

MIGRACIONES, TRABAJO DE CUIDADOS Y RIESGOS SOCIALES: LAS CONTRADICCIONES DEL BIENESTAR EN EL CONTEXTO DE LA COVID-19

MIGRATIONS, CARE WORK AND SOCIAL RISKS: THE CONTRADICTIONS OF WELFARE IN THE CONTEXT OF COVID-19

RAQUEL MARTÍNEZ-BUJÁN AND PALOMA MORÉ CORRAL

Resumen: *Este artículo explora el impacto de la pandemia de la Covid-19 en las condiciones laborales de las trabajadoras migrantes de cuidados de personas mayores y dependientes en España. Mediante una explotación de datos de la Encuesta de Población Activa se analizan los efectos de la crisis sanitaria en la precarización de este sector laboral (medida a través del desempleo y la temporalidad). El análisis de esta situación de desigualdad se articula conectando las características del modelo público de provisión de cuidados de larga duración con valores culturales que sitúan a las mujeres migrantes en estas actividades. Este contexto de riesgo social ha evidenciado las contradicciones existentes en el sistema de bienestar: las trabajadoras de cuidados de repente se convierten en esenciales al mismo tiempo que son excluidas del acceso a derechos sociales básicos, especialmente entre las mujeres de origen migrante.*

Palabras clave: *trabajo de cuidados; migraciones; bienestar; precariedad; riesgos sociales.*

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Abstract: *This article explores the impact of the Covid-19 pandemic on the working conditions of migrant care workers for the elderly and dependent persons in Spain. By utilizing data from the Spanish Labour Force Survey, the article analyzes the effects of the health crisis on the precariousness (measured through unemployment and temporary employment). The study of this situation of inequality is structured by linking the characteristics of the public long-term care model with the cultural values that place migrant women in these activities. This context of social risk has highlighted the contradictions that exist in the welfare system: care workers suddenly become essential while they are excluded from access to basic social rights.*

Key words: *Care work; Migration; Welfare; Precariousness; Social risks.*

INTRODUCTION

The inequalities of our care model in terms of gender, social class and ethnic group and the incompatibilities that exist with sustainable livelihood have already been widely established (Vega, Martínez-Buján and Paredes, 2018). The personal care system in Spain has depended mainly on the unpaid work of female caregivers in households, with little intervention by the social services and the increasing privatization of the sector through domestic service. Thus, this system has been fuelled mainly by female migrant labour working in home help services, nursing homes and private households. Data taken from the Spanish Labour Force Survey showed that in 2020 Spain had roughly 136,000 female workers employed as caregivers in nursing homes and adult day care centres¹, some 92,000 people working as home caregivers (hired by public and private social services specializing in home care) and 456,000 domestic workers (these data represent the annual average for 2020). The total number accounts for 685,000 workers, the vast majority of whom are female (95.5%). The presence of migrants is high in all these occupations, comprising 50% of this workforce. However, a higher concentration is seen in services where labour precariousness is greater, reaching an incidence in

¹ 98.1% perform their work in nursing homes, while 1.9% do so in adult day care centres.

domestic employment of 63.7% of the total number workers. By contrast, in the home care sector provided by social services the figure stands at 30.6% and drops to 25.6% in the case of nursing homes and adult day care centres.

This integration of migrant women into the care workforce has had a major impact in the academic field and has given rise to a wealth of interesting research which analyses, particularly in Spain, the relationship between migration flows and the demand for female caregivers in households (Gregorio, 1998; Escrivá, 1998; Parella, 2003). It also focuses on the recognition of domestic work as a fundamental element in the definition of the Mediterranean Welfare States (Martínez-Buján, 2014; León, 2010). Low-wage employment and long working hours have been examined in the literature as well (Díaz and Martínez-Buján, 2021; Parella, 2021). These jobs have often been referred to as “dirty work” (Duffy, 2011) and the workers who perform them comprise a social group known as the “caregiving class” (Graeber, 2006) or “cuidadoriada” (Durán, 2018). However, despite the abundance of scientific output in this field, there are still relevant questions to be explored. On the one hand, for example, are the issues related to the state of subalternity in which these workers live owing to their disadvantaged position in both the labour market and social structure, in addition to the role played by public policies which have contributed to the construction of this inequality on a transnational scale (Lutz, 2018; Amelina, 2017). On the other hand, very few studies have analysed the working conditions under labour categories other than domestic service, such as nursing homes and public and private home help services (Moré, 2017). While the pandemic has brought to light the working conditions in this the sector, including the situation of temporary employment and the practice of shift work as well as the low wages offered in all of these services (Costa-Font et al., 2021; Navarro and Pazos, 2020; Moré 2020), very little research has been done linking this precariousness to the situation of migrant women in all areas of the sector.

Both issues are addressed in this monograph. As regards the first, the COVID-19 pandemic has introduced a new risk context while at the same time displaying the constant contradictions of the welfare system with which these migrant workers must coexist. On the one hand, they are excluded from formal public protection because it is difficult for

them to access social rights, but on the other, they are the main providers of care in this very system, which has relegated them to the position of salaried workers in precarious conditions. In addition, the current health crisis has added even more paradoxes to this model: the workers who care for the most vulnerable population group have been declared, for the first time, workers who are indispensable to human reproduction. However, at the same time they are extremely fragile, not only now because of their deplorable working and social conditions, but also because they are frontline workers, exposed to health risks, often without adequate equipment to protect themselves from infection (Pimentel, 2020; Juares, 2020).

