

Long-term care in EU policy 1999–2022: women’s responsibility, migrants’ work?

ELENA ZACHARENKO 

Department of Social Sciences, Tampere University, Tampere

Abstract

As the population of the European Union (EU) is ageing and its working-age population shrinking, concerns are rising about how the growing demand for long-term care (LTC) will be met. Since unpaid care, provided mainly by women, is increasingly scarce, some EU states are becoming dependent on migrant labour for the functioning of their elder care systems. To address the growing deficit of care in the EU, the European Commission put forward a European Care Strategy, for the first time proposing a stand-alone policy on LTC. This followed on from a Commission proposal for a new strategy on migration, calling for labour migrants to be proactively attracted to work in the EU’s care sector. As the (lack of) availability of LTC is increasingly shaping EU policy, it is timely to investigate what its impact is on key policy areas, such as gender equality, social and migration policies.

Keywords: gender; international political economy/economics; migration policy; public policy; social policy

Introduction

The population of the European Union (EU) is ageing rapidly, precipitating concerns about the growing demand for long-term care (LTC), ‘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’ (European Commission, 2021, p. 17). The LTC deficit is increasing due to a shrinking working-age population and decreasing availability of unpaid care providers caused by women’s increased participation in the labour market. The demographic ageing of European societies, which exacerbates these dynamics, has been referred to as a ‘silent crisis as bad as the climate crisis’ by European Commission officials.¹ To address these challenges, (some) Western EU states have become dependent on migrant labour² for the functioning of their elder care systems (Leiblfinger et al., 2020).

The growing concern about LTC needs and its provision has significant implications for EU economic, social, and migration policies and, reversely, impacts the availability

[Correction added on 10 May 2023, after first online publication: The copyright has been changed.]

¹Statement made by Marion Finke, member of the Cabinet of Dubravka Šuica, European Commission Vice-President for Democracy and Demography in the European Parliament on 29 September 2022 at the event ‘European Care Strategy: what opportunities for PHS sectors?’ (author’s notes), <https://www.effe-homecare.eu/en/strategie-europeenne-en-matiere-daccueil-et-de-soins-quelles-opportunités-pour-les-secteurs-des-phis/>, accessed 31/10/2022.

²Whilst EU policy usually uses the terms ‘migration’ and ‘migrant workers’ to refer to non-EU nationals working in the EU and ‘internal mobility’ and ‘mobile workers’ to refer to EU nationals who work in a different member state than that of their nationality, this article will refer to all individuals working in a country different to that of their birth (EU or non-EU) as migrant workers or labour migrants.

of LTC. Explicit EU policy provisions have been slow to develop, and the right to give and receive LTC has only recently been explicitly recognized (Caracciolo Di Torella and Masselot, 2020). The European Care Strategy put forward by the European Commission in September 2022 aims to address this gap. As the demand for, and scarcity of supply of, LTC is increasingly shaping EU policy, it is timely to investigate its impact on key policy areas, such as gender equality, social, and migration policies.

EU policy often frames care as a cost and strain on public finances (Cavaghan and Elomäki, 2022) and introduces policy solutions that promote the individualization and marketization of care services (Zacharenko and Elomäki, 2022). One of the consequences of the increasing commodification and marketization of care is the relegation of reproductive labour to migrant women from poorer countries, a process termed the international division of reproductive labour (Parreñas, 2015), which increases the dependence on migrant labour. This process is also taking place in the EU, where foreign-born workers (from both within and outside of the EU) are 20% of the LTC workforce (European Commission, 2022c).

EU policy considers women primarily responsible for certain types of social reproductive labour, in particular, childcare (Repo, 2016). As a result, targets for state-supported provision of childcare have been set up (Masselot, 2015) and raised in the European Care Strategy (European Commission, 2022a). However, the issue of whom EU policy deems responsible for the provision of LTC has not yet been researched. This article traces the process of how EU institutions, in particular, the European Commission, have become increasingly preoccupied with the ageing of European societies, the shrinking of the workforce, women's increasing participation in the labour market and rising care needs. As a result, the institutions' allocation of responsibility for LTC provision has shifted from relying on individuals to the state and, increasingly, migrant labour. The article analyses this shift in EU policy documents on the topics of LTC, demographic change and ageing from 1999 to 2022, including the latest landmark policy initiative in this area, the European Care Strategy. Interviews with key informants working on LTC in the EU allow a deepening of the analysis for the current stage of EU policy development in this area.

The article is structured as follows: A theoretical background section sets out the main concepts used, followed by an overview of the existing literature on the topic of EU LTC policy and care labour migration. The analytical approach of the article is set out in the methodology section. The discussion section presents the three phases identified through document analysis: the early (1999–2011) phase, where LTC was seen as a 'social' pre-occupation and thus expected to be taken on by individuals; the middle (2012–2018) phase, where a focus on demographic ageing has intensified the discussion of migrant care labour as a potential solution; and the current phase (as of 2019), when care and LTC have been recognized as an important area for EU action, with migrant care labour seen as one of a repertoire of means to address growing care needs.

The article will answer the following research questions:

1. How has EU policy on LTC evolved over the analysed period (1999–2022)?
2. Who do key EU institutions (European Commission, European Parliament and EU Council) perceive as being primarily responsible for providing LTC?
3. What is the impact of EU policy on the commodification of LTC and the promotion of a reliance on migrant care labour?

International Division of Reproductive Labour

Care scholars describe care as an activity where the goal is the maintenance of life for its own sake, going beyond the logic of markets and the objective of reproducing the labour force (Dowling, 2021). LTC and care for the elderly fall firmly within the scope of discussions on the allocation of responsibility for care labour within society (Tronto, 2013). Feminist political economists focus on care as an aspect of social reproduction, a type of work essential to the maintenance of capitalist economies (Fraser, 2016), including the unpaid production of goods and services in the home and the sexual, emotional and affective services required to maintain family and intimate relationships and create and reproduce shared meaning and understandings to sustain communities and societies (e.g., Bakker, 2007; Hoskyns and Rai, 2007). Some definitions also include paid work in public services (Pearson and Elson, 2015).

