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THE POLITICS OF CARE WORK AND MIGRATION

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Abstract

Across Europe, migrants are often employed as providers of care or domestic services, thus forming an alternative for public care provision or contributing to the supply of publicly financed care. This chapter discusses how the growing demand for migrant care workers is related to transformations of European care systems. While public policies stimulate the development of care and domestic services, these policies often contribute to precarious employment and poor working conditions. The chapter also shows how migrant care work is shaped by colonial legacies and stratified systems of entry routes and citizenship within Europe, with specific attention for east-west migration. Finally, the chapter highlights the importance of the politics of migrant care work in relation to social care and migration policy. In this context, political actors at the supra-, trans- and national level are of critical relevance, but they have so far received only little attention in contemporary research on the politics of migrant care work.

Introduction

Across Europe, migrants are often employed as providers of care or domestic services. Especially for migrant women, domestic work is frequently the entry point into the labour market (ILO, 2013). While global data are difficult to aggregate, we know that in 2004, 36 percent of all female migrant workers in Spain had found work as domestic / care workers and respectively 28 percent and 21 percent of all female migrant workers were hired by private households in Italy and France, respectively (ILO, 2013, pp.37). Meanwhile, of all care workers who started to work in residential and home-based elderly care in the UK in 2007, an estimated 28 percent was foreign born (Cangiano et al., 2009, pp.58). In a similar way, the provision of care services either in private homes or in care institutions relies heavily on migrant workers in many countries and regions.

While migrant care work can be seen as a form of labour migration, it has several distinguishing characteristics that make it important to study the politics of migrant care work in its own right. First, as care providers, migrants directly enter the sphere of the welfare state. In some instances migrants

form an alternative for public care provision, in other instances migrants supply publicly financed care. As such, migration directly filters into the politics of the welfare state. Second, the sector is a distinctly gendered segment of labour migration, not only because many of the migrants involved are women, but also because the politics of care is often strongly gendered. The latter appears for example in the lack of recognition of the skills needed to perform care work, or in an exemption of migrant care work from securitisation debates around immigration. Third, much of the work that is done by migrants takes place within the intimate sphere of the home, which makes it difficult to regulate and control the sector. This has not only led to a significant amount of undeclared work, but also to a niche of undocumented migrant labour even in countries where undocumented migration is generally limited.

In this chapter, after presenting a short overview of migrant care work in Europe, we address recent research on the politics of migrant care work in relation to social care policy and to migration policy. Finally, we zoom in on contemporary research on political actors in the politics of migrant care work.

Studying migrant care work in Europe

We define care work broadly as including 'the provision of daily social, psychological, emotional, and physical attention for people' (Knijn and Kremer, 1997, pp.330). This excludes cure-oriented medical care, but included in our analysis is domestic work which, next to caring, consists of household services such as cooking or cleaning (Anderson, 2000). Following the predominant focus of existing research, this chapter deals mostly with elderly care and household services, and much less with childcare. A migrant worker is broadly understood as a worker who is foreign born.

For centuries, people have resettled to engage in care and domestic work. People moved from rural to urban and from poorer to richer areas. For example, in France many women came from French Brittany to work as domestic servants in Paris and by 1900, only 8 percent of the domestic workers working in Paris were born in the same city (Fugier, 1979, p.25). With the more explicit construction of international borders at the end of the 19th century, the transformations of European national borders at the beginning of the 20th century and the development of transportation techniques, many care workers became de facto international migrants. For example, Irish female migrants worked as domestic servants in Britain and in the United States in the 19th century and German migrants worked as domestic servants in the Netherlands in the 1920s and 1930s (Henkes and Oosterhof, 1985; Lutz, 2011).

In Europe, the incidence of migrant care and domestic work reached a long-term low in the decades after World War II. These 'trente glorieuses' of European welfare states were characterised by relatively low inequality and a dominant male breadwinner model. As a consequence, while relatively few households could afford to outsource domestic services due to low wage inequality, female

housewives were expected to provide unpaid household and care services for children and dependent family members. With the gradual decline of the male breadwinner model from the 1970s onwards, the demand for domestic and care services increased again.

Scholarly attention for the phenomenon of migrant care work was sparked at the end of the 20th century, when scholars, primarily in the US and the UK, pointed at the emergence of a new international division of labour (Sassen, 2000) and of 'global care chains' in which women from the Global South left behind their own family members in order to care for a rich family in the Global North. At first, these scholars paid attention primarily to migrant domestic workers and the exploitation of these migrant women working for rich households (Anderson, 2000; Hondagneu-Sotelo, 2001; Parreñas, 2001; Ehrenreich and Hochschild, 2002).