With reference to the second analytical aspect, we argue that this sector of activity, which we have termed “social care”, has been underestimated in epidemiological terms over the course of the COVID-19 crisis and has not received sufficient political support. The term social care is restricted to individuals with special needs in situations related to parenting (childcare), for example, or providing care to elderly and dependent persons (Daly and Lewis, 2000). In fact, it has received much less attention (and recognition) than the healthcare sector (Martínez-Buján, 2020). Thus, while emphasis has been given to the essential role played by these workers in ensuring the well-being of the people they care for, their invisibility has also become evident, since their working conditions have been largely ignored, even when international organizations were pointing to domestic work as the most vulnerable occupation during the pandemic (ILO, 2020). These situations show that neither one of these actions, i.e., the private commodification of care in families or the public formulas designed for care provision, have been working effectively.

This monograph explores the relationship between care and migration with the inclusion of nine articles that address the impact of COVID-19 on care provision for elderly and dependent persons. These studies examine the effect exerted on the social organization of care provision, as well as the impact of the pandemic itself on female workers. The innovative nature of these studies lies not only in the fact that they have been carried out in the context of a global crisis, but also that they focus the analysis of these effects on the economic and working conditions of migrant women caregivers in terms of both

public and private welfare resources and of the values and culture that have linked these activities to women, through which a gradual process of ethnicization has occurred. The major weakness of this monograph is the lack of articles focusing on the situation of women care workers in nursing homes, which are the workplaces that have been most vulnerable to the pandemic. More research and development are needed in this area. Most of the documents refer to what was experienced in Spain, but some of the articles discuss how the situation was coped with in different Latin American countries. In this sense, we have been able to analyse the impact of the pandemic in the global South, —areas which were already previously connected by mobility linked to care work.

This introductory article is structured as described below. It then presents the analytical framework underpinning the monograph and reviews the relationship between care work, migrations and public policies. The latter is understood to be an important lever for incorporating these aspects into the labour market. In this regard, we highlight the constant contradictions generated by the welfare system in the social protection of migrant women workers and how they have been viewed during the health crisis. Subsequently, we offer an overview of the evolution of the demand for care workers in Spain, observing the incidence of this market during the COVID-19 crisis and the impact that this pandemic has had in terms of precarious employment. Finally, we identify the contributions of each article included in the monograph and how they have served to advance this field of study.

1. RISKS, INEQUALITIES AND PARADOXES OF THE CARE MODEL

The COVID-19 pandemic and the political decisions made to prevent the spread of the virus highlight the contradictions faced by today's societies, and show how the policy approaches modelled on feminist care ethics can be key to addressing the reconstruction of more equitable societies that better cope with risk. In particular, it has been noted that this health crisis has unveiled the tremendous contradictions between capitalism and social reproduction (Arruzza, 2020; Krasny, 2020), the most significant one being that the economic system tends to destabilize

the social reproduction processes on which it is founded —the very processes that are essential to its existence, despite the fact that they are invisible and undervalued. According to Fraser (2016), this socio-reproductive contradiction of capitalism is at the root of the "care crisis". In a context where the number of hours of paid work needed to run a household has increased substantially, there is a "desperate scramble to transfer care work to others" (Fraser, 2016, p. 114). These tasks (in the form of precarious and poorly paid jobs) are delegated to other women who are more disadvantaged economically and oftentimes migrant or racially marginalized. Against the backdrop of the rhetoric of gender equality and the empowerment of women, both of which have gained widespread attention, inequalities still persist and have even worsened, with only a minority of women achieving "success". Yet others, who are often in a situation of social exclusion, are the ones who take on the tasks of social reproduction, without the support of co-responsibility in care (Arruza, Bhattacharya and Fraser, 2019).

In keeping with Fraser (2021), the pandemic has exacerbated the care crisis by bringing to light the irrationality and destructive capacity of capitalism. This is due, on the one hand, to the fact that financial capitalism has led to the erosion of social and public health policies in the name of the principle of "austerity" (as a response to the Great Recession). However, it is also linked to the fact that all capitalist societies are based on unpaid care work, with the result that the activities enabling sustainable livelihood of life take on a subordinate role to the processes of capital accumulation. In this respect, Allen, Henckins and Howard (2020) present the situation in the United Kingdom where racialized and ethnic minority women have suffered the worst consequences of the COVID-19 crisis, for two reasons: first of all, because of the overload of unpaid care work they have had to endure, and secondly, because they are more likely to perform these precarious and poorly paid jobs, often in the care sector. In Latin America and the Caribbean, the unjust nature of the social organization of care has also been brought to light and the fragility and vulnerability of domestic workers is particularly flagrant (ECLAC, 2020). In Spain, the situation of great vulnerability and the defencelessness of migrant domestic workers is not new (Chulvi, 2019), as evidenced by the fact that historically, they have been excluded from coverage by labour legislation and the Social Security

system (Molero-Marañón, 2020). However, the economic, social and health crisis caused by the pandemic has fostered situations of maximum exploitation (Brunat, 2020; Bofill-Poch and Gregorio, 2021). Similarly, female workers in the social care sector have also been exposed to many types of risks, as job turnover, increased working hours and exposure to the virus without adequate protection (Doctors without Borders, 2020).

Thus, serious inconsistencies can be observed between how care is formally distributed through public policies and the impact that these forms of provision have on how the care work sector is structured. From the tension between the two situations, it is possible to glean the constant contradictions. These paradoxes are related to the adverse effects of public policies and their contribution to the commodification of care in domestic service, which is an occupation that clearly puts migrant women in a disadvantageous position both economically and socially. We highlight the two most important paradoxes in this process:

- 1) The situation of the care labour market employing domestic workers is closely linked to the lack of progress made in developing the Law for the Autonomy and Promotion of Persons in Situations of Dependency (hereinafter referred to as LAPAD). This law, which came into force in 2007, established care in Spain as being a universal social right and no longer the moral responsibility of families or of the State welfare system when dealing with socially vulnerable situations. However, its implementation occurred during an economic crisis, the Great Recession of 2008, which left the LAPAD without the necessary funding to make proper use in both quantity and quality of the resources that the Law itself provided for. As a result, this legislation has gradually introduced mechanisms that have undermined the universality of the law and led to its commoditization, thus fostering the use of domestic employment as a care service. In addition, while the expansion of social services linked to the LAPAD (mainly adult day care centres, nursing homes and home help services) has contributed to the professionalization of the sector, the

development of direct monetary remittances to families (mainly the economic benefit linked to the service and the economic benefit for care in the home and support for non-professional caregivers) have boosted privatization. As a result, the social protection measures laid down in the LAPAD have not succeeded in decommodifying care, thus undermining its redistributive effect.