Nonetheless, mainstream economic thinking and policy-making fail to recognize the importance of social reproduction, obscuring its economic value and importance. The false dichotomy between productive and reproductive labour renders unpaid reproductive work invisible (not considering it 'work' at all) and devalues paid reproductive labour (Hoskyns and Rai, 2007). LTC suffers a double devaluation: first, as a form of reproductive labour, which is not considered to be 'real' work, and second, as an activity that absorbs but does not produce labour power (i.e., create or nourish new workers, unlike childcare) (Federici, 2020). This false dichotomy is evident in that key economic indicators do not count unpaid work or the poor working conditions and pay in the care sector. Public care services are seen as a cost to be cut rather than an essential service or value to society, creating a 'care deficit' (Hochschild, 2000), with social reproduction becoming either commodified or marketized for those who can afford it or privatized and assumed by the household by those who cannot (Fraser, 2016).

To address this deficit, the commodified labour of social reproduction is increasingly relegated to migrant women. The resulting set of dependencies forms a care chain, whereby the care labour performed by migrant women in wealthier countries creates a deficit in their countries of origin, where it has to be replaced by the work of even poorer or more marginalized women, with a redistribution of emotional labour from poorer to richer countries (Hochschild, 2000).

The concept of the international division of reproductive labour (Parreñas, 2015) adds a feminist political economy perspective, foregrounding the importance of care migration to the global political economy and the maintenance and exacerbation of wealth and economic inequalities between states:

By spurring economic development, the international division of reproductive labor retains the inequalities of the global market economy. The low wages of migrant domestic workers increase the production activities of the receiving nation, but the economic growth of the [country of origin] is, for the most part, limited and dependent on the foreign currency provided by their low wages. (Parreñas, 2015, p. 42)

This mechanism also applies within the EU, where receiving states often do not pay for the reproductive costs of migrant workers, such as social security or pensions (Uhde and Ezzeddine, 2020).

EU Policy on LTC and Migrant Care Labour

The EU has for the first time recognized the importance of LTC as a topic meriting its own policy initiative within the 2022 European Care Strategy package, which contains a proposal for a (non-binding) Council Recommendation on access to affordable high-quality LTC. Until then, the most explicit mentions of the right to receive care are made under the European Pillar of Social Rights, a non-binding declaration of principles adopted in 2017. The principles are general, high-level objectives on the right to childcare, healthcare and LTC, rather than concrete targets, and implemented mainly via soft law. The 2019 Work–Life Balance Directive also introduced new leave provisions for people with caring responsibilities other than childcare.

However, scholars point out that EU policy goals related to care provision are often geared primarily towards meeting market demands. As a result, the feminist concept of sharing care responsibilities equally between men and women has been reshaped to refer to the reconciliation of working and family life and used to destabilize employment conditions (Stratigaki, 2004). As the European population is ageing, EU work–life balance policies aim to encourage women to increase both their ‘productive’ work in the labour market and to reproduce the labour force through childbearing and rearing (Repo, 2016). Overwhelmingly, in EU policy, ‘rights for carers are framed as “workplace rights”’, aimed at and available only to those who are already active on the labour market (Caracciolo Di Torella and Masselot, 2020, p. 128).

Whilst care and LTC are not explicit competences of the EU, they fall under the remit of EU social policy, which, scholars have demonstrated, lacks a solid enforcement system (de la Porte and Heins, 2015) and is largely subordinate to EU economic policy objectives (Crespy and Menz, 2015). EU policy consistently misrepresents labour in the reproductive sector ‘as a “social” activity, an irrelevance or a cost, rather than a macro-economic input’ (Cavaghan and Elomäki, 2022, p. 13). It fails to address the ongoing care crisis due to a preoccupation with potential solutions having negative impacts on public finances (Zacharenko and Elomäki, 2022). As a result, provisions on care have taken the form of non-binding recommendations and targets or benchmarking and coordination between member states (Caracciolo Di Torella and Masselot, 2020). However, even when they are non-binding, EU policies have played a significant role in marketizing and commodifying the European personal and household services (PHS) sector (of which LTC provision is part) in several EU countries, by destabilizing employment conditions, lowering labour costs and subsidizing certain services and types of households (Morel, 2015).

EU member states are increasingly relying on migrant care labour for the provision of LTC. Central-Eastern European migrants have in particular been contributing to meeting the needs for undervalued and low-pay labour in Western Europe, including in LTC (Leiblfinger et al., 2020). This has in part been made possible by the EU’s neoliberal, economic approach to the principle of the freedom of movement, designed to simply even out the labour supply and demand in different countries and regions of the EU, whilst neglecting the new inequalities that this creates (Engbersen et al., 2017).

This article aims to contribute to the discussion by exploring how EU policy frames the responsibility for the provision of LTC, the impact this has on the commodification of care labour and the increasing reliance on migrant care labour. It will assess if the EU

promotes the international division of reproductive labour, whereby both the care deficit and social reproduction costs are displaced from (some) Western EU states to Central and Eastern Europe (CEE) and beyond.

Methods and Materials

The article analyses textual data consisting of EU social policy documents (European Commission communications, green papers, working papers and reports; Council Conclusions; and European Parliament resolutions) that touch upon subjects of LTC and/or demographic change and ageing from the period of 1999–2022 (the first documents to substantially discuss the need for LTC provision appeared in 1999). The textual data provide a rich source of information on policy constructions and framings of who is held responsible for LTC provision and for addressing its deficit.

The textual research applies a critical frame analysis (Verloo, 2016). References to LTC have been identified and classified as framing the responsibility for LTC as either that of the individual or the state. These frames were developed *ex ante*. References to care labour migration were identified in parallel and coded inductively based on whether they framed care migration as a potential solution (e.g., by providing more staff and addressing the care deficit), a potential risk to the recipients of care (e.g., due to the lack of control over the quality of care provided), a disadvantage to the host country (e.g., the illegal employment status of the carer and loss of tax revenue), a disadvantage to the carer (e.g., due to low wages or poor working conditions), a disadvantage to the countries of origin (e.g., due to 'care drain') or a 'win–win–win' situation for all sides. In the analysis, frames were identified as diagnostic (i.e., describing reality) or prognostic (i.e., prescribing what should be the case or calling for action) (Verloo, 2016) to better identify the aimed-for policy goals.

