Franca van Hooren, University of Amsterdam Nov. 2020

Covid-19, migrant workers and the resilience of social care in Europe

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The Covid-19 pandemic has underscored the importance of social care. In many countries, social care occupations have been put on lists of 'essential occupations', meaning that workers in these occupations were exempted from lockdown restrictions in order to facilitate continuity of care. Some of these care workers have witnessed the dramatic death toll of the corona virus in nursing homes, while also facing increased risks themselves (ILO, 2020a). In many European countries, migrant workers are an important part of the social care workforce. This piece explores how this reliance on migrant workers relates to the resilience of social care provision during adverse circumstances. Following OECD (2020), resilience is understood as 'the ability to withstand, recover from, and adapt to unexpected external shocks'.

The focus of this preliminary analysis is on non-medical care for elderly and disabled in Western Europe, including both care provided in the home of the recipient and in institutions, such as nursing homes. It also gives some attention to domestic work, meaning activities like cleaning or cooking, because the boundary between domestic work and care work is often blurry. When taking stock of the background of 'key workers' at the beginning of the Covid-19 pandemic, scholars found that in 2018, 'personal care workers' (this category includes childcare workers) and 'cleaners and helpers' (including domestic workers as well as office and hotel cleaners) together constituted approximately 20% of all key workers in the EU (Fasani and Mazza, 2020). Within these categories, one in five of the 'personal care workers' and one-third of 'cleaners and helpers' was foreign-born (Fasani and Mazza, 2020).

To provide a background for the discussion on migrant workers and the resilience of social care, hereafter I firstly summarise how differences in welfare state arrangements and immigration regimes have jointly contributed to cross-national variations in the employment of migrants in social care and how these different national constellations fared during the financial crisis of 2008 and the 2020 Covid-19 pandemic. Thereafter, I consider the specific role of migrant workers in social care provision during the Covid-19 pandemic and public responses to their enhanced visibility.

Welfare state arrangements, immigration regimes and migrant care work

There is considerable variation in the employment of migrant workers in social care across Europe. In general, migrants are overrepresented where working conditions are relatively poor (Anderson and Ruhs, 2010), which is often the case in social care occupations (ILO, 2020a). Across Europe, social care jobs are seen as low-skilled and are very low-paid, which makes it difficult for the sector to attract enough employees. Migrant workers who are willing to accept poor working conditions are therefore often the only alternative.

The exact forms of employment in which migrant care workers are engaged is shaped by a combination of factors including social policies, employment policies and immigration policies (Williams, 2012), as well as cultural legacies and geographical location. While Northern European countries (including Scandinavia and the Netherlands[2]) historically mostly provided publicly

[*] Views expressed in this publication reflect the opinion of individual author(s) and not those of the European University Institute.

[2] Notably, the Netherlands only falls into this category in relation to social care for elderly and disabled. Publicly funded childcare, by contrast, used to be virtually non-existent. (Van Hooren and Becker, 2012)

financed social care, such care provision was generally absent in Southern Europe, or modest in continental European countries like Germany and Austria. Where public care provision was lacking, or consisted of unregulated cash-benefits, migrant workers have been directly employed by families to work for or even live-in with a dependent family member. These workers are often employed informally and/or have no work or residence permits. Consequently, they lack social and employment protection. This practice is common in countries like Italy, Spain, Austria and Germany. In countries where public care provision has been cut back or marketized, for example by outsourcing service provision to private providers, a demand often emerged for migrant workers as cheap employees in care institutions or home care providers. This has occurred, for example, in the UK and Sweden.

Migration policies regulate the extent to and ways in which migrants can work legally in social care. Only a few countries have issued work permits for social care workers. For example, for a few years the UK granted work permits to third-country nationals for employment as "senior care workers" but restrictive eligibility criteria made this channel effectively inaccessible after 2007[3] (Cangiano and Shutes, 2010; Van Hooren, 2011). In the same period, Italy had a work permit quota for domestic and care workers peaking at 105,400 in 2008 (Van Hooren 2011: 69). In subsequent years, due to EU enlargement, the UK, Italy and other Western European countries started to rely increasingly on workers from new EU member states in Central and Eastern Europe, who could be hired without work permits (with Poland as main country of origin for care workers in the UK and Romania for Italy). Germany and Austria also relied increasingly on workers from these new EU member states but in these countries these migrant care workers often were, and still are, more mobile, working in shifts and travelling back home regularly. In countries like the Netherlands and Sweden, migrants who work in social care have most often obtained residence permits through family migration or as refugees (Stern & Klein, 2020; Van Hooren 2014). In all countries, undocumented migrants have worked as domestic and care workers directly employed by households. This is most prevalent in Southern Europe, where recurrent regularizations have also allowed some undocumented migrants to regularize their status (Cangiano, 2014; Da Roit and Weicht, 2013; Van Hooren et al., 2018).

