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**WHEN ESSENTIAL CANNOT  
DO WITHOUT PRESENCE:  
RISK AND VULNERABILITY  
FOR DOMESTIC WORKERS  
AROUND THE WORLD.**

**ON FB,  
SPRING 2020**

Our cleaning lady just called and told us she will be working from home and will send us instructions on what to do.

# WHAT IS 'ESSENTIAL' WORK?

- With the pandemic, adjectives such as "indispensable" or "essential", attributed to workers, have gone from referring to those who are **forbidden to stop**, to those who are **authorized to continue working, in any condition**.
- In the past, administrative and criminal sanctions against interruptions in the provision of "indispensable services "(e.g. Health, Food, Transportation, Social assistance, Education, Media and communication)
- Essential workers have the **responsibility** to continue work?



- **Some essential workers can work remotely:** thus meeting the requirements of social isolation AND the need to continue working in the essential sectors, , at the same time
- Key element: **teleworkability** = characteristic of those occupations that can be transferred from the presence mode to the remote mode.
- In this pandemic world, teleworkability is one of the most precious qualities there is.
- Usually possessed by jobs for people with higher levels of education, higher salaries, more social protection, etc.

**NOT ALL ESSENTIAL WORKS ARE THE SAME**



- The majority of 'essential' work does **not** own this property. It is a **physical, manual work that must be done in person** and not through the screen of a pc.
- These jobs are also the lowest paid, do not enjoy allowances and protections, employment is shorter and temporary.
- **Feminization** and **racialization** of not teleworkable essential work

**ESSENTIAL BUT NOT TELEWORKABLE**

- “Physical” essential work = “body work” which involve approaching, touching, leaning, manipulating others’ body part.
- **YET not all physical essential work is the same:** dental practices can remain closed, GPs can transfer some tasks remotely.
- Nurses, health personnel and caregivers **cannot**. Actually, they have the “responsibility” to continue working.
- These essential sectors = social reproduction work, necessary for the livelihood and well-being of society, both materially and symbolically.
- They are occupied by people from marginalized social categories, subject to stigma and discrimination. Amongst them, I will focus on **migrants**.

**NOT ALL PHYSICAL ESSENTIAL WORK IS THE SAME**

# MIGRANT DOMESTIC AND CARE WORKERS IN EUROPE

- Migrant domestic and careworkers (MDCWS) are one of the categories most affected by the pandemic at the international level (ILO 2020b, Marchetti and Boris 2020).
- The specificities of this sector that, especially in the case of live-in work, cannot be reduced to other jobs.
- State policies have a crucial role in shaping their condition, since they are simultaneously affected by governments' approach both towards **migrants**, and towards such type of **worker**.



- Cross-country differences:
  - **Germany, Denmark, Poland**, the **UK, Sweden, Hungary** and **Greece** lack a specific law on domestic work.
  - **Finland, Ireland**, the **Netherlands** and **Spain** do not have a specific collective agreement for this sector (Marchetti and Triandafyllidou 2014, 2017).
- In the majority of the cases, national laws on DCWs do not grant them same rights as other workers.
- EG: no equal right to paid sick leave (very important since COVID-19 pandemic!).

**A LACKING LEGISLATION**

- DCWs are “partial citizens” (Parreñas 2001) in most European countries.
- Highly precarious concerning residence permits, family reunification, access to property, healthcare, education, financial credit, etc.
- Also for the many EU-migrants moving from Eastern countries to the West for work.

**ESSENTIAL WORKERS AS “PARTIAL  
CITIZEN”**

Most non-EU migrants in this sector are forced into an undocumented condition.

- In **Denmark, Germany, Ireland** and the **Netherlands**, it is not allowed to apply for a residence permit as worker in this sector.
- In **Belgium** and **UK**, the permit is tied to the first employer and will be lost when changing jobs.
- In **Italy** and **Greece**, there is a quota limitation on the number and nationalities of workers that can apply for each year.

