



Edited by Mojca Vah Jevšnik & Kristina Toplak

FURTHER DISCUSSIONS ON LABOUR MOBILITY IN THE EU



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**FURTHER DISCUSSIONS ON
LABOUR MOBILITY IN THE EU**

INTRODUCTION TO THE BOOK

Mojca Vah Jevšnik and Kristina Toplak

This book follows up on the 2018 edited volume *Labour Mobility in the EU*,¹ which offered explorations of several existing and emerging challenges concerning labour mobility in the European Union (EU) through the prism of different professions and mobile professionals. Conceptually, the book follows its predecessor by providing a collection of essays covering various topics, perspectives, and geographical contexts that address the dynamics of labour mobility in the EU. However, in terms of the content, the second volume exceeds the first volume by including the reflections, perspectives, and critical analyses of renowned foreign researchers and scholars who provide timely and thought-provoking snapshots of some of the core issues lingering in the overlap between the EU-labour market dynamics and cross-border labour mobility patterns. The book's seven chapters are written by ten authors from four different EU countries. Despite their different academic backgrounds, they are all part of a tight-knit and dedicated network of scholars and researchers of migration, mobility, and (transnational) social protection in the EU. The book, however, is not intended only for the academic crowd. On the contrary, it strives towards reaching a broad range of audiences and hopes to prove insightful, inspiring, and valuable for their understanding of labour mobility within the EU.

The first chapter by Frederic De Wispelaere uses a statistical approach to explore **transnational social protection in the EU**. First, it provides an insightful overview of the legal framework concerning transnational social protection, i.e., the coordination of social security systems currently implemented by the Basic Regulation 883/2004 and the Implementing Regulation 987/2009 (commonly referred to as the Coordination Regulations), which play a crucial part in preserving and guaranteeing the social protection of millions of persons moving within the EU. The chapter then quantifies Member States' expenditure on transnational social protection by applying the Coordination Regulations and compares it with total social spending. The statistical data focuses on the main

1 Toplak, K., Vah Jevšnik, M., eds. (2018). *Labour Mobility in the EU*. Založba ZRC SAZU: <https://isim.zrc-sazu.si/en/publikacije/delovna-mobilnost-v-eu-1>.

branches of social security, i.e., pensions, healthcare, and family benefits, and is used to demonstrate the scope and importance of the Coordination Regulations in safeguarding transnational social protection in the EU.

Rossanna Cillo and Fabio Perocco bring attention to the **intersections of migration and mobility regimes in the EU** by outlining migration and mobility pathways of third-country nationals – from their immigration to the EU to their labour mobilities within the EU. More specifically, the chapter examines the forms and experiences of mobility (not only in geographical terms) of North African workers in Italy and eventually other EU Member States through the mechanism of posting of workers and cross-border temporary provision of services. The sector under scrutiny is construction, which has become one of the main sectors of employment of migrant and posted workers in the EU.

The following chapter by Mojca Vah Jevšnik and Sanja Cukut Krilić explores the tremendously unenviable policy challenge of tackling **severe shortages of healthcare workers in light of the unfavourable demographic trends in the EU and the continuous globalisation of healthcare labour markets**. It identifies several mutually reinforcing variables that have a significant (negative) impact on the delivery of public healthcare in the EU and have converged to create a perfect storm: a debilitating situation caused by a combination of unfavourable circumstances. The authors emphasise the need for a stern policy response to ensure sufficient staffing levels and limit geographical imbalances in the supply and demand of healthcare workers.

In chapter four, Majda Hrženjak and Maja Breznik highlight the pressing issue of **care migration in care homes for older people in the European semi-periphery between Slovenia and former Yugoslav countries**. Building on the historical analysis, statistical information, and data collected with problem-centred interviews, the authors discuss the care deficit in Slovenia that stems from the state's underinvestment in care for older people and from the low purchasing power of households to compensate for insufficient public services, and the recruitment of migrant care workers from the former Yugoslav republics to fill in the vacancies. They argue that in pursuing cost containment, care work, as an increasingly rare commodity, is systematically extracted from poorer countries by richer ones.

The chapter by Kristina Toplak illuminates the struggles of **cross-border workers in the Slovenian neighbouring regions and workers posted to work abroad from Slovenia during the COVID-19 movement restrictions**. The author presents the results of the study on the impact of government policies and measures to prevent the spread of COVID-19. These policies and measures included movement restrictions that greatly impacted commuters and workers

posted to provide service abroad. In addition to exploring mobile workers' economic and social risks, she critically evaluates national governments' ad hoc and uncoordinated measures as restrictive and harmful to mobile workers, asserting that such measures created new inequalities and contributed to the deterioration of their socioeconomic status.

Nikoleta Slavíková and Lucia Mýtina Kureková examine the **diverse realities of Roma labour migration from Slovakia**. The authors outline the migration trends and characteristics of labour migration of Roma from Slovakia and discuss several obstacles they face when entering the labour market. They note that despite poor working and living conditions, most Roma do not decide to emigrate. Those who do, however, emphasise two rationales behind their decision: higher salaries and less discrimination due to their ethnic origin. The characteristics of Roma migration in Slovakia build on the insights shared by social workers with extensive experience and knowledge of the Roma communities.

The final chapter by Sanja Cukut Krilić and Mojca Vah Jevšnik discusses the **health-related vulnerabilities of temporary migrant workers in the sectors of agriculture and construction**. The authors explore, in particular, the occupational safety and health-related (OSH) vulnerabilities and utilise a layered approach to analyse the factors that may significantly impact the development of OSH-related vulnerabilities of temporary migrant workers. These include the conditions of recruitment and migration status, socioeconomic conditions in the countries of origin and destination, and the sociodemographic characteristics of migrant workers themselves. The chapter also accentuates the importance of including mental health in the analysis and discussion of health-related vulnerabilities of migrant workers.

TRANSNATIONAL SOCIAL PROTECTION IN THE EU FROM A STATISTICAL POINT OF VIEW

Frederic De Wispelaere

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INTRODUCTION

In the past, the topic of *transnational social protection* within the EU, and more specifically, the coordination of social security systems,^{1,2} attracted mainly the attention of legal scholars (see, for instance, Jorens 2009; Schoukens 1997; Watson 1980). At that moment, *no statistics, no problems* seemed the dominant credo and *data-free science* (Schlegel 1978) the daily reality, both in legal scholarship and in EU policy-making. At least that is the dominant feeling when, as a non-legal expert, one goes through the academic literature and the political decisions at the EU level of the past decades. Together with increasing political sensitivity to the topic, scholarly attention to the impact of these rules has recently taken on a more multidisciplinary dimension, as sociologists, economists, and political scientists have become more active in the academic debate on transnational social protection (see, for instance, Levitt et al. 2017),³ not least in the area of intra-EU posting (related to scholarly and political discussions on risks of *social dumping*) (see, for instance, Arnholtz & Lillie 2019) and economically inactive persons (related to scholarly and political discussions

1 The coordination of social security systems in the EU has both an internal and an external dimension (Melin 2019). In addition to the internal mobility in the EU, there is also a significant flow of mobility from non-EU countries to the EU and vice versa. The scope of this book chapter is limited to its internal dimension. For an analysis of the external dimension, see, for instance, Melin 2019; Bogoeski & Rasnača 2023; Verschueren 2023.

2 Currently implemented by Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems, and Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems. Hereinafter, jointly referred to as *the Coordination Regulations*.

3 Devetzi (2019: 339) rightly points out: “The question ‘when are EU migrants who have made use of their right to free movement entitled to basic (non-contributory) social benefits in the host Member State?’ has been much discussed in academic literature and case law in the past years.”

on *European social citizenship* and risks of *benefit tourism*⁴) (see, for instance, Amelina et al. 2020; Bauböck 2019).

The above-mentioned old and new realities demonstrate the need for reliable data, as empirical evidence may refute, nuance, or confirm existing perceptions on social dumping and benefit tourism, and support evidence-based policy-making at the EU and national level. For instance, Roberts (2020: 534) points out that “social security coordination took centre stage in the Brexit narrative, in which, despite the evidence to the contrary, numerous inaccuracies, including the myth of benefit tourism, gained traction to create a moral panic.”⁵ At the same time, quantitative data can show how (well) transnational social protection is developed in the EU and its importance for millions of EU citizens. For instance, at the beginning of the new millennium, Eichenhofer (2000: 231) wrote:

The coordination of social security between Member States has been the most significant development so far in social policy at the European level. Its success has been remarkable, yet its implementation has been scarcely noticeable. For decades, pensions have been exported, medical treatment has been available for tourists travelling between Member States,⁶ and pro-rata pensions have been payable to those who have spent their working lives in more than one Member State. Such benefits of EU social security coordination are today taken for granted.

This book chapter aims to determine the reference group benefitting from transnational social protection in the EU by applying the Coordination Regulations. This assumes a methodologically correct measurement of the number of persons covered by the Coordination Regulations (i.e., the entire group of

4 Similar notions are *welfare migration*, the *welfare magnet* hypothesis, the *welfare burden* thesis. Some recent relevant studies in this regard are, for instance, Martinsen & Rotger 2017; Montanari 2020; Osterman et al. 2019; Strockmeijer et al. 2020; Suari-Andreu & van Vliet 2022.

5 The perception of benefit tourism even led the UK and the other EU Member States (the UK was still a Member State at that moment) to conclude an agreement in February 2016 (2016/C 69 I/01) that included an *alert and safeguard mechanism* for Member States confronted with an inflow of workers from other Member States of an exceptional magnitude over an extended period. The Council authorised these Member States to limit the access of newly arriving EU workers to non-contributory in-work benefits for a total period of up to four years from the commencement of employment.

6 The 235 million European Health Insurance Cards (EHICs) circulating today illustrate that the Coordination Regulations are of importance for all EU citizens when they move between Member States, be it for work or for private reasons. One could even argue that there are two well-known European symbols: the EURO and the EHIC. The first of these is a visual symbol of the European Monetary Union, the latter of a *European Social Union* (Cornelissen & De Wispelaere 2020).

persons in a cross-border situation that falls under the personal scope of the Coordination Regulations) as well as the number of mobile persons in the EU who claimed their social rights through the application of it.⁷ Furthermore, this chapter aims to quantify Member States' expenditure on transnational social protection by applying the Coordination Regulations and to compare this with total social spending. The focus is on the main branches of social security, namely, pensions, healthcare, and family benefits. The latter is often linked to benefit tourism and *financial unfairness* (Blauberger et al. 2020; Palme & Ruhs 2022). Regarding healthcare, the data analysed is limited to the provision of cross-border healthcare.⁸ The analysis of the social security branches of pensions and family benefits mainly focuses on the exportability of these social benefits.⁹ However, the scope and, thus, the impact of the Coordination Regulations is much broader than its exportability dimension. Particularly, there is the question of access to social security benefits when moving to another Member State, its take-up (and differences with native citizens),¹⁰ and its financial consequences for national welfare states. Such figures are not reported. Finally, this book chapter only provides an overview of social security benefits paid to mobile persons and, therefore, does not provide an overview of the receipts of Member States from social security contributions paid by mobile persons and their employers. Before turning to the figures, the following sections briefly describe the concept of transnational social protection and the legal framework that facilitates this protection in the EU, primarily focusing on the Coordination Regulations.¹¹

7 It is only recently that statistics on the use and impact of the Coordination Regulations have been collected in a consistent manner at the EU level, mainly based on Article 91 of the Implementing Regulation 987/2009. For instance, in a publication from 2015 of Holzmann and Werding (2015: 343), the authors still concluded that “while the availability of micro data has dramatically improved over the last two decades in many OECD countries, data on *portability* issues are fraught with limited access, incompleteness, or simple nonexistence”.

8 The scope of the cases covered by applying the Coordination Regulations related to healthcare, however, is much broader. By applying the Coordination Regulations, workers moving between Member States have immediate access to the healthcare system of their new Member State. The financial consequences of these provisions are not reported in this chapter.

9 For instance, no figures are reported on the access to family benefits when the entire family, including the children, moved to another Member State.

10 See, for instance, Montanari 2020; Strockmeijer et al. 2020; Suari-Andreu & van Vliet 2022.

11 This section is just an introduction to the legal framework. For an elaborate analysis, see Pennings 2022.

TRANSNATIONAL SOCIAL PROTECTION IN THE EU: AN INTRODUCTION TO THE LEGAL FRAMEWORK

The notion of transnational social protection

In the case of transnational mobility, people move from one *social space* to another (Ferrera 2005). In this action, people enter a (European) transnational social space which includes several actors from the country of origin and the host country (Heidenreich 2019). These actors provide transnational social protection. The definition from Levitt et al. (2017: 6) to indicate this umbrella concept reads: “Transnational social protection comprises the policies, programmes, people, organisations, and institutions which provide for and protect individuals across national borders in the categories of old-age, survivors, incapacity, healthcare, family benefits, active labour market programs, unemployment, and housing assistance.” The definition indicates that persons may access transnational social protection through formal channels of social protection provided by the country of origin and/or the host country and through informal channels. In general, it defines four main providers of transnational social protection: states, markets, civil society, and social networks (Faist 2017; Lafleur & Vintila 2020; Talleraas 2019). This chapter focuses on how groups of states in the EU facilitate transnational social protection within the EU (mainly limited to the material scope of social security). Bilateral and multilateral agreements between Member States are the prevailing instruments in the EU to protect the social security rights of mobile persons within the EU.

Transnational social protection in the EU

One of the essential components of the European single market is, without any doubt, the free movement of persons. Already in the earliest days of the European Economic Community (EEC), it was recognised that genuinely free movement could not be achieved without a solution for the social security rights of mobile persons, then limited to migrant workers and their dependents. Workers would be reluctant to move from one Member State to another if they stood to lose their already acquired social security rights. Consequently, from 1958 onwards, the Treaty of Rome included a solid legal basis for legislation in the field of coordinating social security. Now enshrined in Article 48 of the Treaty on the Functioning of the European Union (TFEU) (ex-Article 51 EEC), this legal basis obliges the legislature to take measures to provide, in the field of social security, protection to people who make use of their right

to free movement.¹² By coordinating Member States' social security systems, this objective was adopted into secondary law by Regulations 3 and 4. Both Regulations were replaced in October 1972 by Regulations 1408/71 and 574/72. Since May 2010, the Basic Regulation 883/2004 and the Implementing Regulation 987/2009 are in force. The personal scope of the Coordination Regulations covers all EU citizens¹³ who are subject to the social security legislation of a Member State, including economically inactive persons.

To guarantee transnational social protection, at a minimum, the following concerns must be solved (Pennings 2022, Hirose et al. 2011): discrimination on grounds of nationality must be forbidden; existing gaps in insurance records by working in different Member States and their subsequent disadvantage to the fulfilment of the conditions for the social benefit and/or the calculation of the amount of the social benefit must be corrected; payment of benefit rights in other Member States must be ensured; conflicts of law must be avoided. Several key principles applied in the Coordination Regulation address the above concerns and thus protect the social security rights of persons moving within the EU: a) the prohibition of discrimination, reinforced by the equal treatment of cross-border facts and events (i.e., the principle of assimilation); b) the aggregation of insurance periods; c) the exportability of benefits; and d) the determination of a single applicable legislation. The first recital of the Basic Regulation 883/2004 adds an even more ambitious objective: the rules “should contribute towards improving the standard of living and conditions of employment” for mobile persons. It is surprising to read such an overwhelming objective for a Regulation whose sole purpose is *coordinating* social security systems.¹⁴ After all, it is the responsibility

12 Article 21 (3) TFEU constitutes a supplementary basis for EU citizens not covered by Article 48 TFEU.

13 Regulation (EC) No 1231/2010 offers the same protection to third-country nationals as EU citizens moving within the EU in terms of social security. However, this extension is subject to two conditions: the third-country national must legally reside in a Member State, and there must be a cross-border element between at least two Member States. Therefore, the Coordination Regulations do not apply to workers from a third country who remain in one and the same Member State.

14 Moreover, the Coordination Regulations cannot guarantee that a worker moving to a Member State other than the Member State of origin will be neutral in terms of social security. Given the disparities between the Member States' social security schemes and legislation, such a move could be advantageous or disadvantageous for the person concerned in that regard.

of the Member States to ensure a well-developed level of social protection for their citizens.¹⁵

The material scope of the Coordination Regulations is limited to the social security risks listed under Article 3(1) of Regulation 883/2004.¹⁶ Social assistance schemes are excluded from its material scope.¹⁷ In this regard, both Regulation 492/2011 on the freedom of movement of workers (i.e., Regulation on the Free Movement of Workers)¹⁸ and Directive 2004/38/EC on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States (i.e., Citizens' Rights Directive)¹⁹ are relevant

-
- 15 See also Verschueren (2020: 391): "It is important to re-emphasise that this European coordination of the Member States' social security systems cannot ensure, as such, that these national systems provide adequate protection against social exclusion or poverty. That remains the responsibility of the Member States. The coordination system does not contain a rule that orders the Member States to provide social benefits that are sufficiently high or extensive so as to prevent poverty."
- 16 The Coordination Regulations apply to the following branches of social security: sickness benefits; maternity and equivalent paternity benefits; invalidity benefits; old-age benefits; survivors' benefits; benefits in respect of accidents at work and occupational diseases; death grants; unemployment benefits; pre-retirement benefits; family benefits. The Coordination Regulations also apply to special non-contributory cash benefits covered by Article 70 of the Basic Regulation.
- 17 However, as argued by Vonk (2020), the distinction between social assistance schemes and non-contributory cash benefits is becoming increasingly redundant (see also Paju 2022).
- 18 Articles 7(1) and 7(2) of Regulation 492/2011 are particularly important in safeguarding equal treatment. Both provisions are an important complement to the Coordination Regulations as they guarantee that the mobile worker will also be able to claim social rights that fall outside the material scope of the Coordination Regulations.
- 19 Economically inactive persons do not fall within the personal scope of Regulation 492/2011 and, consequently, leads to a risk of discrimination in the granting of social benefits that are not covered by the material scope of the Coordination Regulations. Such persons must rely on Article 18 TFEU mirrored by a principle of equal treatment for mobile EU citizens defined by Article 24(1) of Directive 2004/38. However, by way of derogation from this provision, the host Member State is not obliged to confer entitlement to social assistance during the first three months of residence or, where appropriate, a longer period provided for jobseekers, nor shall it be obliged, prior to acquisition of the right of permanent residence, to grant maintenance aid for studies, including vocational training, consisting in student grants or student loans to persons other than workers, self-employed persons, persons who retain such status and members of their families (Article 24(2)). There is actually a real chance, particularly due to recent case law, that this might not be possible during the first five years of legal residence when they constitute an *unreasonable burden* for the social assistance system. This reality demonstrates the legal uncertainty faced by economically inactive EU citizens, all the more so as access to social assistance will vary according to the conditions imposed by the public authorities based on their interpretation of the Citizens' Rights Directive and recent case law (Heindlmaier 2020).

in safeguarding (to some extent) social rights that fall outside the scope of the Coordination Regulations. Within the context of the provision of cross-border healthcare, reference should also be made to Directive 2011/24/EU on applying patients' rights in cross-border healthcare (i.e., Patient Mobility Directive).²⁰ Furthermore, the material scope of the Coordination Regulations only concerns statutory pension schemes and does not apply to supplementary pension schemes. Thus, adopting specific rules for the latter was imperative. As a first step in removing possible obstacles to free movement relating to supplementary pensions, Directive 98/49/EC on safeguarding the supplementary pension rights of employed and self-employed persons moving within the Community sets out certain rights for members of supplementary pension schemes. As a second step, Directive 2014/50/EU was adopted.²¹ Finally, in addition to European legislation, – complemented by the case law of the Court of Justice of the European Union (CJEU) – national legislation and bilateral agreements add another social dimension to transnational social protection in the EU.²²

A preliminary assessment of transnational social protection in the EU

This book chapter has neither the intention nor the ambition to assess in detail the extent to which transnational social protection is guaranteed in the EU. The above overview of the legal framework shows that many efforts have been made within the EU to guarantee this protection. However, the level of transnational social protection may vary depending on the status of the person concerned (e.g., economically active persons versus economically inactive persons) or the type of social benefit (social security schemes versus social assistance schemes). Moreover, the complexity of applying this legal framework may lead to several

20 For data with regard to the application of Directive 2011/24/EU see Olsson et al. 2023.

21 See report from the Commission on the application of Directive 2014/50/EU of the European Parliament and of the Council of 16 April 2014 on minimum requirements for enhancing worker mobility between Member States by improving the acquisition and preservation of supplementary pension rights (COM (2020) 291 final).

