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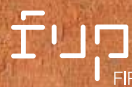
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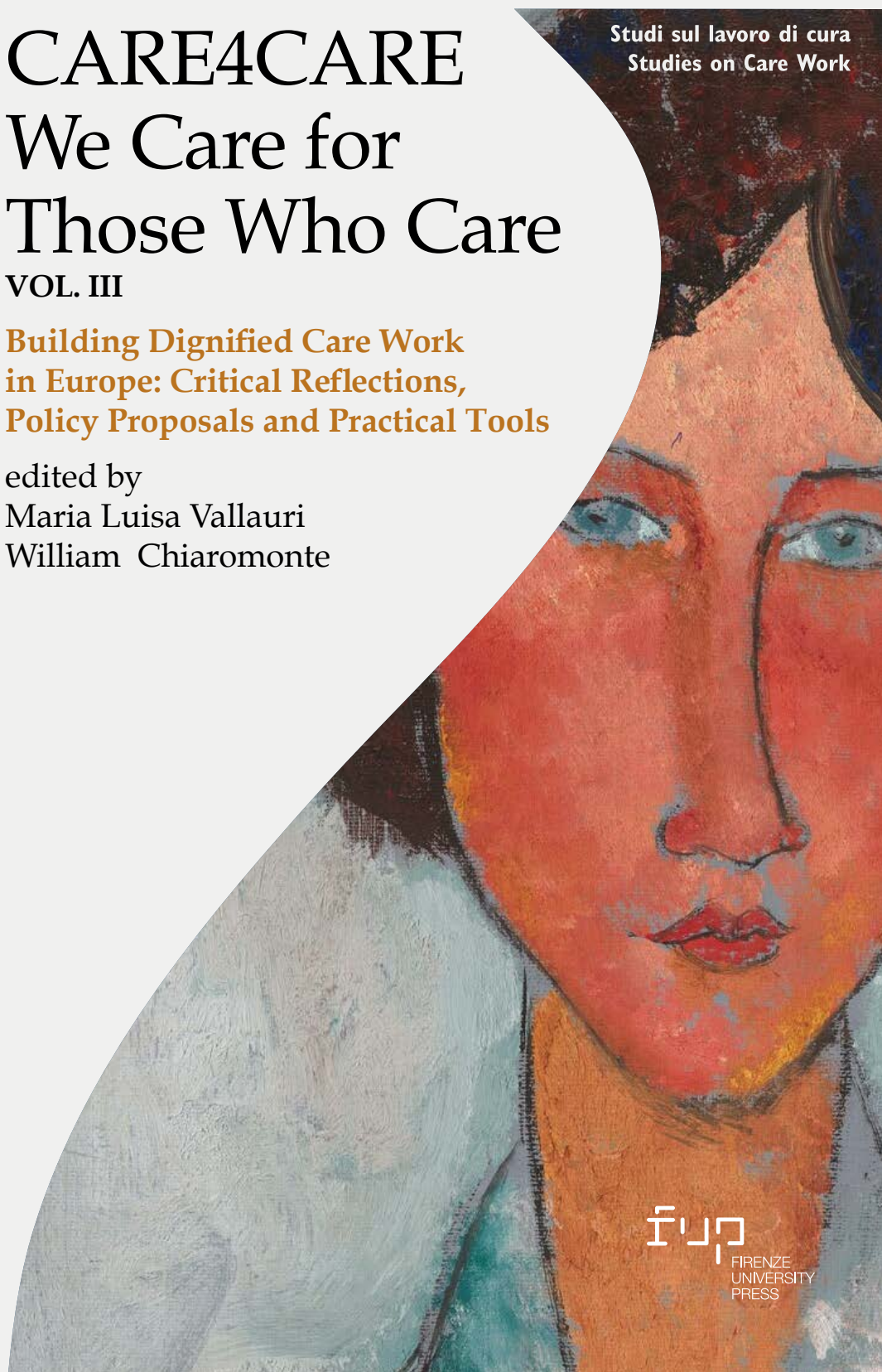
VOL. III

