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Review Article
Migration and Care: Themes, Concepts and Challenges

Fiona Williams

Department of Sociology and Social Policy, University of Leeds
E-mail: J.F.Williams@leeds.ac.uk

Introduction

The phenomenon of migrant workers finding domestic and care work in the homes and institutions of countries wealthier than their own uncovers much about social change in the twenty-first century. First, it reveals the consequences of women taking on more responsibilities to earn income but without a significant rebalancing of their care responsibilities either with male partners or through state support. In the poorer regions of the world, unemployment, violence, poverty and aspirations for a better life push some women into emigrating to earn for their families. This also exposes an asymmetrical geopolitical solution to the so-called 'care deficit' pursued by richer states, accentuated by the demographics of ageing societies and restructured welfare regimes on the one side, and the care crises in the poorer regions on the other. The transnational movement of (mainly) women into care and domestic work, as well as nurses, pharmacists and doctors into health care saves social expenditure costs while intensifying the lack of care resources in the countries of origin of those migrant workers.

The phenomenon further highlights the changing paths of post-colonial migration, its increasing feminisation, shifting national and supranational boundaries, and related issues of documentation, unregulated labour, citizenship rights and racialised hierarchies within nation states. In addition, these aspects all burrow their way into the day-to-day social, personal and intimate power relations within the household that employs a migrant worker to care and/or to clean.

As such, this relationship between migration and care operates on at least three different levels: the personal relations of migration and domestic/care work; state policies, regulations and discourses; and the transnational and global movement of labour. This article looks at work on these three levels and is organised into three sections. The first sets out some of the key themes and concepts that have emerged in the development of research in this area, focusing on questions of exploitation and agency, the complexity of care relations within global care chains and the diversity of the migrant care workforce. It also identifies research analysing regional and institutional factors shaping the demand for this work. The second section looks at methodological and theoretical developments, which, on the whole, have found ways of locating migration and care work within an understanding of dynamics at the global or transnational level. Key analytical concepts here include 'the international division of reproductive labour', 'global nursing care chains', the intersection of care regimes and migration regimes and the 'global' or 'transnational political economy of care'. These frameworks allow for both cross-national and historical comparative methods, both of which are crucial to understand better the diversity and extent of the relationship between migration and care today. The third and concluding section explores the research and policy challenges that this work calls for.

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Themes and concepts

Global care chains

Research at the end of the 1990s began to document two linked phenomena: one was the return of the demand for home-based care and domestic work (Romero, 1992; Gregson and Lowe, 1994; Andall, 2000; Sarti, 2008), the other was that it was migrant women from the poorer regions of the world who were meeting this demand (Phizacklea and Anderson, 1997; Momsen (ed.), 1999; Anderson, 2000; Kofman *et al*., 2000; Hondagneu-Sotelo, 2001; Parreñas, 2001; Lutz, 2002; Ehrenreich and Hochschild, 2003). Not only did this work challenge androcentric accounts in migration studies by providing evidence of the feminisation of migration and the gendered nature of globalisation,[1] but it also exposed the highly exploitative nature of this work. Such workers often find themselves vulnerable as migrants to a lack of citizenship status, devalued as workers in the isolating privatised economy of household labour, subject as women to intimate, personalised and emotionally exacting care work, and, as 'other' nationals, entering situations heavy with the histories of racialised subordination. These are women who stand at the intersection of carework exploitation with gender, ethnic and migrant oppression in the context of a globalising world.

The concept of *'global care chains'* emerged to capture these dynamics in which women from the global South migrate to care for the children and households of employed women in the global North in order to support their own children whom they leave in the care of female relatives (Parreñas, 2001). As such, the concept provides a neat summary of the link between personal and global relations. It has also prompted different perspectives of these relations. Here we look at some of these perspectives in terms of questions of *exploitation, agency*, *care*, the complexity of *power, diversity* and *regional* and *institutional* factors.

Exploitation

As indicated, the *exploitative* nature of home-based care and domestic work dominates much of the research in this field. Insecurity of citizenship status can force a migrant worker into informal and unregulated work if she does not have or is waiting for formal documentation. The 'flexibility' of job descriptions means live-in au pairs and domestic workers can find themselves responsible for cleaning, cooking *and* child care. Being treated as a 'member of the family' may disarm workers so that they are continually on call and the boundaries between work and privacy become blurred. Employers may confiscate employees' passports so they cannot leave. Racialised stereotypes operate differently as hierarchies in different countries: in the UK, some employers deem Latin Americans more loving and Eastern Europeans more hard working, while Australians are seen as cheerful and flexible (Williams and Gavanas, 2008). In Spain, Latin Americans are considered slow and Moroccans untrustworthy (Lister *et al*., 2007). Philippinas are often most preferred as carers in Europe, but, in France, black African workers are considered 'dirty', and Maghreb workers 'sly' (Narula, 1999). In Paris, Haitian women are favoured; in Greece, Albanians are not (Anderson, 2000). Such hierarchies point to a complex interrelationship between the gendered gradations of care work with colonial histories, past and contemporary religious antagonisms, and essentialist stereotypes based on gender, nationality and ethnicity.