22 For instance, alongside the procedures provided by EU rules (the Coordination Regulations and Directive 2011/24/EU), several Member States have parallel procedures in place for planned cross-border healthcare.

problems on the ground, such as the non-take up of social rights.²³ In any case, transnational social protection seems to be more developed in the EU than in other regions worldwide. This observation can be concluded from data on the *portability of social security rights*.²⁴ According to Holzmann et al. (2005), the social protection status of migrants can be classified into four regimes:²⁵ *Regime I*: portability; *Regime II*: exportability; *Regime III*: no access; *Regime IV*: informal. Regime I is the most favourable regarding formal social protection for migrants. Avato et al. (2009) reveal that only a quarter of all migrants worldwide are covered by such a regime. The regime applies, however, to all EU citizens moving within the EU. This finding is a good indication of the well-developed transnational social protection the EU offers to mobile persons, which is far from guaranteed in the rest of the world. In that regard, *the glass seems to be half full rather than half empty* when it comes to the level of transnational social protection in the EU.²⁶ This finding largely contradicts the literature on *European (social) citizenship*. Over the past two decades, several scholars have researched the nexus of EU citizenship, free movement, and social rights. When reading their analyses, it is striking that for this evaluation, several scholars limit themselves to an analysis of the access to social rights of economically non-active persons and/or to an analysis of one specific EU legislation (mostly the Citizens' Rights Directive) (see, for instance, several authors in Bauböck 2019; Pennings & Seeleib-Kaiser 2018). The selectivity of such an analysis is worrying, particularly because it fails to recognise the crucial role of the Coordination Regulations in

23 See also Verschuere (2020: 398): "Big obstacles to the application of the European Regulations are their complexity. Problems occur, for instance, in the case of non-standard forms of employment, employment in more than one Member State, posting and cross-border employment. The complexity of the legislation and the case law on this means that in situations of this kind the persons concerned cannot always enforce their rights adequately. Administrative practices in the Member States often add to this. No doubt, there is a problem with the non-take-up of rights." Furthermore, formal barriers to the access and portability of social rights still exist (too long waiting periods, application forms only available in the official language of the Member State of application, outdated application procedures, ...) (Amelina et al. 2020).

24 Portability can be understood as "the mobile person's ability to preserve, maintain and transfer acquired social security rights, independent of nationality and country of residence" (Holzmann et al. 2005).

25 However, as Lafleur and Vintila (2020) state, there are several limitations that question the validity of this exercise. For instance, this classification only covers the public intervention. As we have seen, the definition of transnational social protection also covers other actors.

26 Though, other scholars may take a different view. For instance, Mišič (2019) defines four categories of EU citizens: 1) unconditionally deserving EU citizens, 2) conditionally deserving EU citizens, 3) undeserving EU citizens, and 4) deserve-neutral EU citizens (see, also Mišič & Strban 2023).

safeguarding the social rights of mobile persons. As Verschueren (2020: 391) argues: “Its contribution to the social dimension of the European integration is undeniable as it creates some form of social citizenship beyond the boundaries of nation-states.”

QUANTIFYING THE IMPORTANCE OF REGULATIONS 883/2004 AND 987/2009

Together with the provisions of the Coordination Regulations, two other variables (i.e., drivers) play a major role in the number of persons benefitting from the application of the Coordination Regulations as well as in the financial implications on Member States’ social security systems, notably 1) the mobility flows from and to the Member States, and 2) the design of national social security systems (eligibility criteria, level of benefits, duration) (De Wispelaere 2019). For instance, in the field of family benefits, the Member States with a high number of incoming frontier workers, such as Germany, Switzerland, Luxembourg, and Austria, are likely to be the Member States that pay a high number of family benefits to families living in another Member State. In addition, the impact on the exporting Member States will be even greater if the eligibility criteria and rates regarding family benefits differ significantly from those of the Member State of residence of the children.

In that regard, giving a brief overview of the main mobility flows in the EU is useful. This chapter only considers intra-EU mobility, both for occupational and other reasons. In 2021, an estimated 15.8 million EU/EFTA citizens lived in another EU/EFTA country (Eurostat data). About 2.6 million persons were under 20 years old, 11.5 million persons of working age (20–64) and 1.6 million persons 65 years and older. Labour mobility within the EU can occur in various forms, both permanent or (very) temporary.²⁷ *Active EU-movers* move from one Member State to another and are employed in their new Member State. *Cross-border workers* or *frontier workers* live in a Member State other than where they are employed, especially in border regions. *Seasonal workers* undertake temporary work in another Member State during seasonal increases in labour demand without changing permanent residence. *Posted workers* represent the growing group of workers temporarily providing services on behalf of their

27 In delineating these forms of intra-EU labour mobility as well as quantifying them, it is not always possible to unambiguously distinguish between them. As a result, some forms of intra-EU labour mobility may overlap.

employer in another Member State. Finally, *business travellers* go to another Member State for a very short period, and *highly mobile workers* operate in several Member States, often for a short period. For the reference year 2020, there are estimated to be around 7 million economically active EU movers, 1.5 million cross-border workers, 2.4 million posted workers, and a minimum of 650,000 seasonal workers (Fries-Tersch et al. 2022). Furthermore, around 10 million trips annually for professional reasons are performed in the EU (Eurostat data). A (large) group of mobile persons is also economically inactive because they are still studying or retired (see the above figures for those younger than 20 years or older than 64). Furthermore, there is a group of economically inactive mobile persons of working age. This group was estimated to involve about 1.7 million EU movers (Fries-Tersch et al. 2022). As a result, probably about 4 in 10 EU-movers are economically inactive.²⁸

The Coordination Regulations are very important for the above groups of mobile persons within the EU. In subsequent subsections, their importance will be further discussed regarding the export of pensions, access to and reimbursement of cross-border healthcare, and the export of family benefits.²⁹

The exportability of old-age, survivors', and invalidity pensions

To facilitate the transnational mobility of persons of all ages, well-designed transnational social security rights are a prerequisite. For instance, EU citizens would be reluctant to move from one Member State to another if they were to lose their pension rights already acquired or if the pension was subject to any reduction or amendment. Such losses or reductions are not the case in the EU, thanks to the rules set out by the Coordination Regulations. Persons are entitled to a pension from every Member State where they were insured for at least one year, provided the conditions under national law are fulfilled. These pensions correspond to the insurance periods completed in each relevant Member State (i.e., based on a pro-rata method). Pensions are not subject to any reduction, amendment, suspension, withdrawal, or confiscation because the pensioner resides in a Member State other than the one in which the institution responsible for providing pensions is situated.

28 About 2.6 million students, about 1.7 million economically inactive mobile persons of working age and about 1.6 million pensioners. This total of 5.9 million persons is divided by the total group of 15.8 million persons.

29 The term Member State is used in the subsections below to indicate the EU Member States, the EFTA countries, and the UK.

Large amounts of old-age, survivors', and invalidity pensions (limited to the statutory pension schemes) circulate among Member States (De Wispelaere et al. 2023a, 2023b). The reasons behind the export of pensions to other Member States are diverse, for instance, the payment of a pension to retired frontier workers or to EU-movers returning to their country of origin. In that respect, countries such as Luxembourg and Switzerland, with a high number of incoming frontier workers, or Germany, with a high number of incoming EU-movers, may export a high number of pensions. In addition, many pensions will be paid to pensioners who have decided to move abroad (mostly to Mediterranean countries).

In 2021, roughly 6 million pensions were paid to persons residing in another Member State, amounting to a total expenditure of 24.8 billion EUR (De Wispelaere et al. 2023a; 2023b). A total average monthly amount of 343 EUR was paid to pensioners residing abroad. The amount is much lower than the average monthly amount paid to the total group of pensioners in the EU (1,277 EUR) (Eurostat data). This difference can be explained by the fact that the exported amounts only represent a pro-rata pension. In most cases, one or more other Member States will pay an additional amount to the pensioner.

Switzerland, Germany, and France are the Member States that have by far paid the most pensions to persons residing in another Member State. Switzerland paid a total amount of 5.9 billion EUR to some 886,000 pensioners residing in another Member State. Germany paid 5.4 billion EUR to 1.3 million pensioners residing in another Member State. Finally, France paid 3.2 billion EUR to roughly 1 million pensioners residing abroad. Most pensions were exported to pensioners residing in Germany, Spain, Italy, France, and Portugal. Around two out of three exported pensions were paid to pensioners residing in one of these five Member States. For instance, some 900,000 pensioners residing in Spain received a total amount of pensions of 4 billion EUR from another Member State. The two main flows of the export of pensions were from Switzerland to Italy and France.³⁰

In 2021, on average, 4.4% of the total pensioners in the EU resided in another Member State. Total spending for this group of pensioners amounted to only 1.2% of the total amount of paid pensions (because of the payment of a pro-rata pension, see above). Luxembourg is an outlier regarding the export of pensions, mainly due to the high number of incoming frontier workers. Some 44% of the pensions paid by Luxembourg were exported abroad, although they only represented 20% of total expenditure on pensions. In addition to

30 Switzerland paid an amount of 1.9 billion EUR to almost 297,000 pensioners residing in Italy and an amount of 1.4 billion EUR to some 131,000 pensioners residing in France.

Luxembourg, Switzerland exported almost 30% of its pensions abroad. However, these pensions only represented 8% of the total pensions paid by Switzerland. Furthermore, Austria (7.9%), Slovenia (7.5%), Belgium (6.5%), Poland (6.4%), Germany (5.6%), Sweden (5.5%), the Netherlands (5.5%), and France (5.1%) exported a high share of their pensions to persons who reside abroad.

Cross-border healthcare

EU citizens have different routes at their disposal to receive cross-border healthcare in the EU and to be reimbursed (Berki 2018). They can seek treatment according to the rules and principles set by the Coordination Regulations, Directive 2011/24/EU, bilateral/multilateral agreements or national legislation. Moreover, cross-border healthcare can occur without any reimbursement (cost entirely borne by the patient), or there can be a (partial) reimbursement by a private insurer. The figures presented in this section refer only to cross-border healthcare provided under the Coordination Regulations.

The Coordination Regulations identify and regulate three cross-border healthcare situations. First, there is unplanned necessary cross-border healthcare when necessary and unforeseen healthcare is received during a temporary stay outside of the competent Member State (for instance, during a summer vacation in another Member State). Second, planned cross-border healthcare can be received in a Member State other than the competent Member State when patients purposely seek out healthcare abroad. Finally, persons residing in a Member State other than the competent Member State (mainly cross-border workers and pensioners) are also entitled to receive healthcare.

In 2021, reimbursement of cross-border healthcare in the EU under the Coordination Regulations amounted to roughly 4 billion EUR (De Wispelaere et al. 2023a; 2023c). The principal debtors were both the United Kingdom and Germany (their expenditure amounted to approximately 600 million EUR each), followed by Luxembourg, the Netherlands, and France (their expenditure amounted to approximately 400 million EUR each). From a creditor point of view (i.e., Member State of treatment), mainly Germany, France, and Spain requested reimbursement for the provision of cross-border healthcare, as in all three Member States, the reimbursement claims exceeded 750 million EUR.

One of the basic principles of the Coordination Regulations entails that the cost of healthcare provided abroad is fully reimbursed by the competent Member State, in accordance with the tariffs of the Member State of treatment and not of the competent Member State. This principle is particularly important for patients from Member States with relatively low tariffs and obtaining healthcare

in a Member State with higher medical charges. However, it results in a higher financial burden of cross-border healthcare on total health expenditure in those Member States with low healthcare expenditure per inhabitant. Consequently, East European Member States show a higher relative cross-border expenditure. Leaving aside Luxembourg (16% of their healthcare spending relates to cross-border healthcare), the share of cross-border healthcare in total healthcare spending exceeds 1% in Bulgaria (2.1%), Latvia (1.5%), Cyprus (1.4%), Romania (1.3%), and Lithuania (1.1%). In all these Member States, the share of cross-border healthcare spending is much higher than the EU average of only 0.4%.

The financial impact varies greatly, not only between Member States but also between the different types of cross-border healthcare. The most significant impact can be seen for healthcare provided to persons residing in a Member State other than the competent Member State (0.3% of total healthcare spending). In 2021, more than 2 million persons resided in a Member State other than the competent Member State. About two-thirds of this group were cross-border workers, and about one-third were pensioners. The fact that spending on this type of cross-border care is the highest (around 3 billion EUR in 2021) is hardly surprising as this group of people lives permanently in another Member State (in this, it differs from unplanned necessary healthcare provided to people temporarily staying in another Member State (for a few days or weeks)). As a result, the probability of having to provide healthcare to this group of persons during the reference year is significantly higher (for instance, compared to the total group of tourists). Moreover, expected healthcare costs have a strong lifecycle dimension, as they typically increase at higher ages. As part of this group are pensioners, the likelihood of having to provide healthcare is higher again. For unplanned necessary cross-border healthcare, the share in total healthcare spending amounted to 0.1%. The number of reimbursement claims for unplanned necessary cross-border healthcare is expected to strongly correlate with the number of tourist arrivals.³¹ In that regard, the decrease in the number of tourism trips during the COVID-19 pandemic (both in 2020 and 2021) may have impacted the level of unplanned necessary cross-border healthcare in the EU. In 2019 (pre-COVID), some 2.4 million claims for reimbursement were issued by the reporting Member States, accounting for around 1.2 billion EUR. However, in 2020 and 2021, there was a sharp drop in the amount claimed by the Member States of stay (the total amount claimed was in both years less than 700 million EUR). Finally, the budgetary impact of planned cross-border

31 Almost 100 million tourist trips (excluding trips for professional reasons) took place within the EU in 2021 (Eurostat data).

healthcare is only 0.02% of total healthcare spending. In 2021, less than 10 out of 100,000 insured persons received a so-called Portable Document S2 (PD S2) certifying the entitlement to planned healthcare treatment in a Member State other than the competent Member State of the insured person, based on the procedures provided by the Coordination Regulations. Only Luxembourg showed a relatively high volume of patient mobility to receive planned healthcare in another Member State (some 10 out of 1,000 insured persons received a PD S2). Moreover, cross-border planned healthcare is concentrated within a limited number of neighbouring Member States. The most prominent flows went from France to Belgium, Belgium to Luxembourg, Switzerland to France, Luxembourg to Belgium, Luxembourg to Germany, and Germany to Switzerland.

The exportability of family benefits

The exportability of child benefits is a specific issue that has been at the heart of recent and ongoing debates about EU workers' access to social benefits, as several Member States are in favour of a more restrictive indexation policy.³² The shift towards such a policy was even suggested in an agreement concluded between the UK and the EU (2016/C 69 I/01) in February 2016 (a few months before its referendum on continued EU membership in June 2016) and in 2019 even implemented in Austria (see below). Despite the pressure from several Member States, no amendment to the coordination rules on family benefits was proposed by the Commission (COM(2016) 815), defended under the credo of *equal benefits for equal contributions at the same place* (Thyssen 2019).

When family members live in a Member State other than the one where the EU citizen works and/or resides, family benefits can, in some cases, be exported to these family members. Therefore, the Coordination Regulations lay down priority rules to define the primarily competent Member State, which is obliged to provide the family benefit for the person concerned. Another Member State might have to pay a supplement (corresponding to the difference between the amount of the two family benefits) as the secondarily competent Member State if the family benefit paid by the primarily competent Member State is lower than the family benefit the person would have received from the secondarily competent Member State.

In 2021, family benefits were transferred to more than one million family members residing in another Member State (De Wispelaere et al. 2023a, 2023d).

32 In 2017 and 2018, the Ministers of Labour of Germany, Ireland, Denmark, the Netherlands, and Austria sent letters to the EC that called for the indexation of child benefits for children living in another Member State.

Germany, Switzerland, Luxembourg, and Austria were identified as the leading exporters of family benefits. Germany paid a child benefit to some 286,000 children residing in another Member State. Furthermore, some 250,000 child allowances were transferred from Switzerland to another Member State. Luxembourg paid a family benefit to roughly 97,000 households or some 169,000 children residing in another Member State. Finally, a family benefit was transferred from Austria to some 75,400 households or some 125,000 children residing in another Member State.³³ Unsurprisingly, these are the main exporting Member States of a family benefit. After all, Member States with a high number of incoming frontier workers typically must pay a substantial portion of family benefits to families living in another Member State.

Most family benefits are exported to Poland, France, Belgium, and Germany. The two main flows went from Germany to Poland and from Luxembourg to France. Some 134,000 children residing in Poland received a child benefit from Germany. A family benefit was transferred by Luxembourg to roughly 48,200 households or some 84,800 children residing in France. This flow amounted to 322.6 million EUR. Furthermore, based on the flow of frontier workers, a high number of family benefits will most likely be exported from Switzerland to France.

In 2021, on average, 1.8% of the family benefits were paid to persons residing in another Member State. The indisputable frontrunner in the export of family benefits was Luxembourg. This Member State exported 56% of its family benefits to another Member State, which accounted for 48% of its total spending on family benefits. Furthermore, Switzerland transferred about 14% of its child allowances abroad. Finally, about 6% of the families receiving a family benefit from Austria resided in another Member State. These families received about 2.6% of the total expenditure on family benefits. However, for most of the other Member States, the share was much lower.

