

Reviewer 2.

Dear reviewer,

Thank you very much for the feedback. We have prepared a table below which shows the changes we have made based on your feedback. In case it is also useful, we have included the feedback from the other reviewer, as we believe some of the suggested changes also correspond to the feedback you provided. Please also note that the lines referred to in the action and response column refer to the track changes version of the article.

Feedback	Action and response
Overall	
I thoroughly read your paper and found it quite interesting. You are addressing a very important topic in the field of elder care against the demographic situation and development in Italy. Nonetheless, I fail to see the link(s) to the scope of the journal "Sustainability". In the following, please find my comments.	Thank you very much for the feedback. Concerning the link to the journal "Sustainability", we believe that this article fits into the topic of "Health-related aspects of sustainability". We also think that this article fits into the special issue that it was submitted for, which focuses on "'Sustainable Care: Facing Global Ageing More Effectively". Under this special issue, we believe that the article touches on several themes outlined in the special issue. These include: • Ensuring an adequate supply of well-trained and highly skilled care workforce becomes a priority within such systems. • Ensuring the dignity and wellbeing of those requiring care and support through high quality and enabling support • How migration and mobility contribute to, or hinder, the effectiveness of sustainable care systems • The workforce, emotional work and quality of care • The interplay between individuals, their families, the formal care workforce and systems of care. To make the links to the issue and sustainability clearer, we have revised the aims Objectives and aims section (1.5), which starts on line 179. This includes taking about affordability of care, working conditions for MCWs and objective care burden, quality of care, and skills training for MCWs. This also includes references to SDG targets 3.8 (line 186), 8.8 (line 192), 5.2 (line 194), and 4.3 (line 195).
1. Introduction	
1.1. Put line 48 to 53 at the beginning.	This paragraph has been moved and now starts at line 34 in the article.
1.2 and shorten sub-section	This section has been shorted (starting line 62), with some less relevant information condensed, for example around overtime hours, estimations of the total number of MCWs employed outside the formal economy, and a streamlining of information around the cash for care scheme (IdA).
1.3. Sub-section 1.3 presents the Behavioural Model of Health Service Use. This sub-section is very important and	Section 1.3 is now titled "Behavioral model of health service use". This starts on line 135. We have moved the previous literature on the predictors of hiring paid care workers to a new subheading, 1.4, which starts on line 162.

should be a separate section.	
1.4. Please revise sub-section 1.4. Point out the research gaps (see line 163ff), insert relevant sources and make clear the purpose of the paper.	This is now included in section 1.5., starting on line 179. This now points out several research gaps, including the following text (starting on line 197): “First, concerning the socio-economic predictors of hiring live-in MCWs among older adults with long term care needs. The BH model details that the individual financing of health care plays an important role in access to health care services [37]. Barbabella et al., noted that receiving the IdA is an enabling factor in hiring a live-in MCWs in the Marche region of Italy. However, there may be other enabling factors not covered by this study that influence the odds of hiring MCWs, including the individual and household income of the person in need of care and if they have access to social security benefits. Second, studies by Barbabella et al., [19], Meyer [8], and Rugolotto, Larotonda, and van der Geest [21] have shown that there may be some financial barriers to hiring live-in MCWs. However, to our knowledge there is currently no data available on if those that hire a live-in MCW have difficulties in affording this cost. Lastly, while there has been extensive qualitative research that details the around the clock nature of live-in care work in Italy (see: [22,29,35,49,50]), there is little quantitative data on the number of hours of care provided by MCWs, the care tasks they perform, or people in need of care’s views on the care provided.” Likewise, the aims have been changed to (starting line 231): “Consequently, and in the context of the Marche region of Italy, this study has three main aims: 1. To determine the predictors of hiring a live-in MCW among adults with long term care needs 2. To analyze the costs and any financial barriers associated with the hiring of live-in MCWs by people in need of care and their informal caregivers 3. To investigate the objective care burden, tasks provided, and perception of care provided by live-MCWs”
1.5. Line 170 to 173 present results. This information need to be shifted to the “Results” section.	These lines have been removed as they were already covered in the results section. Likewise, some of the revised aims covered the issues previously shown in lines 170-173. This included the following aims (see lines 234 and line 236): 2. “To analyze the costs and any financial barriers associated with the hiring of live-in MCWs by people in need of care and their informal caregivers; 3. To investigate the objective care burden, tasks provided, and perception of care provided by live-MCWs.
2. Materials and Methods	
2.1. Insert a paragraph on the research design	Research design is now included under section 2.1 on line 244. This includes (starting line 254):

