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Global care chains:
a critical introduction

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Global Commission on International Migration

In his report on the 'Strengthening of the United Nations - an agenda for further change', UN Secretary-General Kofi Annan identified migration as a priority issue for the international community.

Wishing to provide the framework for the formulation of a coherent, comprehensive and global response to migration issues, and acting on the encouragement of the UN Secretary-General, Sweden and Switzerland, together with the governments of Brazil, Morocco, and the Philippines, decided to establish a Global Commission on International Migration (GCIM). Many additional countries subsequently supported this initiative and an open-ended Core Group of Governments established itself to support and follow the work of the Commission.

The Global Commission on International Migration was launched by the United Nations Secretary-General and a number of governments on December 9, 2003 in Geneva. It is comprised of 19 Commissioners.

The mandate of the Commission is to place the issue of international migration on the global policy agenda, to analyze gaps in current approaches to migration, to examine the inter-linkages between migration and other global issues, and to present appropriate recommendations to the Secretary-General and other stakeholders.

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Introduction

The 'global care chain' concept is attracting attention across a range of social science fields, in particular globalisation studies, migration studies, care studies and gender studies. This paper provides a critical introduction to that concept, a general discussion of the merits of the concept and ways in which its usefulness might be enhanced. The discussion begins by reviewing the origins and general features of the 'global care chains' concept. It then situates the concept in the context of existing research into international migration. It identifies the distinctive contributions of the concept to that literature. The paper proceeds by reviewing principal developments to the global care chains concept and suggesting a number of considerations for future research. The final part of the paper focuses on research issues relating to the obtention of data sources.

It should be emphasised from the outset that the primary focus of this review paper lies with the potential of the global care chain concept as an analytical construct. It does not seek to empirically delineate the contours of the global care economy or investigate the phenomenon of migrant care workers. There is undoubtedly a place, indeed a need, for a comprehensive literature review on these matters, but that must be the focus of another paper.

General features of the global care chain concept

The term 'global care chain' was first used by Arlie Hochschild to refer to "a series of personal links between people across the globe based on the paid or unpaid work of caring" (2000: 131). Drawing from Parreñas' research into migrant domestic workers in Los Angeles and Rome that was published in 2001, Hochschild's focus lay with transnational transfers of "motherly" labour, so she describes a global care chain as typically entailing

> an older daughter from a poor family who cares for her siblings while her mother works as a nanny caring for the children of a migrating nanny who, in turn, cares for the child of a family in a rich country. (2000: 131)

Recent research typically sees the global care chain as driven by a woman in a rich country entering paid employment and finding herself unable to fulfil her 'domestic duties' of child care and house cleaning without working a 'double day'. In order to free herself from this double day, she purchases another woman's labour. This other woman tends to be drawn from a poorer household either locally or, increasingly, it is suggested, from abroad.

Often the woman from the poorer household is herself married with dependent children and has migrated to take up paid domestic labour. By doing this she finds herself unable to discharge her own 'domestic duties' because she is geographically distant from her children, creating a need for another woman to substitute for her. This other woman is often drawn from an even poorer household in the sending country or she may be a member of the migrant woman's extended family. As we go 'down' the chain the value ascribed to the labour decreases and often becomes unpaid

at the end of the chain. Thus, at the end of the chain an older daughter often substitutes for her mother in providing unpaid care for her younger siblings.

It is worth spelling out the various processes that are captured by the concept. Most obviously, what is being described is the 'outsourcing' of domestic care labour. This outsourcing occurs on both national and international scales; it entails mobilising labour supply through informal (kin) networks as well as through the market mechanism; it usually involves migration, be it on an intra-country basis (rural-urban migration) or on a cross-border basis (e. g. Mexicans to California) or on an international/trans-regional basis (Filipinas to the US).

The concept captures household internationalisation strategies. For those households located in poorer (sending) countries, this strategy takes the form of the emigration of the mother to provide care labour overseas; for richer households it takes the form of overseas labour recruitment. Through these internationalisation strategies an international network of families is established. These networks are comprised of links amongst the same families through the formation of transnational households as well as links between different families through the employment nexus. These networks are not confined to adults: they constitute "global links between the children of service-providers and those of service-recipients" (Hochschild, 2000: 132).

