

CARE MIGRATION IN CARE HOMES FOR OLDER PEOPLE IN THE EUROPEAN SEMI-PERIPHERY BETWEEN SLOVENIA AND FORMER YUGOSLAV COUNTRIES

Majda Hrženjak and Maja Breznik

CC BY-NC-ND, https://doi.org/10.3986/9789610508021_04

INTRODUCTION

Care for older people is here understood in the broader context of long-term care (LTC), defined as “a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care” (Social Protection Committee and European Commission 2014: 11). Parallel to the ageing population in the European Union (EU), the LTC sector is increasing. Over the next five decades, the number of people aged 80+ is set to rise from 4.9% in 2016 to 13% in 2070. The old-age dependency ratio (people aged 65+ relative to those aged 15–64) is projected to grow from 29.6% in 2016 to 51.2% in 2070 (Spasova et al. 2018: 4). It is estimated that the EU countries will have to provide a 60% increase in their care workforce by 2040 just to maintain the current already insufficient ratio of carers to older people. However, almost all EU countries report a shortage of LTC professionals, and this is so not only because of the growing needs but also because of a high labour turnover caused by poor working conditions due to spatial, financial, and professional underinvestment in care homes (OECD 2020b). Shortages worsened during the COVID-19 pandemic when 421,000 care workers left the sector across the EU (Florek 2021). Intra-EU and global labour mobility seems to be one of the central strategies the states undertake to overcome labour shortages in their LTC systems (Yeates 2009; Shutes & Chiatti 2012; Triandafyllidou & Marchetti 2013; Van Hooren 2014; Lutz 2018; Sahraoui 2019).

In the EU, the LTC sector is riven by significant divergences between countries in terms of organisation (by public, for-profit, or non-governmental providers), delivery (via home-based or residential care), types of public support

(in cash or in-kind benefits, out-of-pocket payments), and funding (via general taxation, mandatory LTC insurance, or voluntary private insurance) (Bettio & Verashchagina 2010; León 2014). Most LTC services are provided by informal family carers or undeclared workers (Zigante 2018). Officially, the LTC workforce comprises residential care, home care, and community care.

In this chapter, we focus on caregivers working in the public network of care homes for older people in Slovenia. The occupational profiles of care workers vary and range from skilled health professionals, such as paramedics and nurses with secondary or university degrees, to low-skilled care workers with vocational training, such as care assistants, attendants, cleaners, cooks, and laundresses. Many studies show that work in care homes is physically and mentally tiring and exhausting. The tasks of caregivers go well beyond helping with basic activities, such as washing, lifting out of bed, and helping with feeding. They are often involved in monitoring health conditions, implementing care plans, and maintaining health records, tasks for which they are often not well-equipped with the right skills. Evening, night, weekend, and shift work, often associated with health risks such as anxiety, burnout, and depression, is frequent (Bettio & Verashchagina 2010; Spasova et al. 2018; OECD 2020a). The Eurofound study (2020: 8) about the working conditions in LTC concluded that large sections of the LTC workforce, particularly carers, social carers, and assistant nurses, are paid well below the national average wage. The best-paid professions in LTC, such as specialist nurses, social workers, and therapists, are usually paid around the national average wage. The OECD study *Who Cares?* (2020a) shows that LTC workers earn much less than those working at hospitals in similar occupations. median wage for LTC workers across European countries was 9 EUR per hour, compared to 14 EUR per hour for hospital workers in broadly similar occupations.

The Eurofound study shows that approximately 6.3 million people work in the LTC sector in the EU; 81% are female. The proportion of workers aged 50+ is higher than in other sectors and has increased from 28% in 2009 to 38% in 2019. Due to budget restrictions, lower-income Member States generally have less well-developed LTC systems and face challenges in improving them. In seven Member States, LTC workers represent 1.5% or less of the total workforce (Bulgaria, Cyprus, Estonia, Greece, Latvia, Poland, Romania). At the upper end of the spectrum are seven Member States where LTC workers comprise over 4% of the workforce (Belgium, Denmark, Finland, France, Germany, the Netherlands, Sweden). The Eurofound study stresses that LTC needs cannot explain these differences (Eurofound 2020: 13).

Compared to healthcare, migrants and mobile workers form a considerable part of the LTC workforce, and cross-border work is frequent where differences in working conditions and salaries between bordering areas are significant. Despite large differences between the EU countries, on average, in 2019, 7.9% of the EU's LTC workforce comprised foreign workers, with more workers from outside (4.5%) than from within (3.4%) the EU (Eurofound 2020: 7). Among the EU countries, the share of migrant care workers is also uneven. The highest share of migrant care workers is in EU countries such as Luxembourg (21%), Ireland (19%), Austria (14%), Germany, Italy, and Norway (all 12%), and Sweden and Belgium (10%). On the other hand, lower-income Member States, like Bulgaria, Croatia, Hungary, Lithuania, Poland, Portugal, Romania, and Slovakia, have 1% or less migrants in LTC (Eurofound 2020: 11).

Slovenia, a country with one of the fastest ageing societies in the EU, which lags behind the OECD average in public spending for LTC, is facing a severe labour shortage in care homes (OECD 2021). In recent years, the state and care homes have been looking for a solution to revive the practice established in the 1960s and 1970s when Slovenia systematically recruited care workers from other republics of the former Yugoslavia. This chapter aims to contextualise this care migration in care homes for older people in Slovenia at the intersection of the macro level of the global political economy of care and the mezzo level of national policies and organisational practices. It addresses the gaps in the European care migration research agenda by analysing the situation in one of the Central and Eastern European, post-socialist, EU Member States as a receiving country of care workers from countries of former Yugoslavia coming to Slovenia to be employed in care homes. In doing so, the chapter considers the historical connections between the former Yugoslav countries and their different geopolitical positionality in the European semi-periphery. Using the concept of semi-periphery, which is often mentioned but rarely systematically applied in care migration studies, we comparatively contextualise the situation in the receiving and sending countries.

Methodologically, the empirical evidence considered in this chapter is based on an overview of historical, policy, and statistical information about the care migration in the region, along with 11 problem-centred interviews (Witzel 2000) conducted in 2022. The interviewees included managers of the three largest private chains of care homes and two public care homes, representatives of three trade unions, a secretary of the Association of Social Institutions of Slovenia, an Employment Service of Slovenia representative responsible for labour migration, and policymakers at the Ministry of Labour, Family, Social Affairs and Equal Opportunities responsible for LTC and deinstitutionalisation.

