



Author:

Anna Maria Rosińska
Ca' Foscari University of Venice
anna.rosinska@unive.it

Title:

Comparative activism and policy in the US and in Italy report.
Deliverable D3.3 within the MAJORdom project¹

Introduction

Italy and United States are countries representing very different welfare regimes and approaches to care by the state. United States is a liberal welfare state, relatively younger but rapidly aging, and already dedicating almost twice as much as Italy to long term care in terms of the GDP share. Italy is the Europe's oldest country and second oldest country in the world after Japan, it represents a Mediterranean welfare regime with big role of family care that is however subsidized with cash transfers; overall spending on LTC remains very low, below 1% of the country's GDP.

	Welfare state model*	Population aging**	Long term care spending***
Italy	Southern / Mediterranean	65+ 22.9% 80+ 7.2%	0.9% of GDP
United States	Liberal	65+ 16,5% 80+ 3.9%	1.6% of GDP

* Arts & Galisen 2010, ** OECD 2019, *** OECD 2018.

¹ This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 799195. The title of the project was 'MAJORdom. Intersections of class and ethnicity in paid domestic and care work', it was a European Commission Global Fellowship within the Marie Skłodowska-Curie Action Project ID: 799195, August 2018 – July 2021, at the Department of Sociology and Center for Women and Work, the University of Massachusetts Lowell, supervisor prof. Mignon Duffy, and at the Department of Philosophy and Cultural Heritage, Università Ca' Foscari Venezia, supervisor prof. Sabrina Marchetti.

The situation of domestic workers in the United States

Historically, domestic workers in the US were first recruited from enslaved populations. After abolition, these roles were re-categorised as domestic servant positions and were still very distant from what we understand as gainfully-employed workers; they were often occupied by formerly enslaved women and eventually their descendants (Rollins 1985; Nadasen 2015; Boris 2019). While New Deal-era labour laws brought a wide range of workers under the umbrella of the labour protections traditionally provided by unions, domestic work and other sectors largely populated by people of colour, African Americans in particular, and immigrants were excluded from the start (farm work, other service jobs). The lingering effects of this exclusion, or in many cases actual legal marginalisation of these occupations, forms a baseline condition for domestic workers also under the pandemic of COVID-19.

The 1935 National Labor Relations Act (NLRA) and the 1938 Fair Labor Standards Act (FLSA) excluded domestic and several other categories of workers. A 1974 amendment brought many (but not all) domestic workers under the umbrella of the law's protections. Under the FLSA, domestic workers who work at least eight hours per week are entitled to the standard federal minimum wage and overtime protections – unless they are employed 'on a casual basis' to provide babysitting or companionship services, in which case they may be exempted [§206(f) and §213(a)(15)].

Similarly, the Occupational Safety and Health Act (OSH Act, 1970) exempts employers with fewer than ten employees, employees in the public sector, or those who are 'self-employed', a designation that has been used as a loophole to exclude many categories of independent contractors from key recordkeeping requirements that help ensure enforcement. OSHA acts as a federal baseline; individual states may pass laws that meet and exceed these standards, including an application of these standards to state, county, and municipal employees and other employees in the public sector. At this time, 24 states fall solely under federal OSHA jurisdiction (OSHA 2020).

Because federal law has been generally considered weak and difficult to enforce in private households, domestic workers have successfully turned to state-wide protections, increasingly in the form of Domestic Workers' Bills of Rights (DWBORs). As of February 2021, ten states (New York, Hawaii, California, Massachusetts, Connecticut, Illinois, Nevada, Oregon, New Mexico, Virginia) and two cities (Seattle and Philadelphia) have passed laws that in various ways include all or some domestic workers in the general

labour regulations (Boris et al. 2015; Wolfe et al. 2020)². While the laws are not uniform, they require employers to provide a written contract for domestic workers, protect against wage theft, enforce health and safety language for home workplaces including recordkeeping and the responsibility to post safety information, and perhaps most importantly, provide an avenue for civil litigation against employers. Despite the low likelihood of advancing federal standards under an administration that was hostile to labour but encouraged by the successes at the state level, the NDWA proposed the Domestic Workers Bill of Rights Act to Congress in 2019, a first attempt to not only include domestic workers under general labour regulations but to address the specificity of this sector at the federal level.