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Agency

Anderson (2000) interprets the intense, intimate and domestic servicing of the work under these racialised conditions as a new form of slavery in which the worker is selling not just her labour power but her whole personhood. While not detracting from this vulnerability, others emphasise the *agency* of migrant workers. While political discourses usually differentiate between economic migrants and those seeking asylum, and see the former as acting out of the free will of economic rationality, the reality is more complicated. The act of migration itself may involve a woman exercising her agency in escaping a violent or difficult marriage; it may reflect aspirations to improve the migrant's own family situation through remittances sent home, even though this may involve a drop in status (Parreňas, 2001). It is, in other words, an agency that is highly constrained and often embedded in kin obligations. Women's remittances are important sources of support for the costs of care, education and health, especially if they are received also by women (Orozco *et al*., 2006). On the other hand, they also create significant hardship for those who send them (Datta *et al*., 2007). There has been a growing trend for female migrants (especially from Central and Eastern Europe) to be more educated and to see domestic work as a stepping stone to more qualified work (Lutz (ed.), 2008). Migrating mothers often develop complex strategies in constrained circumstances to maintain daily communication with their children, even while the separation creates pain and longing on both sides (Parreňas, 2005). Indeed *diasporic care* is increasingly a feature of migration, 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).

Power and dependency

While migrant women enter relationships with their employers structured in gender, class and 'race' inequalities, literally doing the family's 'dirty work' (Anderson, 2000), the care relations they engage in can be complex in terms of *power and dependency*. There can be a two-way, if unequal, dependency, where a working mother employs a woman, with few resources of her own, to look after her child. The boundaries and relations of trust and intimacy are fragile, and the employer's child may benefit from the emotional investment of an employee who has left her own children behind in the care chain (Ehrenreich and Hochschild, 2003). This scenario of the global care chain captures well the irony of women in the global North exercising their right to earn at the expense of the migrant employee from the global South, both of them unsupported in their care responsibilities by male partners or state provision. But it also tends to generalise from only one type of migration and care situation when the reality is more diverse.

Regional migration

To begin with, increasingly in Southern Europe in particular, migrant workers care for older and disabled people (Bettio *et al*., 2006), a situation shaped by the care policies and regimes of these countries, as explained further below. In addition, transnational migrations are *regional* as well as global; they operate both *across* and *within* regions of the global North and South. Domestic workers from Malaysia go to Indonesia, while

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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 younger women migrants from Central and Eastern Europe finding care and domestic work in Northern, Western and Southern Europe. Unlike the global care chain worker, these women do not usually have children, while migrants from South America to Spain may bring their children *and* their mothers with them to provide child care while they work. Further, in some countries this work is also done by men. New migration paths superimpose themselves upon older colonial relationships, where, for example, Ethiopians go to Italy, Indian and African workers to the UK and South American workers to Spain. Religion also ties countries together: Catholicism connects the Philippines with Italy and Spain (Kofman and Raghuram, 2007; Lutz (ed.), 2008).

Diverse employment conditions

The conditions of home-based domestic and care work 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. All these factors structure their situations differently. The differences of employment status along with the class differences between employers and employees, the differences in migration status, and the racialised hierarchies mentioned above, demand a sensitive understanding of the way social relations of power intersect in these workers' lives.

Diversity of a different sort marks the relationship between migration, gender and care. Skilled, professional and semi professional health, social work, education and care workers working in small and large, state, religious, independent and private sector institutions constitute a significant part of the global economy of care (Kofman *et al*., 2005; Yeates, 2009). By the end of 2005, 30 per cent of doctors and 10 per cent of nurses in the UK National Health Service had received their initial training overseas (Crisp, 2007: 16). In France, a quarter of all hospital doctors are foreign or naturalised; in Germany, nurses are recruited from Eastern Europe; and, in Norway, from Poland (Bach, 2003). The growth of private agencies working for the private health sector has also marked recent UK recruitment practices of nurses from India and the Philippines (Bach, 2003). Health professionals, especially those from developing countries share commonalities with migrant home-based care workers: gender and racial discrimination, lack of recognition of skills and qualifications in pay levels and being concentrated in the least desirable jobs (Bach, 2003; Kofman *et al*., 2005).