- 2) In a welfare state like Spain's, where access to social rights and benefits depends on labour contributions, job stability and status, domestic and care workers, who often work in the informal economy and/or do not have residence permits, are excluded from the system. Moreover, the framework of the protection of workers' rights in this sector is much more restrictive than for workers in other activities (Díaz and Martínez-Buján, 2018). Among the most severe examples of discrimination that persist in this sector are the impossibility of contributing to the unemployment benefit fund, exclusion from protection under the Law for the prevention of occupational hazards, the absence of the right to collective bargaining, dismissal by the unilateral decision of the employer without specific cause, and the absence of labour inspections in the employers' homes. It is paradoxical that, while the care work they perform is essential to Spanish families, these women have limited access to, or are totally excluded from, the public welfare system. During the pandemic, the vulnerability of these workers to impending job loss and the lack of inclusion policies to support their survival has become evident. At the beginning of the health crisis, the "essential" work of care workers was recognized for the first time, and they were included, according to the war rhetoric of the time, in the "army" that was to save us from the virus. It soon became clear that this army was made up of women and migrants in precarious, overexploited and unprotected situations (Krasny, 2020; Rao et al., 2021; Krasny, 2020; Rao et al., 2021).

The harsh consequences of COVID-19 felt by the most vulnerable sectors of the population, including migrant care workers, have led us to question the social structures that appeared to be "normal" before

the pandemic, as well as the impact of austerity policies and the commodification of basic welfare services (Arruzza, 2020). Therefore, returning to the pre-pandemic scenario, marked by inequalities and the fragile equilibrium of the care situation, would not be desirable. On the contrary, the catastrophe seems to have opened up new avenues of thought that propose moving forward towards a structural transformation that will prevent the tragedy from repeating itself. In this sense, the feminist perspective and, in particular, approaches linked to the ethics of care have gained momentum. As Krasny (2020, p. 324) points out, "the feminist ethic of care is a long-term perspective focused on healing and repair". Thus, "a new way of organizing the economy based on the principles of care can only emerge from a type of politics that recognizes mutual interdependence in care and builds solidarity through collaboration" (2020, p. 317).

This situation has once again put a spotlight on the sociological theories that have conceptualized the risk society (Beck, 1998); they state that, in increasingly complex and technological societies, people live in a world full of risks which is impossible for them to control or predict. However, if interpreted from a feminist perspective, this classic approach to risk assumes that the social control and dominion over danger existed for society as a whole, when in reality only white, privileged men had this power. In contrast to theories that conceptualize risk as an exceptional situation linked to the loss of individual control, the care theory maintains that all humans are vulnerable, although not in the same way or all at the same time, and this includes the notion of risk. In keeping with this, Tronto (2020), one of the pioneering authors in this line of critical thinking, states that a society "in which the members feel that all individuals take care of one other (caring with) in order to identify and explain collective problems, creates the conditions for recognizing these dangers and dealing with them more honestly". This implies that the interest in living a good life and facing such risks is integrated into the political agenda as a priority issue. Therefore, one of the impacts of the pandemic could be to raise awareness on care as a universal ethic that goes beyond being concerned about human beings who are not relatives (Fine and Tronto, 2020).

Returning to the case of care workers, a caring society should be able to reduce the social risks and inequalities they face. Their work as caregivers has been acclaimed, but society has failed to care for them by neglecting to provide solutions to their precarious situation both before and during the pandemic (Gary and Berlinger, 2020). In this sense, COVID-19 offers a scenario for reconstruction which will enable us to rethink the care model and orient it towards better working conditions, increased access to social protection and greater job security for the workers who sustain the system.

2. CARE WORK IN NUMBERS: AN ESTIMATE OF ITS WORKING CONDITIONS

2.1. A quantitative approach based on the Spanish Labour Force Survey²

Obtaining a quantitative estimate of the care workers, and the working conditions and environment in which they perform their jobs, is unquestionably an interesting channel through which to explore the peculiarities of these activities and to pinpoint the unequal position of migrant women in this labour market. However, this is a complicated undertaking. First of all, no concrete description of the tasks involved in “care” work has been specified. Moreover, the presence of this labour market in the informal economy is high. To date, the only source of data available in Spain to study this sector is the Spanish Labour Force Survey (EPA) prepared by the National Statistics Institute (INE). Its figures record both official work and work performed without an employment contract. This survey is carried out quarterly and the figures included in the document have been calculated as annual averages for each of the years. However, this database has certain limitations as far as being able to measure care work. We would like to highlight three of them related to: (1) the problem of defining what activities are included in care work, (2) the physical spaces in which this work is performed for pay, (3) the

² The findings of this article are part of the research work “The long-term care model in transition: the formulation of community programs in the public welfare system after Covid-19”. Ministry of Science and Innovation, PID2020-114887RB-C33.

complications stemming from defining domestic service activity according to employment standards. Following is a description of how we solved these problems.

