuals from the physiological and psychological consequences of

stress (Cobb, 1976). Cohen and colleagues define social support as "any process through which social relationships might promote health and well-being" (Cohen et al., 2000, p. 4). More broadly, social support encompasses the provision of tangible and intangible resources—emotional, informational, or material—that individuals receive from their networks (Berkman, 1984; House, 1983; Song et al., 2014). Emotional support involves affection, care, reassurance, esteem, and trust; informational support provides guidance and advice for problem-solving; and instrumental support includes material assistance such as financial aid or help with daily tasks (Berkman, 1984; House, 1983; House et al., 1985; Novara et al., 2023). These forms of support can stem from formal sources—such as government and bureaucratic services—or informal networks like family and friends (Baig & Chang, 2020; Doma et al., 2022).

However, social support is not solely determined by external resources; it is also shaped by individual characteristics, cultural views and notions of autonomy, dependency, and reciprocity (Jacobson, 1986; Veiel & Baumann, 2014). This cultural dimension is particularly relevant in understanding migrants' help-seeking behaviours, as personal and interpersonal factors influence their strategies (Baig & Chang, 2020; Bui, 2003). Social support plays a crucial role in migrants' settlement, participation, and access to resources (Tang et al., 2017). Research often differentiates between formal and informal support—with migrants typically relying on informal networks due to trust issues, accessibility, and in some cases potential stigma attached to the use of formal services; however, it has also been noted that migrants navigate both systems based on their cultural perspectives and specific needs (Baig & Chang, 2020; Green & Ayalon, 2016; Hernández Plaza, 2002; Hernandez-Plaza et al., 2005).

### 6.2.2. Social support in transnational contexts

Traditional approaches to social support and migration have often separated formal from informal support, focusing on one-directional assistance (Song et al., 2014) within national boundaries (Herz, 2015). Transnational perspectives have broadened this analysis by highlighting that migrants' networks frequently span large geographical areas (Portes, 1995), with dynamic ties that evolve over time and space (Ryan, 2007), a notion which challenges traditional ideas about migration as disruptive of social capital (Coleman, 2000; Putnam, 2000). Several studies have argued that geographic proximity remains crucial for certain types of support—such as childcare and eldercare (Oakley, 2018; Wellman, 1979). However, it has also been observed that transnational mobility fosters diverse and complex forms of support (Boccagni, 2014, 2015; Chambon et al., 2013; Herz, 2015; Kim et al., 2021),

characterised by a dynamic nature, evolving over time within individual life courses (Bender et al., 2012). Migrants provide informal social support to their left-behind relatives, often reciprocated in the form of emotional, financial, and practical assistance, though these exchanges are often constrained by financial asymmetries (Boccagni, 2015).

Scholars of transnational social support have also paid attention to social and political institutions that shape access to aid resources (Pries, 2022) beyond family and kin networks. It has been noted that as institutional support is often tied to nation-states, migrants' ability to address their transnational needs within destination countries may be limited (Boccagni, 2014; Chambon et al., 2013). While informal social ties across borders can serve as a valuable complement, they remain an inadequate substitute for migrants' full inclusion in the destination society (Boccagni, 2015). These insights highlight social support as a complex and dynamic entity shaped by the interaction of multiple actors and resources in transnational space.

### 6.2.3. Introducing Relational Support Systems

The previous discussion highlighted that the concepts of social support and transnational informal social protection, as defined in section 2.7., share several similarities, particularly in how they view personal relationships as sources of protection against the risks associated with migration. Traditionally, these two concepts have been seen as separate. In my work, I will examine them together, combining the two perspectives under the broader term *relational support systems*. This term encompasses both formal and informal networks that offer informational, emotional, and material resources, providing direct assistance and protection to Ukrainian care workers or connecting them with other actors and resources to meet their needs. The notion of *relational support systems*, as is intended here, gives emphasis not only to the availability of supporting networks, but also to individual aspects, such as subjective perceptions, personal attitudes or cultural views shaping help seeking behaviours.

Access to *relational support systems* is also shaped by place-based factors. Social connectedness among migrants is influenced by the locations in which they live or work. Research in health has demonstrated that the relationship between people and their environment affects access to care (Cummins et al., 2007). Socio-relational distances from care services can emerge due to socio-economic status, which may be more significant than ethnicity in determining access (Chakrabarti, 2010). Superdiversity (Vertovec, 2007) provides a useful lens to analyse these dynamics, emphasizing that migrant populations are diverse not only in terms of ethnicity but also in language, religion, migration trajectories,

immigration status, gender, and age—all of which shape access to public services. From this perspective, the place of residence also influences how migrants integrate into social networks and access resources, reinforcing the idea that access to care is the result of an individual's embeddedness within relationships of care in urban environments (Carlsson, 2023).

A focus on relational support is fruitful to explore the experiences of migrant care workers at the intersection of social connectedness and social protection. Care migration is frequently associated with social isolation and a lack of social capital (Hussein et al., 2024). Literature highlights how care migration often entails prolonged periods of separation from family, with women enduring years apart before reunification (Cvajner, 2018; Hochschild, 2008; Marchetti & Venturini, 2014; Solari, 2017; Tawodzera, 2024; Vianello, 2009). Studies on transnational social support and protection have shown that migrant care workers engage in transnational family support structures (Boccagni, 2014, 2015), where they act as remitters while receiving emotional and financial support from left-behind relatives. However, the capacity of non-migrant family members to support care workers is often constrained by structural inequalities (Boccagni, 2015).

Live-in care workers in particular may experience extreme social isolation, as their work arrangements often prevent them from maintaining a personal life outside their employment (Hussein et al., 2024). The private-home workspace significantly impacts their mental well-being, employment conditions, and social rights, restricting their social connections. The client or the client's relatives often become their primary social contacts (Degiuli, 2007), while relationships with family back home remain distant (Fedyuk, 2012; Leifsen & Tymczuk, 2012).

Furthermore, migrant care workers frequently face challenges due to minimal social support in destination countries, where institutional frameworks often overlook their needs (Boccagni, 2014). The informal support provided by family members back home is often insufficient to mitigate their disadvantaged positions. Additionally, familial obligations may further burden migrant care workers, with responsibilities shaped by gender roles and intergenerational dynamics (Luescher & Pillemer, 1998). Structural inequalities embedded in migrant care work conditions exacerbate these burdens, as gendered expectations and limited institutional support compound the challenges faced by care workers (Bernhard et al., 2009; Boccagni, 2014; Levitt et al., 2023).

These factors raise critical questions about the ability of care workers to mobilize their networks for social protection. The following analysis will explore the relational resources and strategies employed by older Ukrainian care workers in negotiating transnational social support and protection.

### **6.3. Navigating Relational Support in Private Home Care: A Contradiction?**

In section 4.3.4., it has been shown how for Ukrainian care workers the choice of live-in arrangements responds to a specific financial strategy to maximise income and remit as much as possible during a period which is expected to be short (Degiuli, 2007; Marchetti & Venturini, 2014). In parallel, it has been stressed also that this choice might have multiple negative consequences in terms of mental well-being, but also in terms of personal freedom, in that it requires care workers being in the domestic space most of the time. This is how Sofiya, a woman in her late forties in Naples, put it:

The good thing [*about care work*] is that you are safe, that you have a bed to sleep, to eat. You are calm because you are locked in the house. It is difficult though. For me it is difficult to always be locked in (Sofiya, late forties, Naples, interview in Italian)

In Milan, I spoke with a woman on the phone who expressed interest in participating in my research. However, she explained that she couldn't leave her client because she didn't have any backup to replace her. Additionally, she could not allow me into the house. The live-in arrangement for care workers can significantly impact their social lives. During my interviews, both in Naples and in Milan some live-in care workers mentioned that by the time of the interview, they had not spoken to anyone other than their client for several days. Given these situations, for many care workers it may be difficult to build relationships and enter networks able to provide support when needed. In such scenarios, employers (or their family members) become the closest persons and in many cases key actors for Ukrainian care workers to access social protection.

#### **6.3.1. The role of employers**

As discussed in Chapter 2.2.3., care work relationships are complex, with care workers seen both as outsiders and expected to fulfil familial roles (Parreñas, 2001). These ties often extend beyond formal care (Doyle & Timonen, 2010), but can involve tensions like prejudice and non-acceptance (Walsh & Shutes, 2013). Nonetheless, positive (Amrith, 2022b) yet ambivalent ties, marked by affection and conflict frequently develop (Baldassar et al., 2017).

Among Ukrainian care workers, relationships with employers and clients emerged as a crucial site that significantly shapes their working and living conditions. When I asked Darya, a woman in her late sixties in Milan, about the main difficulties she found in her job, she replied:

This all depends on the families you go to live with, because you start living with a family you don't know, with a family you've never seen (Darya, late sixties, Milan. Interview in Italian)

Lyuba, a woman in her late fifties in Milan, echoed Darya:

It depends on the families, which families you work in, because there are people who understand you, but there are people who don't want to understand (Lyuba, late fifties, Milan, interview in Italian)

The disposition of employers may have a significant influence on contract arrangements, as shared by Miroslava, a woman in her mid-sixties in Milan. She explained that in the stage of drafting the contracts, employers may choose to seek legal advice in dedicated services. Services might be Third Sector-led or private consultants, but what was important for Miroslava was that employers engaged in dialogue and included the care worker in the negotiations:

[...] the employer has to go with the carer to make a contract, because they do not explain all the things [...] And there are employers who go without the care worker... they don't know that there are 36 hours, that you have to be free like that, all their, let's say, all their rights... they don't know (Miroslava, mid-sixties, Milan, interview in Italian)

When rules are blurred and boundaries undefined, care workers face heightened employment risks, increased vulnerability, and a lack of protections. Therefore, employers who act fairly and in good faith play a crucial role in protecting their employees. In some cases, care workers reported indifference to their needs on the side of their employers, like in Yana's case, a woman in her late forties I interviewed in Milan: "They don't want to listen because they don't care..." (Yana, late forties, Milan, interview in Italian). Some care workers faced outright hostility:

I happened to work in a family, where she had three daughters...and she said: "You prepare the food, you have the table served". They all arrive, they all eat, I

say "But when do I eat?".... "Ah, you go away, you eat wherever you want"  
(Yevheniya, late fifties, Milan, interview in Italian)

However, in other cases, employers may display support and stand on the side of their employees. For example, Liliya valued her employer's understanding and fairness, which stood in stark contrast to the experiences of others who encountered resistance when requesting pay raises.

Thank goodness [*I am at*] that family with this lady. They are good one, these. And they are the ones who worry when now it [*the hourly wage fixed by law*] has increased, I think that 100 € has increased. Many care workers had a problem because the *signora* [*the client, in Italian*] said no, no, does not have the money (Liliya, early sixties, Milan, interview in Italian)

The narratives underscore the diversity in care workers' experiences, shaped by employers' attitudes and behaviours. They also highlight the function of an employer as a potential relational bridge to the access of formal social rights.

#### 6.3.1.1. Emotional support

Beyond the legal obligations, in some instances relationships with employers can develop into sincere bonds of affection. In some cases, care workers may find joy and gratification in the care for their older clients:

I like working with older people, they make me laugh. But because with them, first of all, there is always something to learn, each one tells some story of their life. And yet there are also many who can also joke, and many jokes come out during the work [...] I am also happy to see that I can help her (Valentyna, early forties, Milan, interview in Italian)

Relationships with employers may be solid and last over time, as Lida demonstrated. Lida is a live-in care worker in her early forties whom I met in Milan, who had been introduced to me by her former employer with whom she had maintained close ties. At the time of the interview, Lida disclosed that she had accepted to meet me because being an acquaintance of her former employer qualified me automatically as a good person.

In some cases, good relationships with employers, characterised by positive feelings, can generate a sense of protection and stability, something which emerges in Sofiya's account mentioned above. Despite the difficulties, Sofya admitted that she felt "safe" in the house. In a similar vein, Olesya, a woman in her early fifties in Naples said: "I'm sure I will have a

job because my *signora* [the lady she assisted in Italian] loves me” (Olesya, early fifties, Naples, interview in Italian, Russian and Ukrainian). Her statement highlights how work relationships can offer emotional support through a sense of protection and stability. Olesya's experience demonstrates that emotional support can arise from a wide range of social interactions, not only from family and kinship ties but also from formal work relationships.

#### 6.3.1.2. Material support

Employers may actively provide material help, such as social and housing support. We have seen in the previous chapters how employers may help care workers with access to healthcare, but they may also engage in different forms of aid. For example, in section 4.3.3. I have shown how Inna's employer allowed her to stay in the house after their mother, Inna's client, passed away, leaving her a buffer period to find another job. In other cases, employers mobilised to host employees' families in the aftermath of the February 2022 Russian invasion. Yevheniya, a care worker in Milan, told me that her employer offered to accommodate her two daughters and three grandchildren in the same house where Yevheniya lived and worked, caring for the employer's mother. This is how Yevheniya recounted it:

He said, ‘You know there's a free room at home, they can come too’. He was very kind, very good” (Yevheniya, late fifties, Milan, interview in Italian).

However, given the precarious nature of care work, informal support provided by employers may be very fragile. Indeed, Yevheniya recounted that while her family was in Milan, living in her client's home, the older woman she was assisting had an accident that resulted in severe injuries. Yevheniya feared that her client could have died. This unfortunate event prompted Yevheniya to consider the delicate balance of her role as a live-in caregiver, highlighting the risks it posed not only to her living situation but also to the well-being of her family members:

when my daughters, daughter with grandchildren stayed here in this house, the lady last year fainted, fell, cracked her head, I say... damn, I was really upset [...] I say, in a day, life changes. It changes like this: today we have the house and tomorrow there is nothing. Not just me, also all my other daughters or my niece (Yevheniya, late fifties, Milan, interview in Italian)

Yevheniya's case can be understood through the "linked lives" principle, a key concept in the life-course perspective (Elder, 1994) stressing the interdependence of interconnected lives. Yevheniya's experience highlights the complexity of cross-border support dynamics, shaped by evolving life events that impact not only migrants and their employers but also

the interconnected lives of those within their networks—specifically, two families in this case. Interconnectedness of experiences - specifically within family networks—in response to life events is a recurring pattern in the journeys of Ukrainian care workers, continuously shaped and reshaped by family-based dynamics.

What happened to Yevheniya also reveals some inconsistencies of the informal support received by her employers. While employers' support is valuable, in the absence of broader systemic support (i.e. measures mitigating housing risks), it remains an insufficient measure that could potentially leave care workers unprotected. In addition to this concern, social protection strategies based on informal employers' support may cause significant disparities among care workers, as it often depends on the employer's resources and willingness to offer support. Furthermore, it must be remembered that the isolating nature of live-in work arrangements restricts opportunities for care workers to complement employer support with social support beyond the confines of the home. In fact, live-in jobs significantly impact family reunification or the formation of families in Italy, which could otherwise provide care workers with essential support. I will elaborate on the dynamics of familial support in the next section.

#### **6.4. Families there, here, or both?**

##### **6.4.1. There. Support from left-behind families**

This section explores support from the people 'left behind', intended in a broader sense as extended family members and friends that migrants have left in the country of origin, as well as members of their communities (Lenoël, 2023). Migrants' caring practices toward those 'left-behind' have been framed as a remarkable example of transnational social protection from below – a process which primarily builds on remittances, and only on limited political and juridical infrastructures (Faist, 2013). In this vein, the migrant–left-behind nexus is described as one-sided dependency (ibid.). However, this narrative does not reflect the complexity of dynamics shaping left-behind roles and contributions. For instance, research has found that left-behind wives may be empowered by male *de-facto* absence and take on active responsibilities within the household (Lenoël, 2017). Left-behind kin might be also, potentially, a source of support for migrants. For example, grandparents, particularly grandmothers, take an active role in caring for migrants' children (Bastia, 2009; Pantea, 2012). In addition to the provision of informal familial care, it has been underscored that transnational family relationships can facilitate the circulation of welfare resources from both sides (Boccagni, 2015). However, support exchanges between migrants and left-behind families is often asymmetrical (Bilecen, 2020), as left behinds usually have lower economic

resources. In many cases, these mutual practices can only act as a complementary strategy to help migrants coping with difficulties, but they often are an insufficient substitute for migrants' inclusion into the receiving society (Boccagni, 2015).

Despite limitations, left-behind kin can be a source of support in many ways, for instance providing administrative support in Ukraine while their migrating relatives are abroad. Valentyna, a care worker in her early forties in Milan province, relies on her sister in Ukraine to handle critical administrative tasks she would not be able to manage from afar:

I have to do stuff with documents. I left a general proxy to my sister, which is expiring now in January, and since I live here, I work here, I need her to manage certain things (Valentyna, early forties, Milan, interview in Italian)

Other practices reveal a certain degree of reciprocity among the members of families. For instance, Inna reflected on how her daughter and son-in-law helped her during a challenging time when she was unemployed and residing in Ukraine:

when I didn't work, I was in Ukraine, a while ago, when I needed it, my daughter, she helped me, my daughter with my son-in-law [...] this daughter who lives in Ukraine, she helped me a lot (Inna, mid-sixties, Milan, interview in Italian)

Valentyna recounted how she cooperated with her sister to take care of their ill mother in Ukraine:

When my mother was sick, she had a stroke... I take care of others, I can't handle my mother, this was a bad thing of the whole period [...] On the other hand, my sister said that if it wasn't me who was working here... there, they needed money, diapers, pads, all those things I sent. But I wasn't close to my mother, and she died close to my sister (Valentyna, early forties, Milan province, interview in Italian)

Valentyna's experience not only signifies the practical collaboration within the family across borders but also reveals the attempt of emotional support on behalf of her sister, trying to relieve Valentyna from regrets for not being physically present.

In some cases, informal support within the families may take place through a temporary reverse migration of children to their mothers. A case in point is Miroslava, whose son travelled to Italy to assist her when she underwent surgery. It must be noted that such support – temporary mobility to provide assistance – is heavily dependent on time and economic resources.

Some other caring exchanges among migrant care workers revealed a more emotional and symbolic character. Children and grandchildren were present in interviews not only as recipients of financial support but also as central figures in the respondents' affections and care relationships. Many participants spoke at length about their family members and shared pictures they frequently received via WhatsApp or other channels. Respondents often expressed pride and satisfaction regarding their children's and grandchildren's achievements in work or education, to which they had contributed. The way they spoke about their families reflected warm and rewarding bonds, regardless of physical distance.

However, in some cases, these mediated relationships seemed somewhat incomplete. One informant expressed sadness as she recounted how she celebrated New Year's Eve with her family through WhatsApp. She remarked that, in her opinion, this experience did not resemble the family celebrations as they were meant to be. This perspective highlights the ongoing debate regarding how familial transformations interact with transnational communication methods, specifically ICT-mediated interactions (Baldassar et al., 2016). She emphasized her preference for "physical co-presence", echoing experiences of some older migrants who consider this option as more valuable than virtual interactions (Baldassar, 2008). In the next section, I will analyse the impact of the ongoing war on these forms of interactions.

#### 6.4.2. The 2022 war as an unsettling life-course event

The use of digital connections, particularly news apps, has become an even more critical component of maintaining awareness and connection for individuals navigating life at a distance. This is how Yevheniya described it:

Of course, in night hours...we all have that programme on the phone...a programme which, when there are alarms, sirens, I can see it straight away. I see it and I call straight away "How is the situation?" (Yevheniya, late fifties, Milan, interview in Italian)

The habit of checking news first thing in the morning or during night hours signifies the omnipresent nature of stress and worry. These routines are not merely informational but deeply emotional, driven by the need to confirm the safety of one's homeland and loved ones. Veronika, early sixties, in Milan captured this burden:

You wake up, you check if they bombed...this is...life is psychologically heavy (Veronika, early sixties, Milan, interview in Italian)

It appears that the war situation, rather than weakening or interrupting, has intensified the ties between care workers and their families. This aspect provides evidence of the multiple ways in which the outbreak of the war has reshaped family dynamics, consequently influencing patterns of support.

In Chapter 4, we have seen how war-related economic hardship within Ukraine generated a change in the informal dynamic of financial support among care workers' families, with care workers compelled to work and remit more to sustain their left-behind relatives. In addition to this, many care workers hosted their families in Italy within the State programme enacted by the Italian government to support Ukrainian nationals fleeing the war. The reception system introduced in February 2022 enabled private citizens in Italy to host Ukrainian refugees in their homes, fostering a network of support. Many Ukrainian migrants already residing in Italy played an active role in this initiative, often taking in family members. Nataliya hosted five young children, including her granddaughter, shortly after the February 2022 invasion. Yevheniya hosted her daughters and three grandchildren. Valentina housed four relatives in her home, including a two-year-old niece, and faced the challenges of coordinating their legal and medical needs while managing the dynamics of sharing a single space. She admitted that that situation was difficult sometimes:

Five women in one room...it hasn't been easy. Five women, each with her own character. There has been some stress sometimes (Valentyna, early forties, Milan, interview in Italian).

Similarly, Veronika, in her early sixties, accommodated her daughter's family and took responsibility for her 17-year-old grandson. She moved to a smaller town to reduce costs but struggled with life away from the city. Reflecting on her experience, she noted how care responsibilities and the ongoing war have adversely affected her health. She said:

My daughter is here, and I also took with me my grandchildren who is underage. I took this commitment, I must help. For this reason, I feel that my health after the war has got worse (Veronika, early sixties, Milan, interview in Italian)

These personal stories help illuminate the transnational dynamics of relational support in three important ways. The experiences of care workers hosting their loved ones in Italy exemplify social protection "assemblages", whereby the formal framework of state reception programmes intermingle with informal dynamics of familial support. Such experiences also highlight the inequalities involved in relation-based forms of protection and support. Inequalities are connected to the emotional and material challenges faced by care workers

who open their homes to loved ones in need. The increased burden of responsibilities and the strain experienced by Ukrainian care workers underscore the complex realities faced by many transnational migrants. While they may be financially better off than the family members they leave behind, this advantage comes at a significant cost in terms of risks and vulnerabilities (Bilecen, 2020).

Secondly, care workers' experiences evidence the impact of life course events on social networks and interwoven dynamics of support. In this specific case, the outbreak of the February 2022 war might be seen as a major "unsettling event" (Kilkey & Ryan, 2021) intended in a life-course perspective as a major geopolitical structural event reconfiguring migrants' journeys in different aspects, including relational dimensions. The experiences of care workers illustrate how the dramatic life changes triggered by the war play out across borders, influencing support networks in multiple ways. These changes include increased remittances, intensified digital communication, and temporary shifts in family arrangements. A common thread across these transformations is the growing burden placed on care workers, who take on additional responsibilities to help their families navigate difficult circumstances.

