

A Crucial Testing Ground

The Governance of Labour Migration in the Long-Term Care Sector

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Abstract

European societies are currently facing serious challenges in responding to a large and growing demand of long-term care services. To a varying, but overall substantial, extent this increasing demand is satisfied through migration, with migrant women workers representing everywhere a considerable share of the workforce available in the care sector. In this paper two key questions arising from these observations will be addressed: What has been the specific role of migration in addressing labour shortages in the care sector across Europe? And, secondly, what are the drivers of the different immigration policy approaches adopted? Drawing on EU-LFS data I will describe the main entry channels of migrant care workers, also distinguished by skill and occupational level, to highlight the specific immigrant labour supply policy mix adopted by national governments. Recent theories of managed migration policies will be critically assessed to ultimately discuss their ability to explain the immigrant labour supply policy mix in the care sector.

Keywords: care, migrant workers, immigration policies, managed migration, care regimes, Italy, Europe

1 Introduction¹

Population ageing resulting from deep and long-lasting demographic and socio-cultural transformations currently represents one of the major challenges for most European societies. Beside a steadily shrinking workforce, and its consequences on labour markets dynamism and on welfare state sustainability, the rapid and massive increase of older cohorts is also hav-

ing (and will increasingly have) important consequences in terms of growing demand of personal and household care services to support dependent people and their families. Indeed, demographic ageing is among the causes of the crisis of traditional informal care systems, revolving around the central role of family members, and primarily women among them: declining size of households and families, transformation in family structures and living arrangements, increasing female participation in labour markets have jointly resulted in a reduction of available caregivers within families. At the same time, European welfare states are undergoing an enduring process of restructuring and withdrawal, gradually downsizing the direct provision of care services. As a consequence of this complex mix of societal processes, new markets for care services have emerged and developed. The development of professional care and personal services has even been lately identified by the European Commission as one of the sectors with the highest job creation potential: 'The size and fast growth of these sectors (twice the employment growth overall) suggests they will remain a key driver in providing new jobs in the years to come' (European Commission, 2012, p. 6).² A large part of the emerging care needs concerns, in particular, people in their old-age (over-65), namely the demographic group showing the most rapid and remarkable growth. Therefore the long-term care (LTC) sector (encompassing both health as well as personal and social care activities) is the one displaying the greater expansion (Colombo et al., 2011).

During the last decades, migrant labour has substantially contributed to the expansion of employment in this sector, although to a different extent and in various forms across European countries. This trend has persisted throughout the current economic crisis: in a general context of rising unemployment, especially for migrant workers, employment of foreign-born workers in domestic or residential care services has increased respectively by 20% and 44.5% between 2008 and 2012 in the European OECD countries (OECD, 2013).

The growing contribution of migrant labour to LTC workforce has attracted increasing attention of scholars and researchers with different disciplinary backgrounds. Much scholarly work has been focused at explaining the emerging demand for care labour by looking at the intersection between care and employment regimes in determining labour shortages in the care sector in a macro perspective (Kilkey et al., 2010; Williams, 2010), or by comparing the micro-determinants of migrant care labour demand by type of employers and by country (Anderson, 2007; Moriarty, 2010). Less attention has been devoted at explaining the characteristics of the labour supply and the role of migration policies in determining these features.

This contribution aims at filling this gap by looking at the articulation of Immigrant Labour Supply policies in the care sector across Europe, and more specifically in the LAB-MIG-GOV research project's target countries. What has been the specific role of migration in addressing labour shortages in the LTC sector across Europe? Which specific policy mixes for Immigrant Labour Supply have been adopted in response to an expanding demand for LTC services? And which factors may explain the different policy approaches adopted? These are the key questions that this contribution will attempt to answer.

I will first review the existing literature that has focused on explaining the emerging demand for migrant care labour in Europe to highlight its inadequate consideration of immigration policymaking. Therefore, starting from a critical assessment of recent immigration policy theories, I will propose an analytical framework centred upon the concept of Immigrant Labour Supply policy mix and I will explain why and how it can better explain the differentiated contribution of migrant labour to the LTC workforce across Europe; secondly, I will draw on original estimates produced in the context of the LAB-MIG-GOV project³ to describe the recent contributions of migrant workers in the care labour markets across Europe, giving special attention to the distribution of migrant labour across the skill spectrum in LTC labour markets; I will then describe the main entry categories of migrant care workers (MCWs) in the main target countries, as a proxy indicator for immigrant labour supply policies across Europe; finally, I will advance some hypothesis on the main drivers of the different policy choices adopted.

2 The internationalization of European care regimes: an analytical framework

The key contribution of migrant workers to the labour markets for care in Europe has not gone unnoticed to scholars and researchers. The scientific interest for the increasing internationalization of care labour has soared in the latest decades, prompted by feminist research on the racialised and gendered divisions of care in contemporary western societies. Global care chains linking the poor global south and the affluent ageing north in an international division of reproductive labour (Parreñas, 2000) have been analyzed in depth by a wealth of feminist studies (Yeates, 2012).

More recently, scholars of comparative welfare studies have claimed the importance to look at the dynamic intersection of care, employment and

migration regimes to explain the emerging care deficit in European welfare states and the increasing contribution of migrant labour in tackling care needs. Authors in this body of research have thus highlighted the specificities of national contexts in framing and shaping the different forms of migrant care labour: indeed, as Williams, (2012: 370-1) stressed, it is important to look at 'specific forms of migrant care labour that any individual care regime generates'. European care regimes greatly vary in the organisation, provision and financing of care⁴. At a first level, European care regimes differ in the relative weight and respective roles of State, family, market and no-profit actors in providing care to people in need. Other major interconnected dimensions on which variations emerge are: settings of care, namely whether care is mainly provided at home or in some kind of residential settings (Colombo et al., 2011), and funding, where care may be publicly funded (through in-kind services or some form of monetary support), resort on private resources of families or, as in actual arrangements, rely on a mix of public and private resources (Da Roit et al., 2007). Furthermore, important differences are found on the regulation and provision of care for different types of recipients, namely childcare or long-term care for elderly or disabled: in particular, whereas childcare has been included in the framework of the new 'social investment' strategy underpinning welfare reforms in most European countries, elderly care has remained largely excluded from this framework.

