



# Converging variations in migrant care work in Europe

Journal of European Social Policy  
22(4) 363–376  
© The Author(s) 2012  
Reprints and permission:  
sagepub.co.uk/journalsPermissions.nav  
DOI: 10.1177/0958928712449771  
esp.sagepub.com

**Fiona Williams**

University of Leeds, Leeds, UK and  
University of New South Wales, Australia

## Abstract

While the employment of migrant women as care workers in European welfare states is increasing, the rate, extent and nature of this increase vary. The article draws on empirical research on migrant care work to develop links between three levels of analysis – micro, meso and macro. The main aim is to progress analysis of the meso level by developing indicators attached to three sets of regimes – care regimes, migration regimes and employment regimes. It is argued that variations emerge in the ways these three regimes intersect within any one country. These intersections allow us to look across different sites, markets and sectors of care work and, in so doing, reveal a degree of growing convergence across Europe in the employment of migrant care labour. This convergence contributes, at the macro level, to a transnational political economy of care.

## Keywords

care regimes, care work, global care chains, migration, migration regimes

## Introduction

The focus of this article is the employment of migrant women as care workers in European welfare states. This phenomenon has grown in all types of care regime, particularly in Southern European states (Bettio et al., 2006). However, the rate, extent and nature of this growth vary, and it is these variations and the frameworks used to understand them with which the article engages. It draws on empirical research to develop links between three levels of analysis – micro, meso and macro. At the micro level are the day-to-day relationships of care workers with their employers and/or people for whom they care; at the meso level are the institutional factors that

shape this relationship; and at macro level are those processes which contribute to what is called here a transnational political economy of care. The main aim of the article is to progress analysis of the meso level by developing indicators attached to three sets of regimes – care regimes, migration regimes and employment regimes. The argument developed is that variations in the employment of migrant care

### Corresponding author:

Fiona Williams, Centre for International Research on Care, Labour and Equalities (CIRCLE), School of Sociology and Social Policy, University of Leeds, Woodhouse Lane, Leeds LS2 9JT, UK.  
Email: j.f.williams@leeds.ac.uk

labour emerge in the ways these three regimes intersect within any one country. At the same time, these intersections allow us to look across different sites, markets and sectors of care work and, in so doing, reveal a degree of growing convergence across Europe in both the marketisation of care services and the employment of migrant care labour. Further, this convergence contributes to a transnational political economy of care in which wealthier national welfare states relieve their growing social reproductive costs through geo-political inequalities of interdependence with poorer regions.

The article is in three parts: the first considers the conceptual and methodological challenges of developing research on 'the global care chain' in Europe. The second uses insights from qualitative research on migrant care labour in different care regimes of Europe to develop salient indicators of care, migration and employment regimes, and to show how variations and convergence in the employment of migrant care labour co-exist in European welfare states. In the third part the link is made to the macro-level transnational political economy of care.

### Conceptual and methodological challenges

The analysis of migration, gender and care work in Europe has faced a number of challenges. These relate to the specificities of migration and care work in Europe and to how the complexities of the subject matter create problems for both conceptual definition and cross-national comparison.

Earlier work on migration and domestic/care work emerged from critiques of androcentric approaches to migration (Anderson, 2000; Kofman et al., 2000; Phizacklea, 1998), and was framed in terms of new forms of neo-colonial servitude (Anderson, 2000) or a new domestic world order (Hondagneu-Sotelo, 2001) that was exploitative, racialised and gendered. Parreñas' seminal studies of Filipina migrant women's experiences as domestic and care workers in private households in Rome and Los Angeles conceptualised the system as 'the international division of reproductive labour' (Parreñas,

2001). This work connects the micro-level of migrant women's experiences to the international macro-level through meso-level transnational institutions and networks which migrant workers create to connect across the diasporic space they and their families inhabit. Parreñas also identifies the three-tiered process when a migrant mother from the global South leaves her dependants behind in order to care for the children and household of a working woman in a richer country of the North, subsequently coined 'the global care chain' (Ehrenreich and Hochschild, 2003).

The application of an analysis of the global care chain to the increase in migrant women working in home-based domestic and care work in Europe demands some reconsideration of these concepts. First, especially in the light of the enlargement of the European Union (EU), the care chain in Europe is as *regional* as it is global (as it is in the global South). Women migrants from Central and Eastern Europe increasingly find care and domestic work in Northern, Western and Southern Europe (Lutz, 2008). In addition, the dichotomy between 'sending' and 'receiving' countries is blurred where some Eastern European countries, such as Poland, are positioned to both send and receive migrant workers (Lutz and Palenga-Möllenneck, 2010). Many European women migrants are younger than the typical 'global care chain' worker and do not have children. In addition, women migrants from South America to Spain may bring their children with them, and their mothers to provide childcare while they work. In a number of countries migrant women are not only servicing high paid professionals in the global cities of Parreñas' analysis, but work for middle income groups in rural and urban areas. They are also as likely to be caring for an older frail person as acting as a maid, cleaner, nanny, au pair or mother's help. Further, in some countries this work is also done by male migrants (Scrinzi, 2010).

These developments require consideration of another set of institutional factors: new trends in care policies and how these intersect with migration policies (Lutz, 2008; Williams and Gavanas, 2008). The EU, national European governments, and international organisations such as the Organisation for

Economic Co-operation and Development (OECD) and World Bank, have cultivated social policies based on 'social investment' that focus on investing in the human capital of all working-age adults (the so-called 'adult worker model'). These encouraged the development of work-life balance policies to ease women's employment. Hand-in-hand with these developments is the 'modernisation' of welfare policy, which ties eligibility to benefits more closely to labour market activation and emphasises a partnership between the state, the market and the voluntary sectors in the delivery of services. A further aspect of this is the emphasis on consumer choice in welfare services (Williams, 2010).

