

***Varieties of migrant care work:
contrasting patterns of migrant labour in social care
in Italy, England and the Netherlands***

By:

Franca van Hooren

University of Bremen

Collaborative Research Centre 597 “Transformations of the State”

Franca.vanhooren@sfb597.uni-bremen.de

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This paper is a very first draft, I apologise for any error or incompleteness!

Introduction

Throughout Europe, immigrants are becoming increasingly important as employees in caring occupations. In some countries, such as the United Kingdom, migrant workers are mostly employed formally by public and private care providers. In others, such as Italy, families engage migrant workers privately to care for a dependent family member. This paper compares the characteristics of migrant workers employed as elderly carers in the English¹ formal institutional context with those employed in the Italian informal family context. The findings for Italy and England are contrasted with the Netherlands, where migrant workers have not been important.

The first aim of the paper is to find and explain common patterns in the employment of migrant workers in these different settings. Are there commonalities in the employment circumstances of migrant workers in Italy and England? Do their circumstances differ from native workers? The second aim is to identify and explain cross-country variation. Why are migrants employed in elderly care in both these countries, but not in the Netherlands? Why are migrants more often employed formally in England, while in Italy they are very often employed directly by families?

The paper focuses on the employment of migrant workers in social or long-term care, which is here understood as '*the provision of daily social, psychological, emotional, and physical attention for people*' (Knijn and Kremer 1997: 330). A migrant is defined as a foreign national, although sometimes data were only available for foreign born workers. A distinction is made between the employment of migrant workers by public or private care providing organisations ('agency-based employment'), and the direct employment by families ('private employment'). Both these types of employment can occur on a formal/regular base, and on an informal/irregular base.

Theoretical accounts from both welfare regime and migration research are applied to understand the employment of migrant care workers, as will be discussed in detail in the theoretical framework below. The paper is based on an analysis of micro-level data from the *Italian Indagine Multiscopo sulle Famiglie* and the *British Labour Force Survey*. In addition, it relies on interviews with involved actors and a variety of secondary sources. The research explicitly focuses on England instead of the UK, because social care policies in the UK are set at the regional level.

¹ The paper focuses on England instead of the entire United Kingdom, because social care policies differ significantly by UK region.

Theoretical framework

In an important study of migrant labour in the United States and Europe in the decades following WWII, Piore found that the jobs in which migrants were employed were usually unskilled, though not necessarily low paying. They had a low social status, were characterised by hard or unpleasant working conditions with considerable insecurity, had limited chances of job mobility and were 'usually performed in an unstructured work environment and involve an informal, highly personalistic relationship between supervisor and subordinate' (Piore 1979: 17-19). For migrant workers 'the disjuncture in living standards between developed and developing societies means that even low wages abroad appear to be generous by the standards of the home community' (Massey, Arango et al. 1993: 442).

Piore's theory is based on an industrial economy, but in a more recent work, Waldinger and Lichter continue along the same thread. They argue that 'there are "good jobs" and "bad jobs", and the size of the potential pool of candidates varies with the quality of a given position.' (Waldinger and Lichter 2003: 9). These bad jobs are characterized by exactly the characteristics that Piore already outlined in '79, only Waldinger and Lichter do not contend that these jobs are necessarily unskilled.

In addition to the willingness of employees to work in certain sectors, there is also the demand from employers. They might have a specific preference for migrant workers. As Waldinger put it: 'bosses want willing subordinates' (Waldinger and Lichter 2003: 15), people who do their work well and who do not complain. According to Anderson and Ruhs, 'employers may develop a preference for migrants because of the characteristics and restrictions attached to their immigration status' (Anderson and Ruhs 2008: 33). To this I will come back below. From the discussion above the following expectation can be derived:

1. migrant workers are employed in "bad" jobs characterised by hard or unpleasant working conditions with considerable insecurity, an unstructured work environment and an informal, personalistic relationship with the employer. These jobs may be, but are not necessarily, low paid.

