

## Theorising Migration and Home-based Care in European Welfare States

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### Introduction

Nannies and domestic servants had disappeared by the 1960s from all but the most bourgeois households in Europe. But by the 1990s research revealed that in Western and Southern Europe the demand for care and domestic work was growing again (for the UK, see Gregson and Lowe, 1994), and in the major cities it was migrant women from the poorer regions of the world who were meeting this demand (Anderson, 2000).<sup>1</sup> Many of the new employers were working mothers, and, by the turn of the century, older frail people or disabled people needing support in their own homes. Even in Sweden, by 2007 the government was offering tax breaks to low and middle wage earners employing domestic workers in an attempt to end the unregulated domestic service economy.

This paper builds on two research projects which examine this phenomenon: a qualitative project on the experiences of employers and migrant workers in home-based child care. This was a cross-national study comparing the UK, Sweden and Spain, with interviews carried out in London, Stockholm and Madrid (See Gavanoas, 2006, Williams and Gavanoas, 2008, Chapter 5 of Lister, Williams et al, 2007).<sup>2</sup> The second is ongoing research collaboration with scholars from Ireland, Germany and the Netherlands studying migrant work in child care and elder care in Europe.<sup>3</sup> The aim of the second project is to develop a theoretical framework to analyse this recent development between migration and household/ care work, paying particular attention to the contribution of state policies to this dynamic. This work has led me to look at the relationship between the different scales involved: the micro level of the everyday experience of migrant workers and their employers in private households in large cities, the meso level of the national/ supranational institutional context, and the macro level of the global political economy of care. This has also involved the development of indicators that can allow for cross-national analysis of the dynamics of this phenomenon in different countries. The process of developing this framework has been both deductive, in that I started out with certain assumptions about the

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<sup>1</sup> Over the 1990s Cancedda estimated that in Germany, France, Italy, Netherlands, Austria, Portugal, Finland and the UK, show that, there had been average *annual* increases in childcare workers, childminders, domestic service workers, and catering workers of between 1% and 8%, and particularly in Southern Europe, up to 80% of these were migrant workers (Cancedda, 2001)

<sup>2</sup> Between July 2004 and April 2005, Anna Gavanoas carried out interviews in London with 16 employees, 10 employers and 8 agencies. In Stockholm, interviews were conducted with 17 employees, 10 employers and 8 representatives of organisations and agencies dealing with domestic work. In Madrid, interviews, most of which were made in collaboration with Virginia Paez with 14 employees and 10 employers as well as 9 organisations. We are grateful for funding from the European Community's Sixth Framework Programme (ref MEIF-CT-2003-502369).

<sup>3</sup> Funded by the ESRC under the Eurocores programme, 2006-9.

influence of social policies on migration and care in the UK, Sweden and Spain, and inductive in that the analysis of data in that first study has led me to think through the cross-national indicators and the implications for both theoretical and normative analysis. This is work in progress and this paper outlines the analytical parameters of two of the three different levels – the meso and the macro, drawing out in particular the institutional context, the cross-national indicators and the global political economy of care. (See Gavanas (2006); Lister, Williams et al, (2007); Williams, (2007) and Williams and Gavanas (2008) for analysis of the micro-level).

There are four main arguments in my analysis:

1. In a context where women globally are taking on more responsibilities to earn income without a significant reduction of their care responsibilities, the transnational movement of (mainly) women into care and domestic work in private households represents a profoundly asymmetrical solution (between poorer and richer regions) to women's attempts to reconcile these dual responsibilities. At the same time, it exposes the limits to how far care can be commodified and socialised.
2. This dynamic in the Northern, Southern and Western parts of Europe has been shaped by the restructuring of these countries' welfare states and by their policies for care of older, disabled people and young children, as well as by their employment policies and policies for managing migration. In relation to the first, it is not simply the lack of policies for care provision or for work-life balance, but the nature and direction of policies in these areas.
3. The consequences of this raises important questions not simply about the economic, legal, social and civil rights of migrants, but about European work/life reconciliation policies and how gender equality is framed and understood by policy makers.
4. As importantly, this raises questions about global inequalities; these dynamics become more apparent when one understands this phenomenon to be just one part of the global political economy of care. In its turn, this demands a normative approach to global justice which is informed by an understanding of the centrality of care in everyday life.

The following section presents the analysis for the meso-institutional level, arguing for the importance of looking at the role of the state whose reference in studies of migration or of global care chains is often only partial or left out of account.

### **Bringing the state into the analysis**

In studies of migration and care/domestic work there has been until very recently little development of the role of state *social* policy (as distinct from immigration policies) in shaping the employment of migrant women in care and domestic work (but see Ungerson and Yeandle, 2007). Where such policy was acknowledged it was assumed that it was the *lack* of public provision in this area that stimulated demand (as explained in many of the US studies on global care chains, e.g. Ehrenreich and Hochschild, 2002). However, in Europe, it is less the *absence* of the state in relation to care policies that shapes the demand for child care, but the *restructured nature of state support that is available*.