The scope of analysis presented here is that of paid "social care" for elderly and dependent persons, (since this is the area that has suffered most from the pandemic, but also because it is the one in which the most intense work is performed), made up of both workers in care services and employees hired directly in private homes. The care work estimate has been calculated on the basis of two aspects. On the one hand, taking into account the occupations in which this work is performed, which, according to the Spanish Classification of Occupations, are the following: nursing assistants³ (category 561), home care workers except childcare workers⁴ (code 571) and domestic workers (code 910). On the other hand, taking into account the type of facilities in which these workers carry out their activities. In this regard, the Spanish Classification of Economic Activities (CNAE) includes three categories related to care work: (1) "Assistance in residential facilities", (2) "Social services activities without accommodation"⁵, (3) "Activities in households as employers of domestic service" (code 97) (see Table 1). This differentiation highlights the different segments of the labour market, which are characterized, among other factors, by levels of professionalization and training and create inequalities among female workers, especially those of migrant origin.

Owing to the irregular situation of many domestic service workers it is not possible to have access to rigorous data for analysis since in the category of domestic activities as a whole, those designed specifically for personal care cannot be broken down. Therefore, the data we

³ Nurse assistants in social healthcare centres for elderly and dependent persons. occupy the position of geriatric nurse assistant and their tasks include: assisting elderly persons with personal hygiene, feeding them their meals, monitoring and administering their medication, accompanying them on walks or outings, motivating and guiding them in their activities, ensuring that they take care of themselves and stay active.

⁴ In-home personal caregivers provide routine personal care and assist with the activities of daily living for persons who require this type of assistance due to age, illness, injury, or other physical or mental conditions in private homes. Workers in this category do not have any additional supervision by physicians or other health professionals.

⁵ Such as Adult Day Care Centres and Home Help Services.

present on care work refer to domestic service in general terms. To address this constraint, a methodological decision has been made to estimate domestic work using not only code 910 "Domestic employees" (of the CNO) as mentioned above, but also to add to this code, the category of "Home care workers" (code 571) when the occupation is contracted by private households (and not by social services).

TABLE 1

ACTIVITIES AND OCCUPATIONS RELATED TO CARE FOR ELDERLY AND DEPENDENT PERSONS INCLUDED IN THE ANALYSIS

<i>Main activity of the facility</i> (CNAE)	<i>Care Occupations</i> (CNO)
1. Care in residential facilities (code 87). The following codes have been used – Care in residential facilities with health care (code 871). – Care in residential facilities for persons with intellectual disabilities, mental illness and drug addiction (code 872). – Care in residential facilities for elderly and disabled persons (code 873). 2. Social service activities without accommodation (code 88). Only the "Social service activities without accommodation for older persons" has been included (code 881). 3. Household activities as domestic service employers (code 970).	1. Nurse assistants (code 561). 2. Home care workers (except childcare workers) (code 571) 3. Domestic workers (code 910).

Source: Prepared by the authors based on data from the National Classification of Economic Activities and the Spanish Classification of Occupations.

According to this operationalization, the figures show that some 685,000 female workers were engaged in the provision of social care in 2020. Of these, 352,400 were of migrant origin. This accounts for 7.8% of the total number of employed women, but jumps to 21.7% among the employed migrant women group.

In other words, one out of every five migrant women performs paid care tasks. As seen in Table 2, private households are the main place of work for care provision. Of the total number of female workers, 66.3% are domestic workers hired directly by families - a percentage that increases to 82.1% for migrant workers. Caregivers in nursing homes and adult day care centres account for 19.9% of the caregivers (hired as nurse assistants) and 13.9% are caregivers in social services (especially home help services and other similar social services). The data clearly point to a high rate of feminization in this sector. In all occupations, the percentage of women exceeds 90%. This figure is particularly important in domestic service, where female workers account for 98.3%.

TABLA 2

DISTRIBUTION OF FEMALE CARE WORKERS IN SOCIAL SERVICES AND PRIVATE HOUSEHOLDS BY COUNTRY OF BIRTH AND SEX, 2020

	<i>Nurse assistants in nursing homes and adult day care centres (1)</i>	<i>Home caregivers (employed by public or private social services) (2)</i>	<i>Domestic workers and home caregivers employed by private households (3)</i>	TOTAL
Total female workers	136.0 19.9%	92.8 13.9%	456.1 66.6%	684.9 100.0%
% female workers	91.9%	92.3%	98.3%	95.5%
Total female migrant workers (4)	34.8 9.9%	28.4 8.1%	289.2 82.1%	352.4 100.0%
% female migrant workers compared with the total number of female workers	25.6%	30.6%	63.7%	51.4%

Source: Prepared by the authors based on data from the Spanish Labour Force Survey (EPA), 2020 (annual average of the four quarters).

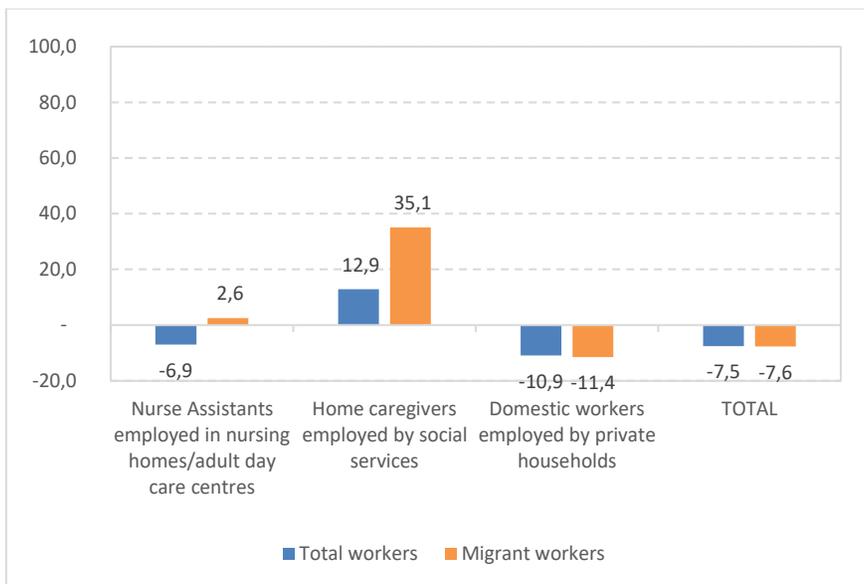
Notes: (1) Nurse assistants (code CNO 561) who work in "Care in residential facilities" (codes CNAE 871, 872 and 873);

