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Imagining Care: Transnational Inequality and Older Age Prospects for Ukrainian Caregivers in Italy

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Abstract

This article explores how Ukrainian migrant care workers in Italy imagine their own future care in older age while sustaining aging societies through paid work. The analysis is conceptually grounded in the critique of gendered transnational care chains. We ask how women working in senior care define sustainable care for themselves, how these visions relate to their professional trajectories and transnational family experiences, and how they negotiate dignity and security in later life. Empirically, the study draws on 16 biographical interviews with Ukrainian women aged between 37 and 72, conducted in Italy in 2024. We argue that a prolonged engagement in senior care produces both a critical awareness of care inequalities and volatile prospects for their own old age. This results in individualized strategies alongside emerging collective imaginaries of self-organized care.

Keywords

care inequality; migration; professionalization; senior care; transnational care chains

1. Introduction

Since the post-Soviet opening of Ukraine's borders in 1993, Italy has consistently ranked among the top destinations for Ukrainian migrants, alongside Russia, Poland, and the Czech Republic (Vakhitova & Fihel, 2020). Yet Italy stands apart in demographic terms: For three decades, more than 80% of Ukrainian migrants there have been women, most of them over 50 (Istituto Nazionale di Statistica, 2022, p. 4; Marchetti & Venturini, 2013, p.114; Tyldum, 2014, p. 59; Vianello, 2016, p. 166). This feminized and aging migration

stream is not incidental, and it stems from a particular labor demand in the receiving country. As Franca van Hooren conceptualizes it, the Italian welfare regime has institutionalized a "migrant in the family" model (van Hooren, 2012), outsourcing care deficits to live-in migrant women. In this arrangement, Ukrainian migrant women in Italy became intimately embedded in households while remaining structurally marginal to formal welfare provision.

Such a demographic configuration produces what might be termed an aging dilemma. Women who sustain aging societies through intimate labor are themselves aging within migration. Their migration and professional trajectories, transnational family ties, and often precarious legal positions complicate their future security, and this raises uneasy questions about their own prospects in old age. Russia's invasion of Ukraine and the resulting complex threats and instabilities have become further factors jeopardizing the futures of Ukrainians, Ukrainian society, and care for older people in the country (Dutchak, 2024; Strelnyk, 2026; see also Dutchak et al., 2026). Our article explores imaginaries linked to care options in older age present among current care workers and asks: How do migrant care workers imagine care solutions for themselves? How are their care imaginaries related to their experiences as migrant workers in the Italian senior-care sector? We argue that, while the very model that secures their employment offers no obvious template for their own old age, women's imaginaries about the future are largely informed by their present-day experiences of inequalities, precarity, and uncertainty, rather than being oriented toward specific practical steps linked to securing the future.

While the issue of care for migrants in older age goes mostly unrepresented, their direct embeddedness in transnational senior-care chains creates an important vantage point to better understand the deep systemic inequalities that not only channel migration, and shape working and living conditions, but also structure what follows: migrants' own aging. Furthermore, working in senior care cultivates skills, dispositions, and professional trajectories that inform and influence migrants' understandings of what care is, how it can be organized, and how it ought to be delivered (Ayalon & Rapolienė, 2022). Attending to care migrants' imaginaries and future-oriented reflections allows structural inequalities within care systems to be traced through lived experience, because women project lessons from paid care and migratory life onto their own anticipated old age.

2. Methodology

During fieldwork across Italy in February and March 2024, Anna Oksiutovych collected 16 semistructured biographical interviews with Ukrainian current and former workers taking care of older people. She recruited the interviewees during the fieldwork, engaging researchers' informal networks, diasporic actors (church networks and cultural initiatives), field-based recruitment, and a snowball approach. The only important parameter for this research was experience as a Ukrainian migrant working in care for older people in Italy, and so no other criteria were used to guide selection.

The women were often approached about the research interview in public places or during gatherings: for example, in a parking space near a supermarket, in a park where they would usually meet up on their day off, after church mass, or at a tea party they organize. To build trust during these meetings, the researcher informed them not only about the research but also about herself and her background as a Ukrainian with refugee status. Eventually, some of the women agreed to talk with her privately when they had time. The question of time was not a simple one because many of these women worked intensively and might have only one day, half

a day, or even just a few hours a week off. For this reason, the researcher had to do some interviews in two rounds because there was not enough time to discuss everything at once.

All interviewees were women aged between 37 and 72 years. The age distribution was as follows: Three women were aged between 37 and 40, six between 41 and 60, and seven were over 60 years old. Twelve participants migrated to Italy between 1999 and 2010, while four migrated after 2010. This diverse range of ages and the generally early migration among the participants matches a well-established Ukrainian-Italian migration pattern that has evolved over the past decades (Fedyuk, 2012; Mudrak, 2011; Odynets, 2021; Solari, 2017; Vianello, 2016). While most of the interviewees started their labor migration as live-in senior carers, their further trajectories varied: Five were staying in live-in care at the time of research, four had switched to live-out care and worked on an hourly basis, one had moved to work in a public residential facility for seniors, five had left the senior care sector after experience with live-in arrangements, and one had left the sector after consecutive experiences of live-in and public residential care. All names have been changed to preserve anonymity.