A set of contradictions thus opened up in the arena of care policies in many European states which saw, on the one hand, the recognition of public responsibility in trying to meet working women's care responsibilities but, on the other, policies that led to the commodification and marketisation of care provision (Lister et al., 2007; Ungerson and Yeandle, 2007). What emerged in many countries was a shift away from the state providing care (or in some countries, especially in Southern Europe, from relying on family care) to giving individuals *cash* payments to buy in home-based care. The UK, Spain, Finland and France all introduced some form of cash provision or tax credit to assist in buying childcare help in the home and Sweden has introduced tax breaks for people employing domestic help in the home. Various allowances, 'direct payments' and insurance allow older or disabled people or their family carers to buy in support and assistance, in, for example, the UK, Netherlands, Germany, Italy and Austria. Increasing reliance on the voluntary and especially the private-for-profit sectors to deliver care services has encouraged the development of a particular form of home-based, often low-paid commodified care or domestic help (Lutz, 2008; Simonazzi, 2009). So, although some support for care comes from the state, it is often in the private market that people will find their care services and providers. In addition, contracting-out by local authorities of domiciliary services, nursing and residential homes to the private-for-profit sector has seen a worsening of working conditions and labour shortages (Cangiano

et al., 2009). In addition, where care labour has historically been undervalued, it is performed by those with least negotiating power, in this case, migrant workers.

This development has not been even across Europe; it has been shaped by differences in the roles of the state, market and family in the provision of care to different groups (children, disabled and older people), combined with the particular ways migrant labour has been recruited and employed within specific areas and sectors of care work. The effect is an infinite diversity of migrant care work that seems to render generalisation and cross-national comparison difficult. For example, does 'care' include domestic work? Is it home-based or institutionalised care work, care of children, older people or disabled people? Is the employer in the private market or the public sector, an individual, an agency or an organisation? In addition, multiple relations of gender, class, ethnicity and nationality intersect in the employment of migrant domestic/care workers and these are compounded by the diversity of employment conditions and migration statuses. This is further shaped by, among other things, the various policies and practices of care, migration and employment of the country in which they are working. How then to analyse these differences? And how to do so when both care labour markets and migration pose problems for cross-national data collection (Redfoot and Houser, 2005)? Occupational data often collapse the care sector with domestic service, cleaning and nursing. In addition, the casual and informal aspect of the work hides those without approved credentials and attracts undocumented migrants whose numbers are difficult to assess. Further, definitions of who is and is not a migrant or a naturalised minority ethnic group member are not cross-nationally consistent. This distinction can be important when the care workforce is comprised of both recent migrants and second or third generation minority ethnic groups. The aim, however, of the next section is not to deal with these problems of data collection, but to focus on the question of complexity, its most salient aspects and how best to analyse these.

## Home-based childcare and migrant workers in UK, Spain and Sweden

The starting point for this discussion is a qualitative research study of the experiences of individual and agency employers and migrant workers in home-based childcare in UK, Sweden and Spain, with interviews conducted in London, Stockholm and Madrid between 2003 and 2005.<sup>1</sup> The project used a deductive approach in that it was originally framed within a broad understanding of the shifting relations of family, nation and work. This proposes that welfare states exist in a dynamic relationship to three interconnected domains – family, nation and work – which signify the conditions, organisation and social relations of (a) social reproduction including caring and intimacy ('family'), of (b) the nation-state and the population ('nation') and of (c) production and capital accumulation ('work') (Williams, 1995). The case of migrant domestic care workers illustrates the changing nature of work (in terms of, for example, women's participation and the rise in service jobs), of families (ageing population, increase in female breadwinners, 'care deficit') and the changing internal and external boundaries of the 'nation' – the dynamics between the (external) international geo-political context in which national welfare states exist and (internal) processes of inclusion and exclusion. Unlike the triad of state–market–family generally used in care policy analysis, this formulation brings in dimensions of national boundaries, multi-levelled governance and nationhood, which are intrinsic to the issue of migration.

London, Madrid and Stockholm were chosen initially as capital cities of countries of three contrasting welfare regime-types: liberal, Southern European and social democratic. We were more interested, however, in what this meant for the differences in, on the one hand, their histories of and current policies for care (in this instance, for childcare) in female (especially mothers') employment, and for policies for combining work and care; and, on the other hand, their differences in migration, that is, past patterns of migration, current immigration rules with specific reference to the employment of migrant workers as care workers and domestic workers in the home. This

was conceptualised as the dovetailing of childcare regimes<sup>2</sup> (representing state policy responses to changes in family and work) with migration regimes (representing state policy responses to changes in work, population movement, nationhood and change). The three countries occupy different positions with regard to both childcare (Bettio and Plantenga, 2004) and migration regimes (Bauer et al., 2001). The following short descriptions relate to the time of the study (2003–2005) and, while the distinctions still apply, there have been shifts, some of which are discussed later. The aim here is not to elaborate on the research design and findings, which are discussed elsewhere (Williams and Gavanas, 2008), but to discuss the iterative process through which the indicators for cross-national research for further study on migration and care work were inductively derived.

Sweden has a long record of publicly subsidised pre-school childcare, generous parental leaves and a high rate of female employment<sup>3</sup> (Bergqvist and Nyberg, 2002), and, until recently, a moral disapproval of the employment of domestic workers by private households (the so-called 'maid debate' – Lister et al., 2007: 155). In the UK, the increase in female employment has been more recent,<sup>4</sup> as has the introduction of pre-school nursery care (only entirely free for very low income families), tax credits available for low- to middle-income families for use in the private/voluntary sector, and a weaker set of maternity and paternity leaves. Since the 1990s there has been growth in the (undeclared) employment of domestic cleaners. Spain combines a rapid increase in female employment<sup>5</sup> with far less developed (but developing since 2003) maternity and paternity provision, mainly privately available childcare, and since 2003 a subsidy of €100 per month for all working mothers with a child under the age of 3 years. Domestic servants disappeared for all but the wealthy from the 1960s onwards, but re-emerged in the 1990s.

Again, migration policies in the three countries manifest differences: Spain, an older country of emigration and now a new country of 'unmanaged' immigration; the UK, an older country whose immigration was based in post-colonialism but now focusing much more on 'managed' migration of

higher skilled workers; Sweden also an 'old' immigration country with labour market migration and, until recently, a more liberal acceptance of asylum seekers and refugees (Bauer et al., 2001; Di Rosa et al., 2012). In addition, all three are EU member states and subject to mobility within the EU's enlarged borders, as well as directives around women's employment, work-life balance, racism and migration (although their degrees of variation illustrate the extent of national sovereignty).