Institutional factors

There is also a further set of *institutional* factors to take into account in understanding the relationship between migration and care and that is the way different state policies

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shape the employment of home-based care workers. This includes not only migration rules and regulations but also care policies and employment policies, especially around the work/care balance. Many US based studies explain the demand for domestic and care workers as a consequence of the *lack* of public care policies, whereas in Europe it is the *nature* of the recent development of care policies and practices (the *care regime* – see below) that constitutes an important influence in demand. So, for example, the shift in a number of countries from providing care services (or, in the case of Southern Europe, no services at all) to giving individuals cash payments to buy in home-based care provision has shaped care provision for children, as well as for older people and disabled people. These include cash/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 *et al*., 2007), and Sweden has introduced tax breaks for people employing domestic help in the home. 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). All these types of provision encourage the development of home-based, often low-paid commodified care or domestic help, generally accessed privately through the market. Where care labour has historically been undervalued and poorly paid, it is often the job destination of those with least negotiating power and those are frequently migrant workers. In Spain, Italy, Portugal and Greece, the strategy of employing migrant labour to meet care needs has become institutionalised through government policies, including migration quotas and cash grants. It has been described as a shift from a 'family' model of care to a 'migrant-in-the-family' model of care (Bettio *et al*., 2006: 272). This institutional dimension provides an important meso-level link between the micro level of the household and the macro level of transnational migration. The methodologies and analytical frameworks we use to study these links are the subject of the next section.

Methods and analytical frames

The international division of reproductive labour

The wider context for the relationship between migration and care and domestic work involves transnational and geo-political relations. Empirical research has tended to focus on migrant workers and their employers in the wealthier receiving countries. Two developments in cross-national comparative work have extended this focus. The first is Rhacel Parreñas's seminal study, *Servants of Globalization* (Parreñas, 2001), which examines Philippina migrant women's experiences in Rome and Los Angeles and their own and their families' experiences in the Philippines. This work conceptualises the system in which these workers are caught up as '*the international division of reproductive labour*'. This concept brings together Evelyn Nakano Glenn's (1992) work on 'the racial division of reproductive labour', which identifies continuities in the US in the care and domestic servicing role black and minority ethnic women have played, with Saskia Sassen's (1984) gendered analysis of the new international division of labour, which shows how women's labour has been incorporated into global production. Parreñas argues that this has stimulated a simultaneous movement of labour from poor, peripheral countries

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to wealthier, core countries to take on the domestic and care responsibilities of working households, thus creating an international division of reproductive labour.

Building on Parreñas's and others' work and extending the analysis to skilled workers in formal care work, Yeates (2009) widens 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*. In relation to the hierarchy of nursing chains, she describes how richer countries recruit their health personnel from countries a step down in the wealth league – nurses from Canada are recruited by the United States, for example, while English nurses go to Canada, South African nurses go to England and nurses from Swaziland go to South Africa (Yeates, 2009: 80).

Intersecting care and migration regimes in cross-national comparison

In a different way, cross-national methodology has been used to explore further the institutional influence (see above) upon the dynamics of migration and care. Thus, in order to examine the similarities and differences in the employment of migrant workers in home-based child care in Europe, Williams and Gavanas in their comparative study of the UK, Sweden and Spain, argue that it is the *intersection* of elements of a country's *care regime* with its *migration regime* which provides the institutional context shaping the experiences of both the migrant women employed as child carers and the women who employ them (Williams, 2010a;[2] see also Lister *et al*., 2007: chapter 5). This analysis seeks also to extend the analysis of *intersectionality* from the gendered, class and racially structured daily experiences of migrant care workers to the institutional context of these experiences in specific times and places.

The concept *regime* here refers to clusters of state policies that characterise particular countries' or groups of countries' policies. For example, in relation to care policies it denotes the extent to which a country relies on the state, voluntary workers or the private market for care; whether provision is accessed through services or through cash payments or tax benefits; and whether and how policies facilitate maternity, paternity or carer leave (Bettio and Plantenga, 2004). It also refers to cultures and practices, policy and popular discourses, social relations of power and inequality, as well as forms of contestation. Migration regimes are characterised by immigration policies – rules for entrance into a country (quotas and special arrangements), settlement and naturalisation rights, as well as employment, social, political and civil rights. While these refer to external border-crossing activities, just as important are the internal norms and practices that govern relationships between majority and minority groups and the extent to which these are framed by laws against discrimination and strategies for cultural pluralism, integration or assimilation. All these factors are shaped by histories of migration and emigration to particular countries, which themselves emerge from colonialism, old trade routes and shared political, economic or religious alliances.

