The Stockholm University
Linnaeus Center for
Integration Studies (SULCIS)

Towards a Transnational Analysis of the Political Economy of Care

Fiona Williams

Working Paper 2011:6

ISSN 1654-1189

Towards a Transnational Analysis of the Political Economy of Care.

Fiona Williams

(this is a version of a chapter to be published in R. Mahon, and F. Robinson, eds. (2011) *The Global Political Economy of Care: Integrating Ethical and Social Politics,* Vancouver: UBC Press)

Presented to SULCIS June 2010

The resurgence of the employment of domestic and care workers in private homes in many industrialised countries over the last two decades has been shaped by important social changes, most notable among this are the increased responsibilities and rights of women across the globe to be both earners and carers. This reflects graduated shifts from the 'male breadwinner' to 'adult worker' model taking place in many industrialised societies and unemployment and poverty in developing countries. As many of those who carry out this work are migrant women, this reveals the movement of women seeking opportunities created by the changing patterns of post-colonial migration to financially support their families. Such migrations are also structured by the policies developed by states in richer countries.. The nature of care regimes in host countries clearly influence take up: where care provision is commodified and where care cultures favour home-based/ surrogate care, then reliance on the low paid end of the private market is more common (Ungerson and Yeandle, 2007; Williams and Gavanas, 2008). At the same time, migration rules construct the legal, social and civil rights of migrants in different ways, in tandem with employment policies that may serve to deregulate the economy and to increase the casualisation of labour. Superimposed on this universe of change is the ongoing reconstitution of social relations of gender, care and domestic service, of hierarchies of ethnicity and nationality, and of differentiated meanings of, and rights to, citizenship. This paper draws on earlier research into migration and home-based care in Europe as a basis for developing a transnational analysis of the political economy of care (Lister et al, 2007, chapter 5; Williams and Gavanas, 2008; Williams, 2007; 2008; Williams, Tobio and Gavanas, 2009; Williams, 2010).[1]

Different levels of analysis

[1] Two projects have stimulated this research. The first was funded by the European Community's Sixth Framework Programme (ref. MEIF-CT-2003-502369). Between July 2004 and April 2005, Anna Gavanas carried out interviews in London, Stockholm and Madrid with a total of 102 migrant care workers, employers of such workers and agencies. I am grateful to Anna Gavanas for her interviews and translations. I am also grateful to the ESRC for funding the study, A *Theoretical Synthesis of Gender, Migration and Care, and Welfare Regimes* (ref. ESRC 000-22-1514), undertaken as part of an ongoing research collaboration with scholars from Ireland, Germany and the Netherlands studying migrant work in child care and elder care in Europe, *Migration and Networks of Care* under the Eurocores programme, 2006-9.

In the description given above it is possible to identify three interrelated levels of analysis. At the micro level are the everyday experiences of the relationship between migrant workers and their employers and/or those for whom they care. At the meso level is the national/ supranational institutional context of those policies and practices which shape this everyday relationship, and at the macro level are the processes of globalization that have fostered a global political economy of care. The concept of the 'global care chain' (Parreñas, 2001; Ehrenreich and Hochschild, 2003) exemplifies the link between the micro and macro levels. It refers to the migration of women from poorer regions of the world to work as carers for the children, households or older family members of employed women in the West in order to support their own children, whom they leave in the care of female relatives in their countries of origin. At the macro level, female migration and what Parreñas calls an international division of reproductive labour (Parreñas, 2001, ch.3)[2] provide opportunities for women from poorer countries to support their families

Research on the meso level has generally referred to national or transnational institutions, networks or practices which sustain or constrain these processes of work, care and migration. In the European context, however, the meso level has been extended to include state policies for care, employment and migration (Williams and Gavanas, 2008; Williams, 2010). The global care chain emerged from research on the USA as the receiving country and, as such, identifies lack of public care provision in shaping the demand for child and elder care. In Europe, however, it is not simply the absence of the state provision in care that shapes the demand for child and elder care and the supply of migrant care, but rather the restructured nature of state support that is available.

The last five years have seen the growing acceptance in many parts of Europe of childcare as a *public* and not simply a private responsibility (Lister et al, 2007). At the same time, the shift in a number of countries from providing care *services* (or, in the case of Southern Europe, few services) to giving individuals *cash* payments to buy in home-based care has shaped care provision for children, as well as for older people and disabled people. This might take the form of cash or tax credits or tax incentives to pay child minders, nannies, relatives or domestic workers for their services. The UK, Spain, Finland and France have all introduced some form of cash provision or tax credit to assist in buying help for child care in the home (Lister, Williams et al, 2007: chapter 4), and Sweden has introduced tax breaks for

[2] Parreñas extends here Sassen's analysis of the 'international division of labour' as one of the key elements of globalization.

people employing domestic help in the home. In the UK, for example, in an attempt to regularise private use of child carers, in 2006 tax credits were extended to the employment of registered nannies. There are also forms of 'direct payments' which allow older people or disabled people to buy in support and assistance, for example, in the UK, Netherlands, Italy and Austria (Ungerson and Yeandle, 2007; Bettio et al, 2006). Both of these types of provision encourage the development of a particular form of home-based, often low-paid commodified care or domestic help, generally accessed privately through the market. This is where low cost migrant labour steps in. Indeed, in Spain, Italy and Greece, the strategy of employing migrant labour to meet care needs has become so prevalent that Bettio and colleagues (2006:272) describe it as a shift from a 'family' model of care to a 'migrant-in-the-family' model of care.

It is not only tax credits or allowances that shape demand and supply for home-based child care, but also the way in which these legitimise the commodification of care. Research in Madrid and London (Williams and Gavanas, 2008) found that the effect of these sorts of policies in countries where the private market dominates choices for childcare was to position mothers as individual *consumers* choosing the right care for their children according to their care preferences. This is reinforced through the, now commonplace, use of unregulated paid domestic help in the home. In Madrid where working mothers receive a small subsidy to help them purchase care, mothers felt it was their individual responsibility to find resources for childcare in the private market. Day care in Britain is provided mainly through the market or voluntary sector, however in spite of tax credits, nursery places are expensive, especially if parents have more than one child. Searching for value for money is what mothers find themselves doing in a marketized childcare economy. Williams (2010) argues that it is the ways these policies, practices and social relations associated with care regimes dovetail in different ways with both those of migration regimes and employment regimes that contextualise the actions and experiences of migrant workers and their employers.

There are at least two uses in identifying these mediating factors of nation state (and, in some cases, EU) policy. The first is that they provide a basis for developing cross-national analysis of why the employment of migrant care workers, whilst increasing in many European countries (Cancedda, 2001) nevertheless varies between countries. Second, and more relevant for this paper, this focus brings European welfare states into global perspective in that it reveals the ways in which, directly or indirectly, welfare societies may seek to reduce their social expenditure costs through migrant care labour. This

allows us to extend the framework of analysis to bring in other forms of international reproductive labour such as nurses, doctors and teachers, a point that is elaborated below.

