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Migrant workforce in the long-term care sector of developed countries. A case study: Italy

Abstract

The ongoing, constant, and progressive aging of the world's population is more pronounced in wealthy countries in both the West and other parts of the world. Italy is undoubtedly one of the countries most affected. This sociodemographic phenomenon is accompanied by numerous problems, particularly in the areas of health, economics, and social welfare.

The care of the elderly is a good example of this. In Italy, the elderly care sector is largely informal, relying on family resources and, to a large extent, on immigrant workers. These immigrant workers are often female, poorly paid, many of them without formal employment contracts, and living with the elderly people they care for.

Keywords: aging, wealthy countries, long term care sector, immigrant workers, Italy

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Introduction

United Nations (UN) projections indicate that by 2050, the number of people aged 65 and over could double to 1.6 billion, with a proportion of 16% of the global population and by 2080, people aged 65 and over will outnumber children under 18.[1,2]

This trend has been documented and confirmed by many international institutions including the Organization for Economic Co-operation and Development (OECD) and World Health Organization (WHO). According to the World Health Organization (WHO): "by 2030, one in six people in the world will be 60 years of age or older. At the same time, the population aged 60 and older will increase from 1 billion in 2020 to 1.4 billion. By 2050, the global population of people aged 60 and older will have doubled to 2.1 billion. The number of people aged 80 and older is expected to triple between 2020 and 2050 to reach 426 million".[3,4]

Most so-called developed countries have been experiencing more than others the worrying problem of the continued aging of their populations for decades.[3,5]

For example, people aged 65 years or older should account for 30.3% of the European Union (EU) population by 2070 (compared to 20.3% in 2019) and people aged 80 years or older for 13.2% (compared to 5.8% in 2019), while Europe's share of global population is expected to account for less than 4% of the world's population.[6]

The United States (US) is also experiencing this phenomenon. According to official data, the number of Americans ages 65 and older is projected to increase from 58 million in 2022 to 82 million by 2050 (a 42% increase), and the 65-and-older age group's share of the total population is projected to rise from 17% to 23%. In addition, the older population is becoming more racially and ethnically diverse. Between 2022 and 2050 the share of the older population that identifies as non-Hispanic white is projected to drop from 75% to 60%. Moreover, in some US States, the number of elderly people has even begun to exceed that of children.[7–10]

This socio-demographic phenomenon is linked to, among other things, the significant decline in fertility and the progressive increase in average life expectancy in these countries.[11,12]

From an epidemiological point of view, one of the consequences of this demographic shift or trend is the significant increase in chronic health problems, which are often incurable and associated with high degrees of disability.[13,14]

On the social level, major problems include the increasing isolation and loneliness of older people, their decreasing degree of autonomy (including economic and financial!), and their care. Each society addresses this serious problem in its own way.[15–18]

As far as the social impact is concerned, the demographic shift was concomitant with a transformation of the family model from a traditional form (parents, offspring and other relatives including the grandparents) to the so- called modern one (both parents or one and junior children).[19]

However, while some societies continue to systematically rely on family networks (an informal approach based on the traditional extended family!) others have gradually evolved towards more formal, less family-based systems for eldercare.[20,21]

Each of these systems, formal or informal, can be primarily publicly or privately financed.[22]

Whatever the system in place, it quickly became clear that local human resources in developed countries were not and still are not sufficient to cover needs satisfactorily. Hence the systematic recourse to foreign labor, made up essentially of female immigrants. This foreign workforce is playing an increasingly important role in the long-term care sector (LTCS) for the elderly in developed countries.[23–27]

It is important to recognize that the role and contribution of foreign workers in caring for the elderly are not limited to developed or wealthy countries. Emerging economies (such as those in the Middle East) are also experiencing this phenomenon to varying degrees.[28]

There are several definitions of long-term care. According to US National Institute of Ageing (NIH) it is defined as following: "*Long-term care involves a variety of services designed to meet a person's health or personal care needs when they can no longer perform everyday activities on their own.*"[29]

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Long term care sector in Italy

Italy is one of the countries with the highest proportion of elderly people in the world. Average life expectancy is among the highest in the world. In 2025, 24.7 percent of the total population in Italy is estimated to be 65 years and older.[30,31]

There are many factors that could explain this situation. They likely include a healthcare system of acceptable quality and universality.[32] But other factors likely play a more important role. These probably include the mediterranean diet (rich in olive oil, fruits, and vegetables!) and a social network still based on family ties, therefore expected to be more humane and more protective.[33,34] The low birth rate is certainly another important contributing factor to Italian population aging.[11,12]

Eldercare in Italy is traditionally and culturally a responsibility of adult offspring (familistic model of care); this is one of the reasons of the underdevelopment of formal residential care in the Italian long-term care sector (LTCS). We should not underestimate the impact of the prohibitive cost of residential care if compared to home-based care where the worker is employed on a private basis and an insignificant share of the formal residential sector. Home-based care, formal or informal, is therefore predominant in Italy.[35] It must be acknowledged that this system of home care for the elderly allows them to remain in their more humane "family" environment and thus maintain their emotional ties to it. This could have a positive influence on their psychological well-being and increase their life expectancy.