These processes embody major social divisions and inequalities. Most obviously, they reflect the social divisions of class, of wealth, income and status, with richer households located in richer regions or countries outsourcing (part of) their care labour requirements to members of poorer households drawn from poorer areas within the same country or from a poorer country in the same region. These differences in class standing are also reproduced through the outsourcing process, since the employment of a domestic worker is a means of reproducing lifestyle and social status. Those at the end of the chain are too poor to be able to employ a domestic worker and their outsourcing takes the form of reliance on unpaid family labour.

Clearly female labour is central to global care chains, with women supplying their own care labour while consuming other women's paid and unpaid care labour. While the focus of global care chains obviously lies with women, it is important to explain the apparent 'absence' of men in this process and more generally to situate global care chains within gendered divisions of labour in both the receiving and sending countries. Thus, Parreñas (2001, 2005) highlighted that women in the sending country undertook care labour mainly as a result of the male non-migrant's failure to undertake care labour to replace the migrant mother's labour. Thus she found that fathers of all social classes tended to migrate to take up other work in the Philippines that enabled them to avoid undertaking such labour.

Finally, it is important to indicate that the outsourcing process is structured by 'race' and ethnicity (and caste) as well as by gender and social class, with migrant women and women drawn from minority ethnic groups brought in to provide care services. Thus, in the US context especially, women to whom this labour is subcontracted tend to be Filipina or Hispanic.

Global care chains in context

This work on global care chains is one example of a large number of studies that have grappled with 'globalisation' processes through an examination of the international migration of female domestic workers, in particular nannies (e. g. Anderson, 2000; Chang and Ling 2000; Chin, 1998; Cock, 1984; Gamburd, 2000; Heyzer et al, 1994; Hondagneu-Sotelo, 2001; Lutz 2002; Momsen, 1999; Parreñas, 2001).

This literature invariably points to the now buoyant global trade in domestic care services, with a massive and increasing demand for migrant domestic workers throughout wealthier countries of the world and a supply of domestic workers by a range of less wealthy ones. This trade is said to be increasing rapidly for childcare and elder care, as well as other forms of domestic and personal care services. In the US, for example, home health care and cleaning are amongst the fastest growing areas within the care services sector[1]. The workers of the 'new' service economy are increasingly sourced from outside the US, particularly from poorer countries. Indeed, foreigners are over-represented[2] in household services in the US as well as in certain other European countries such as Belgium, France, Germany, Greece, Italy, Luxembourg, Spain and Switzerland (OECD, 2002: 63).

Regarding the sending countries, the Philippines has long been recognised as one of the largest contemporary global suppliers of domestic care labour. While it is difficult to precisely ascertain numbers of overseas Filipina domestic workers, NGO estimates indicate at least 600,000 based on figures relating to just four countries and one region (130,000-150,000 in Hong Kong, 200,000 in Italy; 36,000 in Singapore; 50,000 in Spain and 200,000 in the Middle East) (cited in Parreñas, 2001: 39). Other important transnational routes for domestic workers include the Dominican Republic, Peru and Morocco to Spain; Sri Lanka to Singapore, Saudi Arabia, Kuwait and Canada; Thailand to Hong Kong; Poland, Albania and Bulgaria to Greece; Mexico, Central America and the Caribbean to the US; Indonesia to Saudi Arabia (Ehrenreich and Hochschild, 2003: 276-80).

The rising demand for domestic workers generally is attributed to a combination of socio-demographic, labour market and welfare factors. The ageing of the population, changes in family structure, the feminisation of the labour force, the masculinisation of women's employment patterns, and a shortage of public care services all make it difficult for female family members to perform reproductive work. For those able to afford it, the purchase of domestic labour relieves women from doing this work themselves and helps to avoid generational and gender conflicts over the division of domestic work. In addition, the recruitment of domestic labour is an important expression of social relations, including social class and status, as well as a means of reproducing them (Anderson, 1997, 2000, 2001).

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[1] Nearly 4 million beneficiaries of home health care services are served by over 10,000 home health agencies (International Trade Centre 1998), while 'nursing homes employ more workers in the US than the auto and steel industries combined' (Folbre 2002: 186).

[2] This means that the share of foreign employment in that sector is higher than the share of foreign employment in total employment.