Often mentioned in research on migrant care workers is the importance of the demand for care services and the extent and way in which the state furnishes such services (Bettio, Simonazzi et al. 2006; Williams and Gavanas 2008). The impact of public provision of financing of care services could be to decrease the demand for migrant workers. Bettio et al. argued that it was the lack of public provision that induced the hiring of private migrant care workers in Southern Europe. The impact of public investments in care services on the demand for migrant workers could be twofold. On the one hand, more extensive public provision

could crowd out the demand for private (informal) migrant care workers. On the other hand, public investments can increase the wages and improve the employment circumstances of the formal social care workforce. From this we can derive the following expectation:

2. State investments in social care crowd out the demand for all types of migrant care work.

The mere amount of public investments in social care does not tell us anything about how care is organised. States can also provide care services in a variety of ways (Sipilä, Anttonen et al. 2003: 9). Sometimes states directly provide services, by employing carers, setting up institutions, etc. But services can also be contracted out, meaning that states pay private or voluntary agencies to provide care services. Such contracting out may lead to an increasing marketisation and competition of care providers (Ungerson 2003: 379). States may also provide cash subsidies with which people can buy their own care services (Ungerson and Yeandle 2007).

In a study of the impact of cash for care benefits on the labour market, Ungerson et al. conclude that these impacts are 'complicated, potentially contradictory, and dependent, at least to some extent, on the funding regime adopted by the particular welfare state.' (Ungerson 2003: 383). The different outcomes they find in different countries 'are explicable largely by reference to the internal organization of the schemes themselves, and the regulation, or lack of it, the particular cash for care policies impose on the recruitment and management of caring labour. (Ungerson 2003: 394). The more regulated a cash for care scheme, the more regular and formal the employment circumstances, hence the less likely that migrants will be employed. From this we can derive the following expectation:

3. Cash allowances, especially when uncontrolled, lead to the informalisation of labour market and as a consequence to demand for private informal migrant care workers.

Finally, we should have a look at the impact of immigration policies. Bettio et al. suggest that regularisations might attract migrant workers. Immigration policies set the options for legal immigration. However, some sociologists dispute the importance of immigration policies for shaping or stemming migration flows. According to Messina: 'the efforts (successful or not) of states to restrict the number of persons entering their territory along any one dimension of migration increase the number of immigrants seeking and gaining entry along other dimensions' (Messina 2007: 19)².

Van der Leun and Kloosterman found that strict internal controls on irregular migrants push irregular migrants to seek more sheltered jobs. They found that increasingly stringent

² The dimensions Messina refers to are labor immigration, family reunification and irregular/forced migration.

controls drove irregular immigrants into employment in private households. A private home can be a safe haven for the migrant in question, because controls can usually not be carried in such environments (Van der Leun and Kloosterman 2006: 66-7).

4. restrictive immigration policies discourage immigration or push immigrants into the informal sector

There is another way in which migration policies might influence the employment of care workers. Castles and Kosack pointed out that one of the reasons why immigrant workers were confined to certain labour market positions was related to the official restrictions posed on them. Migrants with work permits are often restricted in their length of stay as well as in the option of changing jobs (Castles and Kosack 1973: 98-9). This makes these workers more inclined to accept worse employment circumstances, because they simply have no exit option. Andersen and Ruhs similarly found that: 'some employers, especially those finding it difficult to retain workers in certain jobs, may have a demand for workers whose choice of employment is restricted, as is usually the case with migrants on temporary work permits' (34). Moreover, because of their very limited rights, illegally resident migrants may be perceived as displaying a better 'work ethic' and be willing to accept worse employment conditions than citizens or migrants who are legally employed' (34). This brings us to the final expectation:

5. the vulnerability of irregular migrants or migrant workers depending on a job-dependent work permits could make these migrant workers more attractive for employers.