Starting on 1 January 2019, Austria introduced an indexation for the amount of family benefits, child tax credits, and family tax credits for EU nationals who work in Austria and have children living abroad. This implied that the amount of the family benefit depended on the *cost of living* of the place of residence of the children. For these types of benefits, annual expenditure decreased by around 140 million EUR between 2018 and 2021 (from 275 million EUR in 2018 to 134 million EUR in 2021). As a result of this policy, the relative importance of the exported amount of family benefits in total expenditure decreased from 5.7% in 2018 to only 2.6% in 2021 and mainly affected cross-border workers with a

33 In contrast, almost no family benefits were exported by Spain, Bulgaria, Croatia, and Malta as the entitlement to a family benefit in these Member States is *means-tested*.

family living in Hungary. However, on 14 May 2020, the Commission decided to refer Austria to the CJEU on the issue of indexation of family benefits and child tax credit. Accordingly, on 22 July 2020, the Commission filed a request with the Court of Justice to declare the relevant Austrian legislation incompatible with EU law.³⁴

CONCLUSIONS

The importance of the Coordination Regulations in safeguarding transnational social protection within the EU is demonstrated by the available statistical information. Approximately 15.8 million EU/EFTA citizens live in another EU/EFTA country and have thus benefited from the Coordination Regulations. Furthermore, it appears that large amounts of old-age, survivors', and invalidity pensions circulate within the EU. In 2021, roughly 6 million pensions were paid to persons residing in another Member State, amounting to a total expenditure of 24.8 billion EUR. In addition, the reported data reflects the importance of the Coordination Regulations in accessing and reimbursing cross-border healthcare.

The EU has always had an important social dimension for EU citizens who are mobile within the EU.³⁵ Indeed, the legal framework developed at the EU level, particularly by the Coordination Regulations, plays a crucial part in preserving and guaranteeing the social protection of persons moving within the EU (Verschuere 2020).³⁶ Although there are still gaps in the transnational social protection of EU citizens, mainly for economically inactive EU citizens, as well as in the application of these rules in practice, such far-reaching protection is far from guaranteed in the rest of the world.

The further development of transnational social protection in the EU is highly uncertain. On the one hand, there are still gaps in the transnational

34 The CJEU (Case C-328/20 *Commission v Austria*) ruled on 16 June 2022 that the indexation of the family allowance, the child deduction of the Family Bonus Plus, and other family-related deductions is not compatible with EU law. With Federal Law Gazette I No. 138/2022, an amendment to the Family Burdens Equalisation Act and the Income Tax Act came into force. This law repealed the indexation provisions and created a legal basis for back payments.

35 For instance, according to Börner (2020: 432) “mobile citizens are at the heart of Social Europe”. Moreover, contrary to the common legal framework of social policy in the EU, the protection of mobile persons is based on hard social benefits law and thus not on soft law.

36 As a result, the Coordination Regulations “weave a seamless web of social protection: wherever they find themselves, migrants have uninterrupted access to many social benefits”, as argued by Rennuy (2017).

social protection of EU citizens which need to be addressed.^{37,38} On the other hand, transnational social protection has become an object of contestation, as national political pressures seem to work in the direction of limiting social rights across borders, particularly regarding the access to (special) non-contributory cash benefits/social assistance and the exportability of family benefits and unemployment benefits. Moreover, the substantial expansion of transnational social protection in the EU makes some scholars argue that the sovereignty of Member States as *decision-making powers* regarding the determination of social security rights in a cross-border context is, to a large extent, transferred to the EU (Ferrera 2009).

37 Pennings and Seeleib-Kaiser (2018: 98) conclude: “Despite the disputes on persons who have no access to social rights in the State of destination, it must be said that more generally, EU Citizenship has develop into a legal status where persons, after five years of legal stay in a country, have a permanent right to stay and to be treated equally as national citizens of the host Member State. And persons who are economically active in the State of destination have the right to reside and to be treated equally from the first day.” It makes Martinsen and Rotger (2017: 6) conclude that “European citizens are equal, but some European citizens are more equal than others.”

38 Several challenges and controversies came at the forefront of the debate by the Commission proposal to modify the Coordination Regulations (European Commission 2016).

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THE MULTIPLE LABOUR MOBILITIES OF NORTH AFRICAN MIGRANT WORKERS WITHIN AND THROUGH ITALY TO EUROPE

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INTRODUCTION

Referring to labour studies and migration studies and taking a life-course perspective, this chapter examines the forms and experiences of mobility of North African workers in Italy throughout their migration pathways.¹ Sometimes, migration is examined from a linear point of view, in what we could call a surface perspective, describing the movement from one place to another place and from one economic sector to another. However, within migration journeys and migratory experiences, there are multiple experiences of mobility in relation to working conditions (depending on the economic sector, the type of employment, the qualification, and the type of employment contract), their legal status, the geographical space, and so on. This chapter focuses on transitions and mobilities in migration and on mobilities within labour mobility. Of course, all workers have mobility experiences. However, in the case of migrant workers, there is the additional variable of “migration”, which is often also a political variable rather than simply, for example, a legal one (the legal status of being a foreigner).

The first section of this chapter² begins by examining the presence and working conditions of North African immigrants in Italy from a diachronic perspective. It then analyses the primary forms of mobility they have experienced

1 Obviously, these forms of experience are not exclusive to North African immigrants but also concern other immigrant workers in Italy. However, North African workers are not only always involved but are key players in the tendencies and phenomena covered in this chapter.

2 Rossana Cillo is the author of sections “A New Form of Mobility of North African Workers: Posting in the Construction Sector”; “The Italian construction sector in crisis”; “Internationalisation of the construction sector and the new labour mobility of migrant workers”; “Labour mobility in posting: A double-sided solution”. Fabio Perocco is the author of sections “Migration and Mobilities of North African Workers in the Italian Context”, “Intra-mobility pathways: Transits and transitions in labour mobility”.

over time. These include intra- and inter-sectoral mobility, upward and downward labour mobility, geographical mobility between Southern and Northern Italy and vice versa, and labour and legal status transitions (from irregular to regular work and vice versa, from undocumented and under-documented migration to regular migration and vice versa). The second section analyses a recent specific form of mobility affecting North African workers with residency in Italy: the posting of workers to the construction sector in other European countries. After examining posted work and the construction sector in Italy, it focuses on the pathways and working conditions of North African immigrants sent from Italy to Central and Northern European countries as posted workers. This chapter is based on a study of the literature and an analysis of the empirical material (interviews, focus groups, and statistical data) collected during three European projects on the posting of workers – Poosh,³ Con3Post,⁴ and Pow-Bridge⁵ – in which the authors took part.

MIGRATION AND MOBILITIES OF NORTH AFRICAN WORKERS IN THE ITALIAN CONTEXT

Labour migration from North Africa to Italy is closely connected to the history of migration from North African countries to Central and Northern Europe, which began on a large scale in the post-World War II boom period. In order to confront labour shortages at the time, Germany, Great Britain, France, Belgium, and Switzerland, which were focusing on their internal industrialisation, recruited labour from Southern European countries, which at the time still had large agricultural populations. In the 1950s and 1960s, Italy was the principal country of departure, alongside Spain, Portugal, Greece, and Yugoslavia. Workers from these countries were recruited mainly under bilateral agreements between emigration and immigration states. In the early 1970s, the intra-European South-North migratory movement reached a balance of 15 million individuals (Bade 2001: 342). However, from the end of the 1970s, it decreased considerably,

3 Poosh – Occupational Safety and Health of Posted Workers: Depicting the existing and future challenges in assuring decent working conditions and wellbeing of workers in hazardous sectors. See <http://www.poosh.eu/>.

4 Con3Post – Posting of Third Country Nationals: Mapping the Trend in the Construction Sector. See <https://isim.zrc-sazu.si/en/programi-in-projekti/con3post-posting-of-third-country-nationals-mapping-the-trend-in-the>.

5 Pow-Bridge – Bridging the gap between legislation and practice in the posting of workers. See <https://www.euro.centre.org/projects/detail/3633>.

although it never completely disappeared. Therefore, in the 1960s and 1970s, non-European countries with which these European countries had links, mostly dating back to colonialism, also functioned as labour pools for the central and leading area of the European economy: in the 1960s, Algeria, India, Pakistan, and the Caribbean, and, in the 1970s, Turkey, Morocco and Tunisia, acted as labour pools for the steel, automotive, metal, and mining industries of the most industrialised European countries. Since the 1960s, bilateral agreements between European countries, such as Belgium, France, Germany, and the Netherlands, and Tunisia, Morocco, and Algeria have led to the emigration of hundreds of thousands of adult men (De Bel-Air 2016a, 2016b; Khachani 2019). Most were unskilled workers recruited through temporary migration schemes to compensate for workforce shortages in the abovementioned sectors. This phase ended after the 1973 economic crisis, with the adoption of policies aimed at stopping immigration for labour purposes. Until then, employment contracts enjoyed relative stability, benefitting from a long economic period of solid growth and low unemployment. From the second half of the 1980s, despite the anti-immigration policies adopted in the most industrialised European countries and in the wake of the increase in migration under the new international migration system, North African immigration to Central and Northern Europe increasingly occurred, with migrants beginning to put down roots in the receiving countries (in particular through family reunification). At the same time, labour migration turned towards Southern European countries, particularly Italy and Spain (Cohen 2009; Colucci 2018a, 2018b; De Bel-Air 2016a, 2016b).

Intra-mobility pathways: Transits and transitions in labour mobility

In the 1980s, Italy became the destination of migrant men from North African countries. The 1990s saw a steady growth in labour immigration, followed in the 2000s by family reunifications (Colucci 2018b). From the 1990s until the 2010s, there was an increase in the Moroccan population (until 2004, the principal foreign population in Italy), namely from 80,495 in 1990 (Caritas 1999: 119) to 452,424 in 2010 (Caritas-Migrantes 2011: 451); on 31 December 2019 Moroccans were 432,458.⁶ Among the North African populations, the next largest groups were Tunisians and Egyptians; they were respectively 98,321 and 136,113 on 31

6 The decrease in the number of residents is, among other things, a result of Moroccans acquiring Italian citizenship. Moroccans constitute the second largest foreign population in Italy in terms of numbers of those who have acquired citizenship. For example, 16,588 of them acquired citizenship in 2021 (Ministero del Lavoro, <https://integrazionemigranti.gov.it/it-it/Ricerca-news/Dettaglio-news/id/3238/In-crescita-di-quasi-il-10-le-acquisizioni-di-cittadinanza-italiana>, accessed 20 June 2023).

December 2019 (Idos 2020: 19). In more recent years, there has been a slowdown in labour immigration from North Africa to Italy. Even though migratory pressure from North Africa has increased due to the 2008 economic crisis and the 2011 North African uprisings, the EU and the main immigration countries, including Italy, have adopted restrictive migration policies. Consequently, in the last decade, emigration from Morocco and Tunisia has occurred mainly through family reunification, asylum seeking, and visas for students, seasonal workers, and highly skilled workers (European Commission 2019a, 2019b). North African immigrants have rapidly rooted in the Italian territory, making it their final destination. Over the years, they have created new families or have reunited their families, fuelling the familiarisation process of immigration, transforming it from “labour immigration” to “population immigration” (Sayad 1999). This transformation means that in Italy today, together with Albanians and Romanians, North African immigrants are the most numerous and very well-established and organised. Thus, within the context of labour migration, we see, in this case, a passage from provisional and transitory immigration to permanent and definitive immigration.

In the 1980s and 1990s, North African immigrants were almost exclusively employed in so-called 3D jobs (meaning jobs that are “dirty, dangerous, and demeaning”)⁷ in the secondary and marginal segment of the labour market in labour-intensive sectors in which the underground economy is very present and there is a high incidence of irregular work. These included agricultural work as seasonal labourers, particularly in Italy’s southern regions (especially Sicily, Campania, and Apulia), street vending, fishing in Mazara del Vallo (Sicily) and San Benedetto del Tronto (Marche), low-skilled services in some large cities (as warehouse workers, porters, caretakers, waiters, and dishwashers), and, to a limited extent, construction and small industrial enterprises as labourers and general workers (Colasanto & Ambrosini 1993; Frey 1992; Maciotti & Pugliese 1991). Agriculture and construction (and sometimes street vending) were the main entry sectors into the Italian productive system, acting as transit sectors through which workers could subsequently move into other sectors (particularly the industrial sector) and the regular labour market. These three sectors also saw the first concentration of immigrant labour and the formation of “ethnically” characterised labour niches. These sectors made the continuous rotation of immigrant workers their system of operation. Even today, after a few years or seasons as labourers in agriculture or construction, migrant workers move

7 In Italian, these jobs are called *lavori 5P*: “*precario, poco pagato, pesante, pericoloso e penalizzato*” (precarious, badly paid, heavy, dangerous, and penalised).

on to other sectors and occupations (Maciotti & Pugliese 2003). Over time, a minority of these workers have remained within these sectors, sometimes in conditions of precarious work and social marginality, while the majority have moved towards particular industrial sectors (the metal, mechanical, chemical, wood, electrical, and food industries), jobs in the logistics and transport sectors, or low-skilled work in the service sector (sometimes as self-employed workers in commerce and catering) (CNR 2004). Thus, within the context of labour migration, in this case, we observe the mobility of North African workers between different economic sectors (intersectoral mobility) and different types of work (inter-professional mobility).

The transition from street vendors to the factory – “from the beaches to the factories” (Vicarelli 1991) – from seasonal agricultural labour to service work in the tertiary sector or to industrial work corresponded to a physical movement from Southern Italian regions, which are the initial destinations of newly arrived migrants, to the Northern Italian regions, which are more industrialised and have more job opportunities. Thus, within the context of labour migration, in this case, we see that North African workers’ geographical mobility is linked to their inter-sectoral labour mobility. This transfer from the South to the North of Italy – a sort of “migration within migration” (Pugliese 2002) – was at first aimed at large Northern Italy cities (Milan, Turin, Bologna, Genoa, and Verona) and the economically more dynamic provincial capitals (Brescia, Bergamo, Treviso, Vicenza, Padua, Reggio Emilia, and Modena); then, suddenly, towards medium-sized and medium-small cities and small towns and villages in urban-rural or rural-urban contexts. Therefore, after an internal migration between North and South Italy, there was an abrupt internal dislocation between the various territories of Northern Italy so that, over a short time, the widespread presence of these workers in the valleys of Lombardy and Trentino, the foothills of Veneto and Friuli-Venezia Giulia, the Po Valley, and the industrial districts of Tuscany and Marche, became stabilized. This stabilisation reflects the productive, economic, and urban geography of Italy, characterised by polycentrism, urban fragmentation, and the scattering of production activities across the territory, and reproduces the diffuse and parcelled-out character of the Italian industrial apparatus, primarily made up of small businesses spread across the territory. Of the Moroccan population in Italy, the most numerous and “the most important” population from North Africa, in 2020, 67.5% lived in Northern Italy (22.1% in Lombardy, 14.5% in Emilia-Romagna, and 12.7% in Piedmont), 15% in Central Italy (7% in Tuscany), and 17.5% in Southern Italy (5.2% in Campania). The largest non-EU population in Italy and the third largest Moroccan population in Europe after Spain and France, by the end of

2020, the Moroccan population in Italy had an average age of 33 years, was made up of 25% minors, was the second largest foreign nationality in Italy for mixed marriages (1,615), and, most significantly, 70.7% of its members held a long-term EU residence permit (Ministero del Lavoro 2021).

In the last two decades, the number of North African workers in the Italian labour market has grown and become more central, so much so that they constitute, together with workers from Eastern Europe and the Indian subcontinent, a significant structural component of the regular labour market, especially in the industrial sector. The transition to industrial work has improved working and living conditions: many workers have entered into employment contracts, thus receiving better wages and gaining protection through national collective bargaining. Albeit slowly and to a limited extent, some have made progress in their careers and have been employed in diverse sectors (CNR 2004). Their presence in the labour market has become more heterogeneous and segmented due to various differentiating factors, such as the composition and extent of the organisation of migratory movements or the selection mechanisms operating in the labour market. By entering the industrial sector, these workers have emerged from the isolation typical of marginal labour market segments and have entered into relations with native Italian workers and workers from other nationalities. Employment in industrial enterprises has fostered the establishment of relationships with trade unions. Thus, the transit from the secondary labour market to the regular labour market has had positive consequences. In the context of labour migration, in this case, we observe a dynamic of upward (albeit limited) labour mobility parallel with a process of social rooting.

However, this insertion process into the labour market happened in conjunction with the channelling of North African workers into the heaviest, most dangerous, most precarious, and lowest-paid occupations (Fincati 2007a, 2007b; Ministero del Lavoro 2014; Oim 2009). Inserted into the industrial sector (mainly in small enterprises) and the tertiary sector, they were heavily concentrated in the roles of general workers and manual labourers. Within the context of labour migration, in this case, we witness a concentration of North African workers in specific sectors and tasks, which has sometimes resulted in the “racialization” of workplace and production processes, with their concentration in the heaviest and most demanding jobs and phases of the production process. For example, again with reference to the Moroccan population, in 2018, 45% of Moroccan workers were doing “unskilled manual labour”,⁸ 34% “skilled manual labour”,⁹

8 39.9% in 2020 (Ministero del Lavoro 2021: 19).

9 39.2% in 2020 (Ministero del Lavoro 2021: 19).

19% a job such as “office worker, salesperson, and care services” (Ministero del Lavoro 2019: 22). In addition to employment segregation, North African workers also face problems concerning employment and unemployment rates: in 2022, the unemployment rate for Italians was 7.6%, for EU citizens 11.9%, and for non-EU citizens 12%, but the unemployment rate of Moroccans was 14.3%, Tunisians 18.4% (Ministero del Lavoro 2023: 35, 37). In 2018, among the Moroccan population aged between 15 and 64, there was an unemployment rate of 22.3%¹⁰ (compared to 14.3% for non-EU workers as a whole), an employment rate of 45.2%¹¹ (compared to 60.1% for non-EU workers as a whole), and an inactivity rate of 41.7% (compared to 29.8% for non-EU workers) (Ministero del Lavoro 2019: 19). In 2018, Tunisian and Egyptian workers’ unemployment, employment, and inactivity rates appeared better (19.9% and 13.4%, 51.3% and 60%, and 35.9% and 37%, respectively).

Another issue is vertical mobility in employment (career advancement). Most of these workers make only very slow progress in their careers and see equally slow increases in their wages, partly because they are employed in jobs with few opportunities for advancement. Often, career advancement is linked to migratory seniority. However, sometimes, it is precisely because of migratory seniority that workers are penalised and replaced with recently arrived workers who are poorly established, poorly integrated, and more blackmailable. In some sectors, such as agriculture (Corrado et al. 2018; De Bonis 2005; Macrì 2021), North African workers have slowly been ousted, as they are more rooted and unionised, to be replaced by Eastern European workers. These practises happen in a wider context in which non-EU workers have been replaced with workers from new EU member states, who do not require a residence permit and thus, employers can hire them irregularly without the risk being accused of facilitating illegal immigration. This process of the marginalisation and replacement of North African workers is linked to their resistance to exploitation (often through trade union activity) and to the decades-long anti-Arab and anti-Muslim climate in Europe. Their resistance has made them undesirable to employers, who use cultural or religious differences as a pretext to get rid of them, giving preference to other nationalities, usually of recent immigration (CNR 2004). In the context of labour migration, in this case, we observe limited vertical mobility as well as exclusion and marginalisation within the labour market.

