



THE ROLE OF MIGRANT LABOUR IN MEETING EUROPEAN CARE DEMAND

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Abstract

This position paper maps the role of immigrant labour in meeting the needs of European child and elderly care and presents policy recommendations along the lines of the socio-ecological transition that could lead to more dignified and fair conditions for carrying out care work. National welfare regimes in Europe increasingly rely on immigrant care workers and, in the context of European immigration care chains, different mixtures of state- and market-based policies shape national care regimes and sustain and reproduce inherent inequalities of care chains. The paper summarises the main results of the related Working Paper on two transnational care chains formed by four EU member states (Italy, Poland, Romania and the United Kingdom) and Ukraine. It indicates that across the EU, the care sector lacks the structural reform that would transform it into a sector of dignified work and career opportunities. Our major finding is that national policies are typically shaped along the line of least resistance, ignoring raising demand for care, continuing the structural shrinkage of formal care and turning to monetary subsidies and relying on cheap immigrant labour. This reflects fiscal and market pressures rather than a long-term strategic approach towards employment in the care sector along the lines of the socio-ecological transition, such as reducing gender inequalities or opening up the sector for vulnerable groups. In the emerging state-market mix, the key feature of state policies is the aim of regulating migration flows that supply market demand for cheap care labour.



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1. Introduction

Within the NEUJOBS focus on socio-ecological transition (SET), the role of care work stands out as a crucial component of the “comprehensive change in the patterns of social organisation and culture, production and consumption as humanity progresses beyond the current industrial model towards a more sustainable future” (Fischer-Kowalski and Haberl, 2007: 8-9). This transition is coupled with national changes in welfare principles; first and foremost, a shift from state-provided and institution-based care towards subsidised, informal and private care. In addition, it implies higher expectations of female participation in the labour market. NEUJOBS WP13.2 (Fedyuk et al., 2013) conceptualised care work as a rapidly expanding sector potentially providing new opportunities for decent employment, especially for women. In this context, care work allows mostly women to pursue professional careers by relieving them of some of the care responsibilities traditionally resting on women. However, the processes shaping the social and labour market status of care workers are embedded in complex hierarchies and power relations between the employer and employee, as well as inequalities linked to gender, ethnicity, nationality, race, and citizenship status.

This Position Paper summarises the main policy findings of NEUJOBS WP 13.2 through the lens of this double perspective of the expanding care sector. On the one hand, care sector is considered as a dynamic socio-economic segment providing new and better opportunities for female employment, and on the other as reproducing and reinforcing existing social and labour market inequalities. The main statement of our

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position paper, based on the findings of WP 13.2, is that EU member states tend to neglect the potential of the care sector and until now they have failed to introduce comprehensive institutional reforms, typically following the path of least resistance. This means a lack of national-level policy responses to changing demand for care along the lines of SET; policies according to the principle of least resistance instead reflect short-term fiscal and market pressures by pushing the care responsibilities more and more into the family sphere and relying on particular market-based solutions. The practices of recommodification of care are coupled with a specific labour demand directed first and foremost towards immigrant women, as the purchase of domestic care services on sub-standard wages and employment conditions are typically unacceptable for native workers. Indeed, *these policies do not support the creation of dignified jobs in the care sector, but rather reinforce the feminisation of care work, more precisely, the predominantly informal employment of migrant women in domestic care while endorsing labour market segregation.*

2. Background and main empirical findings

2.1. Conceptualisation: care work and care chain

For the scope of *care work* we use a broader definition that includes not only direct care for persons, but also “other necessary activities that provide the preconditions for personal care-giving such as preparing meals, shopping and cleaning sheets and clothes” (Razavi, 2007: 6). This definition of care work encompasses any work that allows some (mostly women) to join the labour force and spend less time in unpaid domestic work (providing care for children, the elderly and sick) and also creates opportunities for others (again mostly women) to take paid employment within the domestic sphere.

In our policy-driven analysis, by *care chain* (Orozco, 2009) we refer to the movement of women out of reproductive labour in their families into the productive, commercialised sphere of providing similar care and domestic services for money in more affluent economies of the world. It allows women to join the labour force as well as requiring a substitute for their role in the family. Substitutes are recruited from

among other women, who in turn also seek to substitute their absence from their own homes by various care arrangements.