Crises and social care

The 2020 Covid-19 pandemic is not the first time in this century that Europe and the world experienced a severe crisis. The financial crisis of 2008 quickly turned into a recession and a fiscal crisis for European states. Before I turn to the role of migrant workers for the resilience of social care, I want to draw out one similarity and one difference related to social care in these two crisis episodes. Of course, this comparison is incomplete since at this stage we cannot yet predict the aftermath and long-term effect of the Covid-19 pandemic.

A similarity of these two crisis episodes is that many households have been affected financially. Although the real effects of the financial crisis took a little longer to kick-in, many people lost their jobs and incomes in its wake, just as many people have experienced in 2020. As a consequence, both crises have led to a decrease in the extent to which households can afford to purchase care services. This is relevant especially for care services that are financed directly by families and/or for which large out-of-pocket contributions need to be made. In the aftermath of the 2008 financial crisis, this led to a decrease in demand for care work, especially in the most hard-hit countries in Southern Europe, with accompanying unemployment for the numerous migrant care workers directly employed by households (Kröger and Bagnato, 2017). During the Covid-19 pandemic, it also seems that demand for domestic services has decreased significantly. Based on an analysis of national labour force and similar surveys from 137 countries, the ILO found that in May 2020, 74% of domestic workers were significantly impacted by the Covid-19 pandemic, meaning they had lost their job or faced reduced working hours and incomes. Of these affected workers, three-quarters worked informally (ILO, 2020b). In Western Europe, 50% of domestic workers reported to be affected by the pandemic, out of whom two-fifths worked informally (ibid).[4]

A difference between these two crisis episodes is the role of the state. In the fiscal crisis that emerged after 2008,

[3] Some 20,000 care workers used this access route for skilled workers between 2001 and 2007, but in 2007 the Border and Immigration Office argued that these workers were "not genuinely skilled". After a minimum hourly wage of £7,02 was introduced, the access route was hardly used anymore (Van Hooren 2011).

[4] These figures should be treated with some scepticism, because European labour force surveys hardly capture some forms of domestic work, for example when it is done by undocumented migrant workers.

states and their expenditures and debts were partly seen as the problem and many governments proceeded to make substantial cuts in their (welfare) state expenses. Social care faced cutbacks in most European countries. In some countries (e.g. in Spain), promising attempts to formalize social care were halted and care was relegated to the family once again (see Kröger and Bagnato, 2017). These developments have reinforced demand for informal (migrant) care arrangements for those families who could still afford it, while it also reinforced demand for cheap migrant workers to keep care homes running (e.g. in the UK).

In the Covid-19 pandemic, the state is (for now) seen as the solution. Public expenditure has gone up everywhere, ranging from investments in medical equipment to compensations for people losing a significant part of their income due to lockdowns and sometimes bonuses for people in vital occupations, including care workers (see further elaboration below). Overall, states have been much more concerned with the resilience of social care than during the previous crisis. The extent to and success with which they could guarantee resilient care, however, depends on the set-up of social care systems (see also: ILO, 2020a).

Migrant workers and the resilience of social care

Reduced international travel and missing care workers

In countries like Austria, Germany and Italy, it was reported that at the onset of the pandemic, many migrant care workers returned to their countries of origin or were not able to enter the country in which they worked. In Austria, many live-in migrant care workers from Slovakia, Slovenia, Hungary and Romania work in two-week shifts, after which they return home for two weeks and are replaced by another care worker. Yet, due to travel restrictions, care workers could not enter Austria anymore. In April, some travel restrictions were lifted for essential workers and in May, the Austrian and Romanian government agreed to organize special charter trains to bring care workers into Austria (Kuhlmann et al., 2020).

