MIGRANT DOMESTIC CARE WORKERS: STATE AND MARKET-BASED POLICY MIX

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Abstract

This Working Paper looks into the role of immigrant labour in meeting the needs of European care (in particularly for children and the elderly). Immigrant labour has an ever-growing share of the care work sector in Europe, on which not only individuals but also national welfares increasingly rely. Using qualitative data supported by national and international descriptive statistics, the paper draws on the cases of four EU member states (Italy, Poland, Romania and the United Kingdom) and Ukraine to see how different mixtures of state- and market-based policies shape national care regimes, and how the particular configurations of care and migration regimes sustain and reproduce transnational care chains with inequalities inherent in them. Our findings indicate that across the EU, the care sector lacks structural reform that would transform it into a sector of dignified work and career opportunities. Instead, national policies often reflect the path of least resistance, i.e. ignoring rising demand for care, continuing structural shrinking of formal care, and turning to monetary subsidies and underpaid immigrant labour. This reflects the market pressure for cheap labour rather than long-term thinking along the lines of the socio-ecological transition, the reduction of gender inequalities in employment and the opening up of the sector for employment of vulnerable groups. In the emerging state- and market-based mix, state policies seek to regulate migration flows that meet market demand for cheap labour.

CONTENTS

Contents

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1. Introduction: Locating care work in the socio-ecological transition framework

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 organization 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). The factors that trigger such transition in the EU are discussed in greater detail in various Work Packages of this project and include, among others, restructuring of European economies towards more service- rather than industry-oriented labour markets, as well as a tilting of the balance between the working and non-working population due to population ageing. This shift also implies national changes in welfare principles (marked by a move from state-provided institution-based care towards subsidised, informal and private care) and higher female participation in the labour market. NEUJOBS WP1, in conceptualising the nature of socio-ecological transition, suggests that in light of two main factors shaping population projections for 2050 benchmark – global ageing and increasing migration – there is a need for a policy shift towards sustainable long-term care, higher institutionalisation of care-related sectors of employment, and a further allocation of resources for the elderly (WP1).

Accordingly, WP13.2 approaches care as a complex phenomenon that has to be explored at the intersection of a number of socio-economic variables that shape the demand, provision and norms of providing, receiving and managing care. We

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approach **care work** as both a rapidly expanding sector (OECD, 2012; ILO, 2011) that can provide **new opportunities for decent employment** and as a sector that allows (mostly) women to pursue **professional careers by relieving them of some of the care responsibilities traditionally resting on women.** However, these two sides of care work are embedded in complex hierarchies and power relations between the employer and employee, and inequalities linked to ethnicity, nationality, race, and citizenship status.

Our research has indicated that so far, EU member states have mostly neglected the potential of the care sector, failing to introduce thorough institutional reforms and following a path of pushing care responsibilities more and more into the family sphere and of relying on market solutions. One of the main market solutions is to commodify care and purchase it from immigrants. This paper proceeds to explore the evidence from the selected country cases of how migrant labour is becoming not only a frequent individual solution for care needs, but also a structural component of welfare systems.

2. Aims and focus

Relying on four EU country cases (Italy, Poland, Romania the United Kingdom) and one Eastern Partnership country (Ukraine), we focus on **the role of migrant labour in both meeting the growing European demand for care and creating work opportunities for (mostly) migrant women**. A number of sources reveal the fast-growing importance of immigrants in this sector in Europe in the last 30 years (ILO, 2011; OECD, 2012). This is reflected in various national policies, including policies of welfare (e.g. tax reductions for hiring private domestic help, subsidies and pensions), employment (specific employment regulations for domestic workers) and immigration (special entrance and work permit quotas for domestic workers). Looking at the opportunities and inequalities within the specific care regimes, WP13.2 explores two related research questions:

1. How do the different mixtures of state- and market-based policies shape care regimes?

2. How do transnational care chains affect care and labour conditions of women of different ages, legal status and ethnicity, and how do the particular state- and market-based configurations of care and migration regimes sustain and reproduce transnational care chains?

We present policy recommendations in a *separate Position Paper,* along the lines of SET, that could lead to more dignified and fair conditions for carrying out care work and turn it into a sector of meaningful employment for a wider range of the population.

3. State of the art summary

3.1. Care chain, care diamond and transnational welfare

The role of migrant domestic workers has long been recognised as a significant one in meeting European needs for care. Yet, due to a lack of comparative data and a large component of informal employment in this sector, the literature has been cautious in including the analysis of migrant flows when discussing care regimes. Several analytical frameworks informed our conceptual inquiry into the state- and market-based policy mix of care provisions. Most importantly, interdisciplinary approaches call for positioning care at the intersection of employment, migration and national welfare systems (Williams, 2011; 2012; van Hooren, 2012; Lutz and Palenga-Möllenbeck, 2010).

Amaia Orozco in her work on *care chains* speaks of care as "an invisible base for socio-economic system" (Orozco, 2009), and argues for recognising the connection between care, social inequality and exclusion from citizenship, as well as for a rights-based approach to care and a global perspective. While they have been systematically tied to gender-based and socio-economic inequalities in the past, care chains are currently associated with *migratory status* (Orozco, 2009). Oroczo's work rests on a body of

literature that discusses the *global surplus and drain of care*: care as a 'new gold' (represented by love) is commodified and imported from less developed to more developed parts of the world (Hondagneu-Sotelo and Avila, 1997; Parreñas, 2001; Hochschild, 2000; Ehrenreich and Hochschild, 2003; Escrivá, 2005). Its emphasis on the commodification of care highlights the power relations within care work. The concept of the *care surplus* framework (Hochschild, 2000) is intertwined with that of care chains, a concept developed particularly in response to immigrant care work. This approach focuses on inequalities, with little hope for turning care work into a form of decent employment.

In our policy-driven analysis, by *care chain* 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. Thus, the concept of a care chain encompasses the consequences of the exodus of women from their homes to provide care in others' homes. At the same time, paid forms of care by domestic workers, nannies and other women have become important sources of employment for women in many developing countries (Razavi, 2007: 22).

The notion of a *care diamond* (Razavi, 2007; Lutz and Palenga-Möllenbeck, 2010) is employed in another body of literature that seeks to emphasise the role of the state and welfare systems in creating certain care regimes that incorporate privately provided migrant labour. Migrant-provided care cannot be viewed only in terms of a transfer of resources, but in relation to the overall transformation of welfare systems as well. Reading the connections between welfare and care regimes allows us to adopt a macro-social perspective. Accordingly, European countries witness the increasing inclusion of women into labour markets, which is not accompanied by a redistribution of tasks across gender lines (Gálvez-Muñoz et al., 2011) but is accompanied by welfare state

retrenchment (Pierson, 2002). This creates a shortage in care, which is eagerly filled by immigrant labour. The notion of a care diamond includes not only "the state, market and family, but also the heterogeneous cluster of care providers variously referred to as the 'community', 'voluntary', 'non-market' or 'non-profit' sectors." (Razavi, 2007: 21).

Finally, a newly emerging body of literature speaks about *transnational welfare* (Piperno and Tognetti Bordogna, 2012) by addressing the dynamics of interdependence between social systems in the sending and receiving states. It discusses how the co-management of social processes related to migration becomes an important element in managing welfare regime challenges on both sides (Piperno and Tognetti Bordogna, 2012: 17).

3.2. Care provision and migrants

Focusing specifically on care provided by migrants, we explore state provisions and national expenditures on long-term care, institutional provisions of care (e.g. kindergartens, social workers, retirement homes), policies on work-life balance, and monetary subsidies for care provision (e.g. welfare payments, tax reliefs). "Private" solutions should be seen as those found by individuals and families without public support. It should be noted, however, that market provisions are rarely pure and states often subsidise and regulate market providers (Razavi, 2007). For instance, Finland, France, Spain, Sweden and the United Kingdom allow for tax breaks and cash payments for hiring child-care and domestic help, while various insurance schemes and pensions provide direct payments to elderly and disabled people (and their family members) for hiring care providers.