The interviews were based on an open-ended and narrative interview guide that addressed four main topics related to care perceptions, arrangements, and imaginations: (a) the experiences and perceptions of professionalization in the care industry; (b) the comparative narrative about care for older people in Italy and in Ukraine; (c) their own (if existing) care arrangements for older relatives; and (d) their overall narrative about their future and care in their own older age. These were the four topics that became the basis for further thematic analysis through which we reconstructed how structural, personal, and professional dimensions condition women's opinions about different care arrangements, actual care arrangements in their families, the ideal-type groups of care migrants' future imaginaries, and the links between these actual and imagined care experiences.

To construct the part of the guide about the future and care, we repeatedly revised and adjusted the research questions and approach after the first interview. Almost immediately we encountered a barrier in women imagining their older age—one corroborated by existing research and explained by a number of causes, including ageism, people's perception of aging as physical and mental deterioration, and a series of socioeconomic difficulties associated with aging (Jones, 2011, pp. 19–20). Based on this, we switched to asking more specific questions about a person's future, which helps "to move people from the vastness of trying to imagine a whole future to the much more manageable task of imagining one particular aspect of it" (Jones, 2011, p. 23). By prioritizing the question of how they imagine care for themselves in older age, we brought the focus immediately to the question of care. This was an organic continuation of the previous questions about women's work experience; while formulating imaginaries for future care, women often broadened the focus to the future in general.

Such an adjustment did not allow us, however, to totally overcome the barrier of accessing imaginaries. Reflecting on this, we assume that the barrier has two components: There is a general problem of how to access something that "cannot be grasped directly" (Cantó-Milà & Seebach, 2024, p. 304), how "to explore the 'not known'" (Pink et al., 2020, p. 136), and the specific problem related to the embedded uncertainties of transnational care chains that have no clear care options for aging migrant care workers. To address the general problem of exploring the unknown, we asked speculative questions that tackle the imaginaries "rooted in existing ways of knowing" but also in "reconfiguring, adapting and crafting" (Pink et al., 2020,

p. 136). The specific problem related to care inequalities and difficulties for people to imagine their future care in the existing system became an integral component of the empirical material that we analyze further.

An ethnographic researcher completing fieldwork is always, to some extent, an active participant in the field. At the same time, we are conscious that when the fieldwork engages with "reconfiguring, adapting and crafting" imaginaries of the future, the ethnographic method not only investigates the "active and situated work of futuring" (Oomen et al., 2022, p. 248) but may also become a part of it: While speaking with the women, we encouraged them to seek and articulate imaginaries that some of them did not have clearly preformulated.

3. Literature Discussion: The Future of "Ageless" Migrants Within Care Inequalities

Discussions about the old-age prospects of migrants often revolve around the question of managing migrant flows (Bastia et al., 2022; Ciobanu et al., 2019; World Health Organization, 2018) and the related issue of staying or returning. From the perspective of receiving states, the political economy of migration rests on the assumption of the ageless, interchangeable worker—captured by John Berger and Jean Mohr in *A Seventh Man* (Berger & Mohr, 1989): "They are not born: they are not brought up: they do not age: they do not get tired: they do not die" (p. 64). This imaginary presumes eventual return, externalizing the social and fiscal costs of aging (Anderson, 2000). In practical terms, this expectation often translates into various state policies aiming, on the one hand, to facilitate migrants' return, and on the other, to retain those with "valuable" skills and knowledge. Thus, the countries of origin promote return migration as a strategy for harnessing acquired skills, knowledge, and "innovation," countering the perceived losses of a "brain drain" (Ayalon & Rapolienė, 2022; Cassarino, 2004; Lang, 2013).

In research, approaches to the issues of staying or returning vary from the neoclassical, focused on rational calculating agents (Dustmann, 1996; Martin & Radu, 2012), to those explaining migrants' choices through various structures (Hunter, 2018; Kristiansen et al., 2015; Kröger & Zechner, 2009), interpersonal ties and relations (Fedyuk, 2021; Kröger & Zechner, 2009; Lados & Hegedűs, 2016; Ryan, 2007), and their subjective emotions and psychological state (Baas, 2015; Tılıç-Rittersberger et al., 2011). This combination of the structural, relational, and personal aspects forms a complex picture in which some return to their home countries, others definitely stay, and yet others travel back and forth while possible, postponing the ultimate decision for later (Kristiansen et al., 2015; Lutz & Palenga-Möllenbeck, 2012; Odynets, 2021; Radziwinowiczówna et al., 2018). For many, the final return becomes a myth (Berger & Mohr, 1989; Fedyuk, 2025; Vianello, 2016) often representing the "ideology of return" (Brettell, 1979).