The research focused on how far childcare and migration regimes dovetailed. Spain and the UK offer good examples of such dovetailing, but to different extents. Spain combines a subsidy for working mothers to help them buy in childcare with immigration policies involving quota allocations for domestic/care workers. Combined with the regularisation of over half a million illegal immigrants since 2002, this has implicitly normalised the employment of migrant women from Latin America, North Africa, the Philippines and lately Eastern Europe to meet gaps in care provision. Employing home-based domestic and care help is a strategy used by many working women – from office workers to professionals – to enable them to stay in the labour market. In addition, migration rules contribute to the vulnerability of workers at particular times. Thus, in Spain, it is cheaper to employ a live-in newly arrived migrant woman waiting for her settlement papers (rather than documented and registered) because employers can avoid paying social security, and this insecurity ties the worker more closely to her employer. In fact, this employment of migrants as home-based workers is even more significant for eldercare (Léon, 2010), a point I return to, and, in this respect, Spain has been described as moving from a family model of care to a 'migrant-in-the-family' model of care (Bettio et al., 2006).

Since the 1990s in the UK there has been a growth in the number of nannies and au pairs employed by dual full-time professional households with more than one young child (Brewer and Shaw, 2004). Until 2008, 17–27-year-old residents of EU member states and a further nine countries could enter the UK as au pairs to sponsoring families for 2 years as long as they did not have recourse to public funds. In addition, working holidaymakers<sup>6</sup> between 17 and

30 years of age from the new Commonwealth could enter the UK without an entry clearance. The introduction of a points-based system for skilled and professional migrant workers has replaced the au pair scheme for non-EU migrants with the Youth Mobility Scheme for (childless) 18–30-year-olds sponsored from particular countries. The scheme restricts their transition into other categories of work. Many au pairs still come from Central and Eastern Europe using EU mobility rights (Búriková and Miller, 2010).<sup>7</sup> There is no quota for domestic workers, only visas for domestic workers accompanying employers. They have the right to move employers, and although they must renew their visa frequently at some financial cost, they can apply for indefinite leave to remain after 5 years (the result of campaigns conducted by Kalayaan, the advocacy organisation for domestic workers).

In contrast to Spain and Britain, it is not common in Sweden to employ private childcare or to rely on grandmothers or other family members for regular childcare.<sup>8</sup> Au pairs, often from Eastern Europe, are, however, employed by upper middle-class professional women (see reference to Sköld and Heggeman (2011) in Mahon et al., 2012). Au pairs from the EU/European Economic Area (EEA) need a residence permit if they work for more than 3 months. If they are from outside the EU then they need a work permit. The research also revealed the employment of migrant domestic workers by professional families, discussed below. In relation to these cross-national differences it was not therefore surprising to find in OECD figures for the employment of 'foreigners' by sector in 2001–2002 that the percentage employed in households was 14.8 percent in Spain, 1.3 percent in the UK and statistically insignificant in Sweden (Organisation for Economic Co-operation and Development, 2005).<sup>9</sup> These figures would not include undocumented foreign labour.

Given that the research project was qualitative, it was not possible to confirm these large scale connections; however, in the iterative research process, the data made it possible to see the interplay of social, cultural and political factors in the employment of home-based childcare workers; to identify some emerging social practices; and to consider areas outside of home-based childcare where migrants were



employed. These were used, as I go on to show, to broaden the research and construct a framework of salient indicators at the meso institutional level to analyse variations in migration and care work.

### Broadening the research framework

The first insight from the qualitative data is the relationship between *policy* and *culture*; policy alone cannot explain or determine practices. Culture forms an important link between the micro and the meso in employing countries. So, it is not simply the policies in the UK and Spain of giving working mothers tax credits or cash allowances to buy in care which shape demand in London and Madrid, but the way in which these legitimise the discourse of consumerism and the commodification of care, especially where the private market dominates choices for childcare. Policies position women as individual consumers choosing the right care for their children; but they do so according to their cultural care preferences. In both cities surrogate mother care was a dominant care culture among the strata employing childcarers/au pairs. This was not necessarily a national culture: in London it was better off middle-class working couples who could exercise this preference, whereas in Madrid it was more commonplace for a wider range of working mothers. In both cities mothers found themselves searching for ‘value for money’ in a childcare market, as one London mother-employer put it: ‘an au pair was what we could afford. We had a spare room and ... nannies are incredibly expensive if you pay them properly.’

That ‘value for money’ was also shaped by workers’ migrant status, their employment position and their particular ethnicity. As noted above (and in Shutes and Chiatti, 2012), being undocumented can lead migrants into less protected and lower paid areas of care work. Differences in migration status and employment can, however, be compounded by the ethnicity or nationality of the worker and how these are perceived in the country of destination, a further example of the policy–culture relation. The interviews carried out in the research study confirmed the existence of racialised hierarchies in the employment of migrant care/domestic workers that

have been widely documented in other research, where skills or attributes become bundled into national/ethnic stereotypes. Thus, one large employment agency in London reported that individual employers had clear preferences for Filipinas, whom they felt were good with children, but were reluctant to employ African women. Latin Americans were perceived as loving and expressive and East Europeans as hard working. Anderson’s research found that Parisian employers preferred Haitians (Anderson, 2000), and Narula (1999) found that African and Maghreb workers came low in French employers’ preferences.

