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A Gendered Analysis of Migration Trends in Europe's Social Care Sector

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1. Introduction

Researchers have been examining the "feminization of migration" for several decades, broadly analysing the scale and scope of the international migration of women and girls. Current data points to a variation among migration trends according to gender, often based on migration corridors and the type of migration involved, including, for example, family and labour migration. Specifically, the data demonstrates that the international migrant worker population is highly gendered and geographically concentrated (ILO, 2021). In 2019, male migrant workers outnumbered female migrant workers by 28.8 million, with male migrant workers representing 58.5 per cent and female migrant workers representing 41.5 per cent of the estimated 169 million migrant workers around the world (ibid.). Geographically, the majority of all migrant workers (61%) resided in three subregions in 2019: Northern America, the Arab States, and Northern, Southern and Western Europe (McAuliffe and Triandafyllidou, 2021).

Due to Europe's ageing and declining population, the increase in the participation of women in the labour market, and the emerging need for care provision, there has been an increase in the demand for migrant workers in the social care sector (Farris, 2015). Evidence suggests that an ideal demographic scenario for Europe requires a combined focus on the role of migration, higher education, and increased labour force participation to offset population decline and support the ageing population (Lutz et al., 2019). Efforts toward gender equality must be bolstered to increase labour market participation, with specific attention to women and migrant women workers. Examining gendered migration patterns in the social care sector makes for an interesting case due to the increase in the overall demand for social care workers and, subsequently, the pattern of gendered labour migration in the sector.

Attending to gendered migration patterns in Europe, this paper explores the migration to and within Europe in the social care sector. The ever-evolving social care policies in Europe, national programmes to attract migrant workers, and, most recently, the global health and economic crisis have prompted a critical assessment of the gendered implications of migration in Europe's care sector. This paper will first provide a statistical overview of migration in Europe, providing sex-disaggregated data analysis related to the labour market and migration trends. Secondly, I review the intersection of migration, care and employment regimes in Europe from a gendered perspective, complemented by country case studies. Thirdly, I examine the impacts of COVID-19 on migrant workers in the care sector in Europe. This paper addresses related gaps and highlights promising practices for gender-related migration governance in Europe's care sector.

1.1. Background

European societies are undergoing swift transformations with implications for the social care sector. Demographic transformations are marked by an ageing population with a longer life span, declining birth rates and increases in intraregional mobility and international migration (European Commission, 2021; Lutz et al., 2019). Socioeconomic transformations also include higher educated populations, the entry of more women into the labour market, and a decline in the role of the welfare state in social provisions, including the delivery of care services (Lutz and Palenga-Möllenbeck, 2011). These developments have profoundly impacted the social care sector, as demonstrated by the increased demand for migrant workers to deliver care services (ILO, 2018).

While migrant workers play a significant role in the growth and sustainability of European societies, especially as it concerns the realm of care work, a 2019 study on demographic scenarios for Europe suggests that migration is only one focus, and it has limited ability to alleviate Europe's ageing population (Lutz et al., 2019). Since migrants tend to stay long term, they tend to influence the growth of the workforce but age with the rest of society, impacting the ratio of workers



to non-workers insignificantly (ibid.). To ameliorate the challenges associated with an ageing population and low fertility, experts suggest that increasing labour market participation is the best way forward (ibid.).

Discussions of demographic scenarios and futures go hand in hand with discussions about the future of work. While women's entry into the labour market is a significant evolution in the last century, the division of gendered labour has not changed (Hussein and Christensen, 2017). The challenge is then not only increasing the labour market participation among women and migrant women but diversifying employment opportunities and the sectors in which women are concentrated. Major transformations must occur for this to happen, first is the dismantling of cultural ideologies that influence male and female-dominated professions, which lends itself to the second transformation that depends on men's uptake in social care roles.

This paper reveals that the demand for transnational caregiving and migrant care workers is rising. The social care sector, however, is heavily dominated by women, with the movement of migrant women Westward within the European Union having diverse implications for caregiving across member States. The withdrawal of the welfare state and the rise in the private sector have also informed the delivery of care services and associated work arrangements. The dynamics of migration, the infrastructure of the care sector, and the role of gender are critical to understanding Europe's demographic future. I thus turn to a framework to further examine the intersections of these realms.

1.2. Theoretical framework

This paper analyses migration, care and employment regimes in Europe and their relationships as a framework for exploring the impact of gender and migration in the social care sector. The term “regime” (Esping-Andersen, 1990) can be used to refer to “the organization and the corresponding cultural codes of social policy and social practice in which the relationship between social actors, state, (labour) market and family is articulated and negotiated” (as cited by Lutz and Palenga-Möllnbeck, 2011:351). The concept of “regime” details culturally specific perspectives and behaviours that shape policies and laws, which helps bridge macro and microlevel analysis through our understanding of the relationship between legislation, organizations and individuals (King-Dejardin, 2019).

Care regimes thus denote the underlying “culture of care” informing the distribution of care responsibilities across “paid/unpaid, public/private, home/institutional and informal/formal domains” (King-Dejardin, 2019:51). Migration regimes refer to immigration policies informing the rules of entry in a given country, migrants’ rights and entitlements, as well as the overall public sentiments about immigration regarding integration, inclusion, and the frameworks to both combat discrimination and foster social cohesion among majority and minority groups (King-Dejardin, 2019; Williams and Gavanoas, 2008). Employment regimes span working conditions, labour standards, and the social and cultural norms that inform the valuation of different occupations and employment relationships (King-Dejardin, 2019).

Within this framework, I examine migration and employment trends and analyse the relationships between migrant workers, migration policies, the labour market and specific social policies that influence migration in Europe's social care sector. Through assessments of migration, care and employment regimes, I effectively apply Amelina and Lutz' (2019a) gender perspective to the analysis of migration trends in three distinct ways by attending to (a) masculine and feminine occupational fields, (b) the division and unequal distribution of care responsibilities among men and women and subsequently migrants and (c) an assessment of welfare regimes in countries of destination.



1.3. Key concepts: Conceptualizing social care and gender

Social care work involves personal support with daily activities for children, elders, or people with long-term illnesses or disabilities, in one's home or an institution (Näre, 2013; Hussein and Christensen, 2017). Social care is often characterized by primarily women's work (Hussein and Christensen, 2017) and takes place in multiple sites, often dichotomizing aspects of care that include private and public, professional and non-professional, and paid and unpaid work (Näre, 2013). In recent years, there has been a significant effort to reconceptualize domestic service as social care to emphasize its value and connect it to state welfare regimes (ibid.). Throughout this paper, social care will refer to the "care of the elderly, of children and/or of the infirm" (Näre 2013:604) consisting of the ILO (2018) definition of care work as two overlapping activities, including personal care and relational activities, such as nursing a child, as well as indirect care activities, such as cooking. Social care includes care work in the home and an institutional setting (King-Dejardin, 2019). For purposes of analysing migration trends and the social care sector in Europe, this paper will account for social care in paid settings.

This paper takes a constructivist approach to gender. Drawing on the work of interaction theorists Garfinkel and Goffman in the 1960s, gender and gender identity are understood to be a product of everyday interactions that are identified as male or female. Gender is a productive process in which a structure and institutionalized framework upholds particular norms and behaviours associated with masculinity and femininity that reproduce gender (Amelina and Lutz, 2019a). This paper also seeks to avoid an essentialist view of gender and accounts for intersectionality, attending to the ways in which axes of difference or axes of inequality, such as class, ethnicity and race, sexuality and age, impact one's experience of migration and mobility (Lutz and Palenga-Möllnbeck, 2011; Amelina and Lutz, 2019a).

1.4. Methods

I review the available literature on migration, care and labour in Europe, employing document analysis of peer-reviewed articles and research reports as the primary research method of this paper. Section two, reviewing labour and migration trends in Europe, draws on data from the following sources, DESA International Migrant Stock 2020, Eurostat's Data Explorer, dataset titled "First permits by reason, age, sex, and citizenship", and the International Labour Organization's (ILO) Data Explorer, dataset titled "Employment by sex, economic activity and place of birth". Due to available data and for purposes of examining labour migration trends, the data series focuses on the EU27 countries.¹

2. Overview of labour migration trends in Europe's social care sector, disaggregated by sex

The figures below detail sex-disaggregated analysis, that is, information differentiated by the categories "male" and "female", to provide context to Europe's migration, labour and care regimes. I first detail the migrant population in Europe by describing the migrant stock, the largest migration corridors to Europe, and the primary categories of entry among males and females. I then describe the labour dynamics in Europe, focusing on migrant women in the social care sector by demonstrating their representation in care-related occupations. To better understand Europe's ideal demographic scenario, which relies on the increased participation of women and migrant women, I describe the current labour market participation trends and rates of unemployment among women.

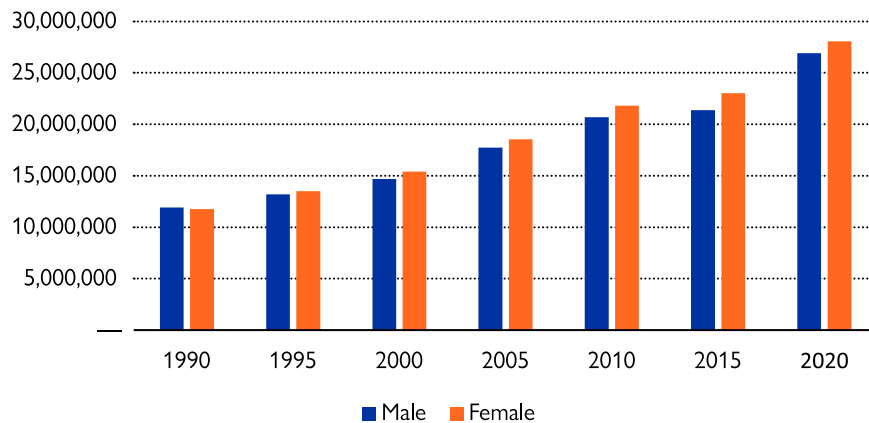
¹ The EU27 countries are Belgium, Bulgaria, Czechia, Denmark, Germany, Estonia, Ireland, Greece, Spain, France, Croatia, Italy, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, the Kingdom of the Netherlands, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Finland, Sweden.