Much of the scholarship on global care chains focuses on micro-processes rather than analysing how these fit into a global political economy of care (there are important exceptions: Parreñas, 2001; Kofman and Raghuram, 2007; Lutz 2008; Yeates, 2009) and what the normative implications might be for global justice. This paper aims to create some pathways for thinking about and linking these analytical and normative issues. The following section identifies the dimensions of an analysis of a transnational political economy of care in which the specific practices associated with the employment of migrant women working in home-based domestic or care work find themselves. The term 'transnational' rather than global is used here to denote the significance of the meso/macro relationship – that is, of the political, economic and social relationships that belong to, and connect differently situated national and supranational states. The final part of the paper uses the ethics of care as an analytical method and normative guide to explore the implications for global justice of this transnational political economy of care.

There are a number of reasons why developing a wider analysis of the increase in transnational home-based care provision may be helpful. In a context where women globally are taking on more responsibilities to earn income without a significant reduction of their care responsibilities, the transnational movement of women into care and domestic work in private households represents a profoundly asymmetrical solution – not only between women and men but between poorer and richer regions - to women's attempts to reconcile these dual responsibilities. For migrant workers, crossing continents to earn money provides an important opportunity, but it is also an opportunity to enter a world in which migration rules construct limited and different rights to social, economic, political and intimate citizenship compared with their employers. Furthermore these limitations give rise to the likelihood of women entering the often unregulated world of domestic and care work in the home. The conditions of this work perpetuate two forms of inequality: first, the devaluation and invisibility of the private care domain and its subservience to the public world of work and, second, the translation of the unequal relations of personal interdependency into the unequal relations of transnational interdependency.

This raises important questions not only about the rights of migrants but about work/ life reconciliation policies and how gender equality is framed and understood by policy makers and about global inequalities in the provision and needs for care. These dynamics, and the need for global strategies to mitigate them, become more apparent when one understands this phenomenon to be a part of a broader transnational political economy of care. In its turn, this demands a normative approach to global justice informed by an understanding of the centrality of care in everyday life. It is to the first of these that the paper now turns.

The dimensions of a transnational political economy of care

Following on from an attempt to understand how social welfare policies (for care, employment, work/care balance) influence the demand and provision for home-based domestic and care workers, my concern here is with the context in which (European) nation-welfare-states exist in a situation of unequal geo-political interdependence. I propose that transnational home-based care provision be understood as part of a bigger picture of a transnational political economy of care and that this involves a number of different but simultaneous transnational processes. Here I outline five: the movement of care labour; the dynamics of care commitments; the movement of care capital; the influence of care discourses and policies; and the development of social movements, NGOs and grassroots organisations.

First, the migration of women from poorer to richer regions into home-based care work is part of a wider process of the *transnational movement of care labour.* The relationship between migration, gender and care also involves professional and semi professional health, social work, education and care workers working in small and large, state, religious, independent and private sector institutions (Kofman et al 2005; Yeates, 2004, 2009). Indeed, the notion of the global care chain itself has tended to generalise what is only one type of migrant worker (a mother who has left her children in her country of origin in the global South to find work in the global North looking after the children of her employer). The situation of migrant care workers is typically very diverse and, as far as home-based domestic and care work are concerned, the transnational connections also operate *within* regions of both the global North and South. Thus, for example, domestic workers from Malaysia go to Indonesia while Indonesian women find work in Singapore and in Saudi Arabia which also provides work for women from the Philippines and Sri Lanka. Within the North enlargement of the European Union since 2004 has seen an increase in highly educated younger women migrants from Central and Eastern Europe finding care and domestic work in Northern, Western and Southern Europe, often as a stepping stone to more

professional work. These migration trails transect older tracks from colonial relations, such as Ethiopians to Italy, Indian and African workers to the UK and South American workers to Spain, as well as ties of religion. For example, Catholicism connects the Philippines with Italy and Spain (Piper, 2003; Kofman and Raghuram, 2007; Lutz, 2008). In addition, the conditions of domestic and care work in the home take many different forms: employees may provide housework or child care or both; they may live in or live out; they may work a few hours a week, a few hours a day, or full time, often very long hours; their work may involve acting as a carer or cleaner for an older, frail person or a disabled person, or it may involve being their personal assistant, in and outside the house. An employee may be self-employed, or 'undeclared' – where they receive cash-in-hand as part of the grey economy, or they may work for a private agency, or for a local authority. As migrant workers, they may be working under a special permit (say, as an 'au pair') or they may be undocumented. Not all migrant workers leave their children behind in their country of origin; in Spain migrants are likely to bring their children with them as well as their mothers to provide child care while they work. Not all women migrants in care work have children, and in some countries this work is also done by men.

These home-based workers are less numerically significant in the international division of reproductive labour, however, than formal health and care workers. In 2000 in the UK the international recruitment of nurses, teachers and doctors meant that 31% doctors and 13% nurses were non-UK born; in London this was 23% and 47% respectively (Glover et al, 2001). Half of those workers contributing to the expansion of the UK National Health Service in the early 2000s had qualified abroad. By the end of 2005, 30% of its doctors and 10% of its nurses had received their initial training overseas (Crisp, 2007:16). Recruitment to teaching is also high; one recruitment agency in London said without migrant teachers London schools would fall apart (Glover et al, 2001:37). In France a quarter of all hospital doctors are foreign or naturalized, and in Germany nurses are recruited from Eastern Europe, and in Norway from Poland (Kofman et al, 2000; Bach, 2003). What is also significant is the active role states play in recruiting health personnel, especially, but not only, to the US, Canada and the UK. Furthermore, the growth of private agencies working for the private health sector has also marked recent developments (Bach, 2003). In the UK campaigns aimed at nurses from India and the Philippines have recruited them into both the health service and private sector nursing (RCN, 2002). According to Adversario, each year over 70% of the 7,000 Philippina nurses who graduate will emigrate (cited in Bach, 2003:4), partly encouraged by a history of Philippine policies of the Marcos regime which saw emigration and the receipt of foreign exchange through remittances as part of its development strategy. While this has kept

private sector agencies in business, the Philippines Nursing Association has been more concerned with its effect on the health care infrastructure (Yeates, 2009: 86).

Building on Parreñas's work Yeates (2009) has sought to widen the concept of global care chains by identifying further types of chains that operate within a 'new international division of reproductive labour': global nursing care chains and global religious care chains. The latter refer to vocational religious workers who travel abroad to provide care work through non-governmental, religious, charitable and voluntary sector organisations. This serves to highlight the diversity of care work, its transnational hierarchies as well as the numerous forms of agencies operating in tandem with the state at a transnational level.[3] In relation to the hierarchy of nursing chains she observes that:

> 'Countries at the top of the chain are 'fed' by those lower down the ranks: for example, the United States draws nurses from Canada; Canada draws nurses from England to make up for its losses to the United States; England draws from South Africa to fill its vacancies; South Africa draws on Swaziland. Countries at the bottom end of the nursing chain may supply international markets but not replenish their stocks by importing health workers from other countries: the Philippines is a major example of this. The problem for such countries is that they have no further countries from which they may recruit to make up for the losses of their own nurses.' (Yeates, 2009:80).