At the same time, despite still substantial differentiation across European care regimes, more recent contributions have instead highlighted the emergence of 'converging variations' towards the marketization of care as well as the appearance of 'routed wages' in care work (Ungerson 2003; Williams 2010; Williams and Brennan, 2012). In particular, Bettio and Verashcaghina (2010), identify the main developments of (western) European care regimes in progressive shifts i) away from institutionalized care towards home care; ii) away from public provision and towards private or mixed services backed up by cash transfers; iii) in favour of services that complement rather than replace informal care. The marketization process has targeted long-term care to a greater extent than childcare: in line with the social investment approach adopted in the Lisbon Strategy, decreasing public investments in care for older people compared to childcare are observed and, consequently, a greater marketization of elderly care work (Brennan, Cass et al., 2012). These processes, inspired by neo-liberal ideologies and urged by rising public budgets constraints, have been creating markets, or 'quasi-markets' (Le Grand, 1991), for care services: it is precisely

here that a new space for the employment of migrant workers in the care sector has been opening in many European countries.

In fact, the interaction between care and employment regimes largely explains the existing segmentation within and outside care labour markets and the magnitude of care labour shortages in each national context. Simonazzi (2009) describes 'national employment models' in the care sector by complementing characteristics of the care regimes with specific labour market regulations concerning pay, working and employment conditions or skills, training and credentials in the care sector: these aspects largely determine the attractiveness of this kind of work for native workers, who tend to shun those jobs with poorer employment and working conditions, lower wages, and bad social recognition. And long-term care is a typical example of a marginal labour market sector where low pay⁵, poor working conditions, little opportunity for career development, and high vacancy and turnover rates prevail (Fujisawa and Colombo, 2009). In general terms, a greater role of state-provided care services, either in institutional or domiciliary settings, usually entails better employment and working conditions (in terms of wages, employment protection, working hours, etc.), a greater labour supply by native (women) workers and a limited role of migrant labour. Conversely, the widespread use of cash transfers, with no or low conditionality upon their use, lower employment protection or poor regulation of care work, creates strong incentives towards the often irregular employment of care workers and makes care work unattractive for native workers: this is where the role of migrant care labour is greater.

In this complex and dynamic context, authors in this thread underline the key role of migration regimes in shaping migrant care labour force characteristics and affecting patterns of labour market integration of MCWs. Shutes and Chiatti (2012), drawing on a comparison between elderly care systems in UK and Italy, reveal how trends towards marketization of care – although starting from two very different models – and specific configurations of immigration policies have converged towards a wide use of migrant labour in LTC services. In particular, the authors highlight the role of immigration policies in shaping the employment of migrant care workforce. Thus, irregular migrants can only enter the informal labour markets where low wages and poor or exploitative working conditions are widespread and, at the same time, holders of regular residence permits face different sets of constraints and restrictions in their occupational mobility (Cangiano, 2014b). As a result of the different intersection of care and migration regimes, employment of migrant care labour is concentrated in the private sector (including private hospitals and residential care

homes in particular) in the UK and in private households in Italy, where it is shaped both by irregular status and by the terms and conditions under which regular immigration status can be obtained. Similarly, in another comparative study on UK, Italy and the Netherlands, Van Hooren (2012) has identified three different models of migrant care labour, originating from specific features of the national care regimes that shape the labour demand in the sector: Italy, where a 'migrant-in-the-family' model of care has emerged (Bettio, Simonazzi et al., 2006) as a consequence (among other factors) of the prevalence of unconditional cash allowances; UK, with a 'migrant-in-the-market' model, explained by the larger use of means-tested cash allowances and outsourcing of public domiciliary care services by local authorities to private service providers, and the Netherlands where none of the two has been observed and the employment of migrant workers in the care sector remains negligible. Van Hooren (2012), also looks at the role of immigration policies in setting up these three different models and she concludes that 'labour migration policies for care workers only had a limited impact on the employment of migrant workers' since 'many migrants employed in the social care sector rely on residence permits unrelated to employment or [...] are already living in the country as irregular migrants' (p. 143).

The literature on comparative analysis of care regimes has thus considerably contributed to explain why and how labour shortages in the care sector have emerged as well as the peculiar characteristics of the labour demand in this labour market sector and the main variations observed across European States. Potential employers of care workers greatly vary from public sector agencies to non profit voluntary associations, from for-profit service providers to private households. In the latter case it is even problematic to speak of 'employers' since, as much research has showed, 'the employers of domestic [and care] labourers often do not see themselves as employers' rather declaring to pay for *some help* or to buy services instead of labour (Pannell and Altman, 2009, p. 5; see also Ambrosini and Cominelli, 2005). Demand for care labour is thus highly diffuse, atomized and fragmented across a wide range of actors, with little opportunities to access the venues of policy-making or to effectively influence decision-making processes, especially as far as immigration policies are concerned.

However, and most importantly for the goals of this contribution, one critical element of comparative care regimes analysis is that it lacks a sound analysis of immigration policy-making and the extent to which this is shaped by specific features of national care and employment regimes. In most cases, immigration regimes are in fact introduced in the analysis as a

static and independent factor that care and employment regimes adapt to. The emergence of labour and skill shortages in the care sector, stemming from actual care and employment policies and their dynamic evolution, is indeed a powerful factor to explain relative openness or closure of national labour immigration policies. Nonetheless, it is not the sole factor to account for and immigration policies are typically the outcome of complex mediations between competing interests and concerns. Recent evolutions towards the revival of labour migration in the pre-crisis decade have been reflected in significant changes in immigration policies that have favoured economic migration inflows over allegedly unproductive family or humanitarian categories (Pastore, 2010). Aiming at explaining this revival, recent theoretical approaches have explained the shift from a 'zero-immigration' to a 'managed migration' policy approach by looking at specific features of national 'varieties of capitalism', or models of political economy (Menz, 2008; Menz and Caviedes, 2010). According to this literature, the neo-liberal competition state would aim at maximising its 'competitiveness' by ensuring a *business-friendly* climate (Lavenex, 2006): managed migration fits into this new framework by framing migrants as potentially valuable human resources (Menz and Caviedes, 2010). Labour migration policies have consequently revived as a key tool to source labour and skills deemed useful for the national economy, through the key lobbying and mediation efforts of labour market interest associations (i.e. employers' and workers' organizations). As Menz (2008) argues, the more employers organizations are internally united and structured the more effective and successful their policy demands for open immigration policies will be. Therefore, in general terms, coordinated market economies (CMEs) and, to some extent, mixed market economies (MMEs) tend to accept only skilled and highly skilled labour migrants and to close their doors to low-skilled migration, while liberal market economies (LMEs) need labour migrants at both ends of the skills spectrum. Among our target countries, Germany and UK represent paradigmatic cases of, respectively, CME and LME whereas France is typically classified among mixed market economies, combining elements of both ideal-types.

