



RE M I N D E R

ROLE OF EUROPEAN MOBILITY AND ITS IMPACTS
IN NARRATIVES, DEBATES AND EU REFORMS

Impacts and Particularities of Care Migration Directed towards Long-term Care: Zooming in on Slovakia and Romania

LITERATURE REVIEW

Authors: Martina Sekulová
Mădălina Rogoz

Published: March 2018



REMINDER

ROLE OF EUROPEAN MOBILITY AND ITS IMPACTS
IN NARRATIVES, DEBATES AND EU REFORMS

Impacts and particularities of care migration directed towards long-term care: Zooming in on Slovakia and Romania

Literature review

Authors: Martina Sekulová and Mădălina Rogoz

Comments received from: Albert Kraler, Bernhard Perchinig, Mikal Mast, Chiara van Praag

Language Editing: Jenny Money

Date: 31.10.2017

Paper prepared as part of the REMINDER project

www.reminder-project.eu

Correspondence address:

International Centre for Migration Policy Development (ICMPD)

Gonzagagasse 1, A-1010 Vienna, Austria



This project has received funding from the European Union's Horizon 2020
research and innovation programme under grant agreement No 727072

Abstract

Long-term care for older and disabled persons – including the provision of such care by migrants – has recently become a central concern in a variety of social scientific debates, including within migration studies, the field of welfare state and social policy research as well as social work and nursing sciences. A particular focus in these debates has been the care provision in private households. The latter has drawn in increasing numbers of (mostly migrant) care workers. The growth of the sector reflecting a number of far reaching trends, including, demographic changes and the growth of the elderly population in need of care, changing care practices within families, and changing attitudes to institutional as opposed to home-based care, to name but a few. The growing importance of cross-border mobility related to care provision has also turned the latter into a significant phenomenon from the perspective of sending countries. This paper reviews the recent empirical and theoretical scholarship on migration and care focusing on the impact of care migration on sending countries, and in particular the social and institutional impact in the areas of healthcare, social care and education. In so doing, the paper focusses on Slovakia and Romania, which both are important source countries for transnational caregivers – either migrants or cross-national circular commuters – moving into long-term home care, predominantly but not exclusively in Austria and Italy. These countries represent two different sets of regulatory contexts and employment arrangements for care migrants.



Table of Contents

1. Migration and domestic labour in time: contemporary aspects of transnational caregiving	3
1.1 Ageing – an emerging paradigm in care migration studies	8
1.2 Migrant elder care in Europe	10
1.3 Policy, welfare state and migration: intersections	12
1.4 Welfare state and care policies as determining factors	13
2. Impacts.....	14
3. A picture of care migration from Slovakia and Romania.....	20
3.1 Slovakia.....	20
Slovak caregivers in 24-hour care work in Austria	20
Government responses to the impact of migration	23
3.2 Romania.....	24
Children “left behind”	24
Government responses to the impact of migration	26
4 Care migrants in receiving countries	28
4.1 Austria	28
4.2 Italy	31
5 Summary and conclusions	33
5.1 Institutional, policy and administrative reflections on care work in sending countries: a missing perspective.....	34
5.2 Central and Eastern-European particularities: a focus on the impact of temporal care circulation.....	36
6 References	38



Introduction

This paper aims to contribute to scholarly debates on contemporary aspects of migration and care by examining the impact of the intra-EU care mobility on the countries of origin. The main purpose of the literature review is to discuss recent empirical and theoretical contributions to scholarship on migration and care in the specific context of long-term care for older and disabled persons supplied by migrants in private households in Europe. The literature review focuses on different aspects of impact, on the institutional impact in particular.

The impact of care related migration is examined in the specific context of two sending and receiving countries, respectively, namely care mobility from Slovakia (predominantly directed towards Austria) and from Romania (directed predominantly towards Italy, but also increasingly to Austria). Care related mobility within the European Union context represents a context due to the free movement principle, diverse and often temporal character in form of commuting and formally guaranteed labor and social rights. The two selected countries of origin represent differing patterns of care related mobility, particularly with regard to the length of the shifts of care workers which influences the impact on country of origin significantly.

The paper is split into five parts. The first part gives an overview of the previous literature on care migration, long-term care and ageing. The second part analyzes previous literature on impacts of migration on sending countries in the context of the intra-EU mobility, including remittances as well as social and institutional impacts. As the paper argues, both the nature and the impact of care related mobility is shaped by country-specific factors and institutional settings. As a corollary, the third part of the paper examines impacts in relation to two specific countries, Slovakia and Romania, both of which are important source countries for care workers employed in 24/7 home care in several European countries. As the paper argues, both patterns of care mobility and impacts of this mobility on sending countries are to an important extent shaped by characteristics of destination countries, and in particular, the regulatory environment for home based care. These are examined in part four of the paper, focusing on Austria and Italy as the main destination countries for migrant care workers from Slovakia and Romania. The fifth and final part of the paper summarizes



the conclusions from the literature review and discusses the need for further academic examination on institutional impacts of the care related mobility and the specifics of the temporal commuting which is so characteristic for care related mobility within the EU.

1. Migration and domestic labour in time: contemporary aspects of transnational caregiving

Transnational caregiving practices have attracted significant academic attention over the last two decades. Contemporary societies across the world face a shortage of care in three domains: domestic work, childcare and long-term care for older and disabled people, the “care deficit”¹ (Hochschild, 2000), which is often also referred to as a ‘crisis of care’. The European Commission considers the care deficit to be a major challenge for most European societies (European Commission, 2014).

European countries rely on migrant care workers, particularly in the area of long-term care for older and disabled persons (Degiuli, 2016). In the European context, the time span abroad for employment ranges from a few weeks to several months. From a conceptual perspective, cross-national commuters staying abroad for only a few weeks are referred to as being “embedded in mobility” (Morokvasic, 2009) and not as migrants. Therefore we use the terms “migrant” and “commuting caregiver” across the literature review, according to the particular context.²

Numerous relevant studies with a global and European focus shed light on the nature of the paid domestic work supplied by migrants (e.g. Anderson, 2000; Hochschild, 2000; Lutz, 2008b, 2011; Triandafyllidou, 2013b). All areas of domestic care have a number of specifics that contribute to making domestic work stand out among other areas of (migrant)

¹ The care deficit mainly stems from socio-economic factors (population ageing, the growth of nuclear families and lone-parent households), gender arrangements and labour market transformations. The equal redistribution of reproductive labour in the household between men and women has not kept pace with the equal redistribution of paid labour. Since the 1970s, the share of women in the paid workforce in Western countries has been increasing while, in Central and Eastern Europe, increases have been seen since World War 2 (e.g. Lutz, 2008b; Rodríguez Gutiérrez, 2010). Also identified as a contributing factor are shortages in public care services in developed countries caused by the neoliberal restructuring of welfare systems, which led to the lesser involvement of the state and the shifting of care responsibilities towards the family (Léon, 2014; Williams, 2011).

² The defining element distinguishing migration from other types of mobility is, according to the UN definition, a change in the place of a person’s residence for at least three months (UN, 1998). However, in discussing care migration, the definition is quite blurred. The same person might be considered both as a commuter and as a migrant, while performing the same job in different countries and in a different time-span of work arrangements (e.g. persons from Slovakia providing elderly 24-hour home care work in Austria on a bi-weekly basis or on 3-month shifts in Switzerland or Germany).



employment (Triandafyllidou, 2013b). The boundaries between the private and the public sphere are blurred as the workplace is the private household, which often is outside the control of relevant institutions. Moreover, domestic care work consists of activities of a personal nature (caring) and involves looking after someone's private belongings, therefore encompassing a high level of intimacy. It has been argued that it is a dead-end job with limited or no career and personal growth opportunities (*Ibid.*).

Migrant domestic work, due to the predominant involvement of female workers, has been studied in the context of what was called the 'feminisation of migration' – the recognition of the active role which women play in international (labour and education-related) migration (e.g. Castles and Miller, 2003; Mahler and Pessar, 2006).

Empirical research has widely focussed on transnational family relations such as transnational parenting/motherhood, transnational family practises/transnational caring and the familiar/unpaid care labour in migrant families resulting from the absence of the migrating family members. This research focuses on how family members look after one another in spite of borders and geographical distance (Zechner, 2008) and how care has been "chained" across borders (e.g. Hochschild, 2000; Parreñas, 2000; Yeates, 2012).

Literature on the care migration of domestic workers has long been dominated by a "global care chain" framework. This concept, introduced by Hochschild (2000, p. 131) as "a series of personal links between people across the globe based on the paid or unpaid work of caring", and later expanded on by Yeates (2012), among others, helps to explain the coping mechanisms behind missing reproductive labour due, usually, to the mother's migration. Families and households compensate for the lack of care either through involving substitute unpaid carers (family, kin or distant relatives, neighbors) and by purchasing care from other persons, also usually women and often, though not always, migrants. Global care chain frameworks, at the same time, focus on a system of exploitation and movement of cheap, female, migrant care workers, often moving from the Global South to the Global North (Baldassar and Merla, 2014). However, the global care chain concept fails to address specific cross-national variations of care migration and does not respond sufficiently to other significant aspects of care migration such as gender, the variability of actors engaged in migration, and types of migration (e.g. Kilkey, 2010; Lutz, 2008b; Williams and Gavanas,



2008). One way forward, as suggested by Degavre and Merla (2016), is to consider the global care chain and transnational care circulation in connection to “defamilialization”, which is understood as the extent to which the Welfare State enables women to survive as independent workers and decreases the economic importance of family in women’s life (Bambra, 2007 in Degavre and Merla, 2016). Such consideration would contribute to development of the new policy frames which allow migrants to “get support for their transnational care duties, wherever they work” (Degavre and Merla, 2016, p. 291).

Inequalities and asymmetric power relations between employers and employees in private households, the unstable³ legal status of domestic care workers, as well as their dependence on their employer, have been at the focus of research since the beginning of academic interest in care migration two decades ago (e.g. Anderson, 2000, 2007; Hoschschild, 2000; Parreñas, 2001). On the one hand, literature in the European context sees domestic work as a site of exploitation (e.g. Lutz, 2008a). Inequalities result from the unequal positioning of particular actors within private households, intersections between gender, class and nationality and the intertwining influence of migration regimes, care regimes and the social acting of the migrants themselves (Gendera, 2011; Lutz, 2011; Winkelmann *et al.*, 2015). On the other hand, there is the belief that domestic labour can become ordinary employment if it is adequately compensated for and thereby upgraded to a recognised professional occupation (Weinkopf, 2002 in Lutz, 2008a).

Recent literature has focussed on the ways in which domestic work should be governed globally and regulated to guarantee migrants their employment rights and access to social security (e.g. Mundak and Shamir, 2014). Some studies have focussed on precarious labour in wider context of social justice. The most common characteristics of precarious labour are insecurity, a lack of social control, low wages, poor working conditions, and limited access to social protection and working rights (e.g. Vosko, 2010). One of the conclusions of these studies is that, by building alliances between care users and care workers, trade unions at the local level have sought to challenge labour insecurity while still supporting flexibility in the provision of care (Cranford, 2014).

³ This refers to the changing legal status of migrant workers, e.g. either because migrant care workers continue to work in the receiving country when their residence permits have expired or because they entered on a tourist or student visa and stay to work in the country.



Recent literature has increasingly challenged the assumptions in the field of care migration. One critique suggests a need to acknowledge the diversity of migrant care workers (e.g. Anderson and Shutes, 2014; Yeates, 2009; Williams, 2011) in contexts related to their skills and occupational hierarchies (semi-skilled, skilled and unskilled), the location of their work (institutional or domestic work), residential status and migrant background (Anderson and Shutes, 2014; Williams, 2011). It also suggests a need to consider modes employed i.e. different migration patterns resulting from geographical spatiality and the length of the migration time span (e.g. Goździak, 2015; Kontos and Bonifacio, 2015; Metz-Göckel, Morokvasic and Münt, 2008).

Another challenge relates to a narrow perception of global South–North-oriented migration. Many theoretical concepts are based mainly on this direction and tend to overlook the fact that care migration has wider paths, including its specifics within the Global South and other regions (e.g. Christensen and Guldvik, 2014). Similar observations can be made by exporting elements of global contexts to the European perspective. However, transferring these features of global contexts to Europe does not sufficiently explain cross-national variations in care migration (e.g. the Polish case, as described by Palenga-Möllenbeck 2013).

Recent literature takes a critical stance towards approaches that potentially lead to the victimization of care migration (Christensen and Guldvik, 2014; Kontos and Bonifacio, 2015) and underlines the need to balance a “one-sided” perception of care migrants as victims of the global processes with a more “active agency” approach. According to this approach, care migrants are seen as active agents positively constructing their own life projects (Kontos and Bonifacio, 2015). Christensen and Guldvik (2014) have put forward that, although social science must reflect on the challenges which care migrants face, it should, at the same time, also consider that migrants actively construct their lives according to the options and conditions they are given. The conceptualisation of Christensen and Guldvik (2014) reflects a paradigm shift. They portray a “new type” of care migrant as an individual making care work a part of their own life project, voluntarily deciding to embark on a migration project that they benefit from it (*Ibid.*).