However, we found the form of stereotyping took different expression in the three countries. In Sweden and Spain, individual employers and employment agencies were unabashed about their prejudices. In Madrid, anti-Muslim sentiment meant that Moroccans were at the bottom of the hierarchy, as one employer explained, ‘It’s their upbringing and religion ... . They constantly fool you – it’s almost like a game to them.’ On the other hand, South Americans were thought of as warm but slow and unable to discipline children; Eastern Europeans were considered, as Europeans, to be more like Spanish people (see also Tobio and Gorfinkel’s research reported in Lister et al., 2007: 152). In Stockholm, too, employers preferred Eastern Europeans because they were perceived to be more like Swedes (see also Scuzzarello, 2008). One manager of an employment agency said, ‘I’d rather take someone from the Ukraine than Gambia – they’re more similar to us Swedes. ... We’ve got very high demands here in Sweden and it’s the same in these countries.’ In London, stereotyping was common but was often preceded with self-conscious qualification (‘Please excuse the huge generalisation, but ... ’). These national differences could imply not only different conceptions of nationhood (see Michel and Peng, 2012), but also divergence in the institutional effectiveness of multicultural and antidiscrimination policies, which in the UK have been more embedded in employment and cultural institutions (see Lister et al., 2007, chapter 3).

Second, the study also pointed to *emerging trends* not visible in statistics: interviews with domestic cleaning agencies in Stockholm indicated that there

was an increase in 'hidden' employment of domestic workers, many of whom came from Eastern Europe and Baltic countries. This suggested a shift in social practices and moral perspective. The dominant view held by feminists and social democrats in an earlier 'maid debate' had expressed a moral repugnance for household domestic work. However, cleaning agencies remarked that a grey market for domestic work had existed for some time. This was confirmed when the conservative Swedish government in 2007 granted tax breaks for people employing domestic cleaners to encourage regulation. Interestingly, it did so in the name of 'gender equality'.<sup>10</sup> Similarly, those women who employed childcarers or domestic workers said they did so not because they favoured mother-substitutes to day care – most of them still used public day care – but to avoid the stress associated with juggling earning and caring responsibilities. The effect of the domestic service tax break policy has been to increase demand – to legitimise, in a similar fashion to that noted earlier with Spain and the UK, the commodification of household work and to create new employers – older people and middle-class families with young children (Platzer, 2010). Gavanas's (2010) study also shows that while regulation of the domestic service sector has improved conditions for those working in it, the informal grey market still traps migrant workers who are undocumented. Indeed, there are many overlaps between the regulated and unregulated sectors in terms of social networks and employers.

Similar trends in the commodification of domestic services have been documented for Norway and Denmark, indicating that the Nordic region may be becoming less an outlier than is often assumed in this respect. Between 2000 and 2008 the number of au pairs in Norway increased tenfold, and by 2008, 72 percent of these were Filipinas, denoting a shift from a system of cultural exchange to one of care/domestic work (Bikova, 2010). A similar increase is observed in Denmark where the majority of au pairs come from the Philippines and poorer regions of Europe (Stenum, 2010). This is despite the fact that the Philippines, while encouraging its nationals to migrate into domestic work, does not permit Filipinas to take up au pair contracts.

Third, in the light of further research, the framework of the intersection of care and migration

regimes originally conceived for the cross-national study underplayed the significance of *labour market practices and policies* and the gendered and invisible nature of care work. For example, the tendency to see employees as part of the family can mean that they have no clear contractual obligations and are open to exploitation; this is exacerbated if they live in their employer's house. Research on London's new 'migrant division of labour' (May et al., 2007) shows a pool of low-paid labour constituted through (a) explicit and implicit migration rules, (b) forms and effects of deregulation of the labour market from the 1990s, and (c) the failure of welfare benefits (through lack of eligibility or knowledge or both) to cushion those designated as low-skilled migrants from exploitation or poverty. Likewise, Simonazzi's analysis of eldercare in Europe argues that differences are the result of the way the care regime and, in particular, the formation of care *markets* (the extent to which they are formal/informal, regulated or not) combines with the nature of the national employment model, in particular the quality and quantity of care labour, the nature of care labour shortage and the dependence on migrant workers to meet labour shortages (Simonazzi, 2009). Also important is whether household care labour is covered by employee protection and anti-racist discrimination legislation.

Fourth, research showed the need to emphasise the *political* factors along with the economic, cultural and social. Van Hooren's study of Italian eldercare provides a good example (van Hooren, 2008). In 2002 a virulently anti-immigration centre-right government allowed the regularisation of migrant care workers to the extent of tripling the number of registered migrant care workers so that by 2006 they constituted 72.6 percent of home-based care workers. This was the result of a government caught between the populism of anti-immigration policies and the pragmatism of cheaply available surrogate family care. At the same time, trade union interests rested more with those who employ migrant workers; they accepted limited improvements knowing that further improvements for these workers would make this dominant form of care unaffordable. In other words, political and care policy legacies, cultural preferences in care, racialised and gendered

discourses, forms of mobilisation and political pressure, and, as van Hooren puts it, 'the specific forms of migrant labour that welfare regimes generate' (2008: 108) all played their part.

Finally, emerging research points to the importance of the *specific forms* of migrant care labour that any individual care regime generates (to paraphrase van Hooren). In the Southern European countries, as well as Germany and Austria (Lutz and Palenga-Möllnbeck, 2010; Österle and Hammer, 2007), migrant labour has been more significant for eldercare. This has been mainly home-based, whereas in those countries with more of a tradition of formal and institutionalised care, migrant workers are located in the expanding private markets in residential and nursing care homes, and in home care agencies providing services to older people. In the UK the foreign-born care workforce in these services has more than doubled since 2001 (Cangiano et al., 2009). In France, private domestic service companies (which have flourished since receiving tax exemptions) employ migrant workers (Scrinzi, 2009). In both cases migrant workers join a workforce already employing significant proportions of (female) workers from national minority ethnic groups.

In Sweden, foreign-born workers (many permanent residents) are found mainly in the lower grades of home-based care, domestic work, hotel work and healthcare (Statistics Sweden, 2011). In 2009 they constituted 13.7 percent of childcare workers, 25.5 percent of assistant nurses and hospital ward assistants, and 15 percent of home-based personal care and related workers (Swedish Association of Local Authorities and Regions Statistics, cited in Björnberg, 2009).<sup>11</sup> Björnberg proposes that the increase in local authority contracting-out of care services to the private sector, especially for elder and disabled people's care, has resulted in poorer conditions and, with existing discrimination in the labour market, migrant groups are channelled into less attractive areas of care work. Subsequent figures for Stockholm show 39 percent of assistant nurses and auxiliaries and 46 percent of personal assistants and care aides are foreign-born (Statistics Sweden, 2011). Similarly, in Oslo, in 2008 almost 40 percent of employees in the nursing and care sector were migrants (Homme and

Høst, 2008). Isaksen (2010: 13) notes that a third of these are 'non-Western'.