2.2. Methodology

Our research task, especially the study of the predominantly informal nature of migrant domestic care work, limits our methodological choices. The main findings derive from small-N qualitative country case studies. The logic behind the country selection in our study was two-fold. From the selected five countries, the four EU member states were chosen to show the diversity of the welfare and care models in Europe. We also selected the countries according to their position in the European and global care chains. From the four EU member states, the two older members are obviously receiving countries; among them, Italy belongs to the Bismarckian (continental conservative) regime (and the Southern European subtype within this), while the United Kingdom represents the liberal welfare regime. From the two new post-socialist member states, Romania is a sending country, while Poland has been recently repositioned as both a sending and receiving country. Indeed, the chosen countries represent two care chains: Italy-Romania and the United Kingdom-Poland-Ukraine, respectively.

2.3. Main findings

Looking at the intersection of care, employment and migration regimes allowed us to grasp in a more nuanced way the role of state- and market-based policies in the European transformations of care demand and supply. The close look into five country cases indicates a tendency for state withdrawal from institutional or formal provisions of care, substituting it with monetary subsidies, tax reductions and encouraging family-based or other informal solutions for care.

Privatisation of care, over-representation of migrants in this labour sector and a combination of national migration policies that regulate this labour flow are shaping the existing state-market mixes in different care regimes. National regulations of migration flows may, in particular, feed the market-based care demand. In the aftermath of the global economic crisis and the subsequent European debt crisis, EU member states perceived a sensitive policy dilemma: the need for protection and

securitisation of their borders and labour markets versus the demand for cheap labour in certain sectors, particularly in the light of an ageing, shrinking working population and a skills shortage. Migration has thus become not only a private solution for care shortages within individual families, but has also been reluctantly incorporated into the national care regimes, giving rise to such new care models as “migrant in the family” and “migrant-in-the-market” (Bettio et al., 2006; Van Hooren, 2011). The concept of transnational care chains allows us to explore what types of occupational opportunities and labour conditions for women of different ages, legal status and ethnicity emerge on both ends, i.e. in the countries that send and receive migrant care workers.

In the *United Kingdom*, a wide range and medium degree of generosity of monetary allowances, cash provisions, direct payments, tax reductions and insurance schemes allow the purchase of informal home care for children, the elderly and those in need of other forms of long-term care (state). In addition, the state provides special opportunities for au-pair and immigrant domestic workers through special national immigration policies, which ease the inflow of cheap labour into this sector. Such state policy shapes the market prices of the labour, making it cheap and accessible to households with a wider range of incomes. Similarly, state immigration policies such as restricting further employment of au-pairs or excluding the possibility for accompanying domestic workers to change employers increases workers’ dependence on employers and brings down the price of care labour even further (Cangiano et al., 2010; Moriarty, 2010; Williams, 2012). This state-market policy mix has created a “*migrant in the market*” care model in the United Kingdom (van Hooren, 2010).

In *Italy*, traditionally weak institutions of care privilege the “male breadwinner/female carer” model characterised by high private financing, with informal care being a necessity. Despite such high reliance on informal care and private spending, Italy has not developed policies on informal care, regulation of labour in care sector or employer/employee protection regulations (Da Roit and Le Bihan, 2010; Dandi et al., 2012). Instead, the Italian state has been most active in determining the immigration policies that directly and primarily concern immigrant care workers – a source of relatively cheap labour (Näre, 2013). A number of legalisation policies and

immigrant occupational and national quotas has created a “*migrant-in-the-family*” care model in Italy (Bettio et al., 2006; Van Hooren, 2011), providing a symbiotic state-market policy mix in which the state, through its national regulations on immigration control, allows for a blossoming informal market of care.

In *Poland*, the collapse of the socialist state has led to a rapid crumbling of care institutions coupled with a new ideological fascination with free-market models and traditionalist family divisions of labour. These transformations placed Poland at the very bottom of the European charts for provision of formal and institutional care for both the elderly and children under three, leaving Polish women as the primary carers for their family members (Heinen and Wator, 2006). At the same time, the hardships of the transforming economic system, changes in the labour market and Poland’s access to the EU triggered a massive outflow of the work force (including women into the care sector of better-off countries, such as Germany, the United Kingdom and Italy). The Polish state responded to the resulting lack of labour force in certain sectors (including care) by opening up its borders and labour markets to non-EU immigrants, particularly from the bordering states of Ukraine, Belarus, Russia and Moldova. This has provided a supply of temporary workers to gender-defined labour sectors such as construction (for men), trade, and domestic work (for women). Thus, through accessing labour markets in more affluent economies of the EU-15 and opening its own labour market to, in particular, temporary non-EU immigration, Poland secured both a sending and a receiving state position in the global care chains (Okolski and Kaczymarczyk, 2008; Iglicka and Ziolk-Skrzypczak, 2010; Lutz and Palenga-Möllnbeck, 2012).