The situation of domestic workers in Italy

The activism in the domestic sector and pushing for policies were especially prominent in the 50.-70. (Marchetti et al. 2021). The first organizations of workers created in 1946, called GAD (Gruppi ACLI [Associazioni Cristiane Lavoratori Italiani] domestiche, later transformed into ACLI colf with coining of the term *colf*, that stands for the *collaboratrice familiare*, family assistant, in 1964 (Maioni 2015).

In Italy, the unionization of domestic workers has been high, with the main unions being ACLI-COLF, CGIL, and CISL. However, the political position of said organizations is not very strong overall at present (Marchetti et al. 2021); other institutional actors also promote rights in the care sector, including employers' organizations such as DOMINA. Moreover, there are relevant popular and active social media groups.¹⁴ The country's trade unions in general were involved in the C19 response in Italy (Piccinini 2020). During the pandemic, initiatives were established to uplift care workers (who at first were excluded from relief measures), such as the open letter *Verso la democrazia della cura* and bottom-up local mutual aid initiatives. *La Società della Cura*¹⁵, a network of over 400 organizations and initiatives, has been created to jointly advocate for issues around care.

As the authors of the "Global domestic workers" book, that included Italy among 9 global case-countries, recount, "The first law on domestic labour (still in force today) dates back to 1958, followed by access to health insurance in 1971, the right to collective bargaining in 1969 and the first collective agreement in 1974 (Sarti, 2010; Busi, 2020). Since then, domestic workers have been granted basic labour rights and protections by law, that is, working and rest times, paid holidays, wages and a thirteenth-month payment, dismissal regulation, severance pay and matrimonial leave, among other aspects."

² The most recent bill was passed in Virginia in February 2021, <https://www.facebook.com/CareInActionUS/photos/a.1945630589063175/2546275405665354/>.

Despite the regional differences that favor northern and especially north-western regions, the role of in-home public care services or public or private residential (institutional care) in Italy remains very low (Da Roit 2010). To cope with growing care needs, Italians have been employing more and more private care workers, especially migrant care workers, to provide round-the-clock care, often in the live-in mode, inventing the figure of *badante*. As a result, the Italian care regime has been dubbed “migrant-in-the-family” care model (Bettio 2006, Da Roit 2010, Da Roit 2021). How did it come about?

The widespread application of the privately employed in-home care workers is grounded in the construction of the social care spending for the elderly. First, the centrally-funded public *indennità di accompagnamento*, introduced in the 70. for the disabled, in mid-80. expanded to include the elderly in need of care. In the late 90. local and regional governments started introducing additional care allowances (Da Roit 2010). With the lack of any administrative oversight, this meant that elderly people could spend these money any way they wanted (Da Roit 2010) and in many cases this went towards funding private home care workers, usually migrants, and hence contributed to the creation of the so called “migrant in the family” model.

According to Maioni, the role of formal work is growing due to an evident cultural change in the ways society perceives household labor (Maioni 2015). Important aspect of the Italian regulatory landscape is the existing collective bargaining agreement (*Contratto nazionale*): it has 4 categories and 2 types of work but 23% of the respondents do not know they own salary level so it seems much of the stipulations remain only on paper (Marchetti 2016: 104-105). A major milestone has been the ratification of the C189 ILO convention on Decent domestic work ratified in 2012. However, according to researchers, the ratification was carried out in a top-down manner without real involvement of the organizations of workers and the impact on rank-and-file workers; there remains a need for the updating of the collective agreement (Marchetti et al. 2021). Domestic workers **still do not have equal rights with all other workers when it comes to the maternity leave, sick leave, and social security coverage** (Maioni 2016, Marchetti et al. 2021).

As within the domestic work the share of migrant workers is very high (around 70% now), many of the sector’s issues and challenges are actually the issues of migrant work regulation and practice. Care workers are seen as a migration issue not social care issue (Maioni 2016). Domestic workers are **forced into undocumented condition** in Italy and other countries where there are yearly quota limitations on the number of workers (Marchetti, Jokela), hence there is a need for repeated *sanatoria*.