A similar trend is observed in a study of 13 European countries, showing that foreign-born workers in *home-based* eldercare services are only significant in certain countries such as Spain and France. Yet when foreign-born workers in *community-based* care services are included this shows greater convergence with 9 to 25 percent of the care workforce being foreign-born across the countries (Di Rosa et al., 2012).

This points to the continuum between social care and healthcare migrant worker employment, especially in nursing (Redfoot and Houser, 2005). Yeates (2009) identifies 'global nursing care chains' as part of a new international division of reproductive labour. In the UK 23 percent of nurses were foreign-born in 2009 (Cangiano et al., 2009). The highest employment of foreign-born workers in health and community services in 2004–2005 was 18.6 percent in Sweden and 24.2 percent in Norway (Organisation for Economic Co-operation and Development, 2006: 57). While these workers used to come from wealthy countries, Norway recently recruited nurses from Poland, Latvia and the Philippines (Bach, 2003; Isaksen, 2010; Redfoot and Houser, 2005). Sweden does not recruit, but the proportion of foreign-born assistant nurses and auxiliaries rose from 14.2 percent to 16.1 percent between 2004 and 2009 – half of the assistant nurses and auxiliaries came from Africa, Asia or Latin America (Statistics Sweden, 2011). By the end of 2005, 30 percent of UK doctors and 10 percent of its nurses had received their initial training overseas (Crisp, 2007: 16). In France a quarter of all hospital doctors are foreign or naturalised, and in Germany nurses are recruited from Eastern Europe (Bach, 2003). Many states are now global employers, working alongside private recruitment agencies. Healthcare workers, especially those from developing countries, share common experiences with migrant home-based care workers: gender and racial discrimination; lack of recognition of skills and qualifications in pay levels; and being concentrated in the least desirable specialisms. They may pay into insurance systems but not be eligible for benefits, while missing out on contributions in their own countries' systems (Bach, 2003).



The important analytical point here is that while there are variations across Europe in the employment of migrant care workers in home-based child or eldercare, and these are based on differences in care policies and provision (especially care markets), care cultures (especially familialisation), and the way these intersect with both migration rules and aspects of the employment regime (gendered and racialised divisions, for example), there is also a convergence around the employment of different types of migrant workers in different types of care regime, across sectors, sites and types of provision. Before indicating the political implications of this convergence, I draw out from the discussion salient indicators particular to the regimes of care, migration and employment. This is a heuristic exercise that lays the basis for more detailed cross-national analyses of variations in the employment of migrant care labour.

### Indicators for cross-national comparison

The notion of regime used here includes the political, cultural, ideational *and* relational. It thus denotes clusters of policies, practices, legacies, discourses, social relations and forms of contestation that are relevant to the particular care/migration/employment regime. In these terms, looking first at *care regimes*, the preceding discussion has demonstrated the significance not only of (a) the extent of care provision for children under school age, older and disabled people, but (b) whether it is provided by the public, voluntary or private sectors and how that mirrors the balance between formal and informal care. Salient too are (c) the instruments used – for example, direct payments, care allowances, cash benefits, tax credits – the conditions attached to their receipt along with policies facilitating carers' involvement in paid employment such as carer's leaves. Within this provision, (d) the gendered and racialised basis of the care workforce, its hierarchies of skills and the relationship of these to workers' remuneration constitute an important set of factors in determining labour shortages. In their turn these are shaped by (e) the histories of care policies and the

relational practices of care/domestic work in the home. This itself influences and is formed by (g) 'care cultures' that is, dominant national and local cultural discourses on what constitutes appropriate care and who should provide (for example, families or institutions for older people's care). In addition, all of these factors are not fixed but are the subject of (g) political negotiation and struggle at supranational, national and local policy-making levels involving, for example, public sector trades unions, disability and carers' movements.

The aspects of *migration regimes* that have been salient to the analysis have been (a) immigration policies – rules permitting country entrance and exit as well as special arrangements such as quotas for care/domestic workers, bilateral arrangements, and rules in relation to skills, gender and family dependants. Migrant workers' conditions of work and life are subsequently shaped by (b) residency, settlement and naturalisation rules in combination with social, economic, political, legal and civil rights. These operate at the formal level as well as informally, through, for example, ethnic hierarchies of wage levels. This informal dimension is shaped by (c) national norms and practices governing relationships between majority and minority groups and anti-discriminatory laws against discrimination or for multiculturalism. Crucial, however, is how far all these legal rights and policies can be applied to care workplaces in the domestic and the private-for-profit spheres, and this often reflects (d) the extent of mobilisation of migrant worker activity through advocacy groups and trade unions as well as international non-governmental organisation (NGO) activity (International Labour Organization (ILO), United Nations (UN)). Patterns of migration are also shaped by the national and transnational histories, for example, colonialism, old trade routes, and shared political, economic or religious alliances.

As far as the particular dynamics of *employment regimes* are concerned, the care workforce needs to be contextualised within (a) existing labour market divisions in terms of gender, ethnicity, migration and nationality, their exclusions and hierarchies, and, particularly, (b) the impact of deregulation in shaping precarious employment in the migrant care labour market and (c) how far forms of social protection such

as eligibility to unemployment and sickness benefits, pensions, minimum wage, and rights attached to care responsibilities are extended to migrant care workers. In addition, (d) discourses, policies and cultural practices around work–life balance and labour market activation influence demands for care support. All these are shaped by (e) the forms of political mobilisation and policy negotiation at national and supranational levels, and layered upon (f) national histories’ dependence on, and treatment of, migrant and indentured labour.