To begin with, the last five years have seen in many parts of Europe the growing acceptance of childcare as a *public* and not simply a private responsibility, such that

it can be argued that this represents the emergence of a new social right, albeit shaped in different ways in different countries (Lister, Williams et al, 2007). At the same time, the shift in a number of countries from providing care *services* (or, in the case of Southern Europe, no services at all) to giving individuals *cash* payments to buy in home-based care provision has shaped care provision for children, as well as for older people and disabled people. These might take the form of cash or tax credits or tax incentives to pay child minders, nannies, relatives or domestic workers for their services. The UK, Spain, Finland and France have all introduced some form of cash provision or tax credit to assist in buying help for child care in the home (Lister, Williams et al, 2007: chapter 4), and, as noted above Sweden has recently introduced tax breaks for people employing domestic help in the home. In the UK, for example, free nursery care for children aged 3-5 (pre-school) is only available in the most deprived areas, with universal entitlement to only part-time day care for this age group. However, working families within an income range that includes some professional workers can claim an income-related child care tax credit of up to 80% of the costs of child care. In an attempt to regularise private use of child carers, these tax credits were extended to the employment of registered nannies in 2006. There are also forms of 'direct payments' which allow older people or disabled people to buy in support and assistance, for example, in the UK, Netherlands, Italy and Austria (Ungerson and Yeandle, 2007; Bettio et al, 2006). Both of these types of provision encourage the development of a particular form of home-based, often low-paid commodified care or domestic help, generally accessed privately through the market. And this is where low cost migrant labour steps in. Indeed, in Spain, Italy and Greece, this strategy of employing migrant labour to meet care needs has become so prevalent that Bettio and colleagues (2006:272) describe it as a shift from a 'family' model of care to a 'migrant-in-the-family' model of care.

A parallel development in formal care provision has been the contracting out of health and social care to private agencies and residential homes with a worsening of pay and conditions. This has been accompanied by the campaigns in the UK aimed at nurses from India and the Philippines to nursing work in both the health service and private agencies, reflecting the increased employment of migrant workers in many areas of social and welfare services, both in the UK and other parts of Europe (Kofman et al, 2000).

Our empirical research found that it was not only tax credits or allowances which shaped demand and supply for home-based child care, but the way in which these legitimised the commodification of care. Policies position mothers as individual *consumers* choosing the right care for their children according to their care preferences and this is marked in those countries where the private market dominates choices for childcare. This has been reinforced through the, now commonplace, use of unregulated paid domestic help in the home. In Madrid where working mothers receive a small subsidy to help them purchase care, mothers felt it was their individual responsibility to find resources for childcare in the private market. Day care in Britain is provided mainly through the market or voluntary sector, however in spite of tax credits, nursery places are expensive, especially if you have more than one child. Searching for value for money is what mothers find themselves doing in a marketized childcare economy. One employer in London said '*an au pair was what we could afford. We had a spare room and the money was what we can afford because nannies are incredibly expensive if you pay them properly*'.

This legitimisation works in tandem with particular child care cultures: what Spanish and British employers of home-based care share is a cultural preference for mother substitute care which predisposes them to au pairs, nannies and domestic helps. Our research in Sweden found that employment of child care workers in private

households was less prevalent than in the UK or Spain<sup>4</sup> yet domestic help was a growing industry. Employers there still used public day care for their children and framed their reasons for having help with domestic work and child care in terms of the stress of having both paid work and ongoing responsibilities for care and household work. This was also reflected in public discourse about whether or not to offer tax breaks to employers of domestic service (which has been regarded in the past as morally pernicious and inequalitarian). Here the notion of gender equality has been invoked in support of regularising domestic help.<sup>5</sup> Of course, in all countries, the attempt to resolve work-care responsibilities through the employment of help in the home, especially where this is provided by migrant women, raises a question mark over the meaning of gender equality and how institutional policies frame and deliver this. How far countries improve institutional practices around work/life balance (e.g. flexible working, maternity leave) and how earning and caring responsibilities are shared between men and women (e.g. through supported paternity leaves) is a further important consideration affecting how far working mothers buy help in the home.