Eleven semi-structured qualitative interviews with key informants were conducted between April and August 2022 (30–45 minutes long, either online or in person in Brussels) to test the interpretations made based on textual data and deepen the understanding of the current period of LTC policy development. Interviewees were selected based on having direct experience of working on EU policy on LTC. They included representatives of the European institutions (the European Commission and the European Parliament) and civil society (trade unions representing care workers, associations representing informal carers, PHS employers and care recipients and political foundations). Interviewees were asked about their organization's position on LTC and its deficit, potential policy solutions, the role of migrant care labour in meeting demand for LTC, their experiences in interaction with EU institutions on these issues and if they had observed changes in the EU's approach over time.

Analysis

From PHS to Care

The EU first took interest in care provision as part of its efforts to implement broader economic and labour market reforms and address high unemployment in the bloc. A key actor in this area was the European Commission, which, since the 1990s, promoted the development of a PHS sector, with LTC and childcare provision identified as having

a high potential for job creation, especially for women and other underemployed groups (Morel, 2015). In the late 1990s and early 2000s, the focus on PHS development as a source of jobs shifted to that of ‘freeing up’ women to perform higher productivity work (Morel, 2015).

Once the topic was introduced by the European Commission, the European Parliament joined the debate by providing an alternative framing, in line with that promoted by trade unions and focusing on the vulnerability of those most often performing PHS: migrant women, who were seen as potentially subject to exploitation. At a later stage, whilst the European Commission was focused on productivity gains, the European Parliament focused on decent working conditions and pay for PHS employees (Ledoux, 2021). The discourse of the EU Council in this debate has not yet been studied nor has the EU institutions’ framing of responsibility for LTC as such.

The sections below describe three partially overlapping periods that emerged from the data analysis. The periods correspond to the stages of the EU’s policy development on LTC. The turning point that allows the identification of the shift from the first (1999–2011) to the second (2012–2018) period is the emergence of LTC as a stand-alone topic on the EU’s agenda; and that from the second to the third (as of 2019) is the emergence of a discourse on care as an economically valuable activity.

1999–2011: Care as a Social Activity

The consequences of demographic ageing for the society and economy first appeared on the EU policy agenda as a topic in its own right in 1999, when the European Commission (1999) published a communication entitled ‘Towards a Europe for all ages’. Whilst the issue of ageing and (scarce) mentions of care for the elderly were included within the European Commission’s annual demographic reports, they were marginal to the broader discussion contained within these texts, a symptom of the double devaluation from which elder care suffers (Federici, 2020). The European Commission’s (1999) communication launched a more comprehensive discussion on the ageing of European societies and highlighted the challenge of meeting growing LTC needs in view of the shifts in family structures (smaller families, more divorces, fewer marriages, more single-parent households and fewer children), increased mobility, children more likely to live further away from their parents and the overall reduction in the number of available (unpaid) carers due to the shrinking of the working-age population.

Early European Commission (1999, 2001) documents on ageing and care for the elderly describe the primary responsibility for providing LTC as lying with individuals (referred to as informal carers by the EU) – usually family members, and mainly women, providing care on an unpaid basis. The European Commission states:

the majority of persons needing permanent assistance and care are attended to in their own home by spouses or other relatives. This is an area where equality between women and men in their share of responsibility is far from being reached: women aged 45–65 provide the bulk of all elder care as unpaid work at home. (European Commission, 1999, p. 19)

The diagnosis does not proceed further – there is no consideration of the economic value of LTC provision nor of its importance to society more broadly – suggesting that this activity is perceived as a social rather than economic one (Cavaghan and

Elomäki, 2022). As a result, a tension emerges between the policy agendas of promoting women's 'productive' labour market participation and their reproductive obligations (Fraser, 2016). Care obligations are seen as a hinderance to women's labour market participation, but at the same time, their increased participation in the labour market creates a scarcity of informal care: 'it is likely that women's increasing workforce participation will reduce their traditional availability to care for older relations at home just as [the LTC] need increases' (European Commission, 1999, p. 19).

EU policy in this period fails to emphasize the opportunity for state intervention to reduce this tension. The European Commission (2004) defines the role of the state primarily as making existing systems more efficient to ensure that a basic level of care is available to those who cannot rely on family support: 'accessibility of care for all, based on fairness and solidarity, taking into account the needs and difficulties of the most disadvantaged groups and individuals, as well as those requiring costly, long-term care' (p. 3). The Commission's calls for measures such as health promotion to decrease LTC demand and ensure longer productivity of the working population further set out the role of the state as the maintenance of the fiscal balance and containment of LTC costs: 'for economy and society at large the challenges include containing the rising cost of care (...) [and] keeping people productive in work when getting older, in view of the rising dependency ratio' (European Commission, 2007, p. 3).

Conversely, the European Parliament (2000) problematizes women's responsibility for the provision of LTC as caused by both an unequal division of labour between women and men and the lack of social infrastructure, pointing towards the state as responsible for (and failing at) its responsibility to take care of dependent citizens: 'whereas the burden of caring for older people is not shared equally between family members, but is borne by women, and whereas there is a lack of accessible social infrastructure' (recital P). However, the European Parliament also stresses the need to 'reconcile' LTC with work obligations, allowing more women to enter the labour market, suggesting it also expects women to provide both productive and reproductive labour.

The first mention of migrant care labour as a potential solution to the challenges posed by an ageing population (although not yet specifically in relation to the LTC sector) appears in a 2005 European Commission green paper on 'Confronting demographic change: a new solidarity between the generations' (European Commission, 2005). In response to the green paper, the European Parliament (2006) problematizes the issue, noting with concern the trend for undocumented migrant women to be exploited as domestic workers and the increasing tendency for Eastern European regions to suffer from a migratory outflow of mainly young women. A subsequent European Parliament (2008) resolution highlights the potential underdevelopment and economic disadvantages this can bring to origin countries, which encourages efforts to mitigate these risks: 'migration ... should not constitute a disadvantage for the countries of origin ... the risk of "brain drain" [should be countered] by effective measures' (pp. 95–96).