The sample of care homes was geographically dispersed across the country and between rural and urban areas. The interviews were semi-structured, and the questions revolved around the reasons for labour shortages in care homes, which occupational profiles are in short supply, the importance of labour mobility as compensation for labour shortages, recruiting, and integration strategies. The interviews lasted between 30 and 60 minutes and were recorded and transcribed upon the interviewees' consent. The interviews were analysed thematically. Two researchers individually closely read all transcriptions and identified the common themes, as well as the ones that markedly deviated from the majority of narratives. At this research stage, the study's apparent deficit is that it does not (yet) include the micro perspective of migrant care workers.

The chapter first provides an overview of the international scholarship about care migration, focusing on the gaps identified from the semi-peripheral perspective. Next, it discusses the concept of the semi-periphery, as it provides the theoretical framework for our interpretation of care migration in the region. In the continuation, we analyse the contextualisation of care migration between Slovenia and former Yugoslav countries with a special reference to Bosnia and Herzegovina (BiH), Serbia, North Macedonia, and EU Member State Croatia as source countries for the majority of migrant care workers in Slovenia. Then, we outline findings from the statistical data collection and interviews and, in conclusion, point out some specific features of care migration in the semi-periphery.

CONCEPTUAL FRAME OF CARE MIGRATION RESEARCH AND ITS GAPS FROM THE SEMI-PERIPHERAL PERSPECTIVE

Research on care migration, described by Parreñas (2001) as a “new international division of reproductive labour”, initially focused on global-South-to-global-North care movements as expressed in the global care chain concept (Hochschild 2000), which provided an understanding of the political economy of care and demonstrated how care is redistributed globally. This approach has been complemented in Europe by East-to-West care migration articulated in the circular care migration concept (Triandafyllidou & Marchetti 2013). In the EU, circular migration has been promoted since 2007 when the European Commission issued the Communication on “Circular migration and mobility partnerships between the European Union and third countries” as a solution to labour shortages – by the prompt provision of the flexible labour force on demand – and the migrant integration challenges since circular migrants are not there “to stay” (European

Commission 2007). Marchetti (2013) showed how the transformation of gender roles and the precarisation of women's labour (especially for women aged 50+) in Eastern European, post-socialist countries have given rise to this migratory pattern. The mobility of care workers in pursuit of better working conditions also includes cross-border movements, i.e., daily commuting for care work between the neighbouring countries, and the care workers' experience of working in one country and living in another country (Kindler 2008; Hrženjak 2015; Mavrinac 2018; Uhde & Ezzeddine 2021). However, these care mobilities remain less visible within the European care migration studies, which focus on global and East-to-West migration patterns.

The European studies of care migration have traditionally drawn an imaginary boundary in the global division of care labour between the post-socialist and European core countries, in which the former provides care, and the latter receives it. However, the collapse of the socialist welfare states, a high share of full-time employed women, and the feminisation of migration have caused a care deficit and established structural conditions leading to an increasing appeal to care migration in Eastern European countries, too (Tkach & Hrženjak 2016; Katona & Melegh 2021). Although studies of East-to-East care migration are rare, they point out that many states switched from being exclusively sending countries and started to accept migrants in households and formal care services (Kindler 2008; Souralová 2015; Hrženjak 2019; Gábrriel 2022). Whether care migration in Eastern European countries – countries of the global semi-periphery – has some structural characteristics that determine its specificity compared to the other European contexts has yet to be answered. Also, the involvement of migrants from Western Balkan states (BiH, Serbia, North Macedonia, Kosovo, Albania, and Montenegro) as “third countries” in the European geopolitical economy of care remains invisible on the European research agenda. As Višić and Poletić (2018) argue, gender blindness remains invisible within the migration scholarship of the Western Balkans.

While most of the research has focused on how care migration has increased employment of migrant care workers in private households and, often informally, sustained home-based care (Lutz 2011; Bauer et al. 2014; Degiuli 2016), less attention has been paid to how recruiting migrant care workers sustain formal residential care services. Studies about the employment of live-in migrant care workers in private households (according to the principle of circular migration) have gained importance in Western European countries in the last two decades, given that many Western European states financially support such arrangements through a cash-for-care policy mechanism, whereby the user purchases their home care from the market. The ideological basis of cash-for-care systems is to

increase the user's choice and autonomy, while the less visible pragmatic reason is to cut the public cost of care, based on the belief that home care promoted by cash benefit is cheaper than residential care (Ungerson & Yeandle 2007). Built on this policy mechanism, an industry of international brokering agencies has emerged to sell 24-hour home-care packages in the grey zone of undefined labour and social regulation (Macdonald 2021). In the EU, the majority of caregivers come from Eastern European and Western Balkan countries. In this way, Western European countries relieve the family, especially women, and the state of the burden of providing care and of the costs of care, but at the expense of migrant care workers' labour and social rights and the de-professionalisation of care (Da Roit & Le Bihan 2010). Cash-for-care benefits in the West also stimulate the care drain and contribute to a care deficit in the neighbouring poorer countries. This issue remains under-researched in European care migration studies. In postsocialist countries, including Slovenia, cash-for-care benefits and home-based live-in migrant care are still the exception rather than the rule.

Comparing migrant care work in home-based and residential care in Italy and the UK, Shutes & Chiatti (2012) argue that different institutional contexts produce converging outcomes concerning the structural positioning of migrant care workers, with marketisation and pressures to lower costs in care for older people being significant determinants. Cuban (2013) shows how migration and labour regulation affect the deskilling processes of migrant care workers to sustain low labour costs in residential care facilities. Widding Isaksen (2012) points out that, through its public nursing homes, the Norwegian welfare state acts as a global employer working in collaboration with a nursing college in Latvia and brokering recruitment agencies. The Latvian nurses are offered a "package deal" prompted by the welfare state, which resulted from negotiations between employers, the national migration authorities, the nurses' trade unions, and the commercial agencies. Widding Isaksen stresses the transnational inequalities embedded in these processes.

There has been a broad consensus that migrant care work can be understood and compared between the countries, analysing the mutual influence of care, employment and migration regimes in different countries as a start (Williams & Gavanas 2008). The feminisation of the workforce and its implications also require attentiveness to gender regimes conceived of over-arching discursive norms and material practices traversing care, employment and migration regimes (Lutz & Palenga-Möllnbeck 2012). With few exceptions, existing studies implement this approach in such a way that they focus only on the analysis in the receiving country. However, in his study of care migration from Slovakia to Austria, Bahna (2021) expands the focus on the receiving country

by analysing the situation in the sending country. He describes how the 2008 economic crisis led to increased unemployment and lower wages in Slovakia, which – along with the Austrian legalisation policies of employment of migrant care workers in private households – fuelled care mobility from Slovakia to Austria. This study proves that understanding transnational care migration requires the examination of the specific context in the sending country to unmask the inequalities and interdependences embedded in the interactions between the sending and receiving states.