It is not only policies around care, and the care and share cultures they build on which shape the demand and provision of low paid migrant labour, it is also the ways these dovetail with (im)migration and employment policies. In common with care policies, the past decade has seen some important shifts in migration policies. Countries that were previously assimilationist, such as France, are becoming more exclusionary; those previously exclusionary, such as Germany, have introduced residence-based nationality rights; and those previously culturally pluralist, such as Britain and Netherlands, are asserting the need for greater assimilation. Multiculturalist policy has been challenged in most countries. At the same time, EU enlargement has generated much greater labour mobility. This has been combined with a greater regulation in immigration policies, especially towards refugees and asylum seekers, with a priority on migrants who meet labour force needs. Social assistance to these groups has also been curtailed in many countries. In the UK for example, 'managed migration' has introduced a hierarchy of migrant statuses from highly to low skilled with greater to lesser rights to settlement and benefits. This new complexity and diversity of migrant statuses has led to a greater fragmentation of citizenship rights across Europe which Ong (2006) calls a 'disarticulation' of citizenship, with some migrants having more or less access to cultural, social, economic, political and legal rights. On the other hand, within a number of countries there have been moves to tighten up on both gender and 'race' discrimination, especially since the EU issued a 'race Directive' in 2003. Yet this is combined with a growing emphasis within the EU on surveillance of borders to control drugs, crime and terrorism.

Spain offers a good example of this dovetailing of care and migration policies. While there is a subsidy of 100 Euros a month for working mothers to help them buy in child care, immigration policies have quota allocations for domestic/care workers, and this, combined with the regularisation of over half a million illegal immigrants since 2002, has led to an implicit normalisation of the employment of migrant women from Latin America, North Africa, the Philippines and Eastern Europe to fill the care deficit. Employing home-based domestic and care help is now a strategy used by a range of

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<sup>4</sup> According to (OECD 2005) foreign workers in household work constitute 1.3% in the UK; 14.8% in Spain and are insignificant in Sweden. However these are documented workers.

<sup>5</sup> According to AFP Sweden, ([www.xxx](http://www.xxx)) Prime Minister Reinfeldt has 'come out and said what no other politician has dared to say publicly before: that 'in a gender equality society like Sweden, where the vast majority of women hold jobs, families sometimes need to hire home help'.

working women - from office workers to professionals - to enable them to stay in the labour market. In addition, the dynamics of migration law can feed into the vulnerability of workers at particular times. Thus, in Spain, it is cheaper to hire a live-in newly-arrived migrant woman waiting for her settlement papers because employers can avoid paying social security, and the insecurity ties the worker more closely to her employer.<sup>6</sup>

The UK does not have a quota for domestic workers, but residents of EU member states are free to enter the UK as au pairs<sup>7</sup> and there is an arrangement with the 9 further extra-EU for women aged 17-27 to become au pairs to sponsoring families for two years as long as they do not have recourse to public funds. In addition, working holidaymakers between 17 and 30 years, who are citizens from the new Commonwealth, may enter the UK without an entry clearance. Domestic workers who come in on a domestic worker visa, where they accompany their employer, have the right to apply for indefinite leave to remain after 5 years (effected by campaigns of Kalayaan the advocacy organisation for domestic workers), however, current plans to restrict the visa to 6 months without the right to renew, may undermine this. Since the 1990s there has been a growth in the (undeclared) employment of domestic cleaners (Gregson and Lowe, 1994:41), and of nannies and au pairs amongst dual full time professional households with more than one young child.<sup>8</sup>

It is important to note that care chains are both regional as well as global, operating not just between the global north and south, but *within* the north and the south. In relation to Europe, EU enlargement has led to increasing numbers of women without children from Eastern and Central Europe, Russia and the Balkans entering quasi-au pair/nanny work in Western and Southern Europe<sup>9</sup>, as one nanny/au pair agency manager in London explained:

*'This has changed the nanny world: they are willing to combine childcare with domestic work. The term nanny used to refer to a qualified child carer, but it doesn't mean anything now. Girls come over as au pairs and stay. Now employers can get childcare and cleaning for less than £9 per hour – they [employers] love it!'*<sup>10</sup>

This supply is also connected to social policies in the countries of migrants' origin. It is ironic that the cutting of social expenditure in Eastern Europe, and with it the withdrawing of some of women's former social and economic rights, has led to a labour opportunity for other Western and Southern European welfare states to keep down their care costs, but maintain and even broaden women's access to social and economic rights through the private employment of migrant women in private homes.

This role of different state policies in reproducing or mitigating a pool of low paid migrant labour has also been the focus of recent research on global cities. One particular study of recent developments in London migrant workforce by May and

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<sup>6</sup> See Anderson 2007 on the links between temporality and precariousness work

<sup>7</sup> Although entry into UK for employment is more complicated for Romanians and Bulgarians

<sup>8</sup> Figures compiled from four datasets spanning 1995-2003 in the UK show that all formal (ie registered) childcare use is increasing (Brewer and Shaw, 2004).

<sup>9</sup> Between 1991 and 2003 (the year before enlargement) the numbers of women seeking au pair visas in the UK rose from 7,720 to 15,330, more than half were Czech (Spencer et al, 2007: 13). After this period members of EU member states did not need visas. General migration from the 'A8' countries – the new member of the EU – Czech Republic, Estonia, Hungary, Latvia, Poland, Slovakia and Slovenia, Cyprus and Malta - rose from 134,000 immediately after enlargement in 2004 to 331,000 two years later in 2006 (ibid: 4).