The way gender is addressed in care migration studies is problematic. Although the topic has been studied from a feminist perspective, the scholarship fails to address gender in an



integrative manner. For instance, men are often missing in care migration analyses (Dumitru, 2014; Manalansan, 2006) and the ways in which men's domestic work is theoretically and empirically approached fail to address gender issues in a comprehensive manner (Kilkey, 2010). In this context, Dumitru (2014) describes the threat of "methodological sexism" so often visible in care migration studies. According to her, methodological sexism is a conjunction of assumptions manifested in various ways, such as women being studied as caregivers, while men are excluded. In addition, women's failure to fulfil their role of caregivers in the traditional way (for their own families) is regarded as a regrettable effect of migration. Although domestic work remains highly gendered and a heavily female-dominated area, in 2015 men represented almost 26.6% of domestic workers globally (Gallotti, 2015) and 11% of domestic workers in Europe (European Parliament, 2015, p. 3). Men are involved in domestic work and its commodification, as they provide services like gardening and household repair and maintenance. This is the case, for instance, for Polish handymen in Germany (Pallenga-Möllenbeck, 2013). Considering the above, the relevant literature illustrates that portrayals of male domestic caregivers often reinforce gender stereotypes (Kilkey, 2010; Manalansan, 2006).

1.1 Ageing – an emerging paradigm in care migration studies

Scholarship has neglected the theme of ageing in the migration process, an issue which has for a long time remained empirically under-studied. Researchers have been trying to fill this gap by incorporating age as a key social category, which intersects the various dimensions of transnational care (e.g. McDaniel and Um, 2016). Although a new area of research, ageing in the context of migration and transnational caregiving already covers a wide variety of topics. However, most studies focus on care for older family members employed in transnational settings (Ślęzak, 2016; Zechner, 2008). Another focus is on the transnational connections of later-life migrants (Heikkinen and Lumme-Sandt, 2013) or specific contexts (economic and/or family reasons) of mid- and later-life migrants (Zhou, 2012). Many studies point out the shortcomings of social policy with regards to ageing migrant populations in receiving societies, and the gaps in institutional provisions for this group such as disproportionate access to equal healthcare, long-term care or social security (e.g. Altintop, 2016; Havelková and Ezzedine, 2016).



In the Central European context, research has focussed on migrants from former Yugoslavia who went to the Czech Republic and retired there (Havelková and Ezzedine, 2016). This research has shown a discrepancy between the social situation of working migrants during the active working-age period, and the low and insufficient pensions they receive in the recipient country, which do not cover even their most basic needs (*Ibid.*).

Research has demonstrated that age is an important social category in the context of personal reflections on both domestic work and the potential of labor mobility. Depending on where caregivers in the life-cycle are, they reflect differently on their jobs, career opportunities and professional growth (Bauer and Österle, 2016b; Gendera, 2011; Sekulová, 2013a). For example, younger caregivers employed in 24-hour care work in Austria, became interested in the possibility of finding a new job after a while, were more likely to be interested in professional growth and were more likely to seek out more regulated employment in the health and social care sectors. Younger carers were also interested in the recognition of educational credentials and/or further qualifications (Bauer and Österle, 2016b). By contrast, the strategies of mid- and later-life caregivers were different. They more likely accept the employment arrangements of “dead-end” jobs, with the expectation of staying on until their retirement and even longer, in order to top up their low pension in their countries of origin (Bauer and Österle, 2016a; Kuchyňková and Ezzedine, 2015).

Similarly, with respect to 24-hourcare workers, the literature covering the Central and Eastern Europe region describes a differentiation of care obligations in migrants’ home countries according to the life cycle. Bauer and Österle (2016b) demonstrate, for Romanian and Slovak older caregivers, that their care obligations differ from those of younger migrant care workers. In their study, the highest burden of informal care is on middle-aged women (aged 40–50 according to their definition), while older care workers (50+ years) had fewer responsibilities, as they were predominantly responsible for relatives with fewer care needs. In their home countries, middle-aged women had multiple care obligations towards their children and/or older relatives, as well as their domestic work (Bauer and Österle, 2016b).

The relevance of both gender and age and intersecting social identities in transnational caregiving practises has been underlined by feminist scholars. In transnational fields related to care migration, gender roles are constantly re-constructed (Kuchyňková and Ezzedine,



2015). The example of retired Czech elder caregivers working in 24-hour home care in Austria (Kuchyňková and Ezzedine, 2015) shows that, in spite of the precarious work, both the commuting and the earnings led to the migrants' emancipation and the re-forming of gender roles.

Each of the "care domains" (Bauer, Haidinger and Österle, 2014) – domestic work, childcare and the long-term care of older and disabled persons – has, besides their common aspects, several distinctive features in comparison with other types of work. Among those common aspects one can distinguish the growing externalization of care provision (outsourcing a care tasks outside a family), blurred boundaries between formal and informal care and a growing number of non-family paid caregivers at risk of informality and precariousness (Léon, 2014). Distinctive features of these domains are, for instance, the factors behind the demand for elder care work, welfare and labour policies, modes of mobility within Europe and the characteristics of migrants providing elderly care.

The following sections focus specifically on the long-term care of older and disabled persons.

1.2 Migrant elder care in Europe

Ageing, especially that of European populations, has become one of the biggest challenges with respect to the care needs of a growing number of older and disabled people. Life expectancy is increasing and, even healthy populations require a higher degree of care and support in accomplishing daily activities due to the limitations and the various challenges inherent to the natural progression of ageing (Degiuli, 2016). Ageing populations, together with transformations in welfare policies, economic disparities between countries and increased international migration, will all influence the supply of migrant care workers for elderly and disabled persons in Europe (Spencer, Martin, Bourgeault and O'Shea, 2010). The relevant literature suggests that, while it continues to be the case that not many people are in need of social care until the last years of their lives, it is expected that the demand for social care workers will increase substantially in many European countries, to the point where it will be higher than the country's own labour force can meet. There is strong convergent evidence for migrant caregivers becoming a very important component of the



(informal) home care system for elderly and disabled persons, who play a substantial role, at least for some European countries such as Italy (Degiuli, 2007, 2016), the UK and Ireland (Spencer *et al.*, 2010), and Germany, Austria and Switzerland. Other economically less-developed countries in Europe such as Poland, the Czech Republic, Slovakia and Hungary, together with countries outside the EU such as Ukraine, the Republic of Moldova or Serbia, are at the lower end of this chain and serve as a source of care migrants.

Empirical research on migrant elder care work in private households seems to agree that the job encompasses a variety of work situations and forms (Degiuli, 2007, 2016). One distinction which the literature makes depends on modes of employment which are either formal or informal. In formal arrangements migrants can be employed by organizations delivering long-term care within home care professional services (care services provided by a professional company in the private homes of those needing care or in institutional settings such as nursing homes). Another mode is informal, where care migrants are employed directly by families to take care of their dependent family members (Da Roit and Weicht, 2013).

Another division consists of “live-in” and “live-out” elder care work. The live-in arrangement requires round-the-clock cohabitation with the person in need of care, but can take a variety of forms. For instance, it may require 24/7 care or may involve at least five consecutive days (Degiuli, 2007). It may also consist of working shifts of a certain number of hours or days per week, as is the case with live-out elder care work (*Ibid.*).

Several distinctive dimensions related to elder care work are described in recent literature. First, number of studies look at the country specific care-work arrangements in different European countries and the nature of elder care work in private households (Degiuli, 2007, 2016; Gendera, 2011; Sekulová, 2013a and b, 2015; Winkelmann, Schmidt and Leichsenring, 2015). Secondly, emphasis is given to policy dimensions which provide a framework for elder care migration and/or welfare policy regulations in destination countries (Bauer and Österle, 2012). The following section addresses the latter.



1.3 Policy, welfare state and migration: intersections

Policies are seen as important factors shaping care migration. A large body of scholarship elaborates on different institutional and policy frameworks in the context of care migration (e.g. Anderson and Shutes, 2014; Lutz, 2008b, 2011; Österle and Bauer, 2012; Van Hooren, 2014). As the manifestations of migrant care work have significant cross-national variations (e.g. Kilkey, 2010; Lutz, 2008a and b), the literature provides analytical models for theoretical understandings. Lutz (2008b) speaks about “regimes” which create contexts in which migrant domestic labour must be scrutinized. “Care regimes”, as a concept, refers to the type and nature of public and market provisions, including policies related to employment and care. The concept of “migration regimes” refers to the policies employed by a particular country in the area of migration (including legal entrance to that country). “Care cultures”, or the gendered cultural script, refers to the way in which child-care and/or long-term care for the elderly and the disabled is socially constructed (Lutz, 2011).

Also public policy in the area of domestic care has influence on the shaping precarious work (Jokela, 2017). Jokela shows that policies targeted at traditional informal care work may, on the one hand, challenge labor laws and regulations and may indirectly enhance the professionalization of the sector. On the other hand, policy choices may reinforce informal and precarious employment and exacerbate the already existing gender inequalities by preserving the traditional nature of domestic work. Even in industrialized European countries with well-established labor standards, paid domestic work is less regulated than other forms of work (*Ibid.*).

The literature comparing societies with different welfare, migration and employment regimes in Europe concludes that, although the regimes and markets are different, they produce similar results for care workers (Hellgren, 2015). In this context, Shutes and Chiatti (2012) demonstrate that the structural precarity of care migrants is also manifested in different contexts, whether in private households or in institutionalized services. Based on their analysis of institutionalized long-term care for the elderly in the United Kingdom and private households in Italy, Shutes and Chiatti (2012, p. 392) show that, the institutional contexts in which migrant care labour is located may differ, similar outcomes are evident



regarding the structural positioning of migrant workers within the provision of care for older people.

1.4 Welfare state and care policies as determining factors

Within the relevant literature on migrant elder care work, the role and influence of welfare states and policies receive the most attention. In particular, attention is given to the ways in which national welfare policies have influenced elder care migration. The literature emphasizes that care provisions in a number of countries have changed significantly over the past decade. European states with a more-developed welfare tradition have shaped care provision by restructuring state support for it (e.g. Erel, 2012; Léon, 2014; Williams, 2011). Researchers place increasing emphasis on responses in different European countries, particularly on policy innovation, within the context of the diversity of welfare traditions in European countries (Anderson, 2012; Léon, 2014; Pavolini and Ranci, 2008). Welfare policies and measures encouraging private households to purchase domestic work differ significantly across European countries (see Pavolini and Ranci, 2008; Williams, 2011). Williams (2011) describes a shift in state engagement from “care” to “cash” – for instance, the tax reductions available in the United Kingdom after employing a nanny, or the tax breaks for those employing domestic care at home in Sweden. Based on the results of research conducted in Madrid and London, she argues that demand and supply for home-based care is shaped by both these benefits and by the way in which the commodification of care is legitimized (*ibid.*). Other authors demonstrate that, as part of wider social care packages offered by nation-states, care policies – both childcare and care for the elderly or disabled – have the potential to increasingly be covered by transnational caring (Zechner, 2010). These policies have an ambivalent impact as they may increase the supply of migrants and encourage precarious and unfavorable working conditions for migrant workers (Jokela, 2017), for example policy measures may increase precariousness either directly by promoting or by making informal and irregular work preferable or indirectly through households (offering incentives for households that weaken workers’ positions) (Jokela, 2017, p. 286).

In terms of long-term care for the elderly and disabled in Europe, a large body of scholarship analyzes the impact of cash-for-care schemes, a system of cash benefits provided to care



recipients from public resources under the country-specific conditions, on migrant domestic labour (see, *inter alia*, Bauer and Österle, 2012; Da Roit and Le Bihan, 2010). Empirical evidence shows that cash-for-care schemes have increasingly been used as a financial resource by migrants engaged in informal long-term care in private households. On the one hand cash-for-care schemes offer greater flexibility than state services and save states from ineffective and overpriced services. On the other hand, they support the provision of informal migrant care work and the risk of precarious work conditions, as shown by Da Roit and Le Bihan (2010) who analyzed these schemes in several countries in the context of emerging informal migrant long-term care. Cash-for-care schemes partially relieve families of the responsibility for the long-term care for older and disabled persons, although overall it still remains families' responsibility. One result is that the higher the rate of cash benefit and the looser government regulations on payment are, the greater the number of migrants providing informal care (Anderson, 2012).

Most of the literature on (elder-) care migration has focussed mainly on receiving countries, with much less attention being given to the impact on sending countries. The transnational movements of migrants into care and domestic work (including nurses, pharmacists and doctors) have resulted in savings on social expenditure costs in receiving countries while intensifying the lack of care resources in migrant workers' countries of origin (Williams, 2011). Also, transnational caregiving practises influence sending regions in different ways. The following section focuses on the impact care migration has on family, education and healthcare in migrants' countries and regions of origin.