Nevertheless, the analysis of the (lack of) management of care migration contributes to raise some criticism on the ability of the political economy of managed migration approach to give full and accurate account of the strategies through which European States source their labour needs abroad while, at the same time, enriching the analytical framework. In fact its restrictive focus on labour migration policies *stricto sensu* (i.e. those regulating the admission of third-country nationals for employment

purposes) as part of a competitiveness strategy do not allow to understand how and why States admit a substantial share of their migrant workforce through alternative channels. Consistently with the analytical framework used in the LAB-MIG-GOV research project, I will instead adopt here a broader focus on the complex and dynamic policy mix in what may be defined as a *migrant labour supply (MLS) policy field* (Pastore, 2014 and 2010). I will therefore look at both *official labour migration policies* addressing MCWs and at what we have defined as their '*functional equivalents*', i.e. policies regulating other relevant entry channels. With the latter I essentially refer to national policies managing the admission and labour market access of EU newly accession countries' nationals and other profiles as diverse as family migrants, different types of humanitarian migrants, international students, so-called co-ethnics (e.g. *Aussiedler* in Germany or descendents of emigrants in Italy). Some attention will be also given to what we have called '*functional alternatives to labour migration policies*', defined as all policies and measures (mainly situated in the labour market, education or training policy fields) which are explicitly meant to reduce the dependency on migrant labour and increase the presence of resident workers in given employment sectors. My argument here is that this broader analytical framework is particularly suitable to account for the management of care migration due to the specific characteristics of this labour market sector. On the one hand, as previously highlighted, the demand for care labour is highly dispersed and fragmented across a wide range of actors and private households hold a primary role here. This makes the translation of care labour demand into effective lobbying efforts for more open labour migration policies towards care workers a particularly challenging task. Hence, we can expect that alternative admission channels are more relevant for MCWs than for other more 'valuable' categories. On the other hand the traditional depiction of care work as unskilled or low skilled work prevent its inclusion into the framework of managed migration as a competitiveness strategy aimed at sourcing skills and talents useful for the national economy (Kofman, 2013).

A second source of criticism is more related to the empirical grounds on which theories on the political economy of managed migration are based. In fact, the southern European cases hardly fit in the framework proposed by Menz and his colleagues: even if EU Mediterranean countries have been among the forerunners in the revitalization of labour migration policies in the pre-crisis decade, this has in no way been framed as part of a competitiveness strategy. Southern European countries have not participated in the 'global race for talents', competing to attract highly skilled immigrants

deemed beneficial for their economies. Rather, they included loosen elements of skill selectivity in their official labour migration policies, de facto admitting huge inflows of low skilled labour. Mass immigration for working purposes has been driven mainly by demographic rather than economic competitiveness factors: in other words, migrant workers have been admitted to substitute for a native workforce that was shrinking in absolute terms rather than to contribute to enhancing the productivity of a fast-growing economy. Immigration has been part more of a survival rather than a growth-oriented strategy and, I argue, care migration has significantly contributed to this.

3 The growing contribution of migrant care labour in European care regimes: empirical evidence

The main focus of this paper is on the overall long-term care migrant workforce, primarily differentiated by skill level rather than sub-segment of the care labour market (i.e. whether in institutional, residential or domiciliary activities). Since the main goal of this article is to analyse the Immigrant Labour Supply Policy mix adopted in selected EU countries and thereby critically assess recent immigration policy theories, I believe that a fine-grained distinction between different categories of care workers across sub-sectors is not particularly relevant here. The analysis will draw on data provided by EU-LFS and in particular by information contained in the 2008 ad-hoc module (AHM) on labour market situation of migrants on reason for migration, used as a proxy indicator for entry channels. Thanks to information provided in the 2008 AHM of the EU-LFS it is thus possible to provide data on the main recruitment pools of MCWs relative to main entry routes in the various EU countries⁶ (Cangiano, 2014b). As for the geographical scope of the comparative analysis, this will be limited to the five largest European countries, namely Germany, France, Italy, the United Kingdom and Spain, plus Sweden. These were in fact the target countries of the LAB-MIG-GOV research project from which this article originates (see Pastore, 2014).

Although highly differentiated in forms and extent, the contribution of migrant labour to care labour markets across Europe has been everywhere significant, and it has increasingly been so in the past decade. Empirical description and analysis of the LTC workforce and of migrant labour involvement in it in comparative perspective is a highly challenging task. Researchers in this field are in fact confronted with serious methodological

constraints: first, significant differences in labour market structures, skills or classification of occupations within LTC sector in different European countries make a sound comparison difficult to achieve (Fujisawa and Colombo 2009; Simonazzi 2009); secondly, a straightforward identification of MCWs is made difficult by existing shortcomings in the definitions of who is a migrant in each individual country (Cangiano, 2012); finally, care work is often carried out in irregular forms (and by irregular migrants), especially when performed in private homes, which makes it difficult if not impossible to fully detect it in official statistics (Schwenken and Heimeshoff, 2011; Ambrosini, 2013a; Triandafyllidou, 2013). Despite acknowledging all these methodological challenges, Geerts (2011) proposes to identify LTC workers using data from the EU-LFS by singling out four occupational groups on the basis of the ISCO-88 groupings at 3 digits level: nursing and midwifery professionals (ISCO-88 category 223), nursing and midwifery associate professionals (ISCO-88 category 323), personal care and related workers (ISCO-88 category 513) and domestic and related helpers (ISCO-88 category 913) (see also Cangiano, 2014a for further discussion of methodological constraints). However, it must be noticed that these four categories are likely to overestimate LTC workers since they encompass a larger spectrum of occupations also related to child-care, health-care or home-care work. At the same time, EU-LFS is likely to underestimate the immigrant workforce due to well-known methodological limits such as the exclusion of irregular migrants from the sample or the different definitions of immigrants adopted in different EU countries (Cangiano, 2012).