(2) Workers who provide home care (code CNO 571) who work in "Social Service activities without accommodation" (code CNAE 881);

(3) Domestic workers (code CNO 910) who work in "Activities in homes as employers" (code CNAE 970) and Home caregivers (code CNO 571) who work in "Activities in homes as employers" (code CNAE 970); (4) A migrant population is considered to be a population whose country of birth is different from Spain.

GRAPH 1

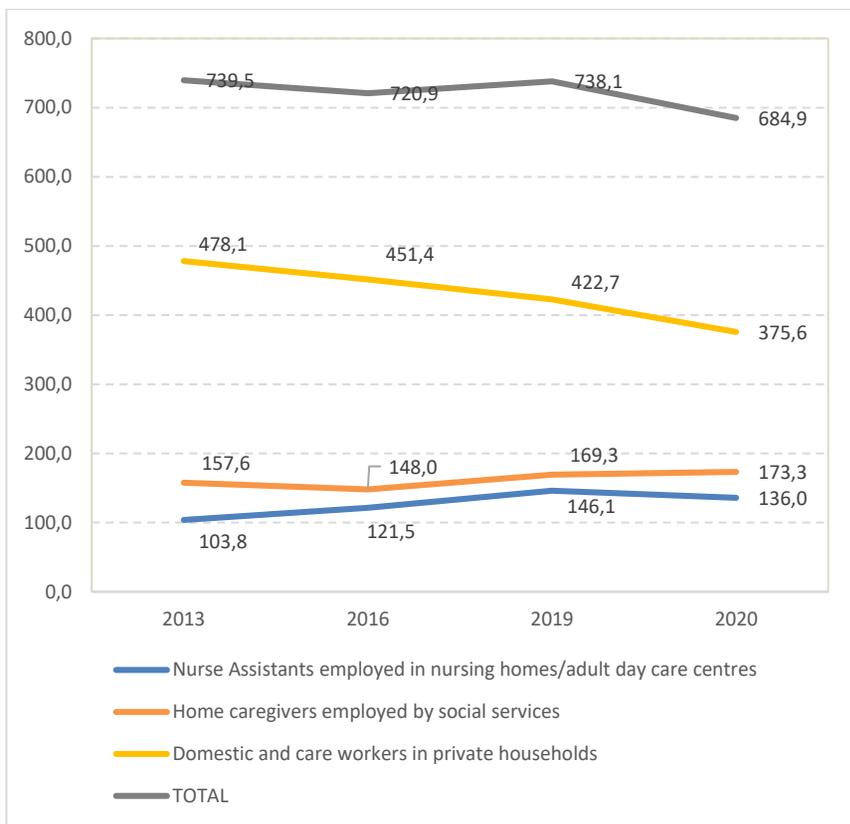
CHANGES IN THE PERCENTAGE OF WORKERS PROVIDING CARE TO ELDERLY AND DEPENDENT PERSONS BY COUNTRY OF BIRTH AND OCCUPATION, PERIOD 2019-2020



Source: Prepared by the authors based on data from the National Statistics Institute and the Spanish Labour Force Survey, 2019 and 2020 (annual average of the four quarters).

GRAPH 2

DISTRIBUTION OF WORKERS PROVIDING CARE TO
ELDERLY AND DEPENDENT PERSONS BY
OCCUPATION, 2013-2020



Source: Prepared by the authors based on data from the National Statistics Institute and the Spanish Labour Force Survey, 2019 and 2020 (annual average of the four quarters).

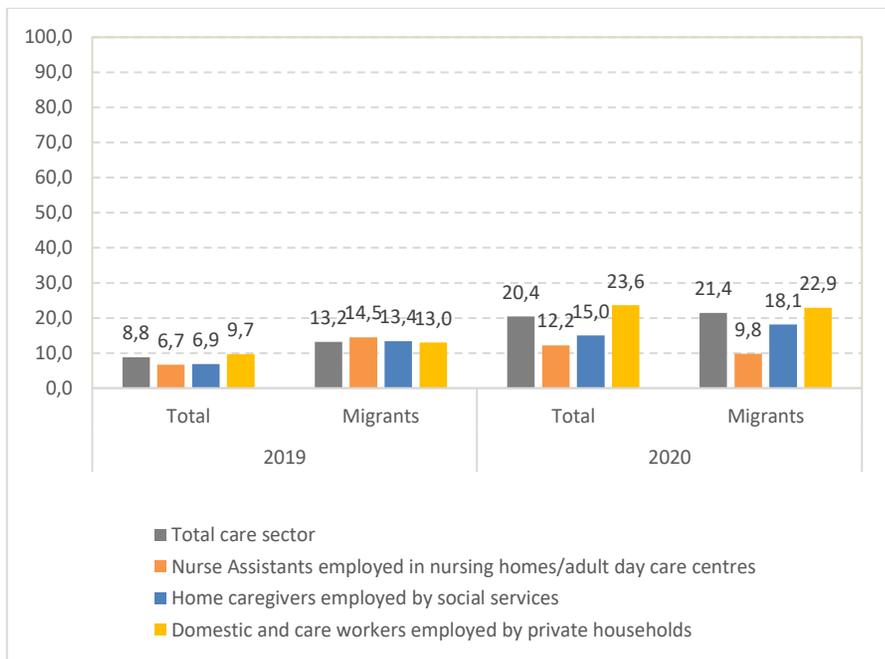
2.2. Types of precariousness: unemployment, involuntary part-time employment and temporary employment