**Building Dignified Care Work
in Europe: Critical Reflections,
Policy Proposals and Practical Tools**

edited by
Maria Luisa Vallauri
William Chiaromonte

Studi sul lavoro di cura
Studies on Care Work


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From a Patriarchal Welfare to a DIY Welfare. A Short History of Care Workers in Italy

Silvia Borelli

1. Introduction¹

The recent pandemic crisis clearly demonstrated the poor working conditions and the many forms of labour exploitation suffered by care workers. To understand why the sector is so undervalued and exploited, it is necessary to clarify how the national welfare system was set up and how it works. In Italy as well as in other States, care workers' conditions deeply depend on how the welfare system is structured.

The article presents why and how, in Italy, the traditional *patriarchal welfare* system has been transformed into a *DIY welfare system*, and the effects of this transformation on care workers. The analysis adopts an *intersectional feminist perspective* that examines simultaneously gender, racial and class domination.² Adopting this intersectional feminist perspective is of paramount importance to examine *global care chains*, exploited to solve care needs in richer countries—

¹ A first version of this article has been published on “Forging a Feminist Labour Law”, *Global Labour Rights Reporter* 3, 2, 43–51. The issue is available here: <<https://www.ilawnetwork.com/ilaw-network-journal-the-global-labour-rights-reporter/>> (accessed June 13, 2026).

² As clarified by Dahl, “it is not possible to analyse gender and gendering without including elements of race and class as these dimensions intersect and form the way gender is performed” (Dahl 2021, 7. See also bell hooks 2021).

including Italy—at the expense of poorer countries.³ The massive engagement of female migrants as exploitable and vulnerable care workers has been considered a “good” solution to increasing care needs. Good from the perspective of the Italian wealthy families that can pay for care work and of the Government that can displace care responsibilities on migrants and reduce public expenditure; extremely bad for the poorer countries where migrants come from that suffer from a care crisis and for the workers themselves.⁴

The article focuses mainly on paid care workers. However, it largely considers the interconnection between paid and unpaid care.⁵ First, the need for paid care depends on the unavailability of unpaid care. Currently the need for paid care increases because of the decreasing amount of unpaid care due to women’s entry in the labour market and the changing structure of families. Unpaid care is also negatively affected by working time regulation and employment flexibility. In fact, unpaid care is shrunk both by the broad power recognised to employers to vary the timing of work performance and by on-demand contracts.⁶

The precariousness of many types of employment, as well as related in-work poverty, has threatened the male breadwinner family model and has forced the shift towards a dual-earner family model, further decreasing the amount of available unpaid care.

Therefore, a *care – job insecurity trap* is generated: the dissemination of precarious jobs, as well as the unpredictability of work schedules increase paid care needs that must be supported by the State and/or by families. However, due to poor salaries, wage stagnation and inflation, families often cannot afford to pay much to satisfy their care needs and look for low-cost solutions. States struggle to face the costs entailed by the increased care needs. According to the European Commission, between 2019 and 2070 the costs of ensuring care to an aging population is expected to rise to 1.9% of the GDP (European Commission 2021).

Moreover, the costs of a public care system should be covered by taxation. In Italy, as well as in other European countries, tax burden falls mainly on workers; in fact, free movement of capital has gone alongside the progressive decrease of taxes on capital (Piketty 2023, 245; Staglianò 2026). In this context, public care services risk promoting a redistribution from poor to rich: while the latter can

³ On global care chains see: Ehrenreich and Hochschild 2003; Hochschild 2000; Kofman and Raghuram 2015. For Italy see Vallauri 2025.

⁴ Therefore, “costs of care” are not just a question of the changing relationship between the state, market, family and community, but of geopolitical inequalities between states affecting individuals in gendered and racialised ways” (Williams 2001, 470). See also Williams 2018; Spanger, Dahl, and Peterson 2017.