In this contribution I adopt the same approach proposed by Geerts (2011) for the identification and analysis of the care workforce, while I draw on the method proposed by Cangiano (2012) to identify migrant workers in the 2008 EU-LFS sample⁷: in the context of this paper, then, migrant workers are individuals born outside their countries of residence, with both parents born abroad, and who have entered the host country when they were 15 or older.

With all these caveats in mind, here below I will sketch a picture of the migrant labour contribution in care labour markets across Europe in the last decade. Figure 1 shows that in 2009 the share of the migrant workforce in the LTC sector was substantial in all the target countries considered, exceeding 15% everywhere up to nearly 50% of the total workforce in the sector in Italy. Besides, the percentage of MCWs over total has considerably increased, though with important cross-national differences in the extent of the change: in Italy migrant workers represented around 3% of the overall workforce of the sector in 1999 while their increase in the

following decade has been dramatic, to reach 48% in 2009; a similar, though slightly weaker, increase is observed in Spain (from 6% to 31%). Conversely, France and Germany have not witnessed significant changes, with the share of the migrant care workforce over total increasing only by 2 percentage points in both cases (respectively from 14 to 16% and from 20 to 22%). The UK and Sweden represent intermediate cases where the weight of the migrant care workforce has nearly doubled though remaining at lower levels than in Italy and Spain (respectively from 9 to 17% and from 11 to 21%).

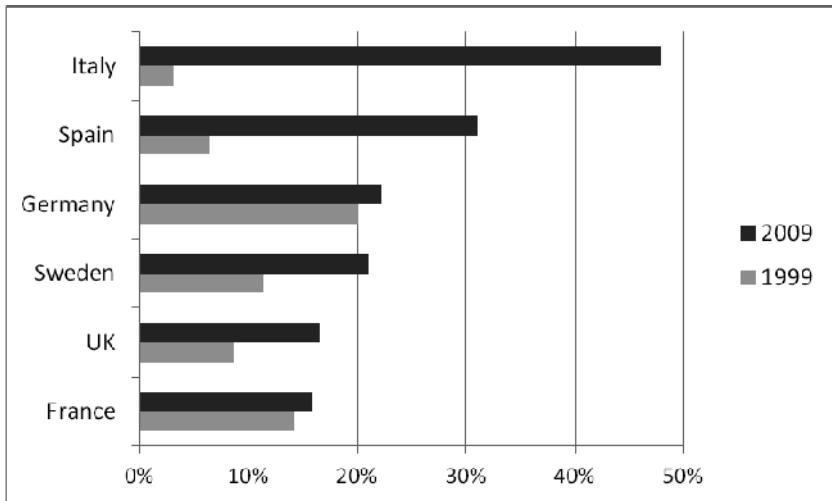


Figure 1 Migrant share (%) of the care workforce in LAB-MIG-GOV countries, all occupational categories included, 1999 and 2009

Source: Courtesy of Alessio Cangiano; calculations based on the EU Labour Force Survey

If the contribution of MCWs has been substantial, in purely quantitative terms, it is also important to look at more qualitative aspects of care migrant workforce, namely the positions occupied by migrants across the occupational spectrum in the care sector. We may then ask what has been the role of migrant workers in the different occupational categories within the LTC labour market across EU countries. The table 1 below describes the distribution of MCWs in the six LAB-MIG-GOV target countries across the three main broad ISCO-88 occupational groups in 2008: nursing and midwifery professionals and associate professionals (highly and medium skilled), personal and related care workers (low-skilled), and domestic workers (unskilled), also distinguishing between those who entered the

host country before 1998 (old migrants) or in the 1998-2008 decade (recent migrants).

Table 1 Relative share of migrant workers across broad occupational groups in the care sector, EU-15 and LAB-MIG-GOV countries, 2008 (%)

		Nursing and midwifery professionals (ISCO-88 223+323)	Personal care and related workers (ISCO-88 513)	Domestic and related helpers (ISCO-88 913)
GER	recent migrant ^a	1%	5%	12%
	old migrant ^b	10%	9%	33%
	Total	11%	14%	45%
SPA	recent migrant	0%	14%	39%
	old migrant	2%	4%	6%
	Total	2%	17%	45%
FRA	recent migrant	1%	1%	6%
	old migrant	5%	8%	18%
	Total	5%	10%	23%
ITA	recent migrant	...	15%	37%
	old migrant	...	10%	23%
	Total	...	25%	60%
SWE	recent migrant	2%	4%	16%
	old migrant	7%	11%	15%
	Total	9%	15%	30%
UK	recent migrant	11%	8%	18%
	old migrant	9%	5%	6%
	Total	20%	13%	24%
Tot EU15 ^c	recent migrant	3%	6%	21%
	old migrant	7%	7%	16%
	Total	11%	14%	37%

Source: Courtesy of Alessio Cangiano; calculations based on the EU Labour Force Survey

^a 'Recent migrants' are those arrived in the period between 1998 and 2008.

^b 'Old migrant' are those arrived before 1998.

^c Excluding Finland.