2.1. Migrants in Europe

The DESA (2020) estimates that the number of men and women international migrants within EU27 countries are fairly equal, with slightly more women migrants, approximately 28 million compared to 26.9 million, with a total of 54.9 million foreign-born people (Figure 1). The difference between men and women migrants proportionally is only 2 percentage points, as each gender category accounts for 51 (women) and 49 (men) per cent of the migrant population.

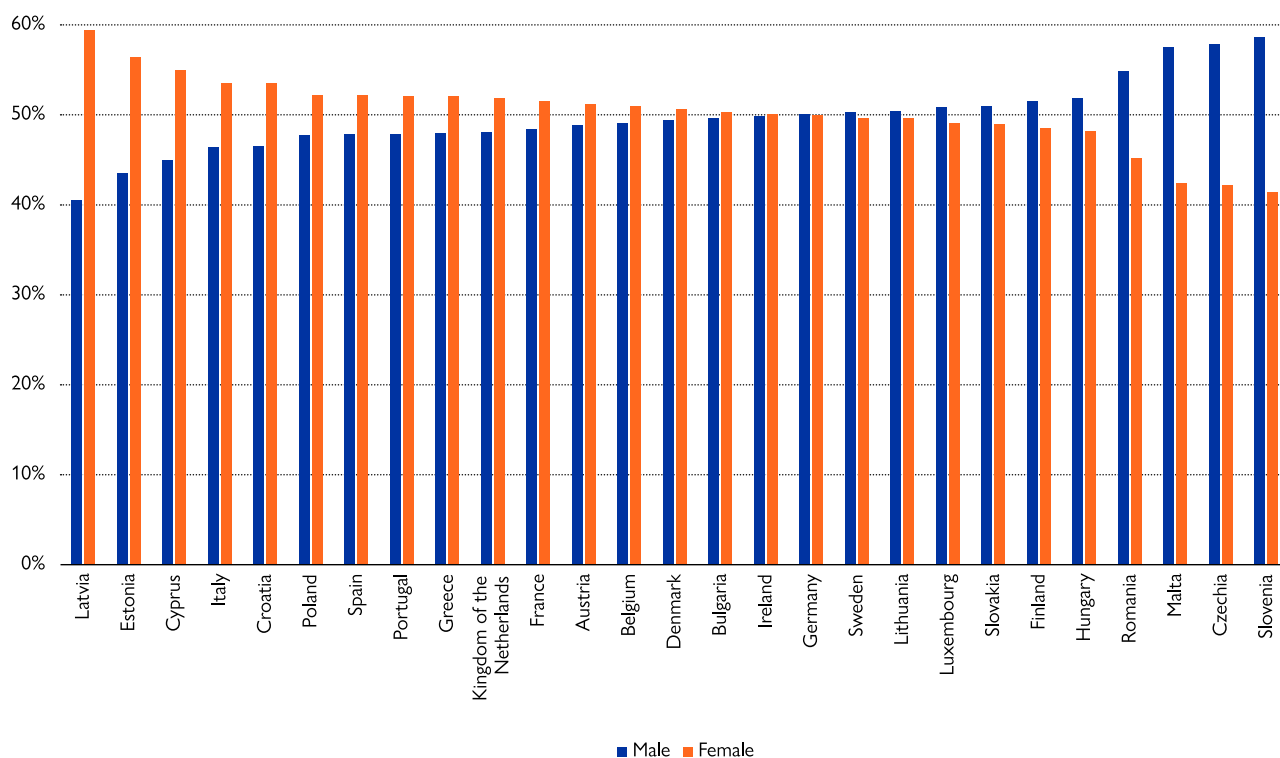
Figure 1. International migrant stock in EU27 disaggregated by sex, 1990–2020, DESA



Source: DESA, 2020.

The country-level breakdown in Figure 2 also demonstrates that among EU27 countries, the migrant population is fairly equal among genders. In Latvia, Estonia, Italy and Cyprus, the share of migrant women is higher, with the gender difference reflecting a gap greater than 7 per cent. This gap is most pronounced in Latvia, where the share between migrant women and men reaches 19 per cent. The higher proportion of women migrants can be attributed to higher life expectancy among women. Comparatively, countries such as Slovenia, Czechia, Malta and Romania have a greater share of migrant men, with the gender difference reflecting a gap greater than 9 per cent. This trend is starting to shift as more recent migrants are women replacing the care workers in these countries who have migrated Westward for employment (Leiber et al., 2021). Proportionally, across the majority of the EU27 countries, the gap between migrant men and women is very small. The gender balance is, however, being significantly impacted by the inflow of Ukrainian refugees to neighbouring countries in Eastern and South-eastern Europe, with more than 6.5 million refugees estimated to have fled since February 2022 (UNHCR, 2022) and more than 90 per cent of women and children (Taub, 2022).

Figure 2. Share of migrants in EU27 by sex and country, 2020, DESA

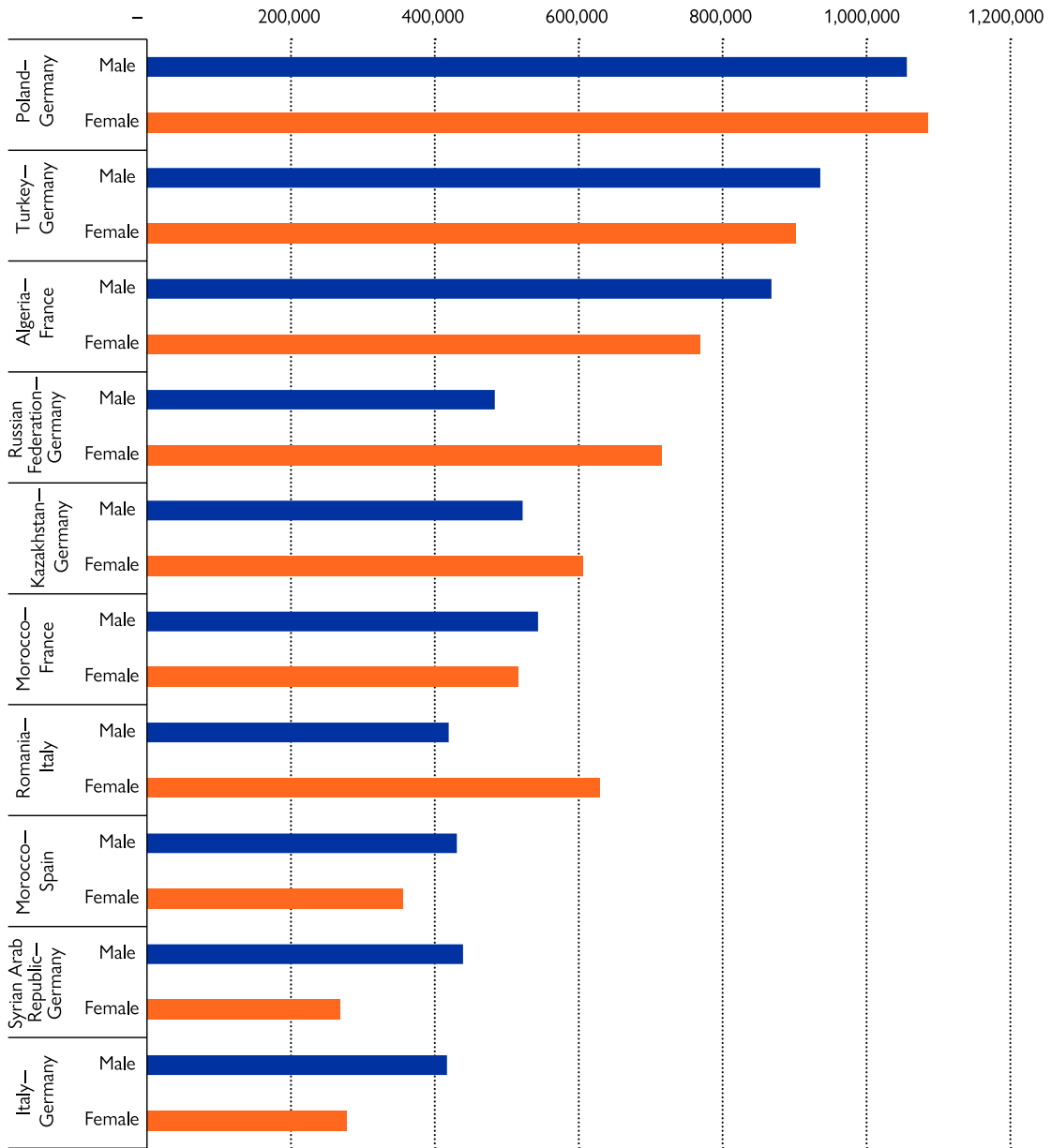


Source: DESA, 2020.

The countries with the largest migrant populations correspond to Figure 3, which illustrates the top 10 bilateral migration corridors to EU27 countries. The migration movements are heavily characterized by high levels of intraregional migration and, generally, migration westward to wealthier European Union countries. The corridors between Poland and Germany, the Russian Federation and Germany, Kazakhstan and Germany, and Romania and Italy have a higher number of migrant women, much in part due to the ageing stock of the migrant population and higher life expectancy among women. The corridors between the Russian Federation and Germany, and Romania and Italy are most pronounced, with the stock of women migrants exceeding 200,000 more than migrant men. Comparatively, the most pronounced gap between migrant men and women, with a higher number of migrant men, is evident in the corridors between the Syrian Arab Republic and Germany, and Italy and Germany. While country-specific migration schemes account for these differences among migrant men and women, the life expectancy among men and women in destination countries should also be taken into account.