2. Impacts

One recurrent issue to which the literature refers is the uneven effect which out-migration has on sending countries (Asch, 1994; Benton and Petrovic, 2012). In theory, from an economic perspective, whether effects are regarded as positive (wins or gains) or negative (losses or costs) depends on a range of factors, including the economic situation of the sending country, the employment rate of emigrants before they went abroad, the level of their skills, remittance inflows in the sending country, as well as mobility patterns (Benton and Petrovic, 2012).



Remittances are perhaps the most referred to when it comes to the impact of migration on sending countries (Brown and Connell, 2015). Extensive empirical research has been conducted on the use and impact of remittances, particularly at the nexus of migration and development (Adams, 2011; de Haas, 2012; Katseli, Lucas and Xenogiani, 2006). This approach focuses on the economic impact of migration on sending countries. However, recent literature has also shown that this kind of analysis should take additional effects into account, such as the impact that one or more adults leaving to work abroad has on the household and the remaining individual members (Brown and Connell, 2015). However, economic analysis prevails: there is a large body of literature on the impact of remittances on household resource allocation and spending (Taylor, 1999), level of housing (Zontini, 2004), spending and investment in sending countries (Adams, 1998) and on poverty and inequality (Adams, 2011), to name a few. There is also a growing body of research on the impact of remittances on human capital. For example, studies have looked at the impact on education levels (Amuedo-Dorantes and Pozo, 2010) and on the health of those who remain in the countries of origin and receive remittances, showing a generally positive relationship between them (Adams, 2011; Acosta, Fajnzylber and Lopez, 2007).

As already mentioned, the impact of remittances is not analyzed in isolation. A study of Albanian migration to the United Kingdom and its impact on northern Albania (King, Dalipaj and Mai, 2006) found that women's strategies for migration depend on the prior migration of their male partners. This analysis "does not support the notion of migration to the UK as emancipating for women, since this migration is articulated through the traditions and power geometries of northern Albanian society, and represents a continuation of those structures in the UK, with only minor modifications" (King, Dalipaj and Mai, 2006, p. 643). Such findings are explained by the concept of community remittances, a "community 'sharing norm' pressures on migrants from poor countries living in rich countries", which determine the migrant's way of living (Brown and Connell, 2015, p. xliv). In contradiction to the most literature on motivations and remittances migrants' choices with regards to their lives in receiving countries are then influenced to a greater extent by community remittances rather than by the migrant (and household's) own preferences and choices (Brown and Connell, 2015, p. xliv; see also Brown, Leevess and Prayaga, 2014).



In terms of the impact of out-migration on the sending country's labor market (the second most-reviewed topic in terms of the economic impact of migration), the literature makes a distinction, at least from a theoretical perspective, between short-term and long term effects, which are particularly evident in employment rates (Katseli, Lucas and Xenogiani, 2006). In a scenario in which labor markets in sending countries do not exhibit high unemployment rates, it is expected that the emigration of low-skilled workers is negatively perceived by employers who cannot find replacements for particular jobs. In the short term, this has a negative effect on the labor market and a positive effect on the migrants themselves, who presumably earn more in the country of destination than in their country of origin. In another scenario, in which a surplus of labor exists (i.e. the unemployment rate is high), employers are assumed to be able to replace migrant workers more easily and face minimal wages. The short-term effects in this scenario are overall positive: unskilled workers remaining in the sending country can find employment and those who emigrated earn more than if they had decided not to migrate (Katseli, Lucas and Xenogiani, 2006).

Reference to the impact of intra-EU mobility on sending countries is relatively recent (Benton and Petrovic, 2012; European Urban Knowledge Network, 2013) and appears to be connected to member-states' positioning and involvement in debates on mobility at European level. Studies on the topic show a different picture when it comes to the overall impact on sending countries. They have found that immigration had a positive impact on public finances, on the one hand, while decreasing wages and the employment prospects for certain groups on the other (Benton and Petrovic, 2012).

When it comes to the social impact of migration on sending countries, "brain drain" is the most frequently effect referred to and is considered one of the most negative aspects of out-migration. This is due to the fact that the departure of highly skilled workers is regarded as a loss for sending countries. Reviewing the existing literature, Katseli, Lucas and Xenogiani (2006) find at least three specific losses for sending countries, such as the loss of the "spill over benefits to other citizens" (Katseli, Lucas and Xenogiani, 2006, p. 34) whereby the mere presence of educated and skilled people contribute to innovation and productivity and thereby benefit society more generally. Another loss stems from the cost of education for these highly skilled individuals, who may go on to practice their profession in other



countries. Finally, further loss comes from the disappearance of “potential tax revenue that might have been raised from the income of the emigrant” (Katseli, Lucas and Xenogiani, 2006, p. 35). Referring to Brücker et al.(2009), Benton and Petrovic (2012) mention that an analysis of “the impact of the 2004 and 2007 [EU] enlargements across the whole [EU] region found that, in the short-term, less skilled and foreign workers were negatively affected by competition from nationals from new Member States” (Benton and Petrovic, 2012, p. 17). Analyses of the impact of mass emigration on sending countries “disagree[s] as to whether migration was good or bad for the central and eastern European region, overall” (Benton and Petrovic, 2012, p. 18). However, the evidence presented by the literature seems to suggest that “intra-EU mobility has had a positive overall impact on Europe, but that these effects have not been distributed evenly across receiving countries and regions” (Benton and Petrovic, 2012, pp. 20-21).

Studies on the social effects of migration on sending countries look into the strategies employed by families to sustain basic services, such as the care of children who remain in the countries of origin (Ambrosini, 2013; Gheaus, 2013; Rentea and Rotărescu, 2016), their education- and health- levels (Amuedo-Dorantes and Pozo, 2010; Antman, 2012; Botezat and Pfeiffer, 2014) and transnational family relations (Földes, 2016; Popa, 2012). In addition to the effect of “brain drain”, the impact of the out-migration of parents on their children’s education is the other negative aspect covered extensively in the literature, with varying results. Referring to Macours and Vakis (2010), Botezat and Pfeiffer(2014) mention that a “mother's migration has a positive effect on their children's cognitive outcomes, the driving force of this effect being the increased family income following migration” (Botezat and Pfeiffer, 2014, p.8). These results must be looked into further, as a study on the impact of remittances on children’s school attendance in the Dominican Republic found that “the absence of migrant household members confounds the effect of remittances” (Brown and Connell, 2015, p. xlii). In a review of the literature on educational impacts, Botezat and Pfeiffer (2014, p.8) gather together the results of studies reaching various conclusions: Arguillas and Williams (2010) provide evidence that having a migrant mother increases the years of schooling of children left home in the Philippines. Yang (2008) also shows that children from migrant households experience better schooling outcomes. Botezat and Pfeiffer (2014, pp.8-9) find various explanations for the fact that “the effects of remittances



of migrated parents seem to outweigh the detrimental effects of living in a migrant family, and grades improve". First, they assume this might be the outcome of a more responsible and better motivated attitude towards school for children with parents working abroad in order to secure their and their families' economic comfort. Second, teachers might have a more permissive attitude *vis-à-vis* children with one or both parents abroad. However, Botezat and Pfeiffer (*Ibid.*) go further and discuss the different results from studies looking into the effect of the mother's migration compared to that of the father on their left-behind children's education. Giannelli and Mangiavacchi (2010) found evidence for Albania that the absence of the father following migration has a negative impact on school attendance, the effect being higher for girls than for boys. Similar findings demonstrated also McKenzie and Rapoport (2011) who demonstrated that living in migrant households lowers the probability for children to finish a high school.

In a similar way, the impact migration has on the health of members of migration households might confound the effects of remittances. For example, research on Albania and the former Yugoslav Republic of Macedonia concluded that children from migrant households in Albania "have higher probabilities of not being stunted and are taller than children living in non-migrant households" (Albanian Centre for Social-Economic Research and Analytica, 2013, p. 18). In contrast, children living in households in the former Yugoslav Republic of Macedonia and receiving remittances are more likely to be stunted and have higher possibilities for being obese (Albanian Centre for Social-Economic Research and Analytica, 2013, p. 23). The literature from other regions presents various conclusions. In Mexico, for instance, children born in households receiving remittances were less likely to be exposed to serious risks at birth (Frank and Hummer, 2002 in Brown and Connell, 2015). This was explained, particularly in rural areas, by the use of remittances to improving living conditions, including access to clean water and refrigeration in every household. Another explanation resides in the fact that "mothers in migrant households had more health knowledge than those in non-migrant households" (Hildebrandt and McKenzie, 2005 in Brown and Connell, 2015).

With regard to the impact of care migration, it has been argued that, in addition to its impact in all the above-mentioned contexts, impact on the caring system within family has



the crucial importance (Ambrosini, 2013). The fact that women engaged in care work abroad have to leave their underage children or dependant elderly (their own families) in order to care for somebody else's children and elderly led to particular analyses of this specific type of work. While parents (especially mothers) try to remain involved in decision-making processes in their households back home, they often have to engage in a negotiation process with the extended family members now in charge of these households (Ambrosini, 2013). While remittances give women more leverage with regard to decisions, their absence undermines their relationship with their children and husbands. Some of these women have said that this is the price they have to pay in order to be able to provide a better life for their families (*Ibid.*). Another negative aspect covered extensively in the care migration literature is the issue of "care drain" (Dumitru, 2014; Lutz and Palenga-Möllenneck, 2012). The "care drain" concept describes the lack of care resources in the sending countries where migrant left family behind (most commonly understood as lack of care for children left behind and older and disabled family members as well household maintenance) (Hochschild, 2002). Authors such as Gheaus (2013, p. 3) have pointed to the fact that "'care drain' worldwide [raises] issues of justice and care that are currently unsatisfactorily addressed at the level of social institutions".

The institutional impact of out-migration on sending countries in the European countries has been addressed mainly with regard to highly skilled workers leaving expert posts in, for example, the health system. When looking beyond the European context, we can see how migrants can compensate for systems unable to meet the needs of particular populations. A study on two Senegalese associations based in France (Kane, 2010) showed how they provided for health care "in their home villages by sending ambulances and medicines, combining cultural and biomedical treatment practices". Kane suggests that these forms of migrant engagement are ways of coping with the vacuum left by states in the health sector and the question of sustainability remains (Kane 2010, p. 608).

To sum up, studies on the social impact of migration on migrants' families remaining in the country of origin seem to outnumber those on its impact on systems in sending countries. Analysis refers to an array of types of impact – from demographic to economic to social. However, a comprehensive analysis of impact will be conducted at the intersection of areas



of inquiry, considering, among other things, the policy regimes involved, the particularities of populations migrating or commuting, and the socio-economic features of the countries involved.

The next section describes two examples of care migration from two European sending countries. European countries within the care migration debates represent a specific context due to the free movement principle, diverse and often temporal character of the care mobility (in form of commuting) and formally guaranteed labor and social rights. Moreover, care related mobility and its impact on sending countries are shaped by country-specific factors and institutional settings, therefore the impacts have to be analyzed in particular contexts in which they arise. The next section focusses on the two specific countries, Slovakia and Romania, which are important source countries for migrant care workers for the private 24/7 home based care in several European countries.

3. A picture of care migration from Slovakia and Romania

3.1 Slovakia

Neighbouring Austria has been one of the most important destinations for Slovak labor migration since the fall of the Iron Curtain in 1989. In the first quarter of 2016, 50,600 persons from Slovakia worked in Austria (SUSR, 2016). Women made up a 63% share of the total number of economic migrants in Austria, totalling around 31,900 people in 2016, the main reason for which is the high engagement of women from Slovakia in 24-hour personal elderly care.

Slovak caregivers in 24-hour care work in Austria

About 30,000 Slovak women work in 24-hour home care in Austria (Wirtschaftskammer Österreich, 2017). At the end of 2016, Slovak caregivers represented a 46% share of the total number of 24-hour home care workers with a trade license in Austria (*Ibid.*). Slovak caregivers are also present in other German-speaking countries (Germany and Switzerland), but spatial proximity and opportunities for rotational migration/mobility on a bi-weekly basis makes Austria the preferred option.



The long-term life strategy of caregivers from Slovakia is embedded in mobility (Morokvasic, 2009) – they commute with no intention of moving to the country where they work. Some migrants commute regularly on a bi- or three-weekly basis, while other types of commuting are less predictable and regular. A vast majority of migrant caregivers have informal family care obligations at home – towards their own parents, children and grandchildren or other older relatives – and, despite migrating abroad, remain involved in decision-making in their families at home (Bauer and Österle, 2016b; Sekulová, 2013a, 2015).