Migration often complicates this picture. By imposing certain migration regimes or occupational quotas for domestic workers, the state can create indirect incentives for the rising market of private care workers of immigrant origin. In order to highlight the complex relationship between the state and the private care, we accept a set of indicators for cross-national comparison proposed by Fiona Williams, who links care and migration regimes. Williams argues that in order to understand the emerging forms of migrant labour, one needs to address the specificities of the national welfare regimes, employment and care policy legacies, cultural preferences in care, as well as

racialised and gendered discourses (Williams, 2012: 365-369). This approach makes Williams's framework particularly fruitful for cross-national comparison and for the specific focus of our paper.

3.3. Welfare and migration regimes

In order to develop a comparative framework, we start off by referring to Esping-Andersen's well-known *welfare regime typology* (Esping-Andersen, 1990), which examined the way in which welfare production is allocated between state, market and households. Esping-Andersen distinguished three (western European) regime types: the liberal, the conservative (Bismarckian) and the social-democratic welfare regimes. Later empirical research suggested several additions to the original typology for a wider European scope: the Mediterranean or southern European (Ferrera, 1996) and the post-socialist or eastern European (Tomka, 2006) welfare regimes were identified as distinct types.[1] We find this consideration of welfare typology analytically and empirically useful for our comparative research.

Regarding European welfare regimes in long-term care, the typology of Pavolini and Ranci (2008: 250) could be especially productive for the aims of our research. They distinguish European care policies along two dimensions: the relative weight of services and the role of informality in care provision. Since the 1990s, various reform waves have complicated the picture (see Da Roit and Le Bihan, 2010).

Recent migration regime typologies, even if simplified for quantitative purposes, consider at least two dimensions: legal, formal access to citizenship and the multicultural policy framework shaping the socio-political inclusion of the immigrant

[1] The influential political-economy-oriented "Varieties of Capitalism" school followed a similar path in its typology construction: the original bipolar model of Hall and Soskice (2001) has been transformed to a typology of five different variants of capitalism (Amable, 2003): the Nordic, the Anglo-Saxon, the continental, the Mediterranean and the South-East Asian types. Moreover, Nölke and Vliegenhart (2009) suggested the eastern European post-socialist countries to be considered as a distinct variant: the type of the dependent market economies. In addition, the seminal paper of André Sapir (2006) also used a similar typology of the „European social models"; though Sapir did not distinguish the post-socialist EU member states as an independent subtype, he also referred to the Nordic, the Anglo-Saxon, the continental and the Mediterranean model.

population (Wright–Bloemraad, 2012).[2] The conceptual frame by Williams (2011) to empirically investigate the employment of migrant care labour across Europe encompasses these dimensions. She explores six salient factors of migration regimes: (1) immigration policies; (2) settlement and naturalisation rights; (3) employment, social, political, legal and civil rights (including the "lived experience"); (4) internal norms and practices which govern relationships between majority and minority groups and their implementation in care work sites; (5) histories and gendering of migration and emigration to particular countries; and (6) the significance of movements, organisations and mobilisations around migration and race relations (Williams, 2011:12-13).

Empirical findings are inconclusive about the recent changes and trends of migration regimes in Europe. In their European cross-country comparative analysis, Koopmans et al. (2012) found that migration policies became generally more liberal during the last three decades, though there was a partial reversal towards a more restrictive stance after 2002. Cross-national differences largely remained,[3] and policy convergence occurred only in two major areas concerning immigrant rights (antidiscrimination and protection against expulsion). Cross-country divergences are salient in the areas of access to public service employment, cultural rights in education, other cultural and religious rights, and marriage migration rights (Koopmans et al., 2012: 1233). Moreover, Orgad (2010) found that the dominant pattern for European migration regimes unambiguously shifts towards more restriction, independent of the traditionally different national approaches.[4] Finally, a comparative case study about care-work migration by Lutz and Palenga-Möllenbeck (2012) confirms the need for a

2 The first dimension indicates the individual equality of opportunities granted by citizenship rights of immigrants: not only do the criteria for nationality acquisition and regulations for residence matter, but also the differences in political, labour market, and welfare rights between immigrant and non-immigrant populations as well as the anti-discrimination provisions (Koopmans et al., 2012: 1210). The second dimension encompasses the cultural aspects of immigrants' rights (Kymlicka and Banting, 2006).

3 Only Germany deviated strongly from its historical pattern: shifting from the principle of ethnocultural exclusiveness, it followed a trajectory of comparatively strong liberalisation (Koopmans et al., 2012: 1226).

4 Analysing the new immigration policies in France, Germany, the Netherlands, the United Kingdom, and Denmark, he argues that a generally observable illiberal shift towards the culture-based concept of citizenship have created more restrictive immigration regimes in Europe (Orgad, 2010).

multidimensional approach in understanding EU migration regimes in care work research.[5] All of this literature on migration regimes signals that the main borders and frontiers of exclusion and inclusion have moved from the physical domains of territorial borders to the domains of citizenship and workers' rights, and differentiated access based on categorisation of migrants and the estimation of their contribution to the economy of the receiving country (De Somer, 2012; Mezzadra and Neilson, 2013).

3.4. Contribution to the existing literature and NEUJOBS project

Population ageing, middle class (urban) lifestyle, and new family patterns generate increasing and diverse needs for care services in European societies. Looking at the examples of four EU member states and one Eastern Partnership country that are positioned differently in the European and global care demand-and-supply chains, we analyse the role of policies promoting certain care demand solutions and discouraging others. We also examine how different European social policy models composed of particular mixes of state and non-state (non-profit and market-based) services offer avenues for significant expansion of care service supply with a double impact for women's employment (direct employment and decreased duties of unpaid domestic care).

Located at the intersection of labour, care and migratory regimes, our Working Paper relates to a number of Work Packages in the NEUJOBS project. It therefore taps into the work of other relevant WPs, making use of the data generated in specific areas and synthesising the findings to explore pathways of the socio-ecological transitions. Our study is particularly connected to WP5 and WP16 (both dealing with recent trends in female employment), WP8 (especially Task 2) that reflects on the role of migration in the changes of the labour force composition, and WP7 that deals with the change in the public/private mix in social services and the new patterns of employment in social services. Additionally, WP12 makes relevant links to socio-ecological transition, in particular the ageing of the population and the changes in household and family

5 Only the parallel consideration of immigration rules and social and reproductive citizenship rights can tackle the ambigous treatment ("officially combated, but tacitly tolerated", Lutz and Palenga-Möllenbeck, 2012: 31) and the consequent precarious status of migrant care workers.

structure, while WP18 addresses the issue of migratory regimes (though focusing primarily on high-skilled migration).

The contribution of WP13.2 may fill certain gaps in the care-migration-female employment debate.

(1) The migration literature and research, when looking at care work, sometimes combines employment issues and migration regimes (Lutz and Palenga-Mollenbeck, 2010; Ruhs and Anderson, 2010; Kindler, 2012), but rarely looks in depth into the way the intersection of the two affect domestic female employment.

(2) The female employment literature remains very cautious of including less formal and less straightforward migratory flows, relying mostly on the data on formal (institutional) care and (more rarely) on home-based care.

(3) Finally, the literature on the care chains is mostly concerned with (re)producing market and global inequalities, often neglecting how these care chains are embedded into national policies on care, female employment, social benefits and other welfare provisions.

4. Methodology and data

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. In addition, we consider the available statistical data from various care and migration research. For comparative purposes, we also use the EU-SILC (European Union Survey on Social Income and Living Conditions) data that is currently "the only data source allowing calculation of childcare usage among young children in a 'regular week' for all EU member states" (Van Lancker, 2013: 11). Recent methodological criticism of the SILC data (Keck and Saraceno, 2011), however, warns that major value-added can be expected from small-N studies and qualitative approaches. It should be noted that due to different availability of qualitative and statistical data in the selected countries, our case findings and discussions are necessarily uneven.