The demand for *migrant* domestic workers has been particularly noted. Many individual employers reportedly express a preference for those with (assumed or real) behavioural, cultural, linguistic or religious traits thought to bear on the quality of service provided. Maher (2003) has shown that the market for foreign domestic workers in California and Chile is underpinned by a discourse that sees imported Mexican maids and Peruvian nannies as, respectively, 'natural mothers' and 'submissive' workers, echoing narratives about the 'nimble fingers' of Asian electronics workers. In addition too racial stereotypes, both the low cost of migrant domestic labour and the ability to control that labour are other factors that explain the demand for migrant domestic labour. Thus, domestic work in private households is an important sector of work for newly (legally and illegally) arrived immigrant women in the EU, and is often the only alternative to sex work. The option to leave an employer is further restricted by the fact that a migrant worker's family welfare is dependent on the remittances she sends home (Anderson, 2001; Lutz, 2002).

More broadly, the literature emphasises the macro context of the trade. The international trade in domestic labour must be placed in the context of greater population movement in general and the feminised nature of international migration in particular, which are in part a response to the problem of uneven development. Through the income generated from work abroad, household internationalisation strategies are often key not only to the economic survival of the households concerned, the welfare of individual members therein, and the broader communities in which they live but also to the economies of the countries from which they emigrated. Thus, international remittances generated by migrant workers may be one of the few sources of foreign currency for some countries and can be as, if not more, important than any overseas aid provided. In addition to being a major source of international financing for welfare, the international trade in migrant workers is thus said to be central to the international politics of debt.

Overall, then, the global care chains concept emanates from a vast (feminist) literature that points to the buoyancy of the international trade in domestic care services and its centrality to the processes and politics of 'globalisation' and capitalist dynamism. This trade forges transnational networks between households and families and a set of ties between countries of different levels of 'development' or 'rank' internationally. These international labour transfers are an important aspect of international and regional divisions of labour and embody major social divisions of class, gender, 'race'/ethnicity and caste.

Distinctive contributions of the global care chain concept

Having reviewed the general features of the global care chains concept and the research context from which it emerged, I now turn to the distinctive contributions, or 'added value', of the concept. The discussion is organised into two parts: the application of a value chains approach to the study of international migration, and the conceptualisation of the distributive features.

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The application of a value chains approach

Normally used by those studying contemporary production processes, a value chain approach generally aims to map the series of activities involved in the production and consumption of a manufactured product, the coordination of those activities by a network of agents and the distribution of risks, costs and profits along the chain (Kaplinsky, 2000). The value chain is used in a wide variety of approaches to the study of production (others being supply chains, international production networks, global commodity chains, the French filière approach and global value chains) but it has been primarily operationalised by global commodity chain analysts concerned with the emergence and consequences of a global manufacturing system (Chase-Dunn, 1989; Hopkins and Wallerstein, 1986; Gereffi and Korzeniewicz, 1994).

Global commodity chain analysis maps manufacturing processes along three elements. First, the structure of inputs and outputs: nodes representing a specific production process linked together in a sequence (chain) in which each stage adds value to its predecessor (input acquisition, manufacturing, distribution, marketing and consumption). Second, territoriality, which refers to the geographical spread of networks of organisations (firms) involved in the production of a finished commodity. Third is the structure of governance that determines the allocation of financial, material and human resources within the chain. Here a distinction is made between the internal governance structure that determines the terms of firms' participation in the production of any given commodity, their position in the commodity chain, their relationship to other firms within the chain and their mobility therein, and the external governance structure, that essentially concerns the wider regulatory context in which production occurs - institutions, laws, norms and procedures at different sites and levels and in various settings (Gereffi 1999; Snyder 1999).

Focusing on sectors such as automobiles, electronics, toys, apparel and agri-produce, these analyses have demonstrated how the production of manufactured goods is shaped by production processes exhibiting different patterns of organisation, competition and power relations, allocating risks, costs and benefits differentially amongst chain participants, and producing different patterns of wealth distribution within and between 'core', 'periphery' and 'semi-periphery' regions of the world economy.

Although Hochschild herself does not explicitly refer to the global value/commodity chain in her presentation of the global care chain concept, the application of the approach and method of the (global) value chain is evident in two main respects.

First, the international trade in domestic workers is conceptualised as a series of spatially-dispersed but connected households ('nodes' in global commodity chain analysis). Generally speaking, global care chains start in poor countries and end in rich ones, sometimes passing via an intermediate country; others move from rural to urban areas within an individual country. The structure of each chain varies in terms of the number of links, the socio-geographical spread of the links and the intensity of their connective strength.