Studying the micro-politics of care work from a feminist and Marxist perspective, these scholars perceived care work as a means to permit the reproduction of the female employer's status. It allowed upper- and middleclass women in the Global North to adopt masculinised employment patterns without sharing domestic and care work responsibilities with their male partner (Anderson 2000). Furthermore, care work was not only seen as a task but also as a role, affirming the social status of the household, able to employ a subordinate domestic worker (Ibid., pp.18-20). These scholars drew a parallel with the division of labour in Victorian times, underlining that domestic work is seen as dirty work and positioned at the lowest level of society (Ibid.). Anderson argued that the idealisation of pure, pious, moral and virtuous white upper and middle class women needed contrasting stereotypes that racialized workers could be associated with. These studies also interconnected the micro-level of women's experiences with the macro-level of international inequalities (Williams, 2012).

However, European research (Lutz, 2011; Avril and Cartier, 2014) has also highlighted how the new 'international division of reproductive labour' (Parreñas, 2001) was different from that of one or two centuries ago. For example, contemporary migrant domestic workers are on average older, they come more often from the middle class in their country of origin, and they do not always live-in with their employers (Lutz, 2011). Notwithstanding such changes, researchers point to continuity in the intersection of gender, ethnicity and class in what Marchetti (2014; p.106) calls "postcolonial narratives of servitude".

Moreover, from the mid 2000's European scholars also started to show that the care chain is not always global but can also be regional (e.g. within Europe, Williams, 2012) and that the dichotomy sending/receiving countries is not always relevant, as some countries like Poland have been both (ibid.). These scholars pay more attention to the way in which welfare states shape the demand for migrant domestic and care work (e.g. Bettio, Simonazzi and Villa, 2006). They show that many welfare states have not adequately responded to growing care needs in the context of women's increasing labour market participation. Moreover, many countries have stimulated the privatisation of

(formerly) publicly financed care services and the introduction of competition processes between care providers (Gingrich, 2011). In this context, migrant workers have begun to 'fill the gaps' between existing public services and families' needs (Van Hooren 2012).

Migrant care workers are overrepresented in 'bad jobs', characterized by insecurity and poor working conditions, such as low wages, heavy physical labour including lifting people and doing many night shifts, working part time or long hours, or sometimes living-in with the employing household (Van Hooren, 2012). Moreover, studies show an internal 'hierarchy' within the care sector, with migrants being overrepresented in the less desired care jobs and employment forms (e.g. Avril and Cartier, 2014; Shire, Schnell and Noack, 2017, Lutz and Palenga-Möllenbeck, 2012). Nevertheless, the employment situation of domestic workers varies depending on the organisation of the sector in different welfare and migration regimes, as is explored in the following sections.

Transformations of care in Europe

Statistics and definitions of care and domestic work differ between and within countries and definitions of care rights are sometimes vague, which makes it a daunting task to compare care regimes across Europe (Pavolini and Ranci, 2012). Nevertheless, different logics of care policy development can be identified. In reaction to the well-known typology of "welfare regimes" developed by Esping Andersen (1990), which was primarily based on the relationship between the state, the family and the market, numerous scholars have pointed out that this typology failed to take into account the exact role of the family, the position of women and the organisation of the care sector. Some authors proposed alternative typologies aiming at better understanding care regimes (Anttonen and Sipilä, 1996; Leitner, 2003), for example by opposing the Scandinavian countries, that aim to collectivise caring, to continental and Southern European countries that encourage different degrees of familialisation of care, where care provision is implicitly or explicitly left to the family.

Meanwhile, major changes have taken place in the way in which public policies have organized and financed the care and domestic work sector across Europe since the 1990s. These changes include the privatisation of public care services, the introduction of cash for care schemes – where the care recipient receives public subsidies with which (s)he can purchase care services on the market –, and the development of a variety of tax breaks. Tax breaks can consist of tax incentives, deductions, exemptions, credits, or special rates dedicated to households or organisations buying or providing care or domestic services. These policy instruments have been created in order to fight undeclared work and to stimulate the development of a formal market for care and domestic services. However, new policy instruments can have a number of adverse consequences. For example, high income households profit from tax breaks much more than low income households, thereby reinforcing social inequalities (Carbonnier and Morel, 2015). Moreover, for privatised care services, cash for care schemes and tax

breaks alike, public authorities have very limited control over how services are provided, over the quality of services and, importantly, over the quality of employment.

