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Martínez Buján, Raquel
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MIGRATION, DOMESTIC CARE WORK AND PUBLIC POLICIES ON LONG-TERM CARE IN SPAIN

Migração, Trabalho Doméstico e Políticas Públicas de Cuidados de Longo Prazo na Espanha

Raquel Martínez Buján ^a

Abstract. This article explores the impact of the Covid-19 pandemic on the labour conditions of migrant workers who provide care to elderly and dependent persons in Spain. Using data from the Active Population Survey, we analyse the effects of the health crisis on the precariousness of this labour sector (measured through unemployment, underemployment and temporary employment). The figures shed light on the degradation of working conditions during the health crisis, the situation of social vulnerability experienced by female workers and the absence of effective policy responses to reverse this inequality during the pandemic. This situation of subordination is structured around the connection between the demand for care workers in private homes and the philosophy behind the public welfare system. Special emphasis is given to the effect of cash transfer programs in the process of the commodification of care.

Keywords: care work; migrations; welfare; precariousness; domestic service; Covid-19.

Resumo. Este artigo explora o impacto da pandemia de Covid-19 nas condições de trabalho das trabalhadoras migrantes que prestam cuidados a idosos e pessoas dependentes na Espanha. A partir de dados do Inquérito à População Ativa, analisamos os efeitos da crise sanitária na precarização deste setor laboral (medida por meio do desemprego, subemprego e emprego temporário). Os números lançam luz sobre a degradação das condições de trabalho durante a crise sanitária, a situação de vulnerabilidade social vivida pelas trabalhadoras e a ausência de respostas políticas efetivas para reverter essa desigualdade durante a pandemia. Essa situação de subordinação se estrutura em torno da conexão entre a demanda por cuidadoras em domicílios particulares e a filosofia por trás do sistema público de bem-estar. Ênfase especial é dada ao efeito dos programas de transferência de renda no processo de mercantilização do cuidado.

Palavras-chave: trabalho de cuidado; migrações; previdência; precariedade; serviço doméstico; Covid-19.

^a Universidade da Coruña, Departamento de Sociología e Ciencias da Comunicación. La Coruña, Galicia, España. E-mail: Raquel.bujan@udc.es. Orcid: <https://orcid.org/0000-0003-0260-0651>.

1. Introduction

The health crisis brought about by Covid-19 has highlighted the fragility of the social organization of long-term care in countries like Spain whose model is based on family engagement, with little intervention by the public service sector and the growing privatization of care through domestic employment. In Spain over the course of the last few decades, the hiring of migrant domestic care workers has become the most important resource sustaining the long-term care system (Oso, Martínez-Buján, 2022). At the present time, the number of domestic workers has reached 477,900 and 62.5% of these employees are estimated to be female migrants. Domestic service is the biggest sector of employment for female migrant workers, who account for 18.4% of this workforce (data from the Spanish Active Population Survey 2020).

Social protection research (Daly, Lewis, 2000) and transnational care studies (Hochschild, 2000; Baldassar, Merla, 2014) refer to certain contextual elements that have led to the spread of this commodification. The increase in domestic service is linked mainly to the care requirements of households that are inherent to an aging population, changes in family structure and the growing participation of women in the labour market (Moré, 2018). Scholars also agree that the proliferation of this activity may be associated with the increasingly international nature of the gendered work division, which would explain why it includes a large number of female migrant workers (Baraňano, Marchetti, 2016). The inequalities generated by this care model in terms of gender, social class and ethnicity and the fact that it conflicts with the notion of sustaining life have also been widely explained (Vega *et al.*, 2018). This formula has increased socioeconomic inequalities without changing gender relations due to the fact that the most vulnerable social groups accumulate more health problems and dependencies without having the economic means to access the market (Moreno, 2019). Moreover, it simultaneously sustains a demand for care workers who are contracted under precarious working conditions with difficult access to even the basic social rights.

Covid-19 has made this stratification even more evident than ever and has shown that neither the private commodification of care in families nor the public formulas used to provide care have been working effectively. The crisis has also served to highlight the importance of human interdependence for survival, emerging as it certainly has, in a context of entrenched social inequality owing to the effects of the Great Recession and austerity policies. However, domestic care workers have been recognized for the first time ever, as indispensable workers for the preservation of human reproduction. Despite this recognition, domestic and care work has been underrated in epidemiological terms during the COVID-19 crisis and given scant attention at the political level. In fact, it has received much less attention (and recognition) than the health sector (Martínez-Buján, Moré,

2021). Thus, while the essential role played by these workers in guaranteeing the welfare of the people they care for has been acclaimed, their invisibility has also come to light, given that their working conditions have never been the focus of attention, not even when international organizations started to identify this occupation as being the most vulnerable during the pandemic (ILO, 2020).