Finally, this discussion brings attention to other critical factors that shape the negotiation of relational support, particularly gender and age. While geopolitical events affect entire populations, their impacts are highly uneven, as migrants occupy different positions in relation to the disruptions they face (Kilkey & Ryan, 2021; Lulle et al., 2019). In the case of Ukrainian care workers, their gendered roles as mothers and grandmothers, combined with the demands of wartime, have significantly increased their caregiving responsibilities and emotional strain.

#### 6.4.3. Here. (Re)making families across borders

##### *6.4.3.1. Reunifications and their impact on support networks*

As mentioned in Chapter 4, the decision to accept live-in care arrangements implies a prioritization of financial objectives (Degiuli, 2007), while staying separated from families. Conversely, the decision to reunify with families might push live-in care workers to opt for live-out job positions. This is how Lyuba, a care worker in her late fifties in Milan, explained her transition:

I decided to change because I had children. My daughter had children of her own, and I had to take care of my grandchildren too (Lyuba, late fifties, Milan, interview in Italian)

Khrystyna, a woman in her late fifties in Naples, had a similar experience:

Since my children came here to Italy and I couldn't leave them alone at night and everything... I had... I rented the house where they were staying, but they were little, and this forced me to leave work night and day (Khrystyna, late fifties, Naples, interview in Italian)

Reunification with families may be a source of help and support for care workers. For example, Khrystyna received help from her children when she needed to handle bureaucracy through online channels, relying on her children's higher IT literacy. When I asked her about how she got information about social benefits, this was her response:

Sometimes it is my daughter who goes on the Internet. They are young and they know where to check, they know how to do (Khrystyna, late fifties, Naples, interview in Italian)

Bringing her children to Naples allowed also Khrystyna to expand her familial network and strengthen her ties to the city, especially since both of her children married Neapolitans. However, it is important to note that having family nearby can also come with obligations. As mentioned in section 4.3.4, for some care workers, transitioning to a live-out arrangement required them to work more hours each week in order to cover the rent for themselves and their families. Additionally, some care workers may have caregiving responsibilities for their grandchildren, which can complicate their work schedule. This is evident in the cases of Alisa and Lyuba, both in their early fifties and residing in Milan, and very busy with work and families. Their situations demonstrate the dynamic and interconnected nature of support experiences, in other words, support systems which migrants engage with are not static but continuously reshaped by life-course events and relationships with "linked" family members and kin.

Additionally, it must be mentioned here that the opportunity of reunification might not be automatically available to anyone, in that multiple factors might obstruct or facilitate the process. First of all, migrants' family rights are tightly connected to visa legislation and policy provisions allowing families to reunite (Fedyuk, 2015; Hussein et al., 2024), but also to migrants' working conditions, and opportunities for professional and economic mobility (Fedyuk, 2015). The lengthy and expensive bureaucratic procedures necessary for family reunification, paralleled by migrants' low incomes, precarious housing and working conditions might undermine migrants' rights to family life, and consequently, their opportunities of receiving informal support.

Among my informants, none had mentioned reunifications with their husbands. The decision against reuniting with husbands might be due to personal reasons. In interviews, discussions about husbands were rare, suggesting that some marriages may have simply faded after many years of separation due to migration. However, this reticence may also be linked to specific circumstances occurring in the Italian labour market. A study (Fedyuk, 2015) has revealed that among Ukrainian women, the reunification with husbands was rarely considered except by the younger interviewees who wanted to move their whole family to Italy. With its strong demand for care and domestic work, Italy was considered a problematic place for men. The combination of this labour environment and personal elements likely resulted in marriage bonds with husbands in Ukraine fading over time and across borders, and, in some cases, opened opportunities for care workers to start new relationships in Italy, as we will see in the next section.

#### *6.4.3.2. New families*

In the narratives reported above, reunification with children emerged as a major determinant in care workers' choice to leave live-in arrangements. For other women, the decision was motivated by the initiation of relationships with new partners in Italy. This was the case for Sofiya, a woman in her late forties in Naples. She was employed as a live-in care worker when she met her husband and decided to move out and seek a different job. Sofiya expressed gratitude to her husband, who was supportive when she struggled with the Italian language:

I did it by myself [*she refers to learning Italian*], I did it by myself, slowly. Thanks to my husband, so much patience. I don't speak Italian well, one in two words, he has to understand what I mean (Sofiya, late forties, Naples, interview in Italian)

Sofiya's story highlights two significant themes: the interplay of personal relationships in shaping migration trajectories and the importance of supportive relationships in overcoming potential inclusion barriers.

Similarly, Kateryna, a care worker in her early forties in Naples, was living and working as a live-in care worker in Tuscany, a region in Central Italy, when she met her husband and decided to follow him to Naples. The decision was detrimental from the point of view of income and working conditions, which were more favourable in Tuscany, however, as Kateryna said: "it is hard, they pay poor money, but there is also more help here", referring to the supporting role of her husband.

New relationships may facilitate access to formal social protection, as marriages can be a reason to apply for a long-term residence permit, which guarantees a certain stability compared with the working permit, lasting two years. This was the case for Oleksandra, who had gained the 10-year residence permit after marrying an Italian citizen. Generally, partners appeared as an opportunity to expand care workers' networks and access opportunities of support. This was the case for the above-mentioned Sofiya, who got to know a food bank organised by a political group in Naples through her husband. Pushed by economic hardships, they entered the group as beneficiaries during the COVID-19 pandemic; then they remained within the organisation as volunteers.

What has been said shows that personal life-course events – such as marriages – have a direct impact on support dynamics. However, these opportunities for familial support deriving from marriage/couple pacts might be restricted by socio-economic circumstances. For example, Sofiya faced difficulties when her husband found himself unemployed and struggling to find a new job in Naples, located in an area with the highest unemployment rate in Italy (ISTAT, 2024a). She reported how she had to work to sustain him, while continuing to support the family in Ukraine, bearing the burden of double obligations within her transnational extended family. In other cases, difficulties may arise connected to gendered dynamics within the couple. For instance, one of my informants, Kira, a woman in her early fifties living in Milan, encountered a difficult situation with her husband when his psychiatric condition worsened after a few years of marriage. She recounted how her husband became violent, prompting her to enter a program for victims of gender-based violence in order to protect herself and her daughter, a decision made possible by the support she received from her daughter, her friends and the community. Friendships and community ties and their role as vectors of social protection will be explored in the next section.

## **6.5. The outer space. Friends and organisations.**

### **6.5.1. Making friendships across borders**

Along with the role of familial ties, the literature on social protection in contexts of migration has stressed the importance of other forms of social connectedness – i.e. friendships - as key sources of social protection for migrants (Bilecen, 2016, 2019). Left-behind friends might have an active role in helping migrants at a distance (Bilecen, 2020), and new friendships might develop in the country of destination, where friendships are paramount to transmit helpful information about jobs or services (Bilecen & Sienkiewicz, 2015). However, as has been underlined above, difficulties might arise for migrant care workers to develop and cultivate those ties in the host society as they spend most of the time in employers' houses

(Bai et al., 2013). In this section I will look at how Ukrainian care workers negotiate social protection through connections with friendship groups.

#### *6.5.1.1. Support within migrant networks*

In line with the mentioned literature, many care workers I interviewed often mentioned their friends as substantial vectors of support throughout their migration trajectories. In many cases, they started their journey with a Ukrainian friend who shared similar situations and aspirations. A case in point was Liza, a former care worker in her late fifties living in Naples. The word “friend” was commonly associated with women with a similar status of migrant care worker, which resonates with some evidence on mid-life migrants highlighting that adult female migrants may generally struggle to make friends abroad, yet new ties might be facilitated by similar life-course experiences (Lulle, 2024).

As already mentioned in section 4.5., friends were sources of information about job opportunities, which might circulate via word-of-mouth. Lyuba, in her late Fifties in Milan, said that she mostly relies on friends to find jobs, and added that she had tried to approach agencies, but “They never called me back”, as she said. Natalya shared how she decided to move from Naples to Milan upon invitation from a friend who was already working in Northern Italy with better employment conditions:

my friend worked at the time in Piedmont, Novara province, and she was already earning good money here, and she said “Natasha, listen, you have to come there... I work here for a month, for you it takes three [*to earn the same money*], come here instead”... (Natalya, late fifties, Milan, interview in Italian).

Oleksandra had a similar experience. A childhood friend who had relocated to Italy invited her to move from Naples to a coastal town in Lazio region, where she had recently acquired a new house.

[the] house was built and she said: "Come to me for a while, there's work too, it's not far away" There's also a plant nursery where they were looking, they were looking for a person for the job. So, she said to me "Live at my house, let's spend some time together (Oleksandra, mid-fifties, Naples region, interview in Italian)

These accounts highlight how shared migration experiences can not only foster connections, but also (re)unify individuals across borders, as emerged in the case of Oleksandra and her friend. Considering that a significant share of Ukrainian emigration to Italy originates from the same region, i.e. Western Ukraine (Vianello, 2016b), experiences like Oleksandra’s are likely to be common. Friendship ties often emerge through shared national identities. For

Ukrainian nationals, such bonds can extend to individuals from the broader post-Soviet space, where the shared use of the Russian language facilitates communication and interaction. For example, Olesya, a care worker in Naples, described the supportive networks she found among Ukrainians and Georgians: “I have friends, many Georgians, Ukrainians, we help each other, it is normal” (Olesya, early fifties, Naples, interview in Italian, Russian and Ukrainian).

These relationships appear to alleviate the risk of loneliness among care workers. However, as noted by a medical doctor from an NGO in Milan, the support offered by fellow migrants should not be overestimated, as it comes from individuals who often face the same resource constraints as the care workers themselves. This is how he described this situation:

From the point of view of social need, what is perhaps missing [...] is the part of a support network for people who are certainly very lonely, at least in my perception [...] even when, in some circumstances there is... there is a community, in any case it is a community that must manage to survive (Alessandro, NGOs Medical Doctor, Milan)

Alessandro’s views recall what de Haas said regarding support among co-nationals, namely that “impoverished and marginalised migrants might simply be unable to deliver ‘help’ because they lack the resources to do so” (2010b, p. 1063). Furthermore, it is important to note that these narratives about friendships primarily focus on practical assistance, such as finding work. What appears to be lacking is the role of friendships as a source of emotional support and a means to share feelings about challenges.

#### *6.5.1.2. Seeking friendly support in the new environment*

Along with co-nationals and other migrants, Ukrainian care workers also developed ties with Italian people. For example, Kira, early fifties, and Lida, early forties, both living in Milan, said that they counted more friends among Italians than among co-nationals. Kira and Lida were both very active, energetic and involved in multiple activities, an approach that might have contributed to a broader network of relationships.

Since I have dealt with several associations, I have worked with families a bit everywhere, I have enough people who - not to boast myself - love me, because I have always behaved with respect, with courtesy. And basically, it is them who ask me "look, if you have this problem, there... go there!", then I do what needs to be done (Kira, early fifties, Milan, interview in Italian).

Lida considered building new friendships with locals necessary to have help and support and generate a supportive network:

I push myself by going there, to ask for help, to have friendship by asking for phone number, so slowly, I created...[I can] not only wait for something from...from...from my fellow countrymen [...]I have helped a lot of people to find a job through Italian friends, families where they worked, I have excellent references (Lida, early forties, Milan, interview in Italian)

In Lida's case, the motivation to make friends in Italy was also dictated by the attachment to the country:

I would say 95 percent are Italians because I understood that if I like the country and want to stay here, then I would build something more. (Lida, early forties, Milan, interview in Italian)

Lida had a special attachment to Milan, which she expressed in this way:

I like the city. I want a metropolis city because I feel great. I really love...I love this city of mine. When I arrived, I fell in love (Lida, early forties, Milan, interview in Italian)

Such positive relationships with the city might act as a motivation to go out and engage with the social environment. The outcome might be different when the city is perceived with indifference, as in Yevheniya's case:

But now no, I don't care, absolutely not...Yes, when I arrived here in Italy 18 years ago, I did. I was interested in going to the Duomo, looking at something, beautiful things, all the landscapes, everything. Now I'm already used to it, it seems like my home, I'm already so used to it (Yevheniya, late fifties, Milan, interview in Italian)

Yevheniya told me that she had almost stopped going out altogether, spending her free hours at home and working during weekends because she had nowhere to go in her free time. This fostered a work-centred routine and social withdrawal.

[I have] Two hours free but I'm almost always at home because now where do I go to go around. Yes, I go out every now and then, yes, but, more often, I stay at home, I also work overtime. Saturday and Sunday are holidays, I always work (Yevheniya, late fifties, Milan, interview in Italian)

The different experiences of these women underscore the importance of personal attitudes and motivations, and perceptions of the surrounding environment in shaping migrants' social relationship and the opportunities of support. While active engagement with the host community and attachment to the locale can foster a sense of belonging, indifference or fatigue may lead to social withdrawal and isolation. Emphasizing the importance of personal subjectivities and approaches in negotiating support through social relationships, Lida and Yevheniya's experiences underscore the individualized nature of social support (Sarason & Sarason, 1982; Veiel & Baumann, 2014).

#### 6.5.2. Churches. Belonging as a source of support.

As discussed in Chapter 2, transnational religious organizations, particularly churches, play a crucial role in facilitating migrants' movement and providing spaces to navigate the complexities of transnational life. These organizations foster inclusive social networks based on trust and solidarity, offering migrants a sense of belonging beyond traditional, territory-based social rights. Churches serve as important sources of informal social protection, enabling migrants to organize, build networks, and advocate for their interests across borders. They often fill protection gaps left by restrictive state welfare systems, illustrating shifting church-state relations in transnational social protection. Consequently, migrants increasingly depend on religious and civil society organizations for both material support and cultural belonging.

Literature on Ukrainian migration to Italy shows the role of Post-Soviet Churches as providers of material and/or spiritual support among the Ukrainian diaspora in Italy, while at the same time promoting their political agenda (Solari, 2017). The role of the Ukrainian Greek Catholic Church also emerges as a key factor in maintaining transnational ties between Italy and Ukraine, as well as supporting migrants in the settlement phase (Solari, 2017; Vianello, 2016b).

In Naples the Ukrainian Greek Catholic Church is well-established, as it was founded in 1998. Ukrainian mass takes place in multiple locations in the city centre. Milan hosts the Ukrainian Greek Catholic Church, as well as multiple Orthodox Churches, which attract believers of different nationalities, including Ukrainians. In Milan, I visited one of the Orthodox Churches located in the city centre. It is a significant place of interest for Eastern Europeans, as well as for Italians who have converted to Orthodoxy. The community there seemed to be quite close-knit, revolving around a spirited religious leader who was very active for the community. During my interview, this role as a religious leader emerged

aligning with evidence provided by literature on Churches as providers of both material and intangible assistance. This is how he described the role of the Church:

The religious community is born rightly also as a response to the needs, not only religious but also social of the individual. Let's say of the believer, but it is also a point of cultural and national aggregation for the same believers. who come [here] far from their roots of their people, and therefore has an assistance role, for example we also deal a lot with social assistance, as we offer and guarantee those who come here also a possibility of finding a job, a house, assistance, let's say, in providing the precise documentation to regularize their status and then we offer all the religious services that are related to our religion (Spiridon, religious leader, Milan).

He told me that he often warned the community members about the importance of avoiding informal jobs:

I always tell them, try to work legally because this also guarantees you more protection, health card, documents relating to your residence, a pension later because you stay here for ten, twenty years you pay contributions and, in the end, you have a pension (Spiridon, religious leader, Milan)

In addition to this, he often mobilised to help community members or newcomers to find accommodation or a job. In fact, multiple job advertisements were hanging on the Church wall, mostly about eldercare work. This aspect reveals how the informal mediation offered by the church as a job broker may unintentionally deepen the segregation of care workers within that job market segment. This aspect was unlikely to be a concern among community members, who greatly esteemed their leader for his commitment. Both Lyuba and Yana were active members of the community revolving around the Church. Yana underscored the supportive environment in the community:

You just have to open your mouth to ask, everyone helps you, eh! [...] Look, we are in another country...Completely other people. But we are all united, we have faith, and we move forward (Yana, late forties, Milan, interview in Italian).

Both Lyuba and Yana emphasized that they attended church not only to receive assistance but also to help others, actively participating in a mutual support network. Similarly, Iryna, a woman in her early fifties living in Naples, shared that she regularly attended the Ukrainian Greek Catholic Church in the city centre to contribute to food collections aimed at providing humanitarian support for Ukraine. This highlights the role of the church as a central hub

around which relationships of mutual aid can develop, however, these opportunities may not be open to individuals who do not identify as believers. It has been noted in fact that the presence of Churches acts as a determinant in the creation of homophilic bonds among migrants from the former Soviet space (Cvajner, 2018) and generally religion might act both as a facilitator and as an obstacle to transnational membership (Levitt, 2004).

Among my informants, many were familiar with an Italian-based Catholic church organisation which provides migrants and people in need with different types of services. Larysa, a woman in her late fifties in Naples, who was generally critical of the kind of support she could find in Naples, wholeheartedly praised the work and people within the organisation she attended regularly:

A good thing that Italy helps, Italy brings to eat...these your [...] I go to Piazzetta \*\*\*\*\* , there is a beautiful, beautiful branch, there is Maria, Giovanna, Alessandra, who have known me for... I don't know, more than 6-7 years [...] What can I say? What can I say? These are saints (Larysa, late fifties, Naples, interview in Italian)

For instance, Michelangelo, the Director of the Migration Department at the same church organization, emphasized how the relationships between social workers and migrants often developed into friendships, sometimes strengthened by shared gender identities.

[...] a listening centre for immigrant women which had become a point of reference also because it was run by only women and received only women. In my opinion it was a great form of integration within which friendly relationships also developed, which consolidated over time, that is, from users they became friends (Michelangelo, Church Organisation Director, Naples)

Those testimonies emphasize the importance of personal connections and engagement in building trust and fostering care workers' inclusion.



Figure 6.1, Orthodox Church in Milan, Aug 2025



Figure 6.2. Ukrainian church in Naples, Apr 2024 - Jan 2025

### 6.5.3. Support beyond services. Civil society organisations

Another important actor in care workers' support networks are civil society organisations. As has been said in Chapter 4, civil society organisations – charities, NGOs etc – play an important role in supporting migrants. We have seen for example that they might provide different services, such as healthcare, or counselling on legal and employment matters. The purpose of these organisations might be different. Some of them might have a hybrid role, as diaspora organisations and Third Sector services. This was the case of an organisation in Naples which started operating in 2003, at the beginning of Ukrainian migration in Italy, as a diaspora-centred network. Over time the organisation evolved into a Third Sector Organisation providing legal and employment advice, and more broadly support for inclusion of different nationalities. However, thanks to the presence of a Ukrainian cultural

mediator, very active in Naples on multiple projects, the organisation became a favoured reference for migrants from Ukraine, which became even more central in the aftermath of February 2022. At that time, the organisation started implementing support programmes for Ukrainians fleeing the war. Interestingly, some of the interventions designed for refugees – i.e. Italian language courses – were opened to other members of the Ukrainian diaspora, including care workers who were already living and working in the city. The case of this organisation shows how belonging and cultural ties may act as a vector of informal social protection and the role of diaspora organisations in the assemblage of transnational social protection (Barglowski & Bonfert, 2023).

It must be said that solidarity among civil society organizations is not necessarily dependent on a shared national or cultural identity. As we have seen in previous chapters, NGOs and Third Sector organisations are also relevant actors in the provision of social protection in a way which mixes formal aspects (access to welfare) and informal aspects (solidarity, friendship). In many instances, the support offered by social workers in NGOs, Third Sector organizations, and worker unions extends beyond mere service provision, taking a supportive role that fostered care workers' empowerment. For instance, this is how Natalya, a care worker in her late fifties in Milan described the help received from a *patronato* (see chapter 4):

I was lucky, to be fair. Very lucky, because...[*Worker Union*] helped me, helped me a lot to learn many things that I needed for work and that made me understand that when there is something against you [...] that you can fight, that you can really take what you want (Natalya, late fifties, Milan, interview in Italian)

Natalya decided to become a member of the worker union herself, a step which made her stronger: “The worker union helped me to stand on my feet”. Natalya’s statement demonstrates that, as has already been said above for Olesya and her employers, emotional support can be embedded in relationships with professionals in formal environments.

Civil society organizations can support care workers not just as beneficiaries but also as volunteers. For example, Kira, a former judoka in her fifties, volunteered with a sports group and later with an organization offering Italian classes to children. These connections, along with contacts made through work, proved vital when she needed help escaping domestic violence, allowing her to access support and secure housing. However, moving to a new area for safety meant losing her volunteering ties.

Kira's story shows how essential social networks are for care workers, yet also how fragile they can be due to geographic constraints. As earlier chapters note, live-in care workers often have only two free hours a day, limiting social interaction, especially in remote areas. Live-out care workers, managing multiple clients, face similar barriers and time constraints. This link between social life and place is echoed by Miroslava, a live-in worker in a town north of Milan, who lamented the lack of social spaces and the difficulty of building friendships considering her limited daily and weekend free time. As that was a provincial town, many places were closed during the weekends and holidays, and on cold days, there were no places to gather.

Well, let's say, when it's warm...but now [*December, a few days before Christmas*] when we go out for two hours...see? We have to...yes okay, there's a cafe...but it is holidays now, now New Year's Days, now it's Christmas (Miroslava, mid-sixties, Milan, interview in Italian)

Miroslava shared that in the past, she and her friends—other care workers living in the area—used to meet in a space provided by the City Council. However, this space was recently shut down, leaving her group without a gathering place and, as a result, without opportunities for socialization. This is how she described the importance of that space and the relations revolving around it:

When we came, because we had this house, it was wonderful. We were there together, and we sang, everything and sat and talked. That unloads because we can vent all these things...such a hard job. We all vent, one says this, one says that...how do you say, about the problems. It will pass already. Already better (Miroslava, mid-sixties, Milan, interview in Italian)

This account underscores the critical relationship between people and places, and how this linkage in turns impacts the development of relationships of care. This case demonstrates how access to communal places significantly impacts care workers' ability to access social ties able to provide emotional support and maintain well-being. For instance, care workers residing in the city centre of Naples may find it easier to build social ties that provide informal support compared to those in less central locations. In the old city centre, within the same neighbourhood, there are two Ukrainian grocery stores, several shipping offices, a Ukrainian hairdresser, a Ukrainian church and a weekly food bank operated by a political organization and run by a Neapolitan activist married to a Ukrainian woman, who is well-

known within the Ukrainian community. Furthermore, many organizations serving migrants are also located in this area, where a significant number of migrants live.