In general terms, migrants are concentrated in the lower ladders of the care labour markets while they are underrepresented in highly skilled occupations. In the EU-15 overall, migrants represented over a third of total unskilled care workers (ISCO-88 category 913), around 14 per cent of the medium category of personal care workers (ISCO-88 category 513) and 11 per cent of the highly skilled care workers (ISCO-88 categories 223+323). The share of migrant domestic workers exceeded the EU average only in Italy, Spain and Germany, representing respectively 60%, 45% and 45% of

the total workforce in the subgroup. In Italy and Spain most of migrant domestic workers have arrived after 1998 while the opposite is observed in Germany. Albeit UK and Sweden display a weaker role of migrant workers as domestic helpers, it has to be noticed that migrants' share in the subgroup has grown considerably in the 1998-2008 decade: 18% and 16% of migrant domestic workers in the UK and Sweden respectively have entered the countries after 1998. The share of personal care and related workers significantly exceeds the EU-15 average in Italy and Spain (respectively 25 and 17% against 14%) while in the remaining four countries the weight of migrant workers in this category is roughly in line with the EU-15 average. Finally, the UK is the only country where the share of migrant nurses and associate nursing professionals exceeds 20% of the total workforce in the sub-group, most of which arrived after 1998, whereas in Germany and Sweden the relative share remains in line with the EU-15 average and in France, Italy and Spain migrant nurses only represent a small to negligible part of the total.

4 Migrant care workers and migration policies: main entry channels

Whether migrant workers have entered the host countries for reasons of employment, either with or without a job offer in hands, family reunification, as a freely circulating EU citizen or as an asylum-seeker is likely to have a strong impact on their capacities to get a job, to change employer or sector of employment or to move upward in the occupational ladder (Cangiano, 2012; Büchel and Frick, 2005). Indeed the State, through its policies on immigration and in other domains, plays a major role in the recruitment of migrant workers, by categorizing migrant workers on the basis of their skills sets or national origin. Furthermore, by constraining migrant mobility through different means, State regulations contribute to create and maintain labour market stratification and segmentation along ethnic lines (Anderson 2010; McGovern, 2012).

Figure 2 below allows to describe the main recruitment pools of MCWs in the year 2008. At the EU-15 level, around 15% of the migrant care workforce is represented by EU mobile citizens, over a third of MCWs has entered the host country for reasons of employment and another third for family reasons; all other entry categories are only represented in minor percentages. Unsurprisingly, entry routes related to employment seem to have been more important for care workers in Italy, Spain and, to a lesser

extent, in UK, namely the three large EU countries that have showed a greater openness to labour migration in the pre-crisis decade (Pastore and Salis, 2013). On the contrary, given their generalized closure to economic migration until very recently, France, Germany and Sweden have sourced MCWs from alternative entry routes (i.e. functional equivalents), especially family reunification, intra-EU mobility and humanitarian migration. Also, ancestry-based immigration has had a greater role in Germany.

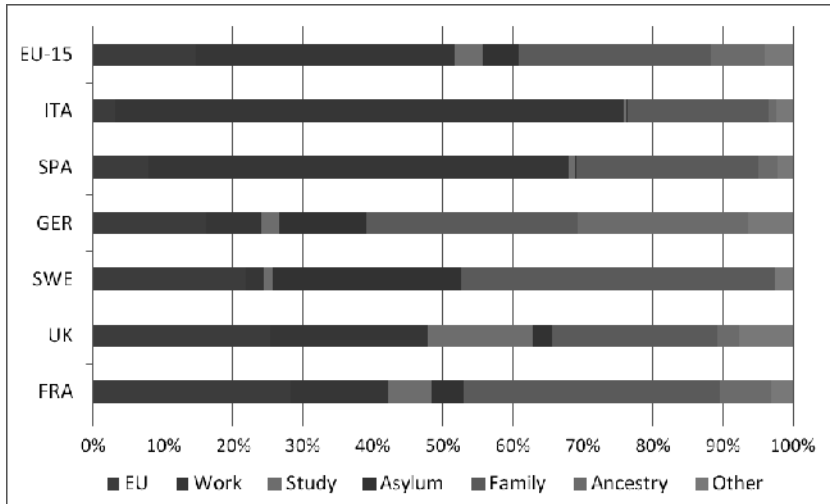


Figure 2 Composition of the migrant care workforce by entry category.^(a) EU-15 and LAB-MIG-GOV countries (2008)

Note: (a) The category EU includes nationals of EU-15 countries and post-enlargement EU-10 migrants (nationals of EU accession countries who moved to the selected destination countries in or after 2004). Migrants from Central and Eastern Europe who moved before 2004 are included in one of the other entry categories for non-EU nationals.

Source: Courtesy of Alessio Cangiano; calculations based on the EU Labour Force Survey

Unfortunately, given the limited size of national samples, it is not possible to disaggregate MCWs simultaneously by occupational category and entry routes in individual countries. However, a look at the pooled sample at the EU-15 level allows us to see what have been the main entry categories in each occupational sub-group of care workers at the EU level (see figure 3): around a quarter of skilled and highly skilled MCWs have entered the host country for employment reasons, often upon the availability of a job offer before entry (in around 23% of cases), while intra-EU mobility, family reunification or ancestry-based immigration have been other relevant entry channels. It is worth noting that within this sub-group, the share of

workers entered for study reasons and of intra-EU-15 citizens, is greater than for the other two sub-groups implying that most of them have probably gained training and credentials for the exercise of their profession while already in the EU.

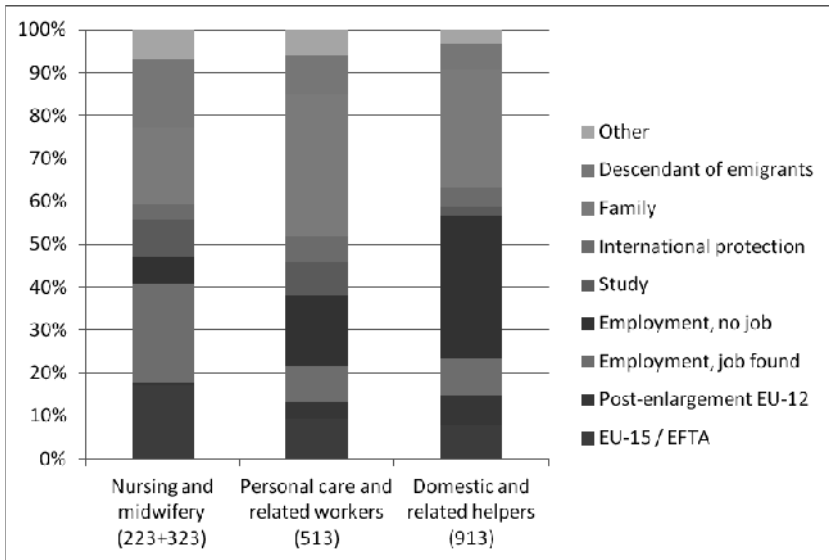


Figure 3 Distribution of care migrant workers at the EU-15 level, by occupational category and entry route, 2008 (%)