Migration offering 24-hour home care in Austria has received only limited academic attention from scholars in Slovakia. Until 2007, the literature only described the basic aspects of this care migration in terms of the feminisation of migration (e.g. Andruchová and Bútorová, 2007). The literature also describes the impact of women's absence on their own families and transnational household practises (Andruchová and Bútorová, 2007). However, it is described in rather general terms without a deeper focus on the specifics of elder care migration. After the legalization of care work in Austria in 2007 (the respective details concerning the legalization of 24-hour home care work will be discussed in a subsequent chapter), academic interest by Slovak scholars increased (Bahna, 2014; Sekulová, 2013 a, 2015). Since then, research has focussed on the transnational aspect of elder care migration, with an emphasis on family re-organisation and a reflection on gender among caregivers (Sekulová, 2013a, b), as well as on the precarious working conditions and arrangements of Slovak caregivers in Austria (Sekulová, 2015). In addition to the already mentioned smaller qualitative studies, a quantitative survey (referred to as “*cAreworkers*”) was conducted in 2011 and 2016 and specifically focussed on migrant elder caregivers (Bahna, 2011a)⁴. Results of *cAreworkers 2016* have not yet been published.

Caregivers are typically in the middle or in the second half of their working life. The average age of a Slovakian carer was 47 years in 2011, according to the *cAreworkers* survey. In general, in terms of age, caregivers aged between 40 and 54 years account for about one third of total care workers (Bahna, 2011b). The over-representation of older age groups (contrary to general international migration trends, where younger, educated migrants

⁴ The survey *cAreworkers 2011* included almost 60 questions focussing on caregivers from Slovakia in the context of their socio-demographic structure, regional distribution, working arrangements and conditions, work situation, tasks carried out and overall satisfaction in Austria, and care obligations and family background in Slovakia (Bahna, 2014). The structure of the sample survey can be considered representative of the surveyed population (*Ibid*).



dominate) is reflected in the gender structure of care work with the elderly and is also apparent in economic terms (a higher unemployment rate and fewer employment opportunities for middle-aged and older women). Last, but not least, the level of pensions, which are relatively low in Central European countries, also accounts for older persons engaging in care work abroad (cf. Kuchyňková and Ezzedine, 2015; Sekulová, 2013b).

Caregivers from Slovakia are relatively well educated. The vast majority have completed secondary education (89.4%) and almost 10% had a university degree, according to the *cAreworkers 2011* survey. Apart from their general educational profile, most women do not hold a professional healthcare license; they are retrained as elder care providers and have completed a German language course at least to the basic level. Of these carers, 24% had professional nursing experience prior to leaving for Austria (Bahna, 2011a).

From a regional perspective, caregivers from the regions of Košice, Prešov, Banská Bystrica, Trenčín and Žilina are the most highly represented.⁵ The regions with the highest rates of migration in general are in line with those which are overrepresented in elder care migration, and are positioned mostly in Eastern and South-Eastern Slovakia, especially on the borders with Poland, Ukraine and Hungary. The districts and regions with high out migration are characterized by a lower level of urbanization, high unemployment, less-developed transport and service infrastructure, low foreign investment and high fertility rates – often those regions which were predominantly agrarian in the past (Baláž and Kusá, 2012).

In spite of demanding jobs and precarious labour conditions, the vast majority⁶ of caregivers from Slovakia in 24-hour home care in Austria declare themselves highly satisfied with their job and reflect on it in highly positive terms (Bahna, 2011a; Bauer and Österle, 2016a). The literature on care migration shows that, in general, care workers report relatively high job satisfaction, despite poor pay, lack of benefits, heavy workloads, high levels of stress, occupational injury, job insecurity and feelings of devaluation (Iecovich, 2015). This is due to a result of several intertwining factors. Greater authority over decision-making, rewards,

⁵ The region of Košice = 21.9% according to the Labour Force Survey and 17.2% according to the *cAreworkers 2011* survey). In the Prešov region it is 18.4% and 13.2% respectively, in Trenčín 15.5% and 9.9% and Žilina 15.2% and 13.9% (Bahna, 2011b).

⁶ Nearly 80% were very satisfied or satisfied with their work (Bahna, 2011a).



variety and a better quality of relationship from the perspective of the worker were connected with higher levels of satisfaction with the benefits of a particular job (Iecovich, 2015). Additionally, in the case of Slovak caregivers in Austria, their satisfaction with the income level and the geographic proximity to their home country contributed to their positive attitudes towards the job, as the short time span of their circular migration enabled the reconciliation of family and professional life. Another dimension of high job satisfaction is the experience of autonomy and empowerment that particular groups of migrant care workers derive from their ability to migrate such as sending earnings to their families and the resulting upward social mobility they experience in the country of origin through remittances (Kontos and Bonifacio, 2015; Parreñas, 2001).

Government responses to the impact of migration

In spite of extensive 24-hour personal care migration from Slovakia, the government has not taken any action to alleviate the negative impact on the home country. On the level of strategic and conceptual documents, “brain drain” and the need to support return migration and reintegration have been recognized as a policy concern without, however, being considered a priority with an immediate obligation for cross-sectional implementation. The 2011 ‘Migration Policy of the Slovak Republic: Perspective until 2020’, a government policy document, sets out objectives for the formulation of strategic conceptions of return migration, the prioritization of solutions to the problem of highly qualified labor-force migration, the development of a strategy of reintegration for economic migrants and the motivation of qualified nationals to return-migrate (Ministry of Interior of the SR, 2011, p. 10). Among other partial actions taken against “brain drain”, a scholarship scheme aimed at attracting a high-skilled young labor force has been implemented.⁷ However, alleviation of the negative impact caused by the out-mobility of caregivers has not yet been recognized as a priority policy concern.

⁷ In order to support the analytical capacities of the public sphere, the Slovakian government developed scholarship schemes (e.g. the Martin Filko scholarship scheme) for graduates of prestigious foreign universities. The grantee is obliged to be employed in public service in Slovakia for three years in exchange for a full two-year scholarship. For more details see: <https://www.minedu.sk/stipendium-martina-filka/>.



3.2 Romania

The Romanian National Institute of Statistics recently reported that the resident population as of 1 January 2017 had decreased by 0.3% compared to 1 January 2016 (Institutul Național de Statistică, 2017). The Romanian National Institute of Statistics estimates that, in 2015, 129,500 people migrated to Romania, while 187,500 emigrated. “According to the 2013–2020 draft National Employment Strategy, Romanians’ main destinations for work in the EU are Italy (with stocks of 890,000), Spain (with 825,000) and Germany (with 110,000)” (Eurofound, 2014). It is estimated that, in January 2016, almost three million Romanians lived in other European countries.⁸ Secondary data sources estimate the share of Romanian migrants in different areas of employment in particular countries. Analysis of care migration in European countries such as Italy, Spain and Germany refers specifically to Romanian migration, explaining that “the increase of foreign-trained health-care professionals in Italy is due to migration from Romania”, particularly after Romania’s EU accession in 2007 (Rada, 2016, p. 5). In addition, “the highest growth among migrant health-care workers in Germany is attributable to migrants from Croatia (44%) and Romania (35%)” (*Ibid.*). A survey in Italy (Mara, 2012) found that 26.8% of Romanian females were employed in personal care and related works. Although no additional details are available, we can assume that this category entails both (domestic) care workers and (domestic) workers not engaged in care work.

Children “left behind”

“Children left behind” (Gheaus, 2013; Pantea, 2012; Rentea and Rotărescu, 2016) is one of the most researched migration-related issues in Romania. The first relevant official data was released in 2006, when almost 60,000 children seemed to have been registered as having at least one parent abroad for work (Anghel et al., 2016). According to data released by the Romanian authority for child protection, the peak in the number of those needing protection came in 2008, when 2% of children (around 92,000) were in this category. This number then slightly decreased to 84,000 children in 2012. UNICEF and the Soros Foundation consider these numbers to be much lower than the actual situation. Released

⁸ For more details see: [http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Number_of_EU_citizens_that_are_usual_residents_in_the_rest_of_the_EU_as_of_1_January_2016,_EU-28_\(million\).png](http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Number_of_EU_citizens_that_are_usual_residents_in_the_rest_of_the_EU_as_of_1_January_2016,_EU-28_(million).png).



reports showing estimates of between 350,000 and 400,000 children who had, at some point, at least one parent abroad for work (Anghel et al. 2016; Toth, Munteanu & Bleahu, 2008).

In June 2007, the Gallup Organization Romania conducted a study with a representative sample of 2,037 students from 200 schools from 5th to 8th grade. The study aimed to quantify the impact of the parents' absence on children who continued to live in Romania after at least one of their parents had emigrated for work (Soros Foundation Romania, 2007). One of the main positive effects of parents' emigration was the increase in their children's wellbeing. Among the negative effects was the deterioration of the relationship with the parent who stayed at home, regardless of whether it was the mother or the father. Another reported negative effect was psychological, with data confirming "a strong association between parents' absence and the frequency of depression in children". No correlation was found "between the parents' absence and the worsening of the children's health state" (*Ibid.*).

Asociatia Alternative Sociale, a non-governmental organisation active in the area of social work with vulnerable groups, conducted a study with children from the Iași region (North-Eastern Romania), who were separated from at least one of their parents due to work abroad. One of the conclusions of the study was that such children perceive a loss of parental love and suffer from a lack of continuity of care which results "in children's confusion and general disorientation" (Gheaus, 2013, p. 9). In addition to being "abandoned" by their own parents, children may feel rejected by those who remain responsible for caring for them (Gheaus, 2013). Research by Pantea (2012) with the children of Romanians working abroad and their grandmothers living in the same household (as a result of the parents' work abroad) revealed the fact that both grandmothers and children suffer from reduced privacy. Yet expectations were high that this kind of arrangement would alleviate some of the negative consequences of the parents' absence (Gheaus, 2013).

Within these areas, the impact of the emigration of parents on their children's school achievements was researched, with divergent conclusions. Popa (2012), for instance, found that "the absence of one or both migrant parents is not a very influential risk factor if levels of school achievements are considered". This seems to contradict other studies that found



“considerably reduced educational performances among children left behind by migrant parents” or that “children whose parents are absent run higher risks of getting in trouble at school: [...] which results in lower grades, disciplinary action and overall decreased performances” (Soros Foundation Romania, 2007). Further analysis on the data gathered by Gallup showed that, in general, the school achievements of children with parents abroad are, in fact, higher than those of children with no parent abroad (Botezat and Pfeiffer, 2014).

A relatively new area of concern is the situation of children who returned to Romania after living abroad for a longer period of time. In 2013, a Romanian Member of Parliament asked the Minister for Education to provide parliament with data on returning migrant children who had enrolled in school in the academic year 2013–2014. Between July and October 2013, the Ministry of Education received 4,874 requests that Romania recognize pre-university studies from primary to high school. Most children (1,519) had returned from Italy, Spain (918) and Greece (111) (Ministerul Educatiei Nationale, 2013). The issue of their (re)integration into the Romanian school system was brought to the public attention by the media.

The impact of emigration on health-care provisions in the country of origin is considered in the literature mainly from the perspective of the professional health-care system. No empirical research was found on the effects of emigration on institutional care for the elderly. The topic is touched upon in research on transnational families and the ways in which migrant families make care arrangements for elderly family members – as, for instance, in a study undertaken by Vianello (2016) on care provisions for the elderly “left behind” in Romania and the Republic of Moldova. The results of this research are briefly summarized in the following section.

Government responses to the impact of migration

An initial review of the literature on the social impact of mobility on two public services in Romania – health care and education – indicates that particular attention was given to the effects on health-care provisions. However, the focus was on the overall national system, rather than on the impact on individual communities. Much more attention was given to the negative effects on family structures and the coping strategies of families leading



transnational lives, but not as much on the reactions of the administration to mobility, particularly with regard to its impact on education.

National authorities acknowledge the high number of children growing up in the absence of their parents. For example, the National Strategy for the Protection and Promotion of Children's Rights (2014–2020) mentions that, by June 2013, the national authorities were officially informed that 82,000 children had at least one parent working abroad. However, a preliminary screening of the relevant literature finds that the groups active in this area of concern are mainly non-governmental organisations such as Save the Children Romania or Social Alternatives Association (*Asociația Alternative Sociale*).

Training in elderly care, aimed at helping vulnerable groups to access the labor market, was developed in the framework of a Social European Fund project implemented by the Office for Social Support and Child Protection in Vaslui County in partnership with a local NGO from Iași County and a French organisation (DGASPC VS, N.A.).

Romania has a program of social care dedicated to the elderly. However, it has been argued that it is insufficient due to the lack of both financial and human resources, and due to the infrastructure of care required by this population – e.g. the “absence of home care services and day centres” (Vianello, 2016). Considering this, Vianello underlines that there is an emerging market in Romania for personal care services which is slowly being filled by service providers in both a formal and an informal manner. There is, for instance, a private hospital in Iași where elderly people live, many of whom have children employed abroad. According to the hospital's owner, the services and rates applied depend on the income of family members abroad (*Ibid.*). An emerging challenge for elderly people with children employed abroad is that, while they receive some money, this is often insufficient to employ a 24-hour care worker while, at the same time, being too much for them to qualify for government or charitable support. A conclusion of this research is that countries of origin, in this case Romania and the Republic of Moldova, will continue to face increasing challenges regarding the care needs of elderly people with families working abroad.