In contrast, the scenario in Milan is quite different. As a larger city, Milan presents more challenges in locating and accessing places of interest. Although public transportation is much more efficient in Milan than in Naples, the greater distances can still pose obstacles (see figures 6.3. and 6.4.). Additionally, information-sharing

Figure 6.3, Ukrainian places of interest and interview locations in Milan

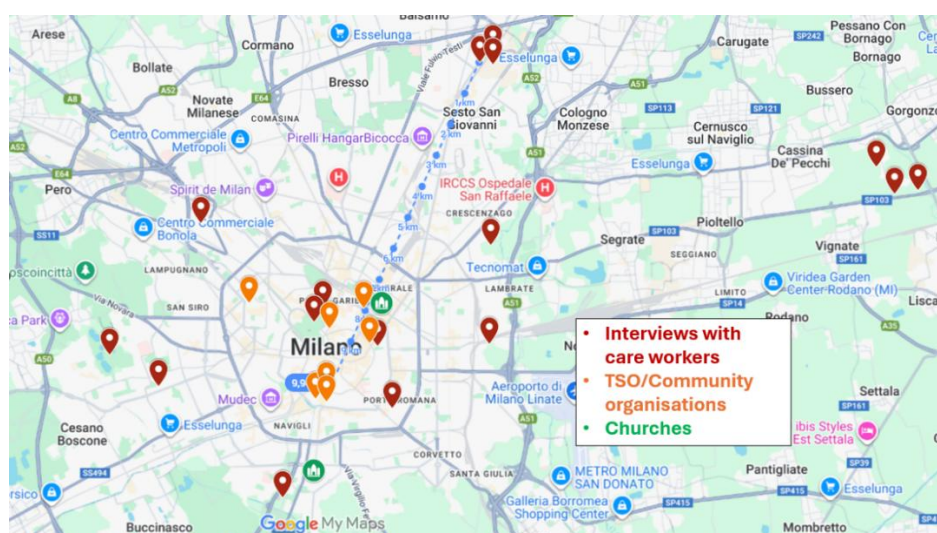
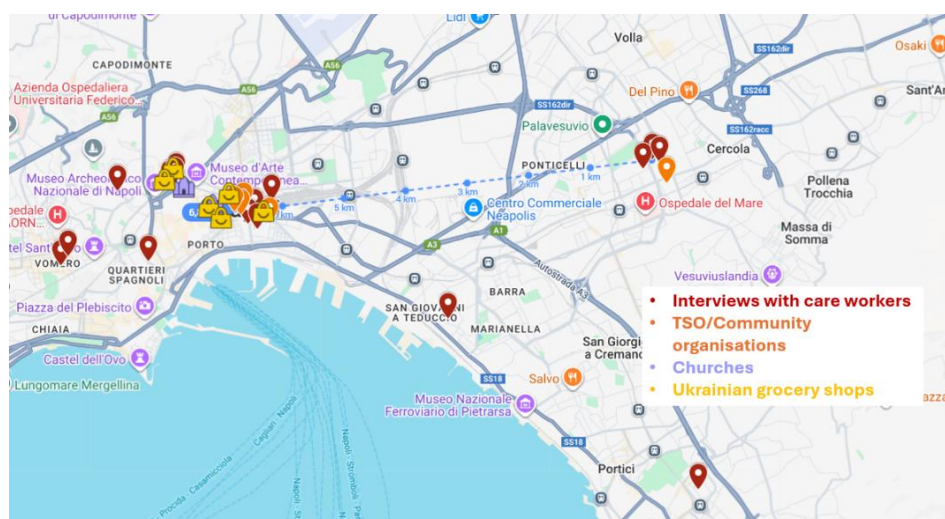


Figure 6.4, Ukrainian places of interest and interview locations in Naples



and word-of-mouth—crucial methods for my informants to access services—are harder to facilitate in Milan's sprawling urban environment. Margherita, a representative of a domestic worker union in Milan, emphasized the limited reach of her organization in its efforts to unionise care workers, which has resulted in a decline in union membership over time:

We should be present there or at least go fishing for workers there and not wait for these workers to come here to us [...]. We, we are the ones who should go looking for workers where they are, in the territory, the workers... because they work for families [...] We even had 2000 members. Well, little by little over time we really lost them (Margherita, worker union, Milan)

Exploring the intersection of geographic locations and social connectedness is important for understanding unionisation dynamics among migrant care workers. Historically, domestic and household care work has been excluded from mainstream labour protections such as minimum wages and collective bargaining. Even where formal rights exist, practical barriers—fragmented workplaces, live-in arrangements, language barriers, and informal hiring chains—make standard union organising difficult (Boris & Klein, 2006). Evidence from various countries demonstrates some successful experiments in unionisation among care workers (Leichsenring, 2024; Mundlak & Shamir, 2014). These cases show that unionisation is possible but requires innovative, resource-intensive strategies to overcome fragmented workplaces, worker vulnerability, and restrictive migration policies (Delp & Quan, 2002; Mundlak & Shamir, 2014). In Italy, these barriers are particularly pronounced. Domestic and care work is weakly regulated and poorly recognised as a profession, which undermines collective bargaining. Women are especially underrepresented in unions due to their concentration in informal and poorly regulated sectors (Sacchetto & Vianello, 2015). My research reflects these circumstances: only three participants were union members. In these cases, union support appeared substantial and effective; however, access to unionised support was often conditional on word-of-mouth, personal referrals, or the outreach capacity of organisations, which can be insufficient, as Margherita, the worker union representative mentioned above, acknowledged. This raises questions about the prospects for broader unionisation among care workers in Italy and highlights the nature of union support, as crucial—when present—yet uneven and contingent confirming observations in the transnational social protection literature regarding the reliance on relationship-based forms of protection (Levitt et al., 2023). Factors of inequalities in these cases are connected not only to the availability of networks, but also to geographic locations.

I will examine in greater detail the differences between Naples and Milan, and their related transnational social protection outcomes, in the discussion chapter in section 8.3.1. Here, as a concluding remark, it is important to consider the divide between cities and rural/peripheral areas, in which organisations might be absent altogether. Additionally, local transportation in these areas might not provide reliable access to organizations located in cities.

## 6.6. Conclusion

This chapter examined the entanglements of social connectedness and support systems among older Ukrainian care workers through the lens of relational support. To analyse these experiences, I brought together perspectives on social support, transnational social support and transnational informal social protection. While often treated separately, these frameworks share a focus on relationships as protective factors, making their integration particularly effective for understanding how care workers navigate complex, relationship-based support structures. To better capture these dynamics, I proposed the concept of a *relational support systems*, which I will explore in greater detail, along with its relevance to the findings of this research, in Chapter 8.

In this chapter, I explored how care workers mobilise relational strategies across borders and how places—homes, cities, and institutions—serve as critical sites for shaping support. Interpersonal ties—whether with family, friends, employers, or organisations—are central to care workers' support systems. They constitute the infrastructure (Xiang & Lindquist, 2014) mediating access to resources. This aligns with transnational social protection perspectives, seeing interpersonal networks - labelled as informal social protection - as a constitutive element of migrants' social protection resources (Bilecen & Barglowski, 2015). However, my case study shows some additional nuances. First, it highlights the role of emotional and subjective elements to achieve formal social protection. Secondly, my findings show that these emotional protective connections may also be embedded in formal settings. For instance, the analysis of care workers' relationships with employers and/or social workers reveals that care and emotional support can be crucial also in formal contexts, going beyond mere contractual obligations or the provision of services. I have proposed the term *relational support systems* to describe these diverse relationships expanding the focus of transnational social protection framework by integrating it with the literature on social support (Boccagni, 2015; Herz, 2015; Song et al., 2014).

Interpersonal relationships and their protective potential are central. However, as the analysis has shown, interpersonal resources are frequently contingent on the availability—or goodwill—of personal relationships, which makes them precarious. Additionally, those who are more isolated may therefore be excluded altogether. In line with the transnational social protection framework, it is important to underline that these ties are indeed crucial, but also highly fragile and unequal (Bilecen & Barglowski, 2015).

Along with the role of diverse interpersonal networks, the role of place in shaping access to support has been emphasised in the chapter, bringing a novel contribution to the debate on

transnational social protection and social connectedness. Workers in urban centres like Naples may benefit from denser networks and communal spaces, while those in peripheral or provincial areas face heightened isolation. Even in well-connected cities like Milan, the spatial dispersion of services can hinder information exchange and community organizing. These dynamics illustrate how “access to care” is conditioned by urban embeddedness and relational proximity (Carlsson, 2023).

Beyond the factors discussed above, support networks among Ukrainian care workers are deeply shaped by dynamics operating across different social locations, such as gender, age, and intersecting identities (Ferrer et al., 2017). Gender in particular is a critical thread throughout. The gendered responsibilities placed upon Ukrainian care workers, both in their professional roles and within their own families, often dictate the nature of their support networks. Additionally, the gendered domestic dimension of care work may restrict informal support systems that are essential for well-being (Umberson & Karas Montez, 2010). Ensuring care workers' well-being thus requires not only policy reform but also the right to free time and opportunities for social connections.

Lastly, time plays an important role. The migration process often weakens ties with families left behind, especially with children and spouses, and care workers frequently report loneliness and emotional strain. The availability of transnational support is closely tied to the quality of these relationships (Bender et al., 2012; Boccagni, 2015; Ryan, 2018). Despite this, many care workers maintain reciprocal ties with family members, who support them from afar by helping with administrative tasks or caregiving, challenging monolithic views of dependent "left-behind" kin (Boccagni, 2015). However, the support cannot act as a substitute for insufficient social support in the country of destination (Boccagni, 2014). Furthermore, the war in Ukraine has intensified care workers' emotional and financial burdens, acting as a rupture and amplifying their roles as informal providers. The chapter illustrates how the negotiation of support is always experienced across time and space, between family (-ies) and kin, something that recalls the life-course principle of “linked lives” (Elder, 1994). Migration entails profound changes in social relationships, influenced by spatial mobility and temporal dimensions. The temporal aspect, in particular, is crucial when considering care workers' connectedness going forward. This, among other themes, will be explored in Chapter 7.

## Chapter 7

### NAVIGATING UNCERTAIN TIMES: UKRAINIAN CARE WORKERS' FUTURES AT THE INTERSECTION OF WAR, ASPIRATIONS AND TRANSNATIONAL SOCIAL PROTECTION

#### 7.1. Introduction

This chapter explores how Ukrainian care workers imagine and construct their futures by examining the entanglement of future aspirations and transnational social protection resources through a life-course perspective. Migration and the concept of the future are strongly connected. Migration can be considered a means of imagining or creating futures, while at the same time it is also reflective of absent or uncertain futures (Griffith et al., 2013). Chronic uncertainty is frequently associated with migration, linked to different stages and various factors. For instance, temporal uncertainty over the future can be created by migration control policy (Fontanari, 2017) but also tied to precarious work (Baey & Yeoh, 2018). The ways in which migrants create their future can be understood as a form of anticipation, imagination, and aspiration, often extending beyond the scope of governmental planning or design and reflecting "ordinary futures" in the everyday (Scharrer et al., 2024).

Central to the intersection of futures and migration are aspirations. Aspirations, intended as individual constructions of what one's life should look like in the future (Boccagni, 2017b; Wnuk, 2024) are a concept used by scholars to study migrants' motives to migrate. In foundational studies, migrants' aspirations have been associated with the decision to leave or stay, and framed as a subject's relation to migration possibilities (Carling, 2002; Carling & Collins, 2018). De Haas (2011) conceptualises aspiration as an individual requirement, along with "capabilities", operating within a given set of opportunity structures. In fact, migration aspirations are subjective visions, but also often influenced by specific contexts and conditions, i.e., while poverty may increase migrants' aspirations due to a desire for better opportunities, it often simultaneously reduces migration capabilities by imposing financial and resource constraints (Czaika & Weisner, 2025).

Other scholars have looked at aspirations in a broader way, linking them to different stages of migration beyond the one-time decision to stay/migrate. For instance, the lens of aspirations has been used to explore long-term integration processes (Fedrigo et al., 2022; Wnuk, 2024). It has been noted that aspirations have a temporal character (Amrith et al., 2023; Boccagni, 2017b), in the sense that they are not fixed or static in time but rather

inherently processual, shifting over time in response to changing life-course circumstances, familial dynamics, and evolving opportunities. As individuals progress through the life course, their aspirations may shift, be deferred, or even curtailed due to a variety of factors such as age(ing), migration policies, or the limitations imposed by labour market conditions (Amrith, 2021a; Boccagni, 2017b). Aspirations, therefore, can be understood as an evolving process shaped by time, experience, and changing structural contexts.

The concept of aspirations in relation to migration has been mostly linked to young people (Canizales, 2024; Dumas & Avery, 2024; Fedrigo et al., 2022). However, research has shown that aspiring is not a prerogative of youth. Research on the ageing-migration nexus highlights that older migrants also actively cultivate aspirations in various areas, such as seeking new lifestyles and forms of consumption, striving for class mobility and status, and planning for the future of the next generation (Amrith et al., 2023; Lulle & King, 2023).

It must be noted that the process of creating futures is not made up exclusively of imagination, but from the practical means by which imagination is realised. These means are negotiated and produced through the interactions of actors with infrastructures and technologies, as well as with the different resources at their disposal (Scharrer et al., 2024). This latest point is particularly relevant in the context of the present work, as it connects directly with the concept of transnational social protection, intended as a cluster of formal and informal resources which can improve life-chances (Bilecen & Barglowski, 2015; Faist & Bilecen, 2015).

Transnational social protection as such provides a powerful lens to look at how future aspirations translate into realisations. Research has shown the role of social protection considerations in individual and family decision-making during key life events (Moriarty, 2024), and the close association between welfare resources and the future has been highlighted in the literature on migration and future-making. For instance, it has been noted that a context of welfare austerity can generate imaginaries of a “foreclosed future” among young people (Del Río et al., 2025). However, the nexus between social protection resources and future-making is especially salient for some older migrants, as their aspirations and desires for a secure future are often tempered by structural limitations such as limited welfare rights or uncertain economic futures (Bolzman et al., 2006). This might be particularly true for migrant care workers, whose future has been often associated with uncertainties and precariousness generated by multiple factors. For instance, agile labour regimes and restrictive migration policies in neoliberal contexts generate a sense of anxiety, fear and uncertainty among Filipino domestic workers in Singapore while they approach retirement

and return (Amrith, 2021a). The nature of care work itself plays a critical role in shaping these futures. As observed, care work with its inherent problematics can cause aspirations to be reconsidered, deferred or curtailed (Boccagni, 2017b). Additionally, care work, often characterized by precarious labour conditions and limited access to social protection (Luppi et al., 2018; Lutz, 2018), intensifies future challenges, particularly as migrant workers grow older (Ferrer, 2017; Vianello & Escrivá, 2019). Silvey and Parreñas (2020) have spoken of migration for domestic work as precarity chains, which effectively remit persistent dependence and future precarity on the families of these low-wage domestic workers over the life-course.

Given these contexts, having access or not to transnational social protection plays a major role in shaping future-making practices, as it may provide resources to counter the risks of precariousness. However, it is well known in literature that migrant care workers have limited access to social protection (Lutz, 2018). All these considerations cast a shadow over the future prospects of Ukrainian care workers, whose lives are further constrained by the instability caused by the ongoing war in their country of origin. This instability not only affects their personal trajectories but also deeply influences their families and communities. War, as a major traumatic geopolitical event, significantly contributes to rising uncertainty among individuals engaged in transnational mobility (Kilkey & Ryan, 2021). Scholars have observed that the hardships of war—extending well beyond the battlefield—can have enduring psychological and social repercussions. These effects can shape how entire communities envision their futures, generating fear, hope, or psychological distress, even among those not directly involved in the conflict (Esbit et al., 2025; Hang et al., 2021). Such consequences transcend national boundaries, reverberating through transnational networks of “linked lives” (Elder, 1994; Kilkey & Ryan, 2021).

In this chapter I will begin by discussing the uncertain future of migrant care workers, where war-related instabilities intersect with welfare precariousness, creating a temporal disjunction in which plans are suspended. Then I will look at care workers’ aspirations, still emerging amid uncertainties. I will bridge the past and the future, illustrating how past visions of the future among care workers have dynamically transformed over time. Next, I will review work-related plans, specifically aspirations for career shifts, working at an older age, and retirement, while highlighting the role of social protection resources in envisioning and translating these plans into practice. I will then explore return plans, shedding light on the interconnected dynamics of return aspirations and available support systems. In this section, I will also examine the role of the war in shaping future return decisions.

## 7.2. An uncertain future

The people I interviewed for my research came from diverse backgrounds and experiences, each with unique life trajectories shaped by personal, social, and geopolitical factors. Despite their differences, a common thread emerged in their responses: all of them appeared to view the future with a deep sense of uncertainty approached in different ways and rooted in different reasons. This mindset might be connected to the multiple historical turbulences that Ukraine has been through over the last few decades. This is how Oleksandra explained it:

We as Ukrainians, I am not the one and only with those ideas, we people, unfortunately, are already trained, accustomed after the collapse of the separation from the Soviet Union, that we do not know what can happen. Already from the independence of Ukraine we lost a lot of money because the Russian rouble was no longer valid, new money still not released. People it is like maybe, deep down, they always live with this fear, you don't know what will happen tomorrow, so I do not make decision for me either (Oleksandra, mid-fifties, Naples region, interview in Italian)

Among my informants, uncertainty emerged as a widespread feeling that permeates every aspect of their lives, causing many to suspend making plans for the future. For instance, Tetyana, a woman in her late forties in Naples, talked about her plans being continuously disrupted by external factors in the last few years, leading her to stop planning altogether.

[In the] Next years? I always thought I should go to Ukraine, but then COVID came...no, my illness came before, then COVID, and now also the war. Also...[I would] live over there, when everything will already be good, calm, life already, everything calm... I don't know. I already think of nothing. Always thinking that my daughter is fine (Tetyana, late forties, Naples region, interview in Italian)

Similarly, Nataliya shared a similar perspective, stating:

Now I don't feel like making plans. What am I supposed to do? I don't want to make plans, because it is useless (Natalya, late fifties, Milan, interview in Italian)

On the other hand, Sofiya, a woman in her late forties in Naples, seemed to be more active in imagining the future. She wanted to resume her studies and was also planning to get a driving licence. However, her plans remained somehow overshadowed by constant thoughts of the war and related instability. This is how she replied when asked about her future plans:

**Sofiya:** Studying, yes, studying, yes [...] I also want to go to driving school because without a car here it's impossible to do anything [...] There are some plans. When the war ends, maybe. **Researcher:** You're still young, of course, but... I don't know, are you already thinking about retirement, about what you'll do afterwards, if you're putting money aside for when you don't want to work anymore? Or not? Are you thinking about it at the moment? **Sofiya:** No, that's too far, I haven't thought about it yet. Right now, all thoughts are focused on when the war ends, then we'll move forward calmly [...] Right now, all the thoughts are in Ukraine. We need to solve this problem (Sofiya, late forties, Naples, interview in Italian)

Care workers' perspectives seem to be dominated by the constant uncertainty of the war. Due to the war situation, for many care workers, distant future horizons can look clouded and difficult to envisage from the present and the immediate future. This grey space is filled with challenges, fears, and uncertainties, but also with hopes—hopes that are often tied to peace. This is how Nadiya put it:

One thing that I say, one thing that I want is to stop the war and then we can start working as usual, but already in my heart, in my place [it will be] peaceful, so that my children can live peacefully, and I can work here and help (Nadiya, early fifties, Naples, interview in Italian)

Her words reveal the war as a rupture, one she hoped would be healed so she could return to her ordinary life, defined by work and family responsibilities. Peace here appears to be the necessary condition to resume the normal course of life disrupted by war. This reveals how their personal sense of instability is deeply tied to the instability of their country, a further demonstration of how historical events are experienced in interconnected ways across borders, within families but also across broader societies.

In other cases, war-related uncertainties were compounded with other challenges, notably the difficulties of securing an acceptable degree of economic well-being as older people. This was the case for Victoriya and Alisa. Victoriya was in her late sixties when I interviewed her in Naples. As already mentioned in section 4.2., she has one son who is disabled and lives in Ukraine, in a conflict zone, as well as three grandchildren in Naples. When I met her in summer 2023, she was hoping to receive as soon as possible the disability compensation she had applied for one year before, after a severe illness made it difficult for her to work.

When I asked about her plans she said: “I don’t know. I take it as it comes” (interview in Italian).

Alisa had a similarly uncertain view of the future, but with more pessimistic accents:

I’m terrified of old age, that’s it. I don’t have plans anymore, absolutely, I don’t want to make them, because my only concern is that this job brings a lower level of contributions. I’m just afraid of my old age, that’s it, because I have no support. Well, the children, but the children live their own lives, and they have to live their own lives. This is my only concern (Alisa, early fifties, Milan, interview in Italian)

Alisa and Viktoria’s circumstances connect to the concept of precariousness (Grenier et al., 2020), used to explore the experience of ageing in the contemporary context, characterized by declining social protection and failing support networks. This condition, which may manifest as a result of structural disadvantages carried into later life, encompasses the ontological experience of precarity, the lived experience of feeling uncertain, insecure, and/or vulnerable in one or more domains of later life (Kobayashi & Khan, 2020), or the anticipatory anxiety about emerging or future changes such as declining income and/or the need for care (Grenier et al., 2017). Precariousness can be influenced by social responses (Fine, 2019), with family and social safety nets playing a major role (Hall, 2023). When viewed through this lens, the connection between a lack of support—both social security and relational—and a sense of uncertainty becomes starkly evident, pointing at an increased vulnerability for older care workers.

Due to the intersection of war-related uncertainty and inadequate support, many care workers find it difficult to envision their long-term future. From their present viewpoint, the distant horizon appears clouded and uncertain. These challenges in imagining the future shape the very essence of how care workers construct their aspirations and expectations, as we will explore in the following section.