The organisation of elderly care in Italy, England, and the Netherlands

Before assessing the importance of migrant care workers, it is useful to have a look at how elderly care is organised in the three country under consideration. In the Netherlands, public involvement in elderly care has been very substantial. In the post-war decades residential care facilities were expanded rapidly. These were run by voluntary organisations, but largely financed by the state. In 1968 a long term care insurance (AWBZ) was introduced, initially covering only care in nursing homes. In the subsequent decades more and more elements of elderly care (care homes, home care, home help) were brought into this publicly funded universal social insurance. As a consequence, people in need of long-term care have become entitled to receive care services, for which they pay a means-tested out-of-pocket

contribution. The services are financed through the public AWBZ, but still mostly provided by voluntary organisations.

By the early 2000s, the Dutch public long-term care system was among the most comprehensive in Europe. In 2005, 20.1 percent of all elderly received home care services through the long-term care insurance, while 6.8 percent lived in a residential or nursing home (CBS 2006: 104). Services are not provided publicly but outsourced to mostly non-profit organisations. As a consequence of the generous public provision, in the Netherlands elderly care services are available for most people in need (SCP 2007: 101). Moreover, both low and high income groups can benefit from the Dutch system, although people with a high income pay relatively high out-of-pocket contributions.

In England, local authorities are responsible for the organisation of social-assistance based long-term care. In the 1980s, a reform of the social insurance system made it possible to use 'Supplementary Benefit payments' to pay for private residential care homes. As a consequence, the number of elderly people living in private residential care increased strongly (Land and Lewis 1998: 55). To prevent the unlimited use of benefits for residential care, while 'anxious not to inflict damage on the private providers of institutional care' (ibid: 55), it was decided to transfer the financial resources from the social insurance system to local social assistance. Instead of going directly to the private care homes, the local government were positioned between the care homes and those in need of long-term care. They became the rationers of all social care services (Land and Lewis 1998: 55). National policy encourages the outsourcing of care services, meaning that while Local Authorities organise and (partly) finance care services, these services are mostly provided by private voluntary and for-profit providers.

Funding from local governments is strongly means tested. In 2007-08, 5.8 percent of people aged over 65 in England received publicly funded or publicly organised home care services, while 3.3 percent was in residential care facilities (The Health and Social Care Information Centre 2008: 6). Although all English citizens have the right to let their care be organised by local authorities, in practice many people buy their provisions directly on the market. For example, in 2007-08 146,000 older and disabled people living in care homes were paying fees privately (CSCI 2009: 2). Summarising, while local governments play an important role organising social care and paying for the less well-off, the market is the main provider of care services in England and the better-off often purchase services directly on the market.

In Italy, it is the family that is primarily responsible for providing welfare for financially or physically dependent family members (Saraceno 1998). The Italian welfare regime is highly 'familialistic': it 'assigns a maximum of welfare obligations to the household' (Esping-Andersen 1999: 45). The role of the state in the provision of care services has always been limited. Families' obligations to care for dependent family members reach beyond the nuclear family and are stipulated in law. According to the civil code the group of kin 'with responsibility for maintenance' includes spouses, children, parents, siblings, sons and daughters in-law, and parents in-law (Naldini 2003: 122).

In 2003 only 0.8 percent of all Italians aged over 65 used publicly funded residential care. There is some regional variation, with this amount being 1.4 percent in the North-east and 0.2 in the South (Ministero della Solidarietà Sociale 2006). If one would include privately purchased care services, coverage rates would be slightly higher (Comas-Herrera and Wittenberg 2003: 69). Publicly funded home care provision averaged 1.8 percent (Ministero della Solidarietà Sociale 2006). Compared to the limited public services, many more frail elderly can benefit from an attendance allowance (*indennità di accompagnamento*). In 2008, 1.15 million elderly, or 9.8 percent of the Italian population aged over 65³, received this flat-rate benefit which is needs-tested, but not means-tested.