Having a temporary contract when the person would like permanent employment, working part-time when the person wants to work full-time and being unemployed are the three clear situations of labour precariousness that can be measured through the Spanish Labour Force Survey. It is not possible to estimate low wages, night shifts or the number of work hours from this data source. Hence the above basic indicators for estimating labour vulnerability have been chosen for this analysis. Despite being classified as an essential sector of activity during the health crisis, care work, as discussed in the previous section, underwent a considerable decrease in terms of the number of female workers in 2020 compared with the previous year. If we consider the evolution of unemployment rates as an indicator that measures the prevalence of job loss, the figures stood at 20.4% in 2020 versus a rate of 8.8% in 2019. The impact this had on migrant women workers is evident. The unemployment rate rose to 21.4% in 2020, starting off, in this case, from unemployment levels that were already much higher than the average in the previous year (around 13.2%). As shown in Figure 3, the unemployment rates among migrant workers in the care sector for all job categories are higher than the national average.

These workers are also found to be at a disadvantage when the focus is on underemployment rates. Underemployed workers are considered to be persons who work fewer hours than they would like to. In other words, they are involuntarily working part-time. The underemployment rate among the total number of working women is 11.3%, but among migrant women it has now reached 18.4%. However, this situation of inequality is exacerbated when the care sector is considered. In this case, the underemployment rate rises to 31.4%, while the national average is 27.6%. In other words, one third of underemployed migrant workers are in the care sector (see Graph 4).

GRAPH 3

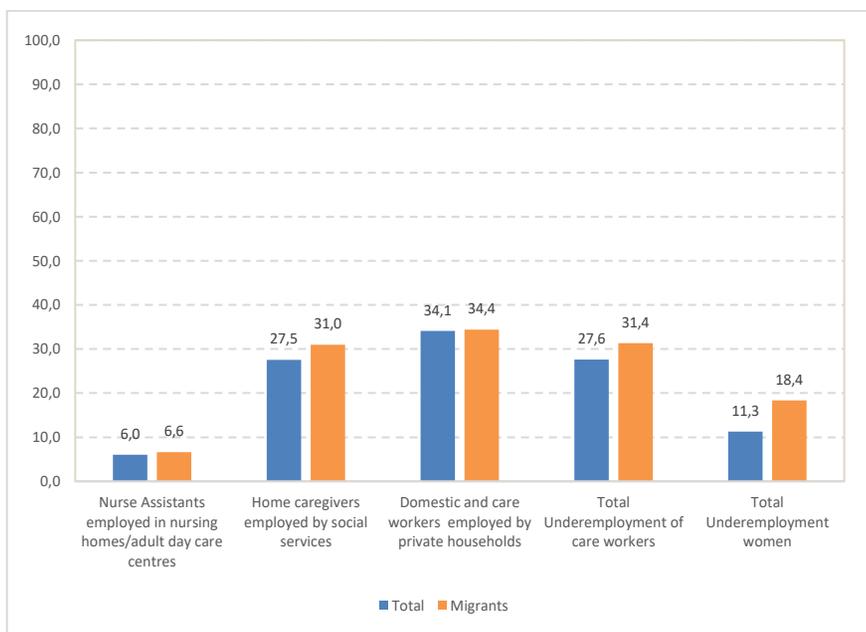
UNEMPLOYMENT RATE OF WORKERS PROVIDING CARE TO
ELDERLY AND DEPENDENT PERSONS, 2019-2020
(PERCENTAGES)



Source: Prepared by the authors based on data from the National Statistics Institute and the Spanish Labour Force Survey (annual average of the four quarters).

GRAPH 4

UNDEREMPLOYMENT RATE OF WORKERS PROVIDING CARE
TO ELDERLY AND DEPENDENT PERSONS, 2019-2020
(PERCENTAGES)

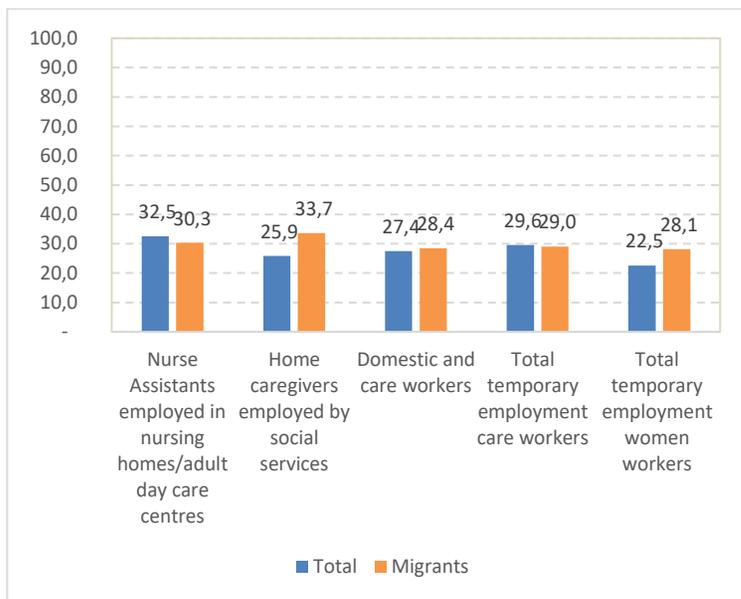


Source: Prepared by the authors based on data from the National Statistics Institute and the Spanish Labour Force Survey (annual average of the four quarters).