The activism and the policy situation during the pandemic

When we compare the general policy response of Italy and the United States based on the on-going policy review paper by World Bank, we notice a similar general approach and presence of actions within the social assistance and social insurance, however lack of any programs pertaining to labor markets in the US contrary to the situation in Italy:

Countries	SOCIAL ASSISTANCE				SOCIAL INSURANCE				LABOR MARKETS			
	Cash-based transfers	Public works	In-kind (in-kind/school feeding)	Utility & financial support	Paid leave/unemployment	Health insurance support	Pensions	Social security contributions (waiver/subsidy)	Wage subsidies	Training measures	Labor regulation	Shorter work time
Italy	✓		✓	✓	✓			✓	✓		✓	✓
United States	✓		✓	✓	✓			✓				

Table drawn from the 'living paper' by World Bank³

Pandemic policy and advocacy initiatives in the US

In the United States, the impact of the pandemic on domestic workers can be grouped into two main categories: many workers, especially housecleaners, lost their jobs and were struggling financially, while other workers, principally in home care workers and some nannies, retained their jobs but struggled with bigger workload and hazards on the job (Rosinska 2021). While domestic workers faced increased vulnerability from the "syndemic", meaning the impact of the pandemic was filtered through the class and race and citizenship status, and the lockdown measures that jeopardized their employment, the federal relief measures passed early on in the pandemic included some domestic workers under the umbrella of "workers in need of relief." The Families First Coronavirus Response Act (FFCRA) provided for increased food assistance and, at least in theory, provided for emergency paid medical leave for care of oneself or a family member through December 2020 (FFCRA 2020).

However, undocumented immigrants are largely excluded from programs like SNAP and WIC and may be less likely to seek assistance in the first place due to their vulnerable legal status, their concern about the risk of deportation when applying, and the potential impact of applying for public support on current or future visa applications (see Lopez Gonzalez, Anderson 2020; IPS 2020), and the emergency paid sick leave provision is only available to full-time employees (§5102).

The Essential Workers Bill of Rights, introduced in April 2020 by Senator Elizabeth Warren and Representative Ro Khanna, would rectify many of these exclusions by explicitly naming domestic and care

³ <https://documents1.worldbank.org/curated/en/281531621024684216/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-May-14-2021.pdf>

workers under the umbrella of eligible workers. The policy would explicitly provide health and safety protections, premium pay, universal paid sick leave, child care, and more.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act), also passed in March 2020, widened the umbrella of eligibility for unemployment insurance (UI) and extended the amount of time an individual can collect UI (§2102); established moratoria on foreclosure and evictions from properties that receive federal funding (§4022-4); and one-time stimulus payments and additional boosts to UI payments for a short period of time. It took a whole year to finally pass the second COVID response bill (March 10 2021) that covers part of domestic workers with the same caveats that the first one.

While the importance of expanding unemployment insurance to independent contractors and other vulnerable employees should not be underestimated, the barriers to collection remain in place for employees without a steady, full-time work history, and in particular for undocumented workers. As for OSHA, the agency's response to COVID has been widely criticized as slow and inadequate, largely attributed to bureaucratic inefficiency and the lack of political will to protect workers in an anti-worker and anti-immigrant administration throughout the course of 2020. There is no OSHA standard for worker safety during COVID in spite of advocates pushing for one; more disturbingly, OSHA has declined to provide workplace enforcement of COVID-specific guidance.

A very important turn in the policy efforts, even if so far not implemented, came in the tenuous 'reopening' phase (from April 2021) in which we have witnessed a resurfacing and strengthening of the "care as infrastructure" narrative rooted in theory (Duffy et al. 2015) and practice ("domestic work makes all other work possible"). In March 2021, both DWOs and national partners at the highest level, including the newly inaugurated Vice President and supporter of a Domestic Workers' Bill of Rights Kamala Harris, began to emphasize that rebuilding American infrastructure must include "care infrastructure." This language was added to the federal infrastructure package proposed as part of the Biden administration's signature legislative package, and for perhaps the first time, prominent politicians were arguing that care work is as indispensable as roads or bridges. There seemed to have been a greater opening for this perspective at this moment, as well as momentum to see care work more fully funded by the state.