4.1. Conceptualising care work

One should note competing definitions for labour providing long-term (i.e. non-urgent) care inside and outside of private homes. The International Labor Organization, in a large-scale project entitled "Decent work for domestic workers" that paved the way for adoption of the first Convention on the rights of domestic workers (ILO, 2011), argues for a concept of "domestic work" which incorporates a wide range of responsibilities and skills required for the work, including direct care for persons, but also requirements for gardeners and chauffeurs. We prefer the term *care work,* which emphasises that care is a form of labour, and thus should be subject to protection of workers' rights (ILO, 2011). More closely, we refer to Razavi's understanding, which 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 encompasses any work that allows people (mostly women) to join the labour force and spend less time in unpaid domestic work providing care for children, the elderly or the sick, and creates opportunities for others (again mostly women) to obtain paid employment within the domestic sphere.

4.2. Country selection

The logic behind the country selection in our study is two-fold. From the selected five countries, the four EU member countries are chosen to show the diversity of the welfare and care models in Europe. We also select the countries according their position in the European and the 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 it), 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 a receiving country. Indeed, the chosen countries represent two care chains: Italy-Romania and the United Kingdom-Poland-Ukraine, respectively. It should be noted that with this selection the

countries belonging to the social-democratic welfare regime, considered to be the frontrunners in most of the social policy fields (e.g. Tepe and Vanhuysse, 2010), are neglected. This choice was made in cognisance of the fact that we also neglect the Nordic social democratic welfare states that are frontrunners in both policy innovation and policy research (see the excellent research paper of Meagher and Szebehely (2012)).

Table 1: Main features of the selected countries

	EU membership	**Welfare regime**	**Organisational depth and financial generosity of long-term care***	**Position of migration in the care chain**
Italy	OMS	Bismarckian, South European	Medium organisational depth, medium level of financial generosity	Receiving
Poland	NMS	Bismarckian, post-socialist	Shallow organisational depth, low level of financial generosity	Sending and receiving
Romania	NMS	Post-socialist, towards residual or South European	Shallow organisational depth, low level of financial generosity	Mainly sending
United Kingdom	OMS	Liberal	Medium organisational depth, medium level of financial generosity	Receiving
Ukraine	EAP	Formally universal, informality driven	n.a.	Sending

Notes: OMS: old member state; NMS: new member state; EAP: Eastern Partnership
* Source: Kraus et al. (2010).

Selecting Italy, Poland, Romania and the United Kingdom allows us to offer a comparative overview of the migrant care labour situation in different care regimes. The United Kingdom can be broadly placed in the liberal model, characterised by partially institutionalised (pre-school kindergartens for limited amount of hours) and partly subsidised care-related provisions (in the form of tax reductions and monetary support for hiring domestic and care help). However, it has no special provisions for care workers and singles out only one category, au pairs, who receive special programmes for access and stay in the country. Despite its severe border controls and rather tough immigration laws for low-skilled migrants, the United Kingdom has been

a destination country for millions of migrants and one of the most popular destinations for many workers from the new EU accession countries.

Italy can be firmly placed in the South European welfare model, which is characterised by relatively low participation of women in the labour market, few family-work reconciliation policies, state monetary subsidies (in the form of pensions and tax reductions) for hiring help and a general attitude that the care should be carried out within the confines of the family or the home. Italian migration policies have responded to this demand by creating special entrance quotas for care and domestic workers and a number of labour policies regulating the relationship between employers and employees in the privacy of employment at home.

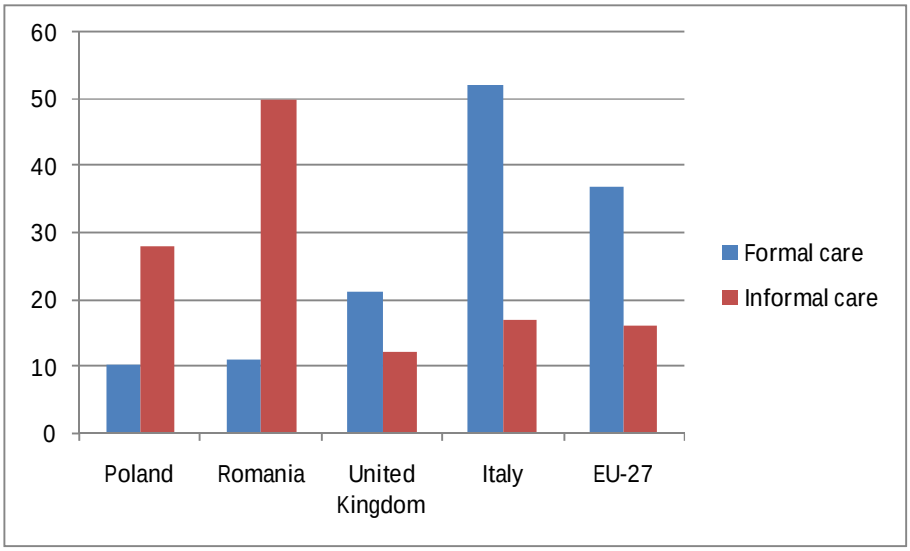
Poland and Romania, two new EU member countries, were seriously affected by the collapse of the state-socialist economies and the consequent deterioration of institutionalised care support, as well as the partial privatisation of the formerly state-provided services. Both countries witness attitudes swinging towards traditionalist and patriarchal values that place women back into families and put the caring responsibilities mostly on their shoulders (Lutz and Palenga-Mollenbeck, 2010; Rosiska-Kordasiewicz and Urbanska, 2006). The collapse of various industries and the consequent unemployment has positioned both countries on the sending end of migratory chains across the EU. Many women of different ages from Poland and Romania have taken up care and domestic work professionally for the first time, particularly in Italy, Germany and the United Kingdom. Such an exodus of population has produced an increasing burden on care work in the families and the national welfare systems in both countries. In Poland, this immediately attracted migrants of various professions and levels of education from Ukraine to fill the gaps in Polish homes and professional sectors (Lutz and Palenga-Mollenbeck, 2010; Rosiska-Kordasiewicz and Urbanska, 2006; Kindler, 2012). The care chain approach applied beyond the EU borders allows us to show how these countries find a supply from even poorer countries (i.e. Ukraine) that compensates for the outflow of (Polish) labour.

5. Results

5.1. Cross-country comparative statistics

As mentioned, at present the only European-wide childcare statistics[6] that provide reliable data for cross-country comparisons are the EU-SILC scheme (Plantenga et al., 2009; Van Lancker, 2013). In our comparison, we follow Meagher and Szebehely (2012) and Van Lancker (2013), who used the full time equivalent (FTE) measure of care[7] to encompass also the intensity of care use.

Figure 1: Full time equivalent care use for all children below the age of three, EU-27



Source: EU-SILC 2009 data, calculations of Van Lancker (2013: 13)

These data suggest that in Romania and Poland informal childcare dominates, and the formal childcare usage is also modest in the United Kingdom; only the Italian formal childcare usage FTE surpasses the EU average. Within the EU, the highest ratios are in Denmark (close to 90%) and Sweden (72%), where informal care is practically non-existent. In addition, formal childcare services are not targeted towards disadvantaged children, but rather the opposite is true: Poland, Romania and the United Kingdom are

[6] Ukraine, as a non-EU country, cannot be included in this comparative section.

[7] FTE: proportion of children in formal childcare multiplied by average number of hours per week; expressed as a percentage of 30 hours per week (OECD Family Database).

particularly characterised by a striking inequality of childcare use (at the expense of low-income families (Van Lancker, 2013:14)). Moreover, EU-SILC data underline that high-income families are more willing than low-income families to use both formal and informal care; thus informal care does not mitigate but rather reinforces existing inequalities.

In principle, many other WPs of the NEUJOBS project can support our analytical efforts with comparative statistics, with the caveat that the salient informality of domestic care work limits the demonstration power of statistical data. Nevertheless, it is worth reiterating some important findings of WP13.1: the care sector is characterised by a high level of female employees, long and irregular working hours, low pay and often atypical work. In addition, WP7.3 pinpoints the likely immigration link in the social service sector, suggesting a diverging duality in emerging social service job opportunities: on the one hand, the formal, more standardised high-quality services provided by a relatively highly qualified workforce, and on the other, the hidden, semi-formal services of unknown quality provided by less qualified people who are often neighbours or immigrant workers (WP7.3: 3). The likely employment scenario of WP9 using the NEMESIS model forecasts major job creation in market services related to the care sector. According to WP8.2, while some regions are likely to be able to partly compensate for a declining working age population through migration (in our cases Italy and the United Kingdom), other regions become even more vulnerable to working population decline due to emigration (to some extent Poland, but especially Romania, and the non-EU member Ukraine even more so).

