

COVID-19 IMPLICATIONS FOR MIGRANT CARE WORKERS

A GENDER PERSPECTIVE



The purpose of ITFLOWS is to provide accurate predictions and adequate management solutions of migration flows in the European Union in the phases of reception, relocation, resettlement and integration of migrants, according to a wide range of human factors and using multiple sources of information.

EXECUTIVE SUMMARY

The global pandemic COVID-19 has strained health care systems and social services, and caused an overall negative economic and social impact throughout Europe. Migrants en route to or residing in Europe are especially disadvantaged, not only due to border closures, but also because many were already in precarious situations with limited access to social protection mechanisms or systems in the host country. Those migrants responsible for care work, who are largely women, are especially vulnerable, as these types of jobs during COVID-19 means even more exposure to the virus.

This brief outlines the ways in which migrant care work is particularly precarious in COVID-19 conditions. It points to how now, more than ever, it is critical to address the crucial role migrant care workers play in European societies. Finally, it suggests measures to mitigate the risks and vulnerability they face, and how the proposed measures can be beneficial for the European Union in terms of recovery from the crisis and rebuilding the affected economies.

**Women are responsible for
75% of unpaid care and
domestic care work in our
homes and communities,
globally.**

(Da Silva, 2018)

Migrants and COVID-19

IMPACT IN EUROPE

The imposition of states of emergency due to COVID-19 has entailed border closures, which are clearly affecting those migrants making the journey to, being received in, or awaiting relocation in Europe. There has been a decrease or halting of legal and administrative services to facilitate regular migration pathways. Some migrants and refugees find themselves in limbo, waiting for status determination in administrative immigration detention facilities. There, complying with public health measures like social distancing and quarantine are difficult or not feasible. Migrants and refugees are also overrepresented in Europe's homeless populations, which again, means more exposure and makes it impossible to follow stay at home directives ([Kluge et al., 2020](#)).

Reduction in employment and income loss has also resulted from this European health crisis. This again affects migrants that were already at an economic disadvantage ([Guadagno, 2020](#)). They have often found themselves subject to precarity, low wages and unprotected working conditions, and the economic impact of the pandemic has exacerbated their situation ([RCCE, 2020](#)).

In addition to their health being more at risk, due to the nature of their work, as well as often having limited overall access to healthcare, many of these crisis consequences that migrants face contribute to negative effects on mental health ([Júnior et al., 2020](#)). Finally, migrants and refugees in Europe have even found themselves facing heightened hostility from xenophobic elements in host societies during the pandemic ([Doliwa-Klepcka & Zdanowicz, 2020](#)).

Definition of care work

Care work can be understood as “a range of activities and relationships that promote physical and emotional well-being” of those who are unable or unwilling to perform these activities by themselves ([Kofman 2012](#)). Care work conducted by migrants can be formal or informal, public or private, but almost always reflects inequalities, further outlined in his brief. Examples include healthcare workers, live-in maids, cooks, caregivers for the elderly and domestic workers.



COVID-19 AND MIGRANT CARE WORK

A GENDER PERSPECTIVE

Some of the gender implications of the COVID-19 pandemic that should be considered are outlined below. In many cases, there can be an additional gendered disadvantage for migrants that face several inequalities as a whole. The pandemic's gendered effects include an increase in gender-based violence, overtaxed health systems that further limit access to sexual and reproductive health treatment and services, and short and long-term economic impact for women and girls already at an economic disadvantage ([United Nations, 2020](#)).

Moreover, both globally and in Europe, women undertake the majority of unpaid care work, often contending with a dual burden of childcare or attending to other family members ([Ryan & Ayadi, 2020](#)). In this sense, public health measures needed to tackle the virus, including social distancing, school closures or staying at home directives, can intensify this informal workload, as well as cause stress and negatively affect health ([The Lancet, 2020](#)).

It is clear that the pandemic has especially affected front line and care workers, with women making up an estimated 70 percent of the health and social sector workforce ([Boniol et al., 2019](#); [Santarone et al., 2020](#)). They have an extra burden and face elevated pressure by nature of their work, and their health is comparatively more at risk. These groups often form part of an essential and simultaneously exposed population employed in low paid and “low status” positions, including care work.

Within this group, migrant women in Europe face compounded precarity. They make up a disproportionate percentage of care workers and due to gender regimes, they stand at a clear disadvantage because of the nature of their work. COVID-19 has increased their exposure, workload and stress. COVID-19 has increased their exposure, workload and stress. However, gendered disadvantages inherent to care work not only relate to the overrepresentation of women. They also lie in how society undervalues gendered work.

Care work is underpaid, low paid or not remunerated at all, despite it being essential to a society's functioning and wellbeing. This undervaluing, both symbolically and materially, is reflected in unjust remuneration and lack of regulation in the sector. Meanwhile, care work forms part of a social reproduction that not only maintains an increasing elderly population, but also raises and nurtures society's future citizens.

Confronting these issues requires an intersectional approach to inequalities: understanding that there are layers of exclusion, and that inequalities can intersect and overlap not only in gendered ways, but also in terms of migrant status, race and class, among other dimensions. Addressing only one of these aspects alone in attempting to remedy the systemic problems surrounding European migrant care work can either exacerbate these problems, or simply not resolve them. The interlinked inequalities then continue to be reproduced.