In *Romania*, institutions of long-term care (LTC) and home care for the elderly are oriented mostly towards meeting the needs of people with disabilities, combining social and medical care in one. A lack of funding and facilities of varying quality create great discrepancies across different regions of the country, facilities being particularly poor in rural areas (Popa, 2010). Most of the care responsibilities for ageing people remain within the family confines, shared mostly among female relatives. Though there is no data on the volume of these informal arrangements, a steep feminisation of migration from Romania is very likely to affect care arrangements within Romanian

families, as thousands of Romanian women leave to take up jobs in the domestic and care sector, particularly in southern Europe (Italy and Spain) and the United Kingdom. At the same time, the Romanian policy of granting its citizenship to Moldavians created a strong inflow of immigrants (94,916 between 1991 and 2001) who migrated to Romania both to find jobs and to transit to better employment in other EU countries. Due to their status as Romanian citizens, their presence remains “socially visible, but not statistically evident” (Pantea, 2011: 4).

While Poland (and, to a lesser extent, Romania) is in an intermediary position in the transnational care chains, *Ukraine* is obviously a sending country. Ukrainian labour female labour migration in the domestic and care sector is particularly affected by informality, as the countries that hire a great number of Ukrainian domestic workers (Italy, Poland and Russia) share the lowest percentage of written contracts (Vakhitova and Coupé, 2013). The massive departure of women implies that Ukrainian women are often unable to perform their role of citizen-carer, and migrants’ children left in Ukraine (“victims of the parents’ hunger for euros”) can be considered “social orphans” (Lutz and Palenga-Möllenbeck, 2010; Fedyuk, 2011).

3. Conclusion and recommendations

NEUJOBS conceptual WP1 outlines three scenarios of global and European responses to the SET: a) no policy change (no additional policy, the European policy response remains in business-as-usual mode, defending the given mode of production and consumption; b) ecological modernisation (achieve eco-efficient production through market-based instruments, “internalising externalities”); and c) sustainability transformations (smart, lean and fair societal metabolism optimising welfare, changes in consumption (patterns and lower levels) with structural change of the economy) (Fischer-Kowalski et al., 2012). The focus of WP 13.2 on the role of immigrant labour in supplying care in the EU allowed us to identify national responses and the degree to which selected states choose to utilise the potential of the care sector. Zooming in on five country case studies allows us to conclude that, so far, the selected nations have chosen the path of “least resistance”, failing to produce national-level policy responses

to changing demand for care, and defending the given mode of production and consumption of care through families, private solutions and immigration. We see little evidence of sustainable transformations, i.e. lean and fair societal metabolism optimising welfare or changes in consumption. Instead, demand is often met by tapping into global inequalities of transnational care chains through the movement of labour, which “while creating opportunities for migrant workers, also represents a deeply asymmetrical solution between poorer and richer regions to women’s attempt to reconcile these dual responsibilities (of care and earning/providing financially)” (Williams, 2012: 373).

Thus, the skyrocketing of employment of immigrants in the care sector in the last decades, coupled with national restrictive and controlling immigration policies, effectively lower the price of care labour, making it less and less attractive to the local labour force. These regulations, we conclude, though allowing states to save on expensive structural reforms of welfare, are, in fact, short-term solutions that are neither sustainable, nor exactly in line with the socio-ecological transition of the care sector as a space of quality employment.

Care and its provision becomes an important social, economic and cultural arena for implementing the principles of a socio-ecological transition that would lead to a more sustainable ways of life. Acknowledging the inevitable and already registered growth in demand for care provision of different types, we approached care as a sector with the potential for opening up multiple employment opportunities (including for various vulnerable groups of the population) and for developing as an ecological and sustainable sector. However, our findings confirm that care work continues to be the site of the reiteration of various hierarchies and inequalities, based on gender, status, ethnicity and race, age and social class. Keeping in mind these inherent inequalities, we propose the *following policy recommendations* in the areas of care, migration and employment that would make the care sector a more attractive, inclusive and beneficial site of employment.

Care

1. There has been a noticeable increase in the demand for care-workers (for various groups, including children, the elderly and those in need of special care) in the EU, which still needs wider recognition both on the EU and the national level. Therefore, a careful, structured consideration of how to open up employment in this sector to a wider range of workers (including youth and elderly workers), and how to make it an attractive and a meaningful professional path, should be a priority for policy-makers.
2. Recent decades have seen a clear tendency in Europe to solve care demand through private solutions, rather than by means of a thorough sector reform on a state level. Such private solutions are seen as more cost-efficient solutions for national welfare (as they involve individual payments without investment in supporting institutional structures). However, several problems arise from such privatisation of care:
 - lack of control over the quality of delivered care;
 - lack of control over the quality of the working conditions for the care workers; and
 - an additional burden on the employers of the care workers, especially women, who often find themselves paying a large percentage of their earnings for private care solutions that allowed them to join paid employment in the first place.