<sup>10</sup> All quotations come from interviews carried out by Anna Gavanas – see FN 1 above

colleagues (May et al, 2007) is worth mentioning because it provides a broader contextualisation of the specific situation of migrant home-based care workers. This study builds on a critique of research on global cities based on their failure to identify the significance state policy. Thus, Sassen's (1996) Global Cities Hypothesis tracks the polarization between managerial and professional elites and the migrant workers who service their needs. However, empirical research on London in the 1990s disputed this occupational polarization and pointed, on the one hand, to a rapid professionalization of the London labour force (Hamnett, 1996). On the other hand, Hamnett argued that in the UK and much of Europe, unlike the US, the welfare state protected people against the worst vagaries of capitalism and prevented the creation of a low skilled pool of low paid labour (it was more likely to generate unemployment).

While Hamnett brought the state into the analysis of global cities, a decade later, statistical analysis of the UK and London labour market (Spence, 2005; May et al, 2007) found that both professionalization and polarization were taking place and, indeed, a stratum of very low paid migrant labour had emerged. Foreign-born migrant workers constitute 35% of London's working age population but represent 46% of the lowest paid workers – domestic workers, cleaners, caretakers, porters, refuse collectors and labourers with up to 60% in some sectors such as hotels and catering (Spencer 2005, cited in May et al, 2007:155). May et al argue that a new Migrant Division of Labour has emerged in which migrant workers, often with dependants work in very poor conditions and live in extreme poverty exacerbated by commitments to send remittances to family back home. Furthermore, *rather than offering protection, the welfare benefits system has indirectly fuelled the situation*. Processes of selectivity have, in combination with migration rules, rendered the system highly complex with eligibility to benefits based on residence and migration status. Either because of ineligibility or lack of knowledge, only one fifth of the migrant workers interviewed by May et al earned the National Minimum Wage even though 86% were working in formal positions and 94% were paying National insurance contributions; only 16% were claiming any welfare benefits (either in work or out of work) including only a third with children at home who were claiming Child Benefit or Child Tax Credit.

This process, May and colleagues argue, operates in tandem with the aftermath of the deregulation of the labour market of the 1980s and 90s in which new Labour's New Deal has, in places, encouraged rather than undermined the sort of precariousness and labour flexibility associated with deregulation. In spite of measures to get rid of child poverty and the introduction of a national minimum wage, in London this still remains too low to encourage people into work. Thus, polarization in London runs alongside the continued unemployment of indigenous workers and a continuing demand from business for migrant workers to fill their demand for low paid labour. (This situation has also recently been exploited by the far right British National Party who in May 2008 won an increased number of seats on local councils in London). In its turn these employment policies interact with the third part of the state dynamic which are new forms of 'managed migration' introduced by New Labour and part of a trend in a number of EU countries, described earlier.

These two examples illustrate the complex way in which the state, including the welfare state, contributes to the emergence of migrant workers in low paid jobs in general, and its implication in the demand for migrant labour in home-based child care and domestic work. A number of processes have been identified: the encouragement of the commodification of care through cash payments and the contracting out of health and social services, the discursive legitimacy of a consumerist ethic in relation to buying in child care, the constitution of a pool of low

paid labour both through explicit and implicit migration rules, forms and effects of deregulation of the labour market, and the lack of the protection of welfare benefits to cushion those designated as low skilled migrants from exploitation or poverty.

In relation to home-based care work, a further important element in considering employment policy is what happens when the home becomes the workplace. In the UK, for example the household as a place of work remains exempt from the Race Relations Act as well as from much employee protection. The tendency which we found in our research (Williams and Gavanas, 2008) to see employees as part of the family can mean they have no clear contractual obligations and are open to exploitation, and this is exacerbated if they live in their employer's house (see also Anderson, 2006). In addition, in common with other empirical work (*inter alia* Anderson, 1997) we also found that that individual employers and employment agencies operated racist and racializing employment practices. Different hierarchies based on national, ethnicized and racialized stereotypes operated were common, and the extent of awareness of racism reflected the extent to which anti-racist discrimination had been institutionalised in different countries (see Williams and Gavanas, 2008).

So far this has been a descriptive analysis of the relationship between migration, care and employment policies with references in the main to the UK and Spanish situations. The next section attempts to make this more systematic by drawing out the indicators for cross-national analysis of this relationship of migration and home-based care.