Figure 3. Top 10 bilateral migration corridors to EU27 countries, disaggregated by sex, 2020, DESA



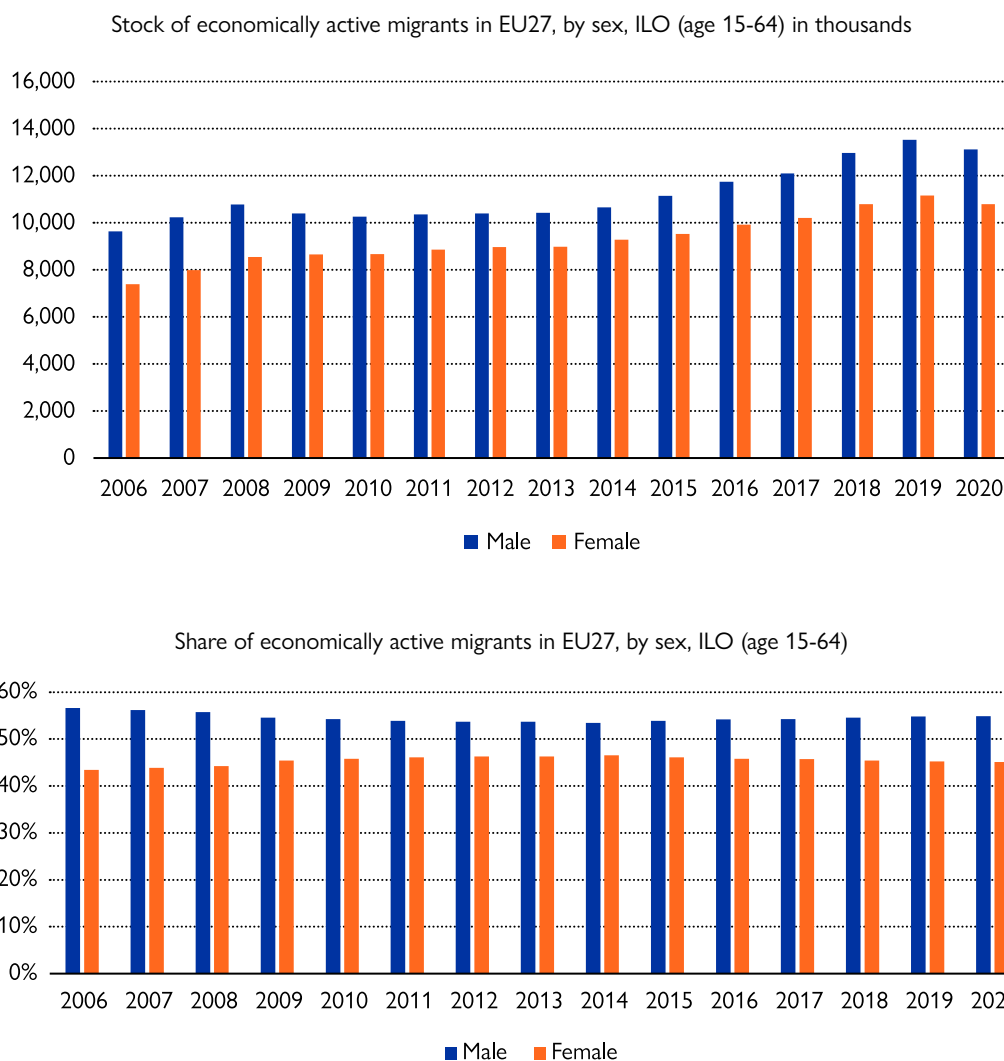
Source: DESA, 2020.

2.2. Migrant workers in Europe

While the stock of migrants appears to be balanced across the gender categories (Figure 1), when it comes to the stock of migrant workers in EU27 countries, the gap between men and women migrants widens significantly. Figure 4 provides a snapshot of economically active migrant workers between the ages of 15–64, including people who did not enter as a migrant worker but through other categories such as a refugee or family migration. In 2020, there were approximately 13.1 million men and 10.8 million women migrant workers. This is greater than even 5 years prior when there were 11.1 million men and 9.5 million women migrant workers. While the gap between migrant men and women workers has lessened since 2006, from 14 percentage points to 10 percentage points in 2020, the gap has widened since 2014, when it was only 6 percentage points.



Figure 4. Economically active migrants² in EU27 countries 2006–2019, by sex, ILO (age 15–64) in thousands



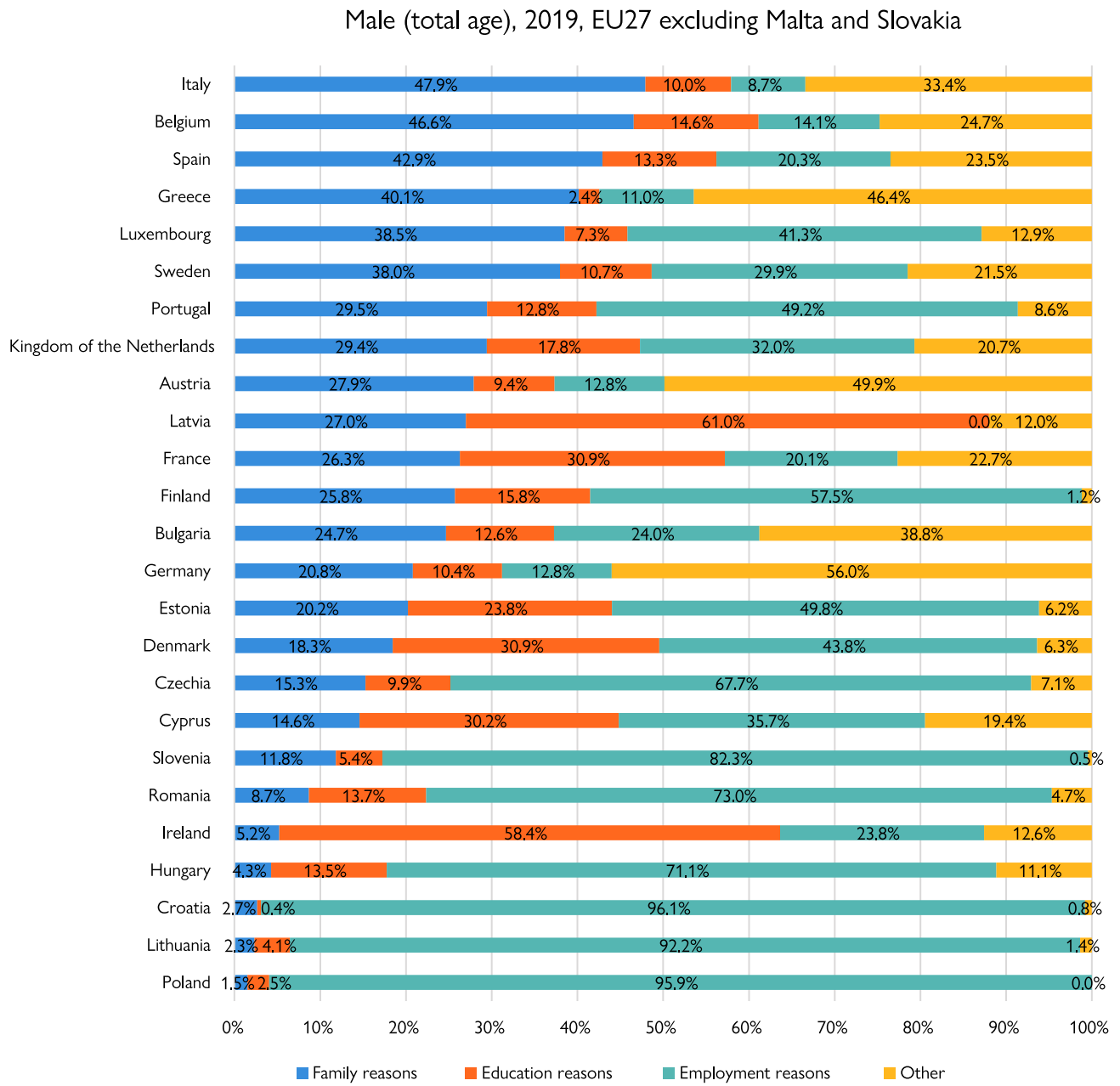
Source: ILO, 2019a.

The unequal distribution of men and women migrant workers can be further examined by looking at migrants’ reasons for entry (Figure 5), where employment reasons are predominantly noted as the category for entry among migrant men and where migrant women often enter EU27 countries for family reasons. There is an exception in Poland, however, where both men and women enter primarily for employment reasons. It is important to note, however, that Figure 4 examines the foreign-born population, including those born within the European Union and outside the European Union, and Figure 5 only examines the foreign population born outside the European Union as the dataset accounts for first permit residence³ only documented among non-European Union migrants. Variations among countries also occur where there are large refugee populations. For example, in Germany, employment reasons tend to be much lower among both men and women migrants. Additionally, while not reflected in this current data set, the crisis in Ukraine will have large implications for a country like Poland, for example, who is currently by far the largest issuer of residence permits for employment reasons.