Second, the global care chain concept attends to the (re)distributive dimensions of this international trade in care labour. While many accounts of international labour

migration emphasise how uneven development frames the international trade in domestic labour, the global care chain concept also attends to the reproduction of these inequalities by emphasising how the extraction of (care) labour from poorer countries for consumption by richer ones constitutes the creation of 'surplus value' and a major drain on the socio-economic resources of poorer countries.

The integration of non-material factors

Of particular note is the departure of the global care chain concept from traditional notions of 'labour' and 'resources' used in orthodox value chain analyses. Specifically, the inequalities associated with global care chains are conceptualised in terms of both inequalities of labour and inequalities of emotion. Thus, to the traditional economic analysis of value chains a psychological analysis has been added that captures non-material inputs into, and effects of, the international trade in domestic workers.

Essentially, the concept emphasises the transfer and distribution of emotional costs and benefits entailed by long-term separation from one's own child(ren) in order to provide care for other people's child(ren) for financial gain, and the psychological strategies deployed to negotiate the costs of that separation. Because migrant women are geographically distant from their children for extended periods of time, they may also become emotionally distant from them and transfer their emotional attachment to the child(ren) for whom they are being paid to care.

In effect, global care chains emphasise how this international trade must be understood as entailing not only emotional costs upon migrant mothers and their children, but also transfers of emotional and physical care labour from those situated lower down the global care chain to those situated further up it. Thus, Hochschild argues that global care chains are a mechanism for extracting "emotional surplus value", suggesting that the US' import of maternal care is resulting in the "Beverly Hills child getting 'surplus' love" (p. 136), as the emotional labour involved in caring for children of parents further down the chain is redistributed to children of parents living further up it. This 'globalisation of love' associated with international migration of motherly labour reflects and reproduces spatially structured care inequalities – of maternal deprivation in poorer countries on the one hand and maternal abundance in richer countries on the other.

Developing the global care chain concept

While offering a distinctive approach to the study of international migration, the global care chain concept – as with any new concept – requires further development. This section reviews principal lines of enquiry and developments to the concept.

Adapting global commodity chains analysis to care services

As Yeates (2004a) has pointed out, although the application of the methods and approach of global commodity/value chain analysis to domestic care services is innovative, it brings with it a number of challenges.

One problem is that while global commodity chain analysis is primarily concerned with the industrial production of 'things' within the sphere of market production, global care chains are concerned with the reproduction of 'beings' and the social bonds between them, activities that encompass both market and non-market spheres. In addition, the focus of global commodity chain analysis on the contractual linkages between firms is problematic for care services since the majority of such services are not produced by for-profit firms, but by governments, non-profit organisations and especially households operating outside of the commercial sphere.

A further problem is the complexity of care services, encompassing as they do services as diverse as domestic cleaning, family care, health care, sexual care, educational care and religious/spiritual care, provided in a wide range of settings such as the home, hospitals, hospices, churches, schools and brothels and in a wider range of contexts such as individualised private settings and institutionalised state and non-state settings. By comparison, the analysis of the production and distribution of single commodities (cars, tomatoes, dolls etc) is a far more simple undertaking.

Finally, one major difference between manufacturing and care services is that those participating in global commodity chains are motivated by the search for economic benefit (profit) whereas care chains are structured by factors that cannot be entirely understood within an economic framework, however broad. Here should be emphasised the importance of linguistic, religious, cultural and familial factors influencing migration.

The differences between manufacturing and services together with the particular nature of human (care) services entail basic modifications to the focus of global care chains. These modifications are summarised in Table 1.