Varieties of migrant care work in Italy, England and the Netherlands

An increasing number of Italian families hires a migrant care assistant, called 'badante', to care for an older family member. Many of these workers are regularly employed. Unfortunately, official statistics are only available for the complete group of domestic workers, including care assistants but also cleaners and baby sitters. The total number of migrants regularly employed by families as domestic workers increased from around 5,000 in the 1970s to 464,033 in 2007 (INPS 2009). By 2007, 78 percent of all domestic workers and private care assistants regularly employed was foreign (INPS 2009). More than half of the migrant domestic workers registered by the Inps had an Eastern European nationality.

Since there are also many irregular migrants working in the sector, the INPS data could very well be an underestimation of the actual number of migrant domestic workers in Italy. According to some Italian scholars as many as 650 thousand to a million of immigrants would be working as care assistants (*badanti*), many of whom lived-in with their employer

³ Figures are for 2007, www.inps.it, Osservatorio sulle Pensioni

(Da Roit and Gori 2002: 665; Spano 2006; Savioli 2007: 32). These large numbers suggest the transformation of elderly care, from a 'family' to a 'migrant in the family' model of care (Bettio, Simonazzi et al. 2006).

According to the UK Labour Force Survey (2008, 4th quartile) 20.7 percent of all formally employed care assistants and home carers in England is foreign born, while 14.0 percent is foreign national. Both these figures imply that migrant workers are overrepresented in formal elderly care. In their survey of elderly care providers (residential and home care) in the UK, Cangiano et al. found that 19 percent of the employed care workers were foreign born. Of those who started working in the year preceding the survey (i.e. in 2007) this percentage increases to 28. (58)

The largest group of immigrants working as care assistants come from African countries that form part of the Commonwealth of Nations⁴, with 26.7 percent. Within this group, Zimbabwe is the most important country of origin. The second largest group – and the largest as a single country – consists of Filipinos, who make up 15.9 percent of all foreign care assistants. Comparatively less important are nationals from the Central and Eastern European countries that entered the EU in 2004 (hereafter referred to as A-8). They formed only 11.4 percent of all foreign care assistants, compared to 18.2 percent of all foreign workers (LFS 2008, own calculations).

In the Netherlands, migrant workers have been underrepresented in long-term care in comparison with the total labour force. In 2004 17.7 percent of the total workforce was 'allochtonous' – having a foreign born father or mother⁵ –, while this percentage was 13.5 in residential and nursing homes and 11.3 in home care (Prismant 2007: 27, 31). Of these totals, many workers originated from former Dutch colonies or from Western countries such as Germany. It is impossible to say how many 'allochtonous' workers had personally migrated, or had arrived in the Netherlands recently. However, all sources suggest that recent immigrants are not very important in long-term care in the Netherlands. A government official suggested, for example, that Eastern Europeans 'work everywhere but in the care sector' (Interview Ministry of Justice).

⁴ The Commonwealth of Nations is an organisation of 53 countries, most of which at some point were part of the British Empire.

⁵ The Dutch statistical bureau defines as 'allochtonous' those people of whom at least one parent was born abroad. This definition is so broad that even the Dutch queen and the crown princess are allochtonous. Unfortunately, the only indicators available for the employment of migrant workers in the social care sector apply this definition.

Explaining the employment of migrant care workers

Employment circumstances

Why are migrants employed in social care? This section will start by examining the importance of the first expectation formulated above. This expectation regarding “bad” jobs could have implications at two levels. First, it could be that migrants are individually employed under these circumstances, more often than their native colleagues. Second, it could be that the employment circumstances in social care (or any other sector) resemble these “bad” job characteristics, thereby inducing a demand for migrant workers in the sector in general. Both these options will be considered below, starting with the employment circumstances of migrants individually.

Table 1 below summarises the average numbers of hours worked by Italian and foreign elderly care assistants. The figures show that foreign care assistants are much more likely to live-in with their employer than their native peers. Another survey of migrant domestic workers showed that live-in care assistants are on average working 59 hours per week (Iref 2007: 31). The live-in migrant care workers work long hours, have little time off, and are often on call during the night. The migrant domestic and care workers surveyed by Iref earned on average 879 Euros per month. Unfortunately there are no data available on the earnings of Italian domestic and care workers. In comparison, in 2007 a nurse auxiliary working in agency-based care earned on average 1542 Euros, but a room attendant or chambermaid earned only 1049 Euros. (Source: laborsta.ilo.org, wages). Hence, the wages paid to migrant domestic and care workers seem low in comparison with skilled workers in employed in care providing agencies, but, given that live-in migrant care workers often receive room and board, their wages are not very low in comparison with a low-skilled occupation such as room attendant.