Drawing on data from the Active Population Survey (EPA hereafter), the article addresses this gap in two ways. First, it explores which foundations of the public care system are the ones that foster the commodification of home care through domestic service. Secondly, it identifies the effects of the pandemic on the precariousness of the working conditions of domestic and care work (measured through unemployment, underemployment and temporary employment) and includes the specific repercussions felt by female migrant workers. These undervalued conditions are related to the policy responses applied to reverse this situation. The analysis is especially oriented towards the study of long-term care, since this is the sector that has suffered most from the pandemic, and also because this work involves performing these highly intensive personal care tasks.

This paper is structured as follows. The section below presents the research design and methodology. It is followed by an account of how migrant women have become the main paid providers of care in homes, with particular emphasis on social policies aimed at long-term care. The next section offers an overview of the evolution of the demand for domestic care workers in Spain, observing the effect of the Covid-19 crisis and the impact that this pandemic has had in terms of precarious employment. The final section features the main conclusions.

2. Methodology

The results of this paper 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” (PID2020-114887RB-C33), funded by the Spanish Ministry of Science and Innovation for the 2021-2024 period. The aim of this project is to analyze the impact of COVID-19 on the care model for elderly and dependent people in Spain from an intersectional perspective, i.e., incorporating the inequalities of social class, gender and ethnicity in the current system of care provision.

The methodological design combines the use of quantitative and qualitative research techniques and the article here presents the results obtained using quantitative techniques. In particular, it processes data from the Spanish Active Population Survey carried out by the Spanish Institute of Statistics since this source shows the position of workers in the labour market, thus allowing us to determine the inequality experienced by migrant women in the care sector. The survey's figures record both official work and work performed without a

labour contract. This survey is carried out on a quarterly basis and the figures included have been calculated as annual averages for each year.

Obtaining a quantitative estimate of domestic and care work can be a challenging task. In addition to the lack of a concrete definition of tasks considered to be “care” work, there are at least two further complications. First of all, this activity is highly prevalent in the underground economy. Secondly, it has never been recognised either statistically or culturally as a specific occupational category separate from the domestic sector, so these personal care tasks are often grouped together under the category of domestic employment. Throughout the article, domestic and care jobs are considered to be activities which focus specifically on personal care tasks and domestic tasks arising from the needs of this type of assistance. However, since domestic activities cannot be broken down into categories including those specifically aimed at personal care, the data presented here refer, for the most part, to domestic service in general.

In order to curtail the limitations of this type of quantitative approach, two methodological decisions were made. In the first we stipulated that the information collected would be analysed from an occupational standpoint. That is to say, we would take into account the persons employed in the CNO-11 categories (National Classification of Occupations) which refer to the tasks under study, namely: 910 “Domestic employees”, 571 “Provision of care in the home¹” and 572 “Child care²”. While it is common for data on domestic and care work to be analysed using the CNAE-09 (National Classification of Economic Activities) under code 970 “Activities of households employing domestic workers³” since this category is the one that covers most extensively the activities of work performed in the home, we consider that it is precisely this broad spectrum that obscures the tasks that are specific and inherent to care work. It would seem more appropriate to use an occupation-based approach for estimation, since (i) it is founded on the worker and not on the establishment that employs him/her (in this case, the household) and (ii) moreover, it only includes persons hired as domestic employees and not workers performing any other occupations which, although carried out in the home, are not included in this category (for example, home tutors or personal trainers, which come under code 970). The second decision was that the data presented on persons employed as “domestic workers”, “home

¹ Personal home care workers provide routine personal care and help with the daily activities of people 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 care professionals.

² The data presented in this article include only child care providers employed by private households.

³ According to the Domestic Workers Convention held in 2011, this group refers to “the activities in households as employers of domestic workers such as maids, cooks, waiters, home helpers, butlers, launderers, gardeners, caretakers, chauffeurs, caregivers, governesses, babysitters, tutors, secretaries, etc.”.

caregivers” and “childcare workers” would only include workers who were employed in private homes (code 970, CNAE-09).

The following pages also include statistics on female workers covered by Social Security which supplement the data recorded by the EPA. In this case, we are dealing with an administrative source, which therefore only includes the situation of workers covered by Social Security, i.e., those who work in the formal economy (unlike the EPA, which also includes underground employment). It is interesting to highlight the complementary relationship of the two sources since it allows us to approach the trends of informal employment in this sector.