The European Parliament (2010) continued to raise concerns over the 'severe regional imbalances' (p. 110) and a shortage of care professionals following the accession of 10 CEE states in 2004 and 2008. Whilst EU accession did not immediately grant CEE members access to the labour markets of all Western EU member states, it launched a process whereby labour migration from these states towards other EU countries (most often Westwards) fell under the principle of the freedom of movement (termed 'internal

mobility'). The European Parliament hinted that when it is applied purely with a view of meeting economic demands, this principle has adverse outcomes for CEE states:

Points out that the migration of qualified workforce from the new to the old Member States is one of the biggest demographic problems facing the new Member States and is having a negative impact on the age structure of their population. (European Parliament, 2011, p. 28)

However, the same resolution presents migration as a solution to the demographic challenges in receiving countries and regions and calls for the retention of labour migrants:

Calls on the Member States to agree on a common strategy on legal migration, not least since Europe is (...), reliant upon the migration of skilled workers (both between the Member States and from outside the EU, particularly those bordering the Union) for demographic reasons; considers that the Member States must seek to ensure that skilled workers are retained, in order to contribute to the balanced development of the regions and to alleviate the effects of demographic change. (European Parliament, 2011, p. 30)

This illustrates the internal contradiction plaguing EU policy in this area: the prioritization of the fiscal balance over that of meeting growing care needs. This allows for the reliance on (cheap) migrant care labour to emerge as a solution to the growing need for paid LTC provision given women's increased labour market participation. This approach is welcomed in EU policy as it lowers or transfers expenditure entirely to individuals as direct employers.

2012–2018: Rising Reliance on Migration

The EU's LTC policy development entered a new stage around 2012–2013 with the introduction of its Social Investment Package (2013), which, although criticized as a rhetorical exercise (Crespy and Menz, 2015), aimed to raise the status of social issues after the Eurozone crisis. As part of the package, the European Commission (2013) released a staff working paper, 'Long-term care in ageing societies – Challenges and policy options', which for the first time elevated LTC to a stand-alone topic of interest. This paper frames LTC predominantly as a cost, although in contrast to the previous period, not only formal but also for informal care is presented this way:

While formal care is recognized as costly, both for the economy and the exchequer, informal family care also entails both opportunity costs and regular costs for families. Family care involves costs for the economy and the public budgets, as informal carers may not be able to find or stay in formal work, and may thus pay little or nothing in taxes and social contributions. (European Commission, 2013, p. 11)

This diagnosis spurs the need to minimize expenditure by reducing the demand for LTC – a new responsibility allocated to the state. Arguing along the same lines, the EU Council (2012) suggests in its conclusions on 'Healthy ageing through the lifecycle' that states should raise awareness of practices promoting long-term health and well-being and encourage the better management of health conditions. This approach is believed to have a doubly positive effect in minimizing the demand for LTC and boosting productivity: 'the promotion of policies and actions that sustain the health of working age people,

leading to a healthy workforce, [is] a prerequisite for productivity and growth' (EU Council, 2012, p. 10). On the supply side, the European Commission (2013) encourages states to raise the productivity of their LTC sectors and improve their cost effectiveness: 'Member States need to move from a primarily reactive to an increasingly proactive policy approach, which seeks both to reduce care demand and to boost efficient, cost-effective care provision' (European Commission, 2014, p. 10).

Despite these efforts, the European Commission (2014) realizes that LTC availability will need to be increased and foresees this as a challenge: 'Demographic trends will have serious consequences for the availability of paid carers. Intense competition for manpower will make it very difficult to attract enough extra carers to keep pace with growing care needs' (p. 35). The European Commission suggests the ageing of the LTC workforce and the non-competitive working conditions within the sector are the causes. It remains silent about the fact that in some countries, it was state policies made in line with its own proposals from the 1990s and 2000s that have worsened wages and working conditions (Morel, 2015), contributing to the individualization and commodification of care.

In this context, the European Commission identifies a reliance on the use of 'migration as a solution' as an increasing trend in some member states, among both individuals and state services:

The underdevelopment of formal long-term care services in southern Member States has given rise to the practice of families employing immigrants – including some without legal status – as undeclared live-in carers for their ageing relatives. (...) Migrants also make up an increasing proportion of formal-care workers in Member States (...). Big differences in pay and working conditions among Member States influence the inflow of mainly female migrant workers. (European Commission, 2013, p. 12)

This phenomenon is not problematized, framing reliance on migrant labour simply as a status quo rather than analysing the policy or political origins of this reliance (e.g., the 'big differences in pay and working conditions' between Member States).

Nonetheless, the European Commission suggests that there may be potential negative impacts of recruiting migrants for the formal-care sector and that these should be mitigated. Remittances and the possibility of workers returning to their (non-EU) countries of origin with additional expertise are seen as adequate compensation. This is referred to as a 'win-win-win scenario' benefitting the migrant as well as the origin and destination country: 'source (non-EU) countries improve their medical knowledge and build up a better-skilled workforce, [the destination country] increases the number of medical staff and improves social diversity and students gain job opportunities and skills' enhancement' (European Commission, 2014, p. 62).

The difference in the approach to migrant care labour in formal and informal settings in EU policy might be explained by the fact that the work of migrants within family settings absolves the state of responsibility by removing the need for substantial (or at times any) public financial involvement and allowing family members to continue participating in the labour market. The European Commission does not problematize the fact that this contributes to the creation of global care chains and the displacement of costs of social reproduction.