### **7.3. Bridging past and future aspirations**

Literature on Ukrainian care migration to Italy has underlined the central role of older Ukrainian women as senders of remittances for their families (Marchetti & Venturini, 2014; Vianello, 2013). This role coexists with the acceptance of difficult working conditions (Marchetti & Venturini, 2014) and downward social mobility (Vianello, 2014). These conditions are accepted by care workers, in the belief that this sacrifice will prove helpful to their economic well-being and promote their children’s and even grandchildren’s upward

mobility (Vianello & Escrivá, 2016). After more than two decades, Ukrainian care workers' objectives have transformed over time. The literature has pointed out that these migrants leave Ukraine as a short term project hoping to earn sufficient money in a short time (Vianello, 2014), however, their migratory experience often extends over time. This is how Khrystyna, a care and domestic worker who arrived in Italy in 1997, described her experience:

[...] Having some problems back home in Ukraine, I was convinced that I had to return and never come to Italy again. Then everything was changed, I continued to stay here, then...oh well, I also returned to Ukraine, then again, I returned to Italy (Khrystyna, late fifties, Naples, interview in Italian)

The migration project can stretch over time, as new needs for financial resources may emerge, dictated not only by the necessity of providing material support to families, but also by the aspiration of improving lifestyles through the access to consumer goods (Vianello & Escrivá, 2016). This is how Alisa described her experience:

[...] And afterwards, after '89, when poverty arrived, after two, three years, there was practically no money, there was no salary, no money and we had to make do and look for some way to earn. And then afterwards I went to Italy for a year, then came back, but you still have poverty, the poverty was very strong, and when I bring the money, you have to buy the refrigerator, the television, you cover a few holes, you understand that we're all over again. And then afterwards you return to Italy again (Alisa, early fifties, Milan, interview in Italian)

These experiences suggest that their aspirations were largely shaped by a short-term vision of the future. This lack of long-term perspective was emphasized by a religious leader I interviewed in Milan, who expressed the issue in rather stark terms:

I consider that this is an inconsistent immigration... or an immigration with a deficiency [where] you don't know what you want. For example, I'd personally say "I come, I stay and...I stay in Italy I integrate and I stay forever in Italy until I die, that is, in the sense that this is my home, I see it like this, this is my idea of immigration. I go from there, I feel good here I stay here. And I create something, I build, something for my future which, at the end of the day, is not my future, but for the others who will come after me (Spiridon, religious leader, Milan)

According to the religious leader, long-term visions and intergenerational perspectives are essential for migration to succeed. The intergenerational focus is central to care migration,

nevertheless it coexists with short-term visions of the future. Migration journeys starting with expectations of temporariness are a common trend among migrants (Cwerner, 2001). However, in many cases short-term initial plans have transformed into long-term stays. Among the 34 care workers whom I interviewed, 28 had stayed in Italy for more than 10 years, with 14 staying longer than 20 years, living and working permanently in Italy, returning to Ukraine only for short periods.

The gap between past perspectives and the present can sometimes be filled with regrets. This was the case with Liliya, a care worker in her early sixties I interviewed in Milan, who assessed her migration experience with bitter tones:

I always say that 23 years were wasted. Because I didn't live there, and I'm not saying I didn't earn money, yes, maybe I bought a few more clothes than we had, ate a bit better than we used to do before. But those 23 years were wasted. I didn't see my children. My mother died without me because I couldn't afford a plane ticket to go to her funeral. Luckily, I have a sister. I don't have a life partner. And now old age has arrived, and I'm alone, with my children, one on one side and the other on the other side [...] For my children, I gave everything I could [as a] mom, and for myself, those 23 years were wasted (Liliya, early sixties, Milan, interview in Italian)

Such a bleak view of the past was tied to a similarly gloomy vision of the future. When I reminded her that she still had time ahead, she responded, "At my age, it is already over," an answer reflecting the belief that there is no longer room for further planning. This suggests that aspirations are not bound to a strict, linear progression of time. Instead, they are fluid and multi-dimensional, connecting the past, present, and future (Amrith et al., 2023). Rather than solely focusing on future goals, aspirations are shaped by how individuals reflect on and engage with their past experiences.

In many cases, the gap between original plans and their factual realisation becomes, for my respondents, a space for readjusting and redirecting their future-making. In the next section, I will examine care workers' experiences to explore how aspirations are reimagined and redirected, shaping future scenarios, starting from work-related plans.

#### **7.4. Work-related plans**

Care work has been often associated with downward mobility (Christensen, 2017; Vianello, 2014) and limited opportunities for career progress (Vianello & Escrivá, 2016). As mentioned in Chapter 4, this is partly due to the gendered assumptions surrounding care

work that shape the Italian welfare system, where care work is not recognized as a legitimate job that requires training or qualifications. As mentioned above, care workers' experiences are mostly seen as ones of aspiration curtailment (Boccagni, 2017b). However, some of the care workers I interviewed were actively cultivating aspirations for work mobility in the future. For instance, Valentyna, a care worker I interviewed in Milan province, was considering the possibility of transitioning from a private home care position to working in an institutionalized care home as a healthcare assistant. Valentyna saw working in an institutionalised care home as an improvement in working conditions since care workers can share responsibilities for patients with other staff members. However, she acknowledged, "you don't get attached the same way you do when you work with one person" (Valentyna, early forties, Milan, interview in Italian). This shift, however, is contingent on obtaining a professional certificate— a path that Valentyna was attempting to follow, albeit with challenges related to costs and logistics:

There are evening classes, but the problem is getting back home because the buses run only until 8:00 PM, and the course ends around 9:00–9:30 PM. Transportation is an issue. Then, the course costs 2,000 euros. On top of that, you need to do a one-year internship with working hours that make it impossible to have a job to support yourself. You either study, or you work. It's a complicated setup (Valentyna, early forties, Milan, interview in Italian)

Other care workers tried to open future opportunities engaging in parallel jobs in different sectors. For example, Lida, who trained as a psychologist in Ukraine, collaborated with a psychologist in Italy. However, Lida said that at the moment she prioritised stability and a full shift to the other activities was not in her immediate plans. Yet while we were talking, our conversation inspired her with a new idea, doing her own research on care work.

So... How I like reading, writing, I write a lot and so I don't know what might come out... getting to know you brought me a right thought, which I had for a while... maybe I'll write a book, research about care workers (Lida, early forties, Milan, interview in Italian)

These experiences highlight how Lida and Valentyna were actively cultivating job aspirations, seeking opportunities to shape their future career paths. An important factor to consider is their relatively young age. Being in their early Forties, both Lida and Valentyna were in a life stage which, despite significant challenges, still allowed them some flexibility and time to plan ahead. In Lida's case, her professional background serves as an additional

asset. While Lida and Valentyna were able to envision a different future, older care workers often saw their future prospects as limited to staying in care work and continuing working until an advanced age.

When asked about their needs for the future, a very common response among care workers was “work”, or "health" to continuing working. As we have seen in 4.4.3., this aspect might be partially explained by the specific perception of work at later age as acceptable and even desirable, which emerged among some interviewees, especially among the older ones. However, in other cases, planning to work at later age was more a necessity than an aspiration. Two cases in point were Inna and Yeva, who both mentioned their desire to have work and health in the future to sustain their families. Both in fact were mothers and grandmothers who regularly remitted money for families struggling with unemployment and war-related difficulties, as we have seen in Chapter 4. Veronika, in her early sixties, interviewed in Milan, expressed similar views about her commitments. Veronika had become the legal guardian of her seventeen-year-old grandchild, who had fled Ukraine after the Russian invasion. This is how she described her plans in the nearest future:

I don't see myself stopping because there is still a boy here who needs to be settled until he starts working, as he has to finish his studies (Veronika, early sixties, Milan, interview in Italian)

However, she was planning to reorient her life and work arrangements in the longer term:

For the future, I just want my family to be well, and my goal is not to work more, but to find calm and have a little more time for myself. Work could be just half a day, three times a week—only because you have to work a little (Veronika, early sixties, Milan, interview in Italian)

Her words reflected a desire for a different approach to work—one that allowed more time for herself. However, she still viewed work as essential in the coming years to sustain herself and her family. These pressures often led to the indefinite extension of her working life, well beyond the typical retirement age. As we will explore in the next section, this ongoing necessity, combined with other factors, can make the prospect of retirement an elusive goal.

#### 7.4.1. Retirement

Research has shown that for older migrants, retirement represents a significant life stage that often prompts a re-evaluation of migration trajectories (Amrith, 2018; Bolzman et al., 2006). However, the meaning of retirement can be highly variable. Studies on older female workers have highlighted how the concept of retirement can shift—being postponed indefinitely or

even reversed (Lulle, 2021). Such shifts are often driven by a lack of adequate welfare provisions, either in the country of origin or the destination (Ferrer, 2017; Vianello & Escrivá, 2019). In some cases, retirement may not even be an achievable goal, especially for those who are not entitled to State social security after spending their working lives in the informal sector (Amrith, 2018). These circumstance can be common among migrant care workers (Ambrosini, 2013).

For some of the care workers I interviewed, retirement was a major goal. When asked about her future aspirations, Natalya, a woman in her late fifties living in Milan, shared:

To tell the truth, I would like to retire because at 60 years old, I want to rest [...] honestly, I was able to save a little and travel a little [...] Now I would like to... but I would really like to retire now (Natalya, late fifties, Milan, interview in Italian)

Natalya's sentiments echoed those of Kira, another woman in her fifties whom I met in Milan. When asked about her future, Kira simply stated: "When I retire, to rest — [...] because I have worked so much... [*it's*] my wish...". (Kira, early fifties, Milan, interview in Italian). However, it must be said that the realization of those retirement aspirations is not straightforward. Beyond care workers' desires, these aspirations are shaped by external factors, particularly institutional processes, such as the need to meet legal requirements for retirement. This bureaucratic barrier is often perceived as distant and difficult to reach, considering the physical and mental fatigue involved in care work. This was illustrated by cases described in section 4.4.2. and 5.2.2. Additionally, the bureaucratic timeline for retirement is often seen as unpredictable. As Lida expressed: "No one can guarantee that things will go that way, because Italian law can be changed" (Lida, early forties, Milan, interview in Italian). Similarly, Khrystyna shared her concerns:

Laws change, another law could come out, they could annul something, and that's why I don't know until now... We think, we consider, but we don't know what the State will decide. So, we try and then see (Khrystyna, late fifties, Naples, interview in Italian).

These perspectives underscore how retirement plans remain uncertain in the imaginaries of care workers, constantly reshaped by the instability of welfare systems.

Another critical factor influencing retirement plans is the need to secure an adequate income for later life. This challenge is well-documented in the literature at the intersection of ageing, migration, and care work (Ferrer, 2017; Nazareno et al., 2014; Vianello & Escrivá, 2019)

and is particularly prominent among Ukrainian care workers, as discussed in previous chapters. Many Ukrainian care workers, including some of my informants, had already retired in Ukraine when they migrated to Italy, due to inadequate old-age provisions in their home country. Upon arriving in Italy, financial instability persisted, exacerbated by the precarious nature of care sector employment. Many migrant care workers remain in informal work and legal precarity for years, complicating their ability to meet formal retirement requirements and making it difficult to secure welfare resources for retirement.

This financial insecurity was a significant concern for Kira, who was still several years away from retirement. She articulated this uncertainty:

Yes, because I would like to live as a normal person, let's say, not just taking the minimum [pension] (Kira, early fifties, Milan, interview in Italian)

This highlights how retirement planning involves anticipating future needs and making choices to ensure sufficient resources. However, this foresight is often at odds with the short-term focus that characterizes some care workers' experiences, as we have seen in section 4.4.3 and 7.3.

While short-sightedness is common, it is also essential to recognize that external factors—such as family-related financial pressures—hinder many workers' ability to plan for retirement. A case in point is Inna, a care worker in her mid-sixties living in Milan. Although she was officially retired in Ukraine and paying taxes in Italy, which could have contributed to a pension, she expressed uncertainty about her future retirement, with her inability to plan being closely tied to her daughter's economic needs:

I don't think about my future [...] I think, when I'm healthy, I can work, I don't know how many years, one, two, three, four, five... I don't know... something like that...I cannot think about my future, I have to think about my daughter [...] (Inna, mid-sixties, Milan, interview in Italian)

In line with the linked lives concept (Elder, 1994), Inna's approach illustrates how retirement plans are not only shaped by individual aspirations and needs but are deeply interconnected with familial network dynamics.

Under the influence of all these factors, both structural and personal/familial, the traditional notion of retirement among Ukrainian care workers, is often replaced by a more fluid and uncertain outlook—one where work continues for as long as possible, with retirement either occurring at an indeterminate point or not taking place at all in the way it is traditionally

understood. Olesya, a care worker in her early fifties in Naples, exemplifies this approach. When we spoke in the summer of 2023, she planned to work for another 10-15 years before taking a rest. She expressed hopes of traveling with her daughter in Italy: "Rome, Genoa, Milan, and Florence... Beautiful." (Olesya, early fifties, Naples, interview in Italian, Russian and Ukrainian). She also expressed very specific expectations about her travels in the future. This is how she put it: "I want something better— [*travelling*] not like migrants, but like wealthier Italians" (Olesya, early fifties, Naples, interview in Italian, Russian and Ukrainian). However, while she had specific expectations about her future travels, her irregular migration status made it unlikely that she would be able to secure a pension by the time she planned to retire. As a result, she was preparing to stop working, regardless of her welfare security.

These experiences underscore the fluidity and uncertainty surrounding retirement among migrant care workers. In some cases, retirement is a highly anticipated goal, yet difficult to plan for and achieve. In others, it remains a vague aspiration—simply the idea of ending work at some point, within or outside formal institutional frameworks and welfare provisions. Several factors shape these varying views: the structural characteristics of care work, insufficient welfare provision, lack of knowledge of their social rights (see Chapter 4.4.3), migration timing and status, and the ability to anticipate future needs. Additionally, retirement plans are often intertwined with family dynamics. Following the life-course perspective (Elder, 1994), it becomes clear that retirement aspirations are shaped by multiple factors and interconnected actors that evolve throughout a care worker's life journey. All these aspects point to a specific notion and culture of retirement among Ukrainian care workers, shaped by the interplay of structural and subjective factors that are often socially and historically constructed. This interplay profoundly transforms conventional views of retirement—an aspect I will discuss in greater detail in Chapter 8.

These experiences exemplify how retirement can be reconfigured as a mobile frontier (Lulle, 2021)—one that leads migrant care workers to reconsider and potentially cross new boundaries. These boundaries may be temporal—for those who cross the retirement threshold—but they can also be geographic. This is particularly true for care workers, who often link their retirement—whether formal or not—to the decision to stay in or return to a particular place. This idea will be explored in more detail in the next section.

## 7.5. Returning or not?

In research at the intersection of ageing and migration, future intentions are often associated with return. Returns often reflect the realisation of an original aspiration, and reassert the emotional and family ties with the homeland (Bolzman et al., 2006; Cerase, 1974). Whether realised or not, return is central, in that return has a certain symbolic significance in the way in which it is imagined and narrated. It has been noted that return intentions are important for two main reasons: first, return aspirations provide a necessary, even if incomplete, element for planning and action; and second, more importantly, return intentions represent a general stance towards the migration experience which shapes attitudes and behaviours other than the return (Sampaio, 2018). Narratives of return can be reflective of how home and belonging are negotiated transnationally, irrespective of whether physical return has occurred, is projected or is even viable (Walsh & Näre, 2016).

Aspirations to return are shaped by multiple factors, such as family, economic or occupational status, health, and place attachment (Bolzman et al., 2006; Sampaio, 2018). Spatial dimensions, such as contexts and situations in the place of destination and the country of origin, and temporal dimensions such as age or length of stay in migration (Sampaio, 2018) also play a pivotal role. Return needs to be framed in relation to a set of opportunities. Many factors, such as social entitlements, family ties, health status (Baykara-Krumme, 2013; Bolzman et al., 2006; Hunter, 2018) might intervene to change intentions, shaping new preferences for back-and-forth mobilities over definitive return (Baykara-Krumme, 2013; Böcker & Balkir, 2015; Hunter, 2018) and making return less of a straightforward linear movement. In the next section I will analyse how the notion of future and return intersect in the experiences of Ukrainian care workers.

### 7.5.1. Going back, at some point

Return in migration research has long been associated with retirement (Bolzman et al., 2006; Cerase, 1974). A statistical “retirement effect” has been noted among migrants who show propensity to return at the end of their working lives (Klinthäll, 2006). However, as we have seen in the previous section, retirement among Ukrainian care workers is not straightforward. For some, retirement may not even be achievable, in which case the retirement/return dynamic may not apply. For many Ukrainian care workers, leaving or staying was determined by economic pressure. Financial constraints – a predominant consideration among care workers – might push women to stay in Italy and work. For these women, return, when considered viable, was mostly linked to the end of working lives, but postponed somewhere in a future when working will not be sustainable anymore. As Inna

said: “and when I can no longer work, I'll go back home” (Inna, mid-sixties, Milan, interview in Italian). Inna, as we have seen, would stay and work to cope with financial difficulties.

The decision to stay and work can stretch until working is physically impossible. This is how Yuliya put it:

With my money I clearly will not be able to survive, for this reason, I'll be here as long as my legs carry me, I'll be here as long as they allow me and I have a status, I'll work and after all, I can help my children (Yuliya, mid-seventies, Milan, interview in Russian)

And then, when asked about her future plans, she added: “going back home, going back home, stop and have rest someday”.

In such cases, the decision to leave or stay seems to be influenced by economic pressures and is articulated in two distinct future dimensions: one projected in the short term, and the other in the long term. While urgent economic necessities persist, return emerges as an aspiration for an indefinite long-term future, revealing that the future is a non-homogeneous entity with different temporal rhythms (Griffith et al., 2013; Guyer, 2007). As a final remark on economic pressures, it must be said that the impact of those pressures on return depends significantly on the availability of social protection and support resources which can act as coping mechanisms – social entitlements, families, and properties. In the next section, I will delve into those aspects.

### 7.5.2. Social entitlements

The aspiration to return for many Ukrainian care workers is closely tied to their access to social benefits, including healthcare and other forms of support. For some, the availability of these benefits plays a crucial role in determining whether they choose to return to their country of origin or stay in their destination country. In Larysa's case, a woman in her late fifties living in Naples, the limited access to social security in Italy was a key factor driving her strong intention to return. She explained:

The way I work now—going around, sewing, working—I can stay in Italy. But if I'm sick, I'm no longer of any use. There's no pension. I don't have money; I don't have anything. Who will pay for my housing? Who will help me? A nursing home? Even that needs to be paid for (Larysa, late fifties, Naples, interview in Italian)

Similarly adamant, but in the opposite direction, Olesya expressed her desire to remain in Italy. Here, in times of extreme need or vulnerability, she could rely on the support of Third Sector Organisations—a sector that is less developed in her hometown in Ukraine compared to Naples. This is how she put it:

I want to live here, in Naples or in the surrounding areas...because, [if] I lose my job, there is \*\*\*\*\* [major charitable church organisation in Italy]” (Olesya, early fifties, Naples, interview in Italian and Russian)

Other responses were less straightforward. For Lyudmila, a woman I interviewed in Naples, her return plans were tied to the opportunity for support not for herself, but for her teenage daughter, a high-school student with special needs. When asked whether she was planning to stay in Italy, she replied:

Yes. As long as my daughter will be studying...then what she is willing to do, will she receive Italian citizenship and then...I don't know how it will be in Ukraine. She would like to go to Ukraine and live there. But I don't know. I don't see a future for her there. There isn't even a school. If she went to school there, it would be like a boarding school, on her own. She wouldn't live with me; she would live in the boarding school. Here, she lives with me and goes to school. Then we'll see...(Lyudmila, early fifties, Naples, interview in Italian and Russian)

Lyudmila's experience aptly reveals how social protection resources and dynamics of family support connect with return and future-making, shaping the opportunities and uncertainties she faces for herself and her daughter. In her account we can see how return aspirations are shaped by the interactions between different social protection systems across borders, the access to services (such as education and healthcare), and the family care network.

The perspectives of Nina, mid-seventies, in Milan, were also suspended between different priorities. She had formally retired in Ukraine before moving to Italy. Once in Italy, she gained access to the old-age pension, but the amount of her pension did not allow her to survive in Milan. For this reason, she persisted in doing care work, hoping to receive the social pension she had applied for few months earlier. Her situation was financially difficult, and she was planning to return to Ukraine, but health problems were keeping her in Milan, where she struggled to pay the rent for a shared accommodation: “I am forced to go back there [to Ukraine], but I have to wait. First, I need to take care of my health” (Nina, mid-seventies, Milan, interview in Italian). Her circumstances placed her in a difficult position,

caught between two contrasting aspirations: the necessity of staying in Italy to receive healthcare and returning to Ukraine to cope with economic difficulties.

Looking at care workers' aspirations connected to social entitlements and in particular to pensions, we can see that more than the entitlement in itself, the amount of the benefit is more relevant to define future plans of return. In situations where the amount is not considered sufficient to live in Italy, returning to Ukraine can be considered an option. This is how Khrystyna, late fifties in Naples, put it:

If I decide that I can't make it here - because tomorrow it may be that my pension won't be enough, it depends - for living here, I will return to Ukraine (Khristyna, late fifties, Naples, interview in Italian)

However, the decision did not seem to be easy, as it needed to be negotiated within dynamics of familial support and affection, considering that her children had settled in Italy. In the next section, I will look at how familial dynamics interact with return plans.

### 7.5.3. Families

In the narratives of care workers, intentions of returning or staying are closely connected to family ties. The literature on return migration shows how relationships with families – whether emotional or economic – play a key role in return decisions (Hunter, 2018; Razum et al., 2005; Sampaio, 2018), sometimes outweighing rational considerations, i.e. among migrants who return from a prosperous country to adverse contexts in their homeland (Hormozinejad, 2023). Some care workers planned to stay in Italy, where they had brought families or started new ones. When asked about her future plan, Lyuba said: “I want to stay here [...] I have my children and grandchildren here” (Lyuba, late fifties, Milan, interview in Italian). Similarly, Alisa said: “Well, where there are my daughters, I will be there” (Alisa, early fifties, Milan, interview in Italian). Alisa had two adult daughters and one grandchild, all living in Milan, leading her to exclude the idea of going back to Ukraine. Both Lyuba and Alisa were actively involved in caring for their grandchildren. Therefore, their will to stay was also dictated, along with affective motivations, by the need to help children in their caring responsibilities.

Caring responsibilities were also at the centre of Liza's return decision making, this time to care for her older parents. Liza was a woman in her late fifties I interviewed in Naples. This is how she put it:

I think about my future, but let's say, we want to return there. Because I understand that the moment will come when I have to go to my parents, be with

them. We are children. And the day will come, and I think it will be soon (Liza, late fifties, Naples, interview in Italian)

Valentyna, a care worker in her early forties in Milan, was still unsure about her future plans. She was not planning to go back to Ukraine anytime soon, and she said that generally she would have preferred to stay in Italy. However, when she thought about the distant future—when she might be the one in need of care—she hoped to be close to her family, either in Ukraine or in Italy.

And when I get old, who knows, maybe, I'll go, I'll go back to my niece because I don't have children, and someone needs to look after me... Either they come here, or I go to them. One thing or the other (Valentyna, early forties, Milan, interview in Italian)

Along with the importance of family support in shaping return perspectives, Valentyna's experience underscores once again how the future can be split in the short and in the long term and highlights the importance of age and life stage in shaping return aspirations, something which aligns with life-course research (Bettin et al., 2018).