The purpose of outlining these indicators is not to generate overarching regime-types in the relation between migration and care work on Europe, rather, to propose that it is in the intersection between these three types of regime that practices and actions are shaped and that differences between countries emerge.<sup>12</sup> By way of brief illustration, if we consider only the care regimes side of the triangle then we can see that in Spain, as in Italy, the recruitment of migrants into largely home-based child- and eldercare work is shaped by cash allowances, migration policies with quotas and regularisation of existing care working migrants, and inferior working conditions which make migrant workers affordable by middle-class families. This solution does not disrupt either dominant cultural practices of familial care or those political expectations that care needs are still the responsibility of individual family members. In Sweden the employment of migrants in the health and social care sectors reflects efficiency costs and creeping contracting-out in a ‘modernising’ state welfare system as well as new political discourses and policy instruments in relation to gender equality for professional women. In the UK the increased use of au pairs and nannies reflects class-based preferences for home care, consumer discourses, and logistical difficulties in work/care responsibilities where there is more than one child. In contrast, eldercare provision is embedded historically in the formal sector but in so far as the private sector now dominates in this provision, then this too has had the effect of downgrading conditions leading to labour shortages and the employment of migrant labour.

## Concluding discussion

Different factors, therefore, have different salience in different national contexts. It is in the intersection

of these factors that divergent strategies emerge in European welfare states. At the same time, convergences exist in the almost universal employment of new and old types of migrant care labour that are particular to different care regimes. These are the factors that connect micro experiences of migrant care worker employment to institutional, cultural and political factors at the national and supranational levels. They also connect to a macro level transnational economy of care. Before discussing the geopolitical implications of this connection, two further points are made to illustrate further analytical considerations that these intersections raise.

The first is historical: broadening the analysis to include formal and institutional care, not simply home-based care, points to a different but congruent history from that of domestic servitude. This is the continuing role migrant workers from poorer regions have played as welfare providers. For example, in the 1950s and 1960s in Britain, the recruitment of health and care labour from the colonies provided both cheap labour for the new institutions of the welfare state and met a labour shortage that otherwise would have had to be filled by married women (Williams, 1989). Paradoxically, today the employment of migrant domestic and care labour prevents the disruption of the ‘adult worker’ model of welfare where women are encouraged into paid employment, as well as maintaining care work as underpaid, undervalued ‘women’s work’. Then and today these were cost-effective ways of securing family norms and meeting care needs, creating a reproductive labour force layered through ‘race’, class and gender inequalities.

Second, to talk of the intersectionality of regimes should not imply any form of co-ordination across the policies of those regimes. On the contrary, there are often major tensions. In the UK, managed migration rules are based on a points system which, on the one hand, favours skilled workers and, on the other, in keeping with the invisibility and low value accorded to care work, defines many care workers as unskilled and therefore makes entry more difficult. Although social and healthcare systems would collapse without migrant care workers, debates on the future of long-term care tend to ignore this aspect of care provision (Cangiano et al., 2009).

This official disregard leads to difficulties – not only poor conditions for those workers, but in the consequences for care quality as workers shift from one job to another when their only power is that of exit. In this situation there develops a situation of ‘semi-compliance’ (Ruhs and Anderson, 2006) where the costs to both employers and employees of following immigration rules are such that workers find it preferable to remain in a twilight zone. What exists in many countries is, by default rather than by design, a failure to address and co-ordinate the problems faced by all actors – the welfare states of destination countries, private employers, international agencies, the care needs of countries of origin, and of migrants themselves.

It is inequalities at the macro level in the provision and needs for care in the relationship between countries of origin and destination that leads to the final point. In so far as there is convergence then it is towards the situation of unequal geo-political interdependence in which many (European) national welfare states find themselves. In other words there are divergent processes heading towards a common trajectory (Hay, 2004: 245). This common trajectory is moving towards a transnational political economy of care in which European welfare states reduce their increasing social expenditure costs through strategies that involve, directly or indirectly, migrant health and care labour (elaborated in Williams, 2011). The transnational movement of health and care labour and its effect on draining the care resources of poorer regions, who often bear the training costs of these workers, is one dynamic of this transnational economy of care. A second dynamic is the nature of the reproductive crisis. While in the West this is represented by an ageing society and the need for work–life balance policies, in the poorer regions it is marked differentially by a higher child dependency ratio, the effects of structural adjustment policies, poverty, an AIDS crisis, and, in the post-communist countries, by unemployment and deteriorating opportunities for women. The movement of labour, while creating opportunities for migrant workers, also represents a deeply asymmetrical solution between poorer and richer regions to women’s attempts to reconcile these dual responsibilities. A third dynamic is the growth of transnational health and care capital. Commodifying

trends have accelerated the intervention of the private market in health and social care and made care big international business. For example, in long-term care, the British United Provident Association (BUPA) has operations in Spain, Ireland, Thailand, Hong Kong and Saudi Arabia (Holden, 2002). A fourth dynamic is national and international political contestations over defining how care and health needs should be met. From the perspective of migrant workers, the transnational activity of social movements, NGOs and grassroots organisations has been important. Groups such as these pressured the ILO in June 2010 to agree to consider adopting an international convention for the protection of the rights of domestic workers.

Finally, to return to an issue raised at the beginning of this paper: the difficulties associated with the diversity of the field of migration and care. Paradoxically, introducing this macro level of analysis to which the micro-level and meso-level relate, renders the problem of the diversity of the field much more analytically manageable. This is because, despite the divergences in rate, extent, and nature of migrant care work in different European welfare states, it becomes clear that the pressing political issue is convergence in the ways that European welfare states, directly or indirectly, are reducing their social expenditure costs through migrant care labour. This article aims to identify the various ways in which this is happening and point to the need for different strategies to mitigate its worst effects. And this further demands a normative approach to global justice informed by an understanding of the centrality of care in everyday life, a new and continuing story.

## Notes

1. Using theoretical sampling, Anna Gavanis carried out interviews in 2004–2005 in London with 16 employees, 10 employers and 8 agencies; in Stockholm with 17 employees, 10 employers and 8 domestic work agencies. In Madrid, interviews were conducted by Virginia Paez with 14 employees and 10 employers and 9 organisations. Methods included recorded semi-structured, recorded and unrecorded informal interviews, and non-participant observation (ref MEIF-CT-2003-502369).