Care migration from Romania and Slovakia has a number of similarities as well as distinctive features. Both countries are a source of care workers for Central and Western-Europe. Care



migrants hold EU citizenship status and enjoy the right to move to other EU countries for the purpose of employment. In both cases, economic deprivation and the relatively large difference in salaries in Romania and Slovakia compared with those in countries such as Austria or Italy are the main drivers of mobility for employment. Migrants and commuters follow certain traditional trajectories and geographical ties. In general, Romanian care migration seems to be more diverse than that of Slovakia in terms of the destination countries (apart from Italy, Romanian caregivers work in other destination countries also, such Spain, Germany and Austria) and also in terms of the length of the shifts or migration time-span. For instance, Slovak carers are almost exclusively circular migrants who have no desire to settle in the destination country. On the basis of the existing literature, we can therefore anticipate more-diverse migration spans among Romanians – from commuting to longer migration periods of several months. Consequently, while Slovak carers prefer 24-hour *live-in* home care, Romanians also have *live-out* arrangements with responsibilities in more families.

The above-mentioned specificities and the impact of care migration on sending countries are, to a great extent, influenced by migrant domestic labor arrangements in receiving countries. The next section focusses on the particularities of domestic care labor arrangements in two selected receiving countries.

4 Care migrants in receiving countries

Arrangements for migrant domestic care work and the status of workers in the respective countries differ widely across Europe. As the regulatory contexts of the different countries vary significantly, the focus is on the most significant destination countries for Slovakian and Romanian care migrants – Austria and Italy. The following section briefly discusses the specific regulatory contexts of Austria and Italy.

4.1 Austria

Paid care provision for older and disabled persons in the home is known as “24-hour personal care” (*24-Stunden-Betreuung*) in the Austrian context, and is a migrant-dominated sector. This system is a combination of traditional family-oriented care and a universal cash-



for-care-scheme, and is a growing migrant care sector which can provide inexpensive 24-hour care at home (e.g. Österle, 2013; Winkelmann *et al.*, 2015).

Although there are two legal options for 24-hour home care provision – standard employment and self-employment (the respective details are discussed later) – the latter is dominant, covering about 99% of all 24-hour care work arrangements (Österle, 2013). At the end of 2016, the Austrian Chamber of Commerce (WKO) registered 61,106 active self-employment licenses for 24-hour care in private households. In the same year, countries with the highest representation were Slovakia (47%) and Romania (36%), with smaller shares from Hungary (6%), Poland (1.7%) and Austria (2%) (WKO, 2017).

For 24-hour caregivers in Austria, the *live-in* model and rotational system of sharing jobs with other workers is typically on the basis of bi-weekly shifts (mostly among spatially close countries of origin such as Slovakia and the Czech Republic) with two migrant care workers serving one household. Longer exchange shifts have been identified in relation to caregivers from spatially more-distant countries of origin, with shifts varying between three weeks and one month in the case of caregivers from Romania and Bulgaria (e.g. Bauer and Österle, 2016a, b). After the shift in Austria, caregivers return back home for time of the same length as the shift at work.⁹ Caregivers have little or no intention of moving to Austria. The procurement system consists of an array of intermediaries such as placement agencies in both countries of origin and Austria and commercial agencies, as well as social and informal personal networks (on placement agencies, see Bauer and Österle, 2016a; Gendera, 2011).

Until 2007, migrant caregivers worked illegally in Austria, with the complicit acceptance of public federal and regional representatives. Between 2007 and 2008, the Austrian government attempted to regularise personal care through regulating the employment status of care workers, and adjusting other labor laws, tax legislation and social protection coverage (social security). As care workers originate mainly from within the European Economic Area (EEA), in which free movement applies, the regularisation did not concern migration law. Apart from any amendments, legalisation introduced additional benefits to

⁹ The modes of circulation are highly variable. For instance, according to the *cAreworkers 2011* survey (a quantitative survey among Slovak caregivers offering 24-hour care in Austria), although the bi-weekly rotation dominated (74.17% in 2011), there was a wide variety of other modes, such as three-weekly (14.57%) or weekly rotation (5.3%) (Bahna, 2011a). Irregular rotations are also represented (about 6%), for instance, three weeks at work plus one week at home, etc.



ensure that previous users of migrant elder care labor with an income below a certain threshold would henceforth be able to afford 24-hour care (Bundesministerium für Arbeit, Soziales und Konsumentenschutz, 2016).

The 24-hour live-in home care model administered under self-employment regulations has, consequently, increased in popularity in Austrian households. It has opened up a possibility for middle-class families to organize in-house care funded by the cash-for-care scheme and personal contributions. Bauer and Österle (2012) demonstrate, in the context of the Austrian system of long-term care and the introduction of the cash allowance (*Pflegegeld*), that this welfare benefit has significantly contributed to the emergence of an informal 24-hour home care market. At the same time, when analyzing the Austrian context, Österle and Hammer (2007) found that low regulation of the cash benefit is crucial – i.e. the recipient decides how to use the cash by either making a symbolic payment to caring kin, using it for the general household budget, purchasing professional services or by hiring a migrant carer. Without this cash allowance, the informal 24-hour home care market would most probably not be so widespread in Austria.

The popularity of 24-hour care was also fuelled by a peculiarity of inheritance regulations, the so-called “care-recourse” (*Pflegeregress*), which will be abolished as of January 1, 2018 (Gerald and Mittelstaedt, 2017). The cost of care in a nursing home is usually around and upward of €3,000 a month. In a nursing home, the retirement pension and the cash-for-care benefit received by a resident is paid directly to the provider with the exception of a monthly allowance for the resident in the form of pocket money. Only rarely do the monthly pension and the cash-for-care benefit cover all the costs of the nursing home. In this case, the provincial government will pay the difference to the nursing home. However, if the resident owns property, this will be taken into account. In this case, provincial governments register a ‘right of lien’ on any property belonging to the resident. If the heirs cannot cover the costs paid by the provincial government, the property is sold after the death of the resident. The provincial governments are also entitled to register a ‘right of lien’ on property bestowed to relatives in the previous three to ten years (depending on province). According to experts, this regulation has contributed to the popularity of 24hours care, as both the elderly property-owners needing care and their children and other relatives who are their



future heirs, often tried to avoid transfer to a nursing home as long as possible to prevent a right of lien being registered on the property of the elderly relative (Gerald, 2017).

Most migrant caregivers in Austria come from EU member-states in Central and Eastern Europe. Thus, they enjoy a range of social and mobility rights within Europe. However, migrant caregivers still face unstable and unfavourable positions if they work as live-in carers (Kontos and Bonifacio, 2015; Winkelmann *et al.*, 2015). Since 2007, they have enjoyed easy access to 24-hour care work in Austria; however, it continues to be relatively hard to access the professional primary-care labor market. Consequently, subsidies for 24-hour elderly care in private households in Austria, while attempting to strengthen the private household as an employer of care labor, have resulted in commodified and regulated, yet also precarious forms of migrant care work (Bauer, Heidinger and Österle, 2014).

4.2 Italy

The literature reveals that the demand for care migration in Italy developed due to a decrease in the families' capacity to provide unpaid home care, long-standing negative population growth, inadequate state responses to address these demographic developments (Degiuli, 2016), limited space in public care institutions and the high cost of private ones (Degiuli, 2007). According to official estimates, in 2014, 77.1% of the total registered labor force in domestic work were migrants (Palumbo, 2016). Most of these migrant domestic workers, especially those engaged in elderly care, were women from Eastern European countries, Asia and Latin America (Palumbo, 2016). Italy is also a main destination country for Romanian domestic workers. Domestic worker is a general term used in the literature and refers both to people engaged in housekeeping tasks (*collaboratrici familiari*) and people "engaged in caring for a dependent person (*badanti*)" – also referred to as "care assistants" (Van Hooren, 2010). The literature argues that, since the 1980s, domestic workers – and, within this category, care workers – have been enjoying an exceptional position in Italian immigration law (e.g. Di Santo and Ceruzzi, 2010; Ruspini, 2009a; Van Hooren, 2010), benefitting particularly from subsequent regularizations and quotas for domestic workers. However, criticism of this view suggests that work permits for domestic workers can be abused and that, in order to pay fewer taxes, both domestic



workers and employers have little incentive to declare employment contracts (Di Santo and Ceruzzi, 2010). With regard to long-term care, the Italian system features several measures: residential, semi-residential and domiciliary services, cash benefits and support for private care workers (Di Santo and Ceruzzi, 2009). Cash benefits for care workers are administered by the different regions, some of which, like Abruzzo, Emilia-Romagna, Veneto or Sardinia, link cash benefits to a registered employment contract between the family and the care worker, benefits which have, in this case, the undeclared aim not only of helping families to employ a care worker (often a migrant) but also of “turn[ing] irregular into regular employment” (Di Santo and Ceruzzi, 2009, p. 7).

With regard to the profiles of migrant care workers in Italy, empirical studies have found that newer migrants – i.e. those arriving after 2005 – are younger than those who arrived in the 1990s, are more interested in part-time and hourly employment rather than in live-in care arrangements and seem to want to continue to live in Italy (Di Santo and Ceruzzi, 2009). In addition to the precarious nature of domestic work (e.g. due to legal and policy frameworks), research in this field found that extreme exploitation mostly affects those migrant domestic workers employed in live-in arrangements (Palumbo, 2016; Ricard-Guay, 2016). According to the Italian Statistical Institute, there are officially over 1.1 million Romanians in the country, more than 650,000 of whom are women and more than 80% of whom are employed as care workers. However, unofficial estimates argue that the actual number of Romanian immigrants in Italy exceeds three million (Şerban, 2017). And a study on Romanian domestic workers in Trieste found that there were significant differences between migrant care workers, depending on the age of the migrant. While women over 50 were generally married, with their families, including children, living in Romania, women below the age of 40 had their families in Italy. These examples of younger women employed in care work in Trieste correspond with the Istituto per la ricerca sociale (IRS) research on “new” migrant care workers who are interested such a work conditions which enable them to have time for their own families or for other activities which may contribute to their social integration in Italy (i.e. part-time employment).

Women over 50 intended to return to Romania after a period of work in Italy. Interestingly, although most women interviewed were over-qualified for their current employment, only



one was trained in the field of care work. While almost all of them found that their social status had decreased in Italy compared with Romania, they expressed themselves to be “quite content with the fact that they managed to earn more money by working in Italy” (Verbal, 2010).

The literature addresses possible ways of improving the working conditions of carers, one of which is through incentivizing families to employ them on a legal contract or to support both employers and workers through matching demand and supply via social-care helpdesks, an approach that has been promoted by municipalities with the aim of informing both care workers and families (Di Santo and Ceruzzi, 2010).

Austria and Italy have different approaches to arrangements for migrant domestic care work. In Austria, this type of work might be considered more homogenous, as 24-hour *live-in* home care prevails. Much higher diversity exists in Italy where beside live-ins various other live-out arrangements exist. While regularization in Austria enables self-employed elderly care work, in Italy there are various legal employment arrangements for domestic workers. However, as we have described in detail in this section, both systems are criticized – the self-employment model in Austria for preventing worker’ access to certain social and employment rights and enabling precarious employment conditions and, in Italy, for the construction of legal domestic work which may exclude certain groups from access to legal employment, discourage others and, consequently, lead to a preference for illegal instead of legal employment. It is also possible that, with the growing representation of nationalities other than Slovak migrants in 24-hour home care in Austria, there may be a higher variety of forms of elderly care in private households in the near future, including diversified policies and allowances.

5 Summary and conclusions

Care migration has become established over the past two decades as a specific sub-field of migration studies due to its widespread practise and far-reaching influence on both sending and receiving societies. This literature review has focussed on transnational caregiving practises in the domain of long-term care for older and disabled persons in private



households, in two receiving countries – Austria and Italy – and their respective sending countries of Slovakia and Romania.