SOCIOECONOMIC INEQUALITIES AND INTERDEPENDENCES BETWEEN THE EUROPEAN CORE, SEMI-PERIPHERY, AND PERIPHERY

The concept of the semi-periphery has its roots in Latin American structuralist theory, which analyses politico-economic phenomena as part of the dynamics of the world capitalist system between the countries of the capitalist core and the periphery. Prebisch (1950) introduced the core–periphery dichotomy upon discovering the tendency of primary commodity prices to fall relative to industrial products, thus limiting the development prospects of primary commodity-exporting countries, even as their productivity increased. Wallerstein (1976) proposed that an intermediate category of the semi-periphery be placed in the core–periphery dichotomy. According to Wallerstein, semi-peripheral countries combine activities typical of both peripheral and core countries and hence belong to neither the periphery nor the core. Although the capitalist core views them as its periphery, they act as the core in relation to its own periphery, which enables them to extract part of the surplus value from it. At the same time, they themselves are simultaneously exploited by the countries of the core, which appropriate a bigger share of the world surplus. Wallerstein noted that the semi-peripheral countries can maintain their (privileged) position as long as their labour costs are lower than those in the core countries, which leads to greater social inequalities and the oppression of labour (Arrighi 1985, 1990).

Several studies have explored the uneven development in Europe between the semi-periphery of Southern and Eastern Europe and the capitalist core of Europe (Germany, France, etc.). Following the 2008 financial crisis, these disparities have widened, exposing the “developmentalist illusion” and subordinate inclusion of these regions in European integrations (Vliegthart 2010; Becker et al. 2015; Hadjimichalis 2018). Foreign investment-led growth has been confirmed as transforming European semi-peripheries into locations for

less profitable industries and sources of cheap labour to reduce workers' upward pressure on wages in the countries of the core. Several studies have examined quantitative indicators to classify countries as core, semi-periphery, or periphery. Arrighi and Drangler (1986) used GDP per capita to observe the stratification of countries in the period 1938–1983. Within the CEE and Western Balkan regions, they showed that Austria moved from the semi-periphery into the core, while Yugoslavia (also, for instance, Greece) remained in the semi-periphery. Vieira (2018) replicated the study using the same methodology, employing data until 2015. This new study reveals that Austria is in the core, Slovenia, Croatia, and Montenegro in the semi-periphery, and Serbia and BiH in the periphery. Using extended indicators, Morales Ruvalcaba (2019, 2020) placed Slovenia in the semi-core, Croatia in the medium semi-periphery, and Serbia and BiH in the weak semi-periphery.

THE HISTORICAL, GEOPOLITICAL, AND SOCIOECONOMIC CONTEXT OF CARE MIGRATION BETWEEN SLOVENIA AND FORMER YUGOSLAV COUNTRIES

In the following section, we complement these findings with some indicators of the employment, gender, care, and migration regimes in Slovenia as a receiving country and BiH, Serbia, North Macedonia, and Croatia as source countries for the majority of migrant care workers in Slovenian care homes. After World War I, together with the Western Balkan states (except Albania), Slovenia made up Yugoslavia. In 1991, upon the secession of Slovenia and Croatia, Yugoslavia fell apart, which was followed by a period of war, mainly affecting BiH, Serbia, and Croatia. Their historically different socioeconomic contexts and varying involvement in nation-state-building conflicts have seen the former Yugoslav countries position themselves differently within European integration and capitalism. Slovenia joined the EU in 2004 and Croatia in 2013. BiH and Serbia – both post-socialist and post-war countries – remain, however, caught in a “double transition” which has brought infrastructural devastation, the loss of major industries, shady privatisation, and the pauperisation of the population coupled with immense emigration. Unemployment is rampant in both countries, and average wages, pensions and other allowances are extremely low in comparison to retail prices (Jansen et al. 2017: 13). Unemployment rate in BiH was 16% in 2020, 9% in Serbia, 14.5% in North Macedonia while it reached 6% in Croatia, and only 4% in Slovenia (Hrženjak & Redžić 2022). The female employment rate in former Yugoslav countries is, on average, 45%, meaning

that almost two-thirds of women of working age are not engaged in paid work (Atoyan & Rahman 2017). For instance, in BiH, the female unemployment rate is 58% and in North Macedonia, 36%, compared to only 4.6% in Slovenia (Hrženjak & Redžić 2022). While the OECD average spending of national GDP on LTC is 1.7%, it is only 0.1% in BiH and 0.4% in Serbia and Croatia. Slovenia, with its 1.3% share of GDP devoted to LTC, is still below the OECD average; nevertheless, the resources are considerably higher compared to BiH, Serbia, and Croatia (Hrženjak & Redžić 2022). The absence of a local social care system that provides jobs for women may be one reason for the care migration from these countries on the macro level. The other may be income differences. The average net salary in social care in 2020 amounts to 562 EUR in BiH, 495 EUR in Serbia, 580 EUR in North Macedonia, between 515 and 884 EUR in Croatia and almost double that, 973 EUR, in Slovenia (Hrženjak & Redžić 2022).

Unlike the former Soviet Union and the Eastern European countries in the Soviet bloc, Yugoslavia allowed labour migration to the West during socialism. Thus, the first period of labour emigration, mostly to Germany, occurred during the 1960s and 1970s. The refugees related to the Yugoslav Wars generated the second massive emigration in the 1990s, whereas the third period commenced following the visa liberalisation among EU Member States in 2012. The 2017 data for BiH show that its diaspora amounts to 1.7 million citizens, which, given a total population of 3.35 million, makes the BiH diaspora, in relative terms, one of the biggest in Europe. Over half of the BiH diaspora (52.4%) lives in the “Yugosphere” (Slovenia, Croatia, Serbia, Montenegro, North Macedonia) (Majstorović 2021: 53–54). Diasporas constitute crucial migrant networks that enable and facilitate further migration (Narazani et al. 2015: 16). The share of remittances of the national GDP is 9.3% in BiH, 7.2% in Serbia, 3.4% in North Macedonia, 7.3% in Croatia, and only 1.2% in Slovenia (Hrženjak & Redžić 2022).

Slovenia was the most industrialised country in former Yugoslavia and had the most developed public sector. The social protection system managed to endure the transitional shock comparatively well, preserving the livelihoods of its citizens faced with novel transition-related risks (Mandič 2016). It preserved the socialist legacy of public childcare, the combination of institutional and family-based care for older people, and high female employment. However, Slovenia was hit hard by the 2008 economic crisis due to its dependence on exports. A decade of austerity squeezed the welfare state and the public sector.