Table 1 Foci of global commodity chains and global care chains

	Global commodity chains	**Global care chains**
Structure of inputs/outputs	Acquisition of raw materials, processing of raw materials, distribution of finished commodity, marketing of commodity, consumption of commodity, recycling of commodity	Recruitment of labour, organisation of care service system (matching care needs with providers, provision of appropriate technology), travel of labour to site of service delivery, service provision

Territoriality	Geographical spread of transnational networks of commercial firms	Geographical spread of transnational labour networks involving e. g. households, labour and migrant organisations, brokers, recruitment, placement and relocation agents. These entities operate through formal and informal channels and on a commercial and a non-commercial basis.
Internal governance	Relations of power and authority between firms within the business network	Relations of power and authority between diverse agents within the labour network
External governance	Taxes, tariffs, product safety, labour regulations	Labour regulations, state control of il/legal migration, professional bodies, control of registration/admission to professions

Perhaps the most obvious change of focus is the enhanced emphasis on labour, especially migrant domestic labour, in global care chains. Thus, the inputs/outputs dimension of global care chains becomes essentially focused on the recruitment and organisation of labour; under the dimension of territoriality the focus shifts from international relations between firms to transnational labour networks that mobilise and coordinate the supply of and demand for labour; the focus of governance lies with the regulation of labour by state and non-state bodies.

In addition, global care chains would accord more recognition to the greater diversity of agents involved in care service provision and the fact that they operate according to different logics and in different contexts. These agents include recruitment and placement agencies, overseas job promoters and job brokers provided by commercial and non-commercial, governmental and non-governmental bodies.

Furthermore, there is the explicit recognition of households as central to global care chains. All care chains begin with the household, supplying as it does the care labour that will be exported through the migration process and which is required to care for the emigrant's remaining dependants (or other relatives) while she is abroad. Households therefore mediate between migrant workers and international labour markets, form the infrastructure necessary for organised migration to occur and serve as organisational linkages between exporting and importing countries.

More work is required to develop a global care chain analysis that captures what I call the 'distributive spatialities' of care provision and consumption. To begin with, there is a need to develop an operational model, including a suitable methodology. One issue is how to calculate the value of physical and emotional care labour and its distribution throughout the chain. Indeed, the value of emotional care labour in particular is difficult to express in monetary terms.

One possible approach is to apply the method developed by Khan and Kazmi (2003) in their study of home-based sub-contracted workers producing goods for domestic and foreign market consumption. Calculating the daily earnings of home-based household workers as a proportion of the revenue accruing to other links in the value chain (sub-contractors, domestic consumer price, foreign consumer price), Khan and Kazmi quantified the degree of exploitation of home-based workers in the relations governing commodity production.

This methodology could be adapted to care services, and would similarly entail working out the remuneration accruing to households as a share of that accruing to other agents involved in the global care chain for given categories of care labour. Since the production of services involves not-for-profit entities, we could expect to find differences between value chains for services compared with those for goods. Similarly, we could expect to find differences among different groups of care workers working in different contexts, with these variations reflecting the structures of organisation and control within the global care chain.

Broadening the application of the global care chain concept

As noted earlier, the focus of Hochschild's formulation lies squarely with the transnational 'nanny trade', with international transfers of motherly labour and care labour provided in individualised, household contexts. Although nannies are the group most often researched in studies of the transnationalisation of care labour, the type of care they provide (social care), the social group to which they provide this care (children) and the setting in which they work (households) cannot be taken to be typical of, or limited to, all migrant care workers.

The restricted application of the global care chain concept to this group excludes a range of other types of migrant care worker whose experiences, situations and work contexts are not only equally relevant and amenable to global care chain analysis but which could enrich our understanding of the complex relationship between international migration and care-giving. Previously I (Yeates, 2004a, 2004b) have suggested broadening the present focus of the concept in the following five ways, as summarised below.

(i) The focus on 'unskilled' migrant care labour (nannies and maids) needs to be supplemented by attention to migrant care workers of different skill and occupational levels to reflect the increase in skilled labour migration that has been a feature of contemporary migration.

(ii) The focus should be broadened to take account of the range of family statuses of migrant care workers (married/single, with/out children, with/out extended family) as well as the variety of household types to which they belong. The present application of the care chain concept to mothers with dependent children limits the global care chain to a series of nuclear families, entailing the transfer of 'love' from one nuclear family in the South to another in the North. Not all female migrant care workers are married mothers remitting money to pay for the care of their dependent children left in the care of another woman; indeed, while this 'one-parent abroad household' is common it is not the only such household type. Many migrant care workers have

never been, or are not currently, married, nor do they have dependent children, but they may nevertheless fulfil care obligations towards their elderly parent(s) and/or other family member(s) (siblings, nieces/nephews) (Parreñas, 2001: 100, 111[3]).