### **Indicators of Care, Migration and Employment Regimes**

The empirical research project described above was based upon an analysis that proposes that welfare states exist in a dynamic relationship to three interconnected domains – *family*, *nation* and *work* which signify the conditions, organization and social relations of social production including caring and intimacy ('family') of the nation-state and the population ('nation') and of production and of capital accumulation ('work') (Williams 1995). The case of migrant domestic care workers illustrates the changing nature of work (in terms of women's participation and also, for example, rise in service jobs), of families (ageing population, increase in female breadwinners, 'care deficit') and the changing internal and external boundaries of the 'nation' – the dynamics between the (external) international geo-political context in which nation-welfare-states exist and (internal) processes of inclusion and exclusion.<sup>11</sup>

Within this broad understanding, the phenomenon of female migration into care and domestic work can be understood as part of the dovetailing of childcare regimes (state policy responses to changes in family and work) with migration regimes (state policy responses to changes in work, population movement and change) and employment regimes (state policies to changes in production and the labour market) in different countries. The concept of 'regime' used in developing indicators for the study denotes the cluster of relevant policies as well as practices, discourses, social relations, and forms of contestation. The following sets of regime indicators therefore seek to bring state policies into the picture in so far and these interact with these cultural practices, discourses and possibilities for mobilisation.

#### *Child care regime indicators*

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<sup>11</sup> Of course supranational policies have also been important, such as EU Directives on gender, employment, racism and migration, see earlier. This is also the case for policies affecting care responsibilities such as paternity and maternity leave.

The indicators that were developed for cross-national comparison identified as salient the following aspects of child care regimes:

- the extent and nature of public and market childcare provision, especially for children of under school age;
- policies facilitating parents' involvement in paid employment such as maternity, paternity and parental leave;
- the nature of direct support – e.g. cash benefits, tax credits etc
- the care workforce (e.g. conditions, gaps, skills)
- 'care cultures' that is, dominant national and local cultural discourses on what constitutes appropriate child care, such as surrogate mothering, mothers working and caring part-time; intergenerational help; shared parental care, or professional day care. It should be noted that national variations in care cultures may also be cut across by sub-national differences of class, ethnicity and location. These also apply to
- historical legacies of care policies and practices
- the significance of movements, organisations and mobilisations around child care ('pressure from below')

#### *Migration regime indicators*

Salient factors in the relationship between migration and care are:

- immigration policies - rules for entrance into a country (and particularly quotas and special arrangements),
- settlement and naturalization rights
- social, political, legal and civil rights, both formal and in the 'lived experience'
- migratory care responsibilities and practices – e.g. remittances
- internal norms and practices which govern relationships between majority and minority groups: the extent to which these are framed by laws against discrimination and strategies for cultural pluralism, integration, or assimilation. Application of these to care work sites (such as household)
- Histories of migration and emigration to particular countries, which themselves emerge from colonialism, old trade routes, and shared political, economic or religious alliances.
- The significance of movements, organisations and mobilisations around migration and race relations ('pressure from below')
- The gendering of these processes.

#### *Employment regime indicators*

The employment factors that emerge as significant for migrant care and domestic workers, and can be tracked cross-nationally and supranationally include:

- labour market divisions, exclusions and hierarchies (in terms of skills/ gender, ethnicity, nationality, disability, age/ place of work/ working hours/ forms of indentured labour)
- processes of deregulation/ deskilling/ precarious and flexible labour
- forms of social protection (eligibility to and rates of unemployment and sickness benefits, pensions, minimum wage, rights attached to care responsibilities)
- production-related discourses – male breadwinner/ dual worker/ welfare-to-work/ labour market activation
- forms of mobilisation, contestation and solidarity across different groups

These indicators allow for a contextualisation and comparison across countries in terms of their dependence on migration workers for care and domestic work,



specifically here home-based child care work.<sup>12</sup> I summarise next some of the strategic issues to emerge from this analysis, and suggest that we need to further contextualise these within a more global understanding.

### **Strategic issues**

Transnational care provision raises many complex issues for politics and policy. These include the difficulties when care is commodified: public provision of care is necessarily expensive because it has no intrinsic productivity. When the market provides care as in the UK and Spain, its costs can only rise as wages rise, and this means that care workers' wages are always being forced down by strategies such as employing those with least bargaining power. Not only is this exploitative but it jeopardises good quality care (Himmelweit, 2007). But also the Swedish case shows that public provision of child care, whilst far preferable, does not necessarily lead to a sharing of care and domestic work within the home, or the reconciliation of work and care. Yet turning to low paid and often migrant care/ domestic workers as a solution creates inequalities between different groups of women. For the migrant workers, crossing continents to earn money provides an important opportunity, but it is an opportunity to enter a world in which migration rules construct limited and different rights to social, economic, political and intimate citizenship compared with their employers. Furthermore these limitations give rise to the likelihood of women entering the often unregulated world of domestic and care work in the home, whose conditions perpetuate the devaluation and invisibility of the private domain and its subservience to the public world. In addition, when home becomes work, and workers become 'part of the family' then tensions and power relations ensue, articulated in racialised stereotypes and hierarchies and competing moralities about what is best for the child. This is where the unequal relations of global interdependency become translated into the unequal relations of personal interdependency.