Source: Courtesy of Alessio Cangiano; calculations based on the EU Labour Force Survey

Entry routes for employment reasons have been much more relevant for unskilled MCWs in the ‘domestic and related helpers’ sub-group. However, the vast majority of them have entered the host country without a job offer, therefore presumably through irregular avenues⁸. Compared to the other two occupational sub-groups, post-enlargement intra-EU mobility has been more significant for migrant domestic workers. Within the intermediate positions of ‘personal and related care workers’ the mix of entry channels has been more varied, although with a greater role of family migration routes.

5 The immigrant labour supply policy mix in the care sector: what drives it?

The picture sketched through data presented above largely mirrors the actual configuration of immigrant labour supply policies adopted by major EU countries in the pre-crisis decade. In the first place, these data confirm that labour migration admission channels have only had a secondary role in the growth of migrant labour supply in the LTC sector (Van Hooren, 2012). Alternative migration channels such as family, humanitarian or study entry routes or intra-EU mobility (especially post-enlargement waves) have contributed to a larger degree to increase the ranks of migrant care labour in the EU as a whole. However, the relative weight of alternative immigration routes is not homogeneous across the various EU countries. Indeed, as expected, southern European countries are those which have showed a greater openness to MCWs. Italy represents here as an exemplary case where the labour market for domestic and care services has rapidly become the main entry door of labour migration into the country with the adoption of ad-hoc entry quotas and mass regularizations for domestic and care workers during the most recent years (Salis 2012; Castagnone, Salis et al., 2013). Since the early phases of the Italian immigration experience migrant domestic workers have benefited from preferential provisions in admission procedures (Einaudi, 2007). Between 2005 and 2010 a considerable share of new work permits issued through annual quotas targeted jobs in the domestic and home care sector: from around a third of the total in 2005 to over 70% in 2008. After the 2002 ‘great regularization’ through which around 300,000 irregular domestic workers obtained legal status (i.e. almost half of the total regularized population), an ad hoc regularization for domestic and care workers was adopted in 2009, despite the rising unemployment caused by the economic crisis. Although less noticeably, Spain as well made the domestic sector a major entry door into the national labour market by either opening up job-search entry routes for domestic workers or through its general regime and mass or individual regularization schemes (i.e. so-called *arraigo*) (Arango and Finotelli, 2009). At the opposite end, among the LAB-MIG-GOV target countries, France stands out as a case where job vacancies in the care sector have been scarcely filled by migrant labour and, in most cases, MCWs did not enter France for employment reasons. Indeed, this is in line with the general closure to labour migration adopted by France since the late 1970s to the mid-2000s, when a shift from ‘*immigration subie*’ to ‘*immigration choisie*’ was claimed by the then President Sarkozy (Devitt, 2012). There-

fore, as Condon et al., (2013, p. 16) effectively put it, social care policies in France have in no way relied upon immigration policies. Other major destination countries lie somewhere in between these two extremes, with only small avenues open to MCWs, usually at the higher skill levels, and a relative openness to care labour migration from new EU member states after 2004: in the UK pre-2008 work permit system, senior care workers (with qualifications at level 3 of the National Qualification Framework) were eligible for admission and in the period between 2001 and 2006 over 22,000 new work permits were issued to migrants meeting the established criteria⁹. At the same time, a fairly high number of low skilled jobs in the social care sector was filled by citizens from the A8 countries between 2004 and 2009. In Germany a pilot program of ‘controlled migration’ for home helpers was introduced in 2002 but only 3,000 workers were sourced through it, whereas the overall number of migrant elderly care workers was estimated to be between 150,000 and 200,000 (Lutz and Palengal-Möllnbeck 2010). Most of these foreign care workers were nationals of the newly accessed Eastern European Member States entering with tourist visas or exploiting the loopholes of EU mobility regulations by working as self-employed or employment agency care workers (Shire, 2014).

What does explain the diversity of the policy approaches adopted? The varieties of care and employment regimes and their effects in terms of size and characteristics of emerging shortages are certainly a powerful, although partial, explaining factor. Thus the still relevant role of publicly provided care services or, alternatively, a still strong regulation of care work, as observed in Nordic or Western Europe’s care regimes translates into a still limited demand for migrant care labour. Here labour migration policies have therefore remained overall closed to care workers, by sourcing the few necessary ones through less visible and politically controversial entry channels. At the opposite end, strongly familialistic care regimes as those characterizing Mediterranean EU countries, with their reliance on unconditional cash-for-care schemes and poor regulation of professional care work are characterized by huge unmet labour needs in the care sector: immigration policies here have addressed this new labour demand by opening their front (and back) doors to care migrant workers.

However, a closer look at the variation of entry routes across the different occupational categories allows to provide a more accurate account of the different degrees of openness or closure to care workers migration. As predicted by the political economy of managed migration accounts, LMEs such as the UK have opened their doors to both highly skilled MCWs, through official labour migration channels, and low skilled or unskilled

workers, preferably recruited among freely circulating new EU citizens from Eastern countries or other ‘functional equivalents’ of labour migrants. Conversely, CMEs, such as Germany, and MMEs, such as France, have remained overall close to low skilled MCWs while opening some narrow avenues for qualified care workers. Both countries have addressed their care deficits either through ‘functional equivalents’ to labour migrants such as commuter migration or posted workers from neighbouring Eastern countries, as in Germany (Morokvasic, 2004; Shire, 2014), or by developing strategies ultimately engendering ‘functional alternatives’ to labour migration, as in France (Devitt, 2014). In the latter case, personal and household care services have been the object of various waves of reform since the early 1990s, explicitly framed as a strategy to enhance the high employment creation potential of this sector, thereby investing in the regularization and professionalization of care work. This has resulted in a reduced dependence on migrant care labour compared to other national care regimes (Condon et al., 2013).