⁵ According to the ILO (2018), paid care refers to any care provided by a service provider or a worker for a salary or a fee; unpaid care refers instead to care provided by family members, close relatives, friends, neighbours or volunteers.

⁶ According to the ILO (2022, 61), “on-call work negatively affects work–life balance due to the unpredictability of the work schedules that are often associated with this working-time arrangement. Poor work–life balance is associated with workers having unpredictable schedules and lacking control over their working hours”.

benefit from job precariousness and the global movement of capital, the former have to pay higher taxes for financing public services and social treatments needed.

2. The Main Features of the Patriarchal Welfare System

Turning now to the analysis of the types of welfare State and their impact on care workers' conditions, it should be recalled that Italy belongs to the *familistic welfare model* (Saraceno 2003; D'Onghia 2025, 705). In the country, welfare was developed to support and preserve male breadwinners facing events that prevent them from working (Ferrera 1984, 23). Social insurance was conceived as a tool to deal with economic insecurity generated by men being unable to earn an income from the labour market. Therefore, monetary transfers have been much more important than in-kind services and solidarity has been understood mainly as redistribution of economic resources (Balandi and Buoso 2023, 63).⁷

A main feature of the familistic welfare model is the separation between private and public spheres. Care was generally delegated to families, where it was mostly performed as “unpaid and invisible labour” by women (Borelli 2025, 618; Müller 2019). Social services were underdeveloped and underfinanced and the State's intervention was limited to cases where families “failed” to fulfil their role as social safety net (Giorgi and Pavan 2021, 13). Consequently, care become invisible, marginalised and devalued in terms of the practices it encompasses, the people who perform it and the values it represents (Tronto 2013, 144).

Since the traditional gender-role division is very present in Italy, women have been and are mainly responsible for care. The Italian legislature has widely supported the male breadwinner/female caregiver family model and has intervened on care services only occasionally, upon pressure from feminist movements, sometimes supported by trade unions (for example, the Law no. 1044/1971 on kindergartens).

In line with the neoliberal way to conceive human beings, individuals are considered autonomous, independent and self-sufficient entities, responsible for their own development and in competition with each other (Fineman 2010). Care has been concealed and care needs denied.

The separation of the public and private sphere and the naturalisation of caring has boosted the idea that care is not “work like any other”. The exoneration gained through this strategy of separation and naturalisation of caring has released men's energies for other activities, without them feeling the need to recognise their dependence on care or the care work on which their existence depends.⁸ Therefore, “women's responsibilities for care and unpaid domestic

⁷ According to the Italian Statistical Office (ISTAT 2023), in 2020 monetary transfers represented the 77.3% of the expenditure for social protection, far above the European average (66%).

⁸ As pointed out by Brunella Casalini (2020b, 61), “those who are privileged do not need to know and can thus overlook the costs that others bear to let them have their privileges. To maintain their privileged position they sometimes even need actively not to know, to hide and ignore, in order not to think of the oppression and injustice on which their privileges may be based”.

labour underpin gender hierarchies and women's unequal inclusion in politics and markets" (Orloff and Laperrière 2022, 351).

For the above-mentioned reasons, the familistic welfare model has also been called patriarchal welfare (Ascoli 2002, 215).⁹ The patriarchal welfare has a huge advantage for the State because it lays the burden of care mainly on families—i.e. on women—and liberates the State from this responsibility. However, its stability depends on women's oppression. The patriarchal welfare also generates a huge advantage for capital since it lowers reproduction costs, i.e. the costs necessary to reproduce the workforce that must be covered by wages (Del Re 2020, 38. See also Federici 2020). The unpaid reproductive work carried out by women has allowed employers and owners to maintain low salaries for productive work and thus increased the surplus value for capital. However, care is also threatened by capitalism, because its drive to unlimited accumulation tends to destabilize the very processes of social reproduction on which it relies.¹⁰

3. From Patriarchal Welfare to the DIY Welfare

The patriarchal welfare model has been strongly affected by the growing entrance of women in the labour market, as well as by an ageing population, low fertility rates, changing structure of families, higher youth mobility and greater job insecurity. These elements have both reduced the care capacity of families and boosted care needs, especially for elders.¹¹