Table 1: Average hours worked by elderly care assistants as percentage of all Italian/foreign care assistants

	Italian	Foreign
1-20 hours or varying	69	26
21-40 hours	13	24
> 40 hours	11	6
Live-in	7	43

Source: Indagine Multiscopo Sulle Famiglie 2003, own calculations, only heads of households, weighed. Totals do not add up to 100 due to rounding numbers

Table 2 below shows some job characteristics of British and foreign care assistants in England. Migrant workers are more often employed in the private sector, while jobs in the private sector are paid less they 'lack behind in other employment circumstances, such as holiday and maternity leave entitlements, sick pay and pension provisions' (Land and Lewis 1998: 63). Besides, foreign nationals are less unionised, with 13.2 percent versus 20.8 percent for British workers. Foreign care assistants work full-time more often and, consequently, work more hours. They do not work more overtime. A very striking difference, finally, can be found in the number of respondents reporting to have worked night-shifts. While only 21.5 percent of British workers reports to have worked night-shifts, this percentage is 60.9 percent for foreign workers. Although migrant workers earn slightly less than their native peers, this difference disappears when controlling for the workers' age.

Table 2: Some job characteristics for British and foreign care assistants and home carers, 2008

	British	Foreign national
% employed in public sector	27.6	16.8
Full-time	55.6	72.7
Night-shifts	21.5	60.9
Hours worked without overtime	29.8	33.2
Hours worked with overtime	40.5	43.2
Trade union member	20.8	13.2

Source: LFS 2008-4; own analysis; non-weighted data

Note: low response rate on gross hourly pay question.

Unfortunately, there are no micro-level data available for the Netherlands. However, the presented data on England and Italy partly confirm the expectation formulated above. While there is no evidence that migrants are paid worse, they work longer hours and more shifts than their native colleagues, while they work in sectors that lack employment protection.

Let us now turn to the employment circumstances in the social care sector more generally. In the United Kingdom, social care has been identified as one of the sectors where low pay is common (Cangiano, Shutes et al. 2009). A large share of the workforce earns around the national minimum wage, some even below. It is a sector where shift work is common. In recent years, there has been a shift towards the private sector. More and more services are now provided by the private sector, where employment circumstances are generally worse than in the public sector. Wages are lower, protection more limited, sick pay, holiday pay, etcetera are not well organised.

Compared to the UK, the social care workforce in the Netherlands is better paid and better protected. Compared to many countries, care workers in the Netherlands are more highly educated. 'In the Netherlands, there is a labour market based on professional standards and collective agreements' (Prismant 2009: 51). Collective agreements guarantee minimum wages and employment circumstances for all employees in the sector, irrespective of where they work. In general working conditions and wages in the Dutch care sector do not seem to be worse than in comparable occupation in other sectors (ZIP 2009: 17). Also, there are more career options in long-term care in the Netherlands than in many other countries (Prismant 2009).

In Italy, private employment of elderly care workers fits with all the elements of "bad" jobs mentioned above. There is by definition a personalistic relationship with the employer, and public controls of the employment relationship are limited. There is a special collective agreement for domestic and care workers, but this includes much less employment protection than what is common in other sectors. Especially the care workers that live-in with their employer work long hours with limited free time.

Concluding, much of the expectation regarding migrants working in "bad" jobs has been confirmed, but not all elements of employment circumstances seem equally important. One commonality in Italy and England is the fact that jobs in which migrant workers are overrepresented, are always characterized by limited social protection and long and irregular working hours.