Whilst the European Parliament does problematize the scale of reliance on commodified care work by individuals and on migrant care labour, it seems to have dropped its

concerns about internal EU inequalities, focusing solely on non-EU migrants. A 2016 resolution on women domestic workers and carers states that the existing care infrastructure in the EU is inadequate and foregrounds the role of privately employed carers in meeting the care deficit:

Affordable ... carers play an important role both economically and socially since they free up mainly other women, allowing them to pursue their careers and enjoy their social life, and enable their employers to have a better work–life balance, as well as making it possible for many people to be available for work. (European Parliament, 2016, recital AR)

The resolution makes a clear link between increased care labour migration flows from outside of the EU and the phenomenon of social dumping, whereby migrants are relied upon to provide services at a cheaper cost and in worse labour conditions than nationals.

The intensification of existing pressures (women's labour market participation and demographic ageing) has thus expedited discussions on migrant care labour in EU policy in this period, further exacerbating the internal contradictions in the EU's approach to LTC.

2019–2022 (and beyond): Utilitarian Approach to Tackling the Care Deficit

The ground for the current phase of the development of the EU's LTC policy had been laid with the adoption of the European Pillar of Social Rights (2017) (Decker, 2022) and the Work–Life Balance Directive (2019), before entering in full swing with the mandate of the Von Der Leyen Commission in 2019. Originally, driven primarily by concerns about demographic shifts, the Commission planned to propose a stand-alone initiative on LTC (EU Official 1, 2022; EU Official 2, 2022; EU Official 3, 2022). However, the COVID-19 pandemic contributed to raising the profile of care on the EU agenda overall, 'upgrading' this prospective initiative to a European Care Strategy (Champeix, 2022; Defaye, 2022; EU Official 1, 2022; EU Official 2, 2022; Mach, 2022). Advocacy by formal and informal carers' representatives around this issue (Maucher, 2022), as well as calls made in the framework of the Conference on the Future of Europe (EU Official 3, 2022), also played a role.

This phase sees the EU institutions going beyond acknowledging the insufficient availability of formal LTC (EU Official 1, 2022) to pointing to the role of the state in addressing this deficit. However, as EU policy in this area is non-binding, states are free to decide how to address this deficit, with options ranging from providing more state-funded LTC services to supplementing or remunerating informal care provision or promoting a greater reliance on the marketization of care. However, there is no explicit commitment or call by the European Commission to increase investment or expand state responsibility for LTC. Indeed, no binding provisions or benchmarks on enhancing state care provision have been introduced in the Recovery and Resilience Facility, the EU's main economic response package to the COVID-19 pandemic (Champeix, 2022; Thissen, 2022), with each member state left to decide if and how much of the funds would be used towards LTC.

An economized motivation prioritizing (women's) increased labour market participation continues to prevail: 'care responsibilities keep millions of women out of the labour market and/or in part-time work with a negative impact on overall labour supply and,

thus, potential growth' (European Commission, 2022b, p. 1). Thus, the European Commission's (2022a) communication on a European Care Strategy calls for informal care to be 'a choice rather than a necessity' (p. 16), to allow for a better combination of care obligations with paid work (EU Official 3, 2022). The EU Council (2020) sees this in much the same light: 'availability, accessibility and affordability of quality care services are the key prerequisites for enabling carers, especially women, to enter or stay in the labour market, and to reconcile work, family and private life'.

This is quite a departure from previous positions, when EU policy welcomed the provision of informal care, at most highlighting that it was not cost free to the state. The European Care Strategy goes further, estimating the economic value of informal care at 2.5% of EU GDP (European Commission, 2022a, p. 16). However, the projected decline of the working population remains the main preoccupation, which the European Commission believes can best be mitigated by activating women (who provide most of this unpaid care), more so than relying on internal mobility, for example:

The problem on the level of Union is that there is not even a possibility to compensate [by internal mobility] from East to West. There are such huge gaps in the care sector that it's very unlikely that we will be able to fill these gaps with just [EU citizens]. That's why we first want to bring all women to the labour market, and we want to make sure that they are not out because of this informal care that they are providing. (EU Official 3, 2022)

As such, attracting a sufficient care labour workforce becomes a key role for the state (European Commission, 2022c). In this context, migration from outside of the EU is set to be one of the four areas of action through which the EU plans to address care workforce shortages.³ The European Commission's (2022) communication on migration, 'Attracting skills and talent to the EU', states that increasing labour migration from outside of the EU will be crucial to meeting labour demands, especially within the LTC sector. Internal mobility is seen as less important as it 'represent[s] less than a third of foreign born personal care workers in the EU' (European Commission, 2022, p. 4). The European Parliament also diagnoses both EU and non-EU migrant labour as central for the provision of care in the EU: 'cross-border care services, including live-in care, provided by both intra-EU mobile workers and non-EU migrant workers, are often crucial for meeting the growing care needs' (European Parliament, 2022, recital 52).

In the current period, the European Commission acknowledges for the first time that the scale of internal mobility and migration for LTC provision can disadvantage migrants' countries of origin. However, its concerns are framed as a preoccupation with demographic shifts and depopulation, rather than the wealth or economic disparities between Member States:

The mobility of long-term care workers may entail challenges for the sending Member States. First, it may exacerbate labour shortages in these, especially as they are facing or will face population ageing themselves. (...) Second, sending countries invest in the education and training of care professionals, but then cannot benefit from their skills when these workers decide to work abroad. (European Commission, 2021, p. 67)

³European Commission presentation at the webinar of the European Association of Service Providers to Persons with Disabilities (EASPD): Introduction to the EU Care Strategy – Stakeholders' Initial Reactions, held on 9 September 2022, available at <https://fb.watch/iQxSTFZwOj/> (author's notes).