What many of these reforms have in common is limited attention for job quality, whereas clients' needs in combination with budgetary restraints have usually been at the center of political attention. The fact that these different policy changes also have had detrimental consequences for the workers involved, negatively affecting mostly women and increasingly also migrants, has been either ignored or seen as "natural". Exemplary for the latter are recent developments in the politics of domestic work in Germany (Shire, 2015) and the Netherlands (Van Hooren, 2018), where domestic workers directly employed by households have been partly (Germany) or fully (Netherlands) excluded from the social and employment protection that covers other workers. In the Netherlands, directly employed part-time working domestic and care workers are covered by a special employment regulation that exempts employers from having to pay taxes and social security contributions, thereby also exempting workers from the coverage of social security benefits, such as unemployment, disability or pensions benefits. The special employment regulation has existed for decades, but its coverage was extended to cover a larger group of workers in 2007. At the time, policy makers implicitly and sometimes even explicitly justified this exclusionary policy by pointing out that the women engaged in domestic work did not need social protection, because they could rely on the income of a (male) breadwinning partner (Van Hooren, 2018).

Similarly, Germany has encouraged low-paid and poorly protected marginal part-time work, i.e. part-time work with very limited working hours (Shire, 2015). This 'mini jobs' scheme for work in private households was introduced in 1977 and was the extended in the early 2000s to encourage its use in private households (e.g. lifting the maximum income and reducing social insurance contributions; ibid.). Meanwhile, since the policy allows only a maximum number of working hours, in practice many domestic workers may work additional hours informally, receiving only "envelope wages" (Williams, 2009).

In addition to special employment regulations for employment in private households, cash for care subsidies and tax breaks often also encourage "bogus self-employment" constructions. This involves formally self-employed who are in fact and illegally employed by one client but are not covered by social and employment protection. Across Europe, such constructions are often used to avoid labour regulations and social insurance contributions as well as migration restrictions (Apitzsch, 2018 forthcoming).

One consequence of the series of privatizing and marketizing reforms with their deteriorating effects for employment conditions has been an increasing demand for migrant workers willing to accept poor working conditions, as we will discuss in the subsequent section.

The politics of migration and configurations of migrant care work

Before illustrating the different European configurations of migrant care work in relation to different care regimes, it needs to be emphasized that national and European migration policies and legacies have also contributed to differences in the employment incidence and circumstances of migrant workers in domestic and care work. In many countries, the origin of migrant care workers depends on colonial legacies (Marchetti, 2014; Avril, 2014): while Eritreans are overrepresented in Italy, domestic workers from former French colonies and overseas territories are overrepresented in French big cities (Scrinzi, 2013; Avril, 2014) and migrants from Latin America are overrepresented in Spain. Meanwhile, within Europe, East-West migration has become increasingly relevant. Lutz showed that besides 'pull factors' in Western Europe, these feminized migrations from eastern Europe are also related with the transformation of welfare and educational systems in previously communist countries, with rising university costs or health debts encouraging mothers to leave their country of origin and find work in the care sectors of Western Europe (Lutz 2014). Most studies, however, focus on the situation in countries of destination.

Central to understanding migrant care work in Europe is the history and stratified system of entry routes and citizenship. Migrants who have obtained citizenship in their country of destination tend to be in the best position to secure decent working conditions and adequate social protection. Meanwhile, migrant workers from new EU member states frequently find themselves in bad jobs and/or irregular employment, but their situation is still often better than that of non-EU citizens who are restricted by a temporary work permit or who do not have a legal residence permit and therefore find themselves in an extremely vulnerable situation (Gottschall and Schwarzkopf, 2011).

Hereafter we illustrate some of the consequences of the intersection of different care and migration regimes across Europe. First, in the more 'familialistic' care regimes in Southern Europe and, to some extent, Germany and Austria, a 'migrant in the family' model of elderly care has emerged. In the absence of appropriate public care provisions, in Italy and Spain, families increasingly engaged cheap migrant workers from for example Ukraine, Romania, the Philippines or South America to look after their older family members (Van Hooren, 2011, p.51; Savioli, 2007; Léon, 2010; Bettio, Simonazzi and Villa, 2006). These migrant care workers, called 'badante' in Italy, often live-in with the elderly person for whom they provide continuous care. The 'migrant in the family' model of care has been facilitated by work permits and immigrant regularisations which have provided some opportunities for non-EU nationals to obtain a legal status as privately employed care worker. Moreover, care work is an easy way for migrants to enter the labour market, while migrants have also been pushed into care by for example employment intermediaries which consider care work as a "natural" job for migrant women (Scrinzi, 2013;).