Due to high public debt and the rigid constraints imposed by European economic governance, Italian public administrations can hardly maintain the few existing public services or develop new ones.¹² Besides, costs caused by population ageing are assessed in the evaluation on debt sustainability and recommendations on the reduction of these costs are constantly addressed to Member States in the European semester.¹³ Therefore, a *DIY welfare model* has progressively replaced the traditional patriarchal welfare model. In the *DIY welfare model*, families should find alone, in the private market, a solution to their care needs.

This type of welfare has been fuelled by several factors. On one side, the movement for women's emancipation, corresponding with women's mass entry in la-

⁹ Any feminisms recognise patriarchy as a social system in which positions of dominance and privilege are primarily held by men, and criticises it as a primary cause of women's oppression (Finlayson 2016, 6; see also Saini 2023).

¹⁰ According to Nancy Fraser (2016, 102), "social reproduction is an indispensable background condition for the possibility of economic production in a capitalist society".

¹¹ Italy is the country with the oldest population in Europe (see Eurostat 2026). In 2050, 34.3% of the Italian population will be older than 65.

¹² Unlike the funding for the defence, the funding for care services does not benefit from the National Escape Clause that gives Member States additional budgetary flexibility (cf. Council of the European Union 2025).

¹³ The European Semester is the European Union's framework for the coordination and surveillance of economic and social policies. For further information see European Union 2026.

bour market, caused a deresponsibilisation from care whose burden has been externalised. Due to the lack of public services and the very low availability of men to provide unpaid care (for cultural, economic and legal reasons¹⁴), care has been displaced onto care workers and care services available on the market (the so-called *care marketization*).¹⁵

The *DIY welfare* model presents a problem of reverse redistribution. Instead of playing the redistributive role that State welfare should play, this system increases the differences between the rich who can afford high quality care services, and the poor that have to accept low-cost solutions for their care needs. The cost of paid care strongly affects caretaking choices. Families can opt only for care arrangements that are affordable for them. Therefore, in order to satisfy care needs, *DIY welfare* must provide families with *low-cost solutions* (Borelli 2020, 24). In Italy, the cheapest caretaking option is domestic care work.

Finally, in the *DIY welfare model*, the costs of paid care have to be lower than wages received by unpaid carers whose participation in the labour market would be otherwise severely affected. Therefore, wage stagnation and inflation have a further negative impact on wages received by care workers.

In 2023, a law reforming long-term care was adopted. However, its implementation was required to be cost-neutral, with no increase in public expenditure. This constraint has significantly undermined—and continues to undermine—the effectiveness of the reform.

In order to comply with fiscal requirements, the government has postponed key elements of the reform, deferring their implementation to future ministerial decrees that have yet to be adopted. At the same time, the scope of beneficiaries has been progressively narrowed. Finally, the role of public care services has been reduced, while greater emphasis has been placed on providers within the social economy.

4. The Many Forms of Legal and Illegal Exploitation of Domestic Care Workers

In Italy, long-term care is mainly provided by domestic workers (called *badanti*).¹⁶ The large majority of these workers are women from foreign countries.¹⁷

¹⁴ Paternal leave has been introduced in Italy only recently and is much shorter than the maternity leave (see Militello 2020; Vallauri 2020).

¹⁵ “Marketization broadly describes policies, which use markets and market mechanisms in the provision of welfare services”. Markets “can be understood as practices that construct care as a commodity and the individual in need as a consumer” (Bureau et al. 2017, 1023).

¹⁶ In the past, the word “badante” was used to refer to a person that looks after animals (see *Redattore sociale* 2013). Thus, the use of the word “badante” reflects the weak value given to care work, linked to negative stereotypes on what is still perceived as a female task and on immigrants that are relegated to what are considered as “second-class” occupations.

¹⁷ According to Domina (the main employers’ association in the sector), 68.6% of domestic workers are foreigner and 88.9% are women (Osservatorio Nazionale Domina 2025).