5.1 Institutional, policy and administrative reflections on care work in sending countries: a missing perspective

Over recent decades, migration from Central and Eastern Europe for the purpose of employment in the care sectors of richer Central and Western-European countries has been increasing. Migrant care labor has become an inseparable component of long-term care systems in Western-European countries and there is evidence that this will increase in the future (e.g. Cangiano, 2014; Van Hooren, 2014). Cangiano (2014), for example, demonstrates that due to institutional, economic, and social constraints, significant growth in the care workforce will be required to meet the future needs of Europe's ageing populations. This is unlikely to be achieved by relying exclusively on an EU labor supply (*Ibid.*). Underfunded systems of care provision in EU member-states are central to this phenomenon (Spencer *et al.*, 2010) and an increasing reliance on migrant care workers is not a solution. Apart from the cross-cultural variations in 24-hour care, the literature suggests the setting up of care provisions for older and disabled persons and the reforming of the older-adult care system as possible solutions (Spencer *et al.*, 2010). Some literature sees publicly funded services as the only sustainable solution that can guarantee equal access to care services, while avoiding exploitative working conditions (Van Hooren, 2014). Earlier research has underlined that a balance between different care provision settings – considering both the formal and informal provision of care, as well as the demand for it – can be reached through coordinating the efforts of the various institutions involved in social and health-care provision (Ilinca, Leichsenring and Rodrigues, 2015).

Due to its extensive growth, care migration is expected to have a great effect on sending countries. Whilst its impact has been studied widely in the context of social affect and “care drain”, its effect on institutional responses in the European context have not been sufficiently studied. The specific sub-category of migrants working in elderly home care and who lack professional qualifications in this field, seems to have been insufficiently addressed. In particular, it is neither clear to what extent institutions in sending countries have responded to this type of care migration nor is it clear to what extent care migration is



already a policy concern at an administrative and policy-making level in these same countries. Consequently, we have to ask whether any actions have already been identified to alleviate the impact of care migration on sending countries or whether any challenges have been recognized in the context of the educational, health-care and long-term social-care systems. The responses offered thus far by this literature review seem to indicate that some sort of acknowledgment does exist, for instance in Romania, but that this remains at a declarative level, with little or no action from the government. Among other questions relating to the impact of care migration remain how does care migration contribute to shortages in the national health-care system and what implications does it have for long-term care or are there any national responses coordinated at the level of sending countries in a regional or European context?

Another dimension relates to social care and social security systems.¹⁰ This literature review has shown how care migrants may experience barriers in their access to social rights although, as legally employed EU citizens, they are formally entitled to social welfare in receiving states. Paying social welfare contributions may lead to deficiencies in wellbeing after their retirement and return to their countries of origin. Examples of this might be migrants who worked abroad illegally (as is the case in Italy), for too short a time to be entitled to a pension from the receiving country (which varies according to country), or who received an income which was too low to make an adequate contribution. As the earlier literature has emphasized, migration has stretched people's care commitments across the globe and, as such, has challenged the national basis of eligibility for benefits and pensions (Williams, 2011). Thus, welfare issues should be viewed from a transnational perspective (see, e.g., van Walsum and Alpes, 2014). Empirical evidence in relation to migrant coping mechanisms might shed more light on this issue. These strategies might entail, among others, those which migrants use to build up their savings in order to ensure their future wellbeing and their plans for general social security and welfare during retirement in their country of origin.

¹⁰ Questions related to the portability of rights within the EU are connected with the issue of the provision of care as care workers might also find themselves in need of care in receiving countries. These issues are being addressed, for instance, in the research project "Mobile Welfare in a Transnational Europe: An Analysis of Portability Regimes of Social Security Rights" (TRANSWEL), which analyzes the regulations, practises and limitations of portability by comparing the experiences of post-EU enlargement labor migration between several country pairs (for more details about TRANSWEL project see: <https://transwel.org/>).



5.2 Central and Eastern-European particularities: a focus on the impact of temporary care circulation

A review of the literature suggests that the scholarship on care migration is dominated by a focus on longer time-span migration. The global literature has generally concentrated on long-term migratory processes, including long-term emigration, and in particular that of younger women leaving their families behind for a significant amount of time (Parreñas, 2001). Emerging forms of migration based on weekly time-spans, as is typical for elder care migration and also for contemporary mobility patterns in the European Union, are less developed in the literature (e.g. Goździak, 2015; Kontos and Bonifacio, 2015; Kuchyňková and Ezzedine, 2015).

However, none of the studies we have reviewed thus far focus directly on the determinants of temporality and the circulation of care in the context of their impact on the sending countries. The Central and Eastern-European context, in particular, demonstrates transnational caregiving practises. Free-movement rights for EU citizens turned Central and Eastern Europe into a rich source of care workers for other EU countries (e.g. Lutz and Palenga-Möllnbeck, 2012). The existing literature does not seem to respond sufficiently to the question of how much temporality factors into the context of social impact. Comparison of this context with the global literature, which focusses on longer time-span migration, is therefore limited, as the global context does not respond sufficiently to the dynamics of circular and temporary migration, which is commonly seen in Europe, especially in elder care migration.

Both of the sending countries reviewed – Slovakia and Romania – demonstrate specific cross-national variations in care migration in Europe. Apart from factors such as historical ties and geographic proximity, the migration time-span is influenced by the long-term care systems in receiving countries and by formal – or informal – labor arrangements. As a result, Slovakia supplies short-term circular migrants while Romania supplies more-diverse time periods for migrant employment. A large body of scholarship stresses the negative effects of family separation, but it is not clear whether the impact depends on the absence of the main caregiver lasting only a few weeks. Circular migration for care work quite possibly has



the potential to reconcile family and professional lives, and may even contribute to an increased demand for this type of employment.



6 References

- Acosta, P., Fajnzylber, P. & Lopez, J.H. (2007), The Impact of Remittances on Poverty and Human Capital: Evidence from Latin American Household Surveys.
- Albanian Centre for Social-Economic Research & Analytica (2013), *Migration and Development in Albania and Macedonia: The Effects of Migration and of Remittances on Education and Health of Family Members Left Behind*. Tirana: Albanian Centre for Socio-Economic Research, Policy Brief/Skopj: Analytica.
- Adams, R.H., Jr (1998), Remittances, Investment and Rural Asset Accumulation in Pakistan. In Connell, J. and Brown, R.P.C. (eds) (2015), *Migration and Remittances*. Cheltenham UK/Northampton, MA: Edward Elgar, 149–168.
- Adams, R.H., Jr (2011), Evaluating the Economic Impact of International Remittances on Developing Countries Using Household Surveys: A Literature Review. *Journal of Development Studies*, 47(6): 809–828.
- Altintop, N. (2016), Elderly Care Policies of Germany and Austria: Lack of Innovations towards Migrants' Special Needs. Oslo: Paper given to EUPHA's 6th European Conference on Migrant and Ethnic Minority Health, 23–25 June 2016.
- Amelina, A. (2017), *Transnationalizing Inequalities in Europe. Sociocultural Boundaries, Assemblages and Regimes of Intersection*. New York: Routledge
- Anghel, R. G., Botezat, A., Cosciug, A., Manafi, I. & Roman, M. (2016), *International Migration, Return Migration, and their Effects. A Comprehensive Review on the Romanian Case*. Munich: University of Munich: MPRA Paper No. 75528. https://mpra.ub.uni-muenchen.de/75528/1/MPRA_paper_75528.pdf (accessed 29 June 2017).
- Ambrosini, M. (2013), *Irregular Migration and Invisible Welfare*. Basingstoke: Palgrave Macmillan.
- Amuedo-Dorantes, C. & Pozo, S. (2010), Accounting for Remittance and Migration Effects on Children's Schooling. *World Development*, 38(12): 1747–1759.
- Anderson, A. (2012), Europe's Care Regimes and the Role of Migrant Care Workers within Them. *Population Ageing*, 5(2): 135–146.
- Anderson, B. (2000), *Doing the Dirty Work. The Global Politics of Domestic Labour*. London: Zed.
- Anderson, B. (2007), A Very Private Business: Exploring the Demand for Domestic Workers. *European Journal of Women's Studies*, 14(3): 24 –264.
- Anderson, B. & Shutes, I. (eds) (2014), *Migration and Care Labour. Theory, Policy and Politics*. New York: Palgrave Macmillan.
- Andruchová, J & Bútorová, Z. (2007), Situácia žien v okrese Humenné v kontexte migrácie za prácou do zahraničia. In Bútorová, Z. (ed), *Tu a Teraz: Sondy Do Života Žien 45+*. Bratislava: Institute for Public Affairs, 77 –103.
- Antman, F. M., 2012, The impact of Migration on Family Left Behind. Bonn: Institute of Labor Economics, IZA Discussion Paper No. 6374: <http://ftp.iza.org/dp6374.pdf> (accessed 10 October 2017).
- Arguillas, M. J. B. and Williams, L., 2010, "The Impact of Parents' Overseas Employment on Educational Outcomes of Filipino Children". *International Migration Review*, 44(2), pp. 300-319.
- Asch, B.J. (ed.) (1994), *Emigration and Its Effect on the Sending Country*. Santa Monica, CA: Center for Research on Immigration Policy.
- Bahna, M. (2011a), *Careworkers 2011 Survey*. Slovak Archive of Social Data. http://sasd.sav.sk/sk/data_katalog_det.php?id=sasd_2011001 (accessed 15 May 2017).
- Bahna, M. (2011b), *Main Characteristics of Careworkers According to the Careworkers 2011 Survey and Slovak Labour Force Survey*: http://sasd.sav.sk/archiv/sasd_2011001/sasd_2011001_sample_sk_en.pdf (accessed 15 May 2017).



- Bahna, M. (2014), Slovak Care Workers in Austria: How Important Is the Context of the Sending Country? *Journal of Contemporary European Studies*, 22(4): 411–426.
- Baláž, V. & Kusá, Z. (2012), *Social Impact of Emigration and Rural-Urban Migration in Central and Eastern Europe*. Brussels: European Commission.
- Bambra, C. (2007), “Defamilialization and welfare state regimes: A cluster analysis”. *International Journal of Social Welfare*, 16, 326–338.
- Bauer, G. & Österle, A. (2012), Home care in Austria: the interplay of family orientation, cash-for-care and migrant care. *Health and Social Care in the Community*. 20(3): 265–273.
- Bauer, G. & Österle, A. (2016a), The Legalization of Rotational 24-Hour Care Work in Austria: Implications for Migrant Care Workers. *Social Politics*, 23(2): 192–213.
- Bauer, G. & Österle, A. (2016b), Mid- and Later-Life Care Work Migration: Patterns of Re-Organising Informal Care Obligations in Central and Eastern Europe. *Journal of Ageing Studies*, 37: 81–93.
- Bauer, G., Haidinger, B. & Österle, A. (2014), Three Domains of Migrant Domestic Care Work: The Interplay of Care, Employment and Migration Policies in Austria. In Anderson, B. and Shutes, I. (eds), *Migration and Care Labour. Theory, Policy and Politics*. New York: Palgrave Macmillan, 67–86.
- Benton, M. & Petrovic, M. (2012), The State of Research on Intra-EU Mobility: Trends, Drivers, and Impact. Rotterdam: MPI Europe, DRAFT Paper for the Dutch-German conference on free movement and participation of EU citizens, 3–4 September.
- BMASK (2016), *24-Stunden-Betreuung zu Hause. Ein Überblick*. Vienna: Bundesministerium für Arbeit, Soziales und Konsumentenschutz.
- Botezat, A. & Pfeiffer, F. (2014), *The Impact of Parents’ Migration on the Well-Being of Children Left Behind: Initial Evidence from Romania*. Bonn: Institute for the Study of Labor, IZA Discussion Paper No. 8225: <http://ftp.iza.org/dp8225.pdf> (accessed 9 June 2017).
- Brandenburg University of Technology Cottbus-Senftenberg. (2017), *Mobile Welfare in a Transnational Europe: An Analysis of Portability Regimes of Social Security Rights* (TRANSWEL project). <https://transwel.org/> (accessed 25 October 2017)
- Brown, R.P.C. & Connell, J. (2015), Migration and Remittances: A Multidisciplinary Synthesis. In Connell, J. and Brown, R.P.C. (eds), *Migration and Remittances*. Cheltenham UK/Northampton, MA: Edward Elgar: xiii-iv.
- Brown, R.P.C., Leeves, G. & Prayaga, P. (2014), Sharing Norm Pressures and Community Remittances: Evidence from a Natural Disaster in the Pacific Islands. *Journal of Development Studies*, 50(3): 383–398.
- Cangiano, A. (2014), Elder Care and Migrant Labor in Europe: A Demographic Outlook. *Population and Development Review*, 40(1): 131–154.
- Carbonnier, C. and Morel, N. (eds), (2015), *The Political Economy of Household Service in Europe*. New York: Palgrave Macmillan.
- Castles, S. & Miller, M.J. (2003), *The Age of Migration. International Population Movements in the Modern World*. New York: Palgrave Macmillan.
- Christensen, K. & Guldvik, I. (2014), *Migrant Care Workers: Searching for New Horizons*. Aldershot: Ashgate.
- Cranford, C. (2014), Toward Flexibility with Security for Migrant Care Workers: A Comparative Analysis of Personal Home Care in Toronto and Los Angeles. In Anderson, B. and Shutes, I. (eds), *Migration and Care Labour. Theory, Policy and Politics*. New York: Palgrave Macmillan, 173–191.
- Da Roit, B. & Le Bihan, B. (2010), Similar and Yet so Different: Cash-For-Care in Six European Countries' Long-Term Care Policies. *The Milbank Quarterly*, 88(3): 286–309.
- Da Roit, B. & Weicht, B. (2013), Migrant Care Work and Care, Migration and Employment Regimes: A Fuzzy-Set Analysis. *Journal of European Social Policy*, 23(5): 469–486.