In Germany, it was predicted in March that 200,000 dependent people would be without care because of the departure of migrant workers (Schober, 2020). Due to increased border controls during the first lockdown, only legally employed caregivers were allowed to cross (VHBP, 2020) and this was only a small fraction of all migrant care workers employed in Germany. Moreover, due to school closures across Europe, some care workers also decided to stay home to look after their own children (Zajonz, 2020). As a consequence, many informally employed migrant care workers stopped working in Germany (Neufeld, 2020). In April, intermediary employment agencies reported a significant increase in demand for formally employed migrant care workers, probably because so many of the informal workers had left the country (Safuta & Noack, 2020; Zajonz, 2020). In Italy, many Romanian care workers returned from Northern Italy to their country of origin at the beginning of the spring lockdown. After the summer, the problem became how to deal with the numerous returning live-in care workers who had to quarantine for 14 days (Cecchini, 2020).

These developments clearly show that a reliance on mobile and temporary migrant workers is highly problematic for the continuity of care during a global health crisis. An ILO report also suggests that the Covid-19 pandemic "significantly reduced the numbers of migrant care workers travelling internationally to take up employment, leaving destination countries with significant shortages of care workers" (ILO, 2020a). Yet within Western Europe, I only found indications of this in the specific constellations in which migrants are employed in neighboring countries. Such issues do not seem to have arisen in countries where migrants work more permanently, even if they are undocumented.

Precarity of irregular work

The Covid-19 pandemic has again underlined the precarity of many migrant care workers. Having no other option, they go to great lengths and would accept even dangerous circumstances to continue working. For example, in Spain, newspapers reported cases of migrant workers taking care of dependent people, mostly elderly, who moved to live-in with the people they were caring for in order to protect them from contagion. There were also reports of care workers being threatened with dismissal if they did not change to live-in work. Together with mobility restrictions, however, live-in work hampered their access to resting days, their ability to see and care for their families, and created situations of physical and emotional overwork[5] (Sánchez, 2020, Malvesí, 2020).

[5] Moreover, in Spain, the lockdown dramatically increased insecurity for undocumented migrants. During the lockdown, people could be asked for documentation when transiting from their homes to their workplace, or even when they took out the trash, and some of them have faced expulsion orders as a consequence.

Meanwhile, many unregistered and undocumented migrant domestic workers lost their jobs[6] (EPA, 2020). In Spain, soaring unemployment led the government to approve an extraordinary unemployment benefit for domestic workers (Royal Decree-law 11/2020, of 31 of March; BOE 2020b). However, only domestic workers registered with social security before the pandemic could apply. The same happened in Italy, where formally employed domestic and care workers who lost a significant part of their incomes, could apply for a compensation of 500 euros per month (JUMA MAP, 2020). By contrast, in the Netherlands, there has been no income compensation at all for domestic workers losing their jobs, something that affected undocumented migrants particularly harshly because they could not count on any other forms of social assistance (Te Lintel Hekkert, 2020).

The precarity of migrant domestic and care workers who are undocumented and directly employed by households is not new. In fact, it is their precarity that makes them willing to work under poor conditions and for low pay, which in turn makes them attractive employees (Anderson and Ruhs, 2010). It could be argued that in the long run, these workers are rather resilient social care providers. They withstand, recover from, and adapt to external shocks because they do not have any alternative. Yet this kind of resilience comes at very high personal costs for the migrants involved.

There are also instances in which the lack of alternatives has proven to be counterproductive for an efficient crisis response. For example, in Spain, nursing homes faced significant labour shortages before as well as during the pandemic. An emergency recruitment of personnel was implemented but its success remained limited due to the precarious working conditions in the sector. Apparently, many undocumented migrants volunteered to take up this work but were not allowed because of their missing papers (Colell 2020).

Moreover, the resilience of a care system that relies on precarious and irregular work can be questioned in terms of quality. The ILO reports that "Evidence shows that patient outcomes are associated with working conditions, staffing levels, staffing stability and the educational level of nurses. A study of nursing homes in the United States, for example, found that nursing homes with higher staffing levels of highly qualified registered nurses have the potential to better control the spread of COVID-19 and reduce mortality rates among residents" (ILO, 2020a).