3. Domestic care work at the foundation of the long-term care system in Spain

The Law for the Promotion of Personal Autonomy of Persons in a Situation of Dependency (LAPAD hereafter), which came into force in 2007, succeeded in establishing care in Spain as a social right, no longer to be considered the moral responsibility of families or looked upon as a welfare service for which the State is responsible when people are in socially vulnerable situations. However, an economic crisis -the Great Recession of 2008- interfered with its implementation, leaving the LAPAD without the necessary budget allocation to make good use -in terms of quality and quantity- of the resources that the Law itself provided for. For this reason, many experts have pointed out that in Spain the right to provide and receive care has not been consolidated as such (Marbán *et al.*, 2021). A decade after its implementation, the Covid-19 pandemic has again evidenced the weak points of this legislation and the need to change and reformulate it (Zalakaín, Darvey, 2020). In keeping with this, in September 2020 the Ministry of Social Rights and Agenda 2030 published a document of “Proposals for the implementation of an Emergency Plan to boost the System for Autonomy and Dependency Care” which refers to the urgent need to reform the LAPAD since “there are problems with its implementation, which have been dragging on for years and which the current health crisis has only intensified, evidencing the need to address them” (MSCBS, 2020, p. 2).

The paid care labour market, especially the one that has grown around domestic service, is closely related to both the inadequate implementation of the LAPAD and to the expansion of the economic transfer programs that have emerged as a social protection mechanism as a result of this legislation. Both processes have led to the expansion of the market for home care services, acquired directly by families especially through domestic work, and which has generated a significant demand for employment in the care sector (Bodoque *et al.*, 2016). These cash transfers act as a kind of subsidy given directly to the families, enabling them either to acquire in the private market the social service deemed appropriate by the public system (Financial Benefit linked to

the service) or to have close relatives perform the care tasks (Financial Benefit for Care in the Family Environment).

Data from the Institute for the Elderly and Social Services (IMSERSO) confirm that the 'Financial Benefit for Care in the Family Environment' was the resource that underwent the greatest increase, accounting for 46.3% of all beneficiaries in 2008 at the start of the Law's implementation, and continued to grow in the following years, reaching 54.9% in 2012. Subsequently, the prevalence of this measure was reduced and currently represents 30.3% of users. A number of papers, focussing on assessing the impact of the LAPAD, have shown that the money granted for the care of family members through the 'Financial Benefit for Care in the Family Environment' is being used to pay private informal care workers hired through domestic service (Díaz, Martínez-Buján, 2018). This situation fits in with the trends that are emerging in other European countries. In their comparative analysis of long-term systems in three European countries (Austria, Italy and Germany), Barbara Da Roit and Blanche Le Bihan (2010) detected investment of these benefits in the provision of non-professional care through domestic work in all three cases. The case of Spain is of particular concern given that these benefits have been granted without any form of monitoring the way this money is used. On the other hand, the "Financial benefit linked to the service" was designed to acquire a social service in the private market and is allocated in the form of a check allocated to families so that they can directly purchase the resource they require. It took longer to implement than the previous method, although until the Covid-19 crisis hit, it was rapidly expanding. In 2019 it accounted for 10.7% of users when only a few years earlier, in 2013, this figure stood at 7.6%.

The two periods of crisis experienced over the last decade have changed the prevalence of each one of the transfer methods mentioned above. Thus, the cutbacks and modifications brought about by the so-called austerity policies introduced in Spain starting in 2012 and motivated by the economic effects of the Great Crisis of 2008, have had a major effect on the cash transfer for care in households (Deusdad *et al.*, 2016). The most striking one entailed a considerable reduction in the monthly amount, which went from a maximum of 507€/month to 387.64€/month. It was at this point when financial transfers for the direct purchase of social services ('Financial Benefit linked to the service') started to be more widely promoted the co-payment mechanism was also introduced. This is a financial contribution that users of these benefits must make in order to complete the payment of the contracted social service, which varies according to individual income level.

The issue here is that the co-payment is income-indexed with the main obstacle being that this amount is very high, even for those on average or low incomes. As an example, the average cost of a place in a nursing home in Spain is

1,800 euros (IMSERSO, 2019). For a person with a high degree of dependence, the maximum subsidized amount would be 715 euros, provided that their monthly income does not exceed roughly 565 euros. This user would have to pay the difference; in other words, 1,085 euros more than their disposable income. The same is true of home-based care. The cost per hour for this service in a mid-sized city is 12.70 euros. A severely dependent person would receive a maximum of 70 hours per month (Martínez-Virto, Hermoso, 2021) at a cost of some 889 euros. Considering that according to Social Security data, the average pension in Spain is 1,140 euros, the copayment for this service would be 30%, whereby the user would pay 267 euros for just two hours of care per day. As a result, many users are unable to pay the stipulated copayment and therefore must resort to domestic service as a more economical and flexible way of filling their care requirements.