Many migrants accept live-in care work so they can receive accommodation and food. Besides, they are not exposed to immigration oversight since labour inspections are much more difficult to conduct in private houses (Ambrosini 2013). In Italy, a person can be employed as a domestic worker without any qualifications. In fact, the debate on care quality has never been developed in this sector since care has been (and often is) considered an activity performed naturally and free of charge by women within the family. Domestic work “mirrors tasks traditionally performed by female household members without pay”, so it “is perceived as unskilled and lacking in value” (ILO 2012, 73).

Exploiting the low societal recognition for care work and being aware of the paramount role of domestic workers to face increasing care needs of families, the legislator has deliberately developed methods to reduce the cost of domestic work. Labour violations in the sector have been widely tolerated and inspections have been rarely performed.¹⁸ Therefore, domestic workers suffer many forms of legal and illegal exploitation to keep their cost very low (Borelli 2021, 281).

A first form of legal exploitation concerns migration law. In Italy, the procedure for obtaining a work permit is so complex that, in practice, foreign workers find it almost impossible to enter the country legally (Chiaromonte 2020, 241; Papa 2026). An irregular migrant who turns to the authorities to ask that her rights be respected risks being punished for the offence and being deported (Legislative Decree no. 286 of 25 July 1998 Article 10-bis). A domestic worker who dares to protest her working conditions risks being dismissed, as domestic work is excluded from the just case protections extended to other forms of work and a notice period is sufficient to dismiss (Frosecchi 2025, 390). Live-in workers risk also losing accommodation. Moreover, the dismissed worker could hardly find a new job, given the impact of bad references in the sector. And without a job, the migrant may lose her residence permit. Therefore, foreign workers are more hesitant to enforce their employment-related rights that thus are “more symbolic than real” (Fudge 2012).

Recently, the legislature authorized the admission of up to 14,000 domestic workers per year into Italy (Article 2 of Law Decree 145/2024). These migrants are required to remain in domestic work for at least 12 months. This measure further reinforces the ethnic segmentation of the labour market, whereby jobs are effectively allocated on the basis of workers’ nationality. It also appears to run counter to the 2024 Single Permit Directive (Directive 2024/1233), which seeks to decouple migrants’ residence status from a specific employer or sector.

Noting the widespread presence of migrants in the sector, Bettio and others have referred to a move from a family model of care to a migrant-in-the-family model of care (Bettio, Simonazzi, and Villa 2006). Other have talked about

¹⁸ According to Labour Ministry (Ministero del lavoro e della previdenza sociale 2022, 10), 52.3% of domestic work is irregular. It should be also underlined the bad perception of controls and sanctions by families that, in the *DIY welfare*, are obliged to find alone a solution to their care needs.

“distorted emancipation” that fails to produce a more equal division of caring time inside the family and maintains traditional gender hierarchies related to care work (Ezzedine 2021, 3). The legal exploitation of domestic workers is also facilitated by maintaining a special regime created in 1958.¹⁹ While the functions of domestic workers have changed and their number has significantly increased in response to growing demand for elder care (Sarti 2016, 201), Italy has not adapted the legislation to guarantee equal treatment or to protect them from the risks entailed by homecare. Not even on the occasion of the ratification of the ILO Convention no. 189, which Italy did before any other EU country, was there any change to the 1958 legislation, which, as a result, remains, in several respects, non-compliant with the provisions of the Convention (Borelli 2020, 181). In fact, the special regime for domestic workers consists of excluding them from the ordinary labour legislation with regard to working hours, wages, health and safety at work, maternity, paternity and parental leave, dismissal, work accident, social contribution and other protections (de Martino 2021, 57). Consequently, this special regime clearly infringes one of the main pillar of the ILO Convention: recognising domestic work as “work like any other” (Blackett 2019).