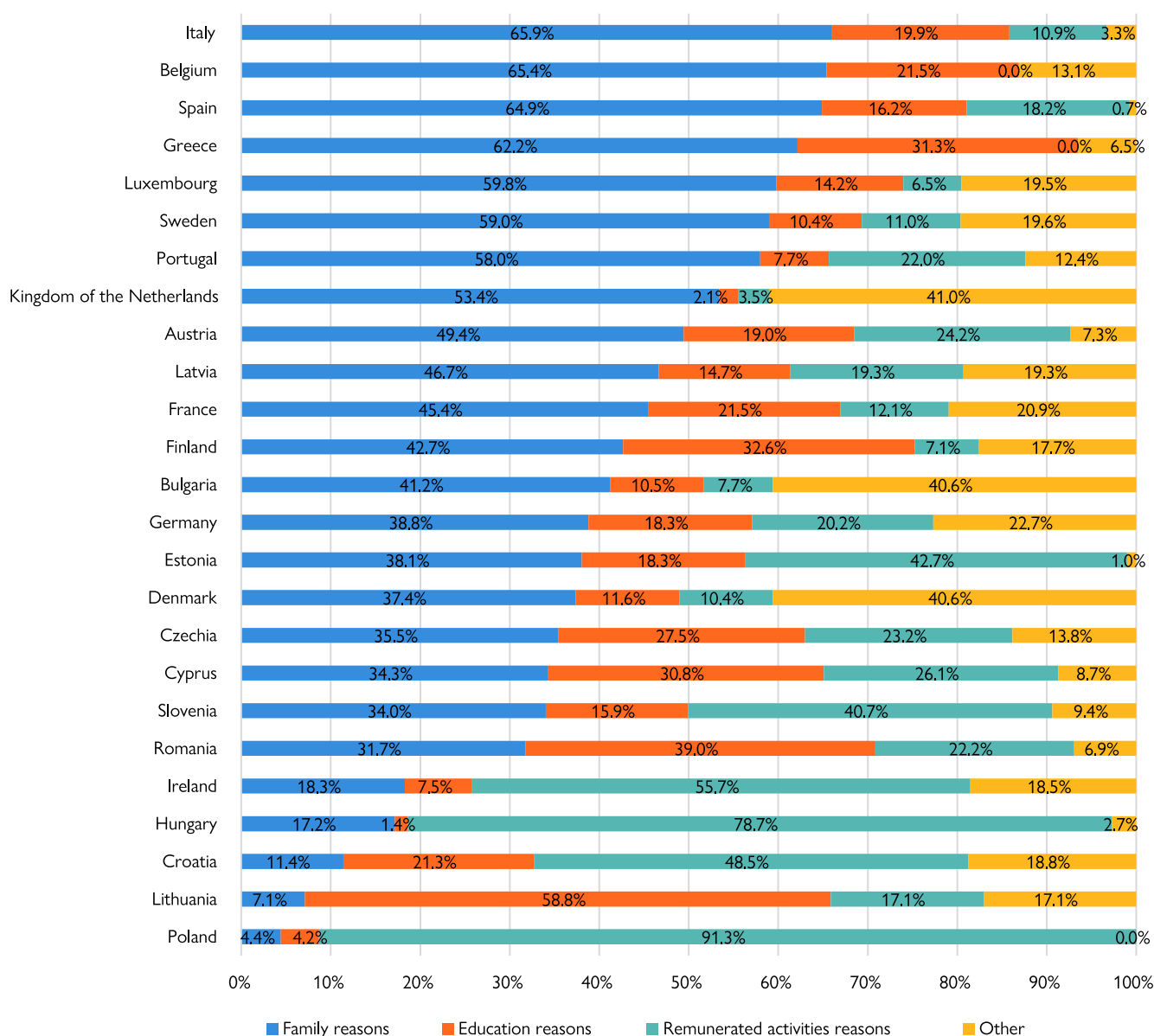
² “Migrants” are defined as foreign-born people.

³ “Residence permits statistics refers to third-country nationals (persons who are not EU citizens) receiving a residence permits or an authorisation to reside in one of the EU Member States or EFTA countries or the United Kingdom” (Eurostat, 2021). First permit residence refers to a “residence permit issued to a person for the first time. A residence permit is considered as a first permit also if the time gap between expiry of the old permit and the start of validity of the new permit issued for the same reason is at least 6 months, irrespective of the year of issuance of the permit.” (Eurostat, 2020a).

Figure 5: Categories for first permit residence in EU27 countries among third-country nationals, excluding Malta and Slovakia, disaggregated by sex, 2019, Eurostat



Female (total age), 2019, EU27 excluding Malta and Slovakia

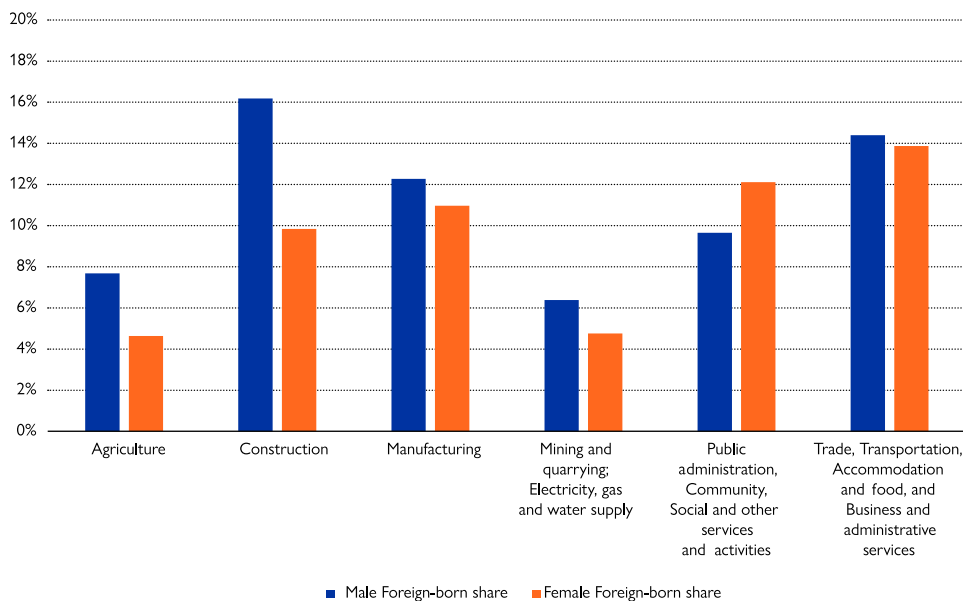
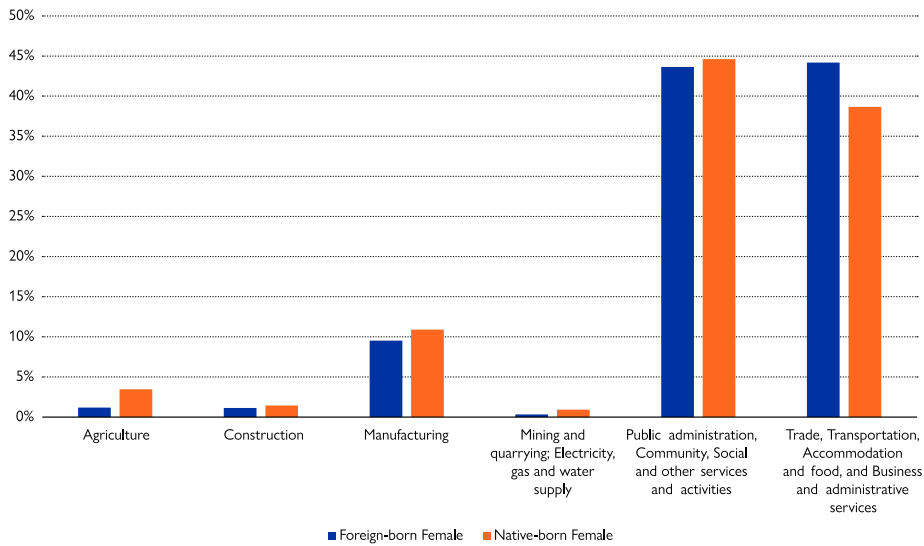
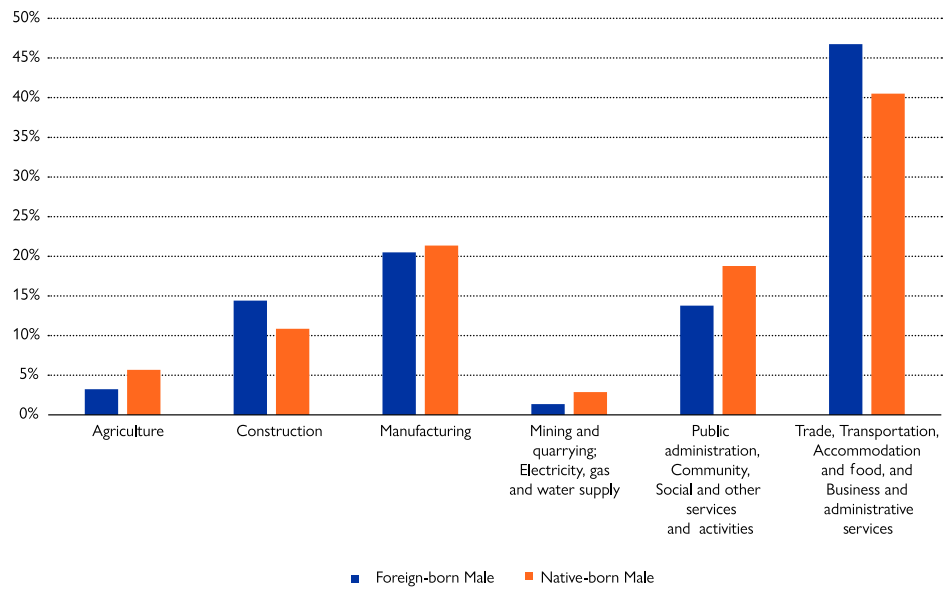


Source: Eurostat, 2019.