Workers from Eastern European countries moving to Western or Northern Europe to work there (...) leaves gaps in the Eastern part of Europe and this kind of care drain (...) is a very relevant issue. (...) It's also difficult for the EU, because of course it's one of the big freedoms (...). Thanks to the EU we can move to another country and the EU will never say this is not good, but obviously one has to also be aware of the negative consequences for some countries as a result. (EU Official 1, 2022)

These negative consequences are considered sufficiently grave to merit a European Commission communication on brain drain, which aims to enable 'the regions affected by brain drain to retain and attract the qualified workforce necessary for their development' (European Commission, 2022d, p. 3). The European Parliament (2022) also problematizes issues such as the care drain and the creation of global care chains. To address these, it calls for fairer working conditions, although not for a lesser dependence on migrant care labour: 'ensure fair mobility and recruitment of workers from the EU and from third countries by improving the reciprocal recognition of their qualifications and by closing the gaps in transnational social protection' (European Parliament, 2022, recital 99). Neither of these responses suggests addressing the underlying economic disparities between states.

This departure from the previous positions of the Parliament could be due to the recognition of severe workforce shortages in the sector and the subsequent adoption of a status quo approach already held by the Commission. According to a co-rapporteur on the European Parliament's resolution 'Towards a common European action on care': 'we couldn't care for our elderly people in Germany without the Ukrainians, and people coming from Belarus, and from Thailand, and Vietnam, and the Philippines (...). That is certainly one big part of solving the whole care challenge' (Pietikäinen, 2022). EU policy is thus taking a utilitarian approach to migrant care labour, whereby it is seen as one of a repertoire of means to address the care deficit. This approach recognizes the need for migrant workers to have formalized employment, professional opportunities and recognition of qualifications. At the same time, it allows for the negative implications for origin states and inequalities that lie at the basis of this international division of reproductive labour to remain unchallenged.

Whilst concerns over population ageing and the COVID-19 pandemic have increased the focus on care and the demand for LTC in EU policy, the policy approaches continue to focus on economized goals, such as increasing female employment. As a result, the discussion on the inequalities inherent in the international division of reproductive labour has become largely invisible within EU policy. In the view of demographic ageing, increasing LTC needs and the continuing push for women to enter the formal labour market, as well as the forward-looking nature of both the European Care Strategy and the communication on migration, it seems likely that the reliance on migrant care labour in the EU will steadily increase.

Conclusions

This article identifies three phases of EU policy development on LTC over the period of 1999 to 2022 (and beyond) and the framing of migrant care labour in this context. It shows the growing importance allocated to LTC, reflecting the rising preoccupation among EU policy-makers, especially the European Commission, with the ageing of

European societies, the shrinking of the workforce and the rising numbers of individuals in need of care.

In the early phase (1999–2011), LTC was not yet a distinct policy area but a concern under the EU's ageing and demographic change portfolios. The primary responsibility for the provision of care was seen as lying with individuals and families (primarily women), with the state expected to step in only as a last resort. Caring responsibilities were simultaneously presented as an obstacle to women's labour market participation. The European Commission was the first to mention migrant care labour as a way to address the care deficit, with a subsequent European Parliament response expressing concerns over the negative impacts of care labour migration from Eastern Member States.

The middle phase (2012–2018) saw the emergence of LTC as a stand-alone policy concern and a rising awareness of migrant care labour as a potential means to address the care deficit. The European Commission took an increasingly economized view of LTC, framing even the informal or unpaid provision of it as a cost and financial burden. As such, a new responsibility of the state emerged: supporting individuals in simultaneously upholding their caring and labour market obligations. Greater prominence was given to discussions on migrant care labour meeting the growing demand, with European Commission documents portraying it as a cost-efficient way to address care needs, whilst the European Parliament stressed the inherent inequalities in wealth between origin and destination countries and highlighted the risks of social dumping.

In the current phase (starting in 2019), concerns over population ageing and the COVID-19 pandemic have caused care and LTC to rise on the EU agenda. However, this increased attention has not translated into binding policy or financial commitments. At the same time, a continued preoccupation with boosting female employment has resulted in calls to increase LTC availability, although Member States are free to pursue this objective by further marketizing care. This has led to a utilitarian approach to migrant care labour, presented as simply one of a repertoire of measures to boost the LTC workforce. Subsequently, the discussion on the negative consequences of relying on migrant care labour in EU policy has been silenced.

The analysis shows that EU institutions have historically seen individuals as primarily responsible for providing the reproductive labour of LTC, expecting them to balance it with their 'productive' (labour market) tasks. Resolving the conflict between fulfilling these two obligations was also seen as a matter of personal responsibility, with the role of the state seen as supportive but secondary. Whilst currently the state is increasingly expected to ensure the availability of LTC, this is seen as necessary not due to social need or ethical obligations but to meet another key objective of EU policy: promoting the greater labour market participation of women.

Historically, the European Parliament has highlighted both the challenges faced by migrant workers and the systemic inequalities within the EU, whereby countries that rely on migrant labour benefit disproportionately from this relationship (by increasing the labour market participation of women, reducing the pressure on state LTC systems and removing the need for substantial investments), whilst origin countries suffer from a care, brain, and youth drain and lose the investments made into the training of care personnel. However, in the present stage, the European Parliament has softened its message in this regard, stating that if certain risks (e.g., lack of professional qualifications) are controlled for and disadvantages faced by migrant carers (e.g., illegal employment and inadequate

working conditions) mitigated, dependence on migrant care labour is an acceptable means of boosting the EU's care workforce. Whilst the European Commission has begun to acknowledge some disadvantages to origin countries, these are framed as relating to demographic ageing and depopulation rather than systemic inequalities.

Throughout the analysed period, the EU Council (and therefore the Member States) has remained silent on the issue of migrant care labour. This may be because the centrality of the EU's principle of the freedom of movement makes any discussion on EU internal mobility inconceivable as a potential interference with fundamental principles and the internal market. Member States which 'supply' cheap migrant labour may also have an interest in maintaining this arrangement, as the low cost of their labour force provides them with some competitiveness on the EU market (Defaye, 2022).

Overall, the institutions that have the greatest power to address the exploitative dynamic inherent in reliance on migrant care labour – the European Commission and the EU Member States – appear to have little interest in systemically challenging it. This can be interpreted as a consequence of both the EU's economized approach to care (Zacharenko and Elomäki, 2022) and towards internal mobility (Engbersen et al., 2017). In addition, the EU's goal of increasing the numbers of women in the paid labour market means that the unpaid care labour that they had previously provided must be replaced – in part – by that of migrant workers. As a result, EU policy adopts a utilitarian approach to migrant care labour, displacing the EU's care deficit and cost of social reproduction to poorer EU Member States, as well as beyond the bloc's borders and creating ever longer care chains.