Due to the weak legislative framework, domestic work in Italy is regulated mainly by national collective agreements. There are several national collective agreements for domestic work many of which are signed by employer associations and trade unions whose representativeness is unknown, in order to lower labour cost established by the main national sectoral collective agreement.²⁰

Moreover, collective agreements for domestic workers are sometimes applied by companies or associations that provide them to families. This practice is highly questionable as it is not clear why a special discipline for domestic work, dictated to meet the needs of a particular employer (the family), should be applied to an entity providing services in the market (Borelli 2020, 171).

Abuses to which domestic workers recruited or placed by private employment agencies are often exposed (Amorosi 2022, 78), are denounced by Article 15 of the ILO Convention 189. Notwithstanding the many risks that this practice can entail, private employment agencies providing domestic workers are increasingly present in Italy since they free families from the burden to manage domestic work. The way in which domestic work is provided depends both on the economic convenience and on the controls carried out by the labour inspectorate. In other terms, employment agencies adapt the legal form of their operations in order to be competitive and evade controls (Amorosi, Borelli, and Sarti 2024).

Some agencies provide domestic workers hired in foreign countries, exploiting the comparative advantage deriving from the regulation on transnational

¹⁹ The law of 1958 is a result of the battles of feminists to recognise domestic work as a work (Del Re 2020, 37).

²⁰ In Italy, collective agreements do not have an *erga omnes* effect: a service provider has to apply the agreement signed by the employers' association to which it is affiliated; if it is not affiliated to any association, it can freely decide to apply or not a collective agreement and which collective agreement to apply.

posting of workers in terms of lower labour costs and less risks to be controlled by public authorities.²¹

Cash-for-care payments are another tool to provide low-cost solutions to care needs. These schemes have “not only affirmed a conception of care as a commodity that care-seekers turned consumers can freely purchase on the market” (*commodification of care*; Farris and Marchetti 2017, 112); they have as well contributed to worsen domestic workers’ conditions because their use is very often unlinked to the regular engagement of the latter. In the main cash-for-care scheme for elderly and disabled people (the *indennità di accompagnamento*), for example, the State provides an amount (552.27 euros per month in 2026) that does not cover the cost of a full-time regular domestic worker. It is therefore no surprise that families often use this allowance to pay undeclared or under-declared care workers (Da Roit and Le Bihan 2019, 519).

In 2024, a new measure was introduced (Article 36(2)(b) of Legislative Decree 29/2024). It requires that part of the allowance be used to hire a home care worker, in compliance with the national collective agreement signed by the most representative trade unions in the sector. However, like many of the measures adopted to implement the 2023 long-term care reform (see above), its scope is extremely limited. Only a small number of older people—those over 80, with very severe care needs and an income below euros 6,000—are eligible to benefit from it.

5. The Outsourcing of Care Services

Other methods elaborated by Italian legislator to provide low-cost solutions to care needs concern outsourced care services. As already pointed out, in Italy public care services—in particular, elder care—have been and are underdeveloped. Facing the decreasing availability of unpaid carers and rigid public expenditure constraints which prevent hiring new staff public administrations have extensively contracted out care services. This has caused several consequences. First, monetary transfers have increased: instead of developing public care services, the legislator has introduced monetary contributions to cover the cost of private care services. This has not been changed by the 2023 reform of the LTC (Gualandi 2025). Second, regional disparities already in existence have increased. Care services largely depend on public funds, and in particular on municipal funds.²² Therefore, the availability and the quality of care services are more related to the wealth produced in a certain territory than to the care needs. In other terms, care services are fewest where poverty and vulnerability is higher. Inequalities in access to care services thus contribute to reproducing and aggravating inequalities between Italian Regions (Martinelli 2019, 45).

²¹ In fact, controls on transnational posting of workers require the collaboration among different national public authorities. Italian labour inspections have recently discovered severe forms of labour exploitation caused by some cases of transnational posting of domestic workers (Osservatorio Nazionale Domina 2022, 90).

²² In 2020, municipalities covered the 57.4% of the costs for social services (ISTAT 2023).