On the other hand, we can observe intra-sectoral labour mobility associated with geographical mobility in the agricultural sector. This sector has long

10 Amongst women, 33.1%.

11 Amongst women, 23.1%.

seen the circulation of immigrant workers (partly North African, but mostly sub-Saharan) who follow the seasonality of the different crops which different regions specialise in, moving from one region to another, from one territory to another, from one produce to another, as part of circular mobility within the national territory linked to harvest periods (Corrado et al. 2017; Sanò 2018; Sanò & Zanotelli 2022), in the name of just-in-time and “just-in-place”. For example, in August–September, they might work in the grape harvest in Italy’s northeastern regions or in Apulia; in the autumn, in the citrus fruit harvest in Calabria and Sicily, apples in Trentino, and olives in Apulia; in the spring, in the strawberry harvest in Basilicata and Campania, early fruit and strawberries in Sicily, or asparagus in Veneto, or in the summer, in the fruit harvest (peaches and apricots) in Emilia-Romagna. Thus, in this case, we observe a transhumant migration within the agricultural sector, which primarily affects Southern Italian regions, depending on the agricultural seasons and the opportunities for employment in harvesting.

The transition to the regular labour market and the possession of an employment contract allow migrant workers to become regularised and obtain a residence permit. This improvement in their administrative status improves their living conditions, further strengthening the stabilisation process and increasing their social rootedness. However, this transition in their legal-administrative status towards regularity was and is by no means easy or guaranteed. It was and is an obstacle course (“forced clandestinity – emergence from undeclared work – labour regularisation – administrative regularisation”) marked by exploitation and precariousness, their slow emergence from the underground economy, and total precariousness, in which, at each stage, they acquire a few rights and better living conditions. The way they are set up means that Italian immigration legislation and national migration policies effectively force immigrants into the condition of being undocumented (that is, subject to becoming clandestine, made illegal) while waiting for amnesty or a new flows decree¹² to regularise their labour and administrative position. Here, we observe the transition, the mobility of the legal status linked to labour mobility: undocumented workers transition within the framework of labour mobility and the pathways of undocumented workers towards regularity. It is important to note that this mobility of legal status is a structural element of Italy’s history of immigration, national migration policies, and government model of immigration (Colucci 2018a, 2018b). Still today, the main sectors in which North African workers have experienced mobility in their legal status – their passage from

12 This decree is actually a hidden amnesty as it regularises those who are already present in Italy.

undocumented or under-documented migrants to regular migrants – have been agriculture and construction.

However, in the Italian context, regularisation and obtaining a residence permit are by no means definitive achievements. Since the residence permit is linked to the possession of a work contract and a place to live, if a migrant has not been able to renew their expired residence permit, the relapse into clandestinity (overstay)¹³ is common, and a structural phenomenon of immigration in Italy (Idos 2005, 2020: 110–112). The high percentage of overstayers amongst undocumented migrants who periodically become regularised demonstrates that the status of regular or irregular resident is often transitory: it is a status that can easily be “entered” or “exited”, so much so that we could say that there is a sort of “revolving door” of administrative regularity in Italian migration policies. As a result of the loss of work or housing or not having a work contract, the non-renewal of residence permits and the consequent lapse into clandestinity has involved and continues to involve many non-EU migrants, particularly North Africans. This phenomenon is especially intense not only in periods of (economic, social, or political) crisis, in phases of economic and labour market restructuring, in periods of mass layoffs and unemployment, but also when ultra-restrictive migration policies are applied in relation to presence and residence in the national territory. Therefore, within the context of labour mobility, in this case, we observe downward mobility in legal status combined with labour market dynamics and migration policies.

In cases of loss of work and/or relapse into administrative irregularity (overstay), a number of unemployed workers find a new job that is completely or partly irregular. This entry (or, better, relapse) into the underground economy worsens their working conditions – in terms of wages, hours, work tasks, and safety – and decreases in protection from discrimination in the workplace. This never-ending cycle between administrative and labour regularity and irregularity amplifies migrants’ deskilling and worsens their professional qualification as, in the context of high unemployment and increasingly harsh migration policies, to obtain or renew their residence permit, immigrants are forced to accept lower-skilled jobs or worse labour conditions to find or keep a job. In this process, which includes North African workers, we observe downward labour mobility linked to the dynamics of the economy and the labour market, as well as to migration policies.

13 In this case, we are not referring to non-EU citizens who have entered Italy with a tourist visa and then remain after it has expired.

In situations of economic crisis, job loss, and relapse into clandestinity (overstay), a small portion of North African workers residing in Northern Italy return temporarily to Southern Italy to work in the agricultural sector as seasonal labourers, as part of a temporary return migration between North and South Italy (Corrado et al. 2017; De Filippo & Strozza 2011; Pugliese 2013). Therefore, within the context of labour mobility, in this case, we find a circular migration as commuting in the form of long-haul commutes from Northern Italian regions to Southern Italy, in which downward labour mobility is associated with reverse geographic mobility. This journey goes against the paths of social advancement described above.

Again, also as a result of economic crises and job insecurity, but also often to improve or maintain their economic conditions or preserve the unity of their family, many North African workers and families have moved to other European countries, in particular to France and Belgium (where French is spoken and where there are stable settlements of their compatriots), but also to Switzerland, Germany, and Austria, where there are more job opportunities. These movements are made possible by the possession of a long-term EU residence permit and even more so by having Italian citizenship, which allows complete freedom of movement in Europe (Della Puppa 2018; Della Puppa et al. 2021). In the context of labour mobility, in this case, we observe the phenomenon of onward migration, the reactivation of migratory mobility by undertaking further migration from the receiving country in which they initially settled (in this case, Italy) to a new destination country in Europe.

A NEW FORM OF MOBILITY OF NORTH AFRICAN WORKERS: POSTING IN THE CONSTRUCTION SECTOR

In addition to the various forms of mobility involving North African immigrants mentioned above, a new form has emerged in recent years: the posting of workers from Italy to Central and Northern European countries to work in the construction sector. Also, in this case, Italy's role within European mobility pathways is strongly influenced by the characteristics of its national economy and domestic labour market, as shown in the following pages, the analysis of the construction sector and Italy's growing importance in sending posted workers to Central and Northern European countries. Between 2012 and 2021, outgoing postings increased fivefold, from 52,237 PDs A1 to 274,789 PDs A1, and were mainly to France, Germany, Switzerland, Spain, and Austria (De Wispelaere et al. 2022). Although there is no data on employment sectors, recent research has

shown that construction is one of the leading employment sectors in receiving countries (Cillo 2022).

In Central and Northern Europe, the construction sector has been affected by intense growth in incoming postings with significant repercussions on the domestic labour market. In the case of Belgium, for example, 249,755 individual posted workers were recorded in 2018, the result of a significant and constant increase that has almost tripled the total number of individual posted workers since 2009 (83,958) (Idea & Ecorys 2011; De Wispelaere et al. 2020). In Italy, by contrast, the labour market impact of incoming postings has been limited, as their number has so far remained lower compared to Belgium, rising from 48,663 PDs A1 in 2012 to 107,791 PDs A1 in 2021, with a peak of 173,727 PDs A1 in 2019 (De Wispelaere et al. 2022). The alternation of periods of stagnation, outright recession, and slow recovery that characterised the period following the 2008 economic crisis discouraged investment by companies providing services in the EU single market, particularly in the construction sector (Istat 2019). Furthermore, Italian companies managed to adapt workforce recruitment to the needs and cyclical trends of the production process by drawing on the national labour market without having to resort to the posting of workers. Various factors made this practice possible: the use of various forms of irregular and semi-regular work, enabled by the strong presence of the underground economy in Italy, in particular in the construction sector¹⁴; the use of temporary, circular, and seasonal migrations – from North African, Eastern European, and Balkan countries – facilitated by bilateral mobility partnership agreements (Cassarino 2008; CE 2000, 2007; Gjergji 2016); and the presence of a large workforce reserve, above all of foreign origin (Dimitriadis 2022; Iannuzzi & Sacchetto 2019).

This workforce reserve has expanded further, a process which began in the second half of the 2000s, the same period in which Central and Northern European countries became the preferred destination for postings from the new Member States. The expansion of workforce reserve was due both to the increase in unemployment caused by the impact of the 2008 crisis on the Italian economy and to the transformation in the stratification and composition of the labour market, which accentuated long-term changes that were already underway, such as the increase in salaried employment, the loss of the most protected and unionised jobs in manufacturing and construction, the growth of employment in the services sector, the process of the de-standardisation of employment relations, the spread of fixed-term contracts, and the growth of

14 In 2020, the underground economy accounted for 10.6% of the national GDP; 19.3% in the construction sector (Istat 2022).

involuntary part-time work (Cillo 2021; Cillo & Perocco 2020, 2021; Istat 2019). In Italy, the reserve workforce that has been created because of these processes has played the same role as posted workers in Central and Northern Europe: a pool of labour from which to draw in order to increase flexibility and lower costs for enterprises (Cillo & Perocco 2022; Wagner 2018). As we will see in the next section about the construction sector, labour mobility has played a key role in this process – particularly concerning workers from North Africa.

The Italian construction sector in crisis

The 2008 economic crisis had a profound impact on the entire Italian construction sector and its supply chain. If we look at the sector and along the supply chain, between 2009 and 2017, the economic value generated decreased by 27.5%, while employment diminished by 21.7%, going from 3,450,000 to 2,700,000 employees (Federcostruzioni 2019). Taking the construction sector alone, between 2008 and 2018, the total number of people employed decreased from 1,925,500 to 1,406,800 units,¹⁵ whereas the number of employees decreased from 1,238,500 to 860,100¹⁶ (Eurostat database). The Italian construction sector has had a more difficult time recovering than Central and Northern European countries, which have responded to the crisis by investing heavily in infrastructure. Italy's problems on this front are due both to the crisis in its private sector and the austerity measures it adopted over the last decade, which have blocked public spending, causing delays in payments for the execution of public works at a local level and increasing the number of bankruptcies among companies involved in these projects (European Construction Sector Observatory 2018).

In 2021, 34.4% of the workers employed in the construction sector were of immigrant origin (Idos 2022), particularly from North Africa and Eastern European countries such as Albania, Kosovo, Macedonia, Moldova, and Romania (Fillea-Cgil 2023; Ministero del Lavoro 2018a, 2018b). The increased employment of immigrant workers over the last thirty years has changed the composition of the workforce. This change has gone hand in hand with the racialisation of the labour market in the construction sector. The sector has become characterised by a stratification of the workforce along “racial” lines: immigrant workers, including those from North Africa, perform the more difficult and dangerous tasks and are mainly employed at lower skill levels, although many have been working in

15 See https://ec.europa.eu/eurostat/databrowser/view/LFSA_EGAN2__custom_6836981/default/table?lang=en, last accessed on 7 July 2023.

16 See https://ec.europa.eu/eurostat/databrowser/view/LFSA_EEGAN2__custom_6836988/default/table?lang=en, last accessed on 7 July 2023.

the industry for many years and would be capable of doing higher-skilled jobs (Cillo & Perocco 2015; Galossi 2015).

Although the 2008 economic crisis affected all workers in the construction sector, it had a deeper impact on immigrant workers. It led to a deterioration in immigrants' working conditions due to the higher frequency of layoffs, a lack of access to social rights, increased difficulty in receiving redundancy pay, and increased the wage differential with respect to Italian workers. Growing unemployment has favoured labour mobility at the sectoral level, leading many immigrant workers to seek work in agriculture or the service sector in jobs with worse working conditions and greater precariousness. As for immigrant workers who managed to keep their jobs in the construction sector, in many cases, they have been obliged to accept worse working conditions to avoid losing their employment contract. This situation had consequences in terms of contractual mobility since many of the immigrant workers who managed to keep their jobs had to accept part-time contracts while continuing to work eight to ten hours a day, five days a week. Furthermore, the organisation of work has been affected by a growing drive to outsource and increase the use of subcontracting, pushing many immigrant workers towards bogus self-employment, thus resulting in intra-sector labour mobility that concerns both the type of employment and the type of contract (Cillo & Perocco 2015; Ires-Fillea Cgil 2012).

Internationalisation of the construction sector and the new labour mobility of migrant workers

To counter the effects of the crisis on the internal market, large multinationals based in Italy have intensified the process of internationalisation, investing in the EU, Latin America, Africa, and the Middle East (European Construction Sector Observatory 2018) and operating with a growing number of small and medium-sized enterprises through the subcontracting system. The trend towards internationalisation has meant that in recent years, Italy has become one of the main countries sending posted workers to Europe, particularly to Central and Northern European countries (De Wispelaere & Pacolet 2020).¹⁷

Although no data is available on the sectors in which posted workers from Italy are employed, the field research conducted within the Poosh, Con3Post, and Pow-Bridge projects has shown that the construction sector is the most affected. Italian construction companies turned the focus of their investments

17 The main receiving countries of postings from Italy are France (46,034 PDs A1), Switzerland (38,016), Germany (23,991), Spain (14,106), Austria (7,696), Belgium (6,181), and the United Kingdom (6,060) (De Wispelaere & Pacolet 2020).

to foreign markets, primarily in Austria, Belgium, Denmark, and Switzerland. These are all countries where the impact of the 2008 economic crisis on the construction sector was less severe, thanks to public investment programmes launched to stimulate the economy (as in the case of Denmark) or adopted before the 2008 crisis to improve existing infrastructure (as in the case of Switzerland). In many cases, Italian companies have been able to win these contracts thanks to the lowest bidding mechanism, which in some cases has resulted in savings of 30% for the public bodies that financed the projects. In addition, field research has shown that some of these companies have guaranteed shorter project delivery times than local companies and other foreign investors, thanks to the flexibility provided by the systematic use of the subcontracting system and the posting of workers.

The growing competitiveness of Italian firms in the European single market has been made possible, above all, by the large labour reserve available in the Italian labour market. As described above, this labour pool became available following the impact of the 2008 economic crisis on the construction sector and includes both low-skilled workers and highly skilled workers with long professional experience in Italy. The changes in the composition of the construction workforce since the 1990s and the impact of the 2008 economic crisis were fundamental elements in creating a large reserve of immigrant labour. Creating a labour reserve of North African immigrants was a prerequisite for the posting of workers from Italy to Central and Northern Europe. At the same time, this labour reserve has been one of the most essential factors in making Italy one of the primary sending countries for posted workers in the construction sector.

The nationalities of posted workers are very diverse, and the immigrant component is significant, as shown by a study by the National Commission of Building Funds on a sample of outgoing postings between October 2020 and January 2021, which showed that “60.8% were Italian and 39.2% foreign, both EU nationals, mainly Romanian and Bulgarian, and non-EU nationals (Egypt, Tunisia, Morocco, etc.)” (CNCE 2021). The composition of the workforce in terms of nationalities results from specific entrepreneurial choices made by the sending companies. For example, enterprises that have won contracts in Central and Northern Europe have recruited both Italian workers and immigrant workers who have resided in Italy for several years from North Africa, the Indian subcontinent, and Eastern Europe (both EU and non-EU countries). To a lesser extent, workers from other EU Member States (especially from Eastern Europe) and third countries were also recruited, specifically as posted workers, making Italy a “transit country”, a crossroads of international migration and labour mobility.

Labour mobility in posting: A double-sided solution

Field research from the abovementioned projects has revealed working and living conditions very similar to those identified by studies carried out in other countries (Cremers 2011; Danaj & Zólyomi 2022; Vah Jevšnik & Toplak 2022; Wagner 2018; Wagner & Lillie 2014). However, some specific aggravating factors derive from the peculiarity of the Italian labour market in the construction sector and its racial stratification. Posted workers of foreign origin, especially those from non-EU countries with short-term residence permits, are more vulnerable to extreme exploitation due to their precarious migratory status in Italy. The empirical research highlighted that this situation – which is common in the case of North African workers, particularly from Morocco, Tunisia, and Egypt – pushes them to accept worse working conditions and to postpone their requests for assistance to the trade unions or labour inspectors in order to avoid losing their jobs, which would jeopardise the renewal of their residence permit. For instance, during the Poosh project, a Belgian labour inspector reported the case of a recently arrived Tunisian worker in Italy whom an Italian company had hired to be posted to Belgium. After suffering a serious accident that left him unable to work, he returned to Italy without reporting what had happened for fear of losing his residence permit and affecting the mobility achieved in his legal status, thus lengthening the time it took to receive compensation for the accident.

On the other hand, in the case of migrant workers who have resided in Italy for a long time or from other Member States, their greater vulnerability is directly connected to the system of racial discrimination in the Italian labour market. An example that emerged during the fieldwork is the practice of under-employment, which is widespread in the Italian labour market and common during postings. It allows companies to be more competitive by exploiting a lower-cost workforce but also has a considerable impact on working conditions, not only in terms of wages but also in terms of access to rights and occupational safety and health protection.

The field research also revealed various episodes of undeclared work involving posted workers. One of these cases concerned an Italian company, X, subcontracting for a Belgian company, Y, to which a Belgian client, Z, had entrusted some work on a construction site in Antwerp. To carry out the work, the Italian company employed twelve posted workers of Egyptian and Moroccan origin, legally residing in Italy. In October 2018, seven of these workers climbed onto a crane to protest after not receiving wages for many months due to the delay accumulated by Belgian company Y in paying for the services provided

by Italian company X. As a result of this protest, the developer ousted Belgian company Y, directly paying Italian company for its the services, while all the posted workers obtained the assistance of the local trade unions and labour inspectorate in recovering their wage arrears. Subsequent investigations revealed that Italian company X employed two of the twelve workers in Belgium without any contract. In addition, labour inspectors found that five of them were working directly for Belgian company Y, in contravention of EU directives requiring that, in the case of subcontracting, posted workers remain under the direct authority of their original employer (in this case, Italian company X), and of Belgian legislation requiring that Belgian companies can only employ third-country nationals with a residence permit issued by the national authorities. Belgian company Y was subsequently indicted for trafficking in human beings with the aggravating circumstance of participation in a criminal organisation and the employment of non-EU citizens without a regular residence permit, and Italian company X received a penal charge for the irregular recruitment of two workers.

Similar situations – concerning posted workers of immigrant origin and Italian companies reported for widespread irregularities and, in some cases, for extreme exploitation and human trafficking – also emerged during the construction of a new shopping centre in Charleroi (2015–2017) and a hospital in Liège (2015) (Bernard 2015; Cillo 2021). In the case of Charleroi, for example, a protest by eight Egyptian workers posted by an Italian company revealed that dozens of workers had not been paid for six months, accumulating a debt of between 10,000 EUR and 20,000 EUR per worker, totalling 1,200,000 EUR. In addition to the non-payment of wages, the unions revealed that these workers worked 10 hours a day, Monday to Saturday, and sometimes even on Sundays, without overtime pay, as the “allowance for travelling abroad” was used to pay for irregular work. Most of these workers were of North African and Romanian origin who, having lived in Italy and worked in its construction sector for many years, had agreed to be posted to various construction sites in Europe to avoid losing their jobs. However, some had a more precarious migratory status, having arrived in Italy from North Africa through family reunification and previously employed in Italy’s agricultural sector without a regular employment contract. In the latter case, the contract with the company that had sent them to Belgium had allowed them to obtain a temporary residence permit for work purposes, thus allowing mobility through a legal status linked to labour mobility and inter-sectoral mobility, similar to the pathways mentioned in previous paragraphs.