and the methodological steps.	“The survey was conducted in all 13 districts of the Marche region (see Figure 2). In order to ensure the highest correspondence between the sample selected for this study and the universe of older people with LTC needs living in the Marche region, the share of the population over the age of 75 with “severe limitations in performing usual activities” was estimated for each of the 13 districts. This was stratified by age (using three groups: 75-79, 80-84 and 85+) and gender. The resulting data were then used as a basis to identify the number of respondents to be interviewed in each districts. The family caregiver most involved in providing daily support (i.e. the “primary” caregiver) were asked to respond to the questions concerning informal care related issues.”
2.2. Data: As I understand for this paper data from a primary study is used (see line 177ff). Please insert the source and explain whether and what findings have been already published (elsewhere).	A sentence has been added on line 248 stating: “An overall report on the methodology and the main descriptive findings emerging from the study has been published, however the findings presented in this article have not previously been presented [51].”
2.3. Please describe the study setting more precisely, (maybe) provide a map and explain the particularities of Marche region relating to elder care and caregivers’ support needs.	A map of the Marche region and the 13 health districts has been added on line 268. We have also explained the situation of the Marche region in relation to the rest of Italy starting on line 246: “This is an area that, in terms of availability and use of LTC services like home care and residential care, lies in the middle of an ideal ranking of Italian regions, and therefore can be useful to understand the specificity of the Italian case”.
2.4. Measures: Please provide information on sampling and data collection.	Information on sampling has been included starting on line 256: “the share of the population over the age of 75 with “severe limitations in performing usual activities” was estimated for each of the 13 districts. This was stratified by age (using three groups: 75-79, 80-84 and 85+) and gender. The resulting data were then used as a basis to identify the number of respondents to be interviewed in each districts.”
2.5. Insert the questionnaire(s) (annex). Did you apply two different questionnaires for the cared-for people and the caregivers?	We have attached a copy of the questionnaire(s). However, as they were administered in Italian, they are only in Italian. Two different questionnaires were used and the following line has been added on line 299: “Separate questionnaires were used for people in need of care and informal caregivers.”

2.6. For “Sustainability” is not a medical or healthcare journal like “IJERPH” or “Healthcare” (both also MDPI) an explanation of The Barthel scale is necessary.	We have added an explanation of the Barthel index as well as Fillenbaum’s scale, this starts on line 281: “The Barthel index is an internationally validated and widely used tool to evaluate an individual’s ability to carry out various basic activities of daily life (ADL) [54]. This includes the ability to feed yourself, take care of yourself, move around the house, dress yourself, manage personal hygiene, including washing yourself and the absence of urinary and/or faecal incontinence. A higher overall score shows a higher degree of self-sufficiency [56]. The instrument by Fillenbaum aims to identify impaired functional activity among older adults based on the ability to complete five types of IADL tasks. This includes if they are able to get to places out of walking distance, go shopping, prepare their own meals, do their own housework, and manage their own money [55,57].”
2.7. Data analysis: Please explain “VIF” (line 250).	I expanded the acronym (line 281) to “Variance Inflation Factor “
3. Results	
3.1. This section is confusing and difficult to read. Please present the empirical findings in a theme-centred manner. Please rename the sub-headings and use theme-focussed titles.	We have made several changes to make it easier to read and to better present the study findings. The results are now made up of several theme based sections, which include: <i>3.1 Characteristics of those that hired or did not hire a live-in MCW</i> For this section, we removed the study sample information and have now included this as a separate subsection on line 310, as we thought the sample information might get confused with the results. <i>3.1.1 Socio-demographic factors and health status</i> This focuses on sociodemographic factors including gender, education, age etc of both the person in need of care and informal caregiver. Likewise it also includes the ADL score of the person in need of care. <i>3.1.2 Support services</i> This includes information about the use of social services, for example cash for care allowances (IdA, social pensions etc). <i>3.2 Predictors of hiring live-in MCWs</i> This focuses on the binary logistic regression, which has been moved up from the last version of the article. This was because the analysis is the next step from the analysis from section 3.1. <i>3.3 Characteristics of care provided</i> This focuses on the number of hours of care, skills training and perception of care, and the types of care tasks provided. <i>3.4 Financial aspects of care provision</i>