A number of sources have underlined that migrants become increasingly overrepresented in care and domestic work. The ILO report “Decent work for domestic workers” indicate that there has been a growing prevalence of migrant work in domestic work in the past 30 years, while in several regions – including Europe, the Gulf countries and the Middle East – the majority of domestic labourers today are migrant women (ILO, 2010: 6). Moreover, the OECD Migration Outlook has demonstrated that during the crisis years of 2008-11, the fastest growing sector of

migrant employment was "resident care activities"[8]. In terms of employment, this was the second fastest growing sector among non-migrant populations (after human health activities), but it added up only to 12.6% of the overall increase in employment. However, in the foreign-born population, 46.9% of employment growth was in this sector. Altogether, care-work-related sectors produced 65% of the increase in employment among immigrants during the times of economic recession. In particular, 643,000 jobs were created in residential care activities, of which over 50% were taken by foreign-born workers. The sector of "activities of households as employers of domestic personnel"experienced an employment increase of 17.8%, i.e. an additional 193,000 jobs that were filled by migrants. In these two sectors, the overwhelming majority of new jobs (around 90%) were taken by women.

Here we have to underline the particular relation between the available statistics and certain qualitative research findings. Ruhs and Anderson (2010) argue that labour immigration has been for years one of the most important and controversial public policy issues in high-income countries. National governments are struggling in particular to find a balance between protective and securitisation policies for their borders and labour markets; they have to face simultaneously problems linked to the ageing and shrinking of the working population, a skill shortage and a demand for cheap labour in certain sectors (Ruhs and Anderson, 2010). They problematize the concept of "**demand" for migrant care workers as a specific form of demand: a need for workers who would take a job on a substandard wage and with employment conditions that are unacceptable for the native workers**. This more nuanced understanding of statistics concerning labour shortage and demand is vital for understanding the picture of the EU care sector and the role immigration plays within it. Consequently, in the country case studies related to each other by the European care chain, we intend to tackle the following issues as well: a) how migration and care regimes in the selected countries have become so particularly open for foreign-born

[8] According to the NACE classification of economic activities, "residential care activities" include providing care (except professional health care and social services) for the elderly, disabled and orphans in residences, nursing homes, convalescent homes, rest homes with nursing care, nursing care facilities. http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-RA-07-015/EN/KS-RA-07-015-EN.PDF

and migrant care workers; b) what work conditions and particular policies have made this sector expand markedly more among the foreign-born population than the native population; and c) what is happening to the care sector in those countries that supply this labour to better-off parts of the EU.

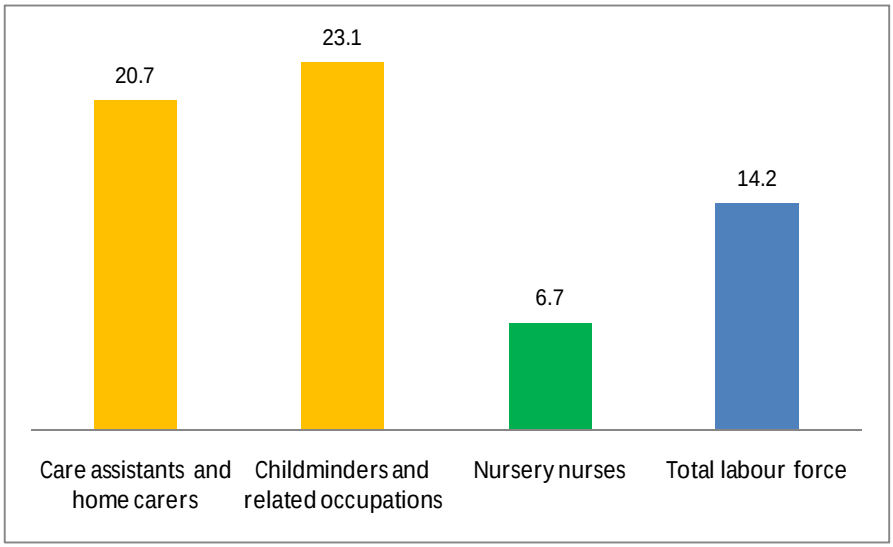
5.2. The United Kingdom

The care model in the United Kingdom relies strongly on informal care, stimulated and sustained through a wide range (with a medium degree of generosity) of monetary allowances, cash provisions, direct payments, tax reductions and insurance schemes that allow for the purchase of informal home care for children, the elderly and those in need of other forms of long-term care (Dandi et al., 2012; Williams, 2012; Pavolini and Ranci, 2008). It is means-tested and decentralised through a complex mix of government grants to local councils, local taxation in the form of a council tax, and individuals' own resources; this often creates disparity in access to long-term care in different regions and across the social classes (Moriarty, 2010). Around three-quarters of local funding for social services is spent on services for adults and only a quarter on services for children (Moriarty, 2010); in particular, social care for older people, such as care in nursing and residential homes and home care services, is perceived as facing increasing demand.

The UK system of social care is *publicly funded but privately provided*; the care-provider sector is dominated by both national and multinational chains and smaller agencies and businesses. There are about 35,000 establishments arranging or providing adult social care, and 58% of these are 'micro establishments' employing between one and ten people. In addition, another 50,000 people purchase support directly from care workers using public funding (Eborall and Griffiths, 2008). The emphasis on monetary payments instead of institutional organisational care provisions can be interpreted as enhancing free choice of the family, either to provide care by themselves or to purchase such care. It may help to recognise formally unpaid labour of carers provided usually within the families, stimulating the quality of the provision by enhancing competition on the care labour market (Da Roit and Le Bihan, 2010). While the relation between free choice, cash payments, and the quality of care provisions has been critically challenged (Dandi et al., 2012; Pavolini and Ranci, 2008), these schemes have been on the rise in the last 15 years because they significantly reduce state expenditure on care (Da Roit and Le Bihan, 2010).

This liberal model of care has given rise to a particular form of opening for migrant labour in this sector, the "*migrant in the market*" model (van Hooren, 2010). Thus, most migrants are employed by private care providers, agency-based elderly and childcare agencies and through au pair programs (Williams, 2012; van Hooren, 2010; 2012; Moriarty, 2010). The past decade saw a steady increase in the immigrant labour force entering the care sector, from about 7% in 2001 to 18% in 2009 (Shutes, 2012; Cangiano and Shutes, 2010).

Figure 2: Ratio of foreign-born and foreign national workers in the particular segments of care in the United Kingdom, 2008 (%)



Source: UK LFS data, calculations of van Hooren (2011)

Foreign-born and foreign national workers are strongly overrepresented in the more precarious segments of the care sector (*Figure 2*). Recent qualitative studies suggest that migrants are more present in agency-based employment for elderly care and in household-hired formal and informal employment in childcare (van Hooren, 2011: 99). Among childminders, the new member states (NMS) joining the EU in 2004 dominate the market (30.7% of childminders come from EU NMS), while the markets for home carers and care assistants are lead by immigrants from Africa (26.7%) (Cangiano and Shutes, 2010: 67). Poland, the Philippines, Zimbabwe, India and Nigeria provide the most foreign-born care workers, which reflects two main drivers that shape current

British immigration: its colonial history and the enlargement of the EU in 2004 (Moriarty, 2010; Cangiano and Shutes, 2010; OECD, 2012; Williams 2012).