All of this implies that global care chains revolving around the care of a range of relatives in the immediate and wider family networks merit greater attention, since global care chains involving married mothers with dependent children can be expected to differ from those involving single women without children but with care responsibilities for other family members. This can imply the possibility of family members migrating to care for other family members, as in the example of an unmarried migrant care worker returning home to care for an aged parent, and would also open up enquiry into how the migration process mediates cultural expectations of care provision within families (Izuhara and Shibata, 2002). In the sending country, caring is dealt with not only by buying in care labour from a non-migrant family but also by calling on the extended family of the migrant mother – grandmothers, aunts (Parrenas, 2001: 113) so inter-generational aspects of care provision other than those narrowly relating to parent-child relations in nuclear families deserve attention. The widening of concern from nuclear families to extended families would take account of how "the generational contract of family reciprocity is a continuous chain of obligations over generations rather than one particular parent-child relationship" (Izuhara and Shibata, 2002: 163; Bryceson and Vuorela, 2002).

(iii) The focus of global care chain research needs to be extended to encompass health, educational, sexual and religious care well as social care in order to reflect the multi-dimensional nature of 'care' services. Parrenas' (2001) research involved migrant domestic workers providing care services other than childcare, such as cleaning and eldercare, yet the question of whether and how the type of care provided relates to global care chains, in particular the transfer of emotional labour through the chain, remains to be considered.

(iv) The current emphasis on care workers in individualised domestic/household settings needs to be widened to also include those in institutionalised settings (hospitals, schools etc), distinguishing between state and non-state care work environments.

Broadening the focus in these ways would better reflect the diversity of the care services sector in terms of the spectrum of skill and remuneration of labour, input intensity, organisation and regulation. It would also capture variations between global care chains. Thus, global care chains involving nurses working in institutional residential and non-residential settings for public authorities or commercial corporations can be expected to differ from those involving nannies working in domestic settings and employed by individual households. We could also expect to find differences between global care chains involving care services organised and provided on a for-profit basis compared with those organised and provided on a not-for-profit basis. Furthermore, we could expect to find differences between care chains involving care provided in a religious context as opposed to care provided in a secular

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[3] The other households Parrenas identified were two parents abroad households (where both parents had emigrated and left their dependent children in the care of others in the Philippines) and adult child(ren) abroad households (entailing a single female adult without dependent children whose emigration had been sponsored by another emigrant female relative).

context. The analysis is further complicated by the various shades of il/legality involved in these care chains. Thus, the range of agents involved in the global care chain for professional nurses working in hospitals would differ from those involved in the legal trade in domestic care workers and from those involved in the trafficking of sexual care workers.

(v) Finally, if the concern is not just to map the spread and structure of global care chains but also to understand the transformation of these chains over time and the confluence of factors that bear on that transformation, the currently strong emphasis on the contemporary context requires historicisation. Thus a substantial transnational care service economy can be dated back to (at least) the nineteenth century when it contributed to industrialisation processes in both care labour exporting and importing countries (Katzman 1978) in ways that have been observed in the contemporary industrialisation strategies of certain Asian countries (Chin 1998; Huang and Yeoh 1996). Introducing an historical dimension would reveal how different countries been repositioned over time.

Ireland provides one such example of this repositioning (Yeates, 2004a). Historically a major exporter of health (nursing) care labour worldwide, in recent years Ireland has emerged as an importer of nurses. Thus, the major trend in the 1990s was the increased reliance of the Irish health system on nurses migrating from the EU and the traditional direction of care labour migration between Ireland and the UK in particular was reversed. This inward migration occurred alongside the continued outflow of Irish nurses to other countries, primarily the UK and Australia. In effect, Ireland's place in the international division of (nursing) care labour has changed, but the change accompanied the continuation of pre-1990s migration patterns by Irish nurses. That is, regional divisions of labour continued to operate alongside a changed global division of labour. In addition, international demand has been for Irish nurses with specialist skills, particularly in fields such as midwifery, intensive care and surgical operation and theatre work, and other peripheral economies countries are now supplying the general nursing labour that Ireland formerly supplied.