Health professionals, especially those from developing countries share commonalities in their working lives with migrant home-based care workers: gender and racial discrimination; lack of recognition of skills and qualifications in pay levels; being concentrated in the least desirable specialisms. Migrant workers may pay into national insurance systems but not be eligible for benefits whilst at the same time miss out in contributions to insurance systems in their own countries (Bach, 2003; Kofman et al, 2005).

Together through their labour, home-based and professional migrant care workers serve to reduce the social expenditure costs of the countries in which they work. The rising costs of child care and elder care created by an ageing society and women's increased participation in paid work is relieved by the employment of low paid care workers, and the rising costs of health care are held back by the recruitment of lower paid health workers whose training costs have been met by poorer countries. This constitutes a double whammy for the migrants' countries of origin. It increases the care deficit through

[3] Yeates identifies 19 different types of agencies outside the state (2009, fig.3.4 p.64)

the absence of formal and informal carers and it strips the health and care systems in those countries of their vital resources. The transnational transfers of skill and caring resource constitute a major form of geo-political inequality. Moreover, in those areas such as Africa, where health care needs have been exacerbated by poverty and AIDS, it has precipitated a health and care crisis (Bach, 2003). Whilst recognising the push factors involved in professional migration in his overview of the migration of health workers, Bach nevertheless comments: 'It is an indictment of governments and employers that they prefer to rely on the relatively straightforward panacea of international recruitment rather than focusing on underlying problems of pay and working conditions.' (Bach, 2003:ix)

It would be wrong to assume this phenomenon is new. Some of the developments we see now are not only the result of globalisation, but also have historical precedents, especially as a consequence of colonialism and post-colonialism. From the early twentieth century, the welfare gains of the working class were presented by British governments as the fruits of imperialism (Williams, 1989). Later in the 1950s and 1960s in Britain, the recruitment of health and care labour from the colonies provided both cheap labour for the new institutions of the welfare state, and met a labour shortage which otherwise would have had to be filled by married women, thus preventing the disruption of the normative practice of the male breadwinner society where women were assumed to have primary responsibilities to the home and children. Similar strategies were followed later in Germany and Switzerland, where guest workers were brought in. Sweden, with a different gender, migration and labour history, opted for the recruitment of women rather than migrants into the labour market in the 1960s. This is not the whole story, for these workers in Europe were often pathologised and marginalized in the process. Nurses and cleaners from the Caribbean were vilified as working mothers in Britain. They may have been allowed to build the post-war welfare states but they were not always deemed eligible to receive their services (Williams, 1989, 1995). Compare that with today where the use of migrant domestic and care labour prevents the disruption of the new adult worker model of welfare where women are encouraged into paid employment. Then and today these were cost-effective ways of securing family norms and meeting care needs, even though these norms and needs have changed. Then and today their social relations and their citizenship rights were inscribed with gendered and racialised inequalities.

In the last decade some recruiting countries have begun to acknowledge a responsibility and trade unions have moved away from a position of protecting indigenous workers towards setting up mentoring programmes for migrant workers, zero tolerance strategies on racism, and so on.

Nevertheless, the home as workplace is often exempt from anti-discriminatory policies and social protection, although moves in Spain to regularise domestic work have involved the trade unions. In 2003 Sweden committed all its ministries to examine how they could contribute to more just development policies (Deacon, 2007: 181-2). In the UK, the Department of Health acknowledged its role as a global employer of health workers. By 2006 it claimed to be the only developed country to have an ethical recruitment code that applies to both the National Health Service and private employers to prevent them from 'poaching' health care workers from countries in sub-Saharan Africa. This includes provided training and support (for example topping up doctor's wages) to encourage health workers to work in their countries of origin, and a commitment to press EU member states to take similar action (DfID, 2006). At the same time, reliance on overseas recruitment continues, often exercised through private agencies that are harder to bring into line. Bach (2003) suggests that bilateral agreements between countries over recruitment work better: they circumvent the need for private agencies; they are more transparent; they can be used innovatively in terms of supporting training and induction as well as payment of health workers' salaries in their countries of origin for a period when they return.

The second dimension of the transnational political economy of care is the *transnational dynamics of care commitments* as people move to different countries and leave behind younger or older people to be cared for at a distance, or, in their turn, have no family locally to care for their needs (Baldock, 2000; Parreňas, 2001; Ackers and Stalford, 2004; Pyle, 2006). Usually children are left in the care of other female relatives reinforcing care as women's responsibility.[4] While family separation through migration is not new, its widespread experience through regional and global migration is. As far as migrant care workers are concerned research shows that maintaining family commitments and intimate connections over long temporal and spatial distances is an extremely important and inventive aspect of life. The concept of the 'economic' migrant tends to displace the significance of diasporic affective ties. Care workers from Central Europe who work in the grey economy looking after older people in Austria organise two weekly shifts by members of the family to ensure continuity back home (Ősterle and Hammer, 2007). Parreňas (2001) shows how migrant mothers develop complex strategies in constrained circumstances (long work hours, costs of travel, etc) to maintain communication with their children and that families are adaptive to separation but at the same time this separation creates pain and longing on both sides. Migrant care workers' needs for work/care balance are both less supported and more precipitous than those of the women for whom they are working. As with the history of

[4] Although Asis, 2006, cited by Kofman and Rhaguram, 2007, found that fathers played an important role.

migrant women workers (see for example, Reynolds, 2005 on Caribbean mothers in the UK), it is not that migrating women simply become earners, but that their concept of good motherhood absorbs the identity of provider.

Migrant workers and their families' care needs challenge nation-based eligibility to care support services, financial supports for caring, pension entitlements, as well as provisions for flexibility of care responsibilities at work when these may require, for example, someone to cross continents to care for a dying parent. These care needs are often exacerbated by migration rules which proscribe entry to particular categories of family member – children above a certain age, elderly parents. In the United Arab Emirates parents can apply for child reunion only when they have income above a certain level (Kofman and Rhaguram, 2007:15).

The disproportionate amount of care responsibilities across the globe needs to be put into this picture. While the richer areas of the North are concerned with a 'care deficit' consequent upon women's employment and an ageing population, in the developing world a crisis of care also exists where AIDS, chronic illness or natural disasters place enormous burdens on women who are expected to do the caring with very little infrastructural support. Thus, earning for women takes the form of home-based piecework, domestic work and working in family businesses. These jobs are usually lacking in social protection and in rights to organise and, unlike the part-time work that women in the North do outside the home, are carried on *in parallel* to care and domestic responsibilities (Hassim, 2006). Indeed women have found themselves taking on new responsibilities such as debt repayment (Beneria and Floro, 2006:212). Work and care responsibilities are particularly onerous and have expanded with increases in divorce, lone parenting, as well as the care needs associated with HIV/AIDS yet they still remain invisible in development strategies which focus on men's paid employment.