These issues raise difficult dilemmas about the future of the adult worker model across Europe. In the short term, regularising care and domestic work, improving migrants' rights of citizenship (including family reunion, rights to contracts, training etc.) are urgent. These need to be accompanied by policies that ensure that migrant care workers are treated with respect and as citizens and as workers, not simply units of labour quotas, or as racialized others. However, improving citizenship rights in this way, whilst essential, are not sufficient. I suggest that there is more purchase to this issue both analytically and politically if we understand it in terms of a wider, transnational analysis of the political economy of care. It is to this that the paper now turns.

### **The dimensions of a transnational political economy of care**

In order to understand the context in which nation-welfare-states exist in a situation of unequal geo-political interdependence, I propose that the transnational dynamics of child care be understood as part of a bigger picture of a transnational political economy of care. In this there are a number of different but simultaneous processes.

(i) The migration of migrant women from poorer regions to richer into home-based care is part of a wider process of the *transnational movement of care labour*. The workforce of the European health and education and social care services depend on formal and skilled workers as well as informal and 'unskilled'<sup>13</sup>. In 2000 in the UK

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<sup>12</sup> For the application of these to UK, Sweden and Spain see Williams and Gavavas, 2008. A more developed approach would apply some of these indicators also to the country of origin.

<sup>13</sup> In fact 'unskilled' migrant women are often over qualified for the work they do (see Kofman et al 2005)

31% doctors and 13% nurses were non-UK born; and this was similar in France and Germany and Sweden. (Glover, 2001) Migrant workers also work in both formal and home based elder care. Together, 'brain drains' and 'care chains' enable the some of the welfare regimes of the West to meet their needs for care in cost effective ways, whilst depriving poorer nations of their skills and sources of care provision. Some countries acknowledge a responsibility here. In 2003 Sweden committed all its ministries to look at how they could contribute to more just development policies (Deacon, 2007: 181-2). In the UK, the Department of Health acknowledged its role as a global employer of health workers (by the end of 2005, 30% of its doctors and 10% of its nurses had received their initial training overseas - Crisp, 2007:16). By 2006 the UK claimed to be the only developed country to have an ethical recruitment code for that applies to both the National Health Service and private employers to prevent them from 'poaching' health care workers from countries in sub-Saharan Africa. This includes provided training and support (for example topping up doctor's wages) to encourage health workers to work in their countries of origin, and a commitment to press EU member states to take similar action (DfID, 2006).

(ii) Second are the *transnational dynamics of care commitments* as people move to different and leave behind younger or older people to be cared for at a distance, or, in their turn, have no family locally to care for them (Baldock, 2000; Parreñas, 2003; Pyle, 2006). This challenges national based provision of care support services, financial supports for caring, pensions entitlements, as well as provisions for flexibility for care responsibilities at work when these may require, for example, someone to cross continents to care for a dying parent. Furthermore, the disproportionate amount of care responsibilities across the globe needs to be put into this picture. While the richer areas of the North are concerned with a 'care deficit' consequent upon women's employment, and an ageing population, in the developing world a crisis of care also exists where AIDS, chronic illness or natural disasters place enormous burdens on women who are expected to do the caring with very little infrastructural support. Associated with this is the movement of wages and the remittances which migrant workers send home which, while they constitute a major cushioning against poverty for developing countries - they total twice the overseas aid that goes to poorer countries (Brown, 2006:58) – they also create significant hardship for those who send them (Datta et al, 2007). Women's remittances are particularly important as sources of support for care, especially if they are received also by women (Orozco et al, 2006).<sup>14</sup>

(iii) A third dimension is the *transnational movement of care capital*. Deborah Brennan's forensic study of the Australian child care company, ABC Learning describes how child care has become big business (Brennan, 2007); see also Holden, 2002 on the internationalisation of companies owning long term care residential institutions for older people). She shows how government subsidies make possible massive profits for child care corporations. As well as aiming for 25% of the Australian market ABC Learning plans to increase by four times his holdings in the US where in 2006 he was the second largest provider. (Brennan 2007:217). In 2007 one of the biggest providers of private nursery care in the UK, Nord Anglia, agreed to sell its nurseries to ABC Learning for £31.2M, making ABC the biggest child care chain in the UK (Financial Times, 14/08/07).<sup>15</sup>

(iv) A fourth and parallel development is the *transnational influence of care discourses and policies*. Earlier I outlined the convergence of child care policies

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<sup>14</sup> Although some reports identify a merging of male and female behaviour in certain instances (Ref)

<sup>15</sup> My thanks to Deb Brennan for bringing this to my notice.

around child care across Europe, influenced in part by the EU's policies, but also by cross-national influences of different models within the EU member states. The 'spread' of paternity leave is a good example of this. The Nordic countries led the way: Sweden, for example, reserves 60 days' leave for fathers, and they have the best paid level of remuneration. But other countries whose welfare regime histories are quite different from the social democratic regimes are following this model: Germany and Spain for example.