The year 2000 represented a further change in Ireland's position in the international division of reproductive labour, when 'developing to developed' country migration began to be of increasing importance in sourcing nurses for care work in Ireland. The Philippines was targeted as a major reservoir of nursing labour, and Ireland quickly became a major destination for Filipino nurses (in 2002 it was the third largest importer of Filipino nurses, after Saudi Arabia and the UK). Ireland still performs the function of global care labour reservoir, but it now also increasingly recruits from other global care labour reservoirs, currently from Asia. It is worth noting that the links between the Philippines and Ireland are essentially of the same order as those that historically linked, and still link, Ireland to Britain, the US and many other countries. Just as American and British women enjoy better working conditions and career prospects outside of nursing, so Irish nurses can earn more in the immediate and longer term by working in these countries' health systems; in the same way, Filipino nurses can also earn more by working in Ireland than in the Philippines (Yeates, 2004a).

Some additional considerations

These suggestions for broadening the application of the global care chains concept attempt to recognise diversity amongst migrant care workers and within the care services sector. In line with this emphasis on the need to recognise diverse contexts and situations, a number of additional considerations for global care chains research should be noted.

First, whereas global care chains are presented as being driven by the labour market participation of women in the receiving countries in a context of a gendered division of labour resistant to more equal sharing of care labour, this is not true of all situations. Parrenas' original study showed that the recruitment of a migrant domestic worker was not always to relieve the US women of having to work a double day since in some cases the women involved did not have outside employment. Here, the recruitment of migrant domestic labour related to the maintenance of lifestyle and social status. The continued importance of non-labour market factors as drivers of global care chains is mirrored in other regions noted for their use of migrant domestic labour. For example, women in the Middle East do not have high labour market participation even though this region, in particular the Arab-Gulf countries, were one of the first major targets in the migration of care labour in the second half of the 20th century (Silvey, 2004).

Second, contrary to the image portrayed by some of the literature of immiserated women migrating to ensure the economic survival of their families, many of those emigrating are from middle-class families who were in professional employment prior to emigration. They seek through the higher wages they can earn from domestic work abroad the means of continuing to maintain their middle-class status in the Philippines, be it through paying for their children's college education or participation in local status-enhancing social activities, such as festivities (Parrenas, 2001: 86-88). Similarly some of the husbands left behind in the Philippines migrate to undertake middle-class or professional work. Furthermore, as a measure of their social status, the sending families are often able to afford to employ more than one domestic worker of their own. This latter point in particular emphasises the importance of examining the class position of families in the sending countries, which is key to understanding whether care needs are met by buying in care labour or by outsourcing to other members of the extended family.

Third, the global care chain concept presents the redistribution of care labour as one-way traffic, involving the transfer of emotional care labour away from the migrant mother's child(ren) in the Philippines to the child(ren) whom she is paid to care for in the West (US). While Parrenas' (2001) work did demonstrate the impact of migration on the emotional bonds between mothers and their children, it also demonstrated that involvement in care by the migrant mother of her own children does not cease upon emigration; instead it is transformed, continuing in a new, transnational mode. Indeed, in her most recent work, Parrenas (2005) points out that despite the mother's physical distance from her children she is often still closely involved in nurturing her children. Not only do mothers often undertake more nurturing of their children from a distance than their fathers may do locally (p. 101) but many of them are still "responsible for ensuring the security, both economic and emotional, of their

children" (p. 103) and involved in "intensive mothering in a transnational terrain" (p. 136).

Fourth, while a major strength of the global care chain concept is its attention to the non-material (emotional) aspects of care labour migration, there is a need to further attend to the wider cultural context of familism to understand the ways in which the migration process intersects with or alters the fulfilment of those duties. In some ways, the original global care chain concept approaches the provision of care in terms of whether it is paid or unpaid. However, other forms of reward for remitting this labour can be said to exist, such as the promise of future security and care for the remitting migrant woman should she return to the sending country as well as increased status in her Philippine-based family while abroad (Parrenas, 2001: 111, 112).

Concluding note: the future of global care chains research

The aim of this discussion paper was to critically review the 'global care chains' concept. This concept captures the phenomena of migrant care workers, the 'globalisation' of families and households and the internationalisation of care services that have been relatively neglected by 'mainstream' globalisation, migration and care studies. More generally, the concept is particularly effective at highlighting the social reproductive labour that is so central to understanding contemporary patterns and dynamics of development within and across country contexts.