Drawing on the analytical framework proposed by political economy accounts of the managed migration paradigm (Menz, 2008; Menz and Caviedes, 2010), this general closure to immigration of care workers, except for small segments in the upper skill levels, is largely explained by two main elements. On the one hand by the still lacking recognition of care work as skilled work. Despite remarkable pressures and efforts made to enhance the professionalization and qualification of care work in the most recent years, throughout Europe (although with differences) it generally remains framed and depicted as unskilled or low-skilled work, as a traditional ‘women’s work’ for which no specific or technical skills are required (Anderson, 2012). As Kofman (2013) argues, this is based on gendered differences in the configurations of knowledge and skills in the contemporary circuits of globalization, exemplified by two emblematic figures: domestic and care workers are mainly bearers of different types of skills, defined as *embodied* and *encultured*, which are valued differently from *encoded* or *embrained* skills¹⁰ associated with ICT workers. Therefore, in managed migration policy approaches different types of skills are arguably assessed differently and ‘soft’ or ‘*embodied*’ skills, such as those crucially used in care work, are by no means considered in official immigration policies (Cangiano and Walsh, 2013). On the other hand, the general closure of labour migration policies to MCWs is also explained by the specific features of the labour demand that they are deemed to meet, that I have defined above as diffuse, atomized and fragmented across a wide and diverse range of actors (e.g. public or private hospitals, nursing homes,

labour agencies or households). This makes particularly hard to effectively translate a labour demand into a policy demand for more open labour migration policies. The relative exception represented by relative openness to highly skilled care workers (i.e. professional nurses or nursing associate professionals) in some countries actually seems to confirm the rule: indeed professional nurses are more often employed by public or private hospitals or residential homes, that is large employers that could find themselves in better positions for political lobbying.

What does not seem to fit easily in the analytical framework proposed by the political economy literature on labour migration are the Mediterranean cases, and especially the Italian one. As a matter of fact, Italy has made the care sector the main entry door into the Italian labour market, by granting preferential access to migrant domestic and care work through both its official immigration policies (i.e. annual entry quotas) and their main functional equivalent (i.e. mass regularizations). And, quite surprisingly, this has continued even during the most recent years throughout the crisis. Latest estimates show that over half of migrant women active in the Italian labour market are employed as domestic and care workers (Ministero del Lavoro e delle Politiche Sociali, 2012). I argue that this may be explained as a legitimization and consensus-building strategy adopted by State authorities. Indeed, care work provided by migrant women has been an effective and low-priced response to the structural deficiencies of the Italian elderly care system, which has allowed the State to recurrently postpone the necessary and highly expensive reforms that demographic ageing would have imposed (Sciortino, 2004; Naldini and Saraceno, 2008). MCWs have been recurrently depicted as *good* and *useful* for the Italian society and economy, thereby increasing their acceptability on the general public opinion (Ambrosini, 2013b). This has been and still is a key element of what has been described as a 'low-cost' immigration model, that is one in which immigration has been part of a sort of survival strategy instead of being used to enhance the productivity of the system: it has allowed to maintain the status quo and postpone the necessary structural reforms at a quite low price in political and economic terms (Da Roit and Sabbatinelli, 2013; Pastore, Salis and Villosio, 2012; Naldini and Saraceno, 2008). Furthermore, although ad hoc research on this is still lacking, there is the reasonable doubt that a great number of those admitted or regularized as domestic or care workers in the recent years are de facto employed in other economic sectors and working in irregular forms while officially registered as domestic and care workers. In fact, not only opportunities were greater in this sector through ad hoc quotas or regularizations, but the regulariza-

tion costs, often borne by the workers themselves, were lower there. Some partial evidence to support this hypothesis can be drawn from data on the applications presented during the 2009 regularization campaign, a large number of which concerned nationalities of countries such as Morocco (around 36,000 applications), China (around 21,600 applications) or Senegal (around 13,600 applications) that are only marginally represented among officially registered or surveyed domestic workers. Furthermore, in many cases applicant employers were immigrants themselves: around 8,000 Moroccans, 5,000 Senegalese or 3,000 Chinese (Pasquinelli and Rusmini, 2010). Similar clues emerge from official data relative to the 2012 regularization campaign: among the almost 116,000 applications concerning domestic workers (two-thirds of the total), almost 70% concerned male workers, especially from Bangladesh (14,279), Pakistan (10,369) or Morocco (10,285) while migrant men only represented around 10% of officially registered domestic workers in 2011. Therefore, the openness towards MCWs has, at least partially, allowed the Italian authorities to open the doors to all other labour migrants while presenting them as *good* and *useful* for the Italian society.

The Italian case, with its use of labour migration policies addressing MCWs as part of a legitimization and survival strategy rather than a competitiveness strategy, is therefore strongly questioning the extent of the validity of theoretical accounts based on an overarching managed migration paradigm.

6 Conclusion

The original data presented in this paper have shown the complex mix of Immigrant Labour Supply policies adopted by different European countries to meet a growing labour demand in national markets of care. This has represented a first attempt to apply a more articulated analytical framework to the study of labour migration governance across Europe in a crucial labour market sector. I have critically assessed the ability of recent theoretical accounts of managed migration approaches to provide a sound explanation of the diversity of policy mixes adopted across Europe, by pointing out strengths and weaknesses. The overall picture stemming from the analysis helps me to point out three different issues, with both important theoretical and policy implications, that will need further consideration in future research. First, the key and controversial role of skills in official labour migration policies design. In the pre-crisis decade but,

although less vocally (Devitt, 2014), also in more recent years, the latter have been increasingly framed as a tool for enhancing the competitiveness of national economies, in line with the goal of a knowledge economy promoted by the Lisbon strategy. In this framework, soft and embodied skills such as those that are key for the quality of care work have been downplayed and neglected, determining the general closure of official labour migration channels to care migrant workers. However, the trends towards the professionalization of care work, including a growing recognition of formal and non-formal competences, could contribute to change the consideration of care work as low-skilled. Combined with persistent labour shortages related to demographic processes this could also impact on the design of labour migration policies by redefining the notion of skills and its use in labour market analysis underpinning immigration policy-making.