Despite this growing demand for immigrant care, the United Kingdom has become increasingly restrictive in its immigration policies towards care workers (Moriarty, 2010; Williams, 2012; OECD, 2012). The country has recently prioritised high-skilled migration over low-skilled and temporary migration. Opportunities to obtain a work permit for social care for non-EU citizens are now strongly limited: only senior care workers fulfil the specific requirements[9] (Moriarty, 2010). While there are no specific visas designed for care workers, there are two special categories in occupational relations: au pairs and domestic workers accompanying their employers. The former are dominated by young people from eastern and central Europe, and the latter by domestic workers from Asia and Africa (Williams, 2012). Au pair programmes are sponsored by the families, envisioned for people between 18 and 30, mostly limited to two years, and do not allow for transition into any other employment. Since 1998, however, accompanying domestic workers have been eligible to change employer and for a residence permit after five years of stay in the United Kingdom (Williams, 2012; Burikova and Miller, 2010). This measure, taken to lessen the control of abusive employers, is currently suspended and unavailable from April 2012 (ILO, 2013).

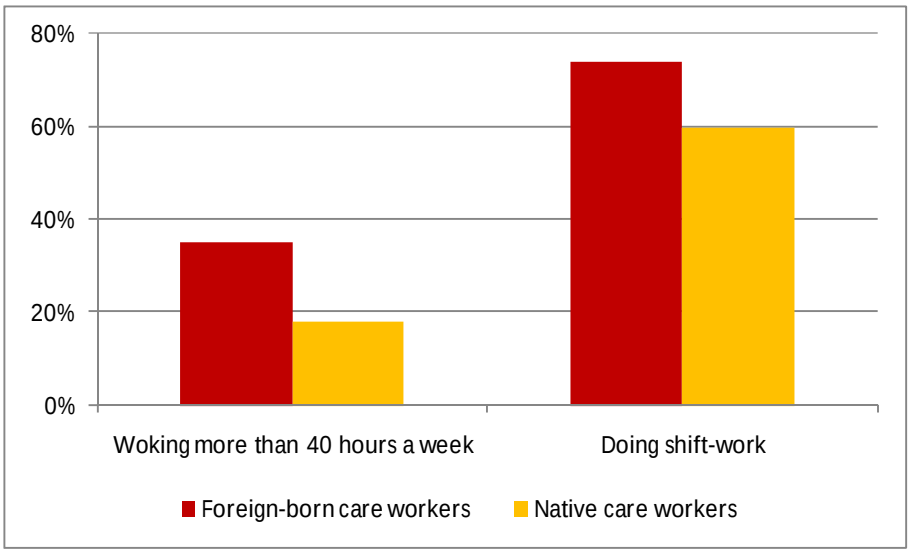
The growing demand for care workers at a particular price and with particular flexible working conditions, and the difficulties in retaining workers in the social care sector, (Ruhs and Anderson, 2010; Moriarty, 2010) imply a "reluctant reliance on immigrant labour" (Van Hooren, 2011), which often pushes migrants into more flexible, informal or even abusive working conditions (Moriarty, 2010; Williams 2012). Employers often rely on immigrants as a source of low-wage labour vulnerable to exploitation due to fear and insecurity surrounding their immigration status (Van Hooren, 2012). Immigrants are overrepresented at the lower end of the pay scale of the care sector,

9 In 2013-14 a maximum of 20,700 skilled workers can come under this Tier. (http://www.ukba.homeoffice.gov.uk/visas-immigration/working/tier2/general/).

with 42% earning less than £6 per hour (before taxes), which is the rate for only 31% of British-born care workers (Cangiano and Shutes, 2010: 82).

In childcare, migrants are less likely to enter jobs in nurseries and day-care centres, instead they find employment as private childminders or nannies. The situation is reversed when it comes to elderly care and homecare; here migrants are more likely to be found in formal agency-based care (van Hooren, 2011). Foreign workers are more willing to accept work in shifts, flexible time and responsibilities, work overtime and even abuse (Cangiano and Shutes, 2010; Shutes, 2012).

Figure 3: Working condition indicators for foreign-born and native care workers in the United Kingdom



Source: Cangiano et al. (2010: 81)

Immigrants' willingness to accept low-pay jobs that lead to their de-skilling and offer uncomfortable shifts and poor work conditions often derives from various other types of constraints, such as economic hardship, unfamiliar setting and language, a need to send remittances, restrictions attached to their immigration status, and dependency on their employer for their immigrant status and the right to stay in the country (Cangiano et al., 2010; Moriarty, 2010; Shutes, 2012). An important distinction is to be made among various groups of immigrants, depending on their nationality and experience in the receiving countries; thus, long-established migrant workers, similarly

to the UK-born workforce, are more likely to be employed in the better paid and more secure jobs of the public sector, leaving recent migrants concentrated in the less attractive jobs of the private sector (Moriarty, 2010).

5.3. Italy

A representative of the Southern European welfare model, Italy has long relied on family, and particularly female labour, as the main source of care for children, the elderly and the sick (Näre, 2013; Dandi et al., 2012; Da Roit and Le Bihan, 2010; Pavolini and Ranci, 2008; Da Roit et al., 2007; Bettio et al., 2006). Italian labour and care policies encourages a "male bread-winner / female carer" model and does not encourage female labour force participation, leaving the policies that promote work-life balance – namely, flexible work arrangements, the system of parental leave and the provision of social services – "marginal and poorly coherent" (Graziano and Madama, 2009: 3).

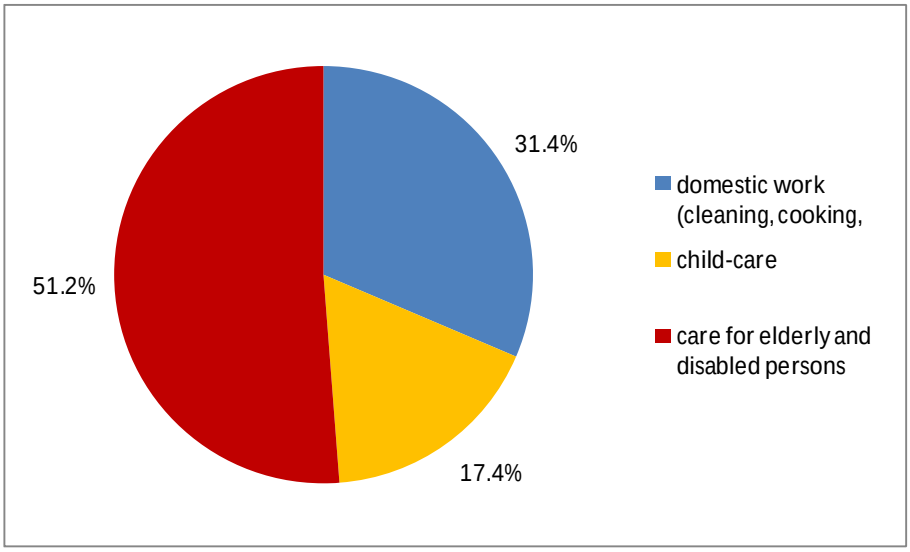
Dandi (2012) describes Italian long-term care as characterised by high private financing, with informal care being a necessity (i.e. a low level of state spending, high level of private funding, and medium cash benefits). However, Italy has not developed policies on informal care, regulation of labour in the care sector or employer / employee protection (Dandi, 2012; Da Roit and Le Bihan 2010). At the national level, Italy has made no national reforms to long-term care in the last 15 years, while local and regional administrations have passed some reform initiatives mainly based on cash benefit and vouchers programmes. The effect of these reforms remained limited, and they also contributed to increasing territorial inequalities in access to public welfare in the north / central regions versus the south (Pavolini and Ranci, 2007).

Since the 1990s, Italy has had one of the lowest fertility rates (1.25 on average) in Europe, attributed to economic and employment insecurity. Italian women tend to postpone childbearing until securing a stable job, which implies a decline in fertility rates (Prifti and Vuri, 2012). However, the demands and the symbolic hierarchies of household tasks, according to which certain jobs are deemed too unpleasant or "dirty" (Näre, 2013), afford a particular place for geriatric care in Italian care demand. While

childcare can be mostly linked to Italian women's increasing labour participation and men's absence from caring responsibilities, the demand for elderly care has been fuelled by the availability of inexpensive migrant labour and state cash support making migrant labour for home care accessible for families from lower social strata (Näre, 2013).