Looking at those patterns, familial care and support emerge as a major driver of aspirations to stay or return. However, literature on migration and social networks have pointed out that relationships – especially the ones with left-behind family and kin – can be weakened by migration. Those ruptures might be the result of children sanctioning their mothers for migrating and breaking the emotional dimension of the intergenerational pact (Oso & Martínez-Bujan, 2022). These implicit pacts are rooted in cultural norms which underlie the familial sense of solidarity regarding the provision of care between generations (Sánchez, 2012). Several social workers I interviewed recounted experiences of loneliness among care workers, after their ties with families, especially with children, had faded over time. This is how Michelangelo, the director of a Church organisation, described the conditions of some care workers who used their services:

What happens is that these women can no longer work, they don't receive pension benefits, their children now have their own lives and even though they were raised, grown and settled by their mothers, they don't want them in the house anymore because...they [*care workers*] tell us. You say "Why don't you go back to your country? You have children, right?" "My children now have their own lives, we don't even hear from each other" (Michelangelo, Church organisation director, Naples).

Margherita, a social worker in Milan, echoed Michelangelo, sharing the story of a Ukrainian woman she knew, who experienced the painful loss of contact with the daughter she left behind at the age of seven:

The daughter, she left her when she was 7 years old and now, she [*the care worker, her acquaintance*] cries because the daughter is very fond of her grandmother...that [*the grandmother*] is the mother who has her, she raised her, she raised her big (Margherita, social worker, Milan)

Looking at these experiences is insightful in many respects. These accounts not only help to frame the relationship between familial support and return aspirations but also provide valuable glimpses into the future of intergenerational care among Ukrainian care workers and their families. Intergenerational care can be defined as the connectedness built up and sustained through the intergenerational exchange of a range of care and support practices (Brandhorst et al., 2020), including those between adult migrants and their ageing parents (Baldassar et al., 2007) and those between parents and their dependent children (Madianou & Miller, 2013). Studies looking at these ties across the life course have considered these intergenerational exchanges as reciprocal (Finch et al., 2003). For instance, studies within the New Economics of Labour Migration framework have looked at remittance-based migration as a shared household strategy to insure against income risk (Stark, 1991; Stark & Bloom, 1985). According to this view, therefore, a returning migrant can rely on reciprocal support from their household at the end of their working life when their income decreases (Hunter, 2018). However, views expressed by Margherita and Michelangelo seem to outline a different picture and a different future, where intergenerational reciprocal exchanges – and related dynamics of support – can be undermined after many years in migration.

Finally, it should be noted that, in some cases, care workers preferred to plan their future independently. Khrystyna in Naples, said that in the short term, she would have preferred to remain close to her children, but in the longer term, as mentioned previously, she did not exclude going back to Ukraine where she might find it easier to live on her pension. This calculation reflects patterns of economic rational choice, to exploit cost-of-living differentials (Hunter, 2018) between Ukraine and Italy.

Similarly, Veronika opted for staying in Italy and working rather than going back to Ukraine, where her son would have provided for her.

My son says: 'Mom - he used to say – there's enough food for six people with me, I won't say no to a seventh – he says – don't worry, I'll provide for you (Veronika, early sixties, Milan, interview in Italian)

However, given the uncertainty of war, she preferred to stay in Italy and earn money.

In other cases, the presence and proximity of family were not viewed as synonymous with care and support, but rather as a complicating factor in planning for the future. Alisa's situation illustrates this point: she would have returned to Ukraine if her social benefits had not made it possible for her to stay in Italy. However, she commented, “But with my children here, how can I detach myself now?”.

These experiences highlight an additional layer in the relationship between informal and formal support resources among care workers. Existing literature has emphasized that familial support from left-behind relatives acts as a complementary strategy, yet it remains an inadequate substitute for full inclusion in the destination country (Boccagni, 2015). In this context, this pattern also seems to apply to relatives in proximity. It indicates that, in some cases, familial care dynamics are not sufficient to address welfare gaps, forcing care workers to deprioritize emotional bonds in favour of future economic survival. The need to balance these factors becomes even more complex when additional elements—such as property ownership—are considered in the decision-making process regarding whether to return or stay. This will be explored in more detail in the next section.

#### 7.5.4. Properties

Owning properties in the country of origin has been associated with plans of return among migrants (Vietti, 2011). However, studies have shown that property ownership is not necessarily a good predictor of return (Bertelli et al., 2022), but rather a predictor of circular migration (Hunter, 2023). Along with defining mobilities, property ownership can intersect with migrants' future plans also in other ways. Properties have been regarded within the literature on transnational social protection mostly as a strategy to improve well-being of migrants' families back home, who benefit directly from these assets (Faist et al., 2015; Levitt et al., 2017). The study conducted by Moré shows how Ecuadorian care workers in Spain use remittances to buy houses for their aged parents (Moré, 2022). Similar patterns emerged in the narratives of some Ukrainian care workers. Liza, for example, had used part of the money earned in Italy to renovate her parents' house in a rural area in Western Ukraine:

I have helped build something for years, because it didn't hold water, made pipes. We manage to complete it a little better for them [*her parents*], which always means that they are fine (Liza, late fifties, Naples, interview in Italian)

Her investment was interwoven with her future return plan. Yevheniya's experience was similar in some respects. Yevheniya, a live-in care worker in her late fifties in Milan, was planning to go back to Ukraine, in the central region, where she had bought a new house with her savings:

Surely, when I have my pension, I will go to Ukraine because, at my age, I've managed to save a bit of money and buy my own house, my very own house in the countryside, where I've already done some rebuilding. I say, I want to live there with my chickens, and I'll get myself a little goat (Yevheniya, late fifties, Milan, interview in Italian)

These experiences highlight how the decision to plan for return is often contingent on the ability to anticipate the future through savings and investments. Khrystyna and Olesya were similarly planning to use their properties as a strategy to improve their financial situations, albeit in different ways. Olesya, who was living in her employer's house, was planning to sell her house in Ukraine and use the financial resources from the sale to buy a property in Italy, where she intended to settle in the longer term. Khrystyna had two properties, one in Italy, in Naples, the other in Ukraine, in her hometown. When we met in September 2023, Khrystyna had not made a final decision about what to do with her properties, and being uncertain about the economic situation in Italy, she was considering keeping her house in Ukraine for a potential return because, as she said: "one day my pension may not be enough" (Khrystyna, late fifties, Naples, interview in Italian).

Properties thus can function as a strategy to integrate care workers' resources in the future. However, these opportunities are not free of costs. In situations characterised by preexisting economic fragility among migrants, housing investments might act as a magnifier of financial vulnerability rather than a strategy to achieve social protection. The use of private resources and assets such as properties, to compensate for insufficient formal social protection, configures social protection as a commodity (Levitt et al., 2023). This form of commodified social protection, accessible on the basis of the individual's ability to repay a loan, is inherently related to inequalities. Alisa's experience is an exemplary case. Planning to settle down permanently in Italy, Alisa had decided to buy a house. However, the burden

of the mortgage became heavy and forced her to work relentlessly and accept disadvantageous working conditions to sustain the expense. As she put it:

to choose the [good] job it took months, but I have to pay for the house, I can't, I can't choose, I can't wait (Alisa, early fifties, Milan, interview in Italian).

Alisa's experience brings into focus another important element which strongly affects migrants' ability to protect themselves in the future, namely the political-economic context in which migrants' experiences take shape. In Alisa's case, the opportunity to achieve financial well-being through housing investment has been jeopardised by the dramatic increase in mortgage interest rates occurring in recent times (Banca d'Italia, 2023). In September 2023, interest rates in Italy reached 4.5 percent. According to real estate actors, a monthly mortgage payment which amounted to 656 euros in 2022 might have risen to 1146 euros by 2023, an increase of over 75 percent (Liuni, 2023).

The importance of the political-economic context and how it impacts on property investments is even more dramatically evident if we look at the current situation of war in Ukraine, which might endanger properties in Ukraine or make them unavailable. Already in April 2022, 66.000 Ukrainians had documented property damages through DiiA, a government app launched to facilitate the access to services and to digitally manage official documents (Myers & Panfil, 2022). In this regard, Liliya's experience is sadly significant. Planning to come back to Ukraine, Liliya had invested money to renovate her house in South-Eastern Ukraine. Unfortunately, shortly after the end of renovation works, the armed conflict broke out in her hometown and her house has been damaged.

“[My] house in Ukraine, I don't say destroyed... balcony [*is destroyed*]...okay, but I had just fixed the house, the war came (Liliya, early sixties, Milan, interview in Italian)

Being unable to come back to her hometown, she was forced to make a new effort to renovate her parents' house in Central Ukraine:

And now that I can't go there, that little house that I got from my parents, I do a little work here [*her parent's home in Central Ukraine*] [...] because I don't know what's going on there [*in her hometown*], with this war. They [*Russians*] take, they no take? No, I don't know. I don't want to be under Russia. (Liliya, early sixties, Milan, interview in Italian)

What occurred with Liliya's house can be read as a metaphor for the life of many Ukrainian care workers who had worked hard for many years to secure stability and now are seeing their efforts jeopardised by the war. Liliya's experiences highlight an additional layer of complexity for Ukrainian migrants planning their return: the harsh reality and uncertain future of a country devastated by war.

#### 7.5.5. Return to a country at war

I noted in Chapter 6 that the full-scale Russian invasion in February 2022 acted as a major unsettling event (Kilkey & Ryan, 2021) for many Ukrainian care workers, who had to reshape their family dynamics. More broadly, after February 2022, many Ukrainian migrants were forced to rethink their migration journeys, under the impact of such disruptive, dramatic events. This might be especially true for people planning to return or who had already returned to Ukraine. Among my informants, Roman, late sixties, in Milan, had returned to Ukraine, in a Western region, when the war started. After that, he left to go back to Italy, where he received a temporary status, but he had not left his hopes:

Of course, I want to come back. There is my home. I'm fine, I have two houses, almost one hectare of land, for now there is still some strength left, I can work.

But at home, in Ukraine (Roman, late sixties, Milan, interview in Italian)

Yana, a woman in her late forties in Milan, recounted a similar experience. She and her husband were planning to return to Ukraine, but then the war intervened. "We were ready to go, but then the war started, and we stopped". But she had not changed her mind about returning:

Over there, there's mom, dad is at home, the daughter is married over there...

we'll go back as soon as possible (Yana, late forties, Milan, interview in Italian)

Other women expressed the wish to return, but their awareness of difficulties and threats to life due to war made them hesitant. This is how Miroslava put it:

Now with this war, unfortunately, we have to move forward. We have to stay here, at least the missiles aren't flying over our heads (Miroslava, mid-sixties, Milan, interview in Italian)

Nina echoed Miroslava, voicing her concern about living amidst tensions and dangers:

I should go home. But you know what it is, these sirens... They launch the bombs and these *rakety* [*missiles in Russian/Ukrainian*] everywhere (Nina, mid-seventies, Milan, interview in Italian)

Armed violence is certainly one of the primary concerns, and returning to a war-affected country brings with it additional challenges, such as the economic hardship caused by the conflict. However, in some instances, the desire to return home outweighs practical considerations. For example, Yana spoke about the rising prices and widespread unemployment, yet as she put it, she still longed to go back: “It is problematic, but my heart is longing for there” (Yana, late forties, Milan, interview in Italian). This illustrates how decisions about returning home are often dense with emotions, along with practical factors, and how these two elements can sometimes feel contradictory. The contradictory emotions seemed to be common among care workers reflecting about their return between practical considerations and nostalgic feelings. This is how Veronika voiced her reflections:

Yes... yes, thinking about it, I miss Ukraine, I miss it. The only thing is, when I think about what I can do with 60€ of pension there, it makes me sad (Veronika, early sixties, Milan, interview in Italian)

Contradictions can also be reflective of a broader sense of suspended belonging after many years in migration. This is how Miroslava put it:

Well, returning. One always wants to go where they were born. [*It is...*] exactly like that: let's say, I go to Ukraine, I miss Italy, I go to Italy, and I miss Ukraine, that's how it is (Miroslava, mid-sixties, Milan, interview in Italian)

What is important to note here is the sense of suspension that surrounds many decisions about return. We have seen that a multitude of factors – income, social benefits, family ties, properties – can have a direct impact on this choice, which is negotiated both in the country of origin and destination (Sampaio, 2018). The experiences among care Ukrainian care workers show how this decision in many cases seems to be postponed or not clearly envisaged in the future. The war may have magnified the uncertainties, doubts, and emotions associated with such a delicate choice. Despite the different mobility patterns - labour migration versus forced displacement, Ukrainian care migrants interestingly share similarities with other older individuals experiencing forced migration, such as older Cameroonian internally displaced persons (IDPs) (Wolter, 2023). In both cases, future perspectives are shaped by the resources available to them and their ongoing involvement in familial relationships. Despite the dislocation, older age can still offer a space in which to nurture aspirations and hopes. However, these must be continuously negotiated in relation to the everyday challenges they face—both in their current environments and in relation to their distant, and violence-torn, hometowns.

## 7.6. Conclusion

In this chapter, I analysed the entanglement between aspirations—encompassing modes of imagination and realisation—and transnational social protection among Ukrainian care workers. A recurring theme in their narratives was a profound sense of uncertainty about the future. While uncertainty is often inherent in migration experiences (Griffith et al., 2013), for Ukrainian care workers it is compounded by the long-standing political and economic instability in Ukraine. This historically embedded uncertainty has been significantly amplified by the war, illustrating how historical events reverberate across borders, families, and societies (Elder, 1994). Consequently, many care workers have postponed making plans for the future.

Notably, the war is only one among several sources of uncertainty. Uncertainty is also closely tied to struggles around securing adequate social protection, echoing existing literature on ageing and precariousness, which highlights how weakened support networks contribute to existential precarity (Grenier et al., 2020). We have seen how care workers' futures are strongly affected by financial pressures and general difficulties with securing an adequate income at later age. This constant instability shapes the evolving nature of their futures, as shifting aspirations, needs, and opportunities demand continuous adjustment. While many initially envisioned their migration as temporary, their long-term outcomes often diverge from these early expectations, leading to regrets or necessitating significant realignments of plans. As shown throughout the chapter, care workers' aspirations must be constantly negotiated between emerging constraints and fleeting opportunities, reflecting their efforts to respond to shifting circumstances (Amrith et al., 2023; Boccagni, 2017b).

The constant uncertainty faced by care workers produces a temporal disjuncture between short-term and long-term perspectives. Their visions of the future tend to be short-sighted and fragmented, while the long-term remains distant and indistinct. Although this has long characterised Ukrainian care migration, the 2022 Russian invasion has likely intensified this disjuncture. The immediate pressures of war prompted quick-fix strategies and clarified short-term outlooks, yet simultaneously deepened uncertainty around long-term futures. This highlights the shifting and non-linear nature of temporal horizons in migrant journeys, resonating with research on the ageing–migration nexus, which uses the lens of time to trace how uncertainties, possibilities, and dilemmas unfold—showing how initial linear imaginaries give way to open-ended and asynchronous ones (Amrith, 2021b). Mobilities, therefore, are not fixed trajectories with clear beginnings and ends but rather ongoing,

multiple, and provisional journeys across locales, life stages, and time. The case of Ukrainian care workers adds an important variation: it illustrates how constant uncertainties generate not only non-linear but also disrupted imaginaries of the future.

As emerged in the chapter, social protection resources play a crucial role in shaping care workers' aspirations and plans. Care work has been often associated with a lack of social protection and inequalities among care workers. The chapter highlighted how these characteristics reproduce in space and time the unequal position which pushes care workers to leave. Long-term employment in precarious, unprotected work extends into the future the poor welfare access which care workers endure in the country of origin (Silvey & Parreñas, 2020; Vianello & Escrivá, 2019). It also compels care workers to negotiate their future weighing different priorities, i.e. remaining close to reunified families in Italy versus returning to Ukraine where the cost of living is more affordable. This aspect adds a further variation to the transnational dynamics of support within migrants' families. Existing studies highlight the asymmetrical and limited nature of support provided by left-behind families, which cannot compensate for migrants' lack of social protection in the country of destination (Bilecen, 2020; Boccagni, 2014). When examined through the lens of future welfare instability, it becomes evident that familial support is perceived as insufficient even among kin living in close proximity.

In conclusion, this chapter has demonstrated the deep entanglement of future-making and transnational social protection in the lives of Ukrainian care workers. Access to social protection resources plays a crucial role in shaping how futures are envisioned, yet these resources themselves are mediated by fragmented migratory journeys and fragmented imaginaries of the future. As a result, care workers often prioritize short-term perspectives over long-term planning, producing futures that are precarious, unsettled, and disrupted. The intersection of war, migration, and welfare insecurities further amplifies these uncertainties, leaving care workers with futures that are not only non-linear but also persistently unstable. This unsettled temporal horizon underscores the need to rethink how social protection is conceptualized and delivered in transnational contexts, particularly under conditions of protracted crisis and displacement.

## Chapter 8

### DISCUSSION AND CONCLUSION. CARE FOR THE AGEING CARERS: NEGOTIATING A COMPLEX AND UNEQUAL TERRAIN

#### 8.1. Introduction

This study has investigated transnational social protection among older Ukrainian care workers in Italy. By focusing on this topic, the research engages with a pressing social issue: the ageing of a population group that remains marginalised in both academic discourse and policy, despite playing a vital role in the provision of care. Increasing trends toward population ageing are observed worldwide (World Health Organisation, 2024) and the provision of care is facing increasing challenges in most of the globe (Anderson & Shutes, 2014). International migrants – employed as domestic workers, care assistants, nurses, nannies - have progressively filled the gap in eldercare demands, supplementing the unpaid or low-paid care labour provided by non-migrant women. As the need for paid eldercare work grows in advanced economies, the request for migrant labour in the care sector is expected to rise. In parallel, migrant workers are ageing themselves, as studies in the academic and policy fields demonstrate (Bauer & Österle, 2016; IDOS & ASSINDATCOLF, 2021; Nazareno et al., 2014). The ageing of migrant care workers emerges worldwide as a crucial issue; however, this topic has only recently started to attract scholarly attention and remains understudied in the broad context of literature on the intersection of care work and migration. In fact, foundational paradigms in the field, such as the Global Care Chains Concept (Hochschild, 2001; Parreñas, 2001), have mostly dedicated attention to migration of young mothers, overlooking the role of older people in this migration.

My research aligns with recent calls for a deeper understanding of how migrant care workers age in transnational contexts (Amrith, 2023). More specifically, my research aimed to fill this gap by investigating the ageing of Ukrainian care workers from the angle of transnational social protection. The project aimed to understand how these care workers navigate the complexities of growing older, while remaining embedded in transnational care economies. Central to the study have been the following research questions:

1. What are the social protection needs of older Ukrainian care workers in Italy?
2. What formal and informal strategies do they employ to address these needs transnationally?

3. How are the social protection needs and strategies of older Ukrainian care workers entangled with the process of ageing?

To frame my questions, I started by critically engaging with foundational literature at the intersection of gender, migration and care work, namely the Global Care Chain (Hochschild, 2001; Parreñas, 2001) and its subsequent critique and developments. Although the GCC paradigm has not engaged with the role of mature women in care migration, it is still central to my research, as it helps illuminate how international migration flows—particularly of women from poorer regions—respond to the commodified demand for low-cost, flexible care labour in wealthier societies (Anderson, 2000; Hochschild, 2001; Parreñas, 2001). The GCC framework has been central in revealing the gendered and racialised inequalities underpinning these flows, exposing how care migration often involves both social and emotional costs, such as “care drain” in countries of origin and precarious, intimate labour relations in receiving countries (Lutz, 2018).

The concept of Global Care Chains has provided the analytical ground to frame the link between personal and global relations underpinning care migrations, offering a lens to observe the connections between post-Soviet transformations and the migration of mostly female workers who found themselves marginalised in the new settings. To better frame these connections, I engaged with more recent literature focusing on the role of state policies and institutions, social and cultural norms and practices – often conceptualised as regimes - in shaping care migration flows and experiences of migrant care workers involved in them (Bauer et al., 2014; Kilkey et al., 2010; Williams, 2018). Analyses of gender, care, welfare and migration arrangements—and, crucially, their interplay across sending and receiving contexts—help explain why migratory channels between Ukraine and Italy consolidated. Parallel transformations in both countries’ gender contracts and welfare arrangements, combined with Italy’s specific migration policies and labour market characteristics, created the institutional “window” through which many women, including Ukrainian women, entered the Italian live-in care sector (Ambrosini, 2015; Marchetti & Venturini, 2014; Solari, 2010; Vianello, 2009). Within this transnational space, gender inequalities are reproduced: migrant care workers occupy a structurally subordinate position in a highly fragmented labour market with minimal protection (Lutz, 2018) while simultaneously bearing a gendered burden of intergenerational obligations—caring for children and ageing parents (Bauer & Österle, 2016). Understanding how these intersecting regimes operate across macro-, meso- and micro- scales is therefore essential for explaining both the persistence of the migration ties and the specific vulnerabilities faced by older Ukrainian care workers.

Although literature at the intersection of gender and care work provides critical tools for analysing the gendered nature of transnational care migration, it has rarely addressed the question of how age and ageing shape the experiences, vulnerabilities, and strategies of migrant care workers. Nevertheless, ageing is a central issue in the analysis of Ukraine-Italy care migrations. Indeed, the literature has extensively described migration from Ukraine to Italy as movements of older mothers or grandmothers, often working even past their retirement age to cope with insufficient economic resources or old age welfare support (Solari, 2010; Solari, 2017; Vianello & Escrivá, 2019). Research has shown how older Ukrainian women are active breadwinners in their families to support their kin in several projects, e.g. education (Marchetti and Venturini, 2014). Therefore, in order to investigate the intersection of ageing and care work experiences among Ukrainian care workers, this thesis has incorporated the ageing–migration nexus, viewing ageing as a relational, place-based, and socially constructed process (King et al., 2017). Drawing on human geography and migration studies, it considers how space, mobility, and time shape the ageing experience, especially for those who migrate at later stages of life (King et al., 2017; Schwanen et al., 2012). This strand of research has exposed how older women migrate for various reasons—economic necessity, lack of welfare in their home country, self-realisation (Lulle, 2021; Lulle & King, 2016; Solari, 2010; Vianello & Escrivá, 2016). Their migration is often a means to secure informal support for family members left behind, especially in contexts where formal systems are weak or inaccessible (Boccagni, 2015; Moré, 2022). It also increasingly occurs in the post-retirement phase, as a strategy for older women to cope with poor welfare access in later life (Lulle, 2021; Lulle & King, 2016; Solari, 2010; Vianello & Escrivá, 2016). In this context, migration of older women has been often described as a rational choice or life-stage transition that is fulfilling and even empowering—offering a sense of purpose, autonomy, or liberation from previous constraints (Lulle, 2021; Lulle & King, 2016, 2023).