Williams and Gavanas' study shows how it is not simply the policies of giving working mothers tax credits or cash allowances to buy in care which shapes demand in London and Madrid, but the way in which these legitimise the discourse of consumerism and the commodification of care, especially where the private market dominates choices for childcare. So women are positioned through care policies as individual *consumers*

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choosing the right care for their children according to their care preferences. In both cities, surrogate mother care was a dominant care culture among the strata employing child carers/au pairs. Mothers found themselves searching for 'value for money' in a market childcare economy. Whereas in London this was relatively restricted to better-off middle-class working couples, in Madrid it was more commonplace for a much wider range of working mothers.

This differential employment in London and Madrid was also the consequence of a migration regime where, in Spain, quota allocations exist for domestic/care workers. Combined with the regularisation of over half a million illegal immigrants since 2002, this has led to a normalisation of the practice of employing migrant women for domestic and care work, including care of older people. Migration regimes also refer to policies, practices and histories around racial discrimination and discourses of 'nationhood'. Here, Williams and Gavanas (2008) show how exclusive conceptions of what it means to be 'Swedish' or 'Spanish' underpinned racist and patronising attitudes of employers in Stockholm and Madrid, whereas, in London, a more cosmopolitan context and greater awareness of (if not adherence to) race discrimination legislation gave rise to a more defensive 'I'm not a racist, but . . .' attitude of employers.

The global political economy of care

A further analytical development has been to attempt to spell out the dynamics of what Parreñas (2001) calls 'the international division of reproductive labour' or what Hondagneu-Sotelo (2001) calls a 'new world domestic order'. Applying a gendered political economy perspective to care policies and practices in different parts of the world has been particularly useful in situating care migration in terms of its exacerbation of the care deficit in the global South. Where the North is concerned with a care deficit consequent upon women's employment and an ageing population, in the developing world AIDS, chronic illness or natural disasters place enormous burdens on women who are expected to do the caring with very little infrastructural support. The concept of the *global political economy of care* signifies the centrality of care needs and policies in globalising economies and transnational movements (Razavi, 2007; Kofman and Raghuram, 2007; Mahon and Robinson, 2010).

In this manner, Williams (2010b) proposes that transnational migration into home-based care provision should be understood as part of a bigger picture of a *transnational political economy of care*, which involves a number of different but simultaneous transnational processes. To begin with, there is the transnational movement of care labour, which includes not only home-based care and domestic workers, but also skilled and professional health care and education personnel. The second dimension is the *transnational dynamics of care commitments* as people move to different countries and leave behind people to be cared for at a distance, or, in their turn, have no family locally to care for their needs (Baldock, 2000; Parreñas, 2001). The third dimension – the *transnational movement of care capital* – refers to those commodifying trends that have accelerated the intervention of the private market in health and social care and made care big business (Holden, 2002). Fourth is the *transnational influence of care discourses and policies*, for example in the convergence in Europe of using cash benefits as a way of delivering care services based upon a discourse of 'choice' and the use

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of the private sector to generate cost efficiencies. On the other side, the transnational activity of *social movements, non-governmental and grassroots organisations* has been a feature of political activity from advocacy organisations representing migrant domestic workers to international coalitions of disability organisations. The significance of placing the experiences of migrant care and domestic workers into this wider context is that it enables us to ask important questions not only about the rights of migrant workers, but about work/life reconciliation policies, how gender equality is framed and understood by policy makers and what kind of global strategies are necessary to challenge global inequalities in the provision and needs for care.

Historical dimensions

While the methods of cross-national and transnational analysis illuminate similarities and differences across nation-states and regions, it is also important to incorporate a historical approach to this question, especially when the overarching reality of globalisation seems to render social processes as 'new'. The history of domestic service reveals that the international movement of service labour goes back to the seventeenth century. What marks its difference from the late nineteenth century to modern times was that in the first period it involved movement from richer to poorer countries and in the second this movement was put in reverse (Sarti, 2008). Also new is the extent of transnational mothers amongst migrant care and domestic workers as well as the fact that they often move to positions lower in status than their qualification or experience. Furthermore, where once the employment of domestic servants was the province of the leisured rich, now in a number of countries (Southern Europe, parts of the USA) employers come from the working middle and lower middle classes (ibid.). What is important is to understand how the new patterns superimpose themselves on the old.

