

1. Workshop title: A caring Europe? Care, Migration and Gender

2. Proposed dates and location of the workshop

12-13. November 2009 Open University, Milton Keynes, UK

A caring Europe? Care, Migration and Gender

Aims of the workshop

The issue of how care is to be arranged within European states' welfare policies in the context of Europe's ageing population¹, and hence, greater care needs, has generated considerable interest (Sevenhuijsen 2004; Ungerson and Yeandle 2007; Lyon and Glucksmann 2008). This workshop explores cross disciplinary perspectives on care, migration and gender within a European context. We aim to take stock of the current state of knowledge and to advance the emergence of an interdisciplinary approach in this dynamic area by bringing together established and junior researchers working on different aspects of care. A European perspective will synergise theoretical and empirical knowledge on care, as it is differentially constituted and conceptualized in different national contexts of welfare policies, migration experiences, and class, 'racialised' and gender relations. The workshop will thus identify key agendas for further research that will advance the field conceptually, theoretically, empirically and thematically. In particular, the workshop will innovate the research field by:

- Enhancing interdisciplinary cross-fertilisation: putting into dialogue, for example, feminist philosophers' work on care ethics with social policy researchers' discussions of care arrangements;
- Simultaneously addressing the experience of more skilled workers (e.g. doctors, social workers and nurses) with those whose work is labelled as unskilled (e.g. care workers, domestic workers and those providing care within the family);
- Exploring the experiences of family migrants alongside those of labour migrants;
- Bridging the gender divide in current research on care: The role of men and women in care provision has been treated separately; few studies explore women's employment within masculinised carework sectors such as hospital medicine and vice versa, e.g. men in domestic work
- Bringing together research on the experiences of migrant carers as they emerge alongside working for and living with non-migrants;
- Conceptualising migrants as complex subjects of care relationships: migrants are both care givers and care receivers; they are actively engaged in constructing an ethics of care in both paid and unpaid work and this should be seen in the context of their citizenship rights locally, nationally and transnationally.
- Addressing Europe as a migratory and regulatory space shaping the provision of care

These multi-dimensional perspectives on care and brief indicative examples of new research questions to be addressed in each thematic session are outlined below.

1. Carers as paid and unpaid workers

How should care be provided, paid for and in what settings are questions raised across Europe. All countries have some mix of household, state provided, privately funded and community organised facilities, the so called 'care diamond' (Evers 1996; Jenson 2003; Razavi 2007; Kofman and Raghuram 2007). These 'mixed economies of care' are being reshaped due to the retrenchment of state provision in care services. While care provision varies across Europe, in most countries migrants, especially migrant women, play an important part as care givers. In Southern European countries (Italy, Spain, Portugal), some migrant groups are predominantly female, servicing and perhaps creating a demand for domestic workers. Their tasks include household work, but also care for children, the sick and the elderly. In many Northern European countries, they are restricted to informal care work because of their undocumented or semi-compliant migration status, but they are also present in formal employment provided through agencies and in care homes. Their contributions to the formal and informal sectors of work, remuneration and their work relationships with employers, colleagues and care receivers vary with their racialisation, migration history and status, gender and national regulatory frameworks.

¹ In 2002, 20% of Europe's population was over the age of 60 and this is expected to rise to 37% by 2050 (<http://www.un.org/esa/population/publications/ageing/Graph.pdf>, accessed 23 April 08)

At the same time, migrants employed in care giving jobs also provide unpaid care for their own families. Long working hours and low pay are common in care work but we know little about how migrant parents combine this with the task of affective, physical and economic care for children and other dependents with whom they live. Indeed, many migrants in paid care work leave their dependents in their country of origin: while emigration of one or both adults enables them to provide economically for their dependents in the country of origin, it also makes it impossible to provide everyday, face to face care for them. This care deficit (Yeates, 2006) may be filled by family members or poorer women who take over their care duties. The experiences of migrants are however, diverse, depending on the distances migrated, their residence status, culturally specific norms of 'good mothering': For example, Polish migrants in Germany use their physical proximity to commute in rotas, spending three months as paid domestic workers in Germany and returning for extended periods to care for their family. On the other hand, migrants from outside the EU who travel longer distances, often endure long term separations from their families, especially if they have irregular residence status. Moreover, higher paid care workers can use communications and travel technologies to keep in more frequent contact with their families than lower-paid ones. Much of the research in this area has been undertaken from the perspective of receiving states with relatively little attention to the ways in which care regimes in sending and receiving states are interdependent.

- What is the impact of shifts in 'mixed economies of care' on gendered and ethnicised care labour markets? How does this play out differentially in skilled and unskilled, formal and informal care work, and for workers with different migration statuses (family, labour; regular and irregular)?
- How do care workers experience gendered and racialised power relations in the work place? How do they negotiate these hierarchies and organise themselves within this context?
- How do migrants combine paid and unpaid care work, daily, seasonally and across their lifetime?
- How does paid care work impact choices of family life for carers? How does this intersect with gender, class, skills-recognition and migration status?