Additionally, in Denmark, France, and Switzerland, labour inspectorates and trade unions have detected a series of fraudulent and illegal practices regarding

the posting procedure and the payment of wages and social contributions, along with violations relating to working conditions (Acciari 2022; Mesure 2018; Sartor 2022). In the case of Switzerland and Denmark, the fieldwork revealed a case in which there was severe exploitation of posted workers that implicated an Italian company linked to organised crime and specialised in railway construction (Acciari & Bellobuono 2019; Sartor 2022). After winning contracts for important public infrastructure projects thanks to the maximum bid system, this company employed both Italians and immigrants from North Africa and non-EU Eastern European countries as posted workers. To cut production costs, the company obliged workers to work 13–14 hours a day without breaks and without paying overtime, night work and holidays while resorting to the gangmaster system to control workers and avoid contact with trade unions and journalists. In the Swiss site, these workers habitually received a payslip based on Italian payroll items. By using the item “allowance for travelling abroad”, the Italian company could pay (and hide) overtime hours, which amounted to up to 120 hours per month, and illegally deduct a part of the workers’ salary by recovering false tax credits. However, in both Denmark and Switzerland, some of the workers broke their isolation and denounced their working conditions, paving the way for controls by public authorities (Acciari & Bellobuono 2019; Franchini 2019; Sartor 2022).

All these cases highlight that the lack of compliance with working time legislation negatively impacts occupational safety and health (OSH). Frequent violations relating to work at night and on public holidays, breaks, rest, shifts, and vacations negatively affect the workers’ psychophysical state and increase the risk of their being victims of workplace accidents (Danaj & Zólyomi 2022). During the Con3Post fieldwork, a journalist reported the case of a worker of Moroccan origin who had lived in Italy for many years and was sent by an Italian company to Switzerland for the construction of the Gotthard tunnel. Investigations revealed that he had been forced to work for 20 hours straight on some days, using machinery for which he had no licence and putting his own life and the lives of others at risk. Additionally, the empirical research highlighted other factors that contribute to increasing OSH risks for outgoing posted workers, such as the inadequacy of the training received, language barriers, and the temporary nature of the job – which means workers have to adapt to the various OSH prevention and protection practices adopted on construction sites in different countries – and the cut in investment in OSH by both the sending and the receiving companies.

CONCLUSION

Over the last decade, Italy has become one of the countries specialising in sending workers to work in the construction sector in Central and Northern European countries. This phenomenon, closely linked to the impact of the 2008 economic crisis on the domestic market, has involved a growing proportion of migrant workers from EU and non-EU countries, affecting their labour, contractual, and administrative status differently. By examining the case of North African workers posted by Italian companies to countries such as Belgium, Switzerland, and Denmark, this chapter shows how the posting of workers resumes, in a new form, the pathways of transition and mobility that have characterised the migratory experience of North African workers in Italy since the 1980s.

In particular, both the analysis of the conditions of workers who have recently immigrated to Italy and that of workers who have been residents for many years show how the posting of workers is often linked to forms of downward mobility. In the former case, one example of this is the acquisition of a temporary residence permit through employment under posting contracts that do not guarantee the continuity of work necessary to maintain administrative regularity, and, in the latter case, an example is the deterioration of working conditions due to the just-in-time (and just-in-place) organisation that characterises the posting of workers in the construction sector and contracts in the EU single market. The field research shows that the posting of workers is characterised by extreme precariousness closely linked to the process of the de-stabilisation of immigrant populations and the casualisation of working conditions initiated in the neoliberal era and accelerated in the last 15 years following the economic crisis of 2008. It subordinates labour mobility to the needs of economic cycles and seems to re-propose, under a different guise, the extreme temporariness that characterised the first forms of labour mobility to Europe in the post-war period.

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A PERFECT STORM: DEMOGRAPHIC AGEING, SEVERE HEALTHCARE STAFF SHORTAGES, AND GLOBALISATION OF HEALTHCARE LABOUR MARKETS

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INTRODUCTION

The World Health Organisation recently characterised Europe's health and care workforce shortages as a ticking time bomb (WHO 2022). High global demand for healthcare workers¹ has indeed been a formidable and well-documented global challenge for decades, with renowned experts and scholars across the globe calling for a stern policy response to ensure sufficient staffing levels and work towards limiting geographical imbalances in supply and demand of healthcare workers (see Buchan et al. 2014, 2022). The European Commission addressed the problem in 2008 by acknowledging that all Member States will face foreseeable challenges in the years to come due to a variety of reasons, including the demographic transition of an ageing general population that will increase the demand for healthcare, ageing health workforce and insufficient replacement, the lack of attractiveness of a wide variety of health care and public health-related jobs to new generations, fiscal pressure due to a reduction of the active workforce relative to the dependent population, the migration of health professionals in and out of the European Union, and the unequal mobility within the European Union, in particular the movement of health professionals from poorer to richer countries within the European Union, as well as from third countries from outside the European Union (European Commission 2008).

An additional strain emerged during and after the COVID-19 pandemic, when the demand for healthcare services increased significantly, and healthcare providers became confronted with what was already a chronic shortage of health

1 The chapter defines healthcare workers as all healthcare service providers, including physicians, dentists, nurses, midwives, pharmacists, and other providers who deliver personal and non-personal health services. The term does not include managerial and support staff, such as managers and planners, who are not engaged in the direct provision of health services.

workers (Yeates et al. 2022). Namely, severe burnout and mental health issues experienced by frontline workers, especially nurses, resulted in prolonged sick leaves, early retirements, resignations, and, consequently, high turnover rates and unfilled vacancies. Their withdrawal had a ripple effect on the remaining health staff, who were required to work longer hours, pick up more shifts and take on additional responsibilities.² In the EU, the shortage of healthcare workers during the pandemic was estimated to be one million (McGrath 2021), and many Member States resorted to ad hoc recruitment from other countries to fill the vacancies and ensure uninterrupted delivery of healthcare. However, other OECD countries were also facing severe shortages, prompting an even more intensive wave of competitive recruitment efforts in global health labour markets than observed before the pandemic. This raises strong ethical concerns and once again directs attention to the perplexing interplay between the right to mobility of healthcare workers and the right to healthcare of the population that stays behind, as well as to the competitive advantage of high-income versus low-income countries when mitigating the losses of healthcare workers by recruitment from abroad.

The chapter explores the interplay of three intertwining and mutually reinforcing determinants that have a significant impact on the delivery of public healthcare in the EU: i) demographic trends and increased demand for the healthcare of the ageing population, ii) severe healthcare staff shortages and the leading underlying causes of unfilled vacancies, and iii) globalisation of healthcare labour markets and ethical concerns in the light of the cost-containment measures and privatisation of public services. The discussion builds on a review of academic and grey literature on public health, migration, mobility, and strategic healthcare workforce planning, demographic projections, statistics, policy reports, and investigative media reporting.

DEMOGRAPHIC CHANGES, AGEING HEALTH WORKERS AND INCREASED DEMAND FOR HEALTHCARE OF THE AGEING POPULATION

In most European countries, USA and Canada, we are witnessing a decline in fertility levels and an increase in life expectancies at the national levels, particularly from the 1970s. Consequently, these countries are increasingly

2 Surveys of the UK nursing and midwifery workforce conducted during and after the pandemic found high levels of psychological distress, including post-traumatic stress disorder, stress, and anxiety (Couper et al., 2022), high levels of substance misuse, and even suicide (Greenberg et al., 2021; see also Buchan 2022).

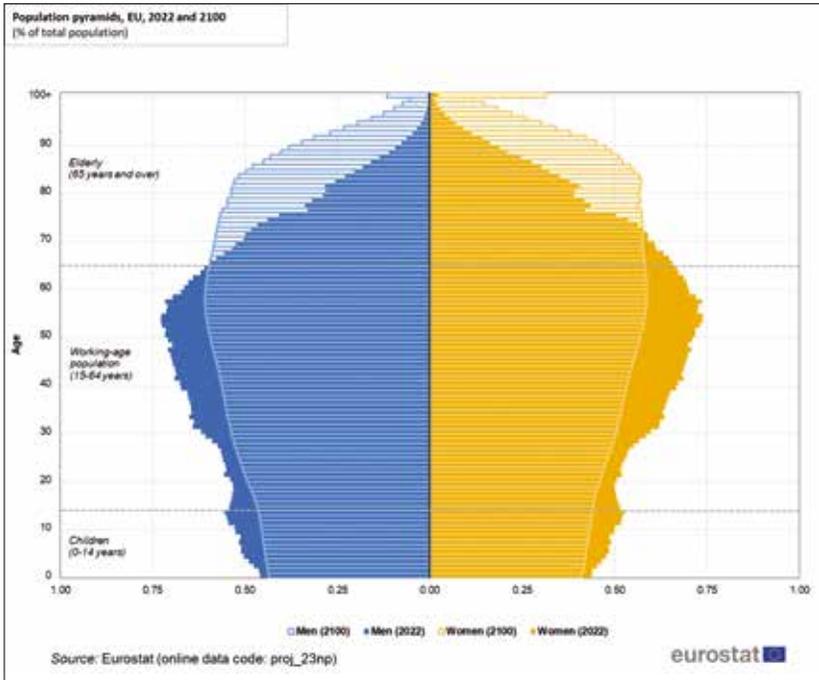
facing issues such as population ageing, the decrease in the number of the active labour force, consequent decreases in productivity and economic growth, and the increased burden of healthcare and pension insurance and systems (Linz & Stula 2010; England & Azzopardi-Muscat 2017; EUROSTAT 2020). Douglass et al. (2005: 4–6) further argue that, particularly from 2000, media headlines about a “population explosion” shifted to those about a “population implosion” as fertility levels started to fall in the so-called undeveloped world. Fears about the long-term dangers to the EU’s position as a global economic and political force persistently arise in political and other public discourses (Fertility and family issues in an enlarged Europe 2004). The Green Paper on “confronting demographic change” produced by the European Commission in 2005 and the European Commission’s communication on “the demographic future of Europe” are among the key early documents discussing how the EU could alter the changes in population age structure towards the predominance of the elderly. Furthermore, the European Commission has been reviewing the economic implications of ageing every three years since 2009 in its *Ageing reports* (EC in Goetz et al. 2022). Although the COVID-19 pandemic has impacted these demographic developments, according to Goetz et al. (2022), it has not changed them significantly since the reduction in life expectancies was only temporary. Furthermore, a halt in international migration was also temporary, so these trends remain among the key policy concerns in the EU even after the pandemic.

According to the latest population projections developed by EUROSTAT (2023) and released in March 2023 and as evident on the projected population pyramids for the year 2100 (Figure 1), a clear development towards a shrinking and ageing society is also expected in the future. From 2022 to 2100, the projections foresee decreases in the shares of children and young people below 20 as well as of individuals of working age, while on the other hand, there will be increases in the share of people aged 65 or more. For the year 2100, the pyramid does not start contracting after the age of 55 as in 2022 but remains relatively stable until around 85 years of age, which further points to the ageing of the population.

Furthermore, EUROSTAT (2023) used various other demographic indicators to analyse the shift in age distribution towards older ages. For instance, the median age of the EU population, meaning that half of the population will be older than this age, is projected to increase from 44.4 years in 2022 to 50.2 years in 2100 for both men and women. Secondly, the projections forecast that the share of the working-age population (15–64 years old) in the EU total population will decrease from 63.9% (285.5 million) at the beginning of 2022 to 54.4% (228.1 million) in 2100. The proportion of the elderly (65 years and over) in the EU total population is projected to increase from 21.1% (94.3 million)

at the beginning of 2022 to 32.5% (136.1 million) in 2100. With the overall EU population projected to decline by 2100, this is the only main demographic age group expected to grow, both in relative and absolute terms. Furthermore, the projections forecast that the number of very old people (defined as those aged 80 years and over) in the total EU population will more than double in absolute as well as relative terms from 27.1 million in 2022 (6.1%) to 64.0 million (15.3%) in 2100.

Figure 1: Population pyramids, EU, 2022 and 2100 (% of the total population).



Publicly most discussed issues in response to these expected trends refer to shrinking populations or negative population growth, national decline in terms of loss of power and privilege, population ageing (increased number/share of people over 65 years of age), the issue of immigration, and policy responses to these topics (Teitelbaum 1999; Douglass et al. 2005).

In the last few decades, two measures to counteract such a demographic situation are thus at the forefront of analysis of researchers as well as efforts

of stakeholders. The first proposed solution refers to pronatalist measures to increase birth rates and the natural increase in particular countries.³ In turn, this would contribute to lessening the ageing of the population. The second set of measures refers to the so-called migration scenario, whereby the ratio between the economically active and the dependent population would change through international migration (ESA/P 2001; Knežević Hočevar 2011; Goetz et al. 2022). The United Nations Department of Economic and Social Affairs has even proposed using the term replacement migration as the solution to population decline and ageing of the population (ESA/P 2001). Nevertheless, states in the EU are becoming increasingly restrictive instead of more open towards international migration, particularly from non-EU countries. Hence, the migration scenario is unlikely to substantially contribute to reversing the mentioned demographic trends (Douglass et al. 2005). This is further evident in discourses about the proper composition of particular national populations. Talk about the demographic crisis, dying out of the nation, and legitimate and illegitimate migrants implicitly assumes who should and should not be reproducing and/or migrating to nation-states of the EU (King 2002; Kligman 2005). As Kligman (2005: 253) aptly puts it: “The historical or, to some, traditional understandings of ‘the nation’ are increasingly at odds with demographic verities that are transforming the more familiar faces of European nations.”

The ageing of the population has also been an incentive for national governments to develop healthcare policies that aim to balance the economic difference between the younger and the older populations (Gu 2020). In that respect, the ageing of the population has caused an increased need for the provision of health care and other social services among the old age cohorts. Older adults may experience more age-related health issues, which can be physical (e.g., impaired sight, vision, arthritis, hypertension, osteoporosis, diabetes, asthma, cancer) and cognitive (e.g., memory and information processing issues) (WHO 2015; Gu 2020). In relation to population ageing, the WHO (2015) has noted a shift from communicable life-threatening diseases to chronic noncommunicable diseases that can cause temporary or permanent functional impairments and a decreased quality of life. These conditions are increasing not only the costs of health care but also long-term care (home health care, nursing homes, personal care, and day care). Given the increasing life expectancy, the EU’s demand for healthcare and long-term care will likely increase further. According to estimates,

3 On the other hand, family planning policies have become the proposed solution for the “population bomb” of international overpopulation, although fertility is also now declining in some of the “developing” countries (Douglass et al. 2005).

the number of EU citizens requiring long-term care will grow from 19.5 million in 2016 to 23.6 million in 2030 and to 30.5 million in 2050. It is projected that between 2021 and 2031, there will be eight million job openings in the health and care sector and the supply of healthcare workers will certainly not be able to meet the demand (Brady and Kuiper 2023). The increase in demand for healthcare for the older population is also associated with smaller family sizes and family members dispersed at different locations, thereby reducing the incidence of home support. On the other hand, the economic crisis has also made older people more dependent on their families and home support, especially for populations in economically deprived rural and remote areas (EUROSTAT 2020; Gu 2020). Furthermore, a growing need for home healthcare for the elderly, as well as the development of community-based services for this group, are also among the most debated issues among policymakers and stakeholders (WHO 2015; Gu 2020). The COVID-19 pandemic has also impacted the health of older people, and particularly older people in residential care were more likely to face challenges associated with a lack of personal contact with family members and friends (EUROSTAT 2020).

With the ageing of the population, one of the publicly and statistically observed trends is also the ageing of the labour force in various sectors, including the health care sector, where the older workforce faces the already mentioned increased demand for health care (Rice et al. 2021).

To illustrate, the State of the World's Nursing (SOWN) report highlighted that one in six nurses worldwide are 55 or older. They estimate that 4.7 nurses must be trained in order to replace only those retiring in the next ten years, in addition to the already existing shortage of about 5.9 million nurses. The lack of nurses is particularly dire in low and lower-medium-income countries. According to the WHO (2022), all countries of the WHO European Region – encompassing 53 Member States across Europe and Central Asia – currently face severe challenges related to the health and care workforce. One of its findings is that 13 of the 44 countries that reported data on this issue have a workforce in which 40% of medical doctors are already aged 55 or older. The European Labour Authority's 2021 report on labour shortages (McGrath 2021) presented an estimate of the deficits of healthcare professionals in most European countries. Of the 30 surveyed countries, 18 reported shortages of nursing professionals, 13 shortages of general medical practitioners (GPs), and 11 shortages of healthcare assistants, specialist medical practitioners, and nursing associates.

Buchan et al. (2022) identified two challenges regarding this issue. The replacement challenge refers to the ageing of healthcare staff. Buchan et al. (2020) frame the second issue as a participation rate challenge, which refers to

ensuring that age-related discrimination, lack of incentives for part-time work, and a lack of policies aimed at encouraging and enabling older nurses to stay at work do not prevent older healthcare workers from fully participating in employment. The associated efforts towards retaining healthcare staff have been connected to the concepts of “ageing well” (Buchan et al. 2022, as well as “active ageing”. The European Commission defines the latter as “helping people stay in charge of their own lives for as long as possible as they age and, where possible, to contribute to the economy and society” (Eurofound 2018). Nevertheless, the public operationalisation of the concept has been dominated by a neoliberal perspective that prioritises the extension of working life and restricts the social contribution of older adults to work-related activities, with increased pressure on older workers to keep working longer (Ishikawa 2022). A further incentive for keeping older healthcare staff at work has been the COVID-19 pandemic, during which underlying healthcare staff shortages became even more apparent. During the pandemic, many countries brought older healthcare staff (e.g., nurses) back to work, restricted them from leaving work using emergency powers, or initiated programmes to “fast track” the return of people with nursing qualifications who have left nursing (Buchan et al. 2022). However, such measures might also lead to the outflow of the workforce after the COVID-19 measures have ended, so we are witnessing a retention challenge in healthcare (Buchan et al. 2022). The challenge is exacerbated by the physically and psychologically demanding nature of work in the healthcare sector, which is among the factors contributing to the vulnerability of workers in this sector.

HEALTHCARE STAFF SHORTAGES AND THE IMPACT OF MOBILITY

In terms of being constantly understaffed and under strain, the vulnerability of the healthcare sector should be perceived not only as a consequence of healthcare worker mobility but also as a cause. Persistent challenges, such as low remuneration, poor working conditions, a lack of flexibility in working hours, limited career opportunities, and growing work pressures, may lead to the mobility of healthcare workers to other countries. Conversely, increased mobility may exacerbate shortages and put further strain on healthcare systems. The extent of the challenges faced by individual EU countries varies, but no Member State is void of these issues (Brady and Kuiper 2023).

Skill shortages across the EU are widespread in several occupations, although there are significant differences among EU/EEA countries. Norway, for example, has identified 250 shortage occupations and has reported a shortage in every single

occupation group, while Greece, on the other hand, identified only 11 shortage professions (McGrath 2021). Overall, however, every country faces some type of shortage in the healthcare sector and is reporting demand for healthcare skills as the vacancies are not filling (McGrath 2021; WHO 2022). The occupation of nursing professionals is in the highest demand and was ranked first among all reported EU workforce shortages in 2020 and second in 2021 (Ibid.).