A Swedish account suggests something similar: **"**One quarter of the care workforce are employed by the hour, and in the beginning of the pandemic, staff shortages due to ordinary workers being on sick leave or in self-isolation, led to an even higher use of casual workers, with less or no formal training", which led to problems with hygiene routines (Szebehely, 2020).

In sum, during the Covid-19 pandemic, a reliance on temporary and mobile migrant care workers (as in Germany and Austria) appears to have really undermined the resilience of social care systems. Moreover, the pandemic aggravated the precariousness especially of informally employed migrant care workers across Europe, which in turn is likely to undermine the quality of care. A resilient care system would therefore need to really "integrate migrant care workers and provide them with robust protections" (ILO 2020a). In the following section, I will consider whether there are any indications that this is happening.

Public response and resilience

To enhance resilience of social care, governments need to invest in decent working conditions and stable employment positions for care workers[7]. In this context, migrant care workers deserve special attention because they often face particularly difficult working conditions. If anything, the Covid-19 pandemic has made the need for reforms in social care as well as the reliance on migrant workers in this sector more visible. For example, a German news outlet stated: "Everyone knows but nobody likes to say it: without the illegally employed Polish women, the (German) care system would collapse completely" (Günther, 2020). This has sometimes also resulted in increased recognition and calls for a pay rise or bonus. Hereafter I list some of these calls and the extent to which they have already resulted in actual change.

In Spain, a large number of organizations and newspaper articles have called for recognition of women and migrants who work in the care sector and in agriculture. The

[6] The EPA estimated that domestic workers dropped from 425.000 in the first quarter of 2020 to 344.400 in the second quarter. EPA is a telephone survey that accounts for self-perceptions of employment, and it is therefore able to include informal workers to some extent. Social Security statistics register a smaller drop, from 374.392 in January to 353.000 in September.

[7] To be sure, this is not the only way in which a resilient social care system can be achieved. This may also involve, for example, the use of technological innovations, but that is not the focus of this piece.

pandemic hit an already precarious and impoverished care sector. There is a broad consensus that Covid-19 revealed the structural lack of resources of elderly care institutions. The virus spread quickly through these institutions, and mortality was extremely high (Medecins Sans Frontières 2020). A particular scandal occurred when media reported instructions given by the regional government of Madrid to block transfers of sick elderly to hospitals. There is an ongoing debate about the causes of this negligence. Private nursing homes are well organized in a number of business associations and they try to blame the government, while consumer associations, the government and many intellectuals and journalists blame privatization as well as corruption surrounding nursing homes and regional governments, especially in the case of Madrid (García Rada, 2020). Meanwhile, the regional government of Catalunya has approved a one-off payment of EUR 900 for those who worked in nursing homes between the March 1st and May 31st.

In Germany, it was reported that some agencies have increased wages for formally employed migrant care workers to encourage them to stay in Germany, a so-called "loyalty bonus" (Zajonz, 2020). This in turn was criticized because it is not a long-term solution for a sector that needs more permanent reforms. In June, the German government increased the minimum wage for unskilled elderly care workers from EUR 9,35 to EUR 11,60 hoping that this would also attract more German care workers (Küffel, 2020; Arbeitgeberverband Pflege, 2020). A new collective agreement for care workers employed by public authorities included a pay raise of up to 4.5% (Reuters, 2020). Meanwhile, informally employed migrant care workers could not benefit from any of these bonuses and wage increases.

In Austria, during the first lockdown, care workers received a bonus of EUR 500 (Kuhlmann et al., 2020). This initiative was launched under the motto "Bleib da", which means "stay there" (WKO 2020). The president of the Wirtschaftskammer Österreich stated: "Thousands of independent caregivers from abroad look after our senior citizens and are an important part of Viennese health care. The bonus is also an important sign of recognition" (WKO, 2020).

However, media have reported that it has been administratively complicated for care workers to receive this bonus, because the application form is in German or because (in some regions) employers have to claim it (Bachmann, 2020). This exemplifies how difficult it has become to make public interventions in a sector that is fragmented based on various types of employers, funding and often informal work.

