



Does Europe Care for Care?

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VITAL YET VULNERABLE: EUROPE'S INTRA-EU MIGRANT CAREGIVERS

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CLOSING EUROPE'S CARE GAP

Late modern societies face a chronic care shortage. Their populations are ageing, and the traditional assumption that families (and predominantly their female members) represent an unlimited, endlessly flexible reservoir of care has been challenged.¹ There is an indisputable social need for institutions to care for elderly people and for hired domestic care workers. Within the EU, internal migrants (predominantly female migrants) provide much of the workforce to meet these needs, yet current care policies put them in a highly vulnerable labour position.²

In most of the EU, policy reforms have aimed to create a space for individualised, economically efficient formal care, while supporting informal care in the home. This transformation has produced a growing emphasis on cost-effectiveness and cost-accounting, which in turn created additional pressure to reduce the cost of care work and caregivers' wages. Care work has undergone a form of Taylorisation, manifested in its fragmentation

into partial tasks, delivered to a pre-set schedule, and an increasing performance pressure on caregivers. Meanwhile, the introduction of cash-for-care benefits and accompanying changes has boosted a market framework that centres on the consumer-provider relationship and promotes the commodification of care.³

The persistent demand for caregivers – predominantly women – offers a way out of female long-term unemployment, and represents an employment opportunity for migrant women. Yet it also leaves women vulnerable to exploitation and marginalisation.⁴ Care work is defined as low-skilled, offering them very poor salary conditions and limited opportunities to assert their interests and labour rights. This vulnerability only intensifies for migrant women. As Uhde and Ezzeddine argue, the condition and position of migrant care workers varies considerably, depending on their legal migration status, cultural perceptions of their country of origin, their specific work setting, the legal relationship between employer and employee, and on migration, gender and care regimes in particular national contexts.⁵

¹ Dudová, R. 2015. Caring for Elderly Parents: New Commitment of the Third Age. *Sociologický časopis / Czech Sociological Review*, 51(6): 903–928.

² Uhde Z.; Ezzeddine P. 2020. The political economy of social reproduction: cross-border care mobility in the Czech Republic, In Melegh A., Kátona N.(Eds.): *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*, pp. 26–44. Budapest: Friedrich-Ebert-Stiftung.

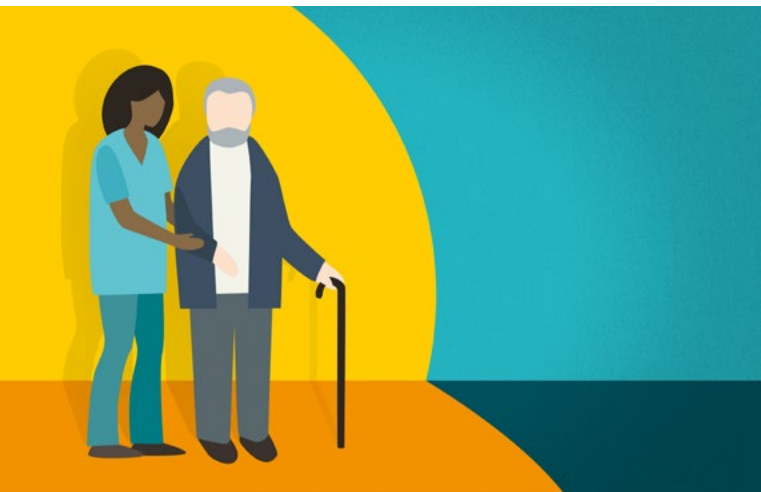
³ Ibid footnote 2.

⁴ Marginalisation also manifests itself in the migrant/care worker's isolation when working at home with the elderly, which can become a significant obstacle to integration and social inclusion.

⁵ Uhde Z.; Ezzeddine P. 2019. Transnational Migration: Border, Gender and Global Justice Challenges'. *Gender a Výzkum / Gender and Research* 20 (1): 3–17.

CIRCULAR MIGRATION FOR 24-HOUR ELDERLY CARE

Official statistics are lacking, but research estimates suggest that approximately one million care workers, predominantly from low-income countries in Central and Eastern Europe, are working in other, high-income EU member states. For example, many care workers from Poland, Romania, Bulgaria, Hungary, Slovakia, the Czech Republic and Croatia provide live-in elderly care in Italy, Germany and Austria.⁶ According to Marchetti and Salih, we can observe the rapidly increasing demand for long-term care in EU countries, but a pattern of circular migration has emerged that is quite different from seasonal labour migration in agriculture or tourism.⁷