Degavre, F. & Merla, L. (2016), Defamilialization of Whom? Re-Thinking Defamilialization in the Light of Global Care Chains and the Transnational Circulation of Care. In Kilkey, M. and Palenga-Möllenberg, E. (eds), *Family Life in an Age of Migration and Mobility. Global Perspectives through the life Course*. Basingstoke: Palgrave Macmillan, 287-311.

Degiuli, F. (2007), A Job with No Boundaries. Home Elderly Work in Italy. *European Journal of women's Studies*, 14(3): 193-207.

Degiuli, F. (2016), *Caring for a Living. Migrant Women, Aging Citizens, and Italian Families*. New York: Oxford University Press.

De Haas, H. (2012), The Migration and Development Pendulum: A Critical View on Research and Policy. *International Migration*, 50(3): 8-25.

DGASPC VS (n.a.), ÎNGRIJITOARE BĂTRÂNI LA DOMICILIU. Suport de Curs realizat în cadrul proiectului «Inovație și cooperare transnațională pentru îmbunătățirea accesului și participării grupurilor vulnerabile din județul Vaslui pe piața muncii». Proiect finanțat prin Fondul Social European 2007-2013.
<http://www.cofopvs.ro/Suport%20curs%20C3%AEngrijitoare%20batrani%20la%20domiciliu.pdf> (accessed 1 May 2017).

Di Santo, P. & Ceruzzi, F. (2009), *The Role of Informal Care in Long-Term Care. National Report Italy*. Rome: INTERLINKS. http://interlinks.euro.centre.org/sites/default/files/WP5_IT_final.pdf (accessed 5 October 2017).

Di Santo, P. & Ceruzzi, F. (2010), *Migrant Care Workers in Italy: A Case Study*. Rome/Vienna: INTERLINKS. http://www.euro.centre.org/data/1278594833_93987.pdf (accessed 9 June 2017).

Dumitru, S. (2014), From "Brain Drain" to "Care Drain": Women's Labour Migration and Methodological Sexism. *Women's Studies International Forum*, 47(B): 203-212.
<http://www.sciencedirect.com/science/article/pii/S0277539514001058> (accessed 28 June 2017).

Erel, U. (2012), Introduction: Transnational Care in Europe—Changing Formations of Citizenship, Family, and Generation. *Social Politics*, 19(1): 1-14.

Eurofound (2014), *Labour Mobility in the EU: Recent Trends and Policies*. Luxembourg: Publications Office of the European Union. http://edz.bib.uni-mannheim.de/daten/edz-i/esl/14/ef1456en_0.pdf (accessed 10 May 2017).

European Urban Knowledge Network (2013), *International Mobility in the EU and its Impact on Urban Regions in Sending and Receiving Countries*. Vilnius, Lithuania: European Urban Knowledge Network, Research Paper to support the Lithuanian EU Presidency 2013. Executive summary.

European Commission (2017), *Eurostat Statistics Explained, Number of EU citizens that are usual residents in the rest of the EU*. [http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Number_of_EU_citizens_that_are_usual_residents_in_the_rest_of_the_EU_as_of_1_January_2016,_EU-28_\(million\).png](http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Number_of_EU_citizens_that_are_usual_residents_in_the_rest_of_the_EU_as_of_1_January_2016,_EU-28_(million).png) (accessed 25 October 2017)

European Commission (2014), *Population Ageing in Europe: Facts, Implications and Policies*. Brussels: European Commission, Directorate-General for Research and Innovation.

European Parliament (2015), *Invisible Jobs. The Situation of Domestic Workers*. Brussels: Europa publications. [http://www.europarl.europa.eu/RegData/etudes/BRIE/2015/573874/EPRS_BRI\(2015\)573874_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/BRIE/2015/573874/EPRS_BRI(2015)573874_EN.pdf) (accessed 28 June 2017).

Frank, R. & Hummer, R.A. (2002), "The other side of the paradox: the risk or low birth weight among infants of migrant and non-migrant households within Mexico". *International Migration Review*, 36, 746-765.

Földes, I. (2016), Elderly Parents, Adult Children and the Romanian Transnational Family: An Intergenerational Solidarity Approach. *Studia Universitatis Babeș-Bolyai Sociologia*, 61(1): 77-108.
<https://www.degruyter.com/view/i/subbs.2016.61.issue-1/subbs-2016-0004/subbs-2016-0004.xml> (accessed 29 June 2017).

Gallotti, M. (2015), *Migrant Domestic Workers across the World: Global and Regional Estimates*. Geneva: International Labour Organization.



- Gendera, S. (2011), Gaining an Insight into Central European Transnational Care Spaces: Migrant Live-In Care Workers in Austria. In Bommers, M. and Sciortino, G. (eds), *Foggy Social Structures: Irregular Migration, European Labour Markets and the Welfare State*. Amsterdam: Amsterdam University Press, 91–115.
- Gerald, J. (2017), Pflege: Einkommen reicht oft nicht für 24-Stunden-Betreuung, *Der Standard*, 6.7.2017.
- Gerald, J. and Mittelstaedt, K. (2017), SPÖ und ÖVP schaffen Pflegeregress ab, *Der Standard*, 29.6.2017.
- Gheaus, A. (2013), Care Drain: Who Should Provide for the Children Left Behind? *Critical Review of International Social and Political Philosophy*, 16(1): 1–23.
- Giannelli, G. C. and Mangiavacchi, L. (2010), *Children's Schooling and Parental Migration: Empirical Evidence on the "Left-behind" Generation in Albania*. Bonn: Institute for the Study of Labor, IZA Discussion Paper No. 4888: <http://ftp.iza.org/dp4888.pdf> (accessed 5 October 2017).
- Goździak, E. (2015), Biała Emigracja: Variegated Mobility of Polish Care Workers. *Social Identities*, 22(1): 26–43.
- Gurková, E., Soósová, M.S., Haroková, S., Ziačková, K., Serfelová, R. & Zamboriová, M. (2013), Job Satisfaction and Leaving Intentions of Slovak and Czech Nurses. *International Nursing Review*, 60(1): 112–121.
- Havelková, H. & Ezzedine, P. (2016), Women in Between: Gender, Refugee Experience and Ageing. *Urban People*, 18(2): 179–201.
- Heikkinen, S. J. & Lumme-Sandt, K. (2013), Transnational Connections of Later-Life Migrants. *Journal of Aging Studies*, 27, 198–206.
- Hellgren, Z. (2015), Markets, Regimes, and the Role of Stakeholders: Explaining Precariousness of Migrant Domestic/Care Workers in Different Institutional Frameworks. *Social Politics*, 22(2): 220–241.
- Hildebrandt, N. & McKenzie, D.J. (2005). "The effects of migration on child health in Mexico". *Economia*, 6(1), 257–289.
- Hochschild, A.R. (2000), Global Care Chains and Emotional Surplus Value. In Hutton, W. and Giddens, A. (eds), *On the Edge: Living with Global Capitalism*. London: Jonathan Cape, 130–146.
- Iecovich, E. (2015), What Makes Migrant Live-In Home Care Workers in Elder Care Be Satisfied With Their Job? *Gerontologist*, 51(5): 617–629.
- Ilinca, S., Leichsenring, K. & Rodrigues, R. (2015), *From Care in Homes to Care at Home: European Experiences with (De)Institutionalisation in Long-Term Care*. Vienna: European Centre Policy Brief, December.
- Institut Național de Statistică (2017), *Comunicat de Presă Nr. 101/26 aprilie 2017*. Domeniul: Populație. http://www.insse.ro/cms/sites/default/files/com_presa/com_pdf/popdom1ian2017r_0.pdf (accessed 1 May 2017).
- Institute for Sociology of the Slovak Academy of Sciences, Slovak Archive of Social Data. (2017), <http://www.sasd.sav.sk>, (accessed 25 October 2017)
- Jokela, M. (2017), The Role of Domestic Employment Policies in Shaping Precarious Work. *Social Policy & Administration*, 51(2), 286–307.
- Kane, A. (2010), Charity and Self-Help: Migrants' Social Networks and Health Care in the Homeland. *Anthropology Today*, 26(4): 8–12.
- Katseli, L.T., Lucas, R.E.B. & Xenogiani, T. (2006), Effects of Migration on Sending Countries: What Do We Know? Paris: Organisation for Economic Co-operation and Development, Development Centre Working Paper No. 250.
- Kilkey, M. (2010), Men and Domestic Labor: A Missing Link in the Global Care Chain. *Men and Masculinities*, 13(1): 126–149.



- King, R., Dalipaj, M. & Mai, N. (2006), Gendering Migration and Remittances: Evidence from London and Northern Albania. *Population Space and Place*, 12(6): 409–434. In Connell, J. and Brown, R.P.C. (eds) (2015), *Migration and Remittances*. Cheltenham UK/Northampton, MA: Edward Elgar, 623-648.
- Kontos, M. & Bonifacio, T.G. (eds) (2015), *Migrant Domestic Workers and Family Life: International Perspectives*. New York: Palgrave Macmillan.
- Kuchyňková, A. & Ezzeddine, P. (2015), “Ještě Nepatřím do Starého Železa” aneb Paradoxy Migrace Péče z ČR do Rakouska. *Gender, Rovné Příležitosti, Výzkum*, 16(2): 30–41.
- Léon, M. (ed.) (2014), *The Transformations of Care in European Societies*. London: Palgrave Macmillan.
- Lutz, H. (2008a), Introduction: Migrant Domestic Workers in Europe. In Lutz, H. (ed.), *Migration and Domestic Work: A European Perspective on a Global Theme*. Avebury: Ashgate, 1–10.
- Lutz, H. (ed) (2008b), *Migration and Domestic Work: A European Perspective on a Global Theme*. Avebury: Ashgate.
- Lutz, H. (2011), *The New Maids: Transnational Women and the Care Economy*. London: Zed Books.
- Lutz, H. & Palenga-Möllenberg, E. (2011), Care, gender and migration: Towards a theory of transnational domestic work migration in Europe. *Journal of Contemporary European Studies*, 19(3): 349–364.
- Lutz, H. & Palenga-Möllenberg, E. (2012), Care Workers, Care Drain, and Care Chains: Reflections on Care, Migration, and Citizenship. *Social Politics*, 19(1): 15–37.
- Macours, K. & Vakis, R. (2010). “Seasonal Migration and Early Childhood Development”. *World Development*, 38(6), pp. 857-869.
- Mahler, S.J. & Pessar, P.R. (2006), Gender Matters: Ethnographers Bring Gender from the Periphery toward the Core of Migration Studies. *International Migration Review*, 40(1): 27–63.
- Manalansan, M.F. (2006), Queer Intersections: Sexuality and Gender in Migration Studies. *International Migration Review*, 40(1): 224–249.
- Mara, I. (2012), *Surveying Romanian Migrants in Italy Before and After the EU Accession: Migration Plans, Labour Market Features and Social Inclusion*. Vienna: The Vienna Institute for International Economic Studies (WIIW) Research Report No. 378. <https://wiiw.ac.at/surveying-romanian-migrants-in-italy-before-and-after-the-eu-accession-migration-plans-labour-market-features-and-social-inclusion-dlp-2629.pdf> (accessed 1 May 2017).
- McDaniel, S. & Um, S. (2016), More Than Demand and Demographic Ageing. Transnational Aging, Care, and Care Migration. In Horn, V. and Schweppe, C. (eds), *Transnational Aging: Current Insights and Future Challenges*. New York: Routledge, 217–230.
- McKenzie, D. & Rapoport, H. (2011), “Can migration reduce educational attainment? Evidence from Mexico”. *Journal of Population Economics*, 24, pp. 1331-1358.
- Metz-Göckel, S., Morokvasic, M. & Münst, A.S. (eds) (2008), *Gendered Mobilities in an Enlarged Europe: A Gender Perspective*. Opladen/Farmington Hills: Barbara Budrich Publishers.
- Ministerul Educatiei Nationale (2013), *Comunicare cu Parlamentul Romaniei*. <http://www.cdep.ro/interpel/2013/r734B.pdf> (accessed 29 June 2017).
- Morokvasic, M. (2009), “Usazení v Mobilitě”: Genderové Súvislosti Evropské Migrace po Roce 1989. *Sociální studia*, 6(1): 155–174.
- Ministry of Interior of the Slovak Republic (2011), *Migration Policy of the Slovak Republic: Perspective until 2020*. Bratislava: Ministry of Interior of the Slovak Republic.
- Mundak, G. & Shamir, H. (2014), The Global Governance of Domestic Work. In Anderson, B. and Shutes, I. (eds), *Migration and Care Labour. Theory, Policy and Politics*. New York: Palgrave Macmillan, 192–212.