Already in Yugoslavia, Slovenia was a destination of internal labour migration. In the care and health sectors, many women from BiH and Serbia were recruited to work in Slovenia as cleaners and care workers in hospitals and senior care homes. In the 1990s, family networks provided refuge from war

for many asylum seekers from BiH, Serbia, and Croatia, among whom many women found employment in various care work (Cukut Krilić 2009). Today, we are witnessing a fourth period of migration from former Yugoslav countries, characterised by the systematic recruitment of labour for shortage occupations and low-wage work in construction, care, tourism, and retail. However, once citizens of a common country, they are now legally “third-country” nationals (except Croatians) and subject to restrictive labour and family reunion regulations.

CARE MIGRATION IN CARE HOMES BETWEEN THE EUROPEAN CORE, SEMI-PERIPHERY, AND PERIPHERY

In Slovenia, besides informal family care, the central pillar of care for older people is institutional care, which provides placement for 4.5% of older people (Association of Social Institutions of Slovenia 2021), while formal home care services are scarce. In the 1990s, the state opened the provision of institutional care to private enterprises; it introduced “controlled privatisation” by retaining control over the quality standards and prices through issuing concessions and business permits. The number of care homes doubled in the last twenty years; in 2020, there were 99 care homes: 54 public and 45 private (Hrženjak 2019).

All the interviewed stakeholders are unanimous in their diagnosis and prognosis of the problem of labour force shortages and the strategy for labour mobility to care homes. The managers of both public and private homes say there is a massive shortage of nursing assistants, nurses, and kitchen staff. The Association of Social Institutions of Slovenia also notes that 8% of employees have a recognised disability and that 17% of employees will retire in the next five years.

All stakeholders agree that the key reasons for the labour shortage are deplorable working conditions and low wages. They pointed out that standards and norms in institutional care have not been adapted to the changing structure of users and their needs over the last 30 years. In 2020, as many as 43% of residents were aged from 80 to 90 years, and 57% were bedridden and needed assistance with vital life functions (Association of Social Institutions of Slovenia 2021). While residents’ health profile and dependency have worsened, demanding more intensive care and a wider scope of medical services, the standards and norms for care workers regarding their diversified skills, medical training, and number

have remained unchanged.¹ The trade unionists explain that this results from labour scarcity and wage cost-cutting efforts in care homes. Vacancies remain unfilled, and the remaining workers take over the work through overtime labour. They work “non-stop”, are worn out, and accumulate many hours they cannot take as their time off. Hard work leads to absenteeism; many have their disability status recognised or are on long-term sick leave. One of the strategies is also assigning professional work to unskilled workers. An earlier study showed “virtually no difference between the work of attendants and nursing assistants” (Bembič 2019: 1027). Trade unionists confirm that it is a common practice that nursing assistants do the job of a nurse while attendants perform the tasks of nursing assistants. More than 50% of employees in care homes are classified in the lowest pay categories, where basic salaries are lower than the statutory minimum wage. The wages thus oscillate around the minimum wage, notwithstanding bonuses for unfavourable working conditions (uneven working hours, night and Sunday shifts). In the European context, Slovenia makes an exception regarding the funding of care homes, with only 30% of funding coming from the public health care budget and 70% paid by the users and their families. Such a funding system implies that pay raise in care homes directly results in a higher price for users, limiting the access to care of older people who are the most exposed social group to poverty in Slovenia (Leskošek 2019). Therefore, the state avoids raising salaries (Hrženjak 2019).

Care home managers reported a high turnover. In one of the homes where we interviewed the manager, 20% of the employees left in 2021. Workers leave for jobs with more regulated working hours in production, trade, or health centres or take up care work in neighbouring Austria, where home-based care is supported by the state with generous cash-for-care benefits (Österle 2014). Trade union official from the bordering region with Austria drew attention to long queues of vehicles heading towards Austria every morning. He said that according to their assessment, around 14,000 people commute daily to work, many from the health and care sector. Austrian brokering agencies boldly attempt to attract care workers from Slovenia with posters advertising high salaries and good working conditions. People can even accept jobs below their

1 According to The Court of Audit (2019: 53), in Slovenia, a social care worker cares for 50.6 users (9.5 minutes for each) and a health worker for 11.4 users (40 minutes for each). This is an extremely high work intensity compared to other countries. The two studies measured the standard time in Australia and Sweden that employees take to care for care recipients. The Australian study measured a standard time of 30 minutes of care for each care recipient (Qian et al. 2016), while the Swedish study measured between 75 and 101 minutes per care recipient (Thorsell et al. 2010).

formal education and earn more than in Slovenia because of the wage differences between the European core and semi-periphery.

Care home managers in Slovenia use several strategies to attract local care workers: from linking up with schools, offering scholarships, introducing organisational improvements with measures to balance work and family and promoting health and well-being at work to advertising jobs with jumbo posters and financial incentives, and even taking on staff between homes. Public work is financed at the level of labour market measures, and national vocational qualifications are made available for the long-term unemployed with inadequate qualifications. However, these strategies are not sufficient. According to an interview with the Association of Social Institutions of Slovenia, in 2020, only 29% of successful tenders were for the post of nursing assistant, 36% for the post of diet cook, 38% for graduate, and 44% for intermediate nurses.

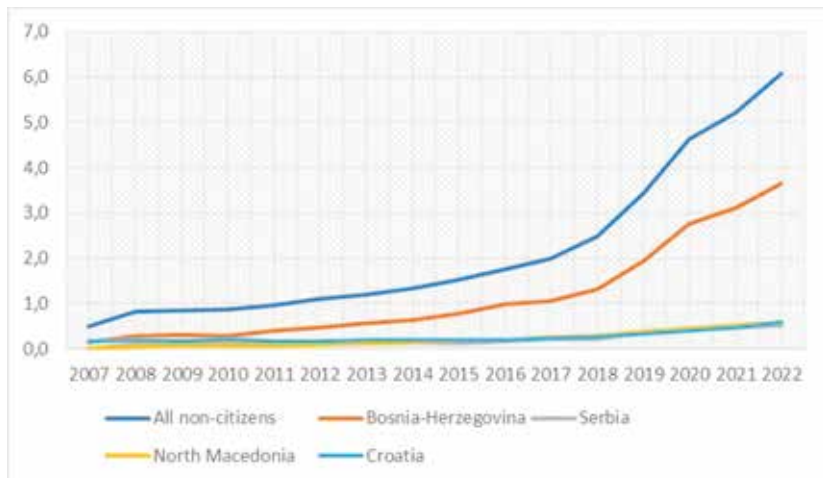
While improving working conditions in nursing homes has been very slow and uncertain in the face of a labour shortage, all interviewed stakeholders, including the state, see recruiting a foreign workforce as inevitable. A representative of the Ministry of Labour, Family, Social Affairs and Equal Opportunities says:

On the one hand, we see the solution in improving wages, and some negotiations are already taking place, but not enough. On the other hand, there are measures to facilitate the employment of foreigners, to attract foreigners. ... But the Balkan pool is already emptying. We have to realise that in the countries of the former Yugoslavia, we are no longer a little Switzerland. We think there may still be a reserve in Kosovo, Albania, Romania, maybe the Philippines. We absolutely welcome anything that would make it easier to attract workers from other countries.