The Italian eldercare, although largely based on family support and protection (formal or informal), in an attempt to reduce the burden on families of caring for the elderly, also makes massive use of foreign labor, made up largely of female immigrants (migrant care workers MCW), as is also the case in many developed countries with more formal, more residential systems.[36–38]

It should be noted that Italy has recently seen a decline in the number of foreign domestic workers. According to Italian Institute of Statistics (ISTAT), in 2024, domestic workers with at least one contribution paid to the Italian National Institute for Social Security (INPS) were 817,403, a decrease for the third consecutive year (-3% compared to 2023). The decreasing trend in the overall number of domestic workers is more marked among males (-7%) than among females (-2%).[39] This trend comes at a time when the country is in great need of foreign workers, including for care of the elderly. In 2024, Italy needed 2.3 million domestic staff, 2/3 from abroad.[40] This decline in the number of male domestic workers, already a minority, is an interesting sociological phenomenon. It may reflect the major difficulties this subgroup faces in gaining acceptance in the homes of elderly people, who are largely female. We know from experience that very few people would readily agree to entrust their elderly mothers to the care of single, "unknown" male caregivers, especially in their own homes without witnesses!

The foreign workforce (MCW!) involved in Italian LTCS is largely female ("badante") and of middle age. Most of these MCW are either divorced or single. Their average level of education is generally higher than that of their Italian colleagues. They usually occupy LTCS work positions that do not correspond at all to their academic level. Their nationality composition roughly reflects the distribution of immigrant groups in Italy. According to a report by the International Organization of Migration (IOM), in 2017, there were slightly more than 5 million foreign residents in Italy, who made up 8.3 per cent of the 60.6 million total resident population. Romanian citizens (1.2 million, 23% of the total) were the first migrant community, followed by citizens from Albania, Morocco, China, Ukraine and the Philippines. These five non-EU3 migrant communities represent, together, 31 per cent of the total foreign resident population, which has almost doubled since 2007.[41–43]

Considering immigrants in general as a proxy for domestic workers, then the northern regions of Italy occupy the first position as the place of work of the latter. The regions of Lombardy and Emilia-Romagna occupy the first (13% of the national total) and second (9% of the national total) positions respectively. They are among the richest regions in the country and therefore attract many immigrant workers.[44,45]

The bulk of the care provided by MCW is offered on a continuous basis, the MCW cohabitating with the elder (live-in); this trend has also been reported in other OECD countries.[46, 47] Such an arrangement has advantages and disadvantages for both the employee and the employer. For example, the employee saves on apartment rental costs, travel, electricity, gas, water, etc.

Average monthly net wage is almost €1,235 which is not so much different from Italian national's one €1,600 to €1,700.[48,49]

The main motivation for their "choice" of this sector is economic, as is the case for almost all immigrant workers around the world. They often work without a formal written contract, longer hours than their "native" colleagues, despite generally modest pay, sometimes lower than that of "native" workers. They occupy a marginalized position within Italy's racialized and gendered labor hierarchies, often seen as inferior, replaceable, and compliant. Many of these workers are or feel exploited without (sufficient) protection, including legal. This applies to almost all these workers, including those from Eastern Europe, even though they are white.[38,50,51] This exploitation (and discrimination!) perceived or objectively felt by these domestic workers is probably more pronounced among those who are not white.

Among the challenges they face daily are regular episodes of racism and frequent and often long-term separation from their spouses, children and families. In this sense, they are simply experiencing the lives of virtually all immigrant workers around the world.[52]

Conclusion

The ongoing ageing of populations in affluent countries, including Italy, and their low birthrate will probably continue in the next several decades. The burden on interested societies and specifically on the LTCS will also continue growing. As the fraction of "indigenous" personnel previously involved in the care of frail elders constantly decreases, MCW will gradually take a significant place in the LTCS. However contrarily to most other affluent countries, Italy seems not to have now a structural and systematic policy aiming to manage and integrate MCWs on a long-term basis.

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Conflicts of interest

The author declares that they have no competing interests.

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