Thus, employing domestic and home care workers may be considered an adverse effect of public policies - a situation that highlights the contradictions of the provision of long-term care under Spain's welfare system. In terms of the commodification of care in particular, we have identified at least three paradoxical situations that have become increasingly worse during the health crisis. They are described below:

1. Social protection with a focus on long-term care in Spain has had a significant impact on promoting the privatization of this service, thus undermining its redistributive effect. One of the main contradictions of public policies in this area is that, while these services were designed to have a universal effect, they have not been able to "decommodify" care. This concept, coined as early as the 1990s by Gosta Esping-Andersen (1990), is now being reintroduced in the context of the pandemic to measure the extent to which monetary transfers are capable of reducing the dependence of individuals on the market. Data show that in Spain the effect has been just the opposite: instead, they have served to promote the private home care sector. Feminist scholars also argued in the 1990s that it is essential to highlight the value of 'commodified care' in the first place in order to guarantee egalitarian effects for access to resources (Orloff, 1993). If we add the co-payment mechanism to this process, the stratification of who can or cannot access certain public resources becomes even more pronounced.
2. Secondly, another contradiction that has come to light during the Covid-19 pandemic is that the adverse effects of care policies are not only the result of a specific type of design or implementation; rather, they also appear to be associated with ethnicized and gendered considerations of how care should be provided and by whom at every step. A welfare state in which access to social rights and benefits depends on labour contributions, job stability and residency status, creates new layers of inequality and discrimination, especially for migrant care workers. While the work they

perform as caregivers is essential for Spanish families, these women have limited access to or are completely excluded from the public social protection system. As the pandemic spreads, their working conditions are jeopardised by the significant loss of employment and the lack of inclusive policies available to support their survival (this aspect will be discussed in depth in the next section). The privatization of the care sector is thus moving towards a precarious and deregulated commodified scenario. This impact is particularly harsh in the case of domestic migrant care workers, who are also bound by a much more restrictive framework for the protection of their labour rights than other workers. This legal framework permits cease and desist dismissals (whereby the employing family can fire a worker at any time they deem fit), non-entitlement to unemployment benefits (even though they are legally employed), exclusion from the Occupational Risks Prevention Law, and the absence of work inspections in the private households that employ them (Molero-Marañón, 2020).

This situation places them in a position of extreme vulnerability, particularly during periods of systemic crisis. During the Covid-19 crisis, when they were suddenly considered to be essential workers due to the elderly population's particular vulnerability to the virus, their working conditions were so precarious that they became the most vulnerable workers of the pandemic (ILO, 2020). The introduction of the Spanish government's "Extra Subsidy for Domestic Service Workers", for workers who had lost their jobs or had seen their working hours reduced as a result of the health emergency, did little to ease the situation (the subsidy covered up to 70% of their contribution-based earnings, for a maximum amount of 950 euros, the minimum wage in 2020). The requirement of enrollment in the social security system detracted from its universalising effect since 30% of domestic and care workers are estimated to be employed in the underground economy (Díaz, Martínez-Buján, 2018). This situation, together with the delay in the implementation of this subsidy (applications were not accepted until May 2020) and late payments (which in some cases took as long as three months following the processing of the application), have further exacerbated these workers' living conditions, forcing them to resort to informal means of support or seek aid from voluntary organisations to cover their essential needs (Jiménez, Ruberte, 2021).

3. Thirdly, in addition to the rationales of the antitheses outlined above, it is also interesting to note how, during the health crisis, the social organisation of care has reinforced the familiarisation and commodification of this service. On the one hand, the confidence people used to have in nursing home facilities has been shaken -a situation that forces families to relocate care to the home or to contract external services. In Spain, domestic work is still the most common form of care service. Several companies have

already noticed an upturn and some report that the number of users has jumped from 4,000 per month before the pandemic to 8,000 after the pandemic (Sosa, 2021). On the other hand, due to public policy itself and as a consequence of the lockdown and the closure of some facilities, the monetary transfer system described above has become even more widespread.

