

COVID-19 implications for migrant care workers. A gender perspective

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Abstract

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.

Keywords: COVID-19; Migrants; Gender; Workers.

Resumen. *Implicaciones de la COVID-19 para los trabajadores migrantes de cuidados: una perspectiva de género*

La pandemia mundial COVID-19 ha afectado los sistemas de atención médica y los servicios sociales y ha causado un impacto económico y social negativo general en toda Europa. Los migrantes, que se dirigen a Europa o residen en ella, están especialmente desfavorecidos, no solo por el cierre de fronteras, sino también porque muchos ya se encontraban en situaciones precarias con acceso limitado a los mecanismos o sistemas de protección social en el país de acogida. Los migrantes responsables del trabajo de cuidados, que son en su mayoría mujeres, son especialmente vulnerables, ya que este tipo de trabajos durante el COVID-19 significan aún más exposición al virus.

Este informe describe las formas en que el trabajo de cuidado de migrantes es particularmente precario en las condiciones de COVID-19. Señala cómo ahora, más que nunca, es fundamental abordar el papel crucial que desempeñan los trabajadores de cuidados migrantes en las sociedades europeas. Finalmente, sugiere medidas para mitigar los riesgos y la vulnerabilidad que enfrentan y cómo las medidas propuestas pueden ser beneficiosas para la Unión Europea en términos de recuperación de la crisis y reconstrucción de las economías afectadas.

Palabras clave: COVID-19; Migrantes; Género; Trabajadores.

Resum. *Implicacions de la COVID-19 per als treballadors migrants de cures: una perspectiva de gènere*

La pandèmia mundial COVID-19 ha afectat els sistemes d'atenció mèdica i els serveis socials i ha causat un impacte econòmic i social negatiu general a tot Europa. Els migrants, que s'adrecen a Europa o hi resideixen, estan especialment desafavorits, no només pel tancament de fronteres, sinó també perquè molts ja es trobaven en situacions precàries amb accés limitat als mecanismes o sistemes de protecció social al país d'acollida. Els migrants responsables del treball de cures, que són majoritàriament dones, són especialment vulnerables, ja que aquest tipus de feines durant la COVID-19 signifiquen encara més exposició al virus.

Aquest informe descriu les formes en què el treball de cura dels migrants és particularment precari en les condicions de la COVID-19. Assenyala com ara, més que mai, és fonamental abordar el paper crucial que tenen els treballadors de cures migrants a les societats europees. Finalment, suggereix mesures per mitigar els riscos i la vulnerabilitat que s'enfronten i com les mesures proposades poden ser beneficioses per a la Unió Europea en termes de recuperació de la crisi i reconstrucció de les economies afectades.

Paraules clau: COVID-19; Migrants; Gènere; Treballadors.

Summary

1. Migrants and COVID-19 impact in Europe
2. COVID-19 and migrant care work. A gender perspective
3. COVID-19 shows migrant care work is essential: examples from the United Kingdom and Spain
4. What can be done now to improve the situation in the future

References

1. 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 contributes 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 wellbeing" 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.

2. 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.

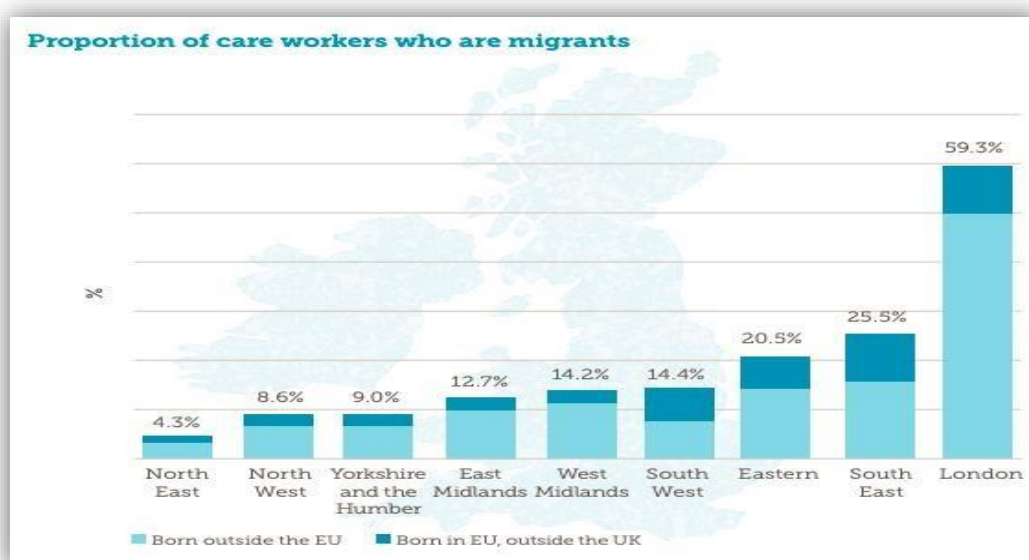
Care work is underpaid, low paid or not remunerated at all, despite it being essential to a society's functioning and wellbeing. This undervaluing, both symbolically and materially, is reflected in unjust remuneration and lack of regulation in the sector. Meanwhile, care work forms part of a social reproduction 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.

3. COVID-19 SHOWS MIGRANT CARE WORK IS ESSENTIAL: EXAMPLES FROM THE UNITED KINGDOM AND SPAIN

3.1. European states depend on migrants for care work provision

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.



Source: Franklin & Urzi, 2015

3.2. 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, protection and rights.

4. 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.

1.1. Policy recommendations

1.1.1. *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

1.1.2. *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

1.1.3. 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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