



Transnational care work migration

BB Summer School on Social Welfare



11 July 2017

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Overview

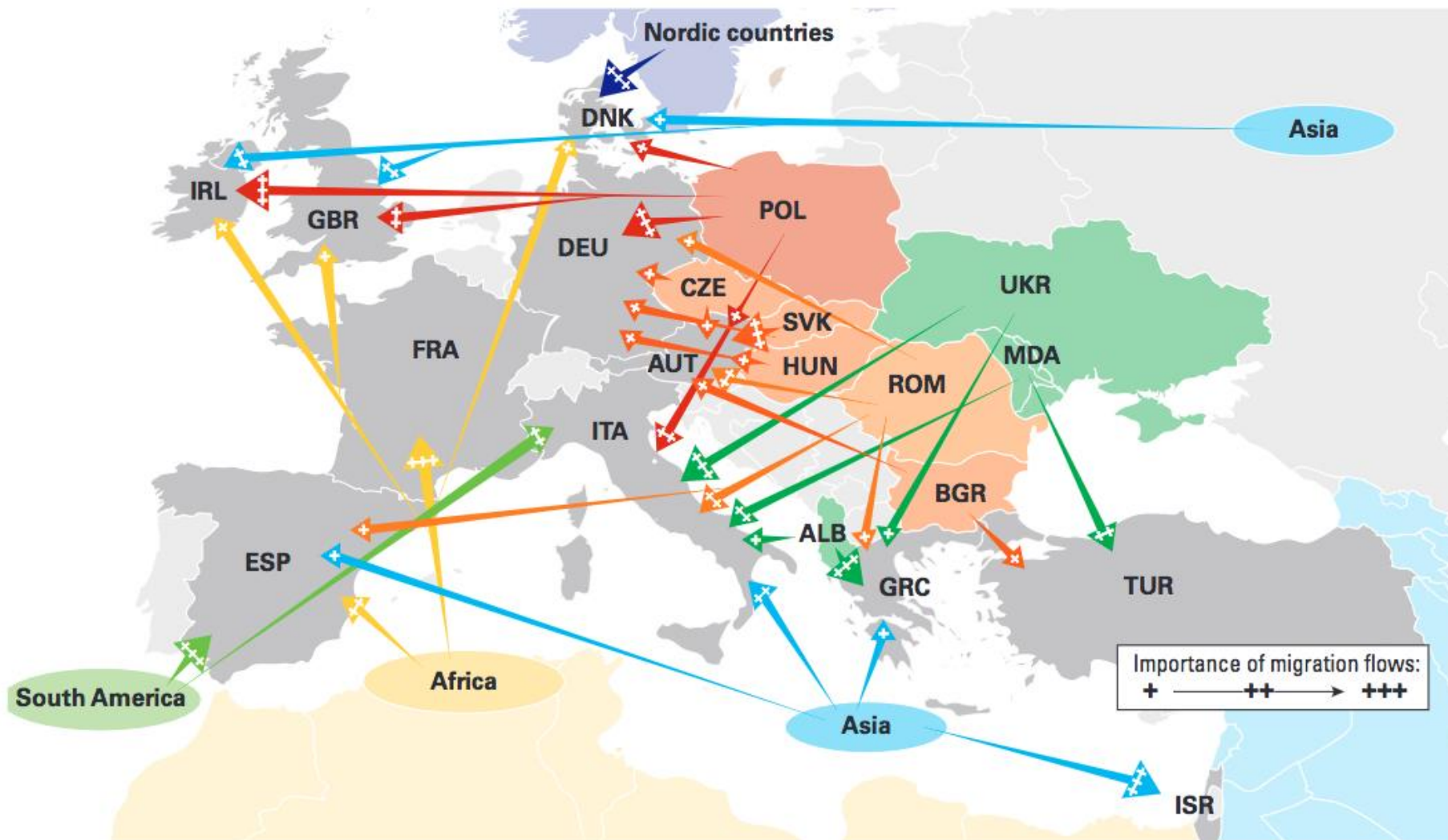
- The emergence of migrant care work
- Migrant care work in Europe (flows/characteristics)
- Care work migration between Austria and CEE
 - Characteristics of and implications for migrant care work(ers)

The development of migrant care work

Factors related to...