In focusing on structural conditions, access to healthcare, welfare, and social care are singled out both as factors linked to staying (Hunter, 2018; Kristiansen et al., 2015; Tılıç-Rittersberger et al., 2011) and returning (Kröger & Zechner, 2009) in older age. In this relation, migrants' access to senior care in hosting countries has been increasingly studied, including the barriers, policies, and possible improvements (Al-Hamad et al., 2025; Brandhorst et al., 2019; Carlsson & Pijpers, 2021; McGrath et al., 2022). Our case follows up on the existing research conclusion that migrants' access to care in a destination country is predetermined by the multiple inequalities within which the migration unfolds.

Most of the existing research on migrant aging does not single out the aging of care migrants as a separate focus. At the same time, while transnational care migration fills in the gaps in senior care provisioning in some countries—yet also creating "care drain" in others—their experiences become the concentrated manifestations of global care inequality as "an implicit aspect of transnational care giving" (Lutz, 2018, p. 583). From the latter perspective, the issues of transnational motherhood have been widely researched, including in the context of Ukrainian care migration (Fedyuk, 2012; Leifsen & Tymczuk, 2012; Lutz & Palenga-Möllenbeck, 2012; Marchetti & Venturini, 2013; Tyldum, 2014), though, as noted by some scholars, the issue of transnational care for migrants' aging parents is far less examined (Mudrak, 2011, pp. 55–57; Solari, 2017; World Health Organization, 2017, p. 52). The latter is also true in relation to senior care for aging migrant senior carers (Mudrak, 2011, pp. 55–57)—but this part of the puzzle is barely placed within the care-inequality approach.

Research suggests that living as migrants while providing paid senior care can reshape perceptions of aging and later-life care (Ayalon & Rapolienė, 2022), potentially positioning migrants as "agents of change" in their home societies (Ayalon, 2021, p. 2257). Our findings confirm that professional trajectories shape migrants' imaginaries of future care, but that this relationship is not linear. Structural care inequalities often constrain their ability to secure care for older relatives and imagine future forms of care for themselves. Our research centers on the imaginations of the workers as a route to focus on existing and perceived inequalities. At the same time, we maintain the perspective of the workers who are not passive objects in this situation but rather actively search for available solutions. These solutions are often, however, shaped by existing and perceived obstacles or by failures in the care landscape.

We therefore turn to the sociology and anthropology of the future to understand Ukrainian care migrants' imaginaries of their own old age and possible care. More specifically, we rely on a line of theorizing that "analytically engages with perceptions of the future" (Suckert, 2022, p. 396) as a way of "exploring and understanding social realities of the present" (p. 394). We acknowledge the overlapping meanings of various terms and the interwoven presence in daily life of such phenomena as expectations, aspirations, future imaginaries, narratives about the future, etc. (Bazzani, 2023; Bryant & Knight, 2019; Vignoli et al., 2020). In making a pragmatic choice, we employ the concept of future imaginaries as a broad phenomenon that "join[s] together elements of the present with some normative value orientations" (Vignoli et al., 2020, p. 36) and that encompasses "shared but not uniformly held assumptions, expectations, anticipations, fears, plans and hopes about what lies ahead" (Cantó-Milà & Seebach, 2024, p. 304). Being partially based on expectations and informing narratives of the future (Bazzani, 2023; Vignoli et al., 2020), future imaginaries are less constrained by actual reality than expectations and do not necessarily include actionable components integral to narratives of the future. Hence, future imaginaries are suited to exploring people's understanding of the possible and desirable without forcing them into an action-oriented exploration. This, we argue, allows us to simultaneously grasp people's perception of existing constraints but also their wishes and awareness regarding various care practices. They may have developed these through experience and professionalization, yet they may look practically out of reach under the current conditions.

We now turn to discuss the three main groups of migrants' care-related future imaginaries that we identified in our research. We give them operational names and analyze how these imaginaries relate to existing inequalities in transnational care chains, migrants' experiences of migration and professionalization, and their actual care arrangements.

4. A Familialistic Imaginary: "I Would Really Like to Be Around My Children"

Maria is over 60 years old and has spent almost a third of her life caring for senior people in Italy. Like many Ukrainian women, she started as an undocumented labor migrant, soon legalizing her status and continuing as a live-in carer for years, sometimes with a contract—and sometimes without. For the past couple of years, thanks to being able to save some money and improve her situation gradually, Maria has switched to live-out care. Imagining her aging, Maria describes a desirable scenario:

> I would really like to be around my children, near my daughter. And I hope that….I have already programmed them that way….I say, "Children, I have to live to be 95 years old. I have to celebrate my birthday, my anniversary—95 years old. And invite you all, have a nice dinner with you. Then say goodbye, go to bed, and never get up again." And I would really like it to be like that.