Healthcare labour shortages are more prevalent in Southern and Eastern European countries. These countries tend to be impacted by high labour mobility of health professionals, which can be attributed to differences in salaries and working conditions⁴ between countries in Northern and Western Europe and those in Eastern and Southern Europe (Brady & Kuiper 2023), as well as poor strategies for workforce planning and retention (Plotnikova 2018). The EU has played a significant role in facilitating intra-EU mobility of healthcare workers by introducing the directive on the recognition of professional qualifications (EC Directive 2005/36/EC), as six of the seven professions outlined in the directive are in the healthcare sector. This policy undoubtedly provided healthcare workers with great career opportunities, but it had different outcomes across countries, and some states have benefitted from the directive more than others. Data shows that in some cases, the loss of medical professionals due to mobility to higher-income Member States was “dramatic” and has led to critical shortages in countries such as Bulgaria and Romania (Mans et al. 2020). Moreover, one-directional mobility to wealthier countries speeds up ageing and population decline in other countries and further exacerbates the problem.

Nevertheless, several higher-income EU countries also continue to struggle to recruit and retain their own healthcare workforce. French hospitals have closed thousands of beds due to staff constraints (Desai 2022), and the extent of medical deserts, areas where inhabitants lack proper access to health care, has been growing significantly (Chevallard et al. 2018). More than 6 million people, including 600,000 with chronic illnesses, do not have a regular GP, and 30% of the population of France do not have adequate access to health services (Henley et al. 2022). The situation is also dire in Germany, where 35,000 care sector posts were vacant last year, 40% more than a decade ago. The Federal Ministry of Health anticipates that the future care needs will range between 110,000 and 200,000 additional nurses by 2025 (Mans et al. 2020). Facing unprecedented hospital overcrowding due to a severe shortage of nurses, Finland will need 200,000

4 A variety of factors may influence individuals’ career choices and mobility planning. Motivations for mobility change with age and vary according to life stages. Unique life situations and desires also affect these motivations, which makes policymaking and healthcare workforce planning challenging (see Vah Jevšnik 2021).

new workers in the health and social care sector by 2030. In Spain, more than 700,000 people were waiting for surgery in 2022, and 5,000 frontline GPs and paediatricians in Madrid had been on strike for nearly a month in protest of years of underfunding and overwork (Henley et al. 2022). In Slovenia, healthcare staff shortages led to the occasional closure of several hospital wards nationwide. Mobilisation of retired nurses and overtime work were the main strategies put in place to cope with the workload, as vacancies continuously remained unfilled, leaving nurses burnt out and under immense psychological pressure. In the University Hospital Ljubljana, one-third of the intensive care unit was closed down in 2018 as nine nurses resigned, and the management could not replace them. The same hospital reported critical shortages of nurses and physicians in several departments, including children's intensive therapy, cardiology, cardiovascular surgery, pulmonology, otorhinolaryngology, orthopaedics, dialysis, transplant medicine, emergency medicine, and the intensive care unit (RTV SLO 2018). Community-level healthcare centres across the country have also been overburdened for years. Family medicine specialists (GPs), gynaecologists, and paediatricians are in short supply in most regions. In the first half of 2019, GPs in two larger healthcare centres collectively resigned due to caseload quotas, which they claimed had led to their burnout and, thus, put patients at risk (Jager 2019). It is estimated that one hundred GP specialisations would need to be filled yearly to stabilise primary healthcare. However, only 27 medical students applied for specialisation in 2023 (RTV SLO 2023).⁵ In addition, historically established patterns of immigration of healthcare workers from the countries of the Western Balkans (former Yugoslav republics) became disrupted due to strong incentives introduced by higher-income countries. Individual healthcare providers in several Slovenian regions, therefore, reinforced their efforts to recruit from those countries by hiring recruitment agencies or travelling there themselves to offer positions (Šestan 2022). The mobility of healthcare workers from other EU countries to Slovenia continues to be minimal.

The challenges related to the shortages of healthcare workers are not new but were further exacerbated by the COVID-19 pandemic. Most Member States already entered the pandemic with insufficient numbers of healthcare workers and imbalanced geographical distributions. During the pandemic, healthcare providers used various strategies to upskill and re-deploy their existing health

5 Such a low application rate could be attributed to a variety of reasons, one of them being the requirement that candidates must commit to work for the same healthcare provider that offered them the position for at least four years after they obtain the specialisation. This commitment, therefore, restricts them from being able to immediately take a position abroad, commute to the neighbouring regions (especially Austria), or accept jobs in private healthcare.

workforce, such as expanding the work hours, hiring students, or recruiting retirees (Panteli & Maier 2021). The overcrowded and under-resourced hospitals have placed further pressure on an already overburdened healthcare workforce (Brady and Kuiper 2023). They were expected to cope with heavy workloads and increased job-related stress and faced burnout and severe mental health risks. Several workers reported experiencing violence and harassment at the workplace. Smith et al. (2022) note that:

Globally, highly skilled nursing professionals, often with limited infectious disease experience, have encountered numerous stressors whilst providing vital nursing care to communities during this pandemic. These stressors include the risk of being infected with COVID-19 because of inadequate protective equipment, bearing the brunt of verbal and physical violence from anxious consumers of health services, having to work in understaffed clinical areas and fear of exposing loved ones to infection. As a result, elevated levels of stress, anxiety, frustration, depression, burnout, sleep disruption, feelings of being underappreciated, and, in some cases, suicide has been reported in nurses during the pandemic.

These circumstances have increased resignations and demotivated potential new recruits from applying for healthcare jobs. Nurses are among those healthcare workers who had been most overworked during the pandemic, and the inability to recruit them in essential services such as primary care, long-term care and rehabilitation continues to be a major challenge. Problems with recruitment and retention have been observed particularly in the public sector and underserved geographical areas – especially rural, remote, or poor urban zones (WHO 2022). In addition to high attrition rates, nurses, especially in the bordering regions, tend to resort to commuting to neighbouring countries that offer better pay and working conditions.

It is estimated that in the past thirty years, hundreds of thousands of European healthcare workers have left their countries of origin for more promising opportunities in the west and north. This has created significant tension between Member States, who are, to varying degrees, struggling to secure their citizens' right to healthcare, and, some argue, denotes failure of the promise of European solidarity and integration (Mans et al. 2020). Brady and Kuiper (2023) also note that the main challenge with mobility is balancing opportunity with efficiency to ensure that the demand and supply of healthcare workers are in equilibrium across the EU, which does not seem to be the case at present. However, it should be acknowledged that workforce planning in the public healthcare sectors that are in continuous demand of highly skilled professionals is a challenging task.

The so-called vulnerability of the healthcare labour market is exacerbated by the fact that motivations for the emigration of healthcare workers vary significantly, which makes healthcare workforce planning challenging. As Plotnikova notes, policies are “not always attuned to the individual creativity and imaginaries of health workers that ultimately affect their mobility” (Vindrola-Padros 2018: 7). Migration as a physical movement is always accompanied by internal phenomena, the so-called inner negotiations people engage as they consider and employ mobility as a resource in their search for care and caring (Pfister 2018), welfare and wellbeing. Specific incentives may, therefore, either be a success with some healthcare workers or a failure with others. Moreover, motivations to migrate change with age, vary according to life stages and are affected by unique life situations and desires. The thought processes and emotions that guide and affect the decision to migrate are always dynamic and perpetually evolving processes. At some stage in their lives, healthcare workers might be attracted by the prospect of low-cost housing, childcare, or other job-related benefits offered to them. In contrast, at some other period of life, they may be drawn by the need to provide care to disadvantaged people in poor regions or countries. Their narratives illustrate how unpredictable and intangible ground-level decisions to emigrate may be and their substantial effect on healthcare planning, provision and, subsequently, public health (Vah Jevšnik 2021).

GLOBALISATION OF HEALTHCARE LABOUR MARKETS AND THE QUESTION OF ETHICS

Health workforce migration flows are governed by labour market principles (Mans et al. 2020). Global shortages of healthcare workers have prompted migration not only from poor to affluent countries but also between affluent countries and (albeit to a smaller extent) between poor countries based on the economic principle of supply and demand. The result is a growing and highly competitive global labour market for healthcare professionals (Clark et al. 2006).

Countries have been competing to attract foreign workers by offering various incentives and adopting measures to reduce language requirements, waive fees for conversion exams, automatically extend visas and licences to practice for trained healthcare professionals, and granting temporary access to the health workforce to refugees or asylum seekers who are qualified health professionals (Yeates et al. 2022). Recruitment efforts are usually directed towards countries in geographical proximity or countries with historical or colonial ties. Diaspora initiatives have also been used to attract emigrated healthcare workers from

abroad.⁶ Especially during the pandemic, several countries reached out to their diaspora and issued appeals for expatriate healthcare workers to return home (Yeates et al. 2022).

The globalisation of the healthcare labour market has had a profound effect on the ability of national health services to deliver vital services to their citizens, regardless of whether they opted to intensify international recruitment or shift to self-sufficiency. Those countries that decided to resort to recruitment from abroad are competing to attract workers from around the globe, and those that are pursuing the policy of self-sufficiency are struggling with the costs of education and training of the domestic workforce, as well as with the brain drain and retention of their healthcare graduates. Due to the fierce competition, the World Health Organisation has long ago called for fair and development-sensitive healthcare worker migration, which is mutually beneficial for both sending and receiving states and has developed the Global Code of Practice on the International Recruitment of Health Personnel (WHO 2010). The Global Code states that Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health. However, several contradictions and inconsistencies have been noted in these guidelines, including the apparent trade-off between restricting active recruitment from poor countries (Article 5.1.) and, at the same time, respecting the principle of free mobility (Article 4.3) (see Angenendt et al. 2014). It is also difficult to assess the degree of active recruitment in practice, which “paves the way for arbitrary interpretation” (Angenendt et al. 2014). In any case, as Yeates et al. (2022) note, such codes are valuable but largely aspirational and voluntary, and their robustness in effectively supporting ethical international recruitment of health workers remains in doubt.

To ensure ethical recruitment and migration, government-to-government agreements that are drafted in cooperation with all stakeholders in both receiving and sending countries have been praised as favourable policy tools. The primary concept underpinning the development of bilateral agreements is one of shared responsibility, which reflects the needs, admission policies and responsibilities of the destination countries and various concerns of the source countries and migrant workers themselves (Panizzon 2009). In that respect, it is a mechanism that should ensure regulated, transparent and fair exchanges, reduce the need to utilize commercial recruitment agencies and directly address and respond

6 Since 2010, the proportion of foreign-trained nurses and doctors has risen faster than the domestically trained ones, with “increased mobility driven by rising East-West and South-North intra-European migration, especially within the European Union” (Williams et al. 2020).

(possibly also in economic terms) to the negative effects of recruitment for the country of origin. Bilateral agreements have increasingly become a policy tool of choice for governments seeking to increase their health workforce capacity (Yeates et al. 2022).⁷ However, having the bilateral agreements in place does not automatically guarantee workforce supply and may, therefore, not always be an optimal solution for countries with shortages – even the high-income ones within the EU.⁸ Ultimately, active international recruitment of healthcare workers can never be a substitute for long-term and strategic health workforce planning (Mans et al. 2020). On the other hand, it would be overly simplistic to claim that merely an adoption of different strategies and policies on a national level could ensure self-sufficiency, given the steeply rising need for healthcare provision in ageing societies. Even if fully embracing the turn towards sustainability of the healthcare workforce, some member states will likely still need to recruit healthcare workers from outside the EU to meet the increasing demand (Brady & Kuiper 2023).

The mounting problem for public healthcare is also increasing commodification, commercialization, and privatization of public services that interfere with the principles of solidarity and shared responsibility in support of equitable, sustainable health workforces (Mans et al. 2020). Welfare states have been facing financial constraints, austerity measures and cost-containment measures that are having a significant impact on healthcare funding and affect their ability to recruit new students and retain the existing staff. However, whenever the policies change to attract or retain new workers, i.e., countries introduce liberalisation of visa regimes or shorten the bureaucratic procedures concerning employment, the private healthcare sectors benefit from these measures too. Moreover, the policies may even be designed in a manner that encourages further privatisation. Mans et al. (2020: 7), for example, point out the case of mutual recognition of qualifications in the EU:

7 Prior to COVID-19, a number of such agreements were already in place, such as, for example, between the Philippines and Bahrain, the UK and Germany, Bangladesh and Italy, Tunisia and Germany, Bosnia and Herzegovina and Germany, and Sudan, Saudi Arabia, and Ireland (Yeates et al. 2022).

8 For example, bilateral agreement between Romania and Austria was designed to allow Romanian temporary workers in the social and long-term care field to work in Austria. Given the existing acute shortages of health workers in Romania, this agreement seems to have failed to address the immediate service provision needs arising from the country's own health workforce crisis (European Parliament 2022: 62).

Ironically, the mutual recognition of professional qualifications across Europe is arguably part of this problem. Such mutual recognition was deliberately designed to increase flexibility and mobility on the EU labour market, to further liberalize the provision of services in the European Union, and to remove barriers to private sector recruitment. This is very much in line with policies in many EU countries to further privatize and deregulate public functions, including health care services. Although it has contributed to the quality of health care, it has increased health inequities, too, and has substituted for a more comprehensive public-sector approach to health workforce development.

To understand the phenomenon and dynamics of the global healthcare labour market, we must look beyond the perspective of national (or EU-level) health workforce planning and analyse it beyond the framework of methodological nationalism. Moreover, the analysis also needs to include key *international* organisations, such as the United Nations (UN), World Bank (WB), Organisation for Economic Cooperation and Development (OECD), and International Labour Organisation (ILO), whose interactions have been shaped by several overlapping institutional regimes at the global scale – not only those that govern healthcare and migration but also the regimes that govern social protection, labour, development, human rights, and international trade and business (Yeates & Pillinger 2019). The concepts of global structural inequalities and histories of uneven development are important variables, too, and should also be used to guide the discussion on the migration dynamics and functioning of the global labour market for healthcare (Yeates & Pillinger 2019).

CONCLUSION

Following a revised outlook on the demographic situation and the state of public health in the EU, it once again becomes clear that it is necessary to immediately address the diminishing capacity of Europe's health workforce (Brady & Kuiper 2023). In the aftermath of the pandemic, the European Commission called for the establishment of the European Health Union, which aims to better protect the health of European citizens, equip the EU and its Member States to better prevent and address future pandemics, and improve the resilience of Europe's health systems (European Health Union). These aims are commendable but unattainable without ensuring a sufficient number of qualified and skilled workforce across the EU. However, the policies and strategies aiming to holistically address the immense future challenges faced by the EU Member States are yet to be developed.

One of the many challenges refers to the privilege of free mobility of workers within the EU that may lead to an increase in the numbers of healthcare staff in some Member States at the expense of others. Mans et al. (2020) rightfully argue:

Older (and often richer) EU member states can mitigate their own losses of health professionals with immigration from the newer member countries. These newer member countries, in turn, do not have easy access to replacement of these health professionals themselves, at least not from within the European Union. The EU market as a single market supports this by removing technical, legal, and bureaucratic barriers in order to ensure free movement of goods, services, capital and persons. However, the European Union does not have any mitigation action for the consequences of free mobility. The European Union support for the poorest regions tends to be focused on general economic activity, not on specifics of the health care sector.

Demographic trends, especially the old-age dependency ratio, differ between Member States, too, with Southern EU countries facing the most unfavourable situation in the coming decades. Healthcare workforce projections and planning in individual Member States, therefore, need to take into consideration country-specific, regional, and global demographics, labour market, and mobility dynamics. Moreover, future planning needs to consider the growing frustration of healthcare workers that has increasingly been resulting in industrial action and that contributes to their mental exhaustion and high turnover rates. The result of the convergence of these variables is inevitably the worst-case scenario that has become a tremendously unenviable policy challenge.

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CARE MIGRATION IN CARE HOMES FOR OLDER PEOPLE IN THE EUROPEAN SEMI-PERIPHERY BETWEEN SLOVENIA AND FORMER YUGOSLAV COUNTRIES

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INTRODUCTION

Care for older people is here understood in the broader context of long-term care (LTC), defined as “a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care” (Social Protection Committee and European Commission 2014: 11). Parallel to the ageing population in the European Union (EU), the LTC sector is increasing. Over the next five decades, the number of people aged 80+ is set to rise from 4.9% in 2016 to 13% in 2070. The old-age dependency ratio (people aged 65+ relative to those aged 15–64) is projected to grow from 29.6% in 2016 to 51.2% in 2070 (Spasova et al. 2018: 4). It is estimated that the EU countries will have to provide a 60% increase in their care workforce by 2040 just to maintain the current already insufficient ratio of carers to older people. However, almost all EU countries report a shortage of LTC professionals, and this is so not only because of the growing needs but also because of a high labour turnover caused by poor working conditions due to spatial, financial, and professional underinvestment in care homes (OECD 2020b). Shortages worsened during the COVID-19 pandemic when 421,000 care workers left the sector across the EU (Florek 2021). Intra-EU and global labour mobility seems to be one of the central strategies the states undertake to overcome labour shortages in their LTC systems (Yeates 2009; Shutes & Chiatti 2012; Triandafyllidou & Marchetti 2013; Van Hooren 2014; Lutz 2018; Sahraoui 2019).

In the EU, the LTC sector is riven by significant divergences between countries in terms of organisation (by public, for-profit, or non-governmental providers), delivery (via home-based or residential care), types of public support

(in cash or in-kind benefits, out-of-pocket payments), and funding (via general taxation, mandatory LTC insurance, or voluntary private insurance) (Bettio & Verashchagina 2010; León 2014). Most LTC services are provided by informal family carers or undeclared workers (Zigante 2018). Officially, the LTC workforce comprises residential care, home care, and community care.

In this chapter, we focus on caregivers working in the public network of care homes for older people in Slovenia. The occupational profiles of care workers vary and range from skilled health professionals, such as paramedics and nurses with secondary or university degrees, to low-skilled care workers with vocational training, such as care assistants, attendants, cleaners, cooks, and laundresses. Many studies show that work in care homes is physically and mentally tiring and exhausting. The tasks of caregivers go well beyond helping with basic activities, such as washing, lifting out of bed, and helping with feeding. They are often involved in monitoring health conditions, implementing care plans, and maintaining health records, tasks for which they are often not well-equipped with the right skills. Evening, night, weekend, and shift work, often associated with health risks such as anxiety, burnout, and depression, is frequent (Bettio & Verashchagina 2010; Spasova et al. 2018; OECD 2020a). The Eurofound study (2020: 8) about the working conditions in LTC concluded that large sections of the LTC workforce, particularly carers, social carers, and assistant nurses, are paid well below the national average wage. The best-paid professions in LTC, such as specialist nurses, social workers, and therapists, are usually paid around the national average wage. The OECD study *Who Cares?* (2020a) shows that LTC workers earn much less than those working at hospitals in similar occupations. median wage for LTC workers across European countries was 9 EUR per hour, compared to 14 EUR per hour for hospital workers in broadly similar occupations.