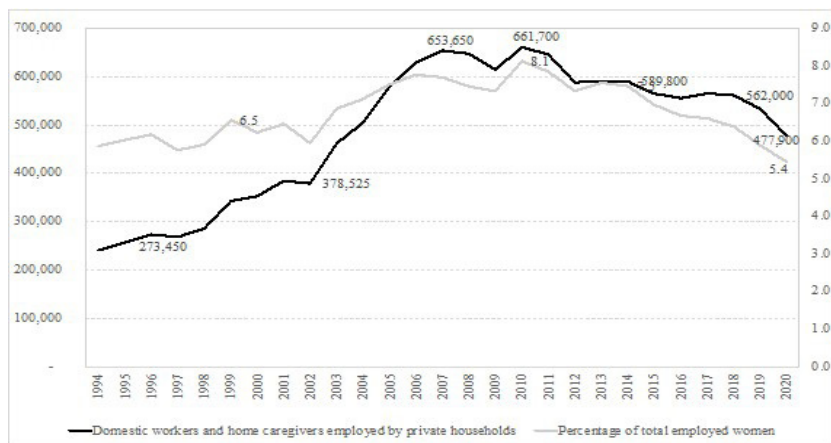
4. The impact of Covid-19 on the growing precariousness of domestic and care work

The Spanish Active Population Survey estimates that in the year 2020 there were at least 477,000 domestic and care workers in Spain. In 62.5% of the cases, this activity was being performed by migrant women. Studies coincide in confirming that there has been an upward trend in this occupation since the 1980s, which experienced a sharp increase in the mid-1990s and continued to grow steadily during the Great Recession of 2008 (Martínez-Buján, 2014). The economic downturn that was triggered as of that date began to reverse this growth and, in the case of Spain, the impact of this crisis became especially noticeable starting in 2012, when the economic slowdown was more acute and the so-called austerity policies were introduced (Deusdad *et al.*, 2016).

Despite this process, previous research has pointed out that the drop in employment in this sector was not actually so pronounced if we take into account the context of economic disaster (Díaz, Martínez-Buján, 2018). In fact, during the 2007-2013 period, roughly 88,000 domestic jobs were lost, a relatively insignificant figure considering that during this time frame, over 2 million jobs were destroyed. In other words, domestic service became a sector that was not seriously affected by the financial crisis in terms of job loss. Rather, the greatest impact was especially related to the continuing precariousness of the working conditions, coupled with a considerable cut in wages (Herrera, 2012). Moreover, for migrant women, this type of work became a “cushion” occupation in view of the difficulty they had accessing other jobs. In fact, in 2013, the toughest year of the recession in Spain, domestic employment accounted for 29.3% of all employed migrant women.

Although 2017 brought a glimmer of hope that we would overcome the effects of the Great Recession in almost all the economic activities, the general pattern was just the opposite for persons employed in household and care work. Negative year-on-year variations in the number of female workers and a stagnation in hiring started to be recorded. While the pace is slowing, the figures are steadily decreasing. So much so that in 2019, just before the pandemic, 533,000 female workers were registered, 24% less than at the beginning of the decade in 2010. This gradual reduction means that in 2019 the sector accounted for 5.9% of the female workforce, while in 2010 the figure stood at 8.1% (Graph 1).

Graph 1 - Evolution of domestic care workers employed by private households in Spain 1994-2020 (absolute values in thousands)



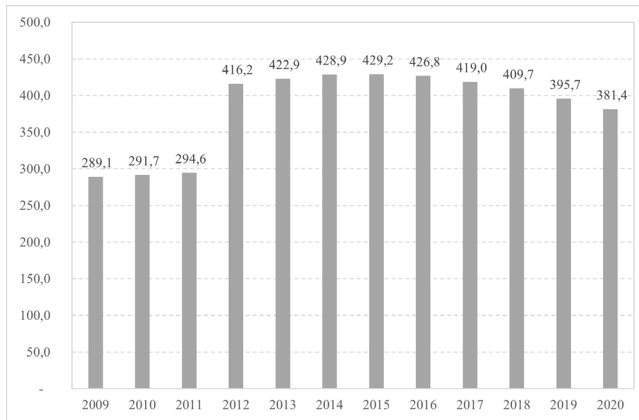
Source: Spanish Institute of Statistics, Active Population Survey, annual average.

The causes behind the continuous decline that started in 2017 are not easy to identify. The sector has its own peculiarities in terms of the incidence of underground employment as well as in the types of work contracts. The minimum wage increase that was passed in Spain in 2019 might have had some repercussions, although it is doubtful that this legislation alone can explain the fall in recent years (Parella, 2021). The outbreak of the Covid-19 pandemic has also had a major impact on this sector to the point that in 2020 the number of domestic workers dropped by 11% with respect to the previous year. Unlike the Great Recession of 2008, when the loss of jobs occurred several years after the crisis had begun, the first notable effect of the 2020 health crisis, was the loss of employment.