Regularisations and work permit extensions for migrant care workers

In various European countries, the enhanced visibility of migrant care workers has resulted in calls for regularization or work permit extension. In the UK, workers in health and social care whose visas were about to expire, were granted a free one year visa extension ('Coronavirus advice for social care workers', 2020). Yet in the longer run, the UK will likely face massive shortages of migrant care workers as a consequence of Brexit. Despite repeated calls from within the sector, migrant care workers do not qualify for a work permit under the proposed new points-based immigration system (Thompson & McKay, 2020). A leader of an employers' association commented that: "This is particularly worrying given the wider context of the instability which COVID-19 has placed upon the adult social care sector. The impending threat of the international workforce supply being turned off has the potential to de-stabilise the sector even further with potentially disastrous consequences" (Clarke, 2020).

In Spain, the pandemic has spurred calls for recognition of migrants as essential workers, and regularization of undocumented migrants. The platform RegularizaciónYa (Regularization Now), composed of 100 associations and organizations, has proposed this measure to the parliament, which was supported by 6 parties, one of them part of the government coalition (Unidas Podemos). However, the other governing party and conservative opposition parties rejected the measure, which was not passed.

Similarly, in France, several actors including trade unions, have appealed for the regularization of undocumented workers "*en première ligne*", which means: directly working for the general interest. Those actors persistently included "*aide à la personne*" or "*aide à domicile*" (which refers to home-based care work) among these essential workers. Yet newspapers reporting on this have focussed less on care workers. In August 2020, the government acknowledged the necessity to regularize some of these workers, but a policy has not yet been enacted.

In Italy, a special temporary regularization of agricultural, domestic and care workers was enacted in May 2020. Due to the absence of certain EU migrant workers as a

consequence of closed borders, a regularization of undocumented workers was intended to avoid labour shortages (Della Rosa & Goldstein, 2020).

Similar calls for the regularization of undocumented workers could not be found in Northern European countries. In the Netherlands, the biggest trade union FNV published one press release on the precarious position of undocumented migrant domestic workers, asking for financial support from the government but not for changes in their legal status (Te Lintel Hekkert, 2020).

It should be noted that simply regularising undocumented migrant workers is not a silver bullet to enhance resilience of social care, for it does not address important issues such as necessary qualifications, recognition of foreign qualifications and improved working conditions.

Conclusion

This preliminary review of developments in relation to migrant care workers and the resilience of social care in times of a global pandemic, has suggested that a reliance on temporary migrant workers undermined such resilience especially where workers migrate from neighboring countries, as is often the case in Austria, Germany and Italy. In other countries, the pandemic primarily revealed and exacerbated the precarity of (undocumented) migrant workers.

While the 2008 financial crisis mostly resulted in cutbacks of public investments in social care, the 2020 pandemic led to increased recognition for social care work. In many European countries, there have been calls for bonuses and/or wage increases for social care workers. In some countries this has already been implemented but the complexities of the sector inhibit easy general improvements. Meanwhile, the enhanced visibility of migrant care workers during the pandemic has led to calls for regularizations of and work permits for migrant workers. It is still unclear whether this will result in any long-term change in terms of providing adequate inclusion and protection for migrant workers.

One issue that deserves further scrutiny is the role of various interest groups in campaigning for improved working conditions in social care. The ILO mentions that: 'the heterogeneous care workforce and their often difficult contract situations impede unionization and the organization of workers, especially for migrant workers' (ILO 2020a). Yet many of the (modest) improvements discussed above have resulted from trade union campaigns. Trade unions have not suddenly become more aware of the importance of (migrant) care work during the pandemic but their activities have become more visible. This potentially creates opportunities for (campaigns for) further changes, potentially in cooperation with employers' organisations.

Finally, much more attention is needed for the resilience of social care systems in 'sending countries', i.e. countries from which migrants depart to do care work in other countries. The global care chain literature has pointed at the care gaps that emerge in these sending countries. In the context of Europe, this raises the question how resilient social care has been in Central and Eastern European sending states. But more attention is also needed for developments outside of Europe. Migrant care work is a global phenomenon, which has also been globally affected by the Covid-19 pandemic.

Franca van Hooren is Assistant Professor in the Department of Political Science at the University of Amsterdam. *She thanks Manuel Alvariño, Clarisse Kombo and Tjerk Moeskops for their research and Clémence Ledoux for kindly taking the time to update her on the situation in France.*

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