Associated with this is the movement of wages and the remittances that migrant workers send home which need to be seen as part of the material care provided for family members. The subject of remittances is too big to rehearse here, but suffice it to say that they contain contradictory consequences. On the one hand they may provide women migrants with agency and, in aggregate, constitute a major cushioning against poverty for developing countries - they total twice the overseas aid that goes to poorer countries (Brown, 2006:58). On the other hand they also create significant hardship for those who send them (Datta et al, 2007) and are often highly individualised rather than

collective in the way they are spent. Women's remittances are particularly important as sources of support for the costs of care, education and health, especially if they are received also by women (Orozco et al, 2006).[5] Kofman and Rhaguram (2007) note that they may also constitute forms of remuneration for caring activities carried out by relatives. In this way remittances reveal again double forms of geo-political exploitation further exemplified, as Yeates notes, by the fact that the remittances from migrant nurses often go to fund the training of the next generation of nurses (2009: 120). Remittances also usually involve brokers or financial institutions and these form an important part of the meso level of institutional support.

The third dimension is the *transnational movement of care capital*. Trends towards the commodification of care provision have accelerated the intervention of the private market in health and social care. Market competition has led to the dominance of large international organisations (Holden, 2002). This has also intensified with the contracting out from state provision to private cleaning, catering and refuse collection companies, and increasingly these are located outside the nation state within which they operate. Holden (2002) gives examples of corporations that have expanded into long-term care in the UK. British United Provident Association developed operations in Spain, Ireland, Thailand, Hong Kong and Saudi Arabia, while Ashbourne, the second largest provider of long term elder care in the UK in the early 2000s, was owned by the American Sun Healthcare which also holds subsidiaries in Spain, Australia and Germany. Because of the labour intensive nature of care, profits are made through economies of scale often forcing the smaller more specialist provider out of the market. Efficiency strategies pursued by large corporations such as deskilling often influence those developed in the state sector. Quality of care is ceded in favour of greater standardization, making these providers 'market following' rather than 'client seeking' (Holden, 2002:62). Another area of expansion has been in recruitment agencies for care work, especially in nursing, operating under varying degrees of regulation (Bach, 2003; Yeates, 2009).

Brennan's forensic study of the corporation ABC Learning describes how child care became big business in Australia (Brennan, 2007). Government subsidies to the organisation made massive profits possible. In 2006 ABC expanded into the US, and in 2007 one of the biggest providers of private nursery care in the UK, Nord Anglia, agreed to sell its nurseries to ABC Learning for £31.2M, making ABC the biggest child care chain in the UK (Boone, 2007; Brennan 2007:217). When ABC was hit by the credit crunch in

[5] Although some reports identify a merging of male and female behaviour in certain instances.

2007 it was subsequently bailed out by the Australian government in 2008 with $(Aus) 22 million[6] . By 2009 the company was looking to sell over 700 of its child care centres. These examples demonstrate how, because care work lacks the potential for increasing profit through increasing productivity, the principles of market investment – risk, expansion, profit – conflict with the principles of care provision – individual needs, continuity and quality service provided by skilled labour. Collective commitment to public subsidy does not guarantee quality and equity, but it provides a sounder basis to meet them.

A fourth and parallel development is the *transnational influence of care discourses and policies.*[7] Reference has already been made to the convergence in ways of delivering care services in Europe, influenced in part by the EU's policies, but also by cross-national influences of different models within the EU member states. The commodification of care and the related discourse of 'choice' for the service use, which accompanied the introduction of forms of cash or tax allowances is one such example. The 'spread' across Europe of paternity leave is another example (Lister et al, 2007).

Perhaps the best illustration in the area of care is the way 'social investment' has become a dominant discourse underpinning implementation of work/care reconciliation policies in the EU, international organisations and national governments (Dobrowolsky and Jenson, 2004; Jenson, 2008; Jenson and Saint-Martin, 2006; Mahon, 2010). Its key characteristics include an investment in the capabilities of human capital - mothers as workers and children as citizen-workers-of-the-future. This is to be achieved through supports for labour market activation, anti-poverty measures, and education and child care through services that represent good value for money, with the aim of maintaining competitiveness in the global economy. These ideas have been developed by the OECD which argues the need to invest in early childhood programmes in *Starting Strong* (OECD 2006) and this influence can be seen in UNESCO and UNICEF policies (Mahon, 2010). Jenson (2008) points out the overlap in the OECD and the Economic Commission on Latin America and the Caribbean (ECLAC 2007) and Molyneux's (2006) account of anti-poverty *Progresa/Oportunidades* programmes developed from 1997 in Mexico shows how anti-poverty policies were framed in terms of the need to develop human capital. The problems in this programme illustrate general difficulties with the social investment approach. Whilst highlighting women's care responsibilities, it sidestepped crucial issues of women's empowerment by ignoring women's voice and gender inequalities in the division of household labour. The recognition of care involves more than an

[6] *ABC Sale Process*, www.childcare.com.au accessed 30-08-09
[7] Yeates (2009) also notes the importance of transnational religious care discourses in care chains.

investment in women's maternal roles; it requires challenges to the structural inequalities that underpin its practice and the subservience of its policies to economic development. Collective voices that can articulate such challenges are also important: their transnational character is the final dimension in this section.

The fifth dimension - development of t*ransnational social movements, non-governmental and grassroots organisations* - has characterised recent political activity. In relation to care activism, while care policy-making is dominated in Europe by the ideas of social investment, social movements and non-governmental organisations have tended to organise around social justice - the recognition of care needs and responsibilities and their redistribution (Williams, 2009). Women's movements also have a long tradition of organising and have been influential in generating global women's conferences such as that in Beijing in 1995 (Mayo, 2005). Similarly within Europe, the European Women's Lobby organises for women's interests to be present within EU debates (Hoskyns, 1996). Ensuring that women's organisations also represent the interests of minority women and migrants, and that migrant organisations represent the interests of migrant women has had a tricky history (Williams, 2003). Yet the European Women's Lobby has recently taken up two key themes in its lobbying, around care and on migrant women (EWL, 2007). The latter emerged from the work in the 1990s of the Black and Migrants Women's Group, which drew together experiences from migrant women's associations across Europe to highlight issues around domestic and care work (EWL 1995; Williams 2003). The European Women's Lobby argues for improvements in public services and attention to the rights of migrant women care and domestic workers, citing the activity of the European Trade Union Confederation in recognizing people's needs for domestic help while ensuring adequate protection, conditions and remuneration for those who are employed in such work. [8] In the UK the organisation *Kalayaan* works for migrant domestic and care workers nationally and transnationally (Oxfam and Kalayaan 2008).