The data provided by the Social Security Administration, which only include the formal work sector, also show the decline in the number of employed female workers (Graph 2). Of the 395,000 workers employed under the Special System for Domestic Employees at the beginning of the pandemic, the number was reduced to 381,000 in 2020. This accounts for a 4% decrease in registration. Therefore, there has been a clear slowdown in formal employment. In the domestic sector the number of Social Security affiliates had been steadily on the rise since 2012, owing to changes in the regulation of this sector with the implementation of Royal Decree 1620/2011 and Royal Decree-Law 29/2012 on January 1 of that same year. These regulations made it compulsory to register domestic workers with the Social Security, which led to the emergence of a larger number of persons working in this sector on a regular basis. In 2011, just before the approval of this new legislation, the Active Population Survey data recorded

645,000 thousand workers while the Social Security Administration showed only 294,000. In other words, over half of these workers do not have an employment contract. In 2012, the figure had already reached 416,000 and continued to rise until 2017, when yet another decrease in the number of contracted female employees took place, with the figure standing at 381,400 in 2020.

Graph 2 - Evolution of workers registered with the Social Security System under the Special Category of Domestic Workers, 2009-2020 (in thousands)

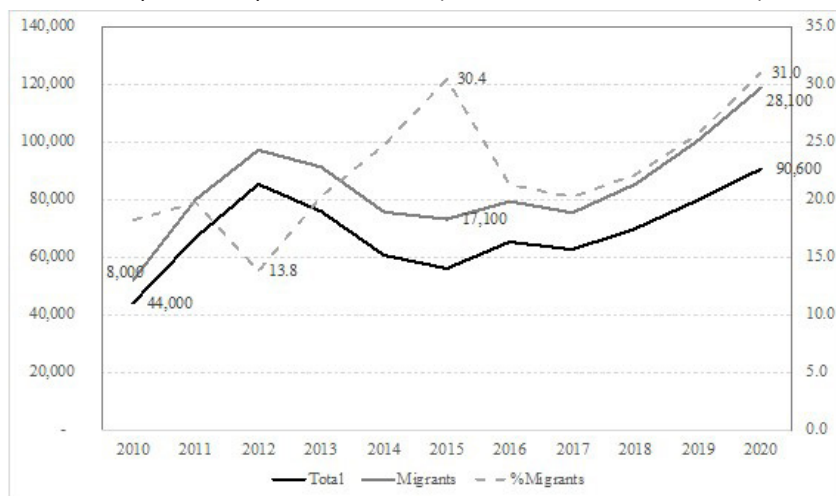


Source: Prepared by the authors based on data from the Ministry of Labour.

At least two other aspects come into play to explain this downward trend in employment. On the one hand, care has been relocated to the home in view of the job insecurity in Spanish families caused by the Great Recession of 2008. The data on poverty in Spain published in the VIII Foessa Report confirm that “there are 8.5 million people in a situation of social exclusion, 4.1 million of whom are experiencing extreme exclusion- 1.3 million more than before the crisis (even after deducting the effect of the population increase, the figure would stand at 1.1 million)” (Ayala, Pérez, 2019, p. 4). This is a situation that would cause people to forego hiring domestic help. On the other hand, the transformation of this activity into a care service rather than domestic employment may be leading to significant changes in this activity. In this regard, Graph 3 shows that as the number of domestic workers employed by private households falls, the number of home care workers hired by social services companies is increasing. The evolution of the figures shows that there has indeed been a significant increase in the number of female workers employed in this occupation over the last decade. In 2020, at the height of the pandemic, the figure was 90,600, the maximum value reached in the last decade (in 2010 it peaked at 44,000). Despite some fluctuations over the years which prevent us

from observing a clear trend, it is true that in last four years (precisely the years during which domestic jobs decreased), the importance of this occupation has risen considerably with a simultaneous increase in the presence of migrant workers, accounting for 31.0%.

Graph 3 - Evolution of domestic care workers employed by social services companies in Spain, 2010-2020 (absolute values in thousands)