While couched in language about racial justice and equality for workers, the federal infrastructure package pushed for an expanded market of care that focuses on consumers; a return to 'business as usual' rather than a radical reimagining of the economies of care. The plan would:



Università
Ca'Foscari
Venezia



Unione Europea

“solidify the infrastructure of our care economy by creating jobs and raising wages and benefits for essential home care workers. These workers – the majority of whom are women of color – have been underpaid and undervalued for too long. The President’s plan makes substantial investments in the infrastructure of our care economy, starting by creating new and better jobs for caregiving workers. His plan will provide home and community-based care for individuals who otherwise would need to wait as many as five years to get the services they badly need.”
(<https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/31/fact-sheet-the-american-jobs-plan/>)

By including \$400 billion (of a total \$3.5 trillion in the initial proposed plan) in additional funding for home-based and community Medicaid services, this initial funding outlay emphasized support for home care workers and their charges, rather than higher-risk institutionalized settings (see excess deaths in long term care facilities, Panagiotou et al. 2021, Thomas et al. 2021). Initially part of the American Jobs Plan, a widespread infrastructure package that included care alongside roads, bridges, and other transit systems, care was quickly dropped from the plan in June 2021 with the promise that it would be included in a final budget reconciliation under the so-called “Build Back Better” plan. Even this deeply compromised plan has been stalled out and blocked by conservative Democrats who argued that the plan amounts to spending on “entitlements” (even while a \$770B budget for national security has been readily approved by a bipartisan majority). Thus the physical and mental health of both workers and their charges is subsumed into the health of the national economy and a narrative of “homeland security” targeted not at viruses but at foreign governments.

In the analysis of the advocacy during the pandemic, I and E.Pellerito identified three general stages. In the first phase, during the initial lockdown measures, advocates stressed the need to provide workers with PPE while on a more general level trying to work the contentious ‘essential workers’ label to the workers’ benefit (‘rights that come with duties’). Next, as local and state governments grappled with vaccine rollout, the activists claimed the workers’ right to early vaccine access, and relying on an argument about public health (domestic workers come in contact with a lot of people so giving them a vaccine will protect everybody). Currently, we are facing a tenuous ‘reopening’ phase in which public health concerns in general are waning while hazards for the workers remain; in this stage we witness a rise and fall of the ‘care as infrastructure’ narrative that underpins the economy.



	Phase 1	Phase 2	Phase 3
Pandemic timeline	Lockdown, Jan 2020-May 2021	Vaccination, Dec 2020-present	Reopening, May 2021-present
Main argument	We are essential workers (reimagined): With our special status comes the moral obligation to protect us!	Public health concerns: A threat to us is a threat to the public, in turn. Protect us to protect yourselves!	Our work underpins the fabric of society (and economy). Recognize and invest in care as infrastructure!
Core appeal	Appeal to workers rights & reciprocity	Appeal to self-interest (health)	Appeal to self-interest (economy)

Pandemic policy and advocacy initiatives in Italy

In Italy, among the challenges for the domestic workers there have been, as in the US, both the job losses, but also negative impact on the workers who kept their jobs. For example, the migrant in-home care workers in Italy experienced seclusion, switching to live-in work while having to contend with more deaths and job changes (Della Puppa et al. 2021, Borelli 2021). According to the Assindatcolf estimates, around 13 000 regular jobs in the domestic sector have been lost during the pandemic (Zini 2020 Dossier statistic 2020, soon the new data for the 2020 year will be available). But according to the LFS data reported by Marchetti and Jokela (2021) the job losses were much more prominent and amounted to 73000 people:

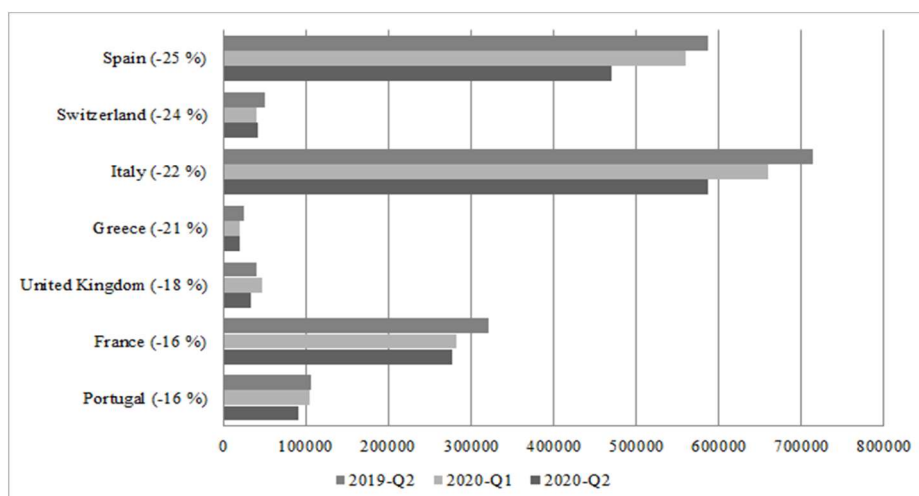


Figure 2 from Marchetti, Jokela (2021). Number of domestic workers employed in selected countries in 2019–2020 (relative change in employment between 2019-Q2 and 2020-Q2 in brackets). Source: European Union Labour Force Survey <https://ec.europa.eu/eurostat/web/lfs>