According to Statistical Office data, the number of foreign-born care workers in care homes in Slovenia increased more than tenfold in the last fifteen years, from 0.5% in 2007 to 6.1% in 2022, rising sharply in the last five years (see Figure 1).

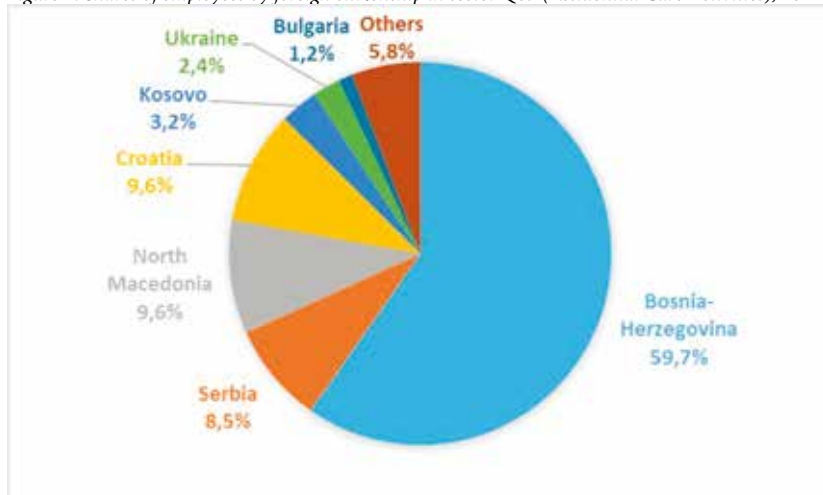
As Figure 2 shows in more detail, the majority of migrant care workers come from Bosnia and Herzegovina, followed by North Macedonia, Croatia, and Serbia. As a representative of the Employment Service said in the interview, these figures should be seen mainly as trend indicators, while the actual figures are higher. Official statistics, namely, do not record the employment of foreigners who have been granted a residence permit on grounds other than employment, such as associated family members and students. Nor do they record foreigners employed in Slovenia based on bilateral employment agreements who have obtained a permanent residence permit after five years of temporary residence.

Figure 1: Share of employees with foreign citizenship (in %) in sector Q87 (Residential Care Activities).



(Source: Statistical Office of the Republic of Slovenia – SURS. We thank Nuška Brnot for her kind assistance in providing information.)

Figure 2: Shares of employees by foreign citizenship in sector Q87 (Residential Care Activities), 2022.



(Source: Statistical Office of the Republic of Slovenia – SURS, data on 31 September 2022; the group “Others” covers citizens from twenty countries.)

The patterns and regulations of labour migration from these countries are diverse. As of 2018, Croatian citizens no longer need work permits and enjoy the same labour rights as other EU citizens in the Slovenian labour market. Our interviews showed that Slovenian care homes along the Croatian border are looking in Croatia for care workers who daily cross the border to commute to work. In one Slovenian care home near the border with Croatia, we asked whether the proximity to the border helps them find employees:

I think it helps us quite a lot. Especially since we live on the border with Croatia, or one of the poorest parts of Croatia, Croatian Zagorje, where wages are really low. ... As far as the Slovenian language is concerned, many Croatians who work for us have finished school in Slovenia.

However, care homes managers pointed out that, as the wage gap between the two countries narrows, Croatian care workers are becoming less interested in Slovenia and increasingly seek jobs in Austria and Italy.

Bosnia and Herzegovina, Serbia, and North Macedonia are positioned in the European border regime as so-called Third Countries and associated Member States with liberalised visa regimes. Slovenia has a Social Insurance Agreement with Macedonia, which covers pension and disability insurance, health and unemployment insurance, child benefits, and maternity pay. Slovenia has bilateral agreements on employment with BiH and Serbia. These agreements stipulate issuing a work permit for three years; in the first year, the migrant worker must stay with the employer who has applied for the work permit. Under the bilateral agreements, after one year's employment, a person gains free access to the labour market, and after five years of temporary stay, they become eligible for a permanent residence permit. However, also for care workers from Third Countries, Slovenia is often just a stepping-stone for migration further to the West, especially to Germany: "Many of them go on to Austria and Germany. Here they just stop to get their papers and sort out their status," say care home managers in our interviews.

While the European core countries have systematic recruitment strategies for migrant care workers at the national level (for instance, the Triple Win programme in Germany),² managers of care homes in Slovenia are mostly left to their own skills and informal recruitment strategies. According to our interviews, care migration in Slovenia mostly occurs outside the official channels

2 GIZ, Sustainable recruitment of nurses (Triple Win), available at: <https://www.giz.de/en/worldwide/41533.html>.

and bilateral agreements. Care home managers say they are most successful in recruiting through migrant networks. They ask their employees from former Yugoslav countries to invite relatives and acquaintances from their countries of origin to work in Slovenia. The manager of a public home, which employs 70 migrant women among its 330 employees, says:

We have used the social capital we have because we already have many employees from the former Yugoslavia states. They still go to their hometowns and have contacts there. They bring their relatives, their neighbours, their informal network. That has paid off the most for us. At the staff meeting and in the home's newsletter, the director addressed the employees, saying that we are in a difficult situation and would like to ask if anyone has anyone who would like to come and work for us to please bring them. The relatives are also helping newcomers with accommodation because we cannot provide them with housing, and the cost of accommodation in Ljubljana is such that one minimum wage is not enough.

In the absence of state policies, migrant social networks perform the function of recruiting migrant care workers into Slovenian care homes and integrating them in terms of housing. For these reasons, family reunification is also an important recruitment channel. A manager of a chain of private homes points out:

We are looking for those already living in Slovenia who have a residence permit based on family reunification because the husband is already here. Then it is much easier. Then we just have to fill in an information sheet. The Employment Service is flexible and very responsive. This also solves the housing problem.

Representatives of the Employment Service explained in the interview that the Slovenian Labour Market Regulation Act³ does not provide for entry into the unemployment register and free access to the labour market for migrant workers' family members. If family members find an employer by themselves, the Employment Service has to issue an opinion that there are no suitable candidates on the labour market for the job (information sheet under Article 33 of the Employment, Self-employment and Work of Foreigners Act),⁴ after which the administrative unit will also add access to the labour market to their

3 Zakon o urejanju trga dela (Labour Market Regulation Act, ZUTD), available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5840>.