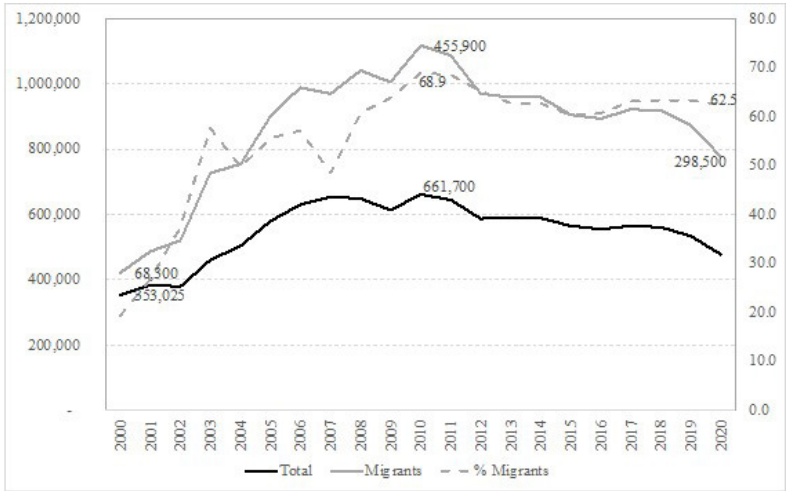
Source: Spanish Institute of Statistics, Active Population Survey, annual average.

The recent drop in the number of domestic and care workers is of great importance in the analysis of female migrations in Spain, because it was the high demand for this profession which, to a large extent, attracted migrant labour in the first place (Escrivá, 1998). Data from future research will show the final direction of this trend but, as mentioned earlier, there may be changes in the selection and hiring mechanisms and it may very well be the private companies, rather than private households, that will be doing the recruiting. In any case, the presence of migrant women will be significant. Poor working conditions and job insecurity, as well as the intensification of the domestic service tasks that include caring for the elderly, are also factors that may lead to this sector's becoming an "ethnic niche". In 2000, the percentage of migrants performing this activity was 19.3%; in 2010 it rose to 68.9%, standing at 62.5% in 2020 and accounting for roughly 289,000 workers. No other occupation in Spain had ever attracted such a large proportion of migrant workers on so large a scale (Graph 4).

As has been well documented in the academic literature, for newly arrived women migrant workers, domestic service opened the door to the labour market in Spain. Consequently, the selection of workers was based on criteria of gender, administrative status (a large portion of foreign women are in an

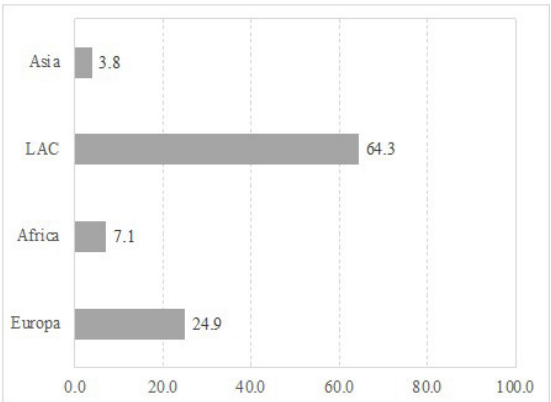
irregular situation) and nationality of origin. There has been a preference for female caregivers of Latin American origin (Martínez-Buján, 2014). The ratio of Latin American women employed in this activity is 64.3%, while women of European origin account for approximately 24.9% of the total number of employed women (Graph 5).

Graph 4 - Evolution of domestic care workers employed by private households by country of birth 2000-2020 (absolute values in thousands)



Source: Spanish Institute of Statistics, Active Population Survey, annual average.

Graph 5 - Domestic and care workers employed in private households by geographic area and origin, 2020

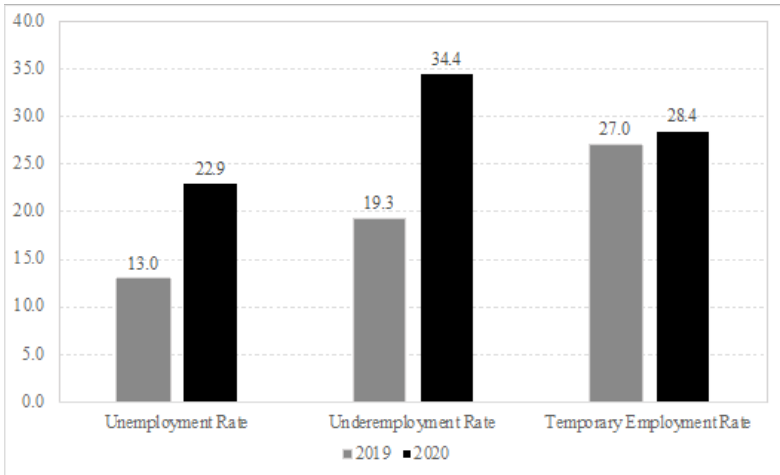


Source: Spanish Institute of Statistics, Active Population Survey, annual average.