Disability movements have also pressurized transnationally, especially in taking up disability as a social development and human rights issue.[9] According to the UN Development Programme 80% of disabled people live in developing countries, account for 15-20% of the world's poorest, and are often not included in rural poverty alleviation programmes (Action on Disability and Development 2009). The UN Convention on the Rights of Persons with Disabilities focuses on respect, autonomy and independence; on freedom from discrimination, on inclusion participation and equality. In relation to carers, in 2007,

[8] See 'Who Cares? Care Services for all Women and Men in Europe' www.womenlobby.org

[9] The UN Convention on the Rights of Persons with Disabilities focuses on respect, autonomy and independence; on freedom from discrimination, on inclusion participation and equality

the organisation Eurocarers was established to represent the voice of informal carers and pressure for change across Europe and within the EU. Lobbying by networks of activists and researchers is also common in this area as in others – such as the influence of the European Childcare Network in the EU Commission's 1992 Recommendation on Childcare.

Some of these campaigns and activities have percolated upwards to the global arena. For example, the ILO has sought to protect workers worldwide through its core labour standards, and the UN to protect the human rights of migrant workers. The 2006 Report of the Global Commission on International Migration recommended increased international co-operation and agreements between states to secure the rights to social security and health care of migrant workers (Deacon, 2007: 161-2). Nevertheless, how far the issues of care needs and responsibilities have been taken on board at this level is a different matter.

Global justice and the political ethics of care

While the policy processes of global governance are sometimes informed by gender, their policy discussions, critiques and conclusions tend to decentre some of the issues that are key to gender equality, such as care of older and disabled people (and the rights of those people themselves), child care provision, and the forms of social protection that provide rights to give and receive care. In terms of the former, the World Bank has now taken on board gender mainstreaming (World Bank, 2002). Yet its statement on social policy made at the end of 2005 (the 'Arusha Statement'[10]), tide-turning as it seemed to be in its focus upon citizens' rights, an accountable state, welfare funded from taxation, and empowerment of the poor, made no mention of gender relations in general or care in particular. Where the World Bank does mention them, as in the World *Development Report 2006*, it talks about the economic investment that children represent. Yet as Ravazi comments, the Bank is 'silent about the huge amount of unpaid care work that goes on in all societies to sustain infants and children (as well as people who are elderly, sick or disabled, and also able-bodied adults) on a day-to-day basis and from one generation to the next' (Ravazi, 2007: 30-31)[11]. A similar elision occurs in writing on international

[10] From the World Bank Conference in Arusha Tanzania on 'New Frontiers of Social Policy'

[11] Nor about the impact of global neo-liberal policies on women and there opportunities for and conditions of work (see Molyneux and Razavi (2006). These arguments about the contradictions in gender mainstreaming also apply to the EU – see for example the special issue of *Social Politics*, 12 /3, 2005, especially Daly.

relations, migration and global social policy.[12] Deacon's normative conclusions (2007: 169-193) on the future of global governance, for example, importantly identify how women have brought pressure to bear on international organisations. Yet it is not clear what this implies for ideas on global justice. For this we need to turn to those whose approach to global social justice embeds, theoretically and empirically, everyday social relations of care within macro understandings of inequality (e.g. Tronto, 1993; Robinson, 2006a,b; Held, 2005; Hankivsky 2004, 2006).

The ethics of care is useful both as method of analysis and as a normative framework. As a method, the ethics of care emphasises the *interdependence* of individuals and the embeddedness of their thinking and acting in social relations, rather than in autonomous rational action (Hankivsky, 2004).[13] It also presupposes human flourishing to be the key to our sustainability and that therefore the conditions for this – care and co-operation – are also central. Second, care ethics demand *sensitivity to context* as against the assumption of universals and assessment through impartial reason. The implication of this is to alert us to the complexity of power mediated through class, ethnicity, gender and other social relations. The third element of a care ethics is *responsiveness*, an ability to perceive others on their own terms, emphasizing the needs of the marginalized to have the conditions for the articulation of their needs. Finally, these ethics alert us to the *consequences of choices:* what are the material and practical outcomes of actions on people's lives; how do we ensure that people may give and receive care?

We can apply this analysis to the transnational political economy of care. The emphasis on interdependence can refer not only to individuals but to nation states: just as the male breadwinner was constructed as independent and his wife dependent, feminists revealed how his autonomy was actually dependent on the hidden care and support of his wife, so we could say a similar thing about nation-welfare-states. The capacity to meet the care needs of their welfare subjects is partly the outcome of global interdependencies. This has the consequence of intensifying the difficulties of meeting care needs of the poorer regions. It is therefore incumbent upon any notion of global justice to think of these care needs as well as those of the West.

[12] There are of course exceptions and there is not room here to account for the detailed critiques provided for example by Beneria (2003); Elson, 2005; Hassim (2006); Katz, 2001; Pearson, 2004; Kabeer, 1994, Yeates, 2004. See also Robinson's (2006b) critique of Pogge.

[13] This paragraph draws on Hankivsky, 2004.

This analysis also implies a concern with the transnational consequences of state actions. When developed states cut wage costs of care workers the consequence is labour shortages whose short term solution is international recruitment of cheaper labour which, in its turn, results in care deficits in poorer regions. Similarly where work/care balance policies in developed countries are underpinned by primary aims of encouraging women into work and developing cost effective care services, and where gender equality at home and at work remains only secondary, then this means that seeking work/care balance for care givers becomes an individual responsibility often met through other women's labour. When that is migrant labour it may entail major work/ care imbalance for that worker as well as care deficits in her country of origin. This means we should work with a more expansive and transnational understanding gender equality and of work/care balance. Kofman and Rhaguram suggest that in this situation we need to be aware of four sets of care relations: the migrant workers who provide care; the care responsibilities for those whom the worker has left behind; the responsibilities of those who the worker brings with her and a migrant's own care needs, now or in the future (Kofman and Rhaguram, 2007:12).

Such an approach highlights a contextual sensitivity to the different ways in which women and men in North and South are attempting to reconcile their work/ care responsibilities in the context of globalisation. An ethics of care further demands an awareness of the challenges that exist for developing countries as far as in integrating care priorities into institutional policies is concerned. Here, the dominant productivist logic has not always been tempered by a social investment approach as it has in a number of developed welfare societies, and, as such, more aggressively places social development as secondary to economic development, creating difficulties for prioritising care policies. There are also limits in assuming a model of family life based on the 'dual earner/carer' family model. The earning and caring configurations within families in many developing countries are more complex, diverse and multiply situated in conditions where responsibilities attach to broader kin networks, where pooling of income is more widely spread and where members may need to migrate to earn (Hassim, 2006). Where informal employment is commonplace for women, then an insurance system tied to employment is less favourable to women than universal benefits funded through the tax system. Fundamentally, women's political voice is crucial. What Global North and South share, however, is the need to reshape ideas of global justice not simply to include more explicit care policies but to reframe these with reference to the practices and ethics of interdependence, contextual sensitivity, responsiveness, and responsibility for the consequence of choice.