Let us now turn to the expectation regarding state investments and the employment of migrant care workers. Table 3 presents figures on the public expenditure on elderly care services in each of the three countries. It should be noted immediately that the reliability of these OECD data has to be questioned. It is unclear whether all expenditures are included. Some, such as the Dutch expenditures on home care, are missing all together. In general, however, the figures seem to reflect the actual situation well.

Table 3: Public expenditure on different types of social care services for the elderly as percentage of GDP

		1990	1995	2000	2005
Netherlands	1. Institutions	0.53	0.50	0.66	0.87
United Kingdom	1. Institutions	...	...	0.25	0.32
	2. Home care	...	...	0.18	0.24
	Total 1 + 2	...	...	0.42	0.57
Italy	1. Institutions	0.07	0.05	0.06	0.05
	2. Home care	0,03	0,02	0,02	0,02
	Total 1+2	0,10	0,07	0,08	0,07
	Care allowance [1]	0.44	0.47	0.44	0.64

Source: OECD expenditure database

Definitions: Italy, institution = ‘accommodation for old age (means-tested)’; home care = ‘assistance in carrying out daily tasks for old age (means-tested)’; Care allowance = ‘periodic care allowance for disabled (non means-tested)’; Netherlands: institution = ‘subsidies to retirement homes (WBO/AWBZ)’; UK, Institution = ‘accommodation: local authority personal social services’; home care = ‘Assistance in carrying out daily tasks: local authority personal social services’

[1] For all disabled, not only the elderly.

The picture that emerges is that the Dutch state, even when expenditures on home care are excluded, spends most on elderly care services. The UK spends considerably less than the Netherlands, but it still spends much more on home and institutional care than Italy. Italy’s only large expenditure is the attendance allowance. There are very few migrants employed in the social care sector in the Netherlands, and many more in agency-based care in the UK and in private care in Italy. These aggregate data hence confirm the expectation regarding the crowding out effect of public expenditure on the employment of migrant workers.

Let us now have a closer look at how public investments shape employment circumstances. In the Netherlands most care is provided by publicly financed providers. Labour market shortages are an important concern for both the state and care providing

agencies. Subsequent governments have invested in training opportunities for care workers and in better employment circumstances⁶. Public subsidies are available for care providers that want to invest in training and recruitment.

In England there are large differences in pay and employment circumstances in the public and the private sector. Local authorities, employing only a small part of the total social care labour force, offered better pay and employment circumstances than did private providers (Land and Lewis 1998: 63; Cangiano, Shutes et al. 2009). Just as in the Netherlands, the social care workforce is currently an important concern for the British government and there is considerable attention for training and recruitment. The government offers advice and financial support to private providers (Department of enterprise trade and employment 2007: 41). Nevertheless, the private sector has had big problems with the recruitment and retention of workers. For example, in 2005 average turnover rates in home care were 26 percent (Department of enterprise trade and employment 2007: 33), compared to only 12 percent in the Netherlands (Prismant 2007: 35). As a reason for the difficulty to find suitable staff, an employer interviewed in another research points at the low funding from local councils:

‘If we could pay twice the minimum wage, then we would attract more local staff, and they would be more prepared to work those hours. But our funding is from the Local Council. 80 per cent of our clients are funded totally by the local council.’ (Cangiano, Shutes et al. 2009: 92)

In Italy, the state has hardly had a direct influence on the employment circumstances of private care workers. There are some regional initiatives that encourage families to at least employ a migrant worker regularly. In general, however, it is the mere absence of public provision that encouraged Italian families to find a private solution. They then found migrant workers that were willing to move in with an elderly person, while offering almost continuous care services for a price that many Italians could afford. Important in the Italian ‘migrant in the family’ model of care is the Attendance Allowance. That this attendance allowance is important was confirmed in a survey of its recipients carried out by Ranci and Pavolini. They found that 27 percent of all respondents – who all received an attendance allowance because of their dependence on continuous care – lived with a paid carer (Ranci and Pavolini 2008: 12).