The Eurofound study shows that approximately 6.3 million people work in the LTC sector in the EU; 81% are female. The proportion of workers aged 50+ is higher than in other sectors and has increased from 28% in 2009 to 38% in 2019. Due to budget restrictions, lower-income Member States generally have less well-developed LTC systems and face challenges in improving them. In seven Member States, LTC workers represent 1.5% or less of the total workforce (Bulgaria, Cyprus, Estonia, Greece, Latvia, Poland, Romania). At the upper end of the spectrum are seven Member States where LTC workers comprise over 4% of the workforce (Belgium, Denmark, Finland, France, Germany, the Netherlands, Sweden). The Eurofound study stresses that LTC needs cannot explain these differences (Eurofound 2020: 13).

Compared to healthcare, migrants and mobile workers form a considerable part of the LTC workforce, and cross-border work is frequent where differences in working conditions and salaries between bordering areas are significant. Despite large differences between the EU countries, on average, in 2019, 7.9% of the EU's LTC workforce comprised foreign workers, with more workers from outside (4.5%) than from within (3.4%) the EU (Eurofound 2020: 7). Among the EU countries, the share of migrant care workers is also uneven. The highest share of migrant care workers is in EU countries such as Luxembourg (21%), Ireland (19%), Austria (14%), Germany, Italy, and Norway (all 12%), and Sweden and Belgium (10%). On the other hand, lower-income Member States, like Bulgaria, Croatia, Hungary, Lithuania, Poland, Portugal, Romania, and Slovakia, have 1% or less migrants in LTC (Eurofound 2020: 11).

Slovenia, a country with one of the fastest ageing societies in the EU, which lags behind the OECD average in public spending for LTC, is facing a severe labour shortage in care homes (OECD 2021). In recent years, the state and care homes have been looking for a solution to revive the practice established in the 1960s and 1970s when Slovenia systematically recruited care workers from other republics of the former Yugoslavia. This chapter aims to contextualise this care migration in care homes for older people in Slovenia at the intersection of the macro level of the global political economy of care and the mezzo level of national policies and organisational practices. It addresses the gaps in the European care migration research agenda by analysing the situation in one of the Central and Eastern European, post-socialist, EU Member States as a receiving country of care workers from countries of former Yugoslavia coming to Slovenia to be employed in care homes. In doing so, the chapter considers the historical connections between the former Yugoslav countries and their different geopolitical positionality in the European semi-periphery. Using the concept of semi-periphery, which is often mentioned but rarely systematically applied in care migration studies, we comparatively contextualise the situation in the receiving and sending countries.

Methodologically, the empirical evidence considered in this chapter is based on an overview of historical, policy, and statistical information about the care migration in the region, along with 11 problem-centred interviews (Witzel 2000) conducted in 2022. The interviewees included managers of the three largest private chains of care homes and two public care homes, representatives of three trade unions, a secretary of the Association of Social Institutions of Slovenia, an Employment Service of Slovenia representative responsible for labour migration, and policymakers at the Ministry of Labour, Family, Social Affairs and Equal Opportunities responsible for LTC and deinstitutionalisation.

The sample of care homes was geographically dispersed across the country and between rural and urban areas. The interviews were semi-structured, and the questions revolved around the reasons for labour shortages in care homes, which occupational profiles are in short supply, the importance of labour mobility as compensation for labour shortages, recruiting, and integration strategies. The interviews lasted between 30 and 60 minutes and were recorded and transcribed upon the interviewees' consent. The interviews were analysed thematically. Two researchers individually closely read all transcriptions and identified the common themes, as well as the ones that markedly deviated from the majority of narratives. At this research stage, the study's apparent deficit is that it does not (yet) include the micro perspective of migrant care workers.

The chapter first provides an overview of the international scholarship about care migration, focusing on the gaps identified from the semi-peripheral perspective. Next, it discusses the concept of the semi-periphery, as it provides the theoretical framework for our interpretation of care migration in the region. In the continuation, we analyse the contextualisation of care migration between Slovenia and former Yugoslav countries with a special reference to Bosnia and Herzegovina (BiH), Serbia, North Macedonia, and EU Member State Croatia as source countries for the majority of migrant care workers in Slovenia. Then, we outline findings from the statistical data collection and interviews and, in conclusion, point out some specific features of care migration in the semi-periphery.

CONCEPTUAL FRAME OF CARE MIGRATION RESEARCH AND ITS GAPS FROM THE SEMI-PERIPHERAL PERSPECTIVE

Research on care migration, described by Parreñas (2001) as a “new international division of reproductive labour”, initially focused on global-South-to-global-North care movements as expressed in the global care chain concept (Hochschild 2000), which provided an understanding of the political economy of care and demonstrated how care is redistributed globally. This approach has been complemented in Europe by East-to-West care migration articulated in the circular care migration concept (Triandafyllidou & Marchetti 2013). In the EU, circular migration has been promoted since 2007 when the European Commission issued the Communication on “Circular migration and mobility partnerships between the European Union and third countries” as a solution to labour shortages – by the prompt provision of the flexible labour force on demand – and the migrant integration challenges since circular migrants are not there “to stay” (European

Commission 2007). Marchetti (2013) showed how the transformation of gender roles and the precarisation of women's labour (especially for women aged 50+) in Eastern European, post-socialist countries have given rise to this migratory pattern. The mobility of care workers in pursuit of better working conditions also includes cross-border movements, i.e., daily commuting for care work between the neighbouring countries, and the care workers' experience of working in one country and living in another country (Kindler 2008; Hrženjak 2015; Mavrinac 2018; Uhde & Ezzeddine 2021). However, these care mobilities remain less visible within the European care migration studies, which focus on global and East-to-West migration patterns.

The European studies of care migration have traditionally drawn an imaginary boundary in the global division of care labour between the post-socialist and European core countries, in which the former provides care, and the latter receives it. However, the collapse of the socialist welfare states, a high share of full-time employed women, and the feminisation of migration have caused a care deficit and established structural conditions leading to an increasing appeal to care migration in Eastern European countries, too (Tkach & Hrženjak 2016; Katona & Melegh 2021). Although studies of East-to-East care migration are rare, they point out that many states switched from being exclusively sending countries and started to accept migrants in households and formal care services (Kindler 2008; Souralová 2015; Hrženjak 2019; Gábrriel 2022). Whether care migration in Eastern European countries – countries of the global semi-periphery – has some structural characteristics that determine its specificity compared to the other European contexts has yet to be answered. Also, the involvement of migrants from Western Balkan states (BiH, Serbia, North Macedonia, Kosovo, Albania, and Montenegro) as “third countries” in the European geopolitical economy of care remains invisible on the European research agenda. As Višić and Poleti-Čosić (2018) argue, gender blindness remains invisible within the migration scholarship of the Western Balkans.

While most of the research has focused on how care migration has increased employment of migrant care workers in private households and, often informally, sustained home-based care (Lutz 2011; Bauer et al. 2014; Degiuli 2016), less attention has been paid to how recruiting migrant care workers sustain formal residential care services. Studies about the employment of live-in migrant care workers in private households (according to the principle of circular migration) have gained importance in Western European countries in the last two decades, given that many Western European states financially support such arrangements through a cash-for-care policy mechanism, whereby the user purchases their home care from the market. The ideological basis of cash-for-care systems is to

increase the user's choice and autonomy, while the less visible pragmatic reason is to cut the public cost of care, based on the belief that home care promoted by cash benefit is cheaper than residential care (Ungerson & Yeandle 2007). Built on this policy mechanism, an industry of international brokering agencies has emerged to sell 24-hour home-care packages in the grey zone of undefined labour and social regulation (Macdonald 2021). In the EU, the majority of caregivers come from Eastern European and Western Balkan countries. In this way, Western European countries relieve the family, especially women, and the state of the burden of providing care and of the costs of care, but at the expense of migrant care workers' labour and social rights and the de-professionalisation of care (Da Roit & Le Bihan 2010). Cash-for-care benefits in the West also stimulate the care drain and contribute to a care deficit in the neighbouring poorer countries. This issue remains under-researched in European care migration studies. In postsocialist countries, including Slovenia, cash-for-care benefits and home-based live-in migrant care are still the exception rather than the rule.

Comparing migrant care work in home-based and residential care in Italy and the UK, Shutes & Chiatti (2012) argue that different institutional contexts produce converging outcomes concerning the structural positioning of migrant care workers, with marketisation and pressures to lower costs in care for older people being significant determinants. Cuban (2013) shows how migration and labour regulation affect the deskilling processes of migrant care workers to sustain low labour costs in residential care facilities. Widding Isaksen (2012) points out that, through its public nursing homes, the Norwegian welfare state acts as a global employer working in collaboration with a nursing college in Latvia and brokering recruitment agencies. The Latvian nurses are offered a "package deal" prompted by the welfare state, which resulted from negotiations between employers, the national migration authorities, the nurses' trade unions, and the commercial agencies. Widding Isaksen stresses the transnational inequalities embedded in these processes.

There has been a broad consensus that migrant care work can be understood and compared between the countries, analysing the mutual influence of care, employment and migration regimes in different countries as a start (Williams & Gavanas 2008). The feminisation of the workforce and its implications also require attentiveness to gender regimes conceived of over-arching discursive norms and material practices traversing care, employment and migration regimes (Lutz & Palenga-Möllnbeck 2012). With few exceptions, existing studies implement this approach in such a way that they focus only on the analysis in the receiving country. However, in his study of care migration from Slovakia to Austria, Bahna (2021) expands the focus on the receiving country

by analysing the situation in the sending country. He describes how the 2008 economic crisis led to increased unemployment and lower wages in Slovakia, which – along with the Austrian legalisation policies of employment of migrant care workers in private households – fuelled care mobility from Slovakia to Austria. This study proves that understanding transnational care migration requires the examination of the specific context in the sending country to unmask the inequalities and interdependences embedded in the interactions between the sending and receiving states.

SOCIOECONOMIC INEQUALITIES AND INTERDEPENDENCES BETWEEN THE EUROPEAN CORE, SEMI-PERIPHERY, AND PERIPHERY

The concept of the semi-periphery has its roots in Latin American structuralist theory, which analyses politico-economic phenomena as part of the dynamics of the world capitalist system between the countries of the capitalist core and the periphery. Prebisch (1950) introduced the core–periphery dichotomy upon discovering the tendency of primary commodity prices to fall relative to industrial products, thus limiting the development prospects of primary commodity-exporting countries, even as their productivity increased. Wallerstein (1976) proposed that an intermediate category of the semi-periphery be placed in the core–periphery dichotomy. According to Wallerstein, semi-peripheral countries combine activities typical of both peripheral and core countries and hence belong to neither the periphery nor the core. Although the capitalist core views them as its periphery, they act as the core in relation to its own periphery, which enables them to extract part of the surplus value from it. At the same time, they themselves are simultaneously exploited by the countries of the core, which appropriate a bigger share of the world surplus. Wallerstein noted that the semi-peripheral countries can maintain their (privileged) position as long as their labour costs are lower than those in the core countries, which leads to greater social inequalities and the oppression of labour (Arrighi 1985, 1990).

Several studies have explored the uneven development in Europe between the semi-periphery of Southern and Eastern Europe and the capitalist core of Europe (Germany, France, etc.). Following the 2008 financial crisis, these disparities have widened, exposing the “developmentalist illusion” and subordinate inclusion of these regions in European integrations (Vliegthart 2010; Becker et al. 2015; Hadjimichalis 2018). Foreign investment-led growth has been confirmed as transforming European semi-peripheries into locations for

less profitable industries and sources of cheap labour to reduce workers' upward pressure on wages in the countries of the core. Several studies have examined quantitative indicators to classify countries as core, semi-periphery, or periphery. Arrighi and Drangler (1986) used GDP per capita to observe the stratification of countries in the period 1938–1983. Within the CEE and Western Balkan regions, they showed that Austria moved from the semi-periphery into the core, while Yugoslavia (also, for instance, Greece) remained in the semi-periphery. Vieira (2018) replicated the study using the same methodology, employing data until 2015. This new study reveals that Austria is in the core, Slovenia, Croatia, and Montenegro in the semi-periphery, and Serbia and BiH in the periphery. Using extended indicators, Morales Ruvalcaba (2019, 2020) placed Slovenia in the semi-core, Croatia in the medium semi-periphery, and Serbia and BiH in the weak semi-periphery.

THE HISTORICAL, GEOPOLITICAL, AND SOCIOECONOMIC CONTEXT OF CARE MIGRATION BETWEEN SLOVENIA AND FORMER YUGOSLAV COUNTRIES

In the following section, we complement these findings with some indicators of the employment, gender, care, and migration regimes in Slovenia as a receiving country and BiH, Serbia, North Macedonia, and Croatia as source countries for the majority of migrant care workers in Slovenian care homes. After World War I, together with the Western Balkan states (except Albania), Slovenia made up Yugoslavia. In 1991, upon the secession of Slovenia and Croatia, Yugoslavia fell apart, which was followed by a period of war, mainly affecting BiH, Serbia, and Croatia. Their historically different socioeconomic contexts and varying involvement in nation-state-building conflicts have seen the former Yugoslav countries position themselves differently within European integration and capitalism. Slovenia joined the EU in 2004 and Croatia in 2013. BiH and Serbia – both post-socialist and post-war countries – remain, however, caught in a “double transition” which has brought infrastructural devastation, the loss of major industries, shady privatisation, and the pauperisation of the population coupled with immense emigration. Unemployment is rampant in both countries, and average wages, pensions and other allowances are extremely low in comparison to retail prices (Jansen et al. 2017: 13). Unemployment rate in BiH was 16% in 2020, 9% in Serbia, 14.5% in North Macedonia while it reached 6% in Croatia, and only 4% in Slovenia (Hrženjak & Redžić 2022). The female employment rate in former Yugoslav countries is, on average, 45%, meaning

that almost two-thirds of women of working age are not engaged in paid work (Atoyan & Rahman 2017). For instance, in BiH, the female unemployment rate is 58% and in North Macedonia, 36%, compared to only 4.6% in Slovenia (Hrženjak & Redžić 2022). While the OECD average spending of national GDP on LTC is 1.7%, it is only 0.1% in BiH and 0.4% in Serbia and Croatia. Slovenia, with its 1.3% share of GDP devoted to LTC, is still below the OECD average; nevertheless, the resources are considerably higher compared to BiH, Serbia, and Croatia (Hrženjak & Redžić 2022). The absence of a local social care system that provides jobs for women may be one reason for the care migration from these countries on the macro level. The other may be income differences. The average net salary in social care in 2020 amounts to 562 EUR in BiH, 495 EUR in Serbia, 580 EUR in North Macedonia, between 515 and 884 EUR in Croatia and almost double that, 973 EUR, in Slovenia (Hrženjak & Redžić 2022).

Unlike the former Soviet Union and the Eastern European countries in the Soviet bloc, Yugoslavia allowed labour migration to the West during socialism. Thus, the first period of labour emigration, mostly to Germany, occurred during the 1960s and 1970s. The refugees related to the Yugoslav Wars generated the second massive emigration in the 1990s, whereas the third period commenced following the visa liberalisation among EU Member States in 2012. The 2017 data for BiH show that its diaspora amounts to 1.7 million citizens, which, given a total population of 3.35 million, makes the BiH diaspora, in relative terms, one of the biggest in Europe. Over half of the BiH diaspora (52.4%) lives in the “Yugosphere” (Slovenia, Croatia, Serbia, Montenegro, North Macedonia) (Majstorović 2021: 53–54). Diasporas constitute crucial migrant networks that enable and facilitate further migration (Narazani et al. 2015: 16). The share of remittances of the national GDP is 9.3% in BiH, 7.2% in Serbia, 3.4% in North Macedonia, 7.3% in Croatia, and only 1.2% in Slovenia (Hrženjak & Redžić 2022).

Slovenia was the most industrialised country in former Yugoslavia and had the most developed public sector. The social protection system managed to endure the transitional shock comparatively well, preserving the livelihoods of its citizens faced with novel transition-related risks (Mandič 2016). It preserved the socialist legacy of public childcare, the combination of institutional and family-based care for older people, and high female employment. However, Slovenia was hit hard by the 2008 economic crisis due to its dependence on exports. A decade of austerity squeezed the welfare state and the public sector.

Already in Yugoslavia, Slovenia was a destination of internal labour migration. In the care and health sectors, many women from BiH and Serbia were recruited to work in Slovenia as cleaners and care workers in hospitals and senior care homes. In the 1990s, family networks provided refuge from war

for many asylum seekers from BiH, Serbia, and Croatia, among whom many women found employment in various care work (Cukut Krilić 2009). Today, we are witnessing a fourth period of migration from former Yugoslav countries, characterised by the systematic recruitment of labour for shortage occupations and low-wage work in construction, care, tourism, and retail. However, once citizens of a common country, they are now legally “third-country” nationals (except Croatians) and subject to restrictive labour and family reunion regulations.

CARE MIGRATION IN CARE HOMES BETWEEN THE EUROPEAN CORE, SEMI-PERIPHERY, AND PERIPHERY

In Slovenia, besides informal family care, the central pillar of care for older people is institutional care, which provides placement for 4.5% of older people (Association of Social Institutions of Slovenia 2021), while formal home care services are scarce. In the 1990s, the state opened the provision of institutional care to private enterprises; it introduced “controlled privatisation” by retaining control over the quality standards and prices through issuing concessions and business permits. The number of care homes doubled in the last twenty years; in 2020, there were 99 care homes: 54 public and 45 private (Hrženjak 2019).

All the interviewed stakeholders are unanimous in their diagnosis and prognosis of the problem of labour force shortages and the strategy for labour mobility to care homes. The managers of both public and private homes say there is a massive shortage of nursing assistants, nurses, and kitchen staff. The Association of Social Institutions of Slovenia also notes that 8% of employees have a recognised disability and that 17% of employees will retire in the next five years.

All stakeholders agree that the key reasons for the labour shortage are deplorable working conditions and low wages. They pointed out that standards and norms in institutional care have not been adapted to the changing structure of users and their needs over the last 30 years. In 2020, as many as 43% of residents were aged from 80 to 90 years, and 57% were bedridden and needed assistance with vital life functions (Association of Social Institutions of Slovenia 2021). While residents’ health profile and dependency have worsened, demanding more intensive care and a wider scope of medical services, the standards and norms for care workers regarding their diversified skills, medical training, and number

have remained unchanged.¹ The trade unionists explain that this results from labour scarcity and wage cost-cutting efforts in care homes. Vacancies remain unfilled, and the remaining workers take over the work through overtime labour. They work “non-stop”, are worn out, and accumulate many hours they cannot take as their time off. Hard work leads to absenteeism; many have their disability status recognised or are on long-term sick leave. One of the strategies is also assigning professional work to unskilled workers. An earlier study showed “virtually no difference between the work of attendants and nursing assistants” (Bembič 2019: 1027). Trade unionists confirm that it is a common practice that nursing assistants do the job of a nurse while attendants perform the tasks of nursing assistants. More than 50% of employees in care homes are classified in the lowest pay categories, where basic salaries are lower than the statutory minimum wage. The wages thus oscillate around the minimum wage, notwithstanding bonuses for unfavourable working conditions (uneven working hours, night and Sunday shifts). In the European context, Slovenia makes an exception regarding the funding of care homes, with only 30% of funding coming from the public health care budget and 70% paid by the users and their families. Such a funding system implies that pay raise in care homes directly results in a higher price for users, limiting the access to care of older people who are the most exposed social group to poverty in Slovenia (Leskošek 2019). Therefore, the state avoids raising salaries (Hrženjak 2019).