4 Zakon o zaposlovanju, samozaposlovanju in delu tujcev (Employment, Self-employment and Work of Foreigners Act, ZZSDT), available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6655>.

residence permit. The manager of a chain of private care homes revealed in the interview that one of their recruitment strategies is also linking up with construction companies. As the Slovenian construction sector employs many migrant workers from the countries of the former Yugoslavia, through them, the care homes invite their family members (i.e., female partners) to take up care jobs.

Interviewees also pointed to some other less widely used recruitment strategies. In one home, they said they were preparing to work with a brokering agency. The manager of another care home mentions social networks: “I post on our Facebook, and then the employees share.” Media advertising is on the horizon in the care home near the border with Croatia.

Although immigration and employment regulations endow migrant workers with equal rights as those of nationals, our interviews pointed out the processes of deskilling and labour cost containment. Deskilling is associated with administrative barriers and professional standards in the employment of foreigners and with the fact that migrant care workers have to pass exams and learn the language while doing extremely time-consuming and physically and mentally demanding jobs. Managers of care homes say they mainly recruit skilled nurses and employ them as unskilled care assistants for a year of probation. Within this period, they have to pass a Slovenian language exam, which requires a high level of language proficiency, get their certificate validated, repeat their apprenticeship, and pass a professional examination with the Chamber of Nursing and Midwifery to obtain a licence to work as a nurse. Although employers, as mentioned in the interviews, are interested in and support migrant workers’ career progress, if migrant care workers do not meet these conditions, they remain in a position of an unskilled care worker or their employment is not prolonged.

Additional administrative barriers to employment cited by employers include lengthy procedures at administrative units for obtaining or renewing work and residence permits, the unavailability of language courses and exams, and the high costs of the transition process for migrant workers. According to the interviews, the management of care homes is interested in a long-term commitment, so they also promote integration through family reunification and employment of family members: “So we have many cases where we have, say, a mother and a daughter working, or a mother and a son, or a husband and a wife.” However, they add that under the current regulation of family reunification, which requires a certain amount of monthly income per family member to prevent “welfare migration”, a person on minimum wage cannot actually bring her family.

CONCLUSION

In this chapter, we analysed care migration in care homes for older people in Slovenia through its historical connections within the region and geopolitical location at the CEE semi-periphery. The structural characteristics of the semi-periphery, as defined by world-systems analysis, establish the care, gender, migration and employment regimes as qualitatively different from those in the European core and periphery. The care deficit in the semi-periphery stems from the state's underinvestment in care for older people and from the low purchasing power of households to compensate for insufficient public services. Compared to European core countries, where relatively generous cash-for-care benefits in combination with cheap migrant labour enable home-based care provided by live-in migrant carers, in Slovenia, the state's financial support to individuals is low, so only a handful of households is wealthy enough to afford such arrangement. Compared to Bosnia and Herzegovina, Serbia, North Macedonia, and Croatia, where care for older people is almost entirely family-based and privatised and where inclusion of women in paid work is low, Slovenia has retained a public-private network of care homes. In addition to care services, the homes provide jobs for women, although poorly paid and strenuous.

Following Fraser (2022), capitalism structurally requires low social reproduction costs through individualisation, privatisation, and feminisation mechanisms. In the semi-periphery, the dependent socioeconomic development makes the urge to contain taxes and public spending even more pressing. Integration into global capitalism is tied to neoliberal policies of containing funding for public models of care, resulting in worsening working conditions for care workers and an increasing financial burden for households. These processes generate dynamic care mobilities in the semi-periphery, in which domestic care workers abandon jobs for better employment in neighbouring core European countries. Natives, in turn, are replaced by workers from peripheral countries via historically established migrant networks from countries that were once part of one country (former Yugoslavia) but are now Third Countries. Thus, established care mobilities highlight the complexity of labour mobility dynamics in semi-peripheral countries: they are both destination and transit countries for periphery-to-core migration and source countries of required labour in core countries (Morales Ruvalcaba 2020). Slovenia, like other postsocialist countries (Katona & Meleggh 2021), is simultaneously a country of origin, destination, and transition of care mobility involving the EU and non-EU citizens, where daily cross-border commuting interacts with circular care migration and global care chains. There is no need to highlight that such migration and employment

regimes established at the EU external borders provide structural conditions for reducing workers' upward pressure on wages and enable the containment of welfare costs in core countries.

Semi-peripheral countries, however, are competing for care workers with core European countries. The economic inequalities between core, semi-periphery, and periphery, as well as the economic equalisation between some countries in the semi-periphery (i.e., Slovenia and Croatia), make countries in the semi-periphery less attractive for native and migrant care workers. Their competitive advantage in recruiting is mainly due to historical, linguistic and geographical proximities. While more profound research would undoubtedly enrich our knowledge of interdependences between sending and receiving countries, diverse patterns of care migration and institutional settings, our findings allow us to conclude that senior care in Europe has been transformed not only into a market commodity but also into a geo-strategical resource. In pursuing cost containment, care work, as an increasingly rare commodity, is systematically extracted from poorer countries by richer ones. We gained insights into this new dimension of transnational labour mobility in care from the centre–semi-periphery–periphery perspective.

ACKNOWLEDGEMENTS

This work was financially supported by the Slovenian Research and Innovation Agency within the research program P5-0413 and the research project J5-3104 (Transnationalisation of eldercare – diversities, recruitments, inequalities).