2. 'Regime' refers here to the way states cluster around similar institutional policies and practices and policy logics.
3. Seventy-two percent in 2003 (Organisation for Economic Co-operation and Development, 2005).
4. By 2002, 69.6 percent of women aged 15–64 years old were in paid employment (60 percent with dependent children worked part-time) (Duffield, 2002).
5. Between 1993 and 2003 women's employment jumped from 31.5 percent to 46.8 percent (Organisation for Economic Co-operation and Development, 2005).
6. The term given to a person aged 17–30 years old who travels to the UK for up to 2 years as part of a working holiday.
7. Since EU citizens can enter the UK freely it is difficult to assess numbers. Before EU enlargement in 2002 au pair visas issued outside the EEA were 12,800 of which 3,140 came from Slovakia alone (Burikova and Miller, 2010: 186). Unconfirmed communication from the British Au Pairs Agencies Association estimates that the official number of au pairs is currently (in 2012) 12,000, but unregistered au pairs amount to about 100,000, of whom 80 percent are from Eastern Europe.
8. In 2005, 65 percent of under-5s were in municipal pre-school, 13 percent in private subsidised pre-school, 6 percent in family-run day care and 16 percent in 'other' care, including at home (Statistics Sweden, 2006: 43)
9. 'Foreign' equals 'foreign-born' in Sweden, but 'foreign national' in Spain and UK.
10. According to AFP Sweden, Prime Minister Reinfeldt said 'in a gender equality society like Sweden, where the vast majority of women hold jobs, families sometimes need to hire home help'.
11. There was a *total* foreign-born population of 12.9 percent in 2006 (Organisation for Economic Co-operation and Development, 2008).
12. A similar exercise could be applied to countries of origin to derive conditions shaping emigration into care work.

## References

- Anderson, B. (2000) *Doing the Dirty Work*. London: Zed Press.
- Bach, S. (2003) 'International Migration of Health Workers: Labour and Social Issues', *Working Paper 209*. Geneva: International Labour Organization (ILO).
- Bauer, T., Lofstrum, K.M. and Zimmerman, K.F. (2001) 'Immigration Policy, Assimilation of Immigrants, and Natives' Sentiments Towards Immigrants: Evidence from 12 OECD Countries', *Working Paper*. UC San Diego: Center for Comparative Immigration Studies. Available at: <http://www.escholarship.org/uc/item/1m58x0z3>
- Bergqvist, C. and Nybeg, A. (2002) 'Welfare State Restructuring and Child Care in Sweden', in S. Michel and R. Mahon (eds) *Child Care at the Crossroads*, pp. 287–308. New York: Routledge.
- Bettio, F. and Platenga, J. (2004) 'Comparing Care Regimes in Europe', *Feminist Economics* 10(1): 85–113.
- Bettio, F., Simonazzi, A. and Villa, P. (2006) 'Change in Care Regimes and Female Migration: The Care Drain in the Mediterranean', *Journal of European Social Policy* 16(3): 271–85.
- Bikova, M. (2010) 'The Snake in the Grass of Gender Equality: Au-pairing in Women-friendly Norway', in L.W. Isaksen (ed.) *Global Care Work: Gender and Migration in Nordic Societies*. Lund: Nordic Academic Press.
- Björnberg, U. (2009) 'Care Gender and Ethnicity in a Scandinavian Welfare State' paper presented to *ESF Workshop 'A Caring Europe'*, 12 and 13 November. Milton Keynes, UK: Open University.
- Brewer, M. and Shaw, J. (2004) 'Childcare Use and Mothers' Employment: A Review of British Data Sources', *DWP Working Paper 16*. London: Department for Work and Pensions (DWP).
- Burikova, Z. and Miller, D. (2010) *Au Pair*. Cambridge: Polity Press.
- Cangiano A., Shutes, I., Spencer, S. and Leeson, G. (2009) *Migrant Care Workers in Ageing Societies: Research Findings in the UK*. Oxford University: COMPAS.
- Crisp, N. (2007) *Global Health Partnerships: The UK Contribution to Health in Developing Countries*. London: Central Office for Information.
- Di Rosa, M., Melchiorre, M.G., Lucchetti, M. and Lamura, G. (2012) 'The Impact of Migrant Work in the Elder Care Sector: Recent Trends and Empirical Evidence in Italy', *European Journal of Social Work* 15(1): 9–27.
- Duffield, M. (2002) 'Trends in Female Employment', *Labour Market Trends*. November 2002. London: Office for National Statistics (ONS).
- Ehrenreich, B. and Hochschild, A. (eds) (2003) *Global Woman*. New York: Metropolitan Books.
- Gavanas, A. (2010) *Who Cleans the Welfare State?* Research Report 2010/3. Stockholm: Institute for Future Studies.
- Hay, C. (2004) 'Common Trajectories, Variable Paces, Divergent Outcomes? Models of European Capitalism under Conditions of Complex Economic Interdependen-