2. Carers as care-receivers

The 'traditional' gendered and racialised relations of care (Ungerson 2000; Glenn 2002) are being at once reproduced and reshaped by immigration with consequences for the social division of welfare. The tension between these wider social trends and efforts to institute social equality (especially in terms of gender and ethnicity) in European societies raises questions of how the rights of carers should be protected. As more and more migrants who came to Europe during the 1960s age and become pensioners, they turn from care givers to care receivers (Potts 1995). While some realise their dream of permanent return, others – like some non-migrant European pensioners - live part of the year abroad and part of the year in their country of residence. As pensioners they thus use the health and care services of the countries of residence, necessitating the provision of culturally sensitive care to this generation (Thyli et al 2007).

While this need for care is beginning to be addressed by policy, other, more complex care requirements of migrants are not acknowledged. For instance, as migrant families have increasingly become a focus of integration policy in Europe, politicians have called on migrant women to bring up their children in accordance with the values of the society of residence. Yet, childcare responsibilities and the economic care of their families can make it difficult for migrant parents, in particular mothers, to participate in the society of residence, to engage with its language and culture (Erel 2003). Such women may not have time, social and cultural resources to care for themselves or their children through engaging socially though this varies with class and educational attainment.

The ambivalence of caring about and for oneself and caring for others is highlighted in the process of deskilling that many migrants in Europe experience: Thus in some European countries, professional migrants who found their skills were not recognised became 'cultural mediators' in pedagogical or social work professions where they provided services largely for a migrant client group (Lutz 1990), often in third sector settings that depend on unpaid overtime and a combination of volunteer and paid work (Erel and Tomlinson 2005). This means that these skilled migrants often neglect aspects of caring for oneself (e.g. re-skilling, career development, leisure time) in order to provide social care to others.

- How can care as a scarce good be justly distributed?
- What economic, legal, social and cultural conditions need to be in place to enable (migrant and non-migrant) care givers to attend to their own care requirements?
- How can social policy enable care workers to receive care in turn?
- How can an ethics of care approach inform workplace practices to improve retention and staff development?

3. Carers as ethical subjects

The ethics of care extends the relationship between care-givers and care receivers to explore how care can be better valued by both these groups as well as the wider society (Tronto 1993; Sander-Staudt 2006). Feminist theorists, in particular, have engaged in normative discussions of what is 'good care' and the kinds of social

arrangements and relations that are supportive of it (Sevenhuijsen, 2004). The ethics of care is concerned with questions of how caring about and caring for (i.e. care giving) interrelate (Fisher and Tronto 1990). While there is debate about what constitutes an ethics of care, the following features are distinctive: First is the recognition of the needs of an 'other' alongside the extension of caring relationships to humanity. Secondly, the ethics of care emphasises the relatedness and interdependencies of subjects (Held 2006), indeed relationality is taken to be constitutive of subjectivity itself (Hollway 2006). Emotions are seen as a legitimate basis for moral judgement, and are a key element of the caring disposition of attentiveness and responsiveness (Fisher and Tronto 1990). Thus, the ethics of care is at once foundational to moral justice and embedded in particularities (Raghuram, forthcoming).

Feminist scholars have long drawn attention to the highly gendered nature of care. Thus, an ethics of care has been seen as a key distinguishing factor between the construction of male and female subjectivities (Gilligan, 1982). More recently, feminist approaches to gender and care have been challenged by developments of globalized markets in care work to rethink the significance of intra-gender differentiations along the lines of ethnicity, class, and migration status (Lutz 2007).

- What are the affective qualities around care-giving and care-receiving that carers experience and how do they translate into shaping migrant and non-migrants' subjectivities?
- How do migrants' caring practices constitute their intersecting identities of gender, ethnicity and class and vice versa?
- Can an ethics of care provide a revalidation of migrants' subjectivities, particularly where they are affected by de-skilling and ethnicised and gendered hierarchies?
- How do (migrant and non-migrant) women and men integrate caring practices and an ethics of care into their personal and public self presentations?

4. Carers as citizens

Although care giving is a socially and economically undervalued form of labour (both in its paid and unpaid forms), it is a vital component of societal well being and social policy. In this sense, care is a key aspect of citizenship as it enables people to become citizens in the sense of 'full members of the community' (Marshall 1953). All citizens are receivers and givers of some aspect of care over their life course. The 'ethics of care' (cf. above), understood as the acknowledgement of humans' interdependence, encompasses the social relations within and between households, communities, markets and states. This can balance the ethic of work as a key dimension of contemporary citizenship (Sevenhuijsen 1998; Williams 2001). However, the large proportion of migrants in care work indicates a disjuncture between care giving and receiving. Thus while a citizenly expectation of care receiving is based on the ideals of equality and (intergenerational) reciprocity (Baubock 1991) the provision of care often involves immigrants who, as non-citizens, and sometimes as undocumented aliens, are less able to receive care in the countries in which they work.