- Österle, A. (2013), Long-Term Care Reform in Austria: Emergence and Development of a New Welfare State Pillar. In Ranci, C. and Pavolini, E. (eds), *Reforms in Long-term Care Policies in Europe: Investigating Institutional Change and Social Impacts*. New York: Springer, 159–177.
- Österle, A. & Hammer, E. (2007), Care Allowances and the Formalisation of Care Arrangements: The Austrian Experience. In Ungerson, C. and Yeandle, S. (eds), *Cash for Care in Developed Welfare States*. Basingstoke: Palgrave Macmillan, 13–31.
- Palenga-Möllnbeck, E. (2013), Care Chains in Eastern and Central Europe: Male and Female Domestic Work at the Intersections of Gender, Class, and Ethnicity. *Journal of Immigrant & Refugee Studies*, 11(4): 364 – 383.
- Palumbo, L. (2016), *Demand in the Context of Trafficking in Human Beings in the Domestic Work Sector in Italy*. Vienna: International Centre for Migration Policy Development, DemandAT Country Study No. 5. http://demandat.eu/sites/default/files/DemandAT_CountryStudies_5_Italy_Palumbo.pdf (accessed 29 June 2017).
- Pantea, M.C. (2012), Grandmothers as Main Caregivers in the Context of Parental Migration. *European Journal of Social Work*, 15(1): 63–80.
- Parreñas, R. (2000), Migrant Filipina Domestic Workers and the International Division of Reproductive Labour. *Gender and Society*, 14(4): 560–580.
- Parreñas, R. (2001), *Servants of Globalization: Women, Migration, and Domestic Work*. Stanford: Stanford University Press.
- Pavolini, E. & Ranci, C. (2008), Restructuring the Welfare State: Reforms in Long-Term Care in Western European Countries. *Journal of European Social Policy*, 18(3): 246–259.
- Popa, N.L. (2012), *Factors of School Achievements in Romanian Children and Youth with a Migration Background*. <http://conf.uni-ruse.bg/bg/docs/cp12/6.2/6.2-19.pdf> (accessed 15 March 2017).
- Rada, A. (2016), *Migration of Health-Care Workers from the New EU Member States to Germany. Major Trends, Drivers and Future Perspectives*. Frankfurt am Main: Observatory for Sociopolitical Developments in Europe, Working Paper No. 14. http://www.sociopolitical-observatory.eu/uploads/tx_aebgpublications/2016_WP14_Migration_Healthcare_EN.PDF (accessed 1 May 2016)
- Radvanský, M. & Dováľová, G. (2013), *Impact of Ageing on Curative Health Care Workforce. Country Report Slovakia*. Working Paper. NeuJobs. Brussels: Centre for European Policy Studies. http://www.neujobs.eu/sites/default/files/Health%20workforce%20in%20Slovakia-160913_final.pdf (accessed 28 June 2017).
- Rentea, G. C. & Rotărescu, L.-E. (2016), Yesterday's Children, Today's Youth: The Experiences of Children Left Behind by Romanian Migrant Parents. In Ducu, V. and Telegdi-Csetri, Á. (eds), *Managing Difference in Eastern-European Transnational Families*. Frankfurt: Peter Lang, 151–170.
- Ricard-Guay, A. (2016), Addressing demand in the context of trafficking in the domestic work sector: perspectives from seven European countries. ICMPD Vienna: DemandAT Working Paper No. 7. http://demandat.eu/sites/default/files/DemandAT_WP7_RicardGuay_DomesticWork_Trafficking_Final_0.pdf (accessed 5 October 2017).
- Rodriguez Gutiérrez, E. (2010), *Migration, Domestic Work and Affect: A Decolonial Approach on Value and the Feminization of Labor*. New York: Routledge.
- Ruspini, P. (2009 a), Elderly Migrants in Europe: an overview of trends, policies and practices. Suiça: University of Lugano (USI). http://cermes.info/upload/docs/Elderly_migrants_in_Europe_paolo_ruspini_14_07_10.pdf, Accessed on 28 June 2017.
- Ruspini, P. (2009 b), Italy in Martin Baldwin-Edwards and Albert Kraler (eds) REGINE: Regularisations in Europe. Amsterdam University Press.
- Sekulová, M. (2013a), Transnational Households in the Context of Female Migration from Slovakia to Austria. *Urban People*, 15(2): 217–236.



Sekulová, M. (2013b), *Migrantky a Sféra Domácej Práce. Opatrovateľky v Rakúsku v Transnacionálnej Perspektíve*. [Female Migrants and Domestic Work: Migrants Providing Long-Term Care in Private Households in Austria in Transnational Perspective]. Bratislava: Comenius University, PhD thesis.

Sekulová, M. (2015), Najčistotnejšie, Najzodpovednejšie, Najpracovitejšie. Slovenské Opatrovateľky Senioriek a Seniorov v Rakúsku. [The Tidiest, the Most Responsible, the Most Hardworking. Slovak Elder Carers in Austria.] In Kobová, Ľ. (ed) *Feministky Hovoria o Práci. Ako sa Ženy Stávajú Subjektmi Kapitalizmu*. Bratislava: Záujmové združenie žien Aspekt, 101–134.

Șerban, I. (2017), *The “Badanti” Social Phenomenon in Lazio and Molise Regions and the Implication of Romanian Women*. Rome: University of Rome Tor Vergata.

Shutes, I. & Chiatti, C. (2012), Migrant Labour and the Marketization of Care for Older People: The Employment of Migrant Care Workers by Families and Service Providers. *Journal of European Social Policy*, 22(4): 392–405.

Ślęzak E. (2016), The Intergenerational Relations of Polish Medical Migrants in the UK: Life Between Paradigms. *Urban People*, 18(2): 231–252.

Soros Foundation Romania (2007), *Effects of Migration: Children Left at Home*.

http://www.fundatia.ro/sites/default/files/en_67_studiu%20engl%20miki.pdf (accessed 9 June 2017).

Spencer, S., Martin, S., Bourgeault, I.L. & O’Shea F. (2010), *The Role of Migrant Care Workers in Ageing Societies: Report on Research Findings in the United Kingdom, Ireland, Canada and the United States*. Geneva: International Organization for Migration.

SPÖ und ÖVP schaffen Pflegeregress ab, *Der Standard*, 29.6.2017.

Stachová, P. (2008), *Strácame Kvalifikovaných L’udí. Migrácia Pracovných síl v Rámci Európskej únie Prináša so Sebou aj Negatíva*. Bratislava: Univerzita Komenského, Policy Paper.

Strategia Nationala pentru Protectia si Promovarea Drepturilor Copilului 2014-2020.

https://www.prostemcell.ro/images/stories/download/anexa_1_strategia_nationala_drepturile_copilului_2014-2020.pdf (accessed 5 October 2017).

SUSR (2016), *Labour Force Sample Survey Results in the Slovak Republic in 1st Quarter 2016*. Bratislava: Statistical Office of the Slovak Republic.

Taylor, E.J. (1999), The New Economics of Labour Migration and the Role of Remittances in the Migration Process. *International Migration*, 37(1): 63–88. In Connell, J. and Brown, R.P.C. (eds) (2015), *Migration and Remittances*. Cheltenham UK/Northampton, MA: Edward Elgar, 192–215.

The Ministry of Education, Science, Research and Sport of the Slovak Republic. (2017), <http://www.minedu.sk/> (accessed 9 June 2017)

Toth, A., Munteanu, D. & Bleahu, A. (2008), *National Analysis of the Phenomenon of Children Left Home by their Parents Who Migrate Abroad for Employment*. N.A.: Alternative Sociale. UNICEF.

http://lastradainternational.org/lsidocs/alternative_08_national_analysis_0109.pdf (accessed 29 June 2017).

Triandafyllidou A. (ed) (2013a), *Circular Migration between Europe and its Neighbourhood Choice or Necessity?* Oxford: Oxford University Press.

http://singuracasa.ro/images/img_asistenta_sociala/top_menu/UNICEF&AAS_National_research_HA_2008.pdf (accessed 29 June 2017).

Triandafyllidou, A. (ed.) (2013b), *Irregular Migrant Domestic Workers in Europe: Who Cares?* Burlington, VT and Farnham: Ashgate.

UN (1998), *Recommendations on Statistics of International Migration. Revision 1*. New York: United Nations.

van Hooren, F. (2010), When Families Need Immigrants: The Exceptional Position of Migrant Domestic Workers and Care Assistants in Italian Immigration Policy. *Bulletin of Italian Politics*, 2(2): 21–38.



- van Hooren, F. (2014), Migrant Care Work in Europe: Variety and Institutional Determinants. In Léon, M. (ed.), *The Transformations of Care in European Societies*. London: Palgrave Macmillan, 62–82.
- van Walsum, S. & Alpes, M.J. (2014), Transnational Households: Migrants and Care, at Home and Abroad. In Anderson, B. and Shutes, I. (eds.), *Migration and Care Labour. Theory, Policy and Politics*. New York: Palgrave Macmillan, 151–169.
- Verbal, D.G. (2010), Female Labour Migration Towards Italy: The Case of Romanian Female Domestic Workers in Trieste. Trieste: University of Trieste, PhD thesis on Transborder Policies for Daily Life.
https://www.openstarts.units.it/dspace/bitstream/10077/3666/1/verbal_phd.pdf (accessed 9 June 2017)
 (accessed 9 June 2017).
- Vianello, F.A. (2016), International Migrations and Care Provisions for Elderly People Left Behind: The Cases of the Republic of Moldova and Romania. *European Journal of Social Work*, 19(5): 779–794.
- Vosko, L. F. (2010), *Managing the Margins: Gender, Citizenship, and the International Regulation of Precarious Employment*. Oxford: Oxford University Press.
- Weinkopf, C. (2002), “Es Geht auch Anders” – Reguläre Beschäftigung durch Dienstleistungspools. In Gather, C., Greissler, B., Rerrich (eds), *Weltmarkt Privathaushalt*. Münster: Westfälisches Dampfboot, 154 – 165.
- Williams, F. (2011), Towards a Transnational Analysis of the Political Economy of Care. In Mahon, R. and Robinson, F. (eds), *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*. Vancouver: UBC Press, 21–38.
- Williams, F. & Gavanas, A.(2008), The Intersection of Childcare Regimes and Migration Regimes: A Three-Country Study. In Lutz, H. (ed.), *Migration and Domestic Work. A European Perspective on a Global Theme*. Avebury: Ashgate, 13–28.
- Winkelmann, J., Schmidt, A.E. & Leichsenring, K. (2015), Regulating Migrants as a Low-Cost Solution for Long-Term Care: The Formalisation of a Dual Care Labour Market in Austria. In Carbonnier, C. and Morel, N. (eds), *The Political Economy of Household Service in Europe*. New York: Palgrave Macmillan, 172–194.
- Wirtschaftskammer Österreich (2017), *Statistical Data on 24-Hour Personal Care*. Vienna: Wirtschaftskammer.
- Yang, D. (2008), “International Migration, Remittances and Household Investment: Evidence from Philippine Migrants' Exchange Rate Shocks”. *The Economic Journal*, 118(528), pp. 591-630.
- Yeates, N. (2009), *Globalizing Care Economies and Migrant Workers. Explorations in Global Care Chains*. New York: Palgrave Macmillan.
- Yeates, N. (2012), Global Care Chains: A State of the Art Review and Future Directions in Care Transnationalization Research. *Global Networks*, 12(2): 135–154.
- Zechner, M. (2008), Care of Older Persons in Transnational Settings. *Journal of Aging Studies*, 22(1): 32–44.
- Zechner, M. (2010), Transnational Care and National Social Policies. In Faist, T., Pitkänen, P., Gerdes, J. and Reisenauer, E. (eds), *Transnationalisation and Institutional Transformations*. Bielefeld: COMCAD, TRANS-NET Project, 213–235.
- Zhou, Y. R. (2012), Space, time, and self: Rethinking aging in the contexts of immigration and transnationalism. *Journal of Aging Studies*, 26: 232–242.
- Zontini, E. (2004), Immigrant Women in Barcelona: Coping with the Consequences of Transnational Lives. *Journal of Ethnic and Migration Studies*, 30(6): 1113–1144.





REMINDER

ROLE OF EUROPEAN MOBILITY AND ITS IMPACTS
IN NARRATIVES, DEBATES AND EU REFORMS

The REMINDER project is exploring the economic, social, institutional and policy factors that have shaped the impacts of free movement in the EU and public debates about it.

The project is coordinated from COMPAS and includes participation from 14 consortium partners in 9 countries across Europe



This project has received funding from the European Union's Horizon 2020 research & innovation programme under grant agreement no 727072