(v) Fifth, is the *transnational development of social movements, NGOs and grassroots campaigns*. In general terms, women's movements have had a tradition for over three decades of organising transnationally, and have been influential in developments in the 1990s such as Development Alternatives for a New Era and the organisation of world women's conferences such as that in Beijing in 1995 (Mayo, 2005). Similarly within Europe, the European Women's Lobby organises for women's interests to be present within EU debates (Hoskyns, 199x). In relation to care, in 2007, the organisation Eurocarers was established to represent the voice of informal carers and pressure for change across Europe and within the EU. Ensuring that women's organisations also represent the interests of minority women and migrants, and that migrant organisations represent the interests of migrant women has had a tricky history (Williams, 2003) but the European Women's Lobby has recently taken up two key themes in its lobbying, one around care<sup>16</sup> and the second on migrant women (EWL, 2007). Both of these argue the case for improvements in public services and attention to the rights of migrant women care and domestic workers, and the EWL cites the activity of the European Trade Union Confederation which is having discussions about recognizing people's needs for domestic help while ensuring adequate protection, conditions and remuneration for those who are employed in such work. Lobbying by networks of activists and researchers is also common in this area as in others – such as the influence of the European Childcare Network in the EU Commission's 1992 Recommendation on Childcare. Some of these campaigns and activities have percolated upwards to the global arena with, for example, the ILO has for example seeking to protect workers worldwide through its core labour standards, and the UN protect the human rights of migrant workers (the 2006 Report from the Global Commission on International Migration – see Deacon, 2007: 161-2), however, how far the issues of care have been taken on board is a different matter, which I discuss briefly below.

### **Global justice and the political ethics of care**

While the policy processes of global governance are sometimes informed by gender, their policy discussions, critiques and conclusions tend to decentre some of the issues which are key to gender equality, such as care of older and disabled people (and the rights of those people themselves), child care provision, and the forms of social protection that provide rights to give and receive care. In terms of the former, the World Bank has now taken on board gender mainstreaming (World Bank, 2002). Yet its statement on social policy made at the end of 2005 (the 'Arusha Statement'<sup>17</sup>), tide-turning as it seemed to be in its focus upon citizens' rights, an accountable state, welfare funded from taxation, and empowerment of the poor, made no mention of gender relations in general or care in particular. And where the World Bank does mention them, as in the *World Development Report 2006*, it talks about the economic investment that children represent, but as Ravazi comments, is 'silent about the huge amount of unpaid care work that goes on in all societies to sustain infants and children (as well as people who are elderly, sick or disabled, and also able-bodied adults) on a day-to-day basis and from one generation to the next' (Ravazi, 2007: 30-

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<sup>16</sup> EWL has produced a manifesto 'Who Cares? Care Services for all Women and Men in Europe' [www.womenlobby.org](http://www.womenlobby.org)

<sup>17</sup> From the World Bank Conference in Arusha Tanzania on 'New Frontiers of Social Policy'

31)<sup>18</sup>. A similar elision occurs in much writing on international relations, migration and global social policy<sup>19</sup>. Deacon's normative conclusions (2007: 169-193) on the future of global governance, for example, identify how women have brought pressure to bear on international organisations, but it is not clear what that is and what it implies for ideas on global justice. For this we need to turn to those authors whose approach to global social justice embeds, theoretically and empirically, everyday social relations of care within macro understandings of inequality (Tronto, 1993; Robinson, 2006a,b; Held, 2005; Hankivsky 2004, 2006).

This is where the ethics of care has potential as both a method of analysis and as a normative framework. Here I only outline what this may mean. First as a method, the ethics of care emphasise the *interdependence* of individuals and the embeddedness of their thinking and acting in social relations, rather than in autonomous rational action. They also presuppose human flourishing to be the key to our sustainability and that therefore the conditions for this – care and co-operation – are also central. Second (drawing here on Hankivsky, 2004), care ethics demand *sensitivity to context* as against the assumption of universals and assessment through impartial reason. It alerts us to the complexity of power mediated through class, ethnicity, gender and so on. The third element of a care ethics is *responsiveness* which is an ability to perceive others on their own terms, emphasizing the needs of the marginalized to have the conditions for the articulation of their needs. Finally, these ethics alert us to the *consequences of choices*: what are the material and practical outcomes of actions on people's lives; how do we ensure that people may give and receive care?