	This focuses on the financial aspects of hiring a MCW, for example difficulties in affording hiring. We have also moved the following two variables to this table from table 4, as they fit more to the theme of table 5. • The cost spent per month on hiring a migrant care worker in euros • The migrant care worker received on or above the minimum wage for those caring for an older adult with long-term care needs
3.2. This section presents facts. Consequently, assumptions and conclusions need to be avoided (line 279ff).	All assumptions and conclusions have been removed from the results section
3.3. Table 1 is unreadable. Please, split into two tables – one for presenting the results for the “Person in need of care”, one for “Informal caregiver”). Insert a reference to Table 1 in the text. The same applies for Table 4.	Table one has been separated. It now includes a table based on the informal caregiver starting on line 488. Then table 2 which focuses on the person in need of care is on line 502. A reference to both tables is included at the start of the section, on line 396: “Table 1 provides an overview of predisposing characteristics and enabling factors of informal caregivers, based on if they provide care for someone that hired or did not hire a live-in MCW. Likewise, table 2 provides a summary of predisposing characteristics, enabling factors, and needs characteristics of people in need of care, based on if they did or did not hire a live-in MCW.” For table 4 (which is now table 3 due to rearranging some of the results), we have kept both factors relating to the person in need of care and the informal caregiver in one table. This is because all variables are included in the same logistic model and should therefore be included together. However, we have more clearly marked which factors relate to the informal caregiver and which refer to the person in need of care, to make it easier to understand and read.
4. Discussion	
4.1. This section lacks context to sustainability. Please, interlink your findings with the SDGs and the spatial context.	We have gone through the discussion and more clearly linked the text to the SDGs. We thought that the best place to make these linkages was in section 4.2 on Implications for policy and practice (starting line 614): This includes: Starting line 624: “Increasing the number of MCWs with formal employment status will help to reduce some of the precariousness present in the sector, and to minimize the gap between the formal and informal care market [10]. Likewise, it may also assist in meeting SDG target 8.8 on protecting labour rights and the promotion of safe and secure working environments of all workers, including migrants, and especially women migrants [48]”; Line 643: Increasing the affordability of the care market will also aid in meeting SDG target 3.8 on achieving access to quality essential health-care services [44]; Line 640: Education campaigns run by the Italian government around the value of paid and unpaid care work may assist in increasing how society values care work and may therefore reduce the number of hours MCWs are expected to work [45]. Likewise, it may also offer an avenue to meeting SDG target 5.4 on recognizing