This paper has suggested that while the concept is innovative and significant, like any new concept it requires further development to realise its potential. While it may be acknowledged that research into the phenomenon of migrant care workers and the distributive dynamics of the international trade in care services is at an early stage, there is a growing literature on these issues and an emergent research agenda can be detected. The discussion reviewed current contours of enquiry into the concept and advanced a number of additional suggestions as to how it may develop in the future.

It seems appropriate to conclude this paper by drawing attention to a key issue facing future global care chains research and one that is shared with migration studies more generally: the difficulties involved in obtaining useful data. This is further compounded by difficulties involved in the 'absences' or 'invisibilities' associated with gender and other forms of stigmatised social marginalisation, whether these are related to ethnicity, 'race', class or caste.

The issue of healthcare migration provides an illustration of the depth of the data problem. As Diallo observes in his recent review of data on health professionals' migration:

> Although the migration of members of the health workforce is moving
> up the political agenda in almost all countries, the evidence needed to
> monitor and evaluate the phenomenon and provide decision-makers with
> a solid basis for making policy is weak or often non-existent. (Diallo,
> 2004: 601).

Thus, despite the existence of a perception that there is a crisis in healthcare recruitment in core countries that is being solved through tempting away from their own countries doctors and nurses from peripheral countries, it is difficult to find reliable statistics reflecting this perception. Of course, part of the problem is the variety of possible data sources, as well as problems with their comparability and veracity:

> Despite the fact that there are many sources of statistics on migration of health personnel, most data sets are neither complete nor fully comparable, and they are often underused, limited…and not timely. Moreover, evidence suggests that the availability of statistics on international migration has declined, particularly in developing countries. For instance, while several publications have highlighted the chronic shortages of health personnel in Africa and claim that these are due partly to migration, evidence to sustain these claims is often anecdotal. This does not make such claims wrong but it does make it impossible to say how the situation is developing. (Diallo, 2004: 601)

If there are such difficulties dealing with highly skilled and officially accredited and regulated workers such as nurses and doctors, the difficulties in sourcing statistics multiply when dealing with less skilled and regulated migrant workers; they increase further when we face into illegal migration networks.

To begin with we must recognise the importance of gender. All aspects of migration – from data collection to networks, from policy to trafficking - are gendered and research on migration has to take account of this fact. This has not always been the case, nor is it always still the case. For example, Kofman (cited in Vertovec 2002:5) has noted how current discussions of skilled migration in Europe "have been marked by the 'invisibility' of women and gender relations'.

That research deals with the reasonably visible migration of professionals who take up posts in visible and legal business establishments in a reasonably documented continent. Much of the work involved in global care chains suffers from 'invisibility', moving as it does through informal networks of family, kin, friends or acquaintances, operating without formal contracts specifying wages, hours of work, working conditions, etc. , often in hiding from the state due to the illegality of the migration. As so much care work exists in the informal economy, it is difficult to adequately document.

Even obtaining basic data can be extremely difficult. Toyota's (2004) work on invisible foreign maids in Thailand indicates the difficulty involved in even establishing the number of foreign maids in that country, much less obtaining detailed information on their working conditions:

> By 'invisible', I mean the situation where domestic maids work and live in individual households but on the basis of informal off-the-record arrangements. The nature of their situation is that they live atomised lives and consequently cannot come together easily to form groups to represent their interests and voice their concerns. At the same time,

whilst being largely invisible within the community, they are also invisible to the state. (Toyota, 2004: 3)

The difficulties this invisibility poses to research are obvious:

> Most of the foreign housemaids in Thailand are live-in and hardly leave the house. Their illegal status prevents them from visiting public places…for fear of being caught by the police…. The only way to make contact with foreign domestic maids in Thailand is to visit individual houses. This inaccessibility makes it impossible to estimate the precise number of foreign domestic maids or make any overall assessment of their working conditions. (Toyota, 2004: 9)

Of course, this invisibility is increased in those cases, such as the trafficking of women for sex, where the business itself hides in the shadows. We also need to consider those cases where migration for a stated purpose disguises the actual purpose of migration –for example where migrants are described as entertainers when they are in fact sex workers, or where domestic workers enter countries under the guise of 'au pairs'. In these invisible areas, gender-based discrimination is compounded by discrimination based on ethnicity, 'race', class or caste identities. If the Philippines maid is at least recognised and valued as being well-educated, well-organised and English-speaking, the Burmese maid has no such status or value.

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