Italy has been one of the few states that has also explicitly recognized its dependence on migrant care workers (Van Hooren, 2011). Strikingly, regularisations and work permit quotas specifically targeting migrant domestic and care workers were enacted in a period in which public sentiments towards immigration became increasingly negative. Starting in the 1990s, in media coverage and public debates migration became associated with criminality (Sciortino and Colombo, 2004, p.109). Political parties such as the Lega Nord and the formerly-fascist Alleanza Nazionale campaigned forcefully against further immigration. Yet politicians from these same political parties enacted very generous special provisions for domestic and care workers. These measures were deemed acceptable, because they concerned migrants, 'the majority of whom are women, who carry out activities of high social importance for families' (Lega Nord politician cited in Einaudi, 2007, p.317). The mostly female, often Catholic migrant care workers were exempted from security concerns. Moreover, due to the strong focus on families in the 'familialistic' Italian welfare regime, the needs of families were prioritized by political parties from across the political spectrum. These trumped anti-immigrant sentiments and legitimized expansive migration policies (Van Hooren, 2011). Meanwhile, even in Italy regularisations and work permits never catered for the full demand for migrant care workers. Moreover, many migrants' applications were turned down due to formalities. Consequentially, probably hundreds of thousands Italian families have continued to employ undocumented migrants to provide for their care needs. The state has largely tolerated these informal practices.

Compared to Italy and Spain, France has enacted stronger incentives to formally employ and declare care workers (through tax breaks, a direct elderly care allowance, and a voucher system), which have sustained the development of a more formally regulated sector. Direct employment by the households still dominates the formal sector (57% of the declared work hours realized in 2015, Thiérus, 2017) but is diminishing. Parallel to this, non-profit organisations providing home based care increasingly compete with for profit firms (ibid). Meanwhile, various immigration statuses give the possibility to non-EU citizens to work legally in the French care sector and the "s*ans papiers*" (undocumented) workers benefited from several episodes of regularizations which were not targeted only to domestic workers but attained some of them (Chauvin, Garces Mascarenas and Kraler, 2013).

In Germany and Austria, a fairly familialistic care regime has been supported by direct financial provisions for families. In Austria, a relatively generous 'cash for care' scheme has stimulated the employment of migrants from nearby Eastern European countries, such as Slovakia and Romania, in so-called 24-hour care (Österle and Hammer, 2007). Similarly, in Germany, supported by a cash allowance included in the German long term care insurance, migrants from the Eastern European countries that joined the European Union in 2004, primarily from Poland, have been engaged as live-in elderly carers (Lutz and Palenga-Möllenbeck, 2012). Specific work permits already aimed to attract Polish workers to fill the gaps in private care before the 2004 EU enlargement, albeit with limited success (Karakayali, 2010; Gottschall and Schwarzkopf, 2011; Lutz and Palenga-Möllenbeck, 2012).

After EU enlargement in 2004 and 2007, both Austria and Germany developed transitory measures. While labour migration from the new EU member states was generally restricted, these measures specifically allowed some citizens from the new EU member states to work in private care. These transitory measures had a lasting impact on the labour market integration of migrant workers into non-standard and informal care work (Karakayali, 2010; Gottschall and Schwarzkopf, 2011; Lutz and Palenga-Möllenbeck, 2012).

Due to the relative spatial proximity between countries of origin (e.g. Poland, Slovakia, Romania) and countries of destination (Germany and Austria) a specific circular form of migrant care work emerged. Migrants work abroad for a few weeks at a time, after which they spend a few weeks at home before working abroad again for another short period (Lutz and Palenga-Möllenbeck, 2012). Meanwhile, in Poland, female migrants from Ukraine and Belarus have been recruited into informal care work because they are less expensive than nationals, who in turn go to work in the care sector of Western European countries like Germany and the UK (Keryk, 2010; Lutz and Palenga-Möllenbeck, 2012).