As the data show, this idea of aging around one's family and having them take care of you is a dominant one among older people in Ukrainian society, and it interlinks with the prevailing familialistic model of senior care (Strelnyk, 2026; see also Dutchak et al., 2026). Our research demonstrates that at least some Ukrainian care migrants replicate these dominant sociocultural norms and project them into their own future.

Despite the somewhat different sociodemographic characteristics and migration trajectories, there are important similarities between Maria's perception of care practices and that of some other research participants with familialistic imaginaries of the future. First and foremost, they emphasize the differences between the Ukrainian and Italian senior care cultures, both favoring the Ukrainian one. For example, Vita—another caregiver in our research—tells the story of familialistic care for her mother, now deceased. She reflects about the intensive involvement of her extended family, and she compares this to what she saw during her care work in Italy:

> Here, if you're old, you have a *badante* [carer]. And we have this family warmth, which I miss here….Here, when you're older, no one [will take care of you] anymore. Everyone lives their own life….I've rarely seen people in Italy who sacrifice their lives, their pleasures, for their parents.

Maria similarly stresses that Ukrainians and Italians have "different mentalities," through which she explains the different senior care arrangements in the two countries. Yet, while she depicts the Ukrainian familialistic model in her future imaginary, it is important to note that care arrangements in her own family diverge from it. Maria's sister cared for their mother while she and other siblings were already abroad, supporting her materially. With their father, this type of arrangement was not possible anymore, as the remaining sister lived farther from him, and so the siblings hired a relative to take care of the man.

Another similarity in care-related reflections, expressed by women sharing familialistic imaginaries of the future, is related to their perception of their job, experience, and skills. On the one hand, reflecting on the skills and knowledge she attained while working in senior care, Maria mentions many healthcare-related tasks she is able to do now: giving injections and drips, changing a catheter, controlling oxygen and medication. At the same time, after proudly stating that "I have truly developed professionally," Maria describes this professional growth in terms of psychological adaptability, patience, a kind attitude, and the building of trust and confidence:

> For this job, you need to have patience, desire, understanding why you came here….I have to present myself in a way so that [the client] trusts me, because I entered her house. She has to have that trust in me, to be confident. I had to really demonstrate that love, respect….We have to adapt to everyone. And I learned a lot from that.

In Vita's case, her emphasis on her personal attitude and the relations between carers, clients, and their family reaches a point where it wholly consumes her understanding of the profession: "In general, working as a *badante*—I can't call it a job. I tell many people, it's life. Because you live with a person 24 hours a day. This is how they are so dear to you." She continues, saying that the clients remind her of her grandmother. This helps her to build an emotional connection and, eventually, to care for them. The same emotional connection, however, made her quit the sector altogether, as she was not able to stand death anymore. Vita describes the last days of her client: "I had to hold her hand, because she was scared at that moment. And when she died, I just said that I couldn't take that loss anymore"—she emphasizes this once again—"because being a *badante*—this is not a job."

The motto "This is not a job" represents an opposite to perceiving oneself as a professional and a radical equation of care with family-like relations, even when it is paid. We encountered this narrative among several Ukrainian migrant carers in Italy, all working in live-in senior care (though not all live-in carers share it). For example, Zoya, who has worked in Italy for two decades, including 15 years with one family, caring for successive older relatives, repeated this phrase several times in her interview. In her account, the logic runs deep: She contrasts her work with her husband's work in a residential facility, saying he "knows how to care," while she does not. Recalling a client's decline, she explained that she feared she could no longer help enough and so the family would soon hire a *badante*—as if she were not one herself. Like Vita, she found the deterioration and death of those she had grown attached to emotionally difficult and was unable to build a professional distance or indifference.

5. An Institutional Imaginary: "*Struttura* Is Salvation"

Larysa's imaginary of her future care contrasts sharply with a familialist imaginary. The woman is 45 years old, and she was trained as a nurse in Ukraine but moved to Italy 17 years ago. There she first worked as a live-in senior carer for some years but later switched to working as a janitor in a *struttura*—a public residential care facility for senior people. After a while, she took courses that allowed her to work as a carer in the same facility. When asked about care for herself in older age, and if any would be needed, she says:

> After this *struttura* where I work, I'm looking at a *struttura* where I would go to live out my life. Yes. This, this is my first option. I don't want children to take care of me. It's very stressful, and it's very hard for the children. It's better for the children to live their own lives.

Larysa's care migration history is not quite typical for Ukrainians in Italy, because only a few Ukrainians were able to make the transition to work in residential care. Such a trajectory represents a bottleneck some of them pass through, usually after sequentially working in live-in and live-out care. Another woman with a similar trajectory, whom we talked to, recalls that when she started to work in a facility some years ago, she was not just the only Ukrainian, but the only foreign worker there, and that "everyone was looking at me like I was a monkey that had climbed down from a palm tree."