The pandemic has highlighted the working conditions of the sector and brought to light the ongoing situation of temporary work, turnover and low salaries endured by these workers (Moré, 2020). The three most evident examples of precarious work that can be calculated through the Active Population Survey are: (1) having a temporary contract when the worker would like a permanent job, (2) working part-time when the worker wants to work full-time, and (3) being unemployed. Graph 6 shows each of these situations for domestic and care workers in 2019 and 2020 in order to show the impact of the Covid-19 crisis.

The figures indicate that precariousness is closely related to job loss and a reduction of working hours. Thus, the unemployment rate for migrant domestic care workers in 2020 was 22.9% while in 2019 it stood at 13.0%. The figure for underemployment rates (people working fewer hours than they want to), reached 34.4% in 2020, i.e., affecting one out of three female workers, compared with 19.3% for the previous year. As for temporary employment, 28.4% of women workers had temporary jobs in 2020 with little significant variation compared to 2019 (27.0%) This indicates that it is a structural situation inherent to the Spanish market, regardless of systemic crises. The results of the “precariousness indicator” designed to measure the above situations of precarious employment are shown in Table 1. Here, another risk situation caused by the pandemic has been added: the complications for workers employed temporarily, not knowing how long their contract will last. The figures show the serious problems faced by these workers and the marginalization they experience in comparison with other salaried workers. The domestic and care workers in the most precarious situations are those who have accumulated all the factors of precariousness (underemployment, temporary employment and not knowing the duration of the contract). A total of 10.7% of migrant workers found themselves in this situation 2020. In contrast, the percentage of salaried migrant workers who were experiencing the same situation of job vulnerability accounted for 2.6%. In all cases, the rate of precarious employment among domestic and care workers was higher than for other migrant workers.

Graph 6 - Factors leading to job precariousness among migrant domestic and care workers 2019-2020 (in percentages)



Source: Spanish Institute of Statistics, Active Population Survey, annual average.

Table 1 - Job precariousness indicator for migrant domestic and care workers, 2020 (in percentages)

	Migrant domestic and care workers	Other salaried migrants
1 Factor (underemployment, temporary employment or contract duration unknown)	24.8	14.2
2 Factors (a combination of two of the three factors above)	14.3	16.0
3 Factors (underemployment + temporary employment + contract duration unknown)	10.7	2.6

Source: Spanish Institute of Statistics, Active Population Survey, annual average.

Conclusions

The health crisis caused by the Covid-19 pandemic has served to highlight the long-held tenets of feminist literature on care. They hold that all human beings are vulnerable and in need of care over the course of their lifetime, although to a greater or lesser extent depending on the stage of life; and the fact that we are all equally interdependent on each other and the environment. The concept of care emphasizes these characteristics of life and the relational aspect of existence. All of us as human beings are, at some point in our lives -at least potentially- recipients and givers of care. However, this attribution is not casual but rather, political. In other words, the way in which care responsibilities are assigned is a collective act that is marked by contextual and non-essential

elements. Certainly, the way our current society organizes care is a far cry from using democracy as a reference. Instead, the responsibility and effective work of long-term care falls on domestic workers who are a highly vulnerable population due to their characteristics of gender, social class, ethnicity and migratory status. In the case of Spain, the precarious working conditions of domestic service relegate migrant workers of Latin American origin to this occupation.

This analysis, has aimed to relate the impact of public long-term care policies on the situation of vulnerability and social inequality experienced by migrant domestic care workers during the Covid-19 health crisis. In most studies on the Spanish care model, both aspects -the formal care model and domestic service- appear as two distinct scenarios. So, our interest here has been to highlight the interconnections between the commodification of care and public care policies, a situation that is simultaneously articulated on the arrival of female migratory flows from Latin America. These connections are specifically defined by a number of contradictions that are based on the fact that these female migrant workers are not considered to be key agents in the social organization of care from the perspective of political planning. First of all, public policies and their emphasis on monetary transfer programs have encouraged the hiring of domestic workers for care services. Secondly, the pandemic has clearly shown that despite being essential to the welfare system, these workers are excluded from social protection rights for two reasons: because of their difficulty in contributing to Social Security due to the inclusion of this activity in the submerged economy and because 2 out of 3 female workers are of migrant origin, in many cases in an irregular situation. The current health crisis has added more paradoxes to this model: the workers who care for the most vulnerable population have been declared essential workers for human reproduction, but at the same time they are extremely fragile, not only because of their appalling working and social conditions, but also for exposing themselves in the front line to health risks, often with their bodies totally unprotected. Third, these policies are contributing to the relocation of care to the home and its refamiliarization. Moreover, domestic and care work also appears to be declining – a trend that will require further analysis in the future to determine whether changes are taking place in the recruitment of these workers owing to the rise in companies providing intermediary care services.

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