The 2000s have seen an "increasing use of immigrant labour to care for the elderly living at home" which even generated a new carer profile of the *badante,* "a migrant woman often working irregularly in the grey market" (Da Roit, 2007: 658). The proportion of foreign workers in the care / domestic sector was only 5-6% in the 1970s, and about 20% in 1992. They formed a majority (estimated at around 53-54%) by 2000, and today, immigrants dominate the Italian domestic work sector; their estimated share is around 70-90% (van Hooren, 2010; Genet et al., 2013). Although migrant care workers are strongly represented in domestic work and childcare as well, the majority are employed in care for elderly and disabled people.

Figure 4: Estimated share of care sectors in total employment of migrant care workers in Italy, 2007 (%)



Source: van Hooren (2010)

While Italy lags in providing services and institutional support for care provisions, the country has been a forerunner in a number of regulations that simplify the delivery of cheap immigrant labour to the families. There are three distinct ways in which Italy has opened the doors to domestic and care workers, while maintaining quite high anti-immigrant sentiment in general: 1) regularisation for domestic workers already present in the country illegally or working in this sector irregularly (i.e. without proper work permits);[10] 2) special entrance and work permit quotas for care and domestic workers (versus national quotas for migrants for other occupations); and 3) allowing Romanians and Bulgarians to take up work in the care sector without any restrictions (as opposed to limitations in other occupations) (van Hooren, 2010; Marchetti et al., 2013).

The annual waves of regularisation were organised around national and general immigrant quotas until 2005, when domestic workers were singled out in addition to national and other occupational quotas, receiving 15,000 places (in comparison with 16,000 quotas for all other occupations). Domestic workers' quotas grew at an amazing pace since. In 2008, Berlusconi's government abolished any other occupational quotas for migrants, while at the same time raising domestic workers' quotas to a record number of 105,400 domestic workers. Additionally, the domestic labour sector was opened up to all immigrants from the new accession countries in 2004 and in 2007. When Romania and Bulgaria joined the EU, they were granted full access to this sector despite limitations on many other occupations[11] (van Hooren, 2010). This outstanding effort to maintain the supply of immigrant care labour was in sharp contrast not only to the generally anti-immigrant sentiments among the public (especially in relation to particular nationals, such as Romanians after 2007), but also the 20-year long persistent failure of the Italian government to reform its welfare in the areas of long-term care and care for the elderly and disabled (Da Roit and Le Bihan, 2010). This particular combination of care and immigration regimes renders migrants as crucial providers of

10 The 1998 'Turco-Napolitano Act' (40/1998), the second a reform of the 1998 law, known as the 'Bossi-Fini Act' (189/2002).

11 Along with domestic workers, only those employed in agriculture, tourism construction and engineering could work in Italy without restrictions (van Hooren, 2010: 28).

welfare (Marchetti et al., 2013) and transforms the Italian "family" care model into the "migrant in the family" model (Bettio et al., 2006; Van Hooren, 2010; 2011). Migrants are more willing to work long hours for low wages and to take up unpleasant and low prestige jobs as well as to negotiate and stretch the amount of duties that would fit into their daily work (Van Hooren, 2012; Lutz and Palangea-Möllenbeck, 2011).

Since the beginning of the 1990s, a significant increase in domestic workers from eastern Europe can be seen in a sector formerly occupied mostly by women from Africa, South America and the Philippines (Andall, 2000; Parreñas, 2001). Eastern European employment in Italian homes was pioneered in late 1980s by Polish women (not without the support of Roman Catholic Church, including the Polish Pope John Paul II). It later became an attractive opportunity for employment for thousands of middle-aged women from Ukraine who, due to the collapse of the Soviet economy and their age, had a hard time finding new employment (Vianello, 2009; Lutz and Palenga-Möllenbeck, 2012; Näre, 2007). Due to the territorial proximity to Poland, Ukrainian women were first recruited to fill the care gaps in Polish homes created by the departure of Polish women for Italy. Then they started to move on to care work directly in Italian homes. While Romanians became the leading immigrant group in Italy by 2004, Ukrainians represent the "ideal" providers of geriatric care. Ukrainian migrants are the 2nd largest group in terms of numbers (OECD, 2012); over 80% of them are women, with the average age being between 50 and 55 (Marchetti; et al. 2013). Since Ukrainians have no special national quotas and can only compete for occupational and general immigrant quotas, Ukrainian irregular migrants comprise 6.7% of all irregular migrants, making Ukraine the third largest group in absolute terms, at 28,000 irregular immigrants (Marchetti et al., 2013). Before 2007, when Romania and Bulgaria entered the EU, 33-35% of its citizens had an illegal presence in Italy (Marchetti et al., 2013).

These trends have created a challenge to dignified employment for migrant care workers. For the migrants, providing illegal work in Italian homes makes them more competitive with other migrants and reduces their own efforts and expenses put into

the often lengthy and complicated process of regularisation (Fedyuk, 2011). For employers, an illegal immigrant can be as much as 50% cheaper (van Hooren, 2010), while the negotiation of work conditions and tasks is much easier with a migrant who fears being caught (Fedyuk, 2011; Vianello, 2009). One has to acknowledge the price for this easy "match": due to high demand in the care and domestic sector, migrant workers often become "invisible" through engaging in informal live-in contracts in which a migrant lives at the employer's house and has only one free day per week, and sometimes does not leave the house of the employer for weeks at a time. This form of work is preferred by first-time and irregular migrants, as it minimises their risk of running into the police and the need to arrange other aspects of their lives, like accommodation or food. However, it leads to severe cases of exploitation, when the migrants' work spills into any hour of day and night, and their food is controlled heavily by their employers, as are their freedom of movement, sleeping patterns and daily routines (Fedyuk, 2011; 2012; Vianello, 2013; Solari, 2006; 2010).

5.4. Poland

Poland, as a Bismarckian welfare type post-socialist country, is witnessing significant transformations in its labour market, economy and ideology surrounding the issues of care. The last two decades of the transformation of the labour market in Poland favoured sectors occupied by women (services and state-provided contracts), while the high level of education among women lead to some occupational improvements for women, especially in the age cohort of between 30 and 54 (Bukowski, 2010; 2011). Despite these changes triggering women's participation in the labour market, Poland is experiencing a serious backlash of traditionalism and the increasingly pronatalistic national policies of the Polish state and the Catholic Church that often redefine women's main role as that of mother and carer. Along these lines, welfare strategies have been restructured by promoting monetary compensation for childcare and welfare provisions for a childcarer who stays at home, rather than to encourage women's return to work and their more active participation in the labour market. Some evidence shows employers' practice of asking female job applicants to present a

medical certificate proving that they are not pregnant and/or to sign a written declaration that they will not take leave to care for sick children or become pregnant during a given minimal period (Heinen and Wator, 2006). Additionally, massive out-migration of predominantly young people has created noticeable labour shortages in some regions and labour sectors in Poland. This has increased employment chances for those age cohorts among which migration was less prevalent (Iglicka and Ziolek-Skrzypczak 2010)

As Poland experiences the transition from institutional and universal provision of care (especially in childcare) to residualism in social protection that allows state support to the poorest members of society, families and particularly women are increasingly taking up the burden of care (Heinen and Wator, 2006). Only 2% of Polish children under the age of three are in childcare centres. The lack of institutional childcare triggers women to join the lines of the unemployed more often than their male colleagues, and makes their return to the labour market after parental leave more difficult (Titkow, 2003). The situation of long-term care for elderly places Poland at the very bottom of EU practices, with approximately 2% of the population over 65 receiving formal long-term care. Poland's long-term care (LTC) system is characterised by low public spending on formal LTC, low support but high use of informal care, medium cash benefits, and a high level of private financing (Kraus et al., 2010; Styczyńska, 2012; Dandi, 2012). Styczyńska argues that overall, the Polish LTC system is closed and hard to access, stiffened by a complete lack of integration of health care and social assistance, while restrictive policies have made accessibility to these services even harder in the recent years (Styczyńska, 2012).