Before turning to the impact of immigration policies on the employment of migrant care workers, there is one interesting issue that should still be discussed. In both England and the Netherlands labour market shortages and consequently the demand for migrant labour

⁶ See for example: Arbeidsmarktbrief 2008, Minister van VWS, MEVA/ABA-2900709 and Actiz, arbeidsmarkt zorg

were largest in times of economic boom. When the economy was doing really well in the late 1990s, even Dutch care providers experimented with the attraction of migrant workers. However, since the economic crisis that started in 2008, with high unemployment rates, care providers reported much fewer problems with attracting (native) labour. Similarly, in England it seems that the 2008 economic crisis has relieved the pressure on care providers. It made the attraction of migrant workers less urgent (Cangiano, Shutes et al. 2009). In Italy, on the contrary, there seems to be no evidence of migrant workers leaving the sector.

The impact of immigration policies

So far we have looked at the circumstances under which migrant care workers are employed, and at how these are shaped by social care policies. This section will now assess the importance of immigration policies. Table 4 summarises the policies that regulate immigration into the social care sector. While migrant workers from the countries that entered the EU in 2004 (the A8) could work without any restrictions in each of our three country case studies, there is much more variation in the policies applying to citizens of Romania and Bulgaria (A2) and third-country nationals. Regarding these latter two groups, Italian policies have been much more expansive for migrant care workers than British and Dutch policies. Since Italy is also the country in which we found most migrant care workers employed, the question becomes to what extent the presence of migrant care workers can be explained by the immigration policies that regulate their inflows.

Table 4: Immigration policies for migrant care workers from different origins

	A-8	A-2	Third-countries
Italy	Yes, general	Yes, specific	Quotas and regularisations (2002 and 2009)
UK	Yes, general	No exceptions, made more difficult in 2007	No exceptions, made more difficult in 2007
NL	Yes, general	No exceptions, hardly possible	No exceptions, hardly possible

Immigration policies specific for migrant care workers impact directly on the regular employment of migrant workers in some sectors. Examples are the UK social care permit, which allowed many Filipino's to work in the sector (Cangiano, Shutes et al. 2009). Or the freedom of Romanians and Bulgarians to work in home care in Italy, which gave many Romanians the opportunity to work in the sector. There is, however, no one-to-one relationship between policies and practice. For example, A8 workers are free to work in all three of the countries, yet they are not particularly overrepresented in any of the countries' social care sectors. While many A-8 citizens moved to Britain for work, few of them took up employment in elderly care. The Netherlands also witnessed a substantial inflow of A-8 nationals in 2007. However, again these were not often employed in care services. On the contrary, according to a public official, they were employed everywhere but in the social care sector. In Italy, the number of Polish care workers actually decreased in recent years.

Another factor that attenuates the impact of specific employment policies, is the fact that only a small share of migrant workers relied on such permits. In the UK, for example, only 19 percent of all recent immigrants working in social care were dependent on a work permit (Cangiano, Shutes et al. 2009). The rest was refugee, student, or had indefinite leave to remain, for example as a consequence of family reunification. In the Netherlands I interviewed some P&O representatives of elderly care providers in Amsterdam. Among those that reported to hire migrant workers, only one found the difficulty of obtaining a work permit kept the organisation from hiring more migrant workers. In general they pointed out that

many of the migrant workers they employed had an other kind of resident permit. They often had come to the Netherlands as asylum seekers or as family member. In Italy, thirdly, there is a large presence of irregular migrants. These irregular migrants form a labour pool regardless of more or less expansive immigration policies. The expansive immigration policies for migrant care workers in Italy were enacted only after the mass inflow of migrant workers in the sector (Van Hooren 2008)

The last expectation formulated above regards the importance of migrant workers being dependent on specific work permits, which would make them more attractive. For this, there was actually some evidence in both the Italian and the UK case study. Employers, both families and organisations, might not always be interested in migrants with extensive rights. In both the United Kingdom and Italy there is evidence suggesting that the more rights and freedoms a migrant worker has, the less attractive he or she becomes for employers.