The relevant policy measures reported in the World Bank ‘living paper’ cover following actions:

1. “The Decreto di Rilancio - “Relaunch decree” - a stimulus package of €55B signed on May 19th 2020 introduced a temporary means tested cash transfer, Reddito di Emergenza (REM), Emergency Income, for those vulnerable households not protected by any other social assistance measure. The amount varies between €400 to €840 per month, depending on an equivalence scale. There have been four rounds of REM since its launch, the last of which started in April 2021. This involved a total budget of €954.6 million, €172.5 million, €452 million, €1.5 billion on each round, respectively. To summarize, throughout the first three rounds of REM, each household could have accessed up to a maximum of 5 monthly instalments of REM in a period of 8 months (May 2020 - December 2020). With the latest re-financing they could be eligible for further 3 months, bringing it to a total of maximum 8 monthly instalments in a period of 13 months.”
2. “The “Cura Italia” (Cure Italy) stimulus, a package of EUR 25 billion, included part of its budget (EUR 13.5 billion) to support families and workers. It offered funds to private-sector workers to pay for babysitters via a childcare voucher of up to EUR 600 for workers with children below the age of 12 who decide not to take parental leave. Through the 2021 Support decree, this was extended to healthcare workers and armed forces, by distributing EUR 100 per week.”
3. “To discourage layoffs during the crisis, employees of companies that have interrupted their activities were entitled to receive a benefit in the amount of 80% of the salary paid by the government. The measure was valid for up to nine weeks and no longer than August 2020. This measure included all economic sectors, except for domestic work, and enterprises, regardless their size of the latter”

As per point 1, while migrant domestic workers are often excluded implicitly from many relief measures as marginal participants in the labor market, when it comes to the emergency income, it should be noted that initially domestic workers were excluded explicitly from this measure. An important initiative to address this exclusion was the open letter *Verso la democrazia della cura* drafted by La Società della Cura⁴, a network of over 400 organizations and initiatives, to jointly advocate for issues around care. Only after considerable grassroots pressure from la Società della Cura and a special policy brief by ILO (2020b), the government included domestic workers as eligible for this benefit (Marchetti, Jokela 2021).

When it comes to point 2., In Italy there were cash benefits for the families (bonus babysitter) during the period of schools shutdown, however it is not clear whether these measure actually benefitted the workers on the ground (Marchetti, Jokela 2021). The point 3. Is just one example of an explicit exclusion of the sector from one of the policy measures.

Another important initiative that affected domestic workers indirectly was the regularization (*sanatoria*): “The Italian context is worth noticing also for taking the initiative during the lockdown period to launch a regularization of informal workers in this sector, including undocumented migrants. Applications to regularize were received between June and July 2020, amounting to 176 848 applications. Data show a majority of requests from Ukrainian workers, who are generally the most numerous in the sector among non-EU migrants.” (Marchetti, Jokela 2021). Yet another important point has been to recognize COVID-19 as a work-related hazard which gives way to apply for a compensations (Marchetti, Jokela 2021).

Literature:

Bertazzon Letizia, 2017, Il mercato del lavoro in area metropolitana. Dinamiche di genere e trasformazioni in atto, Osservatorio Mercato del Lavoro.

Caliandro, A. (2018). Digital methods for ethnography: Analytical concepts for ethnographers exploring social media environments. *Journal of Contemporary Ethnography*, 47(5), 551–578.

Da Roit Barbara, 2021, Long-term care policies meet austerity, in: *Handbook on Austerity, Populism and the Welfare State*, Edward Elgar, pp. 324-339.