Acknowledgements

The author would like to thank the following individuals for their comments and suggestions which helped to greatly improve this article: her supervisors, Anna Elomäki and Johanna Kantola; participants of the panel 'Gender Equality in the European Mainstream?' held during the July 2022 European Conference on Politics and Gender in Ljubljana, in particular Michał Gulczyński; participants of the September 2022 PhD course organized by the Tampere University Gender Studies Department 'Contestations of Gender Equality in Contemporary Europe: Anti-Equality Politics and East-West Tensions'; Lynda Gilby; and the two anonymous reviewers. She is grateful to the people interviewed for this article for their time and expertise, and to the Kone Foundation for providing funding for this research.

Correspondence:

Elena Zacharenko, Department of Social Sciences, Tampere University, Tampere FI-33014, Finland.

email: elena.zacharenko@tuni.fi

References

- Bakker, I. (2007) 'Social Reproduction and the Constitution of a Gendered Political Economy'. *New Political Economy*, Vol. 12, No. 4, pp. 541–556.
- Caracciolo Di Torella, E. and Masselot, A. (2020) *Caring Responsibilities in European Law and Policy: Who Cares?* (London: Routledge).
- Cavaghan, R. and Elomäki, A. (2022) 'Dead Ends and Blind Spots in the European Semester: The Epistemological Foundation of the Crisis in Social Reproduction'. *JCMS: Journal of Common Market Studies*, Vol. 60, No. 4, pp. 885–902.

- Crespy, A. and Menz, G. (2015) 'Commission Entrepreneurship and the Debasing of Social Europe Before and After the Eurocrisis'. *JCMS: Journal of Common Market Studies*, Vol. 53, No. 4, pp. 753–768.
- de la Porte, C. and Heins, E. (2015) 'A New Era of European Integration? Governance of Labour Market and Social Policy since the Sovereign Debt Crisis'. *Comparative European Politics*, Vol. 13, No. 1, pp. 8–28.
- Dowling, E. (2021) *The Care Crisis: What Caused It and How Can We End It?* (London: Verso).
- Engbersen, G., Leerkes, A., Scholten, P. and Snel, E. (2017) 'The Intra-EU Mobility Regime: Differentiation, Stratification and Contradictions'. *Migration Studies*, Vol. 5, No. 3, pp. 337–355.
- EU Council. (2012) *Conclusions on healthy ageing across the lifecycle*. Available at: http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/134097.pdf [Accessed 13th September 2022].
- EU Council. (2020) *Presidency conclusions impact of long-term care on work–life balance*. Available at: <https://data.consilium.europa.eu/doc/document/ST-8764-2020-INIT/en/pdf> [Accessed 13th September 2022].
- European Commission. (1999) *Communication: towards a Europe of all ages—promoting prosperity and intergenerational solidarity*. Available at: https://ec.europa.eu/employment_social/social_situation/docs/com221_en.pdf [Accessed 13th September 2022].
- European Commission. (2001) *Communication on the future of health care and care for the elderly: guaranteeing accessibility, quality and financial viability*. Available at: <https://eur-lex.europa.eu/legal-content/en/ALL/?uri=CELEX%3A52001DC0723> [Accessed 13th September 2022].
- European Commission. (2004) *Communication on modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the "open method of coordination"*. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52004DC0304> [Accessed 13th September 2022].
- European Commission. (2005) *Green Paper 'Confronting demographic change: a new solidarity between the generations'*. Available at: <https://op.europa.eu/en/publication-detail/-/publication/c08260e4-6f8e-47cd-aece-03b57715189b> [Accessed 13th September 2022].
- European Commission. (2007) *Staff Working Document: Ageing well in the information society*. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52007SC0811> [Accessed 13th September 2022].
- European Commission. (2013) *Staff Working Paper: Long-term care in ageing societies – challenges and policy options*. Available at: <https://op.europa.eu/en/publication-detail/-/publication/d42998fc-3725-4c09-a561-eb8daebf3aa0/language-el> [Accessed 13th September 2022].
- European Commission. (2014) *Report on adequate social protection for long-term care needs in an ageing society*. Available at: <https://op.europa.eu/en/publication-detail/-/publication/71532344-ddf1-4d34-a7aa-f65c701a22a2> [Accessed 13th September 2022].
- European Commission. (2021) *Long-term care report 2021*. Available at: <https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1> [Accessed 13th September 2022].
- European Commission. (2022) *Communication: attracting skills and talent to the EU*. Available at: https://ec.europa.eu/commission/presscorner/detail/en/IP_22_2654 [Accessed 13th September 2022].
- European Commission. (2022a) *Communication on a European Care Strategy*. Available at: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10382#navItem-relatedDocuments> [Accessed 13th September 2022].
- European Commission. (2022b) *Proposal for a council recommendation on access to affordable high-quality long-term care*. Available at: <https://ec.europa.eu/social/main.jsp?langId=en>