In this intra-EU care chain, workers usually live with their clients in order to meet their everyday care needs around the clock. They are given hardly any time off, but instead alternate every two, three or four weeks with other careworkers. This allows them to return regularly to their home countries, where they often care (unpaid) for their own family members.⁸

This circular care migration is not straightforward. It relies on a mutual co-working relationship between two or

more migrant care workers or agencies, and presents difficulties when it comes to negotiating employment contracts, either directly with clients or through an intermediary agency. As Sekulová and Rogoz show in their research among Slovak and Romanian live-in careworkers in Austria, the fact that live-in care is categorised as self-employment is often challenging. Other issues frequently cited by care workers in their research include: the relationship between the family or dependent relative and the carer; recruitment agency fees; and their poor understanding of national social security and fiscal systems.⁹

In addition, intra-EU care workers often face undignified working conditions, particularly due to frequent and often unpaid overtime, and a lack of respect for breaks during their 24-hour work duty. Care obligations can also extend to activities unrelated to elderly care, such as carrying out household chores or other domestic work for their elderly clients' relatives.¹⁰

CAREGIVER FAMILIES FEEL THE STRAIN

Transnational care migration also has a direct, yet complex impact on caregivers' families in their countries of origin. The intrusion of national borders into family life transforms rather than diminishes caregiving relationships and practices, both within and outside the family circle. Care workers with small children often report suffering due to the sense of physical and emotional separation.¹¹ Even older care workers, aged between 40 and 50, remain responsible for the household, their children and elderly members of their families back home. In addition, intra-EU care workers tend to anticipate care provision for their families while they are away, which requires significant effort as they try to cover every eventuality.¹² In this way, care migration creates not just an immediate drain on the local labour market for elderly care in sending countries, but may also lead to a long-term care shortage in Central European societies, where women tend to remain responsible for long-term care of their own family members, in line with traditional gender roles.¹³

⁶ Bahna, M.; Sekulová M. 2019. *Crossborder Care: Lessons from Central Europe*. Palgrave Macmillan.

⁷ Marchetti, Sabrina, and Ruba Salih. 'Policing Gender Mobilities: Interrogating the "Feminisation of Migration" to Europe'. *International Review of Sociology* 27 (2 January 2017): 6–24. <https://www.tandfonline.com/doi/full/10.1080/03906701.2017.1303966>

⁸ Ibid footnote 6.

⁹ Sekulová, M.; Rogoz M. 2018. *The Perceived Impacts of Care Mobility on Sending Countries and Institutional Responses: Healthcare, Long-term Care and Education in Romania and Slovakia*, working paper REMINDER, available at <https://www.reminder-project.eu/wp-content/uploads/2019/01/REMINDER-D6.2-Perceived-Impacts-of-Care-Work-Mobility.pdf>

¹⁰ Kuchyňková, A.; Ezzeddine P. 2015. 'Not Ready to Be Thrown on the Scrap Heap' or the Paradoxes of Care Migration from the Czech Republic to Austria. *Gender a Výzkum / Gender and Research* 16 (2): 30–41.

¹¹ Sekulová, M. 2013. Transnational Households In The Context Of Female Migration From Slovakia To Austria, *Urban People* 15: 217–236.

¹² Bauer, G.; Österle A. 2016. Mid and Later Life Care Work Migration: Patterns of Re-Organising Informal Care Obligations in Central and Eastern Europe'. *Journal of Aging Studies* 37: 81–93.

¹³ Uhde Z.; Ezzeddine P. 2019. Transnational Migration: Border, Gender and Global Justice Challenges'. *Gender a Výzkum / Gender and Research* 20 (1): 3–17.

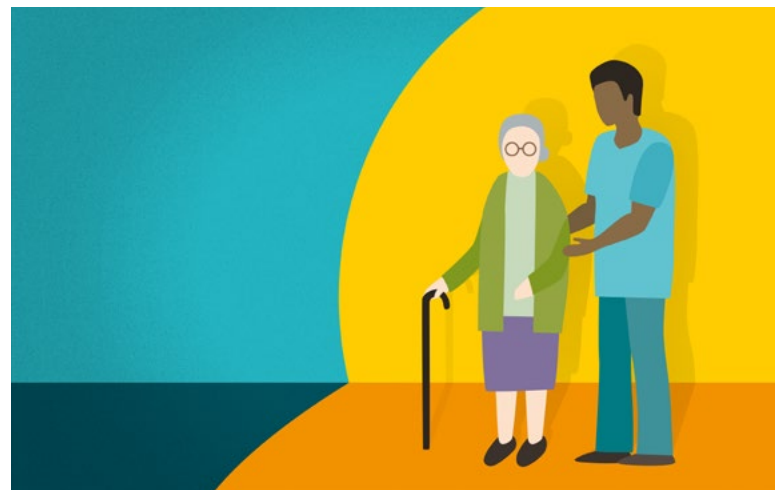
In spite of the inequalities and precarious working conditions described above, care migration may, in some ways, improve the economic independence of care workers.¹⁴ However, it does not lead to emancipation as such. Uhde argues: Instead, we see the emergence of a “distorted emancipation” that fails to produce a more equal division of caring time and effort inside the family environment, due to a very gendered understanding of the nature of care work. Meanwhile, migrant care work also tends to maintain both traditional gender hierarchies related to care work and regional socio-economic inequalities in receiving countries.¹⁵