To better understand how gendered experiences of ageing and care work unfold across borders, this thesis employs the lens of transnational social protection. This framework offers a means to analyse how migrants access, negotiate, and assemble forms of social protection—both formal and informal—that extend across national boundaries (Faist, 2013; Levitt et al., 2023). Transnational social protection research has shown how migrant women often serve as informal providers of social protection, offering financial and emotional support to families back home, thus simultaneously needing and providing care (Moré, 2022). At the same time, gendered labour market positions and migration status restrict many

care workers' access to healthcare, pensions, or other entitlements (Levitt et al., 2023; Österle & Bauer, 2021).

Crucially, at the intersection of ageing and care work, existing studies have focused on migrant care workers in terms of their role in filling welfare gaps in ageing host societies, particularly through their contributions to eldercare systems (Levitt et al., 2023). However, far fewer studies have examined migrant care workers as ageing subjects —with their own social protection needs and vulnerabilities (exceptions being Ferrer et al., 2017; Vianello and Escrivá, 2019). This oversight is particularly significant given the growing presence of mid-life and older women in transnational care labour markets (Bauer & Österle, 2016; Marchetti & Venturini, 2014; Solari, 2017). My research addresses this gap by adopting a transnational social protection lens to explore how care workers' experiences of ageing unfold at the intersection of migration and access to available resources.

The chapter is organised as follows. Following this introduction, section 8.2., 8.3. and 8.4. presents the main findings and contributions of this study:

- **Ageing as a socially constructed trajectory shaped by unequal access to support networks, welfare entitlements, and gendered socio-cultural expectations across borders:** This research shows how the life courses of older Ukrainian care workers unfold at the intersection of ageing, migration, and gendered care labour; in this context, their social protection needs are not fixed but evolve over time as ageing and increasing familial obligations generate new vulnerabilities and reinforce gendered inequalities
- **Local variations in transnational social protection:** Social protection is not uniform but shaped by local welfare institutions, labour market conditions, and urban spatial dynamics, demonstrating how context-specific factors structure migrants' access to support. This finding expands the transnational social protection debates by showing the crucial role of intrastate variations in shaping support resources and strategies
- **Relational support networks as crucial yet precarious infrastructures:** This thesis introduces the concept of *relational support systems* to capture the diversity of actors and resources embedded within social connections. NGOs, churches, employers, and kin provide vital forms of support, yet these networks are fragile and unevenly accessible, with social isolation among care workers remaining a significant challenge.

- **Cultural and moral mediation of resource access:** Care workers' engagement with social protection is shaped by subjective understandings of ageing, responsibility, and historically embedded instability, illustrating how migrants' imaginaries of the future are socially and culturally produced.

Section 8.5. situates these findings within broader debates on ageing, gender, and migration, showing how agency is unevenly distributed and conditioned by structural constraints. By integrating insights on local welfare contexts, relational infrastructures, and cultural understandings of risk and responsibility, this chapter contributes to literature on transnational social protection and the ageing–migration nexus, offering new empirical and conceptual perspectives on how precarious futures are navigated. The chapter concludes by reflecting on the study's strengths, limitations, and avenues for future research.

## **8.2. Ageing as a Migrant Care Worker: A Complex Navigation Amid Gendered Expectations and Unequal Resources**

My analysis of transnational social protection dynamics among older Ukrainian care workers foregrounds the ways in which ageing is lived and negotiated in transnational spaces. Ageing appears to be closely entangled with dynamics of gendered care. Throughout my research, dynamics of gendered care – paid and unpaid - emerge as a persistent structuring force, shaping transnational social protection processes and dynamics across multiple, intersecting levels. They operate not only at the individual level—through lived experiences and caregiving responsibilities—but also within institutional arrangements and broader socio-political contexts. At the structural level, deeply entrenched gendered assumptions about domestic and care work contribute to the devaluation of these roles in labour markets. Migrant care workers, overwhelmingly women, often face poor working conditions, limited employment rights, and restricted access to welfare entitlements. These gendered labour market inequalities are not incidental but stem from longstanding societal perceptions that frame care work as inherently "feminine" and thus less deserving of formal recognition or protection (Degani, 2022; Levitt et al., 2023; Lutz, 2018).

These gendered inequalities are further compounded in the case of ageing migrant women, many of whom continue to perform care work well into later life. Their roles as mothers and grandmothers, and their enduring responsibility for sustaining transnational households, position them within a cycle of prolonged labour. Such dynamics underscore the life-course implications of migration, where ageing does not necessarily lead to retirement or social security, but rather to continued economic activity driven by familial obligations. Care work

therefore appears as an asset for financial improvement, but also as a gendered occupation and obligation, which positions care workers in an unequal condition (Lutz, 2018).

Yet this cycle of prolonged labour is not limited to women. Evidence from post-socialist contexts indicates that men also faced significant labour market marginalisation during the Soviet breakdown and the shift to market economies. These changes produced economic vulnerability and prolonged post-retirement labour—conditions that affected both men and women (Gerber & Radl, 2014). For instance, in my data, the only male care worker in my sample had migrated in 2005 to Italy to work in construction. Then he moved back to Ukraine, and finally into care work in Italy due to insufficient pensions and the need to support his children. His trajectory mirrors the prolonged labour patterns often observed among women, showing that in post-socialist contexts, old age and economic precarity affect both men and women, and that structural labour market and welfare constraints play a central role in shaping prolonged economic activity.

The responsibilities shouldered by Ukrainian care workers have intensified in recent years, particularly in the context of war and crises. The expectation that those workers will absorb the emotional and practical costs of sustaining families becomes magnified under such circumstances. Since the onset of the Russian invasion in 2022, the responsibilities of Ukrainian migrant care workers have multiplied. As this research has shown, care workers have been actively engaged in a range of transnational support practices—including remittances of money and goods, emotional care at a distance, and housing support for displaced family members in Italy. We have seen how, under the compounded pressures of war, Ukrainian care workers were not only supporting their own survival and that of providing care for their employers, but they were also committed to sustaining relatives in their countries of origin who have been affected by violence, displacement, or economic instability.

This persistent dependence on care workers as income providers, strikingly evident in my research, places the future of intergenerational care at risk. While transnational care has often been conceptualised as reciprocal and intergenerational (Baldassar & Merla, 2014; Finch et al., 2003), migration—frequently pursued as a survival strategy for families—can simultaneously put “on hold” (Brandhorst et al., 2020) or disrupt traditional systems of care through processes of physical separation and prolonged absence.

In the case of Ukrainian care workers, these disruptions are compounded by growing economic dependency and long-standing household precarity. Care workers’ narratives

suggest that, under the pressures of multiple and overlapping crises, their children remain economically dependent on their mothers well into adult age. The older workers, in turn, face chronic financial insecurity while ageing within physically and emotionally demanding care labour sectors. When examined specifically through the lens of financial practices, the patterns of transnational caregiving among Ukrainian care workers complicate the idea of intergenerational reciprocity that underpins much of the care circulation literature. In fact, what emerges is a pattern of one-directional care provision with limited prospects for reciprocity. As a result, transnational care exchanges are increasingly strained, fragmented, or broken—producing new vulnerabilities across borders and generations. In this sense, the structural inequalities that often drive migration—particularly gendered disparities in access to welfare, secure employment, and social protections—do not dissolve over time. Rather, they are frequently reproduced and exacerbated through the precarious and unequal conditions of care work. My research has shown indeed how gendered care work functions as a critical prism through which access to transnational social protection is refracted—shaped by intersecting dimensions of formal entitlements, relational obligations, and broader socio-economic conditions. These inequalities not only persist but tend to intensify with age, following patterns of cumulative disadvantage that compound the risks and insecurities faced by older migrant care workers (Dannefer, 2003).

Aligning with transnational social protection literature (Faist & Bilecen, 2015; Levitt et al., 2023) this research shows how the ambivalent nature of transnational mobility among older care workers becomes particularly evident in this context. While migration in later life can create openings for financial support or self-realisation, these opportunities are often limited and deeply entangled with enduring vulnerabilities. Rather than mitigating inequalities, transnational mobility frequently reinforces pre-existing gender inequalities, welfare disparities and often generates new needs, as we will see in the next section.

### **8.3. Social protection needs among ageing Ukrainian care workers. The delicate balance between competing needs**

My research has contributed to the current debate in the literature on social protection and migration by showing how access to welfare is shaped by local contexts, relational support networks, and culturally mediated understandings of ageing and responsibility, highlighting how migrants actively negotiate precarious ageing across space and time. Transnational social protection literature increasingly emphasizes that, from the perspective of migrants, migration serves as a strategy to address social protection needs within transnational social fields (Boccagni, 2015; Levitt et al., 2023), primarily through work and the generation of

additional income (Österle & Bauer, 2021). In a context of declining welfare, this is particularly relevant for older adults, whose motivations for migration may include access to healthcare, more affordable living conditions, the fulfilment of intergenerational obligations (Levitt et al., 2023) or the pursuit of additional income (Vianello & Escrivá, 2016). However, migration may also generate new needs, often due to the mismatch between migrants' transnational lives and locally based welfare entitlements (Boccagni, 2014). According to Boccagni's classification (Boccagni, 2017a), we can outline a typology of transnational migrants' needs: they are *transnational*— e.g. bilateral social security agreements and cross-border responsibilities; *life-course related*—linked to specific employment circumstances and trajectories shaped by local labour markets, socio-economic status or ageing; and *immigration-specific*—conditioned by factors such as legal status, language etc.

Building on these works, this study contributes to the debate on migrants' social protection by foregrounding the specific and evolving needs of older Ukrainian care workers, shaped by intersecting dimensions of gender, ageing, and transnational obligation. My research demonstrates that these needs are not only multidimensional—spanning institutional, relational, and health-related domains—but also dynamically reshaped by personal life-course trajectories and geopolitical crises such as the war in Ukraine. Moreover, I show how these needs often involve a tension between sustaining familial responsibilities and maintaining personal well-being.

In Chapter 4, this research finds that, among older Ukrainian care workers, income insecurity is a particularly pressing issue. As shown in sections 4.3.1 and 4.4., salaries in the care sector are notably poor, and in the long-term, care workers may be struggling with the consequence of protracted financial vulnerability. Additionally, despite their contribution to the care economy, workers often remain excluded from both Ukrainian and Italian pension systems. Pensions in Ukraine are widely regarded as inadequate, while in Italy, accessing entitlements is difficult for care workers, especially for those who migrated later in life or who have experienced periods of legal precarity. Even when legal status is secured, informality persists, limiting workers' ability to accumulate pension contributions. As shown in section 4.3.2., regularisation, while necessary, brings its own financial and legal burdens. At the macro level, the Italian welfare system formally allows for the portability of social rights. Yet the absence of a bilateral social security agreement between Italy and Ukraine prevents workers from combining contributions across the two countries. My research shows that even when pensions are granted, they are often insufficient to meet basic needs. For example,

Nina, a woman in her seventies living in Milan, received just €250 per month—less than her rent. This finding builds on existing literature, which has highlighted the lack of bilateral agreements as a structural barrier that severely undermines pension entitlements for Ukrainian care workers in Italy (Vianello & Escrivá, 2019).

My findings also highlight how the intensifying pressures since 2022, linked to the war in Ukraine, have further destabilized the financial situation of care workers. As demonstrated in sections 4.2. and 6.4.1.2., these workers are often financially responsible for children and displaced or unemployed relatives, facing mounting costs that deepen the tension between their need for rest and their sense of obligation. For care workers, their health emerged as a central concern—often described as “the most important thing”—yet not in a self-oriented sense. Rather, health was framed functionally, as the ability to keep working and care for others (Blaxter, 1990). Care workers described chronic health issues accumulated over time, worsened by care work and ageing. Yet access to healthcare remains limited, due not only to structural aspects – such as long waiting times and welfare retrenchment – but also to deprioritisation of health needs with respect to work and family commitments.

In the relational domain, my research has shown that the isolating nature of live-in care work represents another acute challenge. Ukrainian care migration is frequently a solitary journey, with workers—often mothers and grandmothers—leaving family behind. In those cases, opportunities of familial support are mostly available at a distance in the transnational space, and largely mediated by information and communication technologies (Baldassar et al., 2016; Madianou & Miller, 2013). Family reunification is largely incompatible with live-in care arrangements, and domestic employment offers limited space for building supportive local networks. Some workers lamented the lack of freedom or time to socialise, especially those living in peripheral areas. These findings call attention to the local dimension—alongside the national and transnational—in shaping the social protection landscape.

Taken together, these narratives reveal that older Ukrainian care workers’ needs are multidimensional, shaped by the interplay of personal life-course trajectories, structural constraints, and evolving transnational obligations. While these needs align with Boccagni’s classification (Boccagni, 2017a), my contribution lies in identifying three additional insights:

1. The clash of priorities: The needs mismatch is not only institutional (transnational versus national systems) but also personal, as care workers navigate

conflicting demands between sustaining their families and preserving their own well-being.

2. The evolving life-course nature of needs: In line with the life-course perspective, my research demonstrates that social protection needs are dynamic rather than fixed. They are continuously reshaped by interconnected life processes—such as transitions, trajectories, and turning points—as well as by personal and historical events and broader geopolitical disruptions (e.g., war). Importantly, these needs are not experienced in isolation but are embedded in dense transnational networks of care and dependency, aligning with the life-course concept of “linked lives” (Elder, 1994).

3. The persistence of gendered inequalities and needs: The cumulative burden of care, ageing, and transnational responsibility reinforces long-standing gendered vulnerabilities. My findings show how gendered inequalities are not only reproduced across borders but are intensified by the physical toll of ageing and the insufficient welfare provision of both the sending and receiving countries.

In the next section, I will show how older Ukrainian care workers navigate their transnational lives through a combination of formal and informal strategies to secure income, healthcare, and relational support. These strategies coexist and interact in complex ways, reflecting both structural constraints and opportunities within their transnational networks.

#### **8.4. Extending Transnational Social Protection: Localised, Relational, and Cultural Dimensions of Access**

To analyse the negotiation of social protection among Ukrainian care workers I have referred to a large body of transnational social protection literature, which demonstrates how providing for social protection transnationally is far from being a static and monolithic process (Bilecen & Barglowski, 2015; Faist, 2013; Levitt et al., 2023). This process involves a multiplicity of sources (states, markets, Third Sector, and social networks) which all together constitute the so-called resource environment (Levitt et al., 2023). It has been noted that resource environments depend on different factors, including individual characteristics, geographical location, status, social networks (Levitt et al., 2023; Paul, 2017). Within this framework, transnational social protection emerges as an *assemblage*—a dynamic configuration of both formal and informal elements that are mobilised to meet protection needs across borders (Bilecen & Barglowski, 2015). Assemblages are fluid in nature and combine informal welfare schemes with formal ones (ibid.), with varying degrees of

formalization and on different scales (Faist, 2018). The relationship between formal and informal structures is not hierarchical but rather deeply intertwined and mutually constitutive (Bilecen & Barglowski, 2015). The transnational social protection framework is deeply concerned with the production and reproduction of inequalities, shaped by both formal and informal systems and their intersections with social heterogeneities such as gender, class, legal status, age, and transnationality (Faist & Bilecen, 2015). Variations in welfare state regimes, contemporary family configurations, informal support networks, and transnational practices—alongside other social markers—provide critical insight into how social inequalities are generated and sustained.

These patterns are documented in my findings, where, for instance, the use and interplay of different sources among Ukrainian care workers is evident in multiple social protection domains. Healthcare, as demonstrated in Chapter 5, is a significant example of these patterns. As shown in section 5.4.1., taking the opportunity offered by universal healthcare access granted by the Italian constitution, Ukrainian care workers made use of public providers, in some cases showing satisfaction with treatments, technology and services in hospitals. However, they would opt for the private market when the waiting times for a consultation within the public sector were considered too long. When approaching the private market, we have seen how interpersonal networks are mobilised to find the most suitable provider. In some cases, employers with medical training may act as substitutes for GPs, like in Yaryna's case, a woman in her early sixties in Naples, who was treated by her employers, two former surgeons.

My research revealed that care workers also utilised NGO services (section 5.4.2.) to meet their medical needs or engaged in different practices of self-care (i.e. hobbies and leisure activities; or selecting employers with less onerous care needs) (section 5.6.) to mitigate the impact of care work on their physical and mental well-being. This mix of resources and strategies aligns with Levitt's definition of healthcare as the most widely hybridised domain of transnational social protection (Levitt et al., 2023). It is important to highlight here that a wide range of sources does not equate to a wider access. In fact, we have seen how accessing some providers or organising autonomous self-care strategies may be contingent on the availability of resources (economic resources to access the private market; time, location or information to locate and access NGOs; social networks.). This echoes Levitt et al.'s argument (ibid.) that the transnational dimension of social protection is not inherently equalising; rather, it redistributes inequalities across borders and spaces, often compounding pre-existing disadvantages.

This research extends the conversation on transnational social protection in three key directions. First, it foregrounds local variation within destination country systems—highlighting how access to services and protection is not only shaped by transnational mobility but also by differential access to local institutions and informal networks within Italy itself. Second, it introduces the concept of *relational support systems*, which integrates the subjective and emotional dimensions of perceived support into transnational social protection assemblages, capturing how social protection is negotiated and experienced interpersonally. Third, this analysis considers the culture of retirement as a historically and socially embedded framework that informs care workers' attitudes toward pensions, ageing, and their long-term futures, challenging the assumption of retirement as a universally desirable or attainable life stage. In the next sections, I will expand on those aspects.

#### 8.4.1. Spatial dimensions of transnational social protection: local variations

The present research contributes to ongoing debates on transnational social protection as a multi-scalar phenomenon by offering insights into different localities and the uneven landscapes of support within a single national context. Localities here refer to place-specific configurations of institutions, actors, and socio-spatial arrangements in which migrants' lives unfold. This work adopts a local lens, following a well-established approach in migration and social policy research, that emphasizes the importance of localities and subnational variation in governance, social networks, and spatial contexts (Caponio et al., 2018; Glick Schiller & Çağlar, 2015). It extends this perspective by highlighting how the configuration of local social networks and urban spaces co-produce distinctive patterns of social protection.

The category of space is deeply intertwined with transnational social protection, intended as a cross-border, multiscale phenomenon. It has been underscored that it operates across and within multiple spatial scales - local, national, and transnational where social protection resources are accessed, negotiated, and redistributed often in unequal ways (Faist & Bilecen, 2015; Levitt et al., 2023). It has been rightfully highlighted that locations are deeply intertwined with inequalities, hence their importance cannot be overestimated (Faist, 2018).

This focus on spatial dimensions has been widely deployed in my research, revealing that the negotiation of transnational social protection among Ukrainian care workers constantly involves moving across different socio-spatial scales. For instance, the informal support provided to left-behind families in Ukraine through remittances depends on and is negotiated through their work within the Italian care sector, regulated and organised according to the

national welfare and migration policies intersecting with local formal and informal practices. In parallel, the importance and priority dedicated to the negotiation of some resources among care workers is often defined by financial pressures in their families in Ukraine. An example of this is, for instance, the decision to allocate resources to live-out arrangements, divesting from remittances, as illustrated in section 4.3.4.

The exploration of healthcare practices, presented in section 5.4. and 5.5., offers again a significant example. While acknowledging that urgent treatments cannot be addressed at a distance, Ukrainian care workers made diverse use of the transnational space to negotiate access to healthcare services, for instance to acquire medications or to gain access to medical treatments and examinations in Ukraine, which they considered faster than health services in Italy, organised through GPs' referral systems. In other cases, Ukrainian care workers may take the opportunity of utilising free-of-charge hospital services or advanced technologies in Italy, which would not be available in Ukraine.

My research has not only examined the transnational dimensions of these practices but has also expanded this focus by highlighting the significance of specific local contexts in shaping both the availability of resources and access to transnational social protection. Designing this study, I chose to deploy an intrastate comparative lens to show variations and nuances of transnational social protection dynamics occurring within the same national context. To do so, I selected as fieldwork locations two different cities, with different socio-economic fabrics and different landscapes in terms of labour market and formal welfare systems. Naples had a more accessible, yet more precarious care labour market than Milan. For this reason, Naples represented the entry point for many Ukrainian care migrants. In Naples they would learn the Italian language, and, once sufficient economic resources were gained, some care workers moved to wealthier Milan, offering better opportunities in term of income.

As shown in the research, more specifically in Chapter 4, informality in the care sector is a common trait unifying both the contexts of Naples and Milan. However, in the Milan region, the Regional Council, responsible for LTC—appear to make a concerted effort to recognize care work, including the establishment of formal training pathways for care workers. This initiative represents an important step forward toward the legitimate recognition of this profession and potential opportunities for social mobility. In parallel, the local municipality has established a dedicated Third Sector agency to support families recruiting care workers. It also supports a foundation providing employment and psychological support to older people's families and to care workers.

Along with the different governance landscapes, my research has shown that distinct spatial configurations within the two cities also play a crucial role in shaping specific patterns and trajectories of social protection. In my research, it emerged that Milan, while offering a more efficient transport infrastructure, may present considerable challenges due to its expansive scale and urban sprawl. These features often result in lack of access to community spaces, as demonstrated in Chapter 6. By contrast, Naples' urban fabric supports a denser and more accessible network of Ukrainian community spaces, most of which are located in the city centre—coinciding with the residential and occupational locations of many care workers. In Milan, community spaces are more dispersed, and the residential and work locations of care workers are widely scattered. This spatial fragmentation results in a lower density of social contact zones and poses greater difficulties in forming and sustaining social ties. Thus, the spatial configuration of the two cities significantly shapes access to social protection resources, highlighting that place is not a neutral backdrop but a constitutive element of social protection outcomes (see Figures in sections 5.4.1.2 and 6.5.3).

This variability of outcomes shaped by different geographical localities highlights the importance of intra-national variation in welfare assemblages. Contrasting State-centred systems with transnational strategies is a recurring pattern within transnational social protection scholarship (Faist, 2018; Kussy and Serra Mingot, 2023; Levitt et al., 2023; Vianello and Escrivá, 2019). Focusing on different localities, my findings add a further layer of analysis, suggesting that local contexts within the same national framework can produce divergent transnational social protection outcomes. The intersection of spatial and social categories in the present research defines places not merely as neutral geographical settings, but as sites of relationships and resource negotiation. In this landscape, access to care is the result of an individual's embeddedness within relationships of care in urban environments (Carlsson, 2023), an aspect I will expand on in the next section.