In light of this, we call for structural reforms in labour market policies that would prioritise transforming the care sector into one of quality services and employment opportunities. This would entail the development of a system of quality control over the services and work conditions in the sector, and the creation of employment incentives and professional growth opportunities for its workers.

Migration

3. The situation with the involvement of migrant labour in the care sector increases the inequalities of working conditions within the sector in a number of ways:

- Migrants' dependence on their employers to be allowed to stay in the country and a lack of opportunity to switch employer forces many migrants (even those with regular status) to take up jobs with substandard working conditions and inadequately low pay.
- Migrants are often over-represented in 24/7 care work employment contracts or in employment without any contracts at all. The dependence of their status on their employers' decisions often leads to a lack of fair pay for uncomfortable working hours, work overload/unlimited working hours, a lack of a precise description of tasks and obligations, and a lack of protection of family rights for care workers themselves.

By eliminating these and other such substandard conditions of labour in this sector, states can not only address the quality of working conditions, but also *keep the care work sector open for the native work force rather than making it exclusively a migrant employment sector.*

4. Addressing the issue of immigrant care labour should be done in a complex and multi-layered way; not only should the costs and benefits of the receiving country be taken into consideration, but it should be seen as a complex care chain in which a surplus of care demand in one place creates the withdrawal of care in the other. Such care chains often come at a price of either increasing the burden on the welfare state or on the households of the sending countries. Therefore, cross-national welfare and social security provisions should be a priority in establishing fair working conditions for immigrant care workers. This is particularly important in the light of the ageing migrant population in the EU, and their options for active ageing and securing care in their old age.
5. Within immigrant care-workers, any differentiated access to work opportunities, welfare provisions or any other rights based on the temporary status of a migrant should be eliminated as discriminatory and creating

dependencies within the sector and differences in the quality of employment that deflate the price of care labour, disadvantaging both temporary workers and those who cannot afford to provide cheaper labour services (local workers).

Employment

6. Maintaining decent work conditions in the care sector will allow it to stay open to various categories of native (non-immigrant) workers, who might consider taking up employment in this sector due to the economic crisis and the loss of their previous job. The experience of the economic crisis has been that despite the tighter anti-immigrant measures taken by many states to protect their labour markets, no return of the local labour force has been observed to the immigrant-occupied labour market niches (e.g. construction or care work), due to highly substandard working conditions and pay in these sectors. This creates obstacles for labour mobility and adjustments of the labour force, and blocks opportunities for the development of these sectors into job-generating sectors.

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ABOUT NEUJOBS

“Creating and adapting jobs in Europe in the context of a socio-ecological transition”

NEUJOBS is a research project financed by the European Commission under the 7th Framework Programme. Its objective is to analyse likely future developments in European labour market(s), in view of four major transitions that will impact employment – particularly certain sectors of the labour force and the economy – and European societies in general. What are these transitions? The first is the **socio-ecological transition**: a comprehensive change in the patterns of social organisation and culture, production and consumption that will drive humanity beyond the current industrial model towards a more sustainable future. The second is the **societal transition**, produced by a combination of population ageing, low fertility rates, changing family structures, urbanisation and growing female employment. The third transition concerns **new territorial dynamics** and the balance between agglomeration and dispersion forces. The fourth is a **skills (upgrading)** transition, with its likely consequences for employment and (in)equality.

Research Areas

NEUJOBS consists of 23 Work Packages organised in six groups:

- **Group 1** provides a conceptualisation of the **socio-ecological transition** that constitutes the basis for the other Work Packages.
- **Group 2** considers in detail the main drivers for change and the resulting relevant policies. Regarding the drivers, we analyse the discourse on **job quality**, **educational** needs, and changes in the organisation of production and in the employment structure. Regarding relevant policies, research in this group assesses the impact of changes in **family composition**, the effect of **labour relations** and the issue of financing transition in an era of budget constraints. The regional dimension is taken into account, also in relation to **migration** flows.
- **Group 3** models economic and employment development on the basis of the inputs provided in the previous Work Packages.
- **Group 4** examines possible employment trends in key sectors of the economy in the light of the transition processes: energy, health care and goods/services for the **ageing** population, **care services**, housing and transport.
- **Group 5** focuses on impact groups, namely those vital for employment growth in the EU: **women**, the **elderly**, immigrants and **Roma**.
- **Group 6** is composed of transversal Work Packages: implications of NEUJOBS findings for EU policy-making, dissemination, management and coordination.

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