In this way Robinson argues that while instituting social protection standards, employment rights, and human rights through international organisations are essential, they are not, in the long run, enough (Robinson, 2006a,b). For example in relation to the ILO's core labour standards, Robinson does not deny their importance as hooks for claims for, say, the rights to collective bargaining, or the protection of children. Nevertheless she argues that they are based on the rights-holder as an atomised individual rather than as an individual constituted through their relations of care of support for and from others. As such, these rights do not really begin to challenge the thinking which places social questions of care as subordinate to economic issues of productivity, profit and performance. Better, she proposes, that we embed rights in an understanding of all people as carrying the needs to care and be cared for by others.

Conclusion

The implication of this discussion is that the relationship between migration and care needs to be understood as part of a wider set of transnational dynamics of the political economy of care. As such it demands that care labour, work/ care balance and care commitments be seen as transnational issues requiring transnational and global strategies. This enlarges a conception of global social justice such that it encompasses the everyday reality of care in people's lives within processes of migration and globalisation. These transnational processes, however, are not only the consequence of contemporary globalisation but rest as well on the histories of the colonialism and their links to nation-welfare state building. In terms of developing a theoretical framework for understanding the relationship between migration, care and welfare states, the paper proposed that we need different levels of analysis (micro, meso and macro) which link the individual care practices in different countries to the social, cultural and policy discourses and contexts at local, national, regional and global levels.

From the perspective of the developed world, the notion of work/care balance is limited: it presupposes lives which are centred on the private sphere of the family, the contained area of work and the contained space of territorial citizenship, and seems to have little space for the social, the civil or the creative. It has no place for creative ventures, for community-based or voluntary activities, or for those practices which contribute to a flourishing civil society, which are often driven by an ethic of interdependence or mutuality. It requires an enlarged and more imaginative understanding of what 'work' is and what 'care' is and where the geographic limits of care and work are situated.

People not only need time and capacity to ensure they can support and care for themselves and close others, but also the time and support to care for the 'world' in the sense of a wider community that is both local and global. This is where a political ethic of care is relevant in recognising an interdependence that is wider than family, more encompassing than the productivist ethic of work, more spatially complex than the local, private household, but part of our understanding of what it means to be a global citizen.

References

Ackers, L and H. Stalford (2004) *A community for children: children, citizenship and internal migration in the EU*. Aldershot, Ashgate.

Action on Disability and Development. 2009. www.addorg.uk/disability_facts.asp downloaded 2/25/09.

Bach, S (2003) I*nternational migration of health workers: labour and social issues.* Working paper 209, ILO, Geneva.

Baldock, C. V. (2000) 'Migrants and their parents: care giving from a distance', *Journal of Family Issues*, vol. 21 (2): 205-224.

Benería, L. and M. Floro (2006) "Distribution, Gender and Labor Market Informalization: A Conceptual Framework with a Focus on Homeworkers," in S. Razawi and S. Hassim, eds.,*Gender and Social Policy in a Global Context: Uncovering the Gendered Structure of 'the Social'*, Basingstoke: Palgrave

Beneria, L. (2003) *Gender, Development and Globalization: Ecomomics as if people mattered,* Routledge, NY

Bettio, F., A. Simonazzi, and P. Villa (2006) 'Change in care regimes and female migration: the care drain in the Mediterranean', *Journal of European Social Policy,* vol. 16 (3): 271-285.

Boone, J. (2007) 'Nord Anglia sells nurseries to ABC', *Financial Times*, 14th August 2007 http://www.ft.com/cms/s accessed 21-08-09

Brannen, J and P. Moss (2002) *Re-thinking Children's Care* Buckingham: Open University Press.

Brennan, D (2007) The ABC of Child Care Politics, *Austrlaian Journal of Social Issues*, vol. 42 (2): 213-255.

Brown, S (2006) 'Can remittances spur development? A critical survey' in *International Studies Review* 8 (1): 55-75.

Cancedda, A. (ed) (2001) *Employment in Household Services*, Dublin: European Foundation for the Improvement of Living and Working Conditions.

Crisp, N. (2007) *Global Health Partnerships: the UK contribution to health in developing countries,* London: Central Office for Information.

Datta, K et al (2007) 'The new development finance or exploiting migrant labour: remittance sending among low-paid workers in London, *IDPR* 29(1): 43-67.
Deacon, B (2007) *Global Social Policy and Governance*, London: Sage
DfID (Department for International Development) (2006) 'UK helping to slow down 'brain drain' that costs African lives' http://www.dfid.gov.uk/news/files/world-health-day-2006.asp downloaded 8/16/2007.

Dobrowolsky, A and J. Jenson. 2004. "Shifting Representations of Citizenship: Canadian Politics of 'Women' and 'Children'." *Social Politics,* vol. 11 (2): 154- 180.

Economic Commission for Latin America and the Caribbean (ECLAC) 2007. *Social Cohesion:Inclusion and a Sense of belonging in Latin America and the Caribbean.* United Nations. New York

Ehrenreich, B. and Hochschild, A.R. (2003) (eds.) *Global Women*, New York, Metropolitan Books.
Elson, D.(2004). "Social policy and macroeconomic performance: Integrating 'the economic' and 'the social'." In Thandika Mkandawire (ed.), *Social Policy in a Development Context*. UNRISD,
EWL (European Women's Lobby) (1995). *Confronting the Fortress: Black and Migrant Women in the European Union.* European Parliament, Directorate General for Research. Brussels.
EWL (European Women's Lobby) (2007). *Equal Rights Equal Voices: Migrant Women in the European Union*, Brussels. http://www.womenlobby.org/site/1 accessed on 4/3/2008.
Glover, S., C. Gott, A. Loizillon, J. Porter, R. Price, S. Spencer, V. Srinivasan and C. Willis (2001), *Migration: an Economic and Social Analysis*, RDS Occasional Paper 67, London: Home Office.
Hankivsky, O (2004) *Social Policy and the Ethics of Care,* Vancouver, UBC Press.
Hankivsky, O, (2006) ' Imagining ethical globalization: the contributions of a care ethic, *Journal of Global Ethics,*vol. 2 (1):91-110.
Hassim. S. 2006. Whose Utopia? A Response to Gornick and Meyers "Institutions that Support Egalitarianism in Parenthood and Employment. Paper presented to Real Utopias Conference, University of Wisconsin, Madison, November. www.ssc.wisc.edu/~wright accessed on 3/3/2007
Held, V (2005) *The Ethics of Care,* Oxford University Press.
Holden, C. 'The internationalization of *long term care p*rovision: economics and strategy', *Global Social Policy*, 2002; 2(1) pp.:47-67

Hoskyns, C. (1996*) Integrating gender: women, law and politics in the European Union,* London: Verso.