To become a carer working in residential care in Italy, a person has to go through a process of formal professionalization. This may, in turn, impact women's understanding of care as a profession. When speaking about the skills and knowledge she acquired while working in Italy, Larysa spoke about a number of training courses she took before and while working at the facility. Although a trained nurse in Ukraine, she highly values the new skills she learned in Italy, including technical and procedural knowledge, but also, for example, psychological approaches to older and dying people.

In Larysa's case, professionalization had a great impact on her attitudes to care. She enjoys sharing many details about how the different residential facilities work in different European countries, having learned this from other workers in her own workplace. Reflecting on such senior care arrangements, Larysa talks a lot about how older people in residential care facilities have the opportunity to be active for as long as their health allows, and to receive more intensive care when their health deteriorates significantly. She describes older people's leisure, visits by friends and relatives, and funerals and weddings she observed during a decade of work in the facility, and she stresses several times that "they continue living their own lives." This active life, from her perspective, combined with providing sufficient material conditions and autonomy to seniors, all form the most important things a *struttura* can give, and those are things she wishes for herself in older age.

Another significant part of Larysa's reflections on the benefits of institutional care is how a facility can shift the burden of care from one's children, who, she believes, should be able to continue living their lives. This element is present in her care-related future imaginary, but also in the story about her work experience. It becomes the most prominent when Larysa describes her training at a day-care facility for older people with Alzheimer's disease:

> I was so impressed, then, that I was shocked….In this *struttura*, so-called, they are here all day, and in the evening they are taken to their homes….Not all relatives can live with Alzheimer's. This *struttura*—it was salvation…the relatives are free. And these people are brought home. They have eaten, they are rested, clean because they were washed there, and have everything that is needed. That was such an experience for me!…It was a new world, I had never seen anything like that.

Besides the perception of care facilities as salvation for families, who can continue with their daily life while their seniors are properly taken care of, what stands out is Larysa's initial cultural shock and appreciation of the arrangement. Zoya, whom we mentioned in the previous section, also voiced this changing attitude to institutional care. During the interview, she recalls:

> I want to say that when I came here, I used to hiss a lot about the Italians, saying: "Oh, they handed him to the *didornia*!" My husband works there. It's incomparable. Even my client didn't have what they have in the facility.

The term *didornia* is a dialectical word in Ukraine denoting (predominantly public) senior care facilities, and it has a derogatory connotation. Of course, both women are referring to institutional care in Italy, and the same is true of Larysa's imaginary of the future: She is looking for a *struttura* in Italy where others can take care of her. She mentions a residential facility in her hometown and says, "It is very sad there." In Ukraine, public facilities are scarce and underresourced, while private institutions are costly and weakly regulated. As a result, residential care has been widely rejected by older people (see Dutchak et al., 2026). Accordingly, none

of our interlocutors had arranged institutional care for older relatives in Ukraine. In Larysa's case, despite her preference for residential care, her grandmother was looked after by her sister in Ukraine while Larysa provided financial support from abroad.

From Larysa's perspective, however, it is not only the material side of senior care that is better in Italy. Like Maria and Vita in the previous section, she also speaks about a different "mentality" but considers the Italian way of thinking to be a better one:

> They have a different mentality. Starting with the young and ending with the old. For older people, if they have children, Italy is a country where children still take care of their parents. There is an opportunity to hire a woman, a caregiver. There are no questions. It's all in the house; everyone takes care of their parents. If there is no opportunity, or conversely, if it is easier to pay for a *struttura* than for a person to live in the house, they send them to a *struttura*.

Hence, unlike the women with the familialistic imaginaries, for whom "taking care" means performing care directly, for Larysa it may also mean hiring a carer or placing a person in a residential care facility. In doing so, she draws a distinction between living with aging parents and ensuring they receive adequate, often professional, support.

6. A Paid Home Care Imaginary: "So That Someone Is There for Me"

Svitlana is 66, and she migrated to Italy just after the turn of the millennium, where she started to work as an undocumented live-in carer. Over the following years, she legalized her status. Then her husband joined her, and she has been working as a *badante* for over 20 years. While her husband died a couple of years ago, and her daughters migrated to other European countries, Svitlana explains that she "got tired of it," has "no more patience" to continue working in Italy for much longer, and is dreaming and planning to go back to Ukraine in a year or two. On imagining possible care for herself, Svitlana says:

> And why? You can even hire a carer if you need to. You know, if I need that kind of help, so that someone is there for me….I have my own house, all the conveniences. So, you know, if it's necessary, it's necessary. And why not? You have to live out your life somehow.