REFERENCES

- Arrighi, G. ed. (1985). *Semiperipheral Development: The Politics of Southern Europe in the Twentieth Century*. London: Sage.
- Arrighi, G. (1990). The developmentalist illusion: a reconceptualization of the semi-periphery. *Semiperipheral States in the World Economy* (ed. William G. Martin). Westport: Greenwood Press, 11–42.
- Arrighi, G., Drangel, J. (1986). The stratification of the world-economy: an exploration of the semiperipheral zone. *Review*, 10/1, 9–74. <https://www.jstor.org/stable/440009211>.
- Association of Social Institutions of Slovenia (2021). *Poudarki iz analiz področja institucionalnega varstva starejših in posebnih skupin odraslih 2020 [Highlights from the Analyses of Institutional Care for Older People and Special Groups of Adults 2020]*. Ljubljana: Skupnost socialnih zavodov Slovenije. <https://www.ssz-slo.si/wp-content/uploads/POUDARKI-IZ-ANALIZ-2020-1.pdf>.
- Atoyan, R., Rahman, J. (2017). *Western Balkans: Increasing Women's Role in the Economy* (IMF Working Paper). <https://www.imf.org/en/Publications/WP/Issues/2017/09/01/Western-Balkans-Increasing-Women-s-Role-in-the-Economy-45179> (16. 12. 2022).
- Bahna, M. (2021). The Economic Rationales Behind Crossborder Care among Care Workers from Slovakia. *Towards a Scarcity of Care? Tensions and Contradictions in Transnational Elderly Care Systems in Central and Eastern Europe* (eds. Katona Noémi, Attila, Melegh). Budapest: Friedrich Ebert Stiftung, 92–115.
- Bauer, G., Haidinger, B., Österle, A. (2014). Three Domains of Migrant Domestic Care Work: The Interplay of Care, employment and Migration Policies in Austria. *Migration and Care Labour: Theory, Policy and Politics* (eds. B. Anderson, I. Shutes). London: Palgrave Macmillan, 67–87.
- Becker, J., Jäger, J., Weissenbacher, R. (2015). Uneven and Dependent Development in Europe: The Crisis and its Implications. *Asymmetric Crisis in Europe and Possible Futures: Critical Political Economy and Post-Keynesian Perspectives* (eds. J. Jäger, E. Springler). London: Routledge, 81–97.
- Bembič, B. (2019). Embracing Caring Identity within the Capitalist Division of Labour. *Teorija in praksa*, 56/1, 1017–1034.
- Bettio, F., Verashchagina, A. (2010). *Long-term Care for the elderly: Provisions and providers in 33 European countries*. Brussels: European Commission. http://ec.europa.eu/justice/gender-equality/files/elderly_care_en.pdf.
- Cuban, S. (2013). *Deskilling Migrant Women in the Global Care Industry*. London: Palgrave Macmillan.

- Cukut Krilić, S. (2009). *Spol in migracija: Izkušnje žensk kot akterk migracij*. Ljubljana: Založba ZRC SAZU.
- 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.
- Degiuli, F. (2016): *Caring for a Living. Migrant Women, Aging Citizens, and Italian Families*. Oxford: Oxford University Press.
- Eurofound (2020). *Long-Term Care Workforce: Employment and Working Conditions*. Luxembourg: Publications Office of the European Union. <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>.
- European Commission (2007). *Circular migration and mobility partnerships between the European Union and third countries* (MEMO/07/197). https://ec.europa.eu/commission/presscorner/detail/en/MEMO_07_197.
- Florek, K. (2021) *Resilience of the Long-Term Care Sector and Early Key Lessons Learned from the COVID-19 pandemic*. https://www.epso.org/sites/default/files/article/files/Resilience_of%20the%20LTC%20sector_V3.pdf.
- Fraser, N. (2022). *Cannibal Capitalism: How Our System Is Devouring Democracy, Care, and the Planet – and What We Can Do about It*. London: Verso.
- Gábríel, D. (2022). Hungarian Migrant Care Workers between Local and Cross-Border Care Loops. *Care Loops and Mobilities in Nordic, Central, and Eastern European Welfare States* (eds. L. Näre, L. Widding Isaksen). London: Palgrave Macmillan, 63–84.
- Hadjimichalis, C. (2018). *Crises Spaces: Structures, Struggles and Solidarity in Southern Europe*. Routledge: London.
- Hochschild, A. R. (2000). Global Care Chains and Emotional Surplus Value. *On the Edge: Living with Global Capitalism* (eds. W. Hutton, A. Giddens). London: Jonathan Cape, 124–38.
- Hrženjak, M. (2015): Slovenian Domestic Workers in Italy: A Borderlands Care Chain over Time. *Towards a global history of domestic and caregiving workers* (eds. D. Hoerder, E. van Nederveen Meerkerk, S. Neunsinger). Leiden and Boston: Brill, 120–136.
- Hrženjak, M. (2019). Multi-local and cross-border care loops: Comparison of childcare and eldercare policies in Slovenia. *Journal of European Social Policy*, 29/5, 640–652.
- Hrženjak, M., Redžić, A. (2022). *Data Collection about Care, Migration, Labour and Gender Regime in Selected Countries of the Western Balkan*. <https://www.mirovni-institut.si/wp-content/uploads/2021/11/TE-DRI-data-collection-Western-Balkan-Croatia-Slovenia.pdf>.

- Jansen, S., Brković, Č., Čelebičić, V., eds. (2017). *Negotiating Social Relations in Bosnia and Herzegovina: Semiperipheral Entanglements*. London: Routledge.
- Katona, N., Melegh, A., eds. (2021). *Towards a Scarcity of Care? Tensions and Contradictions in Transnational Elderly Care Systems in Central and Eastern Europe*. Budapest: Friedrich Ebert Stiftung.
- Kindler, M. (2008). Risk and Risk Strategies in Migration: Ukrainian Domestic Workers in Poland. *Migration and Domestic Work: A European Perspective on a Global Theme* (ed. H. Lutz). Burlington, Hampshire: Ashgate Publishing, 145–61.
- León, M., ed. (2014). *The Transformation of Care in European Societies*. Hampshire: Palgrave Macmillan.
- Leskošek, V. (2019). Poverty of older women in Slovenia. *Revija za socialnu politiku*, 26/2, 227–240.
- Lutz, H., ed. (2011). *The New Maids: Transnational Women and the Care Economy*. London, New York: Zed Books.
- Lutz, H. (2018). Care Migration: The Connectivity between Care Chains, Care Circulation and Transnational Social Inequality. *Current Sociology*, 66/4, 577–589.
- Lutz, H., Palenga-Möllnbeck, E. (2012). Care Workers, Care Drain, and Care Chains: Reflections on Care, Migration, and Citizenship. *Social Politics: International Studies in Gender, State & Society*, 19/1, 15–37.
- Macdonald, F. (2021). *Individualising Risk. Paid Care Work in the New Gig Economy*, Singapore: Palgrave Macmillan.
- Majstorović, D. (2021). *Discourse and Affect in Postsocialist Bosnia and Herzegovina: Peripheral Selves*. London: Palgrave Macmillan.
- Mandič, S. (2016). Housing for Care: A Response to the Post-transitional Old-age Gap. *Journal of European Social Policy*, 26/2, 155–67.
- Marchetti, S. (2013). Dreaming Circularity?: Eastern European Women and Job Sharing in Paid Home Care. *Journal of Immigrant & Refugee Studies*, 11/4, 347–363. DOI: 10.1080/15562948.2013.827770.
- Mavrinac, D. (2018). Mobility and Care Workers. Croatian Paid Domestic and Elder Care Workers in Italy – Local Aspects of a Global Story. *Labour Mobility in the EU* (eds. K. Toplak, M. Vah Jevšnik). Ljubljana: Založba ZRC SAZU, 119–136.
- Morales Ruvalcaba, D. (2019). Semi-core states: a new category for rethinking the structure of power. *Austral: Brazilian Journal of Strategy & International Relations*, 8/15, 131–158.
- Morales Ruvalcaba, D. (2020). The Semiperipheral States in the Twenty-first Century: Measuring the Structural Position of Regional Powers and Secondary Regional States. *International Studies*, 57/1, 20–50.