Due to the absence of a national legislation that clearly defines the minimum levels of services that must be guaranteed throughout the territory (*Livelli essenziali delle prestazioni sociali* LEPS for its acronym in Italian), each Region offers different services. Consequently, it is difficult to collect data on care services because they are different from Region to Region and the services themselves are named differently in each Region.²³

In 2017, the legislature created a Social Protection and Inclusion Network to coordinate social interventions and services (Borelli 2020, 13). However, due to the huge regional differences, the annual plans adopted so far by this Network have not been able to define the LEPS to be guaranteed throughout the country. The Network has emphasised that LEPS cannot be achieved without stable, adequate funding which is currently not available. In fact, public funding for care services has been extremely fragmented and discontinuous.²⁴ This problem has been further accentuated by the National Recovery and Resilience Facility (NRRF) that expires in 2026 and, consequently, it cannot be used for structural costs, such as staff cost (Borelli 2023, 25). Currently, the NRRF has been used to build infrastructure such as kindergartens, small hospitals and care centres; however, the public administration can barely cover the cost for the personnel who will work in these facilities and it is highly probable that their management will be outsourced.

The 2023 reform of LTC planned to harmonise the rules on authorisation and accreditation of care services.²⁵ However, this part of the reform was not implemented. Therefore, these rules remain defined by each Region, further amplifying the territorial disparities. In many cases, the authorisation and accreditation schemes do not list fair working conditions and qualification requirements among the elements that must be respected to provide care services.

Furthermore, some Regions (such as Lombardia) have implemented open authorisation and accreditation schemes, i.e. have established minimum criteria that have to be fulfilled by private care service providers without selecting them. This strongly reflects a *consumer-oriented approach* aimed at satisfying the needs of users that, according to these Regions, can freely select care services that better fit their needs.²⁶ However, in many cases users' free choice exists only

²³ On problems related to data collection see: Bocchino and Padovani 2023; Network Non Autosufficienza 2020; Fosti, Notaricola, and Perobelli 2021; Turchini, Ferri, and Ranieri 2022.

²⁴ Some LEPS have been established by Article 1(797) of the Law 178/2020, Article 1(162–166) of the Law 234/2021 and Article 1(699–700) of the Law 199/2025.

²⁵ Authorisation lays down the minimum requirements that all operators wishing to provide a care service must comply with while accreditation is required to provide services on behalf of the public service (i.e. the cost of these services is partially reimbursed by the Region) (Albanese 2007, 208).

²⁶ It should be noted that, while in the European Nordic countries, “a representative of the municipality provides an assessment of the needs and the recipient can then choose between care provided by the municipality or a private company chosen among the certified companies” (Dahl, Eskelinen, and Hansen 2015, 288), a care need evaluation by a public author-

“on paper” because users can hardly assess their care needs and the services that can be chosen depend both on the services available (that are widely different from Region to Region) and the costs that the user can bear.

The authorisation and accreditation schemes present a huge advantage for the *DIY welfare*: they are not regulated by public procurement law. Therefore, the many rules established for public procurement procedures to protect workers’ rights do not apply in these cases (Caruso 2017, 1128).

Public procurement law also does not apply to care services outsourced to non-profit entities. In fact, public administration may enter into agreements with non-profit care service providers according to specific rules aimed at promoting their role in the sector. This generates a paradox: care workers in for-profit care services are protected by regulations on working conditions in public procurement law, while working conditions for workers at non-profit entities are unregulated (Borelli 2023, 50).

Moreover, in Italy several national collective agreements exist for non-profit actors, some of which are signed by predator employer associations and unrepresentative trade unions²⁷ in order to lower labour costs. Besides, due to the ultra-fragmentation of the employers’ associations in the field of social services, the main trade unions (CGIL, CISL and UIL) have signed several national collective agreements applicable to non-profit care providers (Gualandi 2025; Renzi 2025). National collective agreements for non-profit entities usually provide lower wages and benefits than the one for the public sector and, sometimes, cheaper than the one for for-profit actors.