Not only are family reasons the primary category for entry among women migrants, but we can also see a pronounced gendered division of labour where women are highly represented across service sectors, and men are highly represented across construction and manufacturing sectors, for instance. Figure 6 illustrates economically active migrants (both foreign-born and EU-born residing in a different European Union Member State) and native-born workers representation across major sectors of work as defined by the ILO and disaggregated by sex. When comparing the foreign-born population to the native-born populations, we can see both migrant men and women overrepresented in occupations related to trade, transportation, accommodation and food, and business and administrative services. Notably, the share of women migrants is higher than migrant men (12.1% compared to 9.7%) under the category of public administration, community, social and other services and activities. These occupations relate to the fields of education, health care, and social work and include domestic work in private households. There is also a stark difference between male and female migrants in the male-dominated construction sector (16.2% compared to 9.8%).



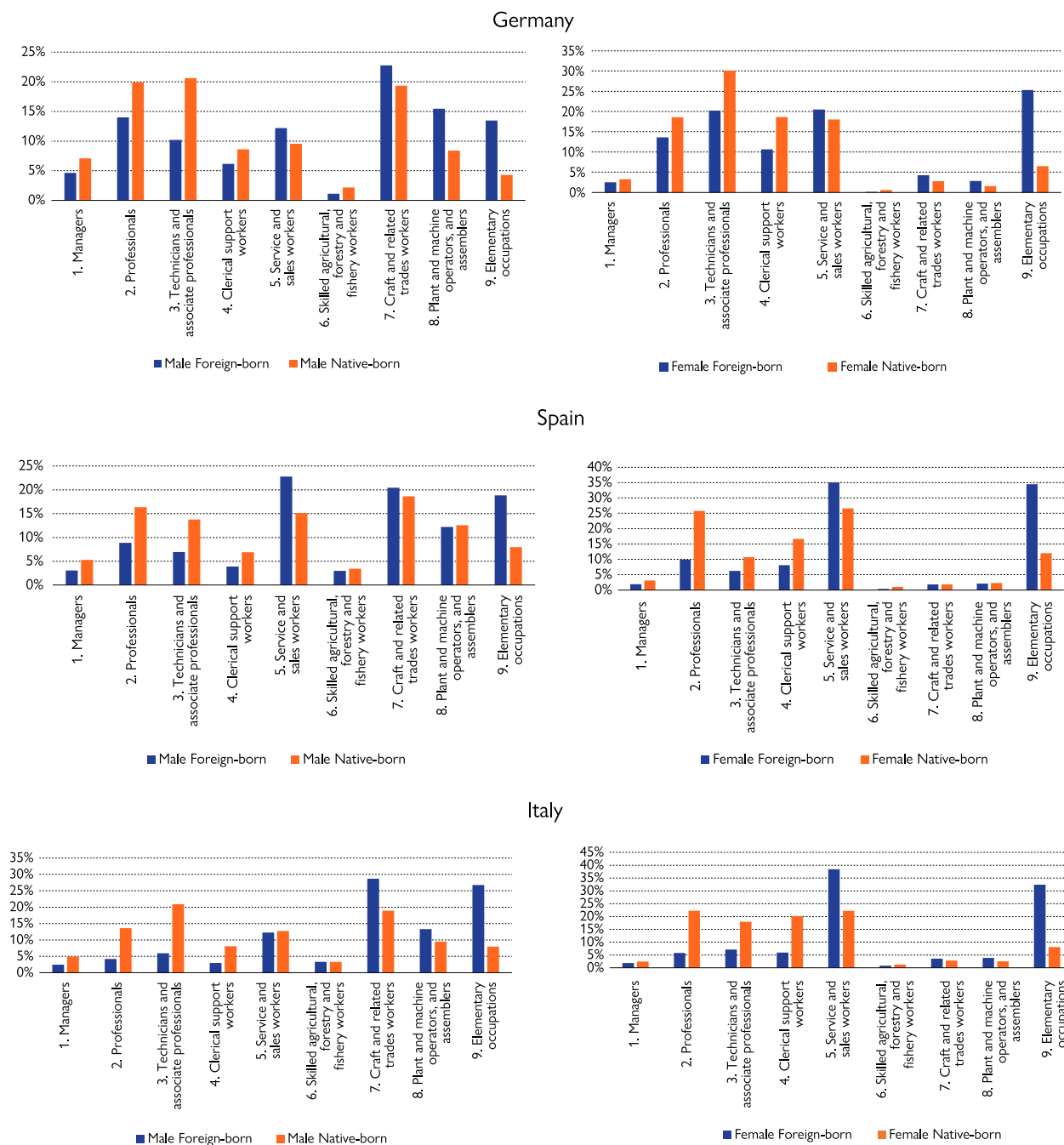
Figure 6. Share of economically active foreign-born and native-born workers across major sectors of work in EU27 countries, by sex, aged 15 to 64, 2019



Source: ILO, 2019b.

While both migrant men and women are highly represented in occupations related to trade, transportation, accommodation and food, and business and administrative services, Figure 7 takes a look at selected countries, Germany, Italy and Spain, to demonstrate how migrants are relegated into lower-skilled professions, taking up very few managerial positions and overrepresented in sales and service work, crafts and related trades workers, and elementary occupations. In only examining the foreign-born population in elementary occupations, the share of migrant men and women is about the same in Germany (44% for men and 45% for women), the share of migrant women being higher in Spain and Italy, the gap being 6 and 7 percentage points respectively.

Figure 7. Share of economically active foreign-born and native-born workers at different levels of work, in Germany, Spain and Italy, by sex, 2019

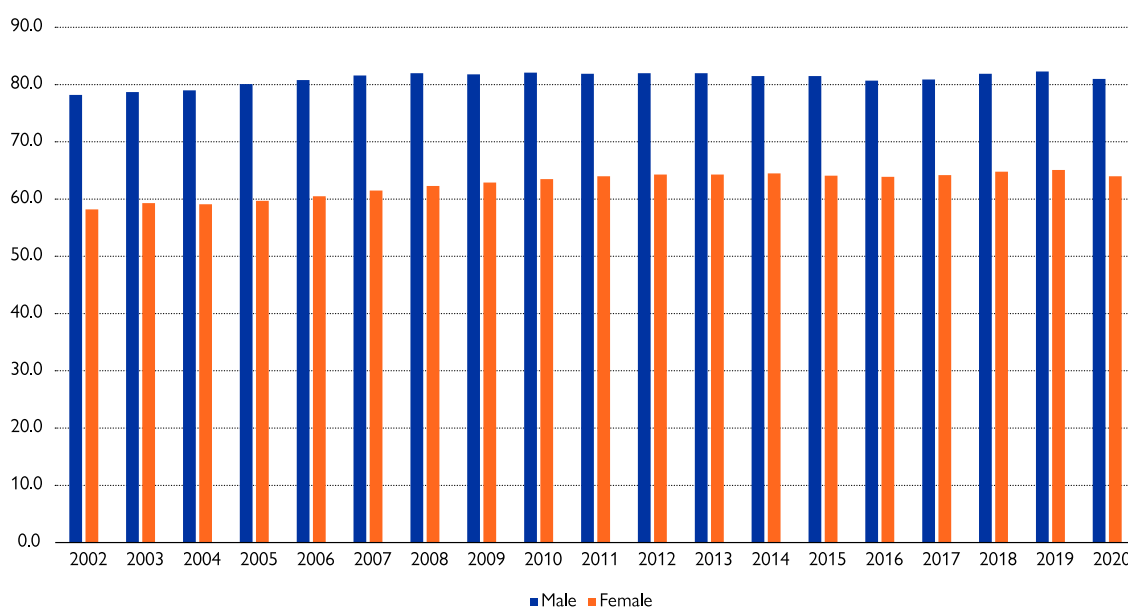


Source: Eurostat, 2020b.



Women migrants' overrepresentation in "low-skilled", service and care-related sectors may be underestimated as the literature heavily cites employment relationships in the care sector that are informal or irregular (Ayres et al., 2013). While women's participation in the informal labour market is unknown, the labour market activity rates, nonetheless, illustrate a large gap between migrant men and women. It is also significant to note that migrant women's participation has increased at a higher rate than men over time, demonstrating the potential to lessen the gap. Related to categories of entry, it is observed that almost one-third of women come to Europe through family migration routes (approximately 23% in EU27 countries, excluding Malta and Slovakia), perhaps further explaining their weaker ties to the labour market (Eurostat, 2019; OECD, 2020). Continued assessment of women's participation in the labour market will be critical to workforce planning focused on population management.

Figure 8. Migrant activity rates percentage by gender, aged 15 to 64, EU27 countries (2002–2020)



Source: Eurostat, 2020b.

I have analysed the relative size of the migrant population in Europe, the major migration corridors to Europe, the categories of entry among migrant men and women, and migrant women's representation in care-related occupations. The subsequent section will build on this data to make connections between the movement of migrants in Europe over time, the categories of entry and the increased feminization of migration in the care sector. Further, I will demonstrate how Europe's ageing population and investments in the care sector relate to the country's case studies regarding the conditions of employment among migrant care workers.

3. Migration, care and employment regimes in Europe

Each country encompasses particular assumptions about "the role of family, and gender and generational responsibilities within it" (Näre, 2013:605). Specific employment policies and approaches to migration thus shape and are shaped by differing orientations toward gender. The migration, care and employment regimes in Europe vary and are highly nuanced. However, there is a trend toward the increasing representation of migrant workers undertaking care work in a highly feminized sector marked by precarious working conditions and high levels of informality (Ayres et al., 2013). This section explores the migration, care, and employment regimes as a way to reveal patterns of inequality and distill the impacts of such policies and practices on gender.