- dence', *Review of International Political Economy* 11(2 May): 231–62.
- Holden, C. (2002) 'The Internationalization of *Long Term Care Provision: Economics and Strategy*', *Global Social Policy* 2(1): 47–67.
- Homme, A. and Høst, H. (2008) *Who Cares for the Elderly in OSLO?* Bergen: The Rokkan Centre.
- Hondagneu-Sotelo, P. (2001) *Domestica: Immigrant Workers Cleaning and Caring in the Shadows of Affluence*. Berkeley: University of California Press.
- Isaksen, L.W. (ed.) (2010) *Global Care Work: Gender and Migration in Nordic Societies*. Lund: Nordic Academic Press.
- Kofman, E., Phizacklea, A., Raghuram, P. and Sales, R. (2000) *Gender and International Migration in Europe: Employment, Welfare and Politics*. London: Routledge.
- Léon, M. (2010) 'Migration and Care Work in Spain: The Domestic Sector Revisited', *Social Policy and Society* 9(3): 409–18.
- Lister, R., Williams, F., Anttonen, A., Bussemaker, J., et al. (2007) *Gendered Citizenship in Western Europe: New Challenges for Citizenship Research in a Cross-national Context*. Bristol: Policy Press.
- Lutz, H. (ed.) (2008) *Migration and Domestic: A European Perspective on a Global Theme*. Aldershot: Ashgate.
- Lutz, H. and Palenga-Möllnbeck, E. (2010) 'Care Work Migration in Germany: Semi-compliance and Complicity', *Social Policy and Society* 9(3): 419–430.
- Mahon, R., Anttonen, A., Bergqvist, C., Brennan, D. and Hobson, B. (2012) 'Convergent Care Regimes? Child-care Arrangements in Australia, Canada, Finland and Sweden', *Journal of European Social Policy* 22(4): 419–31.
- May, J., Wills, J., Datta, K., Evans, Y., Herbert, J. and McIlwaine, C. (2007) 'Keeping London Working: Global Cities, the British State and London's New Migrant Division of Labour', *Transactions of the Institute of British Geographers* NS 32: 152–67.
- Michel, S. and Peng, I. (2012) 'All in the Family? Migrants, Nationhood, and Care Regimes in Asia and North America', *Journal of European Social Policy* 22(4): 406–18.
- Narula, R. (1999). 'Cinderella Need Not Apply: A Study of Paid Domestic Work in Paris', in J. Henshall Momsen (ed.) *Gender, Migration and Domestic Service*. London and New York: Routledge.
- Organisation for Economic Co-operation and Development (2005) *Trends in International Migration*. Paris: OECD.
- Organisation for Economic Co-operation and Development (2006) *International Migration Outlook 2006*. Paris: OECD.
- Österle, A. and Hammer, E. (2007) 'Care Arrangements and the Formalization of Care Arrangements: The Austrian Experience', in C. Ungerson and S. Yeandle (eds) *Cash for Care In Developed Welfare States*. Basingstoke: Palgrave.
- Parreñas, R. (2001) *Servants of Globalization*. Stanford: Stanford University Press.
- Phizacklea, A. (1998) 'Migration and Globalization: A Feminist Perspective', in K. Koser and H. Lutz (eds) *The New Migration in Europe: Social Constructions and Social Realities*. London: Macmillan.
- Platzer, E. (2010) 'Care Work and Migration Politics in Sweden', in L.W. Isaksen (ed.) *Global Care Work: Gender and Migration in Nordic Societies*. Lund: Nordic Academic Press.
- Redfoot, D.L. and Houser, A.N. (2005) 'We Shall Travel On: Quality of Care, Economic Development, and the International Migration of Long-Term Care Workers', American Association of Retired Peoples Public Policy Institute, Washington, DC: AARP. Available at [http://assets.aarp.org/rgcenter/il/2005\\_14\\_intl\\_ltc.pdf](http://assets.aarp.org/rgcenter/il/2005_14_intl_ltc.pdf).
- Ruhs, M. and Anderson, B. (2006) 'Semi-compliance in the Migrant Labour Market', *Working Paper* 0630, Oxford University: Centre for Migration, Policy and Society.
- Scrinzi, F. (2009) 'Cleaning and Ironing ... With a Smile: Migrant Workers in the Care Industry in France', *Journal of Workplace Rights* 14(3): 271–92.
- Scrinzi, F. (2010) 'Masculinities and the International Divisions of Care: Migrant Male Domestic Workers in Italy and France', *Men and Masculinities* 13(1): 44–64.
- Scuzzarello, S. (2008) 'National Security versus Moral Responsibility: An Analysis of Integration Programmes in Malmö, Sweden', *Social Politics* 15(10): 5–31.
- Shutes, I. and Chiatti C. (2012) 'Migrant Labour and the Marketisation of Care for Older People: The Employment of Migrant Care Workers by Families and Service Providers', *Journal of European Social Policy* 22(4): 392–405.
- Simonazzi, A. (2009) 'Care Regimes and National Employment Models', *Cambridge Journal of Economics* 33(2): 211–32.
- Sköld, L. and Heggeman, H. (2011) 'RUT vanligast efter 85', *Välfärd* 1.
- Statistics Sweden (2011) 'The Swedish Occupational Register', Press Release 2011-03-04, available at [http://www.scb.se/Pages/PressRelease\\_\\_\\_309102.aspx](http://www.scb.se/Pages/PressRelease___309102.aspx).



- Stenum, H. (2010) 'Au-pair Migration and New Inequalities: The Transnational Production of Corruption', in L.W. Isaksen (ed.) *Global Care Work: Gender and Migration in Nordic Societies*. Lund: Nordic Academic Press.
- Ungerson, C. and Yeandle, S. (eds) (2007) *Cash for Care in Developed Welfare States*. Basingstoke: Palgrave.
- van Hooren, F. (2008) 'Welfare Provision beyond National Boundaries: The Politics of Migration and Elderly Care in Italy', *Rivista Italiana di Politiche Pubbliche* 3: 87–113.
- Williams, F. (1989) *Social Policy: A Critical Introduction. Issues of Race, Gender and Class*. Cambridge: Polity Press.
- Williams, F. (1995) 'Race/Ethnicity, Gender and Class in Welfare States: A Framework for Comparative Analysis', *Social Politics* 2(1): 127–59.
- Williams, F. (2010) *The Making and Claiming of Care Policies: the Recognition and Redistribution of Care*. Geneva: United Nations Research Institute in Social Development.
- Williams, F. (2011) 'The Transnational Political Economy of Care', in R. Mahon and F. Robinson (eds) *The Global Political Economy of Care: Integrating Ethical and Social Politics*. Vancouver: UBC Press.
- Williams, F. and Gavanas, A. (2008) 'The Intersection of Child Care Regimes and Migration Regimes: A Three-Country Study', in H. Lutz (ed.) *Migration and Domestic Work: A European Perspective on a Global Theme*. London: Routledge.
- Yeates, N. (2009) *Globalizing Care Economies and Migrant Workers*. Basingstoke: Palgrave.