#### 8.4.2. Relational support systems: the importance of interpersonal networks to navigate social protection

In the present research, interpersonal networks emerge as central actors in social protection negotiations spanning multiple actors and sources. The mediation of friends, family members, and employers appears in my research as a constant and multifaceted presence - a multi-level infrastructure (Xiang & Lindquist, 2014) that shapes the negotiation of transnational social protection resources. These patterns align with the literature on transnational social protection, pointing out that social protection among transnational migrants is an assemblage of formal and informal (interpersonal) resources sharing mutually

constitutive relationships (Bilecen & Bargłowski, 2015; Bilecen & Sienkiewicz, 2015). However, my research also extends and complicates this view in two ways, firstly, by suggesting that interpersonal ties frequently are essential preconditions to access other sources of social protection, secondly, by highlighting the emotional and subjective elements embedded in support systems beyond informal interpersonal ties.

Relational support as a precondition to access social protection emerged throughout my research. The domain of income is a significant example. The quality of employment conditions—and, by extension, the level of economic protection—often hinges on the nature of interpersonal relationships with employers. Positive relationships can lead to better pay, more humane working hours, or support in accessing services, while conflicting dynamics frequently translate into job insecurity. These dynamics are further illustrated by cases in which care workers did not receive financial compensation at the end of their contracts or were only paid after engaging in tense and often conflictual negotiations. This interpersonal mediation of working conditions highlights how employment itself—nominally a formal mechanism of social protection—is filtered through informal, relational channels.

When negotiating working conditions or dealing with conflictive working relationships, care workers might seek assistance from worker unions, the so-called *patronati* mentioned in Chapter 4. However, the access to these networks of support was not straightforward. As recognised both by care workers and union representatives, word-of-mouth and information sharing was paramount to find and join *patronati* for employment support. This implies that access to *patronati* was conditional on holding a certain degree of social connectedness. In other circumstances, shown in section 6.5.3., those formal relationships not only facilitate access to rights, but also have an empowering effect or even develop into emotionally supportive friendships. This brings up the second novel aspect of my research in the domain of interpersonal networks and social protection. By highlighting the emotional and subjective elements embedded in relationships with NGOs and social workers my research points out that personal and empathetic qualities can be found in formal settings. This view challenges the conventional notion that connects interpersonal support strictly to the “informal” sphere of transnational social protection (Bilecen & Sienkiewicz, 2015) and suggests the need for a broader relational understanding of social protection.

To better capture these complex dynamics, I propose the concept of *relational support systems*—a framework that bridges the transnational social protection perspective with insights from the social support literature. Social support literature, emerging from health research, psychology and sociology, focusses on the subjective experience of support. It

examines how emotional, instrumental, and informational aid contributes to individual well-being, and stresses the importance of perceived support—the belief that one is valued, cared for, and embedded in a network of mutual obligation. The transnational social protection framework similarly recognises the protective role of social ties, defined as informal social protection, but from a different angle and at a different scale. While the social support notion is more concerned with local and community dimensions, the transnational (informal) social protection concept, drawing on transnationalism research, holds an explicit cross-border focus. Transnational social protection emphasizes multi-actor networks operating across borders, whereby interpersonal and institutional domains interact in mutually constitutive relationships. Additionally, transnational social protection is deeply concerned with transnationality as a site where inequalities are (re)produced. It situates migrant support systems within broader power structures, showing how protection and precarity are often co-produced across borders.

To better illustrate these complex dynamics, I have included the diagram below, which visualizes the concept of *relational support systems* (see Figure 8.1). The diagram maps the interaction between local, community-based forms of social support and cross-border, transnational social protection mechanisms. By integrating these perspectives visually, the diagram underscores how *relational support systems* operate simultaneously at multiple scales: the intimate and the transnational, the individual and the structural. It highlights the interplay between personal networks, community resources, and broader socio-political frameworks, providing a lens to analyse support networks, inequalities, and opportunities in the cross-border dimension.

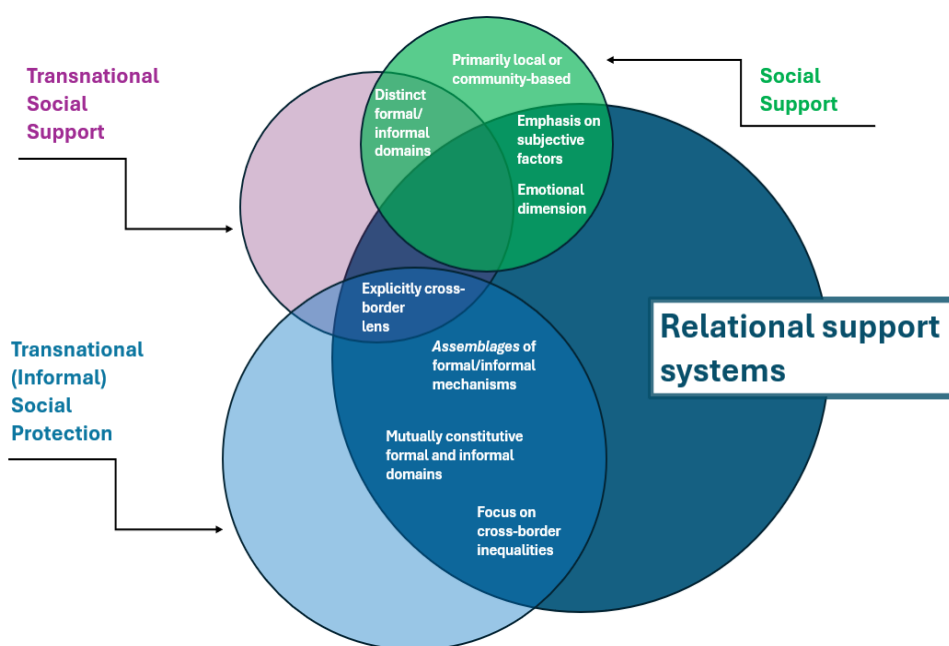


Figure 8.1, *Relational support systems*

Bringing these perspectives together offers analytical advantages. The transnational social protection framework captures the fluid cross-border dynamics of support and foregrounds the central role of interpersonal networks within assemblages of protection. At the same time, it draws attention to the inequalities embedded in these mechanisms. In fact, when access to protection relies heavily on personal networks, it becomes precarious and uneven, particularly in the context of care work, which is often isolating and marked by limited opportunities to build or sustain supportive ties. The social support literature highlights the emotional and subjective aspects that influence access and outcomes. This lens is particularly valuable in understanding migrant care workers, whose well-being often depends on both material resources and subjective experiences of trust, recognition, and belonging. The lens of emotional elements of social protection helps to frame experiences of care workers developing trust and affection from employers, which contribute significantly to care worker's emotional well-being and sense of stability. It also helps to capture the transformative effect embedded in friendly ties with Third Sector professionals, often creating a sense of empowerment and inclusion that went beyond formal entitlements.

Moreover, incorporating subjective components into the analysis helps explain why some care workers—despite the availability of support—may still struggle to access or benefit from it. Self-isolating or dismissive behaviours, shaped by individual personality, past experiences, or cultural understandings of reciprocity, can act as barriers to help-seeking, i.e. as illustrated in section 5.4 by care workers' misunderstanding of the role of charitable organizations. These personal and cultural filters influence not only how support is perceived, but whether and how it is pursued.

My research, particularly in Chapter 6, has shown that these subjective dimensions—including emotional experiences as well as historically and socially constructed views—play a critical role in shaping how social protection is accessed and experienced. Acknowledging these dimensions is essential, particularly because they may exert a profound influence beyond immediate interpersonal dynamics, extending into other key domains of social protection. One such domain is the access to pensions and retirement, where personal beliefs, cultural norms, and emotional attachments can significantly shape attitudes, decisions, and outcomes. This will be the focus of the next section.

#### 8.4.3. Retirement Culture

In the previous section, I discussed how individual components—such as subjectivities and cultural perceptions—play a central role in shaping access to support mechanisms. While

research on transnational social protection acknowledges individual characteristics as part of the broader resource environment, it typically emphasizes factors such as country of origin, legal status, location of residence, and the scope and strength of social networks. Other key dimensions include gender, race, ethnicity, religion, class, and education (Bilecen et al., 2019; Levitt et al., 2023). These elements undoubtedly shape migrants' capacity to mobilise and sustain protective resources.

My research mirrors these patterns in the lived experiences of migrant care workers. For example, it has been shown in Chapter 4 and 6 that pre-existing skills, educational background and personal approaches often facilitate access to certain strategies of support. Yet this study also illuminates more subtle and often overlooked pathways through which individual characteristics—mediated by socially and historically constructed cultural norms—directly influence the negotiation of transnational social protection. These dynamics extend beyond conventional categories, drawing attention to the social and cultural scripts that shape how care workers interpret, seek, or disengage from support mechanisms. One striking illustration is the limited interest in pensions among some older care workers. This is not merely a matter of structural exclusion but is also shaped by cultural understandings of ageing and work. Among certain interviewees, particularly older ones, extended working life was not only accepted but viewed as meaningful and desirable, in line with the legacy of Soviet ideology, which framed labour as a fundamental human need (Shlapentokh, 1987).

In other cases, work at later age reflects care workers' commitments to their role of family breadwinners. This resonates with literature on Ukrainian female migrants, which highlights how gendered, socially constructed moral imperatives shape care work migration. Within this scholarship, care work is situated in a web of societal expectations surrounding duty, sacrifice, and respectability—particularly in relation to care, motherhood, and transnational family responsibilities (Solari 2010, Vianello, 2009). Such obligations actively shape decisions to postpone or discard retirement, in order to continue working and sustain their families. Interestingly, similar views about later-life work and family responsibilities emerged also in the experience of the only male care worker in my sample, suggesting that such patterns might also be relevant for some male care migrants.

Protracted historical and social instability also has a direct impact on how access to pensions and retirement are negotiated and experienced. As shown in section 7.2, many care workers, faced with constant uncertainty, have been compelled to suspend or indefinitely postpone long-term planning. This experience of time is in tension with what Cwerner (2001) terms *heteronomous time*—a temporality imposed by institutional systems that demand the ability

to plan ahead in order to meet eligibility criteria for pensions and other entitlements. Migrant care workers, operating under conditions of precarity and shifting obligations, often find themselves unable to align with this institutional timeline (Bommes, 2013). The result is not simply a delay in retirement planning, but a deeper transformation—and in some cases, deconstruction—of the very concept of retirement itself. Rather than a secured right or life-course trajectory, retirement becomes an abstract, conditional aspiration, detached from the institutional frameworks and financial guarantees typically assumed in more stable contexts, i.e. in many Western countries (Luborsky & LeBlanc, 2003).

To define these specific understandings of retirement, I use the concept of *retirement culture*. This notion resonates with a growing field of studies emphasising retirement as a socially constructed and culturally embedded phenomenon that varies across contexts (Amrith, 2018; Luborsky & LeBlanc, 2003; Lytle et al., 2015; Rafalski et al., 2017). Among Ukrainian care workers the *retirement culture* is mediated by gendered responsibilities, protracted economic insecurity, and transnational obligations, and encompasses attitudes and behaviours shaped by transnational histories, socio-cultural understandings, and uneven access to welfare in both sending and receiving countries. This specific retirement culture both shapes and is shaped by care workers' divergent life-course trajectories compared to those of older adults in more stable contexts.

In comparison with the experiences described in this literature, the case of Ukrainian care workers reveals a significant variation. Literature on retirement among older migrant women in post-socialist spaces shows how the notion of retirement as a clear-cut milestone is often made porous—or even reversed—through migration for work (Lulle, 2021). Migration of older female workers in this literature is described as a bottom-up pathway to active ageing—albeit one that is physically demanding, while among Ukrainian care workers, the prolongation of working lives appears less as a form of empowerment and more as a complex negotiation of mounting financial pressures and limited welfare support.

Within the broader context of the ageing and migration literature, and specifically the strand analysing the migration trajectories of mature women, my research aligns more closely with scholarship that highlights the potential risks and structural constraints involved in ageing as a migrant worker (Ferrer et al., 2017; Vianello & Escrivá, 2019). At the same time, it departs from approaches emphasising later-life migration as a site of empowerment and renewed agency (King et al., 2017; Lulle & King, 2016). While individual agency is in some cases manifest, it is exercised very unevenly and within—and often limited by—a web of gendered expectations, fragmented welfare regimes, and enduring transnational obligations.

The tension between constraint and agency, and how care workers themselves negotiate this balance, will be the focus of the next section.

### 8.5. Structure versus agency: navigating abilities on an unequal terrain

With regard to the relationship between structure and agency among Ukrainian care workers, this research has shown how the structural constraints are stark and persistent— status and labour precarity, gendered caregiving norms, and socio-economic marginality. The interplay between agency and the broader structure of opportunities is a recurring theme in migration studies. The concept of agency has been central to the literature on the ageing-migration nexus. The link between ageing and migration has been associated with the concept of *double jeopardy*, which captures the cumulative disadvantage faced by individuals who are both older and members of migrant or ethnic minority groups, highlighting how these intersecting identities exacerbate vulnerabilities and social insecurities (Dowd and Bengtson, 1978). Shifting the focus from vulnerabilities, scholars of the ageing–migration nexus have underscored the diversity of later-life migration experiences, emphasising that ageing as a migrant or migrating at an older age is not always a marker of vulnerability; rather, it can represent a rational choice or life-stage transition that is fulfilling, enjoyable, and even empowering—offering a sense of purpose, autonomy, or liberation from previous constraints (King et al., 2017; Lulle, 2021; Lulle & King, 2016).

The structure/agency debate, long central in social theory, emerged as a critique of earlier paradigms such as Levi-Strauss’ structuralism and Parson’s functionalism. The latter positioned individuals as bearers of systemic functions and denied individual capacity to affect societal structures (Lacroix, 2013). In contrast, structure/agency approaches attempt to reconcile human reflexivity and individual action with enduring structural constraints. Major theoretical contributions within this tradition diverge in emphasis. Bourdieu’s theory of practice (2000), through the notion of *habitus*, privileges structural reproduction by embedding dispositions in collective histories and class experiences. Giddens’ structuration theory (1984) foregrounds the reflexivity of social actors and their capacity to reproduce or transform social structures through routine practices. Archer’s morphogenetic approach (Archer, 1995) insists on the separation of structure and agency, emphasising the analytical autonomy of both and the potential for structural transformation through individual action. Despite these divergences, these theorists share several key assumptions, among others the recursive relationship between structure and agency and, to different extents, the relative autonomy of social actors, capable of navigating and sometimes innovating within the systems they inhabit (Lacroix, 2013).

Among Ukrainian care workers, the structural conditions of care work often appear overwhelming, yet responses to these conditions are highly heterogeneous, dictated by the high variability of factors shaping such responses. Ukrainian care workers negotiate social protection through diverse strategies and resource arrangements. These are shaped by a range of factors, including individual capacities, social networks, formal institutional arrangements, and geographic location. This variability defies attempts to generalise or identify a singular model of structure/agency interaction. An equally complex picture emerges when we try to evaluate the degree of autonomy of social actors and their capacity to generate changes. What becomes crucial, then, is to interrogate how agency manifests in this context and whether it aligns with notions of autonomy and social transformativity typically assumed in structure/agency theory.

Within this debate, agency is often seen as the capacity of individuals to act strategically or autonomously. For instance, Bakewell (2010) sees agency as the ability to reflect, strategise, and act toward one's goals, while Sewell defines it as a relational capacity: "To be an agent means to be capable of exerting some degrees of control over the social relations in which one is enmeshed, which in turn implies the ability to transform those social relations to some degree" (1992, p. 20). Other accounts, such as that of Emirbayer and Mische (1998), emphasise the temporality of agency—the everyday engagement by individuals of different structural environments which, through the inter-play of habit, imagination, and judgment, both reproduces and transforms those structures in interactive response to the problems posed by changing situations. Within it, past habits, present improvisation, and future projections interweave. According to their perspective, as social actors respond to the challenges and uncertainties of social life, they are capable of distancing themselves from schemas, habits and traditions that constrain social identities and institutions.

If we look at this latter proposition—foregrounding the capacity of actors to detach from constraining norms—the case of Ukrainian care workers introduces important complexities. Indeed, the negotiation of transnational social protection very often seems to be shaped by historical legacies, cultural expectations, and social norms, rather than personal attitudes and decisions as expressions of autonomous agency navigating structural constraints. To further explore how this restrained and contingent form of agency operates in practice, the following paragraphs examine specific domains of transnational social protection.

A telling example is offered by care workers' approach to pension entitlements and retirement illustrated above. Care workers' plans about pension and retirement appear to be mediated by post-socialist cultural frameworks, wherein continuing to work in later life is

often normalised and expected. Additionally, a certain shortsightedness, rooted in a protracted condition of social, economic and political uncertainty, seems to prevent care workers from making long-term plans for their retirement. Here, it is important to underline that many Ukrainian care workers do deliberately choose not to pursue pensions entitlements or plan their retirement. Yet, their decision appears to be shaped by historically, culturally and socially rooted understandings - along with financial pressures. All those factors affect the behaviours of care workers as autonomous social actors in their negotiation of social protection within (or despite) the structural context.

Another example is represented by their approach to health and personal well-being, which appears to be affected by socially constructed moral obligations. My research has shown how cultural and familial expectations, especially those related to caregiving roles as mothers or grandmothers, can actively dissuade women from pursuing paths that prioritise their own well-being. Thus, while it is clear that migrant care workers do make choices—such as prioritising family needs over their own health—these decisions often come at a cost to their well-being and are deeply embedded in stratified social obligations and historical conditions. This aspect is particularly important within the context of this research, which adopts the question “*Who cares for the carers?*” as a central line of inquiry. It emerged in fact that, alongside a general lack of access to care resources, Ukrainian care workers themselves often appear to place their own needs and well-being in a secondary position.

It is important to acknowledge moments where care workers exert agency and resourcefulness—aligning with Sewell’s (1992, p. 20) understanding mentioned above. This is especially true for care workers like Lida and Kira, two women I interviewed in Milan. They were respectively in their early forties and fifties, with a set of pre-existing skills or specific professional backgrounds. Those women succeeded in forging meaningful relationships that facilitated access to support, reflecting the relational notion of agency as has been outlined by Sewell.

In other cases, the margins of choice appear significantly narrower, or the choice counteracted by negative consequences for care workers themselves. For instance, despite the strain and precarity associated with care work, employment in the sector has enabled many migrant workers to provide vital support to their families. However, the provision of support goes hand in hand with high mental and physical strife posed on care workers, becoming greater as care workers transition to a later age. As physical and emotional strain accumulates—often exacerbated by prolonged periods of intensive care work—many workers find it increasingly difficult to access and mobilise resources, even when those

resources are theoretically available. Ageing thus compounds vulnerability, narrowing the space for manoeuvre and reducing the capacity for engagement with support systems.

The foregoing casts light on how resource mobilisation often entails navigating conflicting priorities and difficult trade-offs—where access to protection may mean settling for the “lesser of two evils”, rather than exercising genuine choice. For these reasons, these instances often reflect capacities to adapt or cope within (or despite) the structure, rather than to transform it. In the case of Ukrainian care workers, a parallel can be drawn to what Halfacree (1995) argued in relation to migrant women resisting patriarchal labour norms. Without denying the dynamics of structuration, aligning with Giddens (1984), Halfacree cautions against overstating the voluntarism of social actors—especially in contexts where structural constraints exert a real, material force that cannot be easily subverted by individual action. Similarly, the coping strategies observed among Ukrainian care workers should be understood less as manifestations of unbounded agency, and more as situated practices of endurance and navigation across profoundly unequal terrains.

Care workers’ ability to act autonomously appears to be strained by inequalities entrenched in the transnational condition. While transnational presence can create certain opportunities for transnational social protection—such as access to public healthcare, Third Sector services, and support networks through family and friends in Italy—these opportunities remain unevenly distributed. Care workers with insecure legal status have been able to mobilise personal networks or seek assistance from NGOs to navigate periods of hardship, but these opportunities are highly dependent on the presence of personal networks. We have seen how care workers may decide to overcome long waiting times in Italy using healthcare services in Ukraine; however, the access and mobilisation of these opportunities are contingent upon economic resources and physical ability to travel. In this context, the ability to access and mobilise social protection resources emerges as highly dependent on individual capacities, socio-economic positioning, and available opportunities—all of which are unequally distributed. As a result, these strategies continue to unfold within a landscape marked by structural inequalities, ultimately risking the reinforcement of existing vulnerabilities rather than their mitigation.

In sum, as I stated at the beginning of this section, the interaction between structure and agency in my research emerges as a highly heterogeneous phenomenon. In this very diverse landscape, agency can assume multiple meanings. In some cases, it is expressed as a relational ability to mobilise resources by drawing on pre-existing advantages such as younger age, social contacts, or personal proactivity. However, in many other cases, the

space for individual choice and transformative acts is better understood as an unequally distributed capacity to navigate structural constraints.

## **8.6. Limitations, Strengths and Future Directions**

The study has delved into a very urgent topic, connected with burning social issues: ageing, migration, and welfare systems in a time of declining safety nets. It has done so by collecting the rarely heard voices of migrant care workers, but also the voices of practitioners and actors involved in different ways in the provision of care and support for care workers. By mapping out and joining together in one narrative the constellation of resources, actors, and interactions shaping care provision in two major Italian cities, Milan and Naples, the research fills a critical gap in academic debates across interconnected fields such as transnational social protection, ageing, gender, and migration. Beyond academia, it is relevant to policy by contributing to a better understanding of care workers' needs and preferences, offering actionable insights for more responsive, inclusive service design. Importantly, the research as such has a strong impact-orientation, which represents one of its major strengths.

A strength of this research lies in its nuanced demonstration that transnational social protection varies locally, shaped by specific welfare institutions, labour market conditions, and urban spatial configurations. By foregrounding relational support networks—including NGOs, churches, employers, and kin—as vital yet precarious infrastructures, the study reveals how migrants access protection beyond formal systems. Additionally, the research highlights how subjective cultural and moral understandings of ageing, responsibility, and historical instability mediate resource access. Importantly, it reframes agency among care workers as an unequal capacity to navigate constrained opportunities, offering a critical perspective on migrant resilience and vulnerability as they age.

However, several limitations should be acknowledged when interpreting the findings. Most significantly, in relation to transnational social protection analysis, the war in Ukraine made it impossible to carry out multisite fieldwork and to include the Ukrainian side of transnational dynamics, as originally planned in the research proposal. Investigating this dimension would have offered critical insights into the organization of resources upon return, such as access to pensions and familial support structures. Nevertheless, the war context presented a unique opportunity to observe how care and social protection systems respond to crisis—highlighting how transnational relationships and resources reorganize under the pressure of traumatic events such as armed conflict.