	and valuing unpaid care and domestic work, therefore assisting not only MCWs but also informal caregivers [47]; Line 645: To increase the quality of care provided and to provide MCWs with more long term career opportunities, the Italian government must prioritize skills recognition and recognition of prior learning (RPL) systems [60]. This will help with reaching SDG target 4.3 on ensuring equal access to affordable quality technical, vocational and tertiary education; Line 658: [63]. Similar to increasing the formality of the MCW market through increased regulation, labour rights inspections offer an avenue for achieving SDG targets 8.8 on protecting labour rights and the promotion of safe and secure working environments of all workers, including migrants, and especially women migrants, and target 5.2 on eliminating all forms of violence against women in the public and private spheres [47].
4.2. Insert a sub-heading above the paragraph which deals with the limitations of your study (line 448).	Limitations are now a separate subheading starting on line 663. We have also split the rest of the discussion into other subsections, including: 4.1 Links to existing literature 4.2 Implications for policy and practice 4.3 Limitations
4.2 Conclusions	
5.1. This should be a separate section. Moreover, I would like to ask for more specification.	We originally did not include a conclusions section, as it was optional under the Author guidelines for the journal (“Conclusions: This section is not mandatory, but can be added to the manuscript if the discussion is unusually long or complex”). We now have a separate conclusions section which starts on line 687: “Despite these limitations, this study builds upon and addresses research gaps from past studies to update and enhance our understanding of the socio-economic factors that influence the recruitment of live-in MCWs in Italy, the objective care burden placed on MCWs, and the financial barriers that people in need of care and informal caregivers face in hiring MCWs. The combination of findings presented in this article point to several areas of concern regarding the sustainability of the Italian MCW. These include, potential barriers for informal caregivers with low levels of formal education to facilitate the hiring of a live-in MCW for the person they care for, financial difficulties resulting from the hiring of a MCW for people in need of care and informal caregivers, low levels of formal skills training related to care work for MCWs, and a high objective care burden and wages below what are outlined in the collective bargaining agreements for MCWs. Addressing each of these issues will help to ensure equality in access to and high quality care for older adults with LTC needs, and decent work opportunities for MCWs. While this study only focuses on the Marche region of Italy, the results may provide insight into the situation of the estimate 2.6 million older adults with LTC needs in Italy, and partly also offers reflections for the many other countries in which the phenomenon of hiring live-in MCWs is widespread [10]. “

Response to Reviewer 1.

Feedback	Action and response
3. Results	
3.1. Also, I think that the conceptual framework, research method and data analyses in this paper are very academic and appropriate. However, they are so diverse that they appear to be a bit inconsistent.	We have made some changes to the results section based on this suggestion and the feedback from the other reviewer (see comment 3.1 from reviewer 2). This has focused on restructuring the results section into different theme-based sections, which we believe makes it easier to read for the reader and also clears up some inconsistencies between subsections. These sections include: <i>3.1 Characteristics of those that hired or did not hire a live-in MCW</i> For this section, we removed the study sample information and have now included this as a separate subsection on line 310, as we thought the sample information might get confused with the results. <i>3.1.3 Socio-demographic factors and health status</i> This focuses on sociodemographic factors including gender, education, age etc. of both the person in need of care and informal caregiver. Likewise it also includes the ADL score of the person in need of care. <i>3.1.4 Support services</i> This includes information about the use of social services, for example cash for care allowances (IdA, social pensions etc). <i>3.2 Predictors of hiring live-in MCWs</i> This focuses on the binary logit regression, which has been moved up from the last version of the article. This was because the analysis is the next step from the analysis from section 3.1. <i>3.3 Characteristics of care provided</i> This focuses on the number of hours of care, skills training and perception of care, and the types of care tasks provided <i>3.4 Financial aspects of care provision</i> This focuses on the financial aspects of hiring a MCW, for example difficulties in affording hiring. We have also moved the following two variables to this table from table 4, as they fit more to the theme of table 5: • The cost spent per month on hiring a migrant care worker in euros; • The migrant care worker received on or above the minimum wage for those caring for an older adult with long-term care needs.
4. Discussion	

4.1. Also, in the 3.Results and 4. Discussion, It cannot be said that there was any findings that surpassed the previous studies regarding the Italian case.	While some finding results are similar to past studies, we think this article covers a few different research gaps, which are included on line 197: “First, concerning the socio-economic predictors of hiring live-in MCWs among older adults with long term care needs. The BH model details that the individual financing of health care plays an important role in access to health care services [37]. Barbabella et al., noted that receiving the IdA is an enabling factor in hiring a live-in MCWs in the Marche region of Italy. However, there may be other enabling factors not covered by this study that influence the odds of hiring MCWs, including the individual and household income of the person in need of care and if they have access to social security benefits. Second, studies by Barbabella et al., [19], Meyer [8], and Rugolotto, Larotonda, and van der Geest [21] have shown that there may be some financial barriers to hiring live-in MCWs. However, to our knowledge there is currently no data available on if those that hire a live-in MCW have difficulties in affording this cost. Lastly, while there has been extensive qualitative research that details the around the clock nature of live-in care work in Italy (see: [22,29,35,49,50]), there is little quantitative data on the number of hours of care provided by MCWs, the care tasks they perform, or people in need of care’s views on the care provided.”
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