- en&catId=89&furtherNews=yes&newsId=10382#navItem-relatedDocuments [Accessed 13th September 2022].
- European Commission. (2022c) *Staff working document accompanying the document commission proposal for a council recommendation on access to affordable high-quality long-term care*. Available at: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10382#navItem-relatedDocuments> [Accessed 13th September 2022].
- European Commission. (2022d) *Call for evidence for the initiative 'Brain drain—mitigating challenges associated with population decline (communication)'*. Available at: <https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13394-Brain-drain-mitigating-challenges-associated-with-population-decline-communication-en> [Accessed 13th September 2022].
- European Parliament. (2000) *Resolution on promoting prosperity and intergenerational solidarity*. Available at: https://www.europarl.europa.eu/doceo/document/TA-5-2000-12-15_EN.html [Accessed on 13th September 2022].
- European Parliament. (2006) *Resolution on demographic challenges and solidarity between generations*. Available at: https://www.europarl.europa.eu/doceo/document/TA-6-2006-0115_EN.html [Accessed on 13th September 2022].
- European Parliament. (2008) *Resolution the demographic future of Europe*. Available at: https://www.europarl.europa.eu/doceo/document/TA-6-2008-0066_EN.html [Accessed on 13th September 2022].
- European Parliament. (2010) *Resolution on the demographic challenge and solidarity between generations*. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52010IP0400> [Accessed 13th September 2022].
- European Parliament. (2011) *Resolution on the demographic change and its consequences for the cohesion policy*. Available at: <https://op.europa.eu/en/publication-detail/-/publication/5b3b0ace-cc67-11e2-8725-01aa75ed71a1/language-en> [Accessed 13th September 2022].
- European Parliament. (2016) *Resolution on women domestic workers and carers in the EU*. Available at: https://www.europarl.europa.eu/doceo/document/TA-8-2016-0203_EN.html [Accessed 13th September 2022].
- European Parliament. (2022) *Resolution towards a common European action on care*. Available at: https://www.europarl.europa.eu/doceo/document/TA-9-2022-0278_EN.html [Accessed 13th September 2022].
- Federici, S. (2020) *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle* (2nd edition) (Oakland: PM Press).
- Fraser, N. (2016) 'Contradictions of Capital and Care'. *New Left Review*, Vol. 100, pp. 99–117.
- Hochschild, A.R. (2000) 'Global care chains and emotional surplus value'. In Hutton, W. and Giddens, A. (eds) *On the Edge: Living with Global Capitalism* (London: Jonathan Cape), pp. 130–146.
- Hoskyns, C. and Rai, S. (2007) 'Recasting the Global Political Economy: Counting Women's Unpaid Work'. *New Political Economy*, Vol. 12, No. 3, pp. 297–317.
- Ledoux, C. (2021) 'Framing the feminized home-based services sector at European level: the evolving role of trade unions and employer's organisations'. In Jacquot, S. and Ledoux, C. (eds) *Les Partenaires Sociaux à l'épreuve du Genre et de l'intersectionnalité dans l'Union Européenne* Politique Européenne (Vol. 74), pp. 78–107.
- Leiblfinger, M., Prieler, V., Schwiter, K., Steiner, J., Benazha, A. and Lutz, H. (2020) *Impact of the COVID-19 pandemic on live-in care workers in Germany, Austria, and Switzerland*. Available at: <https://ltccovid.org/2020/05/14/impact-of-the-covid-19-pandemic-on-live-in-care-workers-in-germany-austria-and-switzerland/> [Accessed 13th September 2022].
- Masselot, A. (2015) 'The EU Childcare Strategy in Times of Austerity'. *Journal of Social Welfare and Family Law*, Vol. 37, No. 3, pp. 345–355.

- Morel, N. (2015) 'Servants for the Knowledge-Based Economy? The Political Economy of Domestic Services in Europe'. *Social Politics: International Studies in Gender, State & Society*, Vol. 22, No. 2, pp. 170–192.
- Parreñas, R.S. (2015) *Servants of Globalization: Migration and Domestic Work* (2nd edition) (Stanford, California: Stanford University Press).
- Pearson, R. and Elson, D. (2015) 'Transcending the Impact of the Financial Crisis in the United Kingdom: Towards Plan F—a Feminist Economic Strategy'. *Feminist Review*, Vol. 109, No. 1, pp. 8–30.
- Repo, J. (2016) 'Gender Equality as Biopolitical Governmentality in a Neoliberal European Union'. *Social Politics: International Studies in Gender, State & Society*, Vol. 23, No. 2, pp. 307–328.
- Stratigaki, M. (2004) 'The Cooptation of Gender Concepts in EU Policies: The Case of "Reconciliation of Work and Family"'. *Social Politics: International Studies in Gender, State & Society*, Vol. 11, No. 1, pp. 30–56.
- Tronto, J. (2013) *Caring Democracy: Markets, Equality, and Justice* (New York: New York University Press).
- Uhde, Z. and Ezzeddine, P. (2020) 'The political economy of translocal social reproduction: cross-border care mobility in the Czech Republic'. In Katona, N. and Melegh, A. (eds) *Towards a Scarcity of Care? Tensions and Contradictions in Transnational Elderly Care Systems in Central and Eastern Europe* (Budapest: FES), pp. 26–44.
- Verloo, M. (2016) 'Mainstreaming Gender Equality in Europe. A Critical Frame Analysis Approach'. *The Greek Review of Social Research*, Vol. 117, pp. 11–34.
- Zacharenko, E. and Elomäki, A. (2022) 'Constructions of Care in EU Economic, Social, and Gender Equality Policy: Care Providers and Care Recipients versus the Needs of the Economy?', *Social Politics: International Studies in Gender, State & Society*. <https://doi.org/10.1093/sp/jxac014>

Interviews

- Bergfield, Mark (in personal capacity), Director, UNICARE, 21 April 2022, online.
- Champeix, Claire, Policy officer, Eurocarers, 28 April 2022, online.
- Decker, Aurelie, Director, European Federation for Services to Individuals (EFSI), 19 July 2022, online.
- Defaye, Nicolas, Policy officer, European Federation for Family Employment & Home Care (EFFE), 6 May 2022, online.
- EU Official 1, European Commission, 4 April 2022, online.
- Thisssen, Laeticia, Policy analyst, Foundation for European Progressive Studies (FEPS), 29 April 2022, online.
- EU Official 2, European Commission, 15 June 2022, Brussels.
- EU Official 3, European Commission, 22 August 2022, online.
- Mach, Agnes, Policy officer, Friedrich-Ebert-Stiftung (FES) EU Office, 29 April 2022, online.
- Maucher, Mathias, Policy and Project Coordinator, Social Services Europe, 17 June 2022, Brussels.
- Pietikäinen, Sirpa, MEP, FEMM rapporteur of EP report on a common European action on care, Chairwoman of the Informal Carers Interest Group, European Parliament, 7 July 2022, online.