Jenson, J (2008) *Diffusing ideas for after-neoliberalism: the social investment perspective in Europe and Latin America.* Paper presented at the RC 19 Conference of the International Sociology Association, Stockholm, Sweden September.

Jenson, J and D. Saint-Martin (2006) "Building blocks for a new social architecture: the LEGO TM paradigm of an active society." *Policy and Politics,* vol. 34 (3): 429-5 1, The Policy Press.Kabeer, Naila. 1994. *Reversed Realities: Gender Hierarchies in Development.*

Katz, C. (2001) Vagabond Capitalism and the Necessity for Social Reproduction' *Antipode* 33:707-28**.**

Kofman, E. A. Phizacklea, P. Raghuram, & R. Sales (2000) *Gender & International Migration in Europe: Employment, Welfare & Politics*, Routledge: London.

Kofman, E. P. Raghuram, and M. Merefield, (2005) Gendered Migrations: Towards Gender Sensitive Policies in the UK, *Asylum and Migration Working Paper No 6*, London: Institute for Public Policy Research.

Kofman, E. and P. Raghuram, P. (2007) 'The Implications of Migration for Gender and Care Regimes in the South', Paper prepared for *UNRISD – IOM- IFS workshop on 'Social Policy and Migration In Developing Countries'* 22-23 November, 2007, Stockholm. www.unrisd.org accessed 12-01-09.

Lister, R., F. Williams, A. Antonnen, M. Bussemaker, U. Gerhard, S. Johansson, J. Heinen, A. Leira, B. Siim. C. Tobio and A. Gavanas (2007) *Gendered citizenship in western Europe: new challenges for citizenship research in a cross-national context*, Bristol, The Policy Press.

Lutz, H (2008) *Migration and Domestic Work: a European Perspective on a Global Theme*, Aldershot, Ashgate.

Mahon, Rianne. 2010. Early Childhood Education and Care Policies around the World: The Impact of International Organisations in John Bennet (ed) *The Routledge International Handbook of Early Childhood Education* London Routledge

Mayo, M. (2005) *Global Citizens: Social Movements and the challenge of globalization.* London: Zed Press.

Molyneux, M (2006) "Mothers at the Service of the New Poverty Agenda: Progresa/Oportunidades, Mexico's Conditional Transfer Programme." *Social Policy and Administration,* vol. 40, (4): 425-449.

Molyneux, M. and Razavi, S. (eds) (2002) *Gender Justice, Development and Rights*, Oxford: Oxford University Press/UNRISD.

OECD (2006). *Starting Strong: Early Childhood Education and Care.* OECD. Paris.

Orozco, M., L. Lowell and J. Schneider (2006) *Gender-specific determinants of* remittances: differences in structures and motivation, Report to the World Bank Group Gender and Development Group, Washington.
http://siteresources.worldbank.org/INTGENDER/Resources/Session2Orozcoetal.pdf accessed 8-08-07

Ősterle A. and E. Hammer (2007) 'Care Allowances and the Formalization of Care Arrangements: The Austrian Experience', in Ungerson and Yeandle, *op.cit.*

Oxfam and Kalayaan (2008) *The new bonded labor: the impact of proposed changes to the UK Immigration system on migrant domestic workers' in The cost of coercion*. ILO, Geneva.

Parrenas, R (2001) *Servants of Globalisation: women, migration and domestic work,* Stanford, U.S. Stanford University Press.

Pearson, R. (2000) **'**Rethinking gender matters in development' in T. Allen and A. Thomas (eds.) *Poverty and development into the 21st century*, Oxford: Open University in association with Oxford University Press

Piper, N (2003) “Bridging Gender, Migration and Governance: Theoretical Possibilities in the Asian Context.” *Asian and Pacific Migration Journal*, vol. 12 (1-2): 21-48.
Pyle, J (2006) “Globalization and the increase in transnational care work: The flip side” Globalizations vol.3 (3):297-315(19)
RCN (2002) (Royal College of Nursing) *Internationally recruited nurses: good practice guidelines for health care employers and RNC negotiators,* London: RCN.
Razavi, S (2007) *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options*, Geneva: UNRISD.
Reynolds, T (2005) *Caribbean Mothers: Identity and Experience in the UK.* London*,* The Tufnell Press.
Robinson, F. (2006a) Beyond Labour Rights: the ethics of care and women’s work in the global economy, in *International Feminist Journal of Politics*, vol. 8 (3) : 321-342.
Robinson, F (2006b) Care, Gender and Global Social Justice, Journal of Global Ethics vol. 2 (1): 5–25.
Tronto, J (1993) *Moral Boundaries: A Political Argument for an Ethic of Care*, London, Routledge.
Ungerson, C and S Yeandle eds (2007*) Cash for Care in Developed Welfare States,* Basingstoke, Palgrave.
Williams, F (1989) *Social Policy: A Critical Introduction*. *Issues of’ Race’, Gender and Class*, Cambridge, Polity Press.
Williams, F (1995) 'Race/Ethnicity, Gender and Class in Welfare States: A Framework for Comparative Analysis', *Social Politics*, vol.2 (1): 127-159.
Williams, Fiona. 2001. “In and Beyond New Labour: Towards a New Political Ethic of Care.” *Critical Social Policy*, Vol. 21, No. 4, pp. 467-493.
Williams, F (2003) ‘Contesting ‘race’ and gender in the European Union: a multi-layered recognition struggle‘ in Barbara Hobson (ed) *Recognition Struggles and Social Movements: Contested Power, Identity and Agency*, Cambridge: Cambridge University Press.
Williams, F. (2007) How do we theorise the employment of migrant women in home-based care work in European welfare states? Paper presented to *RC19 Conference*, University of Florence, September, 2007.
Williams, F and A .Gavanas (2008) ‘The Intersection of Child Care Regimes and Migration Regimes: A Three–Country Study’ in H.Lutz (ed) *op cit.*
Williams, F, C. Tobio and A. Gavanas (2009) ‘Cahiers de Genre (France) Migration et garge des enfants a domicile en Europe: questions de citoyennete’, Cahiers du Genre, Numero 46, pp. 47-76.
Williams, F. (2009) *The Making and Claiming of Care Policies: the Recognition and Redistribution of Care*, Geneva, UNRISD.
Williams. F (2010) ‘Migration and Care in Western Welfare States’ in Hanne Marlene Dahl and Anne Kovalainen (eds) Complexities of Care: Globalisation, Europeanization and Other Strange Words, Cheltenham, Edward Elgar.
World Bank (2002) *Integrating gender into the World Bank’s Work,* Washington DC: World Bank
Yeates, N (2004) Global Care Chains: Critical Reflections and Lines of Inquiry’, in *International Feminist Journal of Politics*, vol. 6 (3) :369-391.
Yeates, N. (2009) *Globalizing Care Economies and Migrant Workers,* Basingstoke, Macmillan.