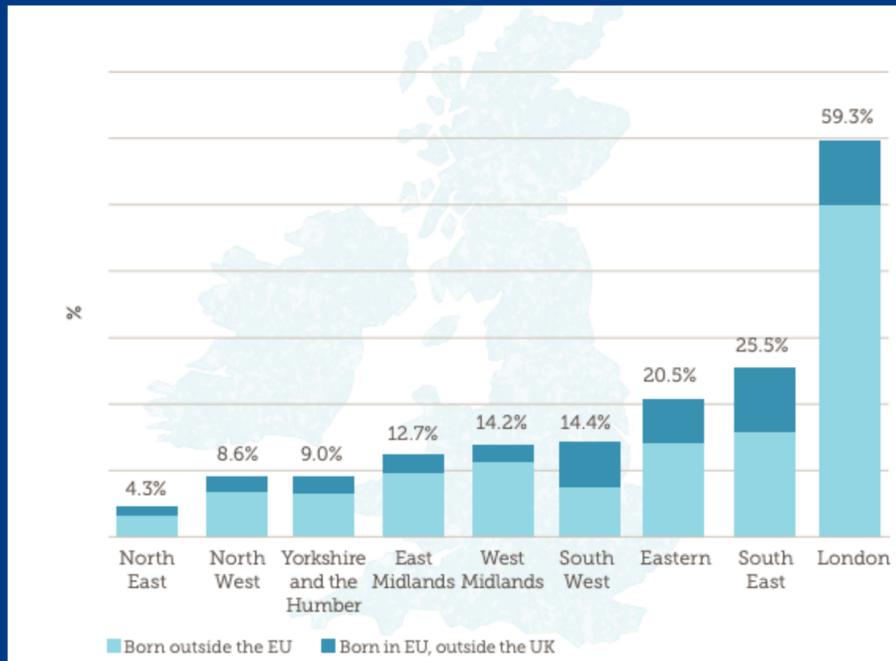


The Coronavirus pandemic highlights the vulnerability of migrant workers in the EU

COVID-19 shows migrant care work is essential

Examples from the United Kingdom and Spain

European states depend on migrants for care work provision.



[Franklin & Urzi, 2015](#)

As illustrated in this graph of England's regions, a majority of its migrant care workers arrive from outside of the European Union. Given Europe's aging population, care work is expected to exponentially rise in both demand and cost (Cangiano, 2014). The COVID-19 crisis has highlighted the fragility of both formal and informal migrant care work systems. Exclusionary migration and labour regimes, combined with limited social protection mechanisms and safety nets, not only endanger migrants, but also complicate service delivery.

How are female migrant care workers affected?

In Spain, caring for the elderly in private homes is a common occupation among migrant women (Peterson, 2007). A recent study reports on an interview with Estela, a 56-year-old Ecuadorian that had been performing care work in private and public residences for 20 years in Madrid, Spain. While she had already expressed that she had a great deal of work that was difficult to manage in 2016, when interviewed in March 2020 during the COVID-19 crisis, she explained she had not had a free day for 20 days in a row and did not expect one for another ten, if that (Moré, 2020). Moreover, several people had contracted the virus in her place of employment at a residence for the elderly. Migrant care workers in similar situations throughout Europe face such risks and may feel that their legal or economic situation does not permit them to seek minimum services, protections and rights.

WHAT CAN BE DONE NOW TO IMPROVE THE SITUATION IN THE FUTURE

Going forward, because of the high risk that migrant care workers suffer in relation to COVID-19 and gendered implications, they require a tailored and specific search for a more regulated work environment, which not only protects them, but their families as well. Special attention is needed, not only in analysing their situation, but also in creating more efficient solutions to support and protect them.

POLICY RECOMMENDATIONS

Public authorities tailoring COVID-19 education and communication for migrant care workers, raising awareness of possible risks and ways to protect themselves

Public authorities should work in close collaboration with civil actors in order to accomplish this goal, using clear communication and education measures. It is necessary to explain what can be done when social distancing is not possible, through Information Education & Communication (IEC) materials (posters, leaflets, radio, TV and even social media) that are translated into languages migrant workers can understand. This communication should also indicate existing referral mechanisms for psychological health care support available in each country. Public health authorities should be trained on how to disseminate messages, communicate and treat migrant care workers during the coronavirus pandemic, especially women and girls.

Including migrant care workers in COVID-19 legislation oriented towards gender mainstreaming

Migrant care workers should be supported effectively through policies designed to foster regular pathways and access to protection mechanisms, including social protection and safety nets. Justification would be based on their contribution to the local economy and society, offered through their important work. These measures would include paid time off, equitable compensation and psychosocial support, which are essential for migrant care workers at this time. To make sure these migrants are protected, they should be specifically referred to in COVID-19 legislation. For example, if a law is issued to forbid dismissals due to COVID-19, as in Spain, the law should specifically state that this includes migrant care workers, regardless of legal status. In the cases of border closures and administrative immigration detention, such measures should take into consideration the situation of stranded migrants and how to support them in returning back home, if desired, or in integrating in local society.

In all cases, family reunification should be given priority. Migrant women and girls employed in the care sector should be provided with assistance via adequate mechanisms of protection in cases of abuse, and in the case of caregivers, supported in work-life balance. Examples include vouchers, or assistance in reducing working time to care for their family. This population should be referred to social services to inform them about possible risks of violence and exploitation, and in the case of victims of abuse, to offer them support options.

Health and legal experts together with policymakers should work closely to provide complementary evidence-based analysis, grounded in the experience of migrant care workers

Working on migration is a cross-cutting issue. These actors should collaborate in assessing the needs of migrant care workers, responding with evidence-based policy. This should include a comparative analysis across European states, or even communities within a European state. It is important to include an analysis of the systems of power and social forces, as well as gender norms and relations, either reinforced or interrupted by the effects of COVID-19. Accompanying qualitative interviews can be conducted among the migrant care workers studied to ensure their experience, needs and perspectives ground the assessment. Ultimately, this would allow for designing improved policies, adapted to migrant care workers' needs, as they contribute to the host country's welfare.

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