- Narazani, E., Basic, S., Stojilovska, A. (2015). *Migration and Empowerment of Women in the Western Balkans*. London: Lap Lambert Academic Publishing.
- OECD (2020a). Who Cares? Attracting and Retaining Care Workers for the Elderly (OECD Health Policy Studies). Paris: OECD Publishing. <https://www.oecd.org/publications/who-cares-attracting-and-retaining-elderly-care-workers-92c0ef68-en.htm> (9. 1. 2023).
- OECD (2020b). Workforce and Safety in Long-Term Care during the COVID-19 Pandemic. <https://www.oecd.org/coronavirus/policy-responses/workforce-and-safety-in-long-term-care-during-the-covid-19-pandemic-43fc5d50/> (8. 12. 2022).
- OECD (2021). *Health at a Glance 2021: OECD Indicators*. Paris: OECD Publishing. <https://doi.org/10.1787/ae3016b9-en> (12. 10. 2023).
- Österle, A. (2014). The Transnationalisation of Older Care in Austria. *The Transformation of Care in European Societies* (ed. M. León). Hampshire: Palgrave Macmillan, 161–82.
- Parreñas Salazar, R. (2001). *Servants of Globalization: Women, Migration, and Domestic Work*. Stanford: Stanford University Press.
- Prebisch, R. (1950). *The Economic Development of Latin America and its Principal Problems*. New York: Economic Commission for Latin America.
- Qian, S., Yu, P., Hailey, D. (2016). Nursing staff work patterns in a residential aged care home: a time-motion study. *Australian Health Review*, 40/5, 544–554. DOI: 10.1071/AH15126. PMID: 26615222.
- Sahraoui, N. (2019). *Racialised Workers and European Older-Age Care. From Care Labour to Care Ethic*. London: Palgrave Macmillan.
- Spasova, S., Baeten, R., Coster, S., Ghailani, D., Peña-Casas, R., Vanhercke, B. (2018). *Challenges in long-term care in Europe. A study of national policies, European Social Policy Network (ESPN)*. Brussels: European Commission. <https://www.age-platform.eu/publications/challenges-long-term-care-europe-study-national-policies-2018> (9. 1. 2023).
- Social Protection Committee and European Commission (2014). *Adequate Social Protection for Long-Term Care Needs in an Ageing Society*. Luxembourg: Publications Office of the European Union. <https://op.europa.eu/en/publication-detail/-/publication/71532344-ddf1-4d34-a7aa-f65c701a22a2>.
- Shutes, I., Chiatti, C. (2012). Migrant Labour and the Marketisation 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.
- Souralová, A. (2015). An Employer Sui Generis: How Placement Agencies Are Changing the Nature of Paid Childcare in the Czech Republic. *Employers, Agencies and Immigration: Paying for Care* (eds. Anna Triandafyllidou, Sabrina Marchetti). Burlington: Ashgate, 151–69.

- The Court of Audit (2019). *Revizijsko poročilo: Skrb za tiste, ki zaradi starosti, duševne ali telesne prizadetosti potrebujejo pomoč drugih* [Audit report: Caring for those who need help from others because of their age, mental or physical disability]. Ljubljana: Računsko sodišče. https://www.rs-rs.si/fileadmin/user_upload/Datoteke/Revizije/2019/KAM/KAM-2_RSP_RevizijskoP.pdf.
- Tkach, O., Hrzenjak, M. (2016). Paid Domestic Work in Postsocialist Contexts: Regional Traits of a Global Phenomenon: an Introduction. *Laboratorium: Russian Review of Social Research*, 8/3, 4–27.
- Triandafyllidou, A., Marchetti, S. (2013). Migrant Domestic and Care Workers in Europe: New Patterns of Circulation? *Journal of Immigrant & Refugee Studies*, 11/4, 339–46.
- Thorsell, K., Nordström, B., Fagerström, L., Sivberg, B. (2010). Time in Care for Older People Living in Nursing Homes. *Nursing Research and Practice*. DOI: doi.org/10.1155/2010/148435
- Uhde, Z., Ezzeddine, P. (2021). The Political Economy of Translocal Social Reproduction: Cross-Border Care Mobility in the Czech Republic. *Towards a Scarcity of Care? Tensions and Contradictions in Transnational Elderly Care Systems in Central and Eastern Europe* (eds. N. Katona, A. Melegh). Budapest: Friedrich Ebert Stiftung, 26–44.
- Ungerson, C., Yeandle S., eds. (2007). *Cash for Care in Developed Welfare States*. Hampshire: Palgrave Macmillan.
- Van Hooren, F. (2014). Migrant Care Work in Europe: Variety and Institutional Determinations. *The Transformation of Care in European Societies* (ed. M. León). Basingstoke: Palgrave Macmillan, 62–83.
- Vliegienthart, A. (2010). Bringing Dependency Back In: The Economic Crisis in Post-Socialist Europe and the Continued Relevance of Dependent Development. *Historical Social Research*, 35/2, 242–265.
- Vieira, M. B. B. (2018). Undocking and Collision: The Recent Paths of the Semiperiphery in the World-System. *Austral: Brazilian Journal of Strategy & International Relations*, 7/13, 10–47. <https://doi.org/10.22456/2238-6912.82579>
- Višić, T., Poleti-Čosić, D. (2018). Gender and Migration Re-visited: Production of Knowledge and Feminism (in) between Semi-periphery and the Core. *Sociologija*, 60/1, 255–274.
- Wallerstein, I. (1976). Semi-peripheral countries and the contemporary world crisis. *Theory and Society*, 3/4, 461–483.
- Widding Isaksen, L. (2012). Transnational Spaces of Care: Migrant Nurses in Norway. *Social Politics: International Studies in Gender, State & Society*, 19/1, 58–77.

- Williams, F., Gavanas, A. (2008). The Intersections of Childcare Regimes and Migration Regimes: A Three-Country Study. *Migration and Domestic Work: A European Perspective on a Global Theme* (ed. H. Lutz). Hampshire: Ashgate Publishing, 13–19.
- Witzel, A. (2000). The problem-centered Interview. *Qualitative Social Research*, 1/1. <https://doi.org/10.17169/fqs-1.1.1132>.
- Yeates, N. (2009). *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains*. Basingstoke: Palgrave Macmillan.
- Zigante, V. (2018). *Informal Care in Europe: Exploring Formalisation, Availability and Quality*. London: London School of Economics and Political Science.