We can begin to apply this analysis to the political economy of care. As an example: the emphasis on interdependence could be applied not just to individuals but to nation states: just as the male breadwinner was constructed as independent and his wife dependent, feminists revealed how his autonomy was actually dependent on the hidden care and support of his wife, so we could say a similar thing about national welfare states. The capacity to meet the care needs of their welfare subjects is partly the outcome of global interdependencies which has the consequence of intensifying the difficulties of meeting care needs of the poorer regions. For this situation is propelled by the destruction of local economies, unemployment and poverty in many countries of Asia, South America or Africa. This has placed a growing pressure on women to assume the breadwinner role and take the initiative to migrate and send money back home to their family. It therefore has to be incumbent upon any notion of global justice to think of these care needs as well as those of the West.

A contextual sensitivity demands that demands that we look more closely at the different ways in which women and men in North and South are attempting to reconcile their work/ care responsibilities in the context of globalisation. It also requires us to look at the historical context in which welfare states have been supported by migration and unequal global relations. To some extent some of the developments we see now are not only the result of globalisation, but have historical precedents, especially as a consequence of *colonialism* and *post-colonialism*. (Both 'global social policy' and care ethicists tend to focus on the present). From the early twentieth century, the welfare gains of the working class were presented by British governments as the fruits of imperialism (Williams, 1989). Later in the 1950s and

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<sup>18</sup> Nor about the impact of global neo-liberal policies on women and their opportunities for and conditions of work (see Molyneux and Razavi (2006). These arguments about the contradictions in gender mainstreaming also apply to the EU – see for example the special issue of *Social Politics*, 12 /3, 2005, especially Daly.

<sup>19</sup> There are of course exceptions and there is not room here to account for the detailed critiques provided for example by Beneria (2003); Elson, 2005; Hassim (2006); Katz, 2001; Pearson, 2004; Kabeer, 1994, Yeates, 2004. See also Robinson's (2006b) critique of Pogge.

1960s in Britain, the recruitment of labour from the colonies provided both cheap labour for the new institutions of the welfare state, and met a labour shortage which otherwise would have had to be filled by married women, thus preventing the disruption to the male breadwinner model where women were assumed to have primary responsibilities to the home and children. They were often denied their citizenship rights in the process (Williams 1989). Compare that with today where the use of migrant domestic and care labour prevents the disruption of the new adult worker model of welfare where women are encouraged into paid employment. Then and today these were cost-effective ways of securing family norms, even although these norms have changed. Then and today their social relations and their citizenship rights were inscribed with gendered and racialised inequalities.

Again, in terms of being alert to contextual sensitivity, some care ethics writers have begun to argue that whilst instituting social protection standards, employment rights, and human rights through international organisations are essential, they are not, in the long run, enough (Robinson, 2006a,b)<sup>20</sup>. For example in relation to the ILO's core labour standards, Robinson does not deny their importance as hooks for claims for, say, the rights to collective bargaining, or the protection of children, but argues that they are based on the rights-holder as an atomised individual rather than as an individual constituted through their relations of care of support for and from others. As such, these rights do not really begin to challenge the thinking which places social questions of care as subordinate to economic issues of productivity, profit and performance. Better, she proposes, that we embed rights in an understanding of all people as carrying the needs to care and be cared for by others.

## **Conclusion**

The implication of this for the discussion at the beginning of the paper is that balancing work and care is a global issue which requires global strategies. In terms of developing a theoretical framework for understanding the relationship between migration, care and welfare states, I have argued that we need different (micro, meso and macro) levels of theory which link the individual child care practices (and their attendant needs for domestic work) in different countries to the social, cultural and policy discourses and contexts at local, national, regional and global levels. In doing this, it is important to make links between the different areas of policy (here the paper has focused on migration, child care and employment policies) to understand how individual employers of home-based child care, and those who perform this work, find themselves in those situations. I proposed that care cultures, the commodification of care and the making of mothers into care consumers, restrictive citizenship for migrants were particularly important. These dynamics were then nested in the wider context of the transnational political economy of care, and here I drew out five dimensions of this – the transnational movement of care labour, dynamics of care commitments, movement of care capital, influence of care discourses and policies, and development of social movements, NGOs and grassroots campaigns.

However, I also suggested that much of the work that informs this understanding of globalised care economy does not have the analytical tools to understand the centrality of care needs and practices in people's lives, nor the different forms of care crisis that exists in both richer and poorer parts of the world. For this we need to incorporate new work which elaborates a global political ethic of care. This enlarges the conception of global social justice such that it encompasses the everyday reality of care in people's lives within processes of globalisation. At the same time, we

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<sup>20</sup> Similar care ethics critiques exist for national politics – see for example Williams 2001 on New Labour's prioritizing of the work ethic over the care ethic.

should be careful not to reduce these processes to globalisation, but to bring in the histories of the colonialism and their links to nation-welfare state building.

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