In so far as one of the effects of the movement of care workers from poorer to richer countries is to reduce the costs of social expenditure for those richer countries, then this, too, has historical precedent. 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 have been 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 (Williams, 1995). Nurses and cleaners from the Caribbean were vilified as working mothers in Britain, whose citizenship rights (even to use the services which they helped to create) were often questioned or denied. By contrast, today the use of migrant domestic and care labour prevents the disruption of the new adult worker society, 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.

Conclusions: challenges for policy and research

This article has looked at the development of key themes and concepts in research on migrant workers in care and domestic work, focusing first on questions of exploitation and agency, the complexity of care relations within global care chains, the diversity of the migrant care workforce and at regional and institutional factors shaping the demand

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for this work. These concepts referred, in the main, to micro and meso processes. The second section looked at the methodological and theoretical developments, which, on the whole, have found ways of locating this phenomenon within an understanding of macro-level dynamics. These include 'the international division of reproductive labour', 'global nursing care chains', the intersection of care regimes and migration regimes and the 'global' or 'transnational political economy of care'. These frameworks allow for cross-national and historical comparative methods, both of which are crucial to understanding better the diversity and extent of the relationship between migration and care today.

The phenomenon of the relationship between migration and care poses major political and social challenges. Different writers emphasise different strategies. Hochschild focuses on reducing the need for women to migrate (2000). Some call for an expansion of public services to obviate the need for such work (Tronto, 2002), while other research shows how strategies for the regulation of care work result in different experiences and employment conditions for those migrant or homestate women who undertake it (Ungerson and Yeandle, 2007). Some writers see the home-based employment of women to clean and care as intrinsically demeaning and inegalitarian, posing a moral as well as a political question (Cox, 2006). Indeed, until recently, this was the dominant view in Sweden, where this labour was regarded as a hangover from traditional patriarchal times. A different perspective sees the development of home-based domestic and care work as part of a more general increase in the employment of people in household services over the last ten to 20 years. In some places, the emergence of these activities as new jobs has been encouraged through labour activation policies. As such, some argue that such work needs validation as *work*, to have proper training and job progression attached to it and improvements in citizenship and employment status for migrant workers going into it (Cancedda, 2001). However, a further problem is that, where people and families are transnationally mobile, this challenges the nation-based eligibility to social security and social protection. So others look to the need for co-ordinated international policies to deal with the multifaceted vulnerabilities connected to migration, gender, ethnicity, employment and class, and the conditions that give rise to buying cheap labour (Anderson and O'Connell Davidson, 2003). Those who see the issue as part of a wider global political economy of care and the unequal distribution of care needs and care resources call for global social policies and bilateral agreements to attend to this, but also argue that these have to be informed by an ethic of care. That is to say, care needs and care responsibilities should not be subsumed under the ethics of productivism, and, further, the ethics of interdependence associated with care giving and receiving need to underpin international policies (Williams, 2001, 2010b; Robinson, 2006; Mahon and Robinson, 2010).

Implications for a research agenda

This is a rapidly developing field of study, which has emerged largely from relatively small in-depth qualitative research projects. These are essential for capturing the complex intersections that operate in personal employment relations. More systematic and comparative research of particular national or ethnic groups in particular employment situations is necessary in order to induce a better theoretical understanding of the dynamics of intersectionality. In addition, more cross-national research which examines

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the discursive and institutional contexts of migration into care work is important. However, a greater focus on the 'sending' countries and the specific geo-political relationships that are implicated in this process is also needed. One example here of which little is known is the effects of *women's* remittances on countries and families of origin. Another gap is in the pressures for change from movements and organisations on the ground, as well as analyses of gendering of global governance and implemented global policy. Finally, statistical data in this area are difficult to reach because of populations that are undocumented. Nevertheless, some attempt at common definitions in Europe of social groups of minority ethnic status would enable a more accurate assessment of how far the link between migration and care is extending.

Notes

1 In, 2005 women comprised over 50 per cent the migrants in Europe and the USA and just over 45 per cent of those within the global South (Martin, 2007, cited in Kofman and Raghuram, 2007).

2 Other writers have also referred to *gender regimes* to indicate the policies and practices for supporting care and domestic responsibilities (see articles in this volume and also Lutz (ed.), 2008). Williams (2010a) extends the analysis to include *employment, care and migration regimes* and identifies indicators for cross-national comparison.

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