The economic impact of care migration is also ambiguous. The money that caregivers earn is primarily spent on direct consumption, children's education and housing. As a consequence, migration influences the growth in economic consumption of the migrants' families, but possibly only at the expense of one or more family members being absent from the family.¹⁶ On the other hand, the remittances caregivers send home to their families are not defined just by their consuming value. According to Zelizer, remittances also bear a specific social capital distinguishing them from other types of income that sustain and strengthen social bonds in the situation of geographically distant family group members.¹⁷

COVID AND CROSS-BORDER 'CARE BONDS'

The Covid-19 pandemic laid bare the gaps in the elder care system, and its reliance on intra-EU migration. As national borders closed, migrant care workers from Central and Eastern Europe were unable to travel to provide care, at least for a short time. State authorities quickly installed 'care corridors', arguing that 'care bonds' could not be disrupted. Migrant caregivers from Romania, Hungary, Slovakia, the Czech Republic, Poland, Croatia and Bulgaria should continue to be able to come to Austria or Germany. Yet in doing so, the migrants were faced with the double burden of having to worry about family members at home while maintaining their incomes as live-in caregivers. This situation was exacerbated by obligatory 14-day quarantine periods, and a media discourse that stigmatised circular migrants as a potential source of infection.¹⁸



As Leibfingher and Prieler argue, as a result of these pressures, many migrant care workers in Austria extended their working shifts, which the government incentivised with a one-time, tax-free bonus of €500. Between late March and May, migrant care workers were brought to Austria in three chartered planes from Bulgaria, Croatia, and Romania, as well as in six special trains from Romania. But migrant care workers still had to quarantine in hotels, without any kind of compensation.¹⁹ A survey of media coverage in Austria found an uncritical accept-

¹⁴ Kuchyňková, A.; Ezzeddine P. 2015. „Not Ready to Be Thrown on the Scrap Heap” or the Paradoxes of Care Migration from the Czech Republic to Austria. *Gender a Výzkum / Gender and Research* 16 (2): 30–41.

¹⁵ Uhde Z. 2016. From Women's Struggles to Distorted Emancipation, *International Feminist Journal of Politics*, 18 (3): 390–408.

¹⁶ Ezzeddine, P. 2019. Sentimental Money – What Is the Cost of Transnational Motherhood?, *Gender a Výzkum / Gender and Research* 20 (1): 68–90.

¹⁷ Zelizer, V.A. 2017. *The Purchase of Intimacy*, Princetown: Princetown University Press.

¹⁸ 'Facing COVID-19: Live-in Care in Central Europe', <https://globaldialogue.isa-sociology.org/facing-covid-19-live-in-care-in-central-europe/>.

¹⁹ Ibid footnote 18.

ance of the inequalities inherent in cross-border care, with safeguarding live-in care given priority over decent working conditions for those who provide it.²⁰

Other developments, alongside the Covid-19 pandemic, have also revealed the extent to which the elder care sector relies on migrant workers while paradoxically denying their family lives back home. In January 2019, Austria implemented a law preventing EU migrant care workers whose children did not live in the country from claiming their full entitlement to childcare benefits and family tax reductions. The European Commission immediately challenged this policy with an infringement procedure, which resulted in Austria being referred to the EU's Court of Justice in 2020.²¹

POLICY FAILURE DEMANDS A PROGRESSIVE RESPONSE

The labour market for cross-border care in EU is often portrayed as a win-win model, in which elderly people receive affordable, high-quality care, and female migrants access comparatively better jobs and improve the quality of life of their families back home in less developed EU countries. As Uhde and Ezzeddine argue, it creates a legal framework for structural inequalities and exclusion based on nationality. Migration may be an active socio-economic decision on the part of intra-EU migrant carers, but it is not a choice free from structural constraints. The structural vulnerability of intra EU-migrant care workers demands a progressive policy response.²²

RECOMMENDATIONS FOR PROGRESSIVE ACTORS

Short-term goals

- To financially acknowledge care workers with decent salaries.
- To strengthen the role of trade unions in the live-in care sector.
- To ratify ILO Convention concerning Decent Work for Domestic Workers (ILO 189) in all EU member states.
- Migration policies must interact with social and health policies in the EU.
- States must guarantee the transnational social rights of care workers in order to fully cover their social benefits.
- To increase state investments to care.
- The care migration needs to be managed transnationally at EU level, not only on the level of individual states.