In her book *A 'Risky' Business?,* Marta Kindler outlines three main features of the transforming demand on the Polish care market: 1) an ageing population, similar to EU trends, 2) the privatisation and collapse of state-provided institutions of care (particularly elderly homes); and 3) the transformation of the type of female employment thanks to new career and earning possibilities for women (Kindler, 2012: 15). This has led to a higher-income-generating employment and opened up the

possibility of buying domestic and care work. When it comes to cleaning and domestic work, Kindler argues, the lifestyle and status of the employer come to play an important role in forming the demand side. A domestic worker can be a status symbol, allowing women not only to engage in more lucrative occupations, but also to maintain a certain lifestyle and spend time off work in more pleasant and personally rewarding pursuits (Kindler, 2012).

Against the background of thinning opportunities for formal and institutional provisions of care, large emigration flows affect access to care in many families. Therefore, the situation in the care sector in Poland should be considered in relation to Poland's position as both an immigration and emigration country. Poland's shifting position in the EU was a catalyst for shifting balances within its national labour market. Polish large-scale emigration created not only a demand for labour in certain domestic sectors, but also new capacities for hiring labour in the country. The country's EU accession in 2004 opened up a wealth of professional opportunities for Polish people in the EU, increasing their purchasing power and draining the labour force in several sectors. Simultaneously, Poland built one of the largest and most securitised border zones in the EU (Iglicka and Ziolek-Skrzypczak, 2010) and thus generated restrictions on immigration from non-EU countries that have traditionally been suppliers of cheap labour for Poland (first and foremost, Ukraine). Therefore, when discussing migrant regimes in Poland, one has to consider its sending and receiving capacities in order to understand its position in global care chains.

Since Poland joined the EU, together with seven other central and eastern European countries (plus Cyprus and Malta), it became a major supplier for the labour forces in several EU-15 countries, particularly in Germany – where by 2010 it contributed 17% of all arriving foreigners (OECD, 2012) – and the United Kingdom – where the Polish comprised 66% of all new member states immigrants. By 2009, Polish citizens comprised the second largest foreign population in the UK after Indian nationals (OECD, 2012). All in all, the balance between the inflow and outflow of population in Poland shows these increasing dynamics; between 2001 and 2010, 112,800 foreigners

were registered in Poland on a permanent basis, while the number of officially registered Polish emigrants (i.e. officially de-registered persons in Poland) reached 258,200 (Duszczyk et al., 2013; Fihel, 2012).

Okolski and Kaczymarczyk argue that "post-2004 labour migration from Poland turned out to be one of the most spectacular migratory moments in contemporary European history" (Okolski and Kaczymarczyk, 2008: 599), which reflected the inefficiency of the domestic economy and regional disparities in economic development, and responded to the demand of receiving state's labour markets. The first phase of post-2004 accession included the outflow of men (50% higher than that of women), with a significant outflow from rural and less urbanised regions with young, relatively well-educated migrants (under age 30) going to the countries with open labour markets, while those above 30 and with less educational attainment going to less accessible labour markets (Germany, Italy or Netherlands). Italy provided opportunities for informal employment in the domestic sector for women (Okolski and Kaczymarczyk, 2008) and Poland has become a visible contributor to the feminisation of migration through increasing demand in care and domestic work, as more and more Polish women (especially from less urbanised regions) have been begun working in households in Germany, Belgium, Italy, Spain and Portugal (Lutz and Palenga-Mollenbeck, 2012; Vianello 2009). There is a general consensus that such outflows of labour relieved employment tensions in Poland and resulted in a shortage in the labour force, particularly in sectors such as construction and manufacturing; over 30% and 15% of companies reported hiring difficulties in the construction and manufacturing sectors, respectively (Okolski and Kaczymarczyk, 2008; Iglicka and Ziolek-Skrzypczak 2010). However, there seems to be little analysis of how the care-work related outflow of working women affected the employment opportunities of those women who stayed behind and the balance of care work in households.

Some studies note that of the Polish middle-class households that employ domestic help, 10% employ immigrants (Lutz and Palenga-Mollenbeck, 2012; Golinowska et al., 2004). According to the numbers on the legal employment of foreigners admitted to

Poland in 2011 on the basis of valid work permits, "household services" comprise 10.7% of all work permits, thus constituting the 3rd largest occupational sector (after construction and trade) (Duszczyk et al., 2013). While Poland does not have specific entry or work permit quotas for domestic or care workers, these categories of workers can benefit from the general work permit system (EUAFR, 2011). This is particularly handy for temporary and circular patterns of migration from the neighbouring countries. These patterns allow women to „rotate" their employment in cooperation with a relative or friend, thus spending several months in Poland followed by several months spent at home (Kindler 2012, Lutz and Palenga 2010). In August 2006, entering Poland for work was simplified for Ukrainian, Byelorussian, Russian nationals: they were granted the right to work without work permits for three months in a period of six months. While this regulation was used initially to draw labour to agricultural sector only, in 2007 it was opened for all other sectors (Iglicka 2010, EUAFR 2011). Since 2007 for the citizens of Moldova, Russia and Ukraine, employer declaration (instead of work permit) has been sufficient for working in Poland (EUAFR, 2011). Again, while there are no special provisions for the domestic sector, this form of regularisation of work is convenient for domestic care workers. Among the Ukrainian migrants, who constitute by far the largest group among all third-country nationals (46% of all work permit holders), 20.5% are engaged in domestic work, making it the second largest sector after construction, which employs 29.6% of all Ukrainians working in Poland (Duszczyk et al., 2013).

Despite the differences in their geopolitical situations, Poland and Ukraine share similar experiences of feminisation of migratory flows and employment of women in the domestic and care sector abroad (Lutz and Palenga-Mollenbeck, 2012). In order to demonstrate that the care chain drawing Polish women to work in western European households does not end in Poland, we also reveal a set of migration features from Ukraine, the main provider of care and domestic workers for Poland.

5.5. Care-chains reaching outside the EU: The case of Ukrainian labour migration

Statistics on contemporary labour migration from Ukraine display a conspicuous uncertainty in estimates: from 1.5-2 million as indicated by some Ukrainian large-scale sociological surveys (Libanova et al., 2008; Malynovska, 2006) to 5 million, i.e. 20% of working population of Ukraine (Kyzyma, 2006; Hofmann and Reichel, 2011). Malynovska (2004) also estimates that between 8 and 9 million unregistered Ukrainians are working abroad. Emigration intensity and its demographic characteristics are mostly defined by the gendered occupational sectors in the receiving countries; while more men migrate to Russia and the Czech Republic to perform construction work, more women migrate to southern Europe to engage in domestic and care work. Studies estimate the following sector division of Ukrainian migrants abroad: 50-55% of migrants are involved in construction, 15-20% provide domestic and care services, 8-9% are in agriculture, a similar percentage are in trade activities, and only about 5% are in industry (Malynovska, 2010; Vakhtinova and Coup, 2013). Russia is the preferred destination country (attracting almost 50% of all Ukrainian migrants), followed by Italy and the Czech Republic (13-14%), Poland (7-8%), then Spain, Portugal and Hungary (2-4%), with 8-9% going to other countries (Malynovska, 2010).

While male migrants dominate Ukrainian emigration, the number of migrating women is reportedly higher in western regions of Ukraine, where women comprise 60-70% of migrants working abroad (Volodko, 2011; Zhurzhenko, 2008). The flows to countries such as Italy and Greece are particularly feminised: over 80% of migrants to both countries are women (Istat, 2011; Volodko, 2011). Several authors remark that female labour migration in domestic and care sector is a "vignette of women's burdens: overexploitation, multiple penalties, financial and emotional outsourcing" (Tolstokorova, 2010b: 204). Indeed, employment in the domestic sector among Ukrainian migrants has the lowest percentage of written contracts (just over 16%). The countries that hire a great number of Ukrainian domestic workers share the lowest percentage of written contracts, i.e. Russia, Poland and Italy (Vakhtinova and Coup, 2013).