Non-profit entities can also employ volunteers. Legislative Decree no. 117/2017 restricts the use of volunteers in for-profit enterprises, but volunteers play an important role in non-profit actors providing care services (Natoli and Turchini 2023, 30) and this produces a further competitive advantage for them.

Therefore, in Italy the role of non-profit actors is still very relevant in the care service sector and corporatization of care—i.e. the growing presence of for-profit companies and their business rationalities in care sector—is still underdeveloped compared to other countries (Farris and Marchetti 2017, 109).

6. Looking For a Care State Model

The short description of the *DIY welfare model* clearly points out that it has allowed the emancipation of Italian wealthy women by legally and illegally exploiting female migrants as domestic care workers or personnel employed in care services provided by private actors. Instead of decreasing inequalities, the

ity is still missing in Italy. The care service reform outlined in the National Reform and Resilience Plan aims at setting up a single access point where a personal care need evaluation is performed by an interdisciplinary equip.

²⁷ In Italy, several trade unions exist. Each trade union can freely decide which sector to represent and can sign collective agreements. Therefore, there are several collective agreements for a sector and each collective agreement can have a different scope.

DIY welfare model increases the differences among wealthy families that can afford high-quality care services and poor families that have to look for low-cost solutions. Solutions available vary from Region to Region and these territorial disparities risk to be further increased if the proposal presented by the Meloni Government aimed at enhancing Regional competences and reducing solidarity mechanisms among Regions will be approved.

In a pamphlet published in 2020, the Care Collective proposed to develop a *Care State*, i.e. a State that “ensures versatile, high-quality and cost-free care for anyone in need, at all stages of life” (Care Collective 2020, 74). The interconnection between paid and unpaid care, as well as the analysis on how the type of welfare impacts on care workers’ conditions prove that, in order to make this idea concrete, a holistic approach that encompass recognition of care as “background condition of possibility” of our social order is needed (Fraser 2022). This includes the need to redistribute unpaid and paid care work among genders, to strengthen public welfare, and to ensure respect for the rights of migrant workers. Working time should be reduced and on-demand contracts forbidden (Nedelsky and Malleon 2023). Unpaid caregivers should be supported and men’s participation in care work should be mandated through full paid parental leave and compulsory leave for men. Public welfare policies should expand into areas where welfare States have historically provided limited support, such as long-term care (Engster 2015, 29). Fiscal systems should be reconceived to limit capital movement, increase taxation on activities to be discouraged (e.g. on financial transactions) and restore progressive taxation (on this point see High-Level Group on the Future of Social Protection and of the Welfare State in the Eu 2023, 86). Migration law should be reformed in order to reduce migrants’ vulnerability. Care workers must be recognised as essential workers and decent care worker conditions should be considered a key element of quality of care. More than anything else, voices of both paid and unpaid caregivers and care receivers should be supported in order to develop “a counter-discourse on care that challenges the dominant discourse that has historically devalued care and considered it as irrelevant as a political issue” (Casalini 2020b, 69).

Therefore, the role of trade unions defending care workers’ rights should be strengthened, also exploiting the recognition of social services as a field of the European sectoral social dialogue. As pointed out by the social movement developed alongside the approval of the ILO Convention 189, the unionisation of care workers has been traditionally low. On one side, this is a consequence of the under-evaluation of care, not considered as a real work by many (male) trade unionists. On the other side, many care workers are migrants not aware of their rights, often not trusting on the trade unionism and scared of losing their job and their residence permit. Besides, the nature of the workplace (often, private house) of these workers prevents them from meeting and socialising.

It is therefore important to remember that “we live inside the successes of past struggles” (Wallman 2022, 13): many rights we currently benefit from, such as public health care and public schools, have resulted from long-harsh battles

fought by women, workers and trade unions in the past.²⁸ Without these battles, transformation of the *DIY welfare model* towards a *Care welfare model* would just be a good intention.

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²⁸ On the role of labour movement in the development of the Welfare State see Kuhle and Sander 2022, 75.

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