In the UK, for example, the National Health Service is one of the key state institutions with which British citizens identify. This institution articulates and generates belonging and loyalty as it is expressive of the solidarity of the citizenry with each other and with those in need of care. Yet about a third of all its employees are migrants who receive little recognition for their work. A similar tension between the national character of health care institutions and the migrant, outsider status, of some health care workers is evident in Italy, where nurses are one of the few categories of foreign nationals allowed to work in state employment, which is normally reserved for citizens (Bernardotti, Dhaliwal, Perocco 2007). The rights of migrant care workers derive from a mix of their status as nationals of one European country, residents and workers of another and as European citizens. Third Country Nationals may have access to some rights depending on their country of residence and status. The question of citizenship is perhaps most poignant when considered from the point of view of migrants, who have less access to social rights and provisions in the countries of residence. In this sense, formal citizenship creates a social division in the allocation of care.

- What are the dynamics of inclusion and exclusion for migrants as care givers and receivers in European nation state? How are these differentiated according to EU/ third country nationality? How are they differentiated according to migration status?
- How is unpaid care work of migrants and non-migrants conceptualised differentially in discourses and practices of citizenship?
- How are citizenship rights curtailed for migrants in paid and unpaid care work?
- How is access to care receiving curtailed for migrants?

5. Carers as subjects in and of policy

Although migration and welfare policies vary nationally, care work is also being modified by changes at a supranational European level. Successive waves of enlargement of the European Union, most recently with the A8, have prompted 'new' labour migration within the EU, such as nationals from the A8 countries migrating to provide care in other EU Member States. Some countries such as the UK are, as a result, becoming less dependent on third country nationals in some sectors as increasing numbers of Polish workers

take up care work, while countries such as Poland, on the other hand, are becoming increasingly dependent on migrants from outside the EU for care provision. *Intra-European migration* has meant that the transnational qualities of the social and economic dimensions and effects of this care migration are becoming increasingly apparent, as populations, economies and welfare systems of different EU member states are becoming interlinked through a shared labour force.

At the same time Europe has also become a *regulatory space* as some supra-national (EU) policies are having significant impacts on working conditions in the care sector. For instance, the European Working Time Directive limits and harmonises the number of weekly working hours of care givers. Therefore in some countries like the UK, there will be need for more care workers, that will possibly be met through new migrants.

- Can migration be the solution to Europe's care needs?
- In the face of the need for care workers, what mix of skills should European migration policy envisage?
- How can social policy address intersectionality of gender, ethnicity, class and migration status in welfare and social care?
- How can social policy contribute to meeting the care needs of migrants care givers over the life course? What is the role of transnational solutions?

Outputs: This workshop is envisaged as a key step towards establishing an international collaborative partnership dedicated to the exploration of gender, care and migration within Europe. Towards this, there will, first, be dedicated sessions for discussing and planning future research collaboration. Second, the invited speakers at the workshop will write their papers with a common set of questions and concerns in mind in order to optimise discussion. Third, the workshop is organised with a view to publishing outputs: research papers presented at the workshop will initially be hosted on a dedicated website and then be published in the form of an edited volume of a book or a special issue of a journal (e.g. *European Journal of Sociology*, *Journal of European Social Policy*, *Social Politics*).

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Preliminary workshop programme

Day 1

- 9.00 - 9.15 Welcome and introductions
9.15 - 10.45 1. **Carers as paid and unpaid workers**
10.45-11.00 Response: Discussion by nominated workshop participants of key issues of themed session
11.00-11.15 Coffee
11.15-12.45 2. **Carers as care-receivers**
12.45-13.00 Response: Discussion by nominated workshop participants of key issues of themed session
13.00- 14.00 Lunch
14.00-15.00 **Discussion session: two parallel groups**
Themes:
a) care giving and receiving: how should care be provided, paid for and where should it be located
b) gender, ethnicity and migration as constituting relations of care
15.00-15.30 Report - Back from small group discuss
15.30-15.45 Coffee
15.45-17.15 3. **Carers as ethical subjects**
17.15-17.30 Response: Discussion by nominated workshop participants of key issues of themed session

Day 2

- 9.00 -10.30 4. **Carers as citizens**
10.30-10.45 Response: Discussion by nominated workshop participants of key issues of themed session
10.45-11.00 Coffee
11.00-12.30 5. **Carers as subjects in and of policy**
12.30-12.45 Response: Discussion by nominated workshop participants of key issues of themed session
12.45- 13.30 Lunch
13.30-14.30 **Discussion session: two parallel groups**
Themes:
a) the ethics of care: how can care be better valued by societies?
b) what kinds of policies would reflect this?
14. 30-15.00 Report back from small group discussion
15.00-15.30 Coffee
15.30-17.00 Future research activities and agenda
17.00-17.15 Close