While explaining her choice to hire a carer if needed, Svitlana talks about the necessity due to her family trajectory: "Well, what should I do if…it's unknown whether my daughters will return to Ukraine, or whether someone will return. Because there's no one left there, you know." Comparing the two care cultures she has experienced, Svitlana notes that some Ukrainians do hire carers for older relatives, though limited finances make this rare. She recalls her late brother, for whom her nephew first arranged live-out and later live-in paid care: "He had everything like in Italy, and even better." Because her nephew worked as an IT specialist abroad and had the means, Svitlana believes that her brother could live out his old age "in peace and dignity." The woman contrasts this story with the story of her sister, who also needed to be cared for in her last years, but her family had to provide the care themselves, as they had no funds to hire anybody: "They didn't have the money to take care of her like we do here in Italy, you know." Svitlana's account thus normalizes paid care and implicitly favors it over family-provided care. Moreover, she expresses regret and guilt about not having been able to arrange comparable support for her late mother.

While Ukraine does not have the classic "migrant in the family" model, and it firmly occupies a "sending country" position in transnational care chains, paid home care is becoming more widespread in Ukraine than institutional care (see Dutchak et al., 2026). Our research suggests that experience working in the transnational care chain, and the impact of migration on families, lead to the normalization of hiring a carer for seniors in Ukraine. As Zoya initially rejected and condemned the idea of residential care for older people, some others have also perceived the idea of a family hiring a carer as "barbaric," even when already working as migrant carers in Italy. With time, though, as the women recall, some started to perceive it as a better option so that an older person "won't be alone." Svitlana and several others express regret that they did not have the financial means to hire a carer for their senior relatives. Some interlocutors also explicitly refer to the necessity of paid care and its normalization due to migration, because "the situation is such that almost everyone has left." This normalization of paid care due to migration is, however, not universal. Zoya, for instance, expresses guilt about unfulfilled family obligations and the moral dilemma of working as a migrant carer while being unable to care for older relatives:

> I have an older sister…she is at home, and she helped my mother, my grandmother. Thank God, we did not have to choose—should we return, should we send this person to the *didornia*, or should we look for somebody…who will help my grandmother. Many have encountered this, and it is a terrible problem. It is a terrible problem, because it is immoral: You take care of one person here. You help, you do not leave, and at home someone takes care of your mother.

The two elements—the normalization of paid home care and the moral obligation of family care—can even be present in the story of one person, which is also the case with Svitlana. Although paid care figures prominently in her imaginary of the future, and she holds actual arrangements of this kind in high esteem in her family, Svitlana also admires the fellow migrants who returned to Ukraine to care for their older parents themselves:

> Even here from Italy now there are women who have gone and are taking care of their father or mother. They accompany them on that last journey and sit with them there. They left Italy, young, but they say: "We have to. This is our duty." And that's very good. And I have such respect for them, great respect. I say: "Oh, this is a nice upbringing."

Conflicting opinions are present not only in Svitlana's story, but in those of other carers too. Zoya, despite framing her two decades in care migration as "not a job," speaks highly of residential care in Italy and envisions paid home care for herself. Maria, though strongly committed to familialistic arrangements, ultimately joined her siblings in hiring a relative to care for a parent. Contradictions between perception of one's job, actual care arrangements and opinions about them, as well as within future imaginaries, were not rare in our research. On the contrary, they were present in the stories, reflections, and imaginaries of the majority of women we talked to, pointing to the very core of care uncertainty and inequalities in transnational care chains.

7. "It Will Be as God Wills": A Discussion of the Contradictions and Uncertainties in Transnational Care Chains

While the literature on future imaginaries often engages with collective or social imaginaries (Oomen et al., 2022; Suckert, 2022), individual imaginaries are part of the puzzle to understanding present inequalities and

related future uncertainties within which people search for their pace and place (Bazzani, 2023; Cantó-Milà & Seebach, 2024; Vignoli et al., 2020). Naturally, contradictions in future imaginaries can be partially attributed to personalities and doubts people commonly have. In line with the literature that interprets imaginaries of the future as "a powerful way of interpreting [the] present as well as the past" (Cantó-Milà & Seebach, 2024, p. 299), we argue that such imaginaries are often firmly situated in the present situation of care migrants: uncertainties in their lives and trajectories in gendered transnational care chains, and their shifting between different welfare and care regimes in the global system of care inequality.

These uncertainties are clearly present in women's narratives: There are many *ifs* and stipulations they voice, trying to envision and imagine their older age. Some of these are framed quite specifically: "If I suddenly end up being alone" or "If my daughter won't come back from another country." Most, however, are abstract and general: "My future will be like everyone else's," "It is unknown what awaits," "It can neither be programmed nor planned," "No one can know that," and repeatedly—"It will be as God wills." This type of narrative demonstrates the lack of control these women feel about their future, conditioned by transnational care inequalities, shaped by their trajectories in transnational care chains, and their lives split between the two countries yet not fully embedded in either.