A particularly important gap lies in the absence of care workers' families from the study. This omission limited the scope of the analysis and constrained the ability to fully explore the reciprocal and intergenerational nature of transnational social protection. However, the recognition of their role as co-determinants of social protection points to a promising direction for future research. Exploring how children experience, negotiate, and contribute to transnational care would offer deeper insights into intergenerational dynamics—especially relevant in the Ukrainian context, where war has profoundly affected family ties and caregiving roles. A stronger focus on children's perspectives would enhance understanding of intergenerational care prospects, including long-term implications of care labour abroad—such as retirement, future dependency, and return migration.

The study also suggests several other promising avenues for future research. While care work remains feminised, the experiences of male care migrants remain underexplored. Future research could systematically investigate how older male care workers navigate labour market marginalisation, welfare insufficiencies, and prolonged work in post-socialist and other migration contexts. This approach could shed light on the intersection of age, migration, and gender, and provide a more nuanced understanding of how the fragmented care sector and insufficient welfare systems shape the life-course trajectories of migrant care workers across genders.

A broader life-course perspective—emphasizing the interconnectedness of social lives—would be particularly valuable. Tracing the trajectories of other actors involved in care, including care recipients and employers, would allow for a more relational and cross-border understanding of social protection. This approach would also help reframe care-related vulnerability as a shared risk, affecting both migrant care workers and the older or dependent people they support. Such a lens encourages comparative analyses of ageing across borders and sheds light on the mutual dependencies that underpin care in contexts of fragile welfare provision. Additionally, the material presented holds potential for qualitative longitudinal research, enabling a move beyond the cross-sectional picture offered in this study.

In terms of formal resources, further research on return migrants' access to Italian pensions would be highly relevant. Additionally, since this study primarily engaged participants with some degree of social connectedness, as acknowledged in section 3.3.3., future research should prioritize those experiencing acute vulnerability—such as housing insecurity, risk of homelessness, or extreme isolation. This could be achieved through more intensive ethnographic engagement, enabling the emergence of hidden or stigmatized experiences that are underrepresented in the current work. Such investigations would not only enrich our

understanding of transnational social protection but also inform the development of more inclusive and effective policies and interventions.

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## Appendices

### Appendix 1. Care workers' demographics

	Name	Date	Lang uage	Age	M/ F	Location	Region of origin	Years in work	Currently in Eldercare Work
1	Tetyana	07/23	ITA	Late 40s	F	Naples' region	East Ukraine	11	Yes
2	Larysa	07/23	ITA	Late 50s	F	Naples	West Ukraine	12	Yes
3	Nadya	07/23	ITA	Early 50s	F	Naples	West Ukraine	13	No (cleaning work)
4	Iryna	07/23	ITA/U KR	Early 50s	F	Naples	West Ukraine	10	Yes
5	Yaryna	07/23	ITA/R US/ UKR	Early 60s	F	Naples	SW Ukraine	8	Yes
6	Olesya	07/23	ITA/R US/ UKR	Early 50s	F	Naples	West Ukraine	9	Yes
7	Kateryna	07/23	RUS	Mid-40s	F	Naples	West Ukraine	3	Yes
8	Liza	07/23	ITA	Late 50s	F	Naples	West Ukraine	20	No (cultural mediator)
9	Anna	07/23	ITA	ND	F	Naples	East Ukraine	13	Yes
10	Lyudmila	07/23	ITA/R US	Early 50s	F	Naples	Central Ukraine	18	No (cleaning work)
11	Yuliya	08/23	RUS	Mid-70s	F	Naples	Central Ukraine	14	Yes
12	Viktoriya	08/23	ITA	Late 60s	F	Naples	Central Ukraine	21	No (cleaning. work)
13	Anastasiya	09/23	RUS	Early 50s	F	Naples' region	Central Ukraine	23	Yes
14	Oleksandra	09/23	ITA	Mid-50s	F	Naples' region	West Ukraine	23	Yes
15	Sofiya	09/23	ITA	Late 40s	F	Naples	Central Ukraine	6	No (restaurant staff)
16	Mariya	09/23	ITA	Early 40s	F	Naples	West Ukraine	23	No (cleaning. work)
17	Khrystyna	09/23	ITA	Late 50s	F	Naples	West Ukraine	26	No (cleaning. work)
18	Veronika	10/23	ITA	Early 60s	F	Milan	Eastern Ukraine	11	No (cleaning. work)
19	Roman	10/23	ITA	Late 60s	M	Milan province	SW Ukraine	6 months now, but lived prior in Italy	Yes
20	Valentyna	10/23	ITA)	Early 40s	F	Milan province	SW Ukraine	16	Yes

21	Nina	11/23	ITA	Mid-70s	F	Milan province	West Ukraine	18	Yes
22	Adriana	11/23	ITA	Early 30s	F	Milan province	West Ukraine	16	No (cleaning work)
23	Natalia	11/23	ITA	Late 50s	F	Milan	West Ukraine	23	Yes
24	Lyuba	12/23	ITA	Late 50s	F	Milan	SW Ukraine	23	No (cleaning work)
25	Yana	12/23	ITA	Late 40s	F	Milan province	SW Ukraine	23	No (cleaning work)
26	Yevheniya	12/23	ITA	Late 50s	F	Milan	Central Ukraine	18	Yes
27	Liliya	12/23	ITA	Early 60s	F	Milan province	SE Ukraine	23	Yes
28	Miroslava	12/23	ITA	Mid-60s	F	Milan province	SW Ukraine	23	Yes
29	Yeua	12/23	ITA	Late 50s	F	Milan province	Central Ukraine	21	Yes
30	Darya	01/24	ITA	Late 60s	F	Milan province	SW Ukraine	20	Yes
31	Lida	01/24	ITA	Early 40s	F	Milan	Western Ukraine	8	Yes
32	Kira	01/24	ITA	Early 50s	F	Milan	SW Ukraine	22	No (cleaning work)
33	Alisa	01/24	ITA	Mid-50s	F	Milan	West Ukraine	21	Yes
34	Inna	01/24	ITA	Mid 60s	F	Milan	West Ukraine	12	No (unemployed)

## Appendix 2. Experts/Community participants

1	Olena	07-23	Naples	NGO Coordinator/Formers care worker
2	Caterina	07-23	Naples	Medical Doctor/NGO
3	Svitlana	07-23	Naples	Diaspora organisation/Cultural mediator/Formers Care worker
4	Liza	07-23	Naples	Diaspora organisation/Formers Care Worker
5	Massimo	08-23	Naples	Social Worker/ Project Manager
6	Elisabetta	09-23	Naples	Social worker/Activist
7	Antonella	09-23	Naples	Patronato/Branch Director
8	Michelangelo	09-23	Naples	Church Organisation/Director
9	Silvia	10-23	Milan	NGO/Coordinator
10	Alessandro	10-23	Milan	Medical Doctor/NGO
11	Roberta	11-23	Milan	Patronato/Chief of the Migration Department
12	Angela, Carlo, Laura	11-23	Milan	Social workers/City Council
13	Claudio	11-23	Milan	Patronato/President
14	Margherita	11-23	Milan	Patronato - Domestic work unit/President
15	Giovanna	11-23	Milan	Patronato - Domestic work unit - Officer
16	Archbishop Spiridon	11-23	Milan	Religious Leader - Orthodox church
17	Amir, Eleonora, Francesca	12-23	Milan	NGO team
18	Lucia, Pedro	01-24	Milan	Foundation Coordinator/Psychologist
19	Susanna	01-24	Milan	Foundation Third Sector/Coordinator
20	Beatrice	01-24	Milan	Foundation Sociologist
21	Giulio	01-24	Milan	Milan City Council Representative

## Appendix 3. Interview guides

### A) Care workers

	Interview guide – Migrant care workers
Introduction	<ul style="list-style-type: none"> <li>▪ Outline and objective of the project</li> <li>▪ Participant information sheet</li> <li>▪ Privacy notice</li> <li>▪ Consent</li> </ul>
Personal information and contact details ( <i>during the transcription process, these data will be transferred to a separate secured excel file and the correspondent transcripts will be anonymised</i> )	<ul style="list-style-type: none"> <li>✓ Name</li> <li>✓ Contact</li> <li>✓ Age</li> <li>✓ Years in migration</li> <li>✓ Region/city of origin</li> <li>✓ Currently in care work/Currently not in care work</li> <li>✓ Live-in/Live-out</li> </ul>
Biographies	<ol style="list-style-type: none"> <li>1. Can you tell me about your life in Ukraine before migrating?</li> <li>2. What about your family?</li> <li>3. Can you tell me about your experience in Italy? How is your life in Milan/Naples?</li> </ol>
Care work	<ol style="list-style-type: none"> <li>1. How does the job search work? Agencies, friends?</li> <li>2. Can you describe one of your working days?</li> <li>3. What have been the challenges in your work? What have been the achievements?</li> <li>4. As a migrant care worker did you experience changes over the years as you grow older?</li> </ol>
Social protection practices and strategies	<ol style="list-style-type: none"> <li>1. Do you have access to some forms of social protection in Italy or Ukraine?</li> <li>2. How do you get information about social protection (healthcare, pension, subsidies, bonuses...)?</li> <li>3. How did you manage your paperwork to get it? Did you find it difficult?</li> <li>4. Did you apply for the amnesty in 2020 or before? How did you find the process?</li> <li>5. Who do you ask for help to when you have problems?</li> </ol>

	<p>6. What are your health care providers in Italy? And in Ukraine? Do you see any differences between the two countries?</p> <p>7. Have you ever asked for social support to organisations (Church, diaspora, humanitarian)? Do you use services of organisations in general?</p>
Impact of war	<p>1. How did your life changed after the war started in Feb2022?</p> <p>2. Are you involved in supporting war-affected population in Ukraine?</p>
Futures	<p>1. What are your <u>plans for the future</u>? How long are you planning to work? Are you planning to retire?</p> <p>2. Do you plan to return to Ukraine? Why or why not?</p> <p>3. Does availability of social protection play any role in your <u>plans for the future</u>?</p>

B) Public authorities, Third Sector representatives, Church, and Diaspora Organisation

	Interview guide – Public authorities, Third-sector representatives, Church, and Diaspora Organisation
Introduction	<ul style="list-style-type: none"> <li>• Outline and objective of the project</li> <li>• Participant information sheet</li> <li>• Privacy notice</li> <li>• Consent</li> </ul>
Personal information and contact details (during the transcription process, these data will be transferred to a separate secured excel file and the correspondent transcripts will be anonymised)	<ul style="list-style-type: none"> <li>✓ Name</li> <li>✓ Contact</li> <li>✓ Sector</li> <li>✓ Role</li> <li>✓ City</li> </ul>
Public authorities' representatives	<ol style="list-style-type: none"> <li>1. Can you tell me about your work/role?</li> <li>2. How are you involved in the field of migration, welfare, and social protection?</li> <li>3. Do you think access to social protection (e.g., welfare benefits, pensions, unemployment support, housing, healthcare) is challenging for migrants in Italy?</li> <li>4. What are the main barriers to social protection for migrant care workers?</li> <li>5. How do employment conditions (e.g., informal work, contracts, rights) affect their access to welfare and protections?</li> <li>6. Are you familiar with specific issues faced by Ukrainian care workers? If yes, do you think their conditions differ from those of other migrant groups?</li> <li>7. As Ukrainian care workers age, what challenges do they face in terms of pensions, long-term care, or social support?</li> <li>8. What are the policy implications of these challenges for Italy's welfare system?</li> <li>9. How has the ongoing conflict in Ukraine affected the social protection situation of Ukrainian migrants in Italy?</li> </ol>
Healthcare providers (Third sectors and GP)	<ol style="list-style-type: none"> <li>1. Can you tell me about your work/role?</li> <li>2. How are you involved in the field of health care and migration?</li> <li>3. Do you think that access to health and health care may be challenging for migrants living and working in Italy?</li> <li>4. If yes, what's the response of your organisation? (<i>Third sector healthcare providers only</i>)</li> <li>5. What are the main issues related to health and health care among migrant care workers?</li> <li>6. What do you think is the impact of care work on health and health access?</li> <li>7. Are there many Ukrainian care workers among your patients?</li> <li>8. Are there many Ukrainian care workers asking for support to your organisation? (<i>Third sector healthcare providers only</i>)</li> </ol>

	<ol style="list-style-type: none"> <li>9. What are their main health needs?</li> <li>10. Why do you think they ask for your support instead of contacting a GP? (<i>Third sector health care providers only</i>)</li> <li>11. Are you aware of other strategies they enact to access healthcare or other health practices they engage in independently?</li> <li>12. Do you think the conditions of Ukrainians differ somehow from conditions among other nationalities?</li> <li>13. The age of Ukrainian care workers is progressively increasing. Do you think Ukrainian care workers face challenges as ageing migrants?</li> <li>14. What is the impact of ageing as a care worker for their health and health care access?</li> <li>15. Do you think the response to health needs of Ukrainian care workers as ageing migrants is satisfactory? If not, what should be the adequate response of policy?</li> <li>16. Do you think war impacted health and healthcare practices among Ukrainian older care workers?</li> </ol>
<p>Third sector representatives, Diaspora Organisations, Church organisations</p>	<ol style="list-style-type: none"> <li>1. Can you tell me about your work/role?</li> <li>2. How does your organisation relate to the Ukrainian community? Can you describe the main characteristics of Ukrainians in your area (age, gender, type of employment)?</li> <li>3. Can you tell me about their community life? To what extent are they involved in your organisation's activities?</li> <li>4. Are you involved in welfare or social support provision to ageing Ukrainian care workers?</li> <li>5. Do they turn to you for help with administrative procedures, housing, pensions, or social services? If yes, how do you support them?</li> <li>6. Why do you think they rely on your organisation instead of directly contacting public institutions?</li> <li>7. Can you tell me about their family life (e.g., transnational families, remittances, family reunification)?</li> <li>8. Do families play a role in supporting their welfare or care needs (in Italy or from abroad)?</li> <li>9. What challenges do you think Ukrainian care workers face as ageing migrants in terms of social protection?</li> <li>10. How has the ongoing conflict affected their welfare, social integration, and prospects for ageing in Italy?</li> </ol>

## Appendix 4. Consent Form



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### Consent Form

Title of Project: Who cares for the carers? Health and ageing among Ukrainian care workers in Italy

Name of Researcher: Maria Izzo, [m.izzo1@research.gla.ac.uk](mailto:m.izzo1@research.gla.ac.uk)

Name of Supervisor: Dr Alistair Hunter, [Alistair.hunter@glasgow.ac.uk](mailto:Alistair.hunter@glasgow.ac.uk); Dr Sara Bernard,  
[sara.bernard@glasgow.ac.uk](mailto:sara.bernard@glasgow.ac.uk)

#### Please tick as appropriate

- Yes  No  I confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.
- Yes  No  I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
- Yes  No  I consent to interviews being audio-recorded
- Yes  No  I acknowledge that participants will be referred to by pseudonym.

#### I agree that:

- Yes  No  All names and other material likely to identify individuals will be anonymised.
- Yes  No  I may be quoted directly, yet anonymously, with all personal details (name, place of origin, workplace, names of relatives and friends) removed.
- Yes  No  The material will be treated as confidential and always kept in secure storage.
- Yes  No  The material will be retained in secure storage for use in future academic research

- Yes  No  Anonymised material will be retained for 10 years in repositories according to University of Glasgow guidelines and may be shared and reused by other researchers in other publications.
- Yes  No  Other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.
- Yes  No  Other authenticated researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form
- Yes  No  I waive my copyright to any data collected as part of this project.
- Yes  No  I acknowledge the provision of a Privacy Notice in relation to this research project.

I agree to take part in this research study

I do not agree to take part in this research study

Name of Participant ..... Signature .....

Date .....

Name of Researcher .....Signature .....

Date .....

..... End of consent form .....



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#### Participant Information Sheet

**Project title:** Who cares for the carers? Health and ageing among Ukrainian care workers in Italy

Mania Izzo, [m.izzo.1@research.gla.ac.uk](mailto:m.izzo.1@research.gla.ac.uk), School of Interdisciplinary Studies, University of Glasgow

**Supervisors:** Dr Alistair Hunter, [Alistair.hunter@glasgow.ac.uk](mailto:Alistair.hunter@glasgow.ac.uk); Dr Sara Bernard, [sara.bernard@glasgow.ac.uk](mailto:sara.bernard@glasgow.ac.uk)

#### Information sheet

You are being invited to take part in a research project regarding health needs and health care of Ukrainian migrant care workers in Italy. Before you decide on your participation it is important to understand why this research is being conducted and what it will involve. Please take time to read this statement carefully and discuss with others if you wish. Ask me about any information that is not clear so that more information can be provided. Take time to decide whether you wish to take part.

#### What is the purpose of the study?

The aim of the project is to study the health needs of older Ukrainian care workers in Italy, how they organize health care, and how and where they access health care services. Existing research shows that still little is known about their lived experience. Studying health care practices among older migrant care workers, my research aims at eliciting their needs and helping to identify appropriate solutions which may guarantee a better access to health and healthcare. To do this, I will collect information with interviews.

#### Why have I been contacted?

You have been contacted because you are, or you have been, a Ukrainian migrant who works in the elder care sector in Italy.

#### Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part, you are free to withdraw without giving a reason at any time. Participants can decide to withdraw their information up to 3 weeks following the date of the interview, in which case their information will not be used in the research.

#### What will happen to me if I take part?

The research will involve interviews that will last approximately 60-90 minutes and will be audio taped with your permission for the purposes of data analysis. Throughout the interview, you will be free to leave at any time without question. Within the interview, you will be asked questions regarding your experience as a migrant in Italy, about your access to health care services and your health needs. Please be aware that you are not expected to disclose your medical history or share information about specific conditions. You will also be asked about your family and how they organise their health practices. During the interview, you will be asked questions about how your access and needs have been impacted by war.

#### Are there any risks to taking part?

There may be a risk of distress due to the nature of the topic. You may feel discomfort in recalling the experience of migration or talking about the impact of war or your health. You are free to skip any questions which make you feel uncomfortable, and you are also free to pause or withdraw your participation at any time without giving

a reason. In case of discomfort or distress, links to support organisations and relevant contact details can be found at the end of this document. The decision to participate (or not) in this research will have no influence on the services/support you receive from the organisation which put us in contact.

**Will my information be kept confidential?**

All information which is collected about you during the course of the research will be kept strictly confidential. I will assign a pseudonym to your interview and any information which could identify you (where you live, where you work, names of friends or relatives or other details) will be changed or removed so that you cannot be recognised from it. Although every effort will be made to keep the information confidential, full confidentiality may be difficult to guarantee. Please note that confidentiality will be maintained as far as is possible, unless during our conversation I hear anything which makes me worried that someone might be in danger of harm, I might have to inform relevant agencies of this. Personal data will be stored online on the researcher's OneDrive (data archive). All personal information will be destroyed after data collection, by the end of the period approved by the Research Ethic Committee (Aug 2025).

**What will happen to the results of the research?**

The information provided will be used for my PhD thesis and may appear in publications or used in conferences. I may quote from your interview but will always do so in way that protect your anonymity as explained above. Research data will be destroyed after ten years. In this time the anonymised research data will be stored in university archives and may be reused by other researchers. Research results may be shared with other actors (i.e., health institutions, policy makers, social workers, charitable organisations), with the aim of improving living conditions and health care access of migrant care workers.

**Who has reviewed this study?**

This study has been reviewed and approved by the Research Ethics Committee in the College of Social Sciences. If you want to file a complaint or raise concerns about the conduct of the research: please contact the College of Social Sciences Lead for Ethical Review, email [socsci-ethics-lead@glasgow.ac.uk](mailto:socsci-ethics-lead@glasgow.ac.uk)

**Mental Health and Support**

If any topic discussed in the interview is in any way upsetting, contact details of a counselling service are found below. Please contact it for professional psychosocial support:

EMERGENCY NGO  
Phone number: +39 345 8327338  
Email: [ambulatorio.milano@emergency.it](mailto:ambulatorio.milano@emergency.it)  
Monday-Friday: 10am-6pm  
Via Santa Croce, 20122, MILAN

CARITAS AMBROSIANA  
Phone number: 353/3862565  
TUE 9.30-12 WED 9.30-12 THU 16.30-19 FRI 9.30-12 e 16.30-19  
Via Scialoja, 5, 20161 MILAN

For further information, please send an email to: [m.izzo.1@research.gla.ac.uk](mailto:m.izzo.1@research.gla.ac.uk);

## Appendix 6. List of Third Sector Collaborators

This appendix provides a brief overview of the Third Sector organizations that collaborated in different ways during the research providing information, suggestions or referrals

### Milan-Based Partners

#### **Opera San Francesco**

Provides meals, shelter, and social support to the homeless and vulnerable in Milan.

- **WeWorld**

International NGO dedicated to protecting the rights of women, children, and local communities through humanitarian aid and development projects.

- **Orthodox Church**

Orthodox Christian parish serving the spiritual and community needs of Orthodox believers in Milan.

- **Don Orione Centre**

Catholic religious and charitable institution offering social care and support to disadvantaged groups.

- **NAGA**

Volunteer-based NGO offering medical, legal, and social assistance to migrants, refugees, and people without documentation.

- **Caritas Ambrosiana**

Caritas initiative providing food aid, poverty relief, and community support services.

- **Fondazione Ravasi Garzanti**

Foundation promoting well-being and social inclusion of elderly citizens through cultural and intergenerational programs.

- **Comune di Milano**

The municipal government of Milan, which collaborates with social actors on welfare and community initiatives.

- **We-Mi**

A city-run platform connecting citizens with social and welfare services in Milan.

- **ARCI Milano**

Local branch of ARCI, a national network that fosters cultural participation, civil rights, and social inclusion.

### Naples-Based Partners

- **Donne dell'Est**

Association supporting Eastern European women, particularly migrants and domestic workers, with integration and assistance services.

- **EMERGENCY**

NGO providing free, high-quality medical and surgical care to victims of war, poverty, and social marginalization.

- **CARITAS**

Catholic charitable network active in Naples, providing aid, shelter, and community support to those in need.

- **ACLI / ACLI COLF**

Christian Associations of Italian Workers, with local branches and services dedicated to worker rights, social welfare, and domestic workers.

- **Amici di Peter Pan**

Association promoting youth active citizenship and combating social exclusion, while also supporting disadvantaged individuals

- **Dateci le Ali**

Organization engaged in humanitarian initiatives for Ukraine, supporting conflict-affected territories and assisting refugees displaced by the war.

- **Ex OPG “Je so’ pazzo”**

A former psychiatric prison in Naples transformed into a self-managed social centre, offering cultural activities, social services, and community organizing to fight inequality and exclusion.