The Stockholm University
Linnaeus Center for
Integration Studies (SULCIS)

SULCIS is a multi-disciplinary research center focusing on migration and integration funded by a Linnaeus Grant from the Swedish Research Council (VR). SULCIS consists of affiliated researchers at the Department of Criminology, the Department of Economics, the Department of Human Geography, the Department of Sociology and the Swedish Institute for Social Research (SOFI). For more information, see our website: **www.su.se/sulcis**

SULCIS Working Paper Series

2007:1 Arai, M & Skogman Thoursie, P., "Giving Up Foreign Names: An empirical Examination of Surname Change and Earnings"

2007:2 Szulkin, R. & Jonsson, J.O., "Immigration, Ethnic Segregation and Educational Outcomes: A Multilevel Analysis of Swedish Comprehensive Schools"

2007:3 Nekby, L. & Özcan, G., "Do Domestic Educations Even Out the Playing Field? Ethnic Labor Market Gaps in Sweden"

2007:4 Nekby, L. & Rödin, M., "Acculturation Identity and Labor Market Outcomes"

2007:5 Lundborg, P., "Assimilation in Sweden: Wages, Employment and Work Income"

2007:6 Nekby, L., Rödin, M. & Özcan, G., "Acculturation Identity and Educational Attainmnet"

2007:7 Bursell, M., "What's in a name? A field experiment test for the existence of ethnic discrimination in the hiring process"

2007:8 Bygren, M. & Szulkin, R., "Ethnic Environment during Childhood and the Educational Attainment of Immigrant Children in Sweden"

2008:1 Hedberg, C., "Entrance, Exit and Exclusion: Labour Market Flows of Foreign Born Adults in Swedish "Divided Cities"

2008:2 Arai, M, Bursell, M. & Nekby, L. "Between Meritocracy and Ethnic Discrimination: The Gender Difference"

2008:3 Bunar, N., "Urban Schools in Sweden. Between Social Predicaments, the Power of Stigma and Relational Dilemmas"

2008:4 Larsen, B. and Waisman G., "Who is Hurt by Discrimination?"

2008:5 Waisman, G. and Larsen, B., “Do Attitudes Towards Immigrants Matter?”

2009:1 Arai, M., Karlsson, J. and Lundholm, M. “On Fragile Grounds: A replication of “Are Muslim immigrants different in terms of cultural integration?”

2009:2 Arai, M., Karlsson, J. and Lundholm, M. “On Fragile Grounds: A replication of “Are Muslim immigrants different in terms of cultural integration?” Technical documentation.

2009:3 Bunar, N. “Can Multicultural Urban Schools in Sweden Survive Freedom of Choice Policy?”

2009:4 Andersson Joona, P and Nekby, L. “TIPping the Scales towards Greater Employment Chances? Evaluation of a Trial Introduction Program (TIP) for Newly-Arrived Immigrants based on Random Program Assignment – Mid Program Results.”

2009:5 Andersson Joona, P and Nekby, L. “TIPping the Scales towards Greater Employment Chances? Evaluation of a Trial Introduction Program (TIP) for Newly-Arrived Immigrants based on Random Program Assignment”

2009:6 Arai, M., Besancenot, D., Huynh, K. and Skalli, A., “Children’s First Names and Immigration Background in France”

2009:7 Çelikaksoy, A., Nekby, L. and Rashid, S., “Assortative Mating by Ethnic Background and Education in Sweden: The Role of Parental Composition on Partner Choice”

2009:8 Hedberg, C., “Intersections of Immigrant Status and Gender in the Swedish Entrepreneurial Landscape”

2009:9 Hällsten, M and Szulkin, R., “Families, neighborhoods, and the future: The transition to adulthood of children of native and immigrant origin in Sweden.

2009:10 Cerna, L., “Changes in Swedish Labour Immigration Policy: A Slight Revolution?”

2009:11 Andersson Joona, P. and Wadensjö, E., “Being employed by a co-national:
A cul-de-sac or a short cut to the main road of the labour market?

2009:12 Bursell, M. “Surname change and destigmatization strategies among Middle Eastern immigrants in Sweden”

2010:1 Gerdes, C., “Does Immigration Induce ‘Native Flight’ from Public Schools?
Evidence from a large scale voucher program”

2010:2 Bygren, M., “Unpacking the Causes of Ethnic Segregation across Workplaces”

2010:3 Gerdes, C. and Wadensjö, E. “The impact of immigration on election outcomes in Danish municipalities”

2010:4 Nekby, L. “Same, Same but (Initially) Different? The Social Integration of Natives and Immigrants in Sweden”

2010:5 Akis, Y. and Kalaylioglu; M. “Turkish Associations in Metropolitan Stockholm: Organizational Differentiation and Socio-Political Participation of Turkish Immigrants”

2010:6 Hedberg, C. and Tammaru, T., ”‘Neighbourhood Effects’ and ‘City Effects’ Immigrants’ Transition to Employment in Swedish Large City-Regions”

2010:7 Chiswick, B.R. and Miller, P.W., “Educational Mismatch: Are High-Skilled Immigrants Really Working at High-Skilled Jobs and the Price They Pay if They Aren’t?”

2010:8 Chiswick, B.R. and Houseworth, C. A., “Ethnic Intermarriage among Immigrants: Human Capital and Assortative Mating”

2010:9 Chiswick, B.R. and Miller, P.W., “The "Negative" Assimilation of Immigrants: A Special Case”

2010:10 Niknami, S., “Intergenerational Transmission of Education among Immigrant Mothers and their Daughters in Sweden”

2010:11 Johnston, R., K. Banting, W. Kymlicka and S. Soroka, “National Identity and Support for the Welfare State”

2010:12 Nekby, L., “Inter- and Intra-Marriage Premiums Revisited: Its probably who you are, not who you marry!”

2010:13 Edling, C. and Rydgren, J., “Neighborhood and Friendship Composition in Adolescence”

2011:1 Hällsten, M., Sarnecki, J. and Szulkin, R., “Crime as a Price of Inequality? The Delinquency Gap between Children of Immigrants and Children of Native Swedes”

2011:2 Åslund, O., P.A. Edin, P. Fredriksson, and H. Grönqvist, ”Peers, neighborhoods and immigrant student achievement - evidence from a placement policy”

2011:3 Rödin, M and G. Özcan, “Is It How You Look or Speak That Matters? – An Experimental Study Exploring the Mechanisms of Ethnic Discrimination”

2011:4 Chiswick, B.R. and P.W. Miller, “Matching Language Proficiency to Occupation: The Effect on Immigrants’ Earnings”

2011:5 Uslaner, E., “Contact, Diversity and Segregation”

2011:6 Williams, F., “Towards a Transnational Analysis of the Political Economy of Care”