Care home managers reported a high turnover. In one of the homes where we interviewed the manager, 20% of the employees left in 2021. Workers leave for jobs with more regulated working hours in production, trade, or health centres or take up care work in neighbouring Austria, where home-based care is supported by the state with generous cash-for-care benefits (Österle 2014). Trade union official from the bordering region with Austria drew attention to long queues of vehicles heading towards Austria every morning. He said that according to their assessment, around 14,000 people commute daily to work, many from the health and care sector. Austrian brokering agencies boldly attempt to attract care workers from Slovenia with posters advertising high salaries and good working conditions. People can even accept jobs below their

1 According to The Court of Audit (2019: 53), in Slovenia, a social care worker cares for 50.6 users (9.5 minutes for each) and a health worker for 11.4 users (40 minutes for each). This is an extremely high work intensity compared to other countries. The two studies measured the standard time in Australia and Sweden that employees take to care for care recipients. The Australian study measured a standard time of 30 minutes of care for each care recipient (Qian et al. 2016), while the Swedish study measured between 75 and 101 minutes per care recipient (Thorsell et al. 2010).

formal education and earn more than in Slovenia because of the wage differences between the European core and semi-periphery.

Care home managers in Slovenia use several strategies to attract local care workers: from linking up with schools, offering scholarships, introducing organisational improvements with measures to balance work and family and promoting health and well-being at work to advertising jobs with jumbo posters and financial incentives, and even taking on staff between homes. Public work is financed at the level of labour market measures, and national vocational qualifications are made available for the long-term unemployed with inadequate qualifications. However, these strategies are not sufficient. According to an interview with the Association of Social Institutions of Slovenia, in 2020, only 29% of successful tenders were for the post of nursing assistant, 36% for the post of diet cook, 38% for graduate, and 44% for intermediate nurses.

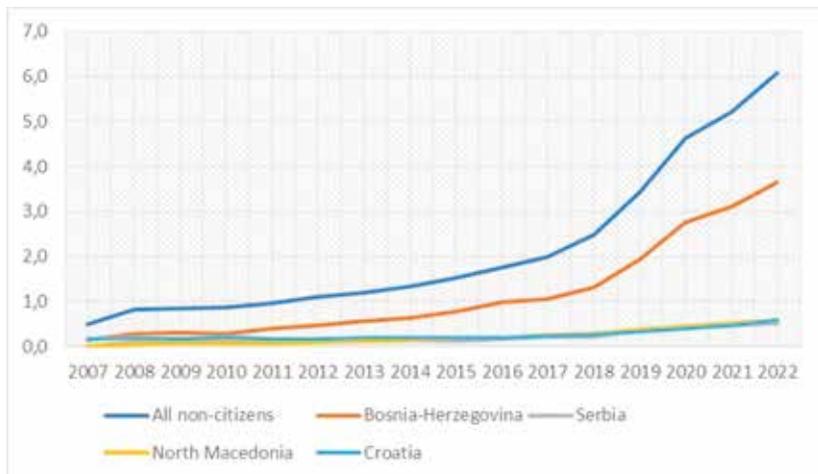
While improving working conditions in nursing homes has been very slow and uncertain in the face of a labour shortage, all interviewed stakeholders, including the state, see recruiting a foreign workforce as inevitable. A representative of the Ministry of Labour, Family, Social Affairs and Equal Opportunities says:

On the one hand, we see the solution in improving wages, and some negotiations are already taking place, but not enough. On the other hand, there are measures to facilitate the employment of foreigners, to attract foreigners. ... But the Balkan pool is already emptying. We have to realise that in the countries of the former Yugoslavia, we are no longer a little Switzerland. We think there may still be a reserve in Kosovo, Albania, Romania, maybe the Philippines. We absolutely welcome anything that would make it easier to attract workers from other countries.

According to Statistical Office data, the number of foreign-born care workers in care homes in Slovenia increased more than tenfold in the last fifteen years, from 0.5% in 2007 to 6.1% in 2022, rising sharply in the last five years (see Figure 1).

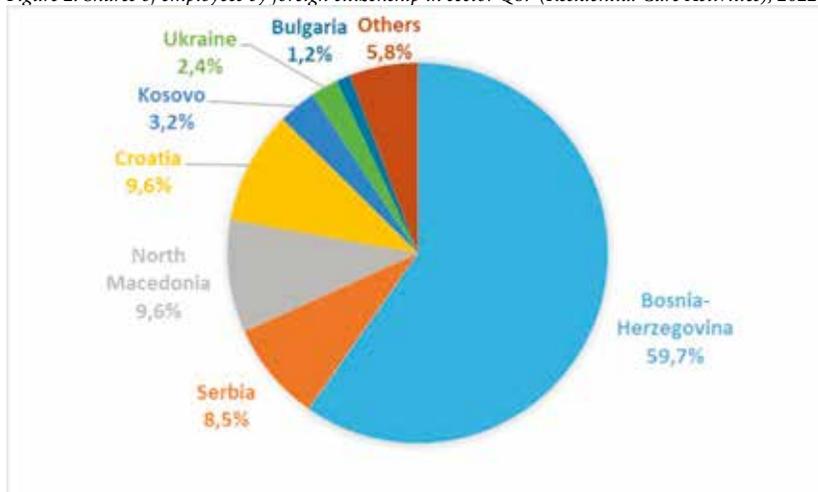
As Figure 2 shows in more detail, the majority of migrant care workers come from Bosnia and Herzegovina, followed by North Macedonia, Croatia, and Serbia. As a representative of the Employment Service said in the interview, these figures should be seen mainly as trend indicators, while the actual figures are higher. Official statistics, namely, do not record the employment of foreigners who have been granted a residence permit on grounds other than employment, such as associated family members and students. Nor do they record foreigners employed in Slovenia based on bilateral employment agreements who have obtained a permanent residence permit after five years of temporary residence.

Figure 1: Share of employees with foreign citizenship (in %) in sector Q87 (Residential Care Activities).



(Source: Statistical Office of the Republic of Slovenia – SURS. We thank Nuška Brnot for her kind assistance in providing information.)

Figure 2: Shares of employees by foreign citizenship in sector Q87 (Residential Care Activities), 2022.



(Source: Statistical Office of the Republic of Slovenia – SURS, data on 31 September 2022; the group “Others” covers citizens from twenty countries.)

The patterns and regulations of labour migration from these countries are diverse. As of 2018, Croatian citizens no longer need work permits and enjoy the same labour rights as other EU citizens in the Slovenian labour market. Our interviews showed that Slovenian care homes along the Croatian border are looking in Croatia for care workers who daily cross the border to commute to work. In one Slovenian care home near the border with Croatia, we asked whether the proximity to the border helps them find employees:

I think it helps us quite a lot. Especially since we live on the border with Croatia, or one of the poorest parts of Croatia, Croatian Zagorje, where wages are really low. ... As far as the Slovenian language is concerned, many Croatians who work for us have finished school in Slovenia.

However, care homes managers pointed out that, as the wage gap between the two countries narrows, Croatian care workers are becoming less interested in Slovenia and increasingly seek jobs in Austria and Italy.

Bosnia and Herzegovina, Serbia, and North Macedonia are positioned in the European border regime as so-called Third Countries and associated Member States with liberalised visa regimes. Slovenia has a Social Insurance Agreement with Macedonia, which covers pension and disability insurance, health and unemployment insurance, child benefits, and maternity pay. Slovenia has bilateral agreements on employment with BiH and Serbia. These agreements stipulate issuing a work permit for three years; in the first year, the migrant worker must stay with the employer who has applied for the work permit. Under the bilateral agreements, after one year's employment, a person gains free access to the labour market, and after five years of temporary stay, they become eligible for a permanent residence permit. However, also for care workers from Third Countries, Slovenia is often just a stepping-stone for migration further to the West, especially to Germany: "Many of them go on to Austria and Germany. Here they just stop to get their papers and sort out their status," say care home managers in our interviews.

While the European core countries have systematic recruitment strategies for migrant care workers at the national level (for instance, the Triple Win programme in Germany),² managers of care homes in Slovenia are mostly left to their own skills and informal recruitment strategies. According to our interviews, care migration in Slovenia mostly occurs outside the official channels

2 GIZ, Sustainable recruitment of nurses (Triple Win), available at: <https://www.giz.de/en/worldwide/41533.html>.

and bilateral agreements. Care home managers say they are most successful in recruiting through migrant networks. They ask their employees from former Yugoslav countries to invite relatives and acquaintances from their countries of origin to work in Slovenia. The manager of a public home, which employs 70 migrant women among its 330 employees, says:

We have used the social capital we have because we already have many employees from the former Yugoslavia states. They still go to their hometowns and have contacts there. They bring their relatives, their neighbours, their informal network. That has paid off the most for us. At the staff meeting and in the home's newsletter, the director addressed the employees, saying that we are in a difficult situation and would like to ask if anyone has anyone who would like to come and work for us to please bring them. The relatives are also helping newcomers with accommodation because we cannot provide them with housing, and the cost of accommodation in Ljubljana is such that one minimum wage is not enough.

In the absence of state policies, migrant social networks perform the function of recruiting migrant care workers into Slovenian care homes and integrating them in terms of housing. For these reasons, family reunification is also an important recruitment channel. A manager of a chain of private homes points out:

We are looking for those already living in Slovenia who have a residence permit based on family reunification because the husband is already here. Then it is much easier. Then we just have to fill in an information sheet. The Employment Service is flexible and very responsive. This also solves the housing problem.

Representatives of the Employment Service explained in the interview that the Slovenian Labour Market Regulation Act³ does not provide for entry into the unemployment register and free access to the labour market for migrant workers' family members. If family members find an employer by themselves, the Employment Service has to issue an opinion that there are no suitable candidates on the labour market for the job (information sheet under Article 33 of the Employment, Self-employment and Work of Foreigners Act),⁴ after which the administrative unit will also add access to the labour market to their

3 Zakon o urejanju trga dela (Labour Market Regulation Act, ZUTD), available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5840>.

4 Zakon o zaposlovanju, samozaposlovanju in delu tujcev (Employment, Self-employment and Work of Foreigners Act, ZZSDT), available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6655>.

residence permit. The manager of a chain of private care homes revealed in the interview that one of their recruitment strategies is also linking up with construction companies. As the Slovenian construction sector employs many migrant workers from the countries of the former Yugoslavia, through them, the care homes invite their family members (i.e., female partners) to take up care jobs.

Interviewees also pointed to some other less widely used recruitment strategies. In one home, they said they were preparing to work with a brokering agency. The manager of another care home mentions social networks: “I post on our Facebook, and then the employees share.” Media advertising is on the horizon in the care home near the border with Croatia.

Although immigration and employment regulations endow migrant workers with equal rights as those of nationals, our interviews pointed out the processes of deskilling and labour cost containment. Deskilling is associated with administrative barriers and professional standards in the employment of foreigners and with the fact that migrant care workers have to pass exams and learn the language while doing extremely time-consuming and physically and mentally demanding jobs. Managers of care homes say they mainly recruit skilled nurses and employ them as unskilled care assistants for a year of probation. Within this period, they have to pass a Slovenian language exam, which requires a high level of language proficiency, get their certificate validated, repeat their apprenticeship, and pass a professional examination with the Chamber of Nursing and Midwifery to obtain a licence to work as a nurse. Although employers, as mentioned in the interviews, are interested in and support migrant workers’ career progress, if migrant care workers do not meet these conditions, they remain in a position of an unskilled care worker or their employment is not prolonged.

Additional administrative barriers to employment cited by employers include lengthy procedures at administrative units for obtaining or renewing work and residence permits, the unavailability of language courses and exams, and the high costs of the transition process for migrant workers. According to the interviews, the management of care homes is interested in a long-term commitment, so they also promote integration through family reunification and employment of family members: “So we have many cases where we have, say, a mother and a daughter working, or a mother and a son, or a husband and a wife.” However, they add that under the current regulation of family reunification, which requires a certain amount of monthly income per family member to prevent “welfare migration”, a person on minimum wage cannot actually bring her family.

CONCLUSION

In this chapter, we analysed care migration in care homes for older people in Slovenia through its historical connections within the region and geopolitical location at the CEE semi-periphery. The structural characteristics of the semi-periphery, as defined by world-systems analysis, establish the care, gender, migration and employment regimes as qualitatively different from those in the European core and periphery. The care deficit in the semi-periphery stems from the state's underinvestment in care for older people and from the low purchasing power of households to compensate for insufficient public services. Compared to European core countries, where relatively generous cash-for-care benefits in combination with cheap migrant labour enable home-based care provided by live-in migrant carers, in Slovenia, the state's financial support to individuals is low, so only a handful of households is wealthy enough to afford such arrangement. Compared to Bosnia and Herzegovina, Serbia, North Macedonia, and Croatia, where care for older people is almost entirely family-based and privatised and where inclusion of women in paid work is low, Slovenia has retained a public-private network of care homes. In addition to care services, the homes provide jobs for women, although poorly paid and strenuous.

Following Fraser (2022), capitalism structurally requires low social reproduction costs through individualisation, privatisation, and feminisation mechanisms. In the semi-periphery, the dependent socioeconomic development makes the urge to contain taxes and public spending even more pressing. Integration into global capitalism is tied to neoliberal policies of containing funding for public models of care, resulting in worsening working conditions for care workers and an increasing financial burden for households. These processes generate dynamic care mobilities in the semi-periphery, in which domestic care workers abandon jobs for better employment in neighbouring core European countries. Natives, in turn, are replaced by workers from peripheral countries via historically established migrant networks from countries that were once part of one country (former Yugoslavia) but are now Third Countries. Thus, established care mobilities highlight the complexity of labour mobility dynamics in semi-peripheral countries: they are both destination and transit countries for periphery-to-core migration and source countries of required labour in core countries (Morales Ruvalcaba 2020). Slovenia, like other postsocialist countries (Katona & Meleggh 2021), is simultaneously a country of origin, destination, and transition of care mobility involving the EU and non-EU citizens, where daily cross-border commuting interacts with circular care migration and global care chains. There is no need to highlight that such migration and employment

regimes established at the EU external borders provide structural conditions for reducing workers' upward pressure on wages and enable the containment of welfare costs in core countries.

Semi-peripheral countries, however, are competing for care workers with core European countries. The economic inequalities between core, semi-periphery, and periphery, as well as the economic equalisation between some countries in the semi-periphery (i.e., Slovenia and Croatia), make countries in the semi-periphery less attractive for native and migrant care workers. Their competitive advantage in recruiting is mainly due to historical, linguistic and geographical proximities. While more profound research would undoubtedly enrich our knowledge of interdependences between sending and receiving countries, diverse patterns of care migration and institutional settings, our findings allow us to conclude that senior care in Europe has been transformed not only into a market commodity but also into a geo-strategical resource. In pursuing cost containment, care work, as an increasingly rare commodity, is systematically extracted from poorer countries by richer ones. We gained insights into this new dimension of transnational labour mobility in care from the centre–semi-periphery–periphery perspective.

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INTRA-EU CROSS-BORDER WORKERS IN THE TIME OF COVID-19 MOVEMENT RESTRICTIONS: CROSS-BORDER AND POSTED WORKERS FROM SLOVENIA

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INTRODUCTION

The intra-EU free movement of workers is one of the founding principles of the European Union and, as such, a fundamental right of EU citizens. It is a political process defined and protected by the Treaty on the Functioning of the European Union. It entails that workers have the right to move and reside in another EU Member State (hereafter, Member States), they have the right to be accompanied by their family members and have the right to work in another EU MS. Moreover, they have the right to be treated equally as other nationals of that Member State. From the beginning of 2023, the border-free Schengen area comprises 27 European countries and guarantees free movement to all EU workers. However, the last pandemic crisis and even the most recent political decisions in the EU show how fragile and arbitrary this ideal of workers' rights can be.¹

In the first decades of the new millennia, shortly after full rights to movement and work were implemented for most of Member States, the restrictions of movement and/or work occurred in an unprecedented scope and magnitude. In 2015/2016, many Member States introduced restrictions on freedom of movement at the EU's internal borders due to large numbers of refugees from Syria and other conflict zones. Intra-EU mobile workers who already faced various obstacles to mobility due to social, political, economic, or cultural constraints (Cresswell 2006; Blitz 2014; Salazar 2017) were affected by the so-called safety measures applied at the borders. Only five years later, in 2020, the health constraints related to the COVID-19 outbreak were added to the list. On 11 March 2020,

1 The European Commission announced formal consultations with several Member States on the Schengen internal border controls. Austria, Denmark, Germany, France, and others Member States are trying to enforce their national interests at the border, insisting on controls that are dating back to 2015 (G. K. 2023, in Slovenian).

the World Health Organisation declared the COVID-19 pandemic. Many countries around the world took previously unthinkable measures to curb the spread of COVID-19. One of the key measures was to restrict movement, as the virus was supposedly spreading physically with moving, travelling people. With the pandemic, the scope of global mobility became limited, and the extent of restriction of movement worldwide was so vast that IOM (2020a) labelled the COVID-19 pandemic not only a health, political, and socioeconomic crisis but also a mobility crisis.

This article presents the results of a study on the impact of government policies and measures to prevent the spread of COVID-19 in Slovenia. Specifically, I analyse the effects of measures on the intra-EU mobility of workers, specifically cross-border workers² (also referred to as frontier workers or commuters) and posted workers³ from Slovenia. In the first part of the article, I discuss the measures adopted by the Slovenian government and certain neighbouring countries in the first half of 2020. The restrictions due to the COVID-19 outbreak also affected the working environment and work itself. Therefore, the second part presents and discusses the analysis of interviews conducted with cross-border workers and professionals working in the field of labour mobility, focusing on the economic and social risks that workers faced after returning to Slovenia or while working in neighbouring or other EU countries.

RESEARCH APPROACHES

Consideration of various aspects of international labour mobility in the form of cross-border (daily, weekly), seasonal, or posted work in the COVID-19

2 *Cross-border worker*, also frontier worker (*frontaliero* in Italian) or commuter (*Pendler* in German), means any person who pursues an activity as an employed or self-employed person in one Member State and is permanently resident in another Member State, to which he/she normally returns on a daily or at least weekly basis (Article 1.f of Regulation 883/2004/EC). Slovenian residents commute daily or weekly to neighbouring Italy, Austria and, to a lesser extent, Croatia and Hungary, but also to more distant Switzerland and Germany (weekly or even monthly). In Slovenia, cross-border workers tend to be identified with the term migrant workers (for example, Sindikat delavcev migrantov Slovenije (SDMS) – Trade Union of Migrant Workers), which is otherwise used in professional and academic literature to refer to foreign workers in Slovenia.

3 *Posted workers* are workers who, for a limited period, carry out their work in the territory of an EU Member State other than the state in which they normally work (Directive 96/71/EC). Posted workers are employed by an employer established in one EU country and, for a limited time, carry out work in another EU country while remaining covered by the relevant social security scheme in the country where the employer is established.

period has stimulated discussion in various academic fields about the increased vulnerability of international mobile workers and migrants and the potential consequences of COVID-19 for them (Fasani & Mazza 2020a; Geyer et