Care regime

The care regime is defined by the social construction of gendered work. The organization of care activities expressed as either a feminine or masculine responsibility largely informs the role of women in performing care activities across paid and unpaid/ private and public settings (Lutz and Palenga-Möllenbeck, 2011). The care regime here is further shaped by the structure of the welfare state, which distributes social responsibilities across the state, family, and the market (ibid.). There is a clear relationship between the welfare state and gender codes which shapes and influences the decision-making of caregiving responsibilities among families; Who provides care? How and where is care delivered? The care regime can be classified according to the following typologies (King-Dejardin, 2019:62):

- **Family:** Primary reliance on family for care. Minimal low level of publicly funded care services.
- **State:** High level of publicly funded care services. The state offers generous childcare and eldercare benefits.
- **Market-Private:** Private sector dominates care services. State offers means-tested assistance.
- **Mixed:** Statutory social insurance and strong state coordination.

Employment regime

Employment regimes are heavily influenced by the economic restructuring of labour markets that are increasingly characterized by flexibility and efforts toward deregulation and privatization (Anthias et al., 2013). These pronounced shifts in the labour market result in increased insecurity and instability among sectors that are marked by low pay and low status (ibid.). The employment regime also encompasses the rights and entitlements afforded to workers across sectors. This entails workers' protection extending to the parameters for working hours, safe/unsafe working conditions, and rights to leave based on illness and holiday for example (King-Dejardin, 2019). For care sectors, the deregulation of the labour market and the increasing demand for workers influences the creation of irregular migrant flows (Anthias et al., 2013). For migrant women occupying the social care sector, precarious working conditions negatively impact their short-term and long-term integration (ibid.).

Migration regime

Migration regimes are constituted by rules and regulations that govern the entry, stay and departure of a migrant in a given country (Lutz and Palenga-Möllenbeck, 2011). Migration regimes and movements of workers vary according to levels of restriction and preferences for skilled workers (King-Dejardin, 2019). Initiated by the Maastricht Treaty, freedom of movement within the European Union ensures the right of people to seek employment, and education and be a pensioner anywhere in the European Union (Gendronneau et al., 2019). Under this premise, intra-European Union labour mobility has increased; however, structural demands within the labour market have produced unequal outcomes among intraregional migrants (Felbo-Kolding et al., 2019). Influencing segmented labour markets are, of course, other aspects of the migration regime, which include various actors and networks that facilitate migration, including family and friends, and at the institutional level, organizations that connect migrants to employment opportunities (Lutz and Palenga-Möllenbeck, 2011). Other dynamics include public sentiments about migration, which fluctuate and impact upon migrant's integration.



The literature as described in a foundation report, "Care Work and Care Jobs for the Future of Decent Work" by the ILO (2018), suggests key findings of the correlation between the care, migration and employment regimes and their outcomes as follows:

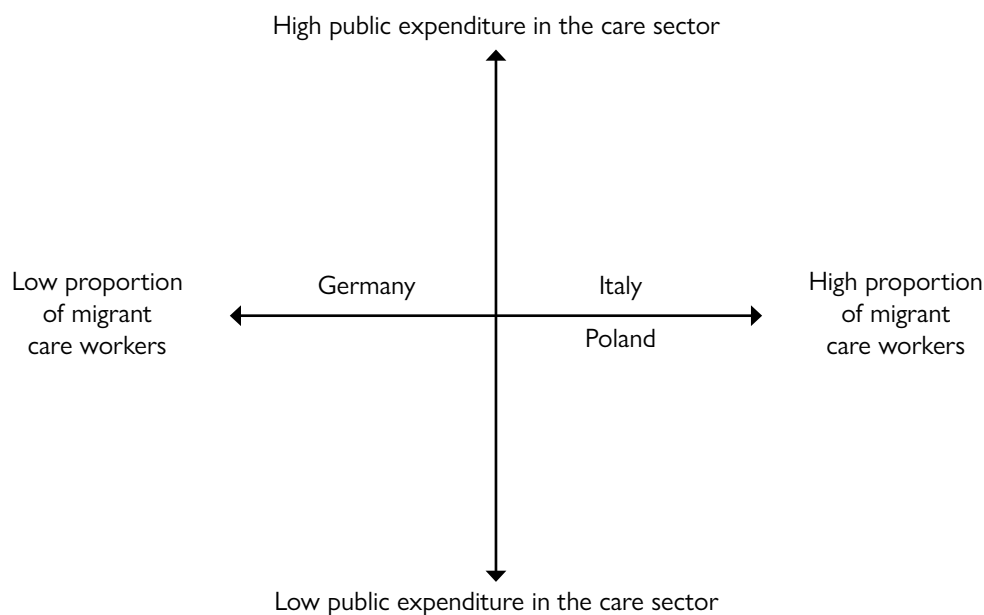
- A country's approach to gender, gender roles, gender equality can be reflected in women's participation in the labour market and their representation across sectors of work;
- A country's investment in social care policies leads to higher labour market participation among women;
- The higher labour market participation among women may lead to a larger demand for migrant care workers;
- The country's investment in social care policies lead to better working conditions in care work settings;
- The country's management of migration, according to regulations and level of restriction, will dictate the formality of the sector and the opportunities and working conditions for migrants.

To supplement these findings, the following country case studies are utilized to detail the differing migration, care and employment regimes. To preface the country case studies, the figure below illustrates how Italy, Germany and Poland differ according to the country's model of care and the role of migration. The figure demonstrates that a country's funding in the care sector can be evaluated on a spectrum from high to low public expenditure, with lower public expenditure indicating a higher role of the private sector in delivering services. Public expenditure on care is often governed by general taxation or social security, and private expenditure on care services includes "direct household payments (also known as out-of-pocket expenditure) and private health insurance" (European Union, 2020:26). Public expenditure on health care is observed to have a positive effect on family care arrangements and the participation of women in the labour market (ILO, 2018). Expenditure on health relative to gross domestic product (GDP) in EU27 countries was 9.9 per cent in 2016, compared to the United States, which was 17.1 per cent (European Union, 2020:27). In 2019, Germany had the highest health-care expenditure relative to GDP, EUR 403 million and 11.7 per cent of GDP (Eurostat, 2021). Comparatively, Italy's health-care expenditure was EUR 155 million and 8.7 per cent of GDP and Poland's health-care expenditure was EUR 34 million and 6.5 per cent of GDP (ibid.).

Moreover, the figure illustrates the country's proportion of migrant care workers on a spectrum from high to low. While Germany has high levels of employment in the care sector, there is perhaps a lower proportion of migrant care workers, relative to Italy and Poland. These numbers can be assessed by the registry data of migrant carers, which is only mandatory in Austria, making it difficult to assess, particularly among cross-border, temporary workers, and circular migration patterns. However, estimates available in Germany, Italy and Poland detail that there were between 100,000 to 200,000 migrant carers in Germany in 2017 (Sowa-Kofta et al., 2019:16). In Italy, there were 393,000 carers which does not include those performing household work only or undeclared care workers (ibid.). To account for informal care work, the number of care workers in Italy could be estimated at 1.2 million (Sowa-Kofta et al., 2019). In Poland, it is "estimated that every fifth migrant worker is a household worker", which includes care workers, amounting to approximately 100,000 migrant household workers (Sowa-Kofta et al., 2019:16). The figure thus details that Italy and Poland have a significant proportion of migrant care workers in the sector, with Poland having lower public investments in the care sector than Italy and Germany. Further detail on the dynamics of migrant care work in these countries are elaborated in the case studies.



Figure 9. Migrant care workers and public expenditure in care, select countries



Source: Author's elaboration.

3.1. Case study: Italy

In Italy, social care work performed by migrant women is predominant (Ayres et al., 2013; Näre, 2013; Di Rosa et al., 2018). Current estimates suggest that migrant care workers in Italy amount to 750,000 employees (International Domestic Workers Federation, 2021). While men have historically accounted for most new migrants to the country, the share of men migrating to Italy has been in decline since 2017 (OECD, 2021). Women make up more than half of resident migrants in Italy, approximately 53.7 per cent (OECD, 2021:16). Italy's approach to immigration allows citizens to lodge requests for the hire of non-European Union workers from abroad. Requests are processed according to quantitative caps determined by the government. However, special quotas for domestic workers and caregivers for the elderly have been growing over time (King-Dejardin, 2019). Migrant domestic workers in Italy may obtain a work permit associated with a job contract so long as it does not exceed two years. A permanent stay will then be considered after five years of regular residence and regular employment of 20 hours per week minimum (ibid.). Italy continues to set a relatively large annual quota for “low-skilled” migrant workers in the social care sector (ibid.). In 2022, the quota for foreign workers was set to 69,700, up from approximately 30,000 for the previous year (OECD, 2022). Since the expansion of migrant women in the sector, the largest inflows of migrant women have come from Romania, Poland and Bulgaria (Ayres et al., 2013).

According to the migration processes discussed above, the flow of female migrant workers in Italy's social care sector is facilitated through legal migration channels that allow for the regularization of domestic workers (Ayres et al., 2013; OECD, 2017). In fact, the highest number of people acquiring citizenship in 2020 was in Italy, with approximately 131,800 people and 18 per cent of the European Union total (Eurostat, 2022). Related to care workers in particular, two significant waves of regularizations (in 2009 and 2012) assisted in processing domestic work permits for hundreds of thousands of migrant women (OECD, 2017:251). However, despite efforts toward regularization, high levels of irregularity still occur due to the lack of support to pursue the regularization process, short-term permits, slow renewal processes, and individuals overstaying tourist and student visas (Näre, 2013; Castagnone et al., 2013). The sector is marked by high levels of irregular migration since the regularization process falls on the onus of the



employer, whereby the employer is required to apply for status on behalf of the worker and incur the higher labour costs associated with collective agreements supporting domestic workers' rights and entitlements which spans social security benefits, fair wages and monitored hours of work (King-Dejardin, 2019). The first collective agreement for domestic workers was set in 1974, which accounts for general labour standards for wages, hours of work, rest days and more. The collective agreement continues to be revised, expanding the terms of reference to enhance job and social security, with the last revision taking place in September 2020 and coming into force on 1 October 2020 (Industrial Relations and Labour Law, 2020).