In Northern Europe, including Scandinavian countries, the Netherlands and to some extent the UK, the 'migrant in the family' type of care has been less common (Da Roit and Weicht, 2013). Fairly generous public care provision largely crowds out the demand for private (migrant) care workers, while fairly decent working conditions in the public sector pre-empt a strong demand for migrant workers. Meanwhile, migrants are more often employed by privatised care providing agencies in the elderly and disability care sectors, especially in bigger cities (Jönson and Giertz, 2013). Especially in the UK, many migrants from Eastern European EU member states as well as non-EU migrants such as Filipinos work in privatized long-term care services.

In addition, in Northern European countries undocumented migrants from outside the EU are frequently employed as domestic workers, where they clean houses for a few hours per week for a large number of different households. Due to strong controls on the employment of undocumented immigrants in other sectors of the labour market, domestic work for a private household is often the only type of work these migrants can engage in relatively safely (Van der Leun and Kloosterman, 2006). The dependence on private undeclared employment within a household puts these undocumented migrants in an extremely precarious position (e.g. Lutz, 2011; Shinozaki, 2015; Botman, 2010; Gottschall and Schwarzkopf, 2011; Anderson, 2000).

Meanwhile, in these Northern European countries, work permits that allow non-EU nationals to legally engage in care or domestic work are hardly ever granted and regularisations are near absent. Migrants can only obtain a legal permit through family migration (Cangiano, 2014, p.141) and sometimes through Au-Pair-Schemes, or as employees of diplomats (Gottschall and Schwarzkopf, 2011; Kartusch, 2011), but many non-EU migrants remain undocumented for years or decades. Van Hooren found that in both the Netherlands and the UK, the political rationale for not granting work

permits to care and domestic workers was that such work is not sufficiently 'skilled' to qualify for skill-based work permits. For example, in 2007 the UK put 'senior care worker' permit applications, the only work permit available for care workers, on hold, because it was believed that this work was not 'genuinely skilled' (Van Hooren, 2011). Care skills – as other skills that are seen as 'feminine' – are attributed low value or not even recognized as skills. As a trade union representative in the UK explained ironically: '*after all it's women's work, so you know, anybody can do it, can't they ?'* (Interview cited in Van Hooren, 2011). As long as there are unemployed women within the receiving country or in other EU countries, the rationale goes, these can fill vacancies in the domestic and care sector.

Political actors in the politics of care work and migration

Recently, European scholars have started to pay attention to the role of various political actors in the politics of (migrant) care work. They have begun to assess which actors are mobilising on behalf of (migrant) care workers and how these interact with other actors in the field. At the supra- and transnational level, there is for instance the European Commission's effort to encourage the development of domestic work as a way to diminish unemployment through EU recommendations (Morel, 2015), and the ILO with Convention 189 advocating decent work for domestic workers. At the national level researchers have started to analyse the political debates and coalitions behind reforms in country specific case studies (e.g. Shire, 2015 on Austria and Germany; Guiraudon and Ledoux, 2015 on France; van Hooren, 2018 on the Netherlands). Particularly interesting, but with research only starting to address it, is the role of various interest groups in the politics of (migrant) care work. These include not only trade unions but also firms and employers' associations, as well as a variety of actors which are usually not considered in research on the negotiation of working conditions, such as NGOs, that is, non-membership-based organisations, religious organisations, social movements as representatives of caregivers and their families, professional associations, networks, brokers, associations specialized in the defence of migrants and undocumented migrants and public welfare organisations.

With their privileged access to the political decision making process, trade unions can potentially be an important political ally for migrant care workers. However, European trade unions have generally neglected care workers for most of the 20th century. This applies especially to those working in the private home, as they belonged to the private sphere, were female and often migrants worked in non-standard forms of employment such as self-employment or (marginal) part-time work (on these representation gaps, e.g. Ebbinghaus, 2006). In the US, this trend was reversed much earlier than in Europe. At the end of the 20th century, US unions 'discovered' migrant and female workers as a promising new membership base (Milkman, 2006) and among the US unions' biggest recent successes

have been the 'justice for janitors' campaign, and massive alliances with unions or unionisation of home-based care workers in some states (England, 2017).