A number of studies (Lutz and Palenga-Möllenbeck, 2010; Piperno, 2008; Tolstokorova, 2010a; Volodko, 2011) utilise Hochschild's (2003) concept of "care drain" or "care gap", created by the departure of Ukrainian women to perform paid care work abroad. Lutz and Palenga–Möllenbeck (2010) suggest that the departure of women leads to an inability to perform their duty of "citizen-carer". This is reflected in prominent academic, political and public debates in Ukraine in the recent years on the cost of migration for the family unity and the separation of mothers and children. "Starting in 2000, public national [Ukrainian] discourses switched from relative silence to a very lively interest in children of labour migrants" (ibid: 13). The terms "Euro-orphans" or "social orphan" came to denote migrants' children left in Ukraine, who according to public discourse are "orphaned" while their parents are alive and are "victims of the parents' hunger for euros" (Lutz and Palenga-Möllenbeck, 2010: 13; Fedyuk, 2011), which is reflected in a growing volume of literature on the so-called "social orphans".

5.6. Romania

Similarly to Poland, the post-1989 transformations of welfare policies and labour market trends did not seem to improve the situation of long-term care in Romania. LTC that combine both a medical and social work aspect (i.e. a variety of services that help the person in care with activities of daily living) are characterised by shallow organisational depth and a low level of financial generosity (Dandi et al., 2012).

In the field of LTC for the elderly, Romania seems to have well-defined regulations that often fail to be implemented due to funding and resources limitations. The European Network of Economic Policy Research Institutes *(*ENEPRI*)* report on elderly LTC indicates that the evaluation of individual needs for care is based on an assessment of individual social, economic and medical status (Popa, 2010). The evaluation covers the types of socio-medical services to meet a person's needs according to the level of dependency, the preferences of the person, and the available local services that meet the requirements (Ibid: 2). However, the report remarks that the resources for meeting these needs are highly decentralised, as in the United Kingdom. There is a great

discrepancy in access to LTC across different regions of Romania, with rural areas being significantly disadvantaged in terms of funding and human resources.

LTC funding for the elderly is through both public and private means and there are no cash benefits for elderly care, except for individuals with recognised disabilities. The major responsibility for LTC lies within the consolidated state and dispersed local budgets. Private means arrive mainly from NGOs. The structure of LTC can be institutionalised and home-based, with the latter being formal and informal. However, the ENEPRI report indicates that Romania is experiencing a major shortage in both institutionalised services and professional resources such as geriatric specialists, occupational therapists, physiotherapists and dentists (Popa, 2010: 4). Thus, the majority of care for elders is provided within the families by women (wives and daughters) as the main carers.

Given that women play such a key role in providing informal care, it is important to look at the migratory processes that affected Romania, especially after EU accession. Since the 1990s, Romania has experienced a drastic feminisation of migratory flows: from 12% of all migrants in 1990-1995 to 45% in 2002-2006 (Sandu, 2006). Information about Romanian nationals working in the formal and informal care sectors across Europe barely exists. Some sources indicate that in Italy – where the number of Romanians reached 969,000 in 2010, making them the largest foreign resident group (OECD, 2012) – Romanian nurses comprised 43.9% of all newly registered nurses in 2010 (Boccaletti, 2012). The United Kingdom is also likely to hire more Romanian care-workers, as the recent tier system reform practically ended the chances of recruiting non-EU care workers, while providing a simplified "accession workers card" scheme for those Romanians and Bulgarians who want to work as au pair replacements and domestic workers in private households (UK Border Agency, 2013).

Nevertheless, as with Poland, access to the EU has repositioned Romania in the geography of the migratory flows to become not only a sending country, but also a relatively attractive transition and immigration destination. The numbers of immigrants increased by 10% from 2009 to 2010, reaching 97,400 (i.e. just under than

5% of the total population) (OECD, 2012). The Republic of Moldavia, which, as with Poland, shares much common history with Romania, has enjoyed a particularly favourable position in Romanian immigration policies. Between 1991 and 2001, 94,916 Moldavians were granted Romanian citizenship, which made their presence in the country "socially visible, but not statistically evident" (Pantea, 2011: 4). Moldavians remain the main non-EU immigrant group in Romania (18%), closely followed by immigrants from Turkey (9%) and China (7%) (OECD, 2012). The contribution of Moldavian migrants to the care chain is yet to be explored by domestic and international scholars.

5.7. Summary: Lessons from the EU country cases

Looking at the intersection of care, employment, and migration regimes allows 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. A close look into five country cases have identified a trend of state withdrawal from institutional or formal provisions of care by substituting them with monetary subsidies, tax reductions, and encouraging family-based or other informal solutions for care. We have found that the privatisation of care, the overrepresentation of migrants in this labour sector, and national migration policies of varying strictness constitute particular state and market mixes pertinent to care regimes. The role of domestic migration regulations is pronounced in response to market-based care demand. In the aftermath of the economic crisis, EU member states face escalating struggles between the need for protection and securitisation of their borders and labour markets versus the demand for cheap labour in certain sectors. 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). By utilising the concept of the care chain, this study has tried to look beyond this typology, in particular, by exploring changing care patterns in the migrant sending countries. The concept of transnational care chains allowed us to reveal occupational

opportunities and labour conditions for women of different ages and in relation to their legal status and ethnicity in both the sending and receiving states.

6. Conclusion: State- and market-based policy mix

NEUJOBS conceptual WP1 outlines three scenarios of global and European responses to the SET: a) no policy change (the European policy response remains in business-as-usual mode, defending the given mode of production and consumption); b) ecological modernisation (achieving eco-efficient production through market-based instruments, "internalising externalities"); and c) sustainability transformations (smart, lean and fair societal-metabolism-optimising welfare, lower levels and changes in patterns of consumption, with structural changes in the economy) (Fischer-Kowalski et al., 2012). The focus of WP13.2 on the role of immigrant labour in supplying care in the EU has allowed us to identify national responses and the degree to which selected states choose to utilise the potential of the care sector. The five country cases allow us to conclude that the selected nation states choose 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 less evidence of sustainable transformations, i.e. lean and fair societal-metabolism-optimising welfare or changes in consumption. Instead, the **demand is often met by tapping into global inequalities endorsed by transnational care chains,** which "while creating opportunities for migrant workers, also represent a deeply asymmetrical solution between poorer and richer regions to women's attempt to reconcile these dual responsibilities" (Williams, 2012: 373).

Thus, the skyrocketing of employment of immigrants in the care sector in the last decades, coupled with restrictive immigration policies, effectively lowers the price of care labour. This in turn makes care occupations less and less attractive to the local labour force. These regulations, though allowing states to save on expensive structural welfare reforms, 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 has become an important social, economic and cultural arena for implementing the principles of the socio-ecological transition that would lead to more

sustainable ways of life. Acknowledging the inevitable and already registered growth in demand for care provision of different types, we approach care as a sector that has the potential to open up multiple employment opportunities (including for various vulnerable groups of population) and for development as an ecological and sustainable sector. Care work, however, has traditionally reiterated various hierarchies and inequalities, based on gender, status, ethnicity and race, age and social class. Keeping in mind these inherent inequalities, we propose various policy recommendations in the areas of care, migration and employment that would make the care sector a more attractive, inclusive and beneficial area of employment. These policy recommendations are presented in a separate Position Paper as part of this Work Package.

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Annex

Table A. 1

Country	State-based links to care provisions	Market-based solutions for care provisions
Italy	- weak formal and institutional care provisions - subsidies and employment policies favouring "male bread-winner / female carer" model - large immigration quotas specifically for domestic and care workers	- booming market of affordable care-givers and domestic workers of immigrant origin
The United Kingdom	- monetary allowances, cash provisions, direct payments, tax reductions and insurance schemes that allow purchasing informal care - generally restricting immigration policies with no special provisions for care-workers but strongly linked to work contracts and nationality	- companies, agencies and individuals offering care and domestic services - au pairs and domestic workers
Poland	- rather weak institutional and formal care provisions (especially for elderly) - state- and church- encouraged ideological turn defining woman's role as carer	- reliance on family (inter-generational) networks for care - those who can afford it turning to private care and domestic help (often of immigrant origin)
Romania	- means-tested provisions , strongly oriented towards meeting the need of people with disabilities - lack of funding and regional disparity of institutional care provisions - granting citizenship to Moldavian citizens – inflow of cheap labour force	- family-based arrangements of care

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 the 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 and 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**, **education**al needs, 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 NEUJOBS findings for EU policy-making, dissemination, management and coordination.

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