- **Migration**
 - Push/pull factors, social networks
- **Gender**
 - Feminised migration, gendered division of labour
 - Reversed gender roles: women as breadwinners
- **Care policies**
 - Re-familiarisation, familialistic orientation
 - Cash-for-care benefits

Countries of origin and destination of migrant care workers in Europe



Characteristics of migrant care workers

Country	Gender	Age	Main countries of origin	Level of education	Working conditions (contract type, pay etc.)
Austria	Mainly female	Mainly middle-aged	Czech Republic, Hungary & Slovakia	Usually higher than the required one	Both regular and undeclared
Canada	Mainly female	Mainly middle-aged	Philippines & Asia	Usually higher than the required one	Mostly regular
Denmark	Mainly female	Mainly middle-aged	Second-generation migrants from Turkey	Usually higher than the required one	Mostly regular
France	Mainly female	Mainly middle-aged	North-Africa	Usually higher than the required one	Usually regular
Germany	Mainly female	Mainly middle-aged	Poland, Czech Republic, Slovenia	Usually higher than the required one	Sometimes undeclared
Greece	Mainly female	Mainly middle-aged	Bulgaria, Poland and Albania	Usually higher than the required one	Often undeclared
Italy	90%	Also older age	Ukraine, Romania, Poland, Philippines	Often highly-skilled	Often undeclared and underpaid
Ireland	Mainly female	Mainly middle-aged	Philippines and Poland	Usually higher than the required one	More often employed in private, low-paid sector
Israel	Mainly female	Mainly middle-aged	Philippines	Usually higher than the required one	Usually regular
Spain	Mainly female	Mainly middle-aged	South America and Morocco	Usually higher than the required one	Often undeclared
United Kingdom	Mainly female	Also younger age	Asia & Central Europe	Usually higher than the required one	One third earns below the minimum wage
United States	90%	Mainly middle-aged	Central America	Usually higher than the required one	Often undeclared

Regularisations of migrant care work in Europe

- **Germany**
 - Unsuccessful attempt to regularise migrant care work in private households in 2005
 - Free mobility of services, posting of workers, bogus self-employment
 - Migrant care workers from CEE (e.g. Poland)
- **Southern Europe** (Italy, Spain)
 - Highly unregulated, irregular employment
 - Migrant care workers from CEE and South America
 - Italy: regularisation of 316.000 domestic workers in 2002 (Bossi-Fini Law)
 - Spain: regularisation of 187.500 domestic workers in 2005

Migrant 24-hour care work in Austria

- **Regularisation in 2007:** employment or self-employment, public financial subsidy for users, no qualification or quality requirements
- **Live-in care work** for older people in need of care in their private households
- **Placement organisations** operating in Austria and/or CEE countries
- **Rotational** migration (2-4 weeks)
- **Central and Eastern European** countries of origin (56 % Slovakia, 30 % Romania); 60,589 self-employed 24-hour care workers (2016)
- **24-hour care workers:** 95 % women, 70 % between 40 and 60 years of age

Implications of the regularisation for migrant care workers

- **Working conditions**
 - Isolation, 24-hours availability
 - Psychological and physical constraints
 - Language, lack of qualification
- **Social protection**
 - Access to social welfare system (health insurance, old-age pension etc.)
 - Self-employment limits claims for social security benefits (e.g. sick leave)
- **Transnational living and family life**

Care chains and care drain

- **Global care chains**

“A series of personal links across the globe based on the paid or unpaid work of caring” (Hochschild 2000: 131)

- International division of reproductive labour (Parreñas 2001)
- Care drain / care gain / emotional surplus

Re-organising family care obligations in CEE

- **Informal care obligations at home**
 - Multiple informal care obligations
 - Higher care demands for women aged 40 to 50
- **Substitute caregivers**
 - Nuclear family
 - Role of men, children, grandmothers
- **Redistribution of practical, organisational, emotional and financial responsibilities**

Determinants of care re-arrangements

- **It's the family...**
 - Strong assumptions towards the role of the family
 - Reciprocal considerations
 - Informal care re-arrangements as part of the migration decision
 - Factors that facilitate / hinder the involvement of family members

Facilitating factors	Excluding factors
Proximity Multi-generational households Flexible working hours, self-employment (early) retirement	Distance Availability Intergenerational conflicts Risk of neglect

Determinants of care re-arrangements

- **Monetary resources**
 - Decision for care labour migration is driven by income considerations (rather than career perspectives)
 - Use of informally paid services: determined by family-specific constellations
 - No use of migrant care work (not considered nor available)
- **Social welfare system**
 - LTC-services underdeveloped, high use of institutional child care
 - Cultural acceptability
 - Limited affordability (financial regress, substantial co-payments)

Conclusion

- Women assume **dual roles**: breadwinners and caregivers
- **Re-arrangements** are driven by strong family orientation, lack of financial resources, lack of public welfare provision
- Meeting **care shortages** in Western European countries results in **care drain** in CEE

Thank you!