Italy's migration and employment regimes are complementary and conducive to the country's model for care. The Italian care regime is informed by gendered assumptions about caregiving and, in particular, the generational responsibilities bound in caring for the family unit (Näre, 2013). In fact, multi-generational and co-residency structures played a significant role in the spread of the COVID-19 virus and the high rates of deaths among older populations in Italy (Basellini and Camarda, 2022). The Italian welfare state is characterized by a familial care model in which there is a low level of publicly funded care services (King-Dejardin, 2019). This means that public care for elders, for example, is often facilitated by cash-for-care allowances in the form of "cash transfers, tax breaks and cash benefits" (ibid.). These cash-for-care schemes allow individuals to consult the market themselves and employ care workers directly as they see fit, often accommodating care for elders in one's home as opposed to an institution (Näre, 2013; King-Dejardin, 2019).

3.2. Case study: Germany

Similar to Italy's care model, Germany's infrastructure for care relies heavily on the family will, generational responsibilities and gendered assumptions about caregiving, with a strong preference for providing care within the home (King-Dejardin, 2019). Most German citizens (approximately 90% in 2015) are enrolled in the universal long-term care insurance (LTCI) system (ibid.). Through this venue, care is financed through "wage and retirement income, as well as employer contributions" (King-Dejardin, 2019, 94). While Germany also employs a cash-for-care allowance, where families set up their care arrangements often in their homes (Lutz and Pallenga-Möllenbeck, 2011), it only provides partial coverage. This scheme is then complemented by the private sector, where citizens purchase additional insurance (Nadash and Cuellar, 2017). The combination of state support and private insurance allows citizens to access in-kind community care services or a cash benefit paid to a caregiver (Morel, 2007). Scholars have argued that inadequate State support and the lack of regulation around the cash-for-care scheme have given rise to informal employment and demand for migrant caregivers in the social care sector (Lutz and Pallenga-Möllenbeck, 2011).

Conducive to high levels of informality and irregularity in the sector are large migration flows that have been facilitated by the opening of the German labour market to the European Union Member States since 2011 (King-Dejardin, 2011). Germany is a major destination country for migrants within the European Union, with women accounting for almost half of resident migrants in the country (49.4%) (OECD, 2021:16). In 2020, it was reported that Germany had the largest total number of immigrants, 728 600, followed by Spain, France and Italy who reported 247,500 (Eurostat, 2022). This Eurostat data refers to the inflow of migrants, excluding the inflow of European Union citizens. However, the social care sector in Germany is highly characterized by cross-border workers or commuter "migrants" from Eastern Europe who return to their home countries regularly (Schulz, 2010; Lethbridge, 2011). A predominant flow of migrant care workers comes to Germany from Poland and Ukraine (Czepulis-Rutkowska, 2016). In line with Germany's approach to caregiving in the private domain (Leiber et al., 2021), it is reported that the majority of migrant care workers from Ukraine were employed in households, approximately 95 per cent (Czepulis-Rutkowska, 2016). Employment as a caregiver within one's home is met with many challenges, including increased vulnerability and exploitation as it relates to working hours, rights to sick

leave and holiday, fair wages and emotional stress (Steffen, 2014). While Germany may have a lower proportion of migrant care workers relative to Italy and Poland, cross-border, circular and temporary migration flows in the sector make it difficult to discern.

The shortage of permanent workers in Germany's care institutions is well noted (King-Dejardin, 2019), and new bilateral labour agreements, such as the one between Germany and Georgia, are meant to help meet these labour needs (OECD, 2021). The proliferation and dynamics of seasonal worker arrangements and temporary labour programmes are altering migration flows and have a gendered impact. Germany, for example, has seen a higher share of male migrants in recent years because they are often overrepresented among short-term and seasonal worker movements, for example within the agriculture and construction industries.

3.3. Case study: Poland

The case of Poland is interesting because it offers insight into the analysis of gender, care, and migration regimes as both a major country of high emigration and immigration for purposes of employment in the social care sector (Czepulis-Rutkowska, 2016). As citizens of Poland began to access the European Union labour market in 2004 and 2011, there has been an increase in the emigration of migrants from Poland in search of better employment opportunities and higher income, often toward Western Europe (Golinowska and Sowa-Kofta, 2018). According to geography and entry requirements by country, many women migrants move to places like the Kingdom of the Netherlands, the United Kingdom, as well as Germany and Italy to engage in care work (Elrick and Lewandowska, 2008; Czepulis-Rutkowska, 2016; Amelina and Lutz, 2019b). Notably, in Germany, many Polish care workers are employed in the sector on a temporary basis and frequently move between Germany and Poland, residing in both countries (Elrick and Lewandowska, 2007; Leiber et al., 2021). These conditions of work are often supported by intermediary migration agencies; for example, in Germany, Poland is documented to be the main source country targeted for recruitment (Leiber et al., 2021). These trends can be observed in contrast to migration to Italy, where gender and age dynamics tend to influence Polish migrant care workers' experience, in the sense that older migrants are observed to engage in circular migration, where younger migrants may reside longer (Kosic and Triandafyllidou, 2004).

Immigration to Poland is driven by demographic changes, high levels of emigration, and the caring needs posed by their ageing population (Amelina and Lutz, 2019b). Poland is also in close proximity to other countries where emigration rates are particularly high, for example Ukraine. Ukrainians rose to fourth place in 2019, following China, India and Romania as the largest number of new immigrants to OECD countries, reflecting a total inflow of 230,000 immigrants, with most migrating to Poland (110,000) (OECD, 2021:36). This, of course, is changing with the Ukraine situation, which has resulted in the movement of over 8 million refugees have been recorded across Europe, with an estimated 4.8 million applications for temporary protection in Europe filed; see more in the textbox below (UNHCR, 2023a). To bolster the economy, Poland has made efforts to recruit foreign workers, establishing bilateral recruitment schemes with countries such as Armenia, Belarus, Georgia, the Republic of Moldova, the Russian Federation and Ukraine (OECD, 2021).

Despite high levels of immigration to the country, low levels of public expenditures for health care (only 6.5% of GDP in 2019) and, consequently an insufficient amount of formal care services may be conducive to dynamics that relegate migrant care workers into precarious work settings (Golinowska and Sowa-Kofta, 2018). Poland's care regime strongly emphasizes the role of the family to provide care for children, the elderly, the disabled and the chronically ill. With the increase in immigration of Polish women, often undertaking caring roles in other countries, the family unit is limited in their ability for care provision (ibid.). The demand for publicly developed care services is thus rising. Though some public care benefits are granted to people over 75 years of age and awarded to those most in need based on age, economic circumstance, and

state of health, it only partially covers caring needs (ibid.). The lack of public sector development has ultimately led to the growth of the private sector providing care services, posing unique affordability challenges for families and a care sector characterized by temporary mobile foreign workers or cross-border workers (ibid.).

Text box 1: The mass displacement of Ukrainians and implications for the social care sector

Since the Russian invasion of Ukraine on 24 February 2022, the displacement of Ukrainians has risen to over 8 million refugees across Europe and 5 million internally displaced within Ukraine (UNHCR, 2023b). The displacement crisis is highly gendered, with the majority of women, children, and the elderly fleeing the country since men between 18 and 60 are prohibited from leaving Ukraine (World Health Organization, 2022). The mass displacement from Ukraine has resulted in acute social care needs for reproductive health, as well as for children and the elderly who may require medical attention from health specialists (Jankowski and Gujski, 2022).

The health consequences of this displacement event are compounded by the COVID-19 pandemic, where public finances and health-care systems have already been significantly disrupted (Leon et al., 2022). In the August 2022 needs assessment report covering the damage in Ukraine, experts estimated that the damage to the health sector was estimated at up to USD 6.4 billion when accounting for the health infrastructure damage that spanned governmental and non-governmental control areas, as well as private sector facilities (World Bank, Government of Ukraine and European Commission, 2022, p.20–21). Moreover, the damage specific to social protection infrastructure like residential care units, social centres, and social service providers, was estimated at USD 0.2 billion, with the losses to the social protection and jobs sector amounting to USD 50.6 billion accounting for the increase in overall poverty, loss of jobs and subsequent household income, and additional programmings such as the survivor's benefits or disability-related needs (World Bank, Government of Ukraine and European Commission, 2022, p.21). Additional social protection and jobs sector funding is estimated at USD 20.6 billion to meet the expenditures related to social benefits and services for the increasingly impoverished population and internally displaced persons (ibid.).

Of course, this mass displacement event has far-reaching impacts globally and significantly within Europe. Since cross-border mobility of health-care workers is a feature of Europe's health-care infrastructure, the crisis has impacted other countries, particularly Poland. This migration crisis uniquely affects Poland as the neighbouring country, where over 1.5 million refugees from Ukraine have been recorded in Poland as of March 2023 (UNHCR, 2023b). Poland now faces increased demand for health-care services due to the influx of Ukrainian refugees, likely with specific mental health needs (Kardas et al., 2022). Policy intervention to ameliorate pre-existing health-care shortages in Poland and the increased demand for health-care services is accelerating credential recognition from Ukrainian health-care workers (ibid.). In addition, the training and education of Ukrainian health-care students should be prioritized in countries of destination to meet the health-care demands (Jankowski and Gujski, 2022). The ongoing conflict in Ukraine will have long-lasting impacts on the social care sector in Ukraine and its neighbouring countries, to be monitored closely in the following years.

3.4. Key observations

In analysing the three country case studies, it is clear that a country's orientation toward caregiving is reflected in strong beliefs about who and where care activities should take place (i.e. in the home performed by another family member, often female), informs public expenditure reserved for care activities. The level of state commitment to care activities then influences the role of the private market and the (ir)regularization of migration and employment in the care sector. A particular dynamic that requires further research is that of mobile foreign workers or cross-border workers who engage in circular and temporary migration within European Union countries. These intraregional movements are significant because they are difficult to document, as these workers are not represented in migration data sets and are not systematically integrated into workforce governance strategies and labour market research (Kuhlmann et al., 2020).