In separate cases, this unsettlement leads to hardship, almost to the impossibility of imagining care in the migrant's old age. The imaginary can be built around the hope that she will not need care, which, beyond uncertainty, also relates to one's desire to stay independent and to one's fear of becoming a burden for relatives (as in Maria's imaginary: "To say goodbye, go to bed, and never get up again"). In other cases, the uncertainties can even lead to negation and the rejection of both the future and care altogether: "I won't need to be cared for," "I'll tell you the truth; I won't live to retire," or "If I live to see old age at all." This impossibility of imagining adequate care for them or hoping it will not be needed reflects the radical absence of a visible track between where they are now and their idea of sustainable aging and senior care.

In other words, some of these women feel that there is no good place for their aging—neither in Italy, nor in Ukraine, as they are (dis)located between the two countries—"You are neither here nor there," says one of them. Another explains:

> And our Ukrainians get such a tiny pension in Italy. And, indeed, it's a very sad picture here. I don't know where they will be. It's good that they have some men with whom they live, but no one is obliged to take care of them. Some women I know, they don't even have anywhere to return home…and they don't want to return to Ukraine themselves, because they have already become estranged from their relatives.

Yet another layer of instability in their life situations and future prospects was added after 2022 with Russia's full-scale invasion of Ukraine. While some of the women still plan to return home, or dream of going back, others say they have started going to Ukraine less frequently, and their doubts about possible aging there have increased. For some, these doubts are partly due to their families fleeing the country because of war. Hence, they have nobody to go back to, and nobody to expect care from there. For others, the doubts are caused by the physical danger, the resulting economic crisis, the decline in social provisioning, and the increasing unpredictability of the country's future in general:

> How can I say now that I want to be in Ukraine? How will I get to Ukraine? Will I wait until the children have to give me a piece of bread? If I am healthy, I will work, and I will have my piece of bread….If I saw that there was work in Ukraine, that the war was over, jobs had appeared, then the situation would be different—I would leave everything and go. And if I see that there is a war in Ukraine, then where should I go?…I don't know. I don't see the point in going home now.

Despite widespread feelings of limited control, some of the Ukrainian care workers in Italy not only try to imagine what is coming, but also build narratives of the future, describing a relatively planned path toward sustainable aging and strategies they employ to cope with future uncertainty. Many of these strategies concern material security in later life. For instance, women may own property in Ukraine (as in Larysa's reference to her "house with all the conveniences" in her imaginary), or acquire housing in Italy during their working lives. Others envision access to an Italian pension, contingent on long-term legal employment. Finally, some save money specifically for when they are older.

Saving, however, contradicts one of the roles commonly assigned to migrant women in Ukraine. The decision to "leave children behind" challenges the dominant gendered norms of motherhood and is typically legitimized through the narrative of "migration as sacrifice" (Fedyuk, 2012; Tyldum, 2014), in which earnings are remitted to the family. Yet our research shows that some women emphasize saving as a necessary strategy, often encouraged by fellow migrants or close family members—most commonly adult children. This orientation is also promoted by parts of the Ukrainian Church in Italy. Given the large presence of migrant women in their congregations, some church representatives are closely acquainted with their lives and actively intervene in support of a more concretely planned future. As Svitlana explains:

> My daughter says, "You should save up for yourself so that you have something for old age." How long will that old age be?…This is life, unpredictable. But it's better to have something to fall back on. The priest always tells us that. Always, for many years now….He keeps saying: "Be wise, don't give everything to your children, don't give everything to your grandchildren—leave some money for yourself. God forbid, you get sick, or you return home"….It's true, you know. Because I even had such acquaintances, a friend, and she gave away all her money, down to the last penny. And then she didn't even have enough to top up her phone.

Another of our interlocutors' strategies for dealing with uncertainty was to rely on personal relations. These are, first of all, preexisting family relations: Women can expect that their constant support for their family will be reciprocated through family support and care for them in old age: "My daughter and my good son-in-law are waiting for me….I think they won't kill me, because I supported them. They're not like that, so I think everything will be fine. I have hope in God and in them." Other women can rely on their intimate relationships or a marriage to a local man as a way of settling their present and future; one of the women we talked with married a close relative of an older lady she cared for. Another married a more settled fellow Ukrainian migrant. Sometimes the material and personal relations strategies closely link and even intersect, forming a complex moral economy of migration (Fedyuk, 2021). For example, one woman hopes that the value of her house back in Ukraine and the prospects of inheriting it after her death can secure care from her relatives in the future. Another got her Italian apartment because of her close personal relation with a senior client—she inherited it after the client's death.