In terms of temporary employment, migrant women are also found to be at a disadvantage (see graph 5). Although this aspect is one of the distinguishing features of the Spanish labour market and affects all social groups, the rate is higher among women and shoots up even further among migrant women. In 2020, the temporary employment rate among female workers stood at 22.5%, while the figure rose to 28.1% in the female migrant worker group. In view of these high levels detected even in periods of economic boom (Martínez-Pastor, 2019), the percentage of female care workers with temporary contracts does not seem to be so completely overstated. This figure is around 29.0% among the female migrant workers employed in care activities and the difference by ethnic origin is practically imperceptible. In any case, differences do exist in terms of the employment category. The rate stands at 30.3% for nursing assistants, 33.7% for home caregivers hired by social services and 28.4% for domestic workers. The last figure should be treated with caution, since domestic employment jobs are linked to a special regime and it is possible that the figure has been misinterpreted by the people surveyed.

GRAPH 5

TEMPORARY EMPLOYMENT RATE AMONG FEMALE CARE WORKERS, 2020 (PERCENTAGES)



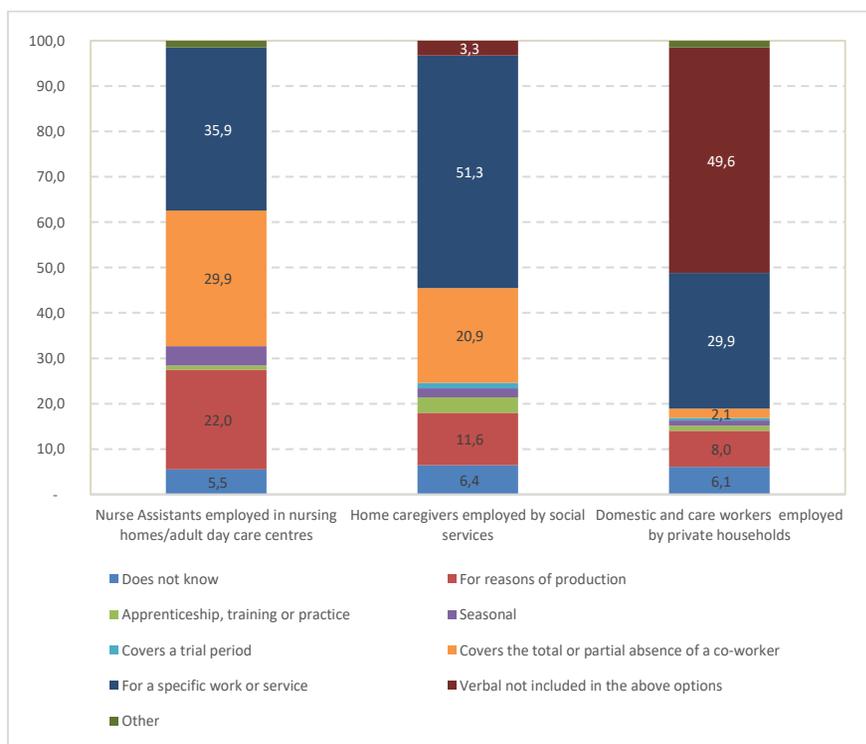
Source: Prepared by the authors based on data from the National Statistics Institute and the Spanish Labour Force Survey (annual average of the four quarters).

A closer examination of the reasons why these workers had this kind of temporary contract, led us to consider the differences in the precarious working conditions that vary depending on the type of occupation and sector of activity (see Figure 6). A total of 29.9% of the nurse assistants whose occupation is carried out in nursing homes and adult day care centres, said that their contracts included covering for the absence of a co-worker. This figure, however, drops to 20.9% for home caregivers employed by social services without accommodation and stands at 2.0% in domestic work. It is therefore important to note that high turnover is one of the fundamental characteristics among nurse assistants. In the case of home caregivers, however, precariousness is associated with their being contracted for a particular job or service, where 51.3% of the workers with temporary

contracts are found. In other words, the temporary nature of these jobs linked to the company’s ability to contract these workers to provide the service they have agreed to. A similar situation is also found among nurse assistants, although in this case the figure fell to 35.9%. In contrast, the precariousness of domestic workers is related to the fact that contract between the employer and worker is verbal. 49.6% of these workers find themselves in this situation.

GRAPH 6

TYPES OF TEMPORARY CONTRACTS AMONG FEMALE MIGRANT WORKERS PROVIDING CARE TO ELDERLY AND DEPENDENT PEOPLE, 2020



Source: Prepared by the authors based on data from the National Statistics Institute and the Spanish Labour Force Survey (annual average of the four quarters).

3. CONTENTS OF THE MONOGRAPH

The monograph, "Migrations, care work and social risks: the contradictions of welfare in the context of COVID-19" includes nine articles that focus on four fundamental aspects of paid care work: (a) Changes in public policies directed at long-term care and the position occupied by female migrant care workers in this system; (b) The political challenges of addressing the regulation of the care sector, its professionalization and the deficiencies in the conditions of work; (c) Empirical research focusing on the organization of care work in the social care services as well as in domestic service aimed at analysing gender, ethnic and social class inequalities; (d) Empirical studies that explore the situations of inequality experienced by care workers, particularly in relation to their vulnerability in the context of the current health economic and social crisis.

The monograph begins with an article entitled, "Prestigiando el trabajo de cuidados en los servicios de ayuda a domicilio", by Sara Moreno Colom, who through qualitative fieldwork carried out in Barcelona, analyses the changes that have occurred in Home Help Service (SAD) management in this city since the implementation of the "Supermanzanas" program. This new model consists of organizing SAD around work teams made up of the home help service employees themselves who also attend to a specific group of users living in a limited network of city blocks. These female workers are the ones who organize and design care and the results are twofold, showing improvements in both the working conditions of the employees and in the quality of the service provided owing to the use of person-centred care.