⁴ <https://societadellacura.blogspot.com/>



Università
Ca' Foscari
Venezia



Unione Europea

- De Vita L, Corasaniti A. Regulating domestic and care work in Italy: Assessing the relative influence of the familistic model today. *Critical Social Policy*. December 2021. <https://doi.org/10.1177/02610183211064597>
- Della Puppa Francesco, Francesca Frasson, Elisa Matutini, 2021, Between formal and informal care for elderly people in pandemic times. Reflection from the voices of migrant care-workers and families of the patients, in Veneto region. Paper presented at Transforming Care Conference, Venice, 24-26.06.2021
- Di Bartolomeo, Anna, Marchetti, Sabrina, 2016, Migrant women's employment in paid reproductive work through the crisis : the case of Italy (2007-2012), *Investigaciones feministas*, Vol. 7, No. 1, pp. 57-74
- DOMINA, 2020, RAPPORTO ANNUALE SUL LAVORO DOMESTICO. Analisi, statistiche, trend nazionali e locali
- Iannuzzi Francesco, 2021, Assemblare le differenze: Il lavoro nell'industria alberghiera veneziana.
- IDOS, 2020, DOSSIER STATISTICO IMMIGRAZIONE 2020.
- Farris Sara, 2015, Migrants' regular army of labour: gender dimensions of the impact of the global economic crisis on migrant labor in Western Europe, *The Sociological Review* 63 (1), 121-143
- Farris Sara, Ranci, Costanzo, (2007), 'Crisis and transformation of the Italian care model: beyond familism, the role of the market and public policies', paper presented at the ESPAnet Conference 2007, 20–22 September, Vienna.
- Gentilini, U., Almenfi, M.; Orton, I. and Dale, P. 2020. "Social protection and jobs responses to COVID-19: a real-time review of country measures." World Bank, Washington, DC. Available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/33635/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-June-12-2020.pdf?sequence=15&isAllowed=y>
- Hellgren, Z. and Serrano, I. (2019) 'Financial Crisis and Migrant Domestic Workers in Spain: Employment Opportunities and Conditions during the Great Recession', *International Migration Review*, 53(4), pp. 1209–1229. doi: 10.1177/0197918318798341
- Kordasiewicz Anna, 2014, "Role-identity dynamics in care and household work – strategies of Polish workers in Naples, Italy", *Qualitative sociology review* Vol X, issue 4 http://www.qualitativesociologyreview.org/ENG/Volume31/QSR_10_4_Kordasiewicz.pdf.
- Marchetti, S., M. Jokela (in press) The COVID-19 Crisis and Migrants in the Domestic and Care Sector in Europe: The Institutional Response. In: *From Crisis to Catastrophe: Care, COVID-19, and Pathways to Change*, New Brunswick (NJ), Rutgers UP.



Università
Ca' Foscari
Venezia



Unione Europea

- Pasquinelli S. Rusmini G., (a cura di, 2013), *Badare non basta. Il lavoro di cura: attori, progetti, politiche*, Roma, Ediesse.
- Pink, S., Horst, H., Postill, J., Hjorth, L., Lewis, T., & Tacchi, J. (2016). *Digital ethnography. Principles and practice*. Sage.
- Redini Veronica, Francesca Alice Vianello, Zaccagnini, 2020, *Il lavoro che usura. Migrazioni femminili e salute occupazionale*, Francoangeli.
- Rosińska Anna & Elizabeth Pellerito (2022) *Pandemic shock absorbers: Domestic workers' activism at the intersection of immigrants' and workers' rights*, chapter in Anna Triandafyllidou [ed.] *Migration and Pandemics: Spaces of Solidarity and Spaces of Exception*, IMISCOE Research Series, Springer.
https://doi.org/10.1007/978-3-030-81210-2_7
- Rosińska Anna (2021) *Damned If You Do, Damned If You Don't (Work). Domestic Workers In The Covid-19 Pandemic Double Bind. A report based on an online survey in the United States*
<https://iris.unive.it/handle/10278/3740150#.YLcKcfkzYac>
- Maioni, Raffaella, Gianfranco Zucca, 2016, *Viaggio nel lavoro di cura. Chi sono, cosa fanno e come vivono le badanti che lavorano nelle famiglie italiane*, Ediesse
- ILO. 2020b. "Impact of the COVID-19 crisis on loss of jobs and hours among domestic workers." ILO, Geneva.
Available at: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_747961.pdf
- Marchetti Sabrina, 2016, 'Domestic work is work'? Condizioni lavorative delle assistenti familiari in Italia, tra finzioni e realtà, p. 101-123 in Maioni, Raffaella, Gianfranco Zucca, 2016, *Viaggio nel lavoro di cura. Chi sono, cosa fanno e come vivono le badanti che lavorano nelle famiglie italiane*, Ediesse