In Italy, in September 2009, only 114,336 families applied for the regularisation of their care assistant ⁷, a number much lower than what was expected based on estimates of the number of migrant workers actually employed. The reasons given for the limited enthusiasm for regularisation included the high costs involved. The costs of the regularisation were 500 Euros. In addition social security contributions had to be paid both for the months in which the employment relationship had existed irregularly, and for the future duration of employment. Together these two factors substantially increased the costs of hiring a migrant care worker. This picture is confirmed by, an Italian survey of domestic workers, which found that those with a regular status earned higher wages while working fewer hours than those irregularly present (Iref 2007: 36).

In the UK, Cangiano et al. found that employees who were dependent on a work permit were more inclined to stay with their employer in the social care sector, because they had not other options (Cangiano, Shutes et al. 2009). This also contributed to their willingness to accept bad employment circumstances. This is in great contrast with EU nationals, who are free to come and leave the sector. On a website of an agency facilitating work-related immigration into the UK, we can read:

Whilst the care industry may have benefited from the increased availability of labour from countries like Poland and Latvia, many employers have reported that the benefits have been short lived as they freely move from job to job. Workers from the new EU member states do not need work permits and have

⁷ Ministero dell'Interno, Dichiarazione di Emersione, Dati Devinitivi: 01-10-2009.

the same choices as the resident workforce. In other words they can also opt for an easier life working for Tesco.⁸

When a migrant worker obtains more rights, he or she has a greater freedom to move from one job to another. From the English and British case studies it appears that employers sometimes prefer to hire a migrant worker dependent on a work permit, or working irregularly, because they are more willing to stay in the job and will have fewer demands.

Conclusion

This paper has comparatively assessed the importance of migrant workers employed in elderly care in Italy, England and the Netherlands. It was found that migrant workers do not play a very big role in elderly care in the Netherlands, while they are often employed in formal care services in England. In Italy, migrant workers have become very important as private care assistants, hired directly by families.

Commonalities were found in the conditions under which migrant care workers are employed in England and Italy. Although the migrant workers work in very different settings, they all work on average longer hours than their native peers. They work night-shifts much more often (in England), or are more likely to live-in with their employer (Italy). Their wages are low, but not necessarily lower than native peers. In comparison with the Netherlands, elderly care workers in both Italy and England lack social protection and have limited opportunities for training and career development.

When trying to explain the differential importance of migrant workers in the three countries, what stands out is the impact of public investments. In the Netherlands public investments in social care are much larger than in England and Italy. In the Netherlands, these public investments guarantee the availability of care services for most elderly in need of care. They also contribute to the decent wage and acceptable employment circumstances for employees in the social care sector and the state also invests in training and recruitment of sufficiently skilled staff. As a consequence, Dutch employees are willing to work in the social care sector and labour shortages are resolved internally.

In England, public investments are less generous and publicly financed services are means-tested. As a consequence, many English elderly have to buy their services on the private market. Moreover, the limited public investments force care providers to provide care

⁸ Immigration Matters – The Care Industry still needs migrant workers, August 2006, <http://www.immigrationmatters.co.uk/the-care-industry-still-needs-foreign-workers.html>

at low costs. As a consequence, pay is pushed down, and long hours and shift work are expected for a limited amount of pay. The sector has had great difficulties finding English workers prepared to work in this sector. Migrant workers were therefore attracted instead.

In Italy, public investments in elderly care are even less generous than in England, except for a very widespread attendance allowance. With the near absence of public provision, with the formal market being too expensive for most, families employed migrant workers privately. The unregulated nature of the attendance allowance contributed to the emergence of the 'migrant in the family' model of care.

So, the extent and nature of public investments in social care have clearly influenced the importance of migrant labour in the sector. Not such a clear influence was found regarding immigration policies for the specific group of workers. Where employers were seeking migrant workers, they found these workers irrespective of immigration policies. The very expansive immigration policies for migrant care workers in Italy were only enacted after migrant care workers had become numerous.

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