The article by Marjorie Porras Vaca and Alberto Martín Pérez further contributes to this analysis. In "*Adaptaciones de emergencia y contribución a la cultura organizacional: el papel de las trabajadoras del SAD de Barcelona en la gestión de la crisis del COVID-19*", these authors carry out an autoethnographic study to analyse the role played by the female workers employed in this service in the management of the pandemic, the strategies used to deal with the structural weaknesses of the

healthcare sector, the experience of working with limited access to essential personal protective equipment, work stress and the feeling of uncertainty due to the lack of knowledge about the virus. The experiences reported offer interesting reflections on the effects that the restructuring of this work in conditions of disaster and social risk have had on these workers.

“La inevitabilidad de los empleos de cuidado: la crisis de la COVID como reflejo de las limitaciones sociales y jurídicas en el sector de empleo del hogar”, by Magdalena Díaz Gorfinkel and Begoña Elizalde San-Miguel, presents a detailed description of the legal framework of home care and domestic work and the effects caused by the inequalities of the working conditions on the employees in this sector. The article analyses key issues such as the evolution of the contracting process during the first few months of the pandemic as well as the formal social protection initiatives approved by the government to mitigate social vulnerability in this group. The administrative difficulties encountered when applying for this special aid, together with the bureaucratic delays in getting it granted, meant that these measures did not really meet their objective; i.e., to limit the subordination of these workers imposed by the legal framework for domestic employment.

The next article *“¿Vulneradas por la crisis o vulnerables en continua crisis? Análisis de las condiciones de vida y empleo de las mujeres migrantes en el trabajo doméstico y de cuidados en un contexto de pandemia”* by Lucía Martínez-Virto, Víctor Sánchez-Salmerón, Alejandra Hermoso-Humbert and Amaia Azcona-Martínez, focuses on the living and working conditions of female domestic workers and the effects of the pandemic on their daily work activities. The article explores their relationships with employers, the risk of contagion, the lack of health protection, the low wages and long working hours by means of qualitative fieldwork that has served to recover the discourses of this group and their experiences during the pandemic. The authors go on to compare them with these workers’ own experiences during the Great Recession.

In addition, the article *“Tú no tienes donde ir (y yo sí). De cómo el miedo al contagio impacta en las trabajadoras migrantes empleadas*

en el hogar" by Silvia Bofill-Poch and Carmen Gregorio Gil, analyses the deteriorating working conditions of care and domestic employment in Spain during the pandemic. Through qualitative fieldwork carried out in Andalusia and Catalonia, the authors observe how fear- whether of contagion or loss of employment- marks the context of working conditions and introduces new risks in the lives of migrant women employed in domestic and care work. The article addresses aspects such as the renegotiation of working conditions under asymmetrical power relations, the double standard used in enforcing compliance with health and safety measures, and the emotional overload caused by the pandemic. The results show how fear is used as a new way to create otherness and servitude in a highly precarious and deregulated sector.

In this scenario marked by a lack of protection, the most vulnerable groups of workers -the female migrant domestic workers-, organized collectively to confront the economic and health consequences of the pandemic. "*Pandemia y cuidados: respuestas desde la autoorganización de las trabajadoras de hogar*", by Sofía Jiménez Castellón and Marysol Ruberte, presents a case study from the Association of Domestic and Care Workers of Zaragoza which focuses on the strategies of resistance used collectively by its members. By creating resistance funds and setting up mutual support groups, they were able to weave community livelihood networks to reverse the processes of vulnerability caused by Covid-19.

The next article shifts the focus to Latin America. In "*Echarnos la mano' experiencias organizativas en torno a la sostenibilidad de la vida de mujeres trabajadoras del hogar migrantes mazatecas en colonias populares de Puebla (México)*", Magalí Marega and Cristina Vera Vega analyse the experiences of collective organization related to work for the sustainability of the livelihoods of migrant Mazatec women who are employed as live-in domestic workers in Mexico. Through a qualitative analysis, the authors shed light on the colonial and racist theories and gender and social class inequalities underlying this internal migration. Through the concept of "domestic politics", the article develops the idea that the solidarity networks established decades ago as an essential element to make the rural-urban migration process possible, have been reactivated and deployed to alleviate the risks experienced by domestic workers and their families during the pandemic.

Another article, entitled "*Trabajo doméstico migrante en Chile y el COVID-19. Cuidadoras bolivianas en el descampado*", by María Nieves Rico and Sandra Leiva-Gómez, analyzes domestic work in Chile in the context of the circular migration of women from Bolivia. Through qualitative fieldwork carried out during the first few months of the COVID-19 pandemic, the text sheds light on the particularly vulnerable situation experienced by female migrant workers who wanted to return to their country of origin, but found themselves stuck between two countries due to the border closure policies of the two nations. This article highlights the situation these migrant women. Although they work as welfare providers themselves, they are, however, excluded from access to the most basic social protection measures and social emergency strategies adopted during the pandemic.

Finally, the article by María Teresa Martín-Palomo, Carmuca Gómez-Bueno and Inés González Calo entitled "*Esencialmente descuidadas. Retos y desafíos de los tecnocuidados en la era COVID*", closes the monograph by raising the issue of how technologies have reshaped care practices in the Home Help Services. Thus, through a qualitative and longitudinal research study carried out in Andalusia before and after the pandemic, the article analyses the challenges faced by the sector in the daily activity of carrying out their work duties. The authors also explore the difficulties encountered in adapting the SAD program, -defined as a rigid and overly bureaucratic service-, to the changing care needs brought about by the pandemic. Similarly, the study examines the use of mobile telephones (paid for by the female workers) and how they have served to compensate for the lack of coordination of these services during the pandemic. Based on the authors' observations that these jobs have been underrated and have long gone unnoticed, they question the importance of the agency and the emotional labour involved as well as the possibility that technology will replace people in the provision of these services.

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