Scholars Weinar et al., (2018) reflect on the migration and mobility dilemma highlighting how the discourses of “migration” and “mobility” reveal two different stories. Where the politics of migration has historically been negative and is highly contextual, depending on the negotiation of who can enter and exit and who belongs, the political discourse of mobility tends to be viewed positively and is an important act among citizens of a particular region to exercise their rights, like their right to live and work (Weinar et al., 2018). The disconnect between migration and mobility is also emphasized by McAuliffe et al., (2021) with regard to migration, increasingly digitalized mobility systems and the impact of COVID-19.

Within Europe and particularly within the social care sector, these high mobility systems are being encountered within migration settings, and there is currently a disconnect in data collection and analysis (Amelina et al., 2012), especially with regards to the labour market, workforce data and migration statistics, as large data sets obscure different categories such as one's citizenship, length of stay, type of employment which can apply to both foreign-born migrants and intra-European Union movers. Further, without the right data being collected, it is uncertain how intra-European Union circular and temporary mobility regimes will impact the future demographic make-up of sending/receiving countries. This disconnect between mobility and migration will have a pronounced impact on women, as women are expected to live longer and will thus represent a larger portion of the elderly population requiring care, and women also represent a higher proportion of workers in the care sector.

4. Impacts of COVID-19 on migrant workers in the social care sector in Europe from a gender perspective

The impacts of COVID-19 were profound for women due to their overrepresentation in sectors hardest hit, as well as increased and unequal share of care responsibilities within families and experiences of violence and harassment (OECD and ILO, 2021). Regarding employment, ILO data suggests that loss of employment among women reached 5 per cent in 2020, compared to 3.9 per cent for men (OECD and ILO 2021:4). Among migrants, they are often more susceptible to the experiences of precarity, including job loss and financial and social insecurity, than their native-born peers during economic crises. Unemployment, for example, may occur in part due to their migration status and employment arrangements that may be contract or temporary work (OECD, 2009). The COVID-19 crisis is no exception; within the EU27, the migrant employment rate decreased from 65.2 per cent to 63.1 per cent, and the unemployment rate among migrants increased from 11.1 per cent to 12.4 per cent in 2020 (OECD, 2021:46). Within the European Union, on average, the employment and unemployment rate gap widened between migrants and citizens, at a rate of 5.2 percentage points and 6 percentage points respectively (ibid.). Migrants' overrepresentation in sectors hardest hit by the pandemic, such as tourism, hospitality, domestic services, and cleaning and security services contributed to the decline in employment among migrants (OECD, 2021).

Not only were migrants at risk of unemployment, but their overrepresentation in providing care services also made them highly vulnerable. For countries with an ageing population, this age structure impacted the higher number of COVID-19-related deaths among older people, as well as the increased vulnerability of care workers tending to the elderly. This was certainly the case in Italy, where care workers in intergenerational households experienced a higher rate of infection and deaths (Basellini and Camarda, 2022). During the pandemic, health-care workers were rightfully heralded as “heroes”, and the health-care sector identified as an essential service became more pronounced. Despite the positive public accolades, there lacked adequate social protection in health-care facilities for care workers providing services in people's homes and institutions (ILO, 2020). The insufficient supply of personal protective equipment (PPE), COVID-19 testing, and limited social distancing capacities by nature of the job put the workers at risk and highly



vulnerable to contracting the virus. Care homes were hit especially hard and account for "up to half of all COVID-19 related fatalities in Europe and the United States" (ILO, 2020:2). These working conditions exacerbated labour shortages in the care sector across Europe.

At the height of the pandemic, the German association for home care and nursing estimated that "up to 200,000 people would no longer be cared for at home due to insufficient numbers of migrant care workers in the country" (ILO, 2020:5). As such, for essential sectors like health care and agriculture, policy interventions were implemented to ensure migrants' mobility. This included special measures to facilitate migrants' entry into a country, temporary measures to lengthen migrants' stay in a country, and for migrants whose stay is tied to their employment, exceptions were granted for migrants to change employers without jeopardizing their residence (OECD, 2021; Patuzzi, 2021). While the European Union borders were initially closed for 30 days in March 2020 and then later extended until June 2020, most European Union/OECD countries were able to make exceptions for migrants and amend the restrictions to movement on a needs basis (OECD, 2021). Moreover, workers in the care sector were offered financial assistance through additional payments or "corona premiums" for providing care to elderly people (Germany, Federal Government, 2020). This approach was adopted by many countries, including Germany, France, Italy and the United Kingdom (ILO, 2020). A migrant-lens was considered in COVID-19 responses via financial support that included migrants, refugees, and asylum seekers in their rollout (see Ireland, Finland, Czechia and Slovakia for examples) and regularization granted to irregular migrant workers, like domestic workers, to bolster their social protections (see Italy).

COVID-19 not only impacted the conditions for migration and mobility but drastically changed the world of work, for example, the rise of telework arrangements. Accelerations in digitalization and technology in response to the COVID-19 pandemic completely transformed sectors of work, including health-care provision, which has unique consequences for mobility and migrants (McAuliffe et al., 2021). The health-care landscape shifted with the onset of the pandemic, adapting to socially distancing measures, for example, through virtual care services and telehealth platforms. Additionally, a range of health-related technologies has been used to track medication orders and communicate health information from wearable technology to health specialists (ibid.).

Of course, these transformations in care have been underway for quite some time. As the country case studies revealed, a country's unique history and its particular orientations toward migration and care influence patterns of mobility and shape modes of caregiving and care arrangements alike. For example, in Japan, the discussion of care robots for elderly care is embraced and falls in line with the country's cultural values and "view of a symbiotic people-robot relationship" (Ishiguro, 2017:256). Additionally, the intervention of care robots suitably responds to the country's social and demographic challenges and echoes their care, migration, and employment regimes with regards to their ageing population, labour shortages in the care sector, and restrictive approach to migration. The COVID-19 pandemic and the technological developments in the care sector put in view the potential for transformation. The use of technology also raises important questions and concerns regarding access, privacy, and digital literacy and its impact on women and migrant communities. An ongoing and rigorous assessment of the impacts of COVID-19 on migrant workers in the social care sector from a gender perspective is pertinent to understanding the future conditions of work and migration in Europe. The conclusion details areas of focus and policy implications for a way forward.

5. Conclusion

One outcome in analysing the interrelationship between migration, care and employment regimes is that the outsourcing of migrant women for care work leads to the further entrenchment of the gendered division of labour (Lutz and Palenga-Möllenbeck, 2011). Another outcome is the creation and maintenance of the “reserve army” of migrant labour, which speaks to the representation of migrant labour in “low-skilled” sectors of work marked by fragility, disposability and flexibility (Farris, 2015). This creation of a “reserve army” of migrant labour has been connected to discussions of “global care chains” (Hochschild, 2000) that describe the creation of migrant labour flows into care sectors. These “reserve armies” and “global care chains” will continue to grow as long as migration and employment policies are designed to secure cheap labour. In Europe, these “reserve armies” and care chains are largely influenced by intraregional migration movements, with patterns of circular, temporary, and irregular migration marking the care sector, making it difficult to discern the actual numbers of migrant care workers. What is clear, however, is the intensification of emigration from Eastern European countries to Europe's west. The disparity between these macro-regions of the European Union is noted to have impacts on demographic and workforce planning, especially as emigration directly impacts population ageing, depopulation, and a decreasing and ageing labour force (Potancokova et al., 2021). Attention to care arrangements in this context of migration is of critical importance to policymakers.

Public recognition of care work and a recalibration of its valuation in society is required to adapt migration, care and employment regimes in favour of better working conditions for care workers and support for those in need of care services. Accordingly, considerations for policymaking related to migration and employment in Europe's social care sector and beyond include:

- The public recognition of the labour of care and ongoing acknowledgement of care work as ‘essential’ and critical to the sustenance and reproduction of local economies, beyond the heightened spotlight brought on by the pandemic and realized through enhanced working conditions.
- Also drawing on the momentum of the pandemic, is the continued need for innovative bilateral labour agreements that respond to the various demographic needs of European Union countries. The facilitation of safe, orderly, and managed migration within Europe's social care sector creates a win-win situation for migrants and sending and receiving countries.
- Public investments in care infrastructures that support the universal right to care.
- Attention to intra-European Union and circular migration trends in Europe's social care sector, strengthening the data collection and analysis of cross-border mobility workers as they intersect with migration statistics.

The COVID-19 pandemic has resulted in some positive outcomes for the care sector regarding the recognition of care work. Not only has the critical nature of the sector been emphasized, but the pandemic has also highlighted our interdependency at the micro and macro levels. At the microlevel, we have seen most individuals answer the call to care and require care services throughout the pandemic, and at the macrolevel significant exceptions have been made to ensure global mobility systems stay intact. While much needs to be done to enhance the working conditions of care workers, the measures enacted to enable movement during times marked by immobility should act as a reminder of a country's ability to act swiftly in efforts to facilitate safe and orderly migration.



As this paper demonstrates, increases in public expenditure can help facilitate access to quality care services along with increased social protection for care workers, including migrant workers with varying status, can help to recognize and redistribute care work (ILO, 2018). In doing so, gender inequalities and critical labour shortages in the care sector may be addressed, positively impacting Europe's demographic future. Europe's demographic future, as many scholars point out, relies not on increased fertility nor increased migration but rather on local economic opportunities and the economic activity and productivity among existing populations (Potancokova et al., 2021; Lutz et al., 2019). Continued attention to gendered migration patterns and labour market activity in the social care sector and beyond is thus required to attend to Europe's demographic needs.

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