In any case, most of the migrants' strategies for dealing with uncertainty are individual and individualized. While the individualization of the future has become a general trend in the context of neoliberal globalization (Cantó-Milà & Seebach, 2024, p. 303), the individualization of these women's futures is additionally amplified by the lack of any actual systemic solution to the challenges of migrants' aging. In her search for a more collective path, Zoya shares an internal joke present among her fellow migrants: "We laugh—there are friends with families here—we say to them, 'Oh, what loans, what apartments, let's buy a *didornia*, buy one for Ukrainians. We will play Ukrainian music; they will take care of us.'" She says this as a joke, while a priest from the Ukrainian Church in Italy articulated the same idea as an actual proposal. This suggests that the Ukrainian Greek Catholic church, as a key institutional actor in migrants' lives, does not anticipate support for them in old age coming from elsewhere.

Finally, despite having very different care imaginaries, two of our interlocutors expressed their dream to open a *struttura* after going back to Ukraine—to apply their experience in senior care back at home, because, as Vita explained, she wants "to see our grannies and grandpas [to be taken care of] like here." While it does run along similar lines to others' desires to contribute to their families, communities, and home society—in their words: "To give back my love," "To do something useful," and "To join in with something"—Larysa's and Vita's future imaginaries are saturated with their professional experience in the Italian care sector, and they are driven by the will to apply it to make a difference, no matter how vague the prospects for realizing those imaginaries may be.

8. Conclusion

In summary, in this article we have argued that migrants' engagements in transnational care chains shape and restrict the possibilities of care arrangements they see and wish for—because of care inequalities, on the one hand, and because of migrants' professionalization, on the other. By exploring the relations between the lived experience of senior-care work, migration, and transnational care chains with the migrants' imaginaries of their own future, we noticed that these connections are not straightforward. Their imaginaries are shaped by experiences of transnational care chains, in which care work is both a professional career and a family obligation. In between these two poles of care obligations, women predominantly find little stability, structural support, or clarity regarding their own prospects in old age.

Furthermore, the three groups of care imaginaries we identified among Ukrainian migrant care workers in Italy are impacted by both the cultural attitudes they carry over from the Ukrainian familialistic model, and those attained through formal and informal professionalization while working in the Italian senior care sector. And while the link between the various imaginaries and their professional trajectories is ambiguous, it is more visible for those who passed through the bottleneck of formal professionalization.

Our research confirms the conclusion in the existing literature that projective capacities are not equally distributed among the population (Bazzani, 2023; Suckert, 2022) and interlink with socioeconomic inequalities. While, for some of the women, imagining future care is close to impossible, certain others nevertheless attempt to build a narrative of the future. In so doing the women are trying to counteract the uncertainty of their future care through a number of strategies. Some rely on family relations, placing hope in children returning the favor after their years-long financial support. Others feel empowered by professionalization, relying on building up their (often-limited) labor-entitled welfare, savings, and the roof

over their head, either acquired or sustained during their working lives. When (dis)location is present, Ukrainian care migrants predominantly rely on their own resources and individual solutions to counteract the systemic uncertainty of their future aging and care. This perfectly fits in with the logic of the migration labor force as described by Berger, Anderson, and others: It is replaceable and self-sustained, and it will take care of itself. This conclusion mirrors the gendered critique of transnational care migration, which states that migrant women shoulder not only low-paid challenging jobs in difficult working conditions but also carry the burden of absent transnational agreements and national welfare regimes, which are increasingly withdrawing from the spheres of care and social protection.

With the exception of those few imaginaries about senior care in a *struttura*, there is hardly any state—neither Ukrainian, nor Italian—visible in the women's future. Their years-long embeddedness in transnational care chains produces a (dis)location of care for these migrants caught between the two welfare systems, with no proper place for their aging in either. This (dis)location, combined with an unsettled migration status, inequalities linked to transnational care chains, and often loosening family relations because of the distance, all create feelings of uncertainty about the future and their lack of control over it. All this results in care migrants' imaginaries often being controversial, bouncing back and forth between desirable and undesirable, possible and unpredictable, as women imagine their future in the system of care inequality, where no clear-cut path to aging with dignity exists for them.

The rarest imaginary regarding possible solutions for migrants' aging was the dreaming about community care. On seeing the adequate care in the Italian residential facilities, the women also see that they are hardly entitled to a place there—as they are not entitled anywhere. The ideas of a community, a *struttura*, that could be organized for aging workers, a theme that we saw recurring in our interviews, points to an important realization: an attempt and a manifestation of the women's desire to reclaim their agency despite the care inequalities embedded in their life and work in Italy, and against all odds.

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Conflict of Interests

In this article, editorial decisions were undertaken by Ulf R. Hedetoft (University of Copenhagen).

Data Availability

The ethnographic data on which this study is based are confidential and cannot be shared in accordance with research ethics commitments made to participants.

LLMs Disclosure

OpenAI's ChatGPT (GPT-4) was used to improve the grammar of the text.

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