Long-term goals

- We should strive for an 'economy based on care', where all aspects of the economy and social life are more directed towards care for society and individuals.
- The idea of 'ageing in place', based on the precarious labour of cross-border migrants working in live-in service, is no longer sustainable. We have to devise alternatives that will provide decent forms of elderly care in the future.
- We must minimise regional economic inequalities in EU care markets.

²⁰ Leiblfinger, M.; Prieler V. 2020. *Updates on Migrant Live-in Care in Austria at the Time of COVID-19: A Glimpse into the Media. Resources to support community and institutional Long-Term Care responses to COVID-19*, available at: <https://ltccovid.org/2020/04/10/updates-on-migrant-live-in-care-in-austria-at-the-time-of-covid-19-a-glimpse-into-the-media/>

²¹ European Commission. 'Indexation of family benefits, child tax credit and family tax credits: Commission takes Austria to Court for discrimination'. https://ec.europa.eu/commission/presscorner/detail/en/IP_20_849.

²² Uhde Z.; Ezzeddine P. 2019. Transnational Migration: Border, Gender and Global Justice Challenges'. *Gender a Výzkum / Gender and Research* 20 (1): 3–17.

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ABOUT THE PROJECT

It took us a global pandemic to realise that we depend on care. But despite all the clapping from the balconies, caregivers continue to live and work in precarious and vulnerable conditions. It is high time for a care revolution! We need to move away from a profit-driven model of growth to a care-driven model. In this spirit, the Foundation for European Progressive Studies and the Friedrich-Ebert-Stiftung launched a Social Democratic Initiative for the EU Gender Equality Strategy, placing the role of care work and care jobs at the center of our common activities. By raising the question "Does Europe Care for Care?", we focus on care as a cross-cutting issue and promote the cross-fertilization of progressive thinking between stakeholders across Europe. Building on our network of care experts, this Care4Care Policy Brief Series gives center stage to a long overseen phenomenon that deserves the fullest political relevance and attention. The series identifies common challenges and possible good practices across countries, whilst drawing concrete recommendations with the objective of feeding into national and EU level policy responses.

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Make Europe care for Care! Towards a fairer, care-focused Europe

Only a few handclaps in peak times of the COVID-19 pandemic will not suffice! Women bear the lion's share of paid and unpaid care work and they deserve a fair recognition thereof. And that is precisely where this year-round joint project of FES and the Foundation for European Progressive Studies (FEPS) comes in with a series of analyses, events and concrete policy recommendations.

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ON THE SAME TOPIC



It took a pandemic to understand the essential nature of care and to realise that it is embedded in every aspect of life. Contrary to mainstream economic thought, the functioning of our economy, social cohesion and social reproduction depends heavily on care. Giving and receiving care still remains undervalued due to deep-seated, socially constructed gender roles assigning women to unpaid or underpaid care work. Care has been treated, not as an essential value worthy of social investment, but a drain on budgets. A new care deal for the EU needs to embrace a more holistic approach to care. Setting such a framework could well be a European task, as not only does it include specific policy objectives for care, it also needs to be reinforced by care objectives within the current governance framework. Though limited by the framing of its treaties, the EU has instruments and means to establish a coherent care framework for the next generation that heeds the value of care and gender equality. To foster such an approach, the EU needs to integrate care into its macro-economic strategies, ensure better care regimes through its governance structures, intervene on public procurement rules as they apply to care; establish a human-centred working-hour regime; and promote a minimum wage floor directive. This paper sets forth an initial 10-point plan to address the current shortcomings of the existing provisions of care through a European approach.



In this article drafted in the Progressive Post magazine special dossier on the care economy, Petra Ezzeddine and Zuzana Uhdé argue the care crisis caused by the Covid-19 pandemic has shed light on the everyday functioning of live-in care migration from central and eastern Europe. This presupposes the transnational lives of migrant care workers in an egalitarian and integrated Europe, but paradoxically, this is not the case. The authors highlight how the cross-border care labour market in Europe in fact creates a legal scheme of structural inequalities and exclusion, based on nationality, despite the myth of an egalitarian and integrated Europe.