While European unions have been slower to follow, a new trend seems to emerge. For example, in France – where, exceptionally, trade unions have been active in the negotiations of collective agreements for care workers already for 60 years –, unions recently also became involved in court litigations, collective mobilisations and campaigns for regularisation of undocumented workers. At the CFDT (one of the major trade union confederations), a formerly undocumented Filipino domestic worker was elected as sector representative for the Paris Region, which attracted more undocumented domestic workers (Barron et al., 2011, pp.124-127). Street level trade unionists began to launch campaigns to organise care workers, even in rural areas (Beroud, 2013) and in some rare instances care and domestic workers' strikes and manifestations were supported by trade unions (e.g. in the *département du* Lot in 2012 and in Paris in June 2017). In the Netherlands, home-based care workers as well as undocumented migrant domestic workers engaged in (separate) manifestations organized by major trade unions (Van Hooren 2018;). In Spain and Italy trade unions have been at the forefront in advocating regularisations and improved workers' rights for migrant care workers (Hellgren, 2015, p.230; Van Hooren, 2011).

In Germany, trade unions have set up a collective agreement defining working conditions for employees in domestic work, and have cooperated with NGOs, religious organisations and social movements in enforcing workers' rights in individual cases, in implementing the ILO convention 189 (Senghaas-Knobloch, 2012) and in offering advice on workers' and migrants' rights in care and domestic services (Shinozaki, 2015; Pries and Shinozaki, 2015). These attempts were partly spurred by the growing attention to human rights violations such as forced work and trafficking and contributed to the implementation of rights by litigation or raising legal awareness (Kartusch, 2011; Cyrus and Kip, 2015; Shinozaki, 2015; Schwenken, 2013).

On the employers' side, the marketization of care services has contributed to a diversification of employers in the sector. These range from private households, intermediary agencies and non-profit care providers to for-profit firms and public sector employment, while insurance companies and consumers' organisations can also be involved (Blank, 2008). These diverse employment constellations are important because they affect the organising capacities of workers, and intervene in the negotiation of working conditions (Apitzsch, Ruiner and Wilkesmann, 2016). Moreover, employers and their organisations have become important political actors in the politics of care. It is only recently that the role of employers in the politics of domestic and care services is being investigated (Guiraudon and Ledoux, 2015; Triandafyllidou and Marchetti, 2015). Meanwhile, national specialists of employers' organisations have not yet investigated the domain of domestic and care work. There surely is large cross-national and cross-sectoral variation in the extent to and the way in which employers of domestic and care workers are organised, including for example a federation

representing household employers in France, new employer's organisations for for-profit organization in Germany and France, and strong care providers' organisations in the Netherlands. How these various organisations have participated in the construction or contestation of workers' rights, and how they define and act upon their own interests remains an open question, which should be addressed by studying employers' and workers' mobilisations jointly and in interaction.

Conclusion

Within the last two decades, migrant care work has received increasing attention in scholarly as well as in political debates. Starting from considerations of global economic and gender inequalities, the focus was on migration between the Global North and South, and on risks of exploitation in countries of destination. With the increasing debates about global care chains in Europe, more attention has been paid to the intersections of welfare and care, gender and migration regimes, and to temporary migration which is related to spatial proximity and specific migration regulations of Eastern and Western European countries.

Recent transformations of care across Europe, which aimed to make care and household services more easily available for private households, left considerable gaps in regulating and protecting employment. This, in turn, led to a surge in demand for migrant workers in the care sector. Further research is needed to explore how cross-country differences in the intersection of care regimes, gender regimes and migration regimes differently affect the working conditions of migrant domestic and care workers. Considering the current predominance of qualitative national or local case studies, more systematic comparative research would be particularly valuable, as well as research that deals with the impact of transnational politics on workers' rights.

Meanwhile, little attention has been paid to politics and political actors targeting care work and migration. The few existing studies, however, hint at particularly interesting dynamics. The attempts of trade unions, while just starting to develop in most European countries, bear the potential to overcome traditional representation gaps regarding non-standard employment, the female workforce, the service sectors and migrant workers. In addition, actors usually neglected in labour market research, such as NGOs supporting migrants, social movements and religious organisations, engage in political action targeting working conditions of migrant domestic and care workers. Particularly lacking for our understanding of migrant care workers' political agency is, first, comparative research on the mobilisation of trade unions across Europe on behalf of migrant care and domestic workers whether or not in cooperation with other organisations and movements. Secondly, very little is known about the employers' side, and on how the complex and varying arrangements of employment, including service firms, third sector organisations, private households and staffing agencies, relate to

employers' mobilization. Third, the interaction of employers' and workers association deserves more attention.

This chapter also yielded insights into the geographical blind spots of existing studies. This relates in particularly to Central and Eastern European countries, which are mostly studied as countries of origin, but which have also developed into countries of destination or transit of migrant domestic and care workers. Finally, migration dynamics from, within and across different countries of origin and destination need further investigation.

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