**ESSENTIAL AND UNDOCUMENTED**



# ARGUMENT

- When looking at the way in which **policies** have (or have not) taken into account and supported migrant domestic and careworkers in Europe, we find the importance of their positioning at the edge of the various discriminations which marginal subjects are facing during this pandemic.
- The convergence between their being workers at the lowest ladder of the care provision, and of their being “partial citizens” (or undocumented) migrants puts them at risk of being **systematically excluded from policy initiatives** (see WB “Living paper” June 2020)

(Paper with Merita Jokela, forthcoming)

- These measures targeted in particular migrants with a pending status (expiring visas, waiting for procedures - including expulsions).
  - In **France**: six-month extension for all migrants' residence permits due to expire.
  - In **Spain**: expiring residence permits held as valid for the duration of the pandemic. Detention centers for undocumented migrants have been closed.
  - In **Portugal**: all undocumented migrants and asylum seekers with pending applications had "access to the national health service, welfare benefits, bank accounts, and work and rental contracts".

## 1. MEASURES TO SUPPORT MIGRANTS

- These categories of migrants do not often correspond to the **profile** of MDCWs who often are undocumented for many years, **without opportunities to apply for regularizations** since visa applications are closed to low skilled labor migrants in most EU countries.

**LIMITS FOR MDCWS**



Measures taken by governments to protect workers, rarely make **explicit** mention of DCWs.

- They are generally excluded by all measures addressing **employees of companies**
- Unclear whether they are included in measures for **self-employed** and **general workers**

## 2. MEASURES TO PROTECT WORKERS

- In **Austria** MCWs, even though they are self-employed, cannot access COVID-19 support because they do not have an Austrian tax number and bank account (Leiblfinger et al., 2020).
- In **Germany**, MCWs are excluded because they are usually posted-workers, or self-employed paying taxes in their home countries (ibid.).

These two cases exemplify the conditions of the many MDCWs who have a residence and working permit, and yet are what we have called “partial citizens” - as long as they are not entitled to have the same social (and health) rights as the country’s citizens.

## LIMITS FOR MDCWS

- In **Belgium**: “corona unemployment” subsidies apply to DCWs in order to cover the payment of lost hours.
- In **France**: employers had 80% reimbursement of the cost for paying not-worked hours, on the condition that they keep the employment in place.
- In **Spain**: after an open letter by DWs’ organizations, the government extended the ‘COVID-19 unemployment benefit’ to this sector too
- In **Italy**: after mobilization, extension of the ‘Emergency Income’ to DCWs – but amount lower than for other workers. The government launched a **regularization of informal and undocumented CWs** (number of applicants has not been very high)

### 3. MEASURES FOR DCWS



- All these initiatives to support DCWs who stopped or reduced their working hours have been very important.
- However, such coverage does not apply to undocumented and informal workers
- They are often modelled on the ideal of a **per-hour worker** who can stay home, when not going to work.
- BUT most of migrant careworkers are actually **live-in**, and do not have other places to stay beside their employers' home.

Policy measures taken by European governments are not particularly favorable to MDCWs who, especially due to their precarious conditions - as informal workers, undocumented migrants or anyhow of "partial citizens" - **cannot fully take advantage of support programs** undertaken by governments.

## LIMITS FOR MDWCS

## CONCLUSIONS

- Great value at the symbolic level BUT **little impact** in practical terms due to the precarity of these workers
- Even in European countries where COVID-19 support initiatives were most generous, their **actual conditions of work and life, as migrants and basic care providers**, prevent them to fully enjoy these opportunities.
- **Their experience throughout the pandemic is magnifying the intersectional inequalities which chronically determine their social, economic and citizenship positionality in European societies.**
- It also confirms the **structural inequity of the system of care provision which dominates in Europe**, which relies on the temporary, precarious and invisible work of the many migrant women, from neighboring and distant countries, and on their multiple marginalization