Secondly, the consequences of the different immigrant labour supply policy mixes adopted in each national context on socio-economic integration paths and outcomes of MCWs should be addressed in future research. Indeed, entry routes and admission procedures, with the diversified set of constraints attached to each immigration status, seem to be relevant factors in influencing subsequent integration trajectories of migrant workers (not only in the care sector): for instance, as recent research has shown, entry through irregular immigration avenues, often used by MCWs not only in Southern European countries, force many of them to accept employment in the most labour-intensive segments in the care labour market (e.g. live-in care work) whereas the shift towards regular status typically imply an improvement in labour conditions (e.g. in domestic services on an hourly basis) (Castagnone, Salis et al., 2013; Gallotti and Mertens, 2013). Besides, immigration regulations in combination with broader care, education and labour market policies, concerning for instance recognition of credentials and qualifications, access to training or support to career development, are likely to have a significant impact on the possibilities offered to MCWs to upgrade their skills, change employment sector and, ultimately, achieve a reasonable level of integration in host societies.

Finally, the specificities of the Mediterranean models of labour migration management, inadequately addressed by theoretical accounts of managed migration, need to be further investigated. On the one hand, the hypothesis advanced in this paper concerning the use of labour migration policies for care workers as a legitimization or consensus-building strategy has to be refined and tested with more robust methodological tools. On the other hand, cross-country comparative analyses within the Mediterranean

region could help to highlight existing variations in a supposedly homogeneous immigration model, especially as far as care labour migration management is concerned. Furthermore, recent evolutions related to the differentiated effects of the economic crisis and of different paces in the immigrants' settlement processes across southern European countries will need further investigation.

Notes

1. This article stems from original research produced in the framework of the LAB-MIG-GOV research project (2011-2014) funded by the Europe and Global Challenges funding initiative promoted by three European foundations: the Italian Compagnia di San Paolo, the German Volkswagen Stiftung and the Swedish Riksbankens Jubileumsfond. More detailed information on the project may be found at www.labmiggov.eu
2. In two separate accompanying documents to the referred EC Communication, challenges for job-creation in professional healthcare and personal and household services are addressed. With respect to the expansion of the healthcare workforce, the European Commission suggests to: (i) improve forecasting mechanisms, (ii) anticipate new skills needs in the health professions related to changes in care delivery models, (iii) develop good practices on effective recruitment and retention of health professionals and (iv) address issues of ethical recruitment of third country nationals health professionals. In relation to personal and household services the main policy challenges identified are (i) to improve work-life balance mechanisms, hence women's employment, (ii) to exploit the potential of job-creation in this sector with a low cost for public finance (iii) to improve the quality of services and the quality of work.
3. I am grateful to Alessio Cangiano, member of the LAB-MIG-GOV research team, for providing me with these original estimates on the migrant care workforce.
4. Various typologies of European care regimes have been proposed that largely echo the families of welfare states identified in the path-breaking work of Esping-Andersen (1990); See for instance Bettio and Plantenga, 2004; Antonnen and Sipilä, 1996; Lister et al., 2007; Kraus et al., 2010.
5. In most EU countries the wage of care workers with basic formal skills is found to be 50-70% of the average comparable salary. The main exception is Denmark where the care workers' wage is aligned to the average salary. Skilled care workers are generally better paid but a pay gap relatively to workers with comparable skills is however found in most Western and Southern European countries (Bettio and Verashchagina 2010: Tab. A5 pp. 162-4)
6. Entry categories used here are derived by the methodology used by Cangiano (2012) in its analysis of the 2008 AHM of the EU Labour Force Survey (EU-LFS). The variable relative to the immigration category was built by combining information provided by the core LFS module on country of birth, nationality and years of residence, with AHM 2008 variables on the country of birth of parents (COBMOTH and COBFATH), main reason for (last) migration (MIGREAS) and the year of acquisition of citizenship (YEARCITI). Thus nine immigration categories were identified: *Descendants of emigrants* (i.e. individuals born abroad but citizens of the country of destination from birth; and migrants whose father and/or mother were born in the country of destination); *EU-15*

- / *EFTA* (i.e. migrants born in another EU-15 or EFTA country, including both foreign nationals and those who have acquired citizenship of the country of destination); *Post-Enlargement EU-12* (i.e. individuals born in the EU-12 who moved to the country of destination between 2004 and 2008); *Employment, job found* before migrating (including intra-company transfers); *Employment, no job* found before migrating; *Study*; *Asylum* (international protection); *Family* (including both marriage and family reunification); *Other*.
7. Identification of migrant workers here is based on the methodology proposed by Cangiano (2012). Here country of birth was preferred to nationality as the operational criterion to identify migrants combined with information on the year of (last) entry, country of birth of parents and, for naturalized citizens, the year when citizenship was acquired. As a consequence, the target population here is only first-generation immigrants, namely foreign-born individuals who migrated to the country of destination when they were 15 or older.
 8. Given the predominant use of demand-driven admission policies granting access only to individuals explicitly requested by a specific employers, our assumption is that those entered for employment purposes but *without a job offer* have entered irregularly and have subsequently been regularized, either through mass regularization campaigns or individual regularization procedure.
 9. However, eligibility criteria for senior care workers' admission were restricted after 2008 (Cangiano, Shutes et al., 2009).
 10. Drawing on a typology proposed by Williams (2006), Eleonore Kofman (2013, p. 584) discusses different types of knowledge to explore their unequal valorization in the global economy and the consequences in terms of immigration regulations. She then distinguishes between *embrained* knowledge, i.e. that dependent on conceptual skills and cognitive abilities, encoded knowledge, i.e. that embedded in signs or symbols to be found in books, manuals, codes of practice etc., *embodied* knowledge, i.e. that resulting from experience gained from physical presence, practical thinking, material objects, sensory information and learning-by-doing, and, finally, *encultured* knowledge, i.e. 'soft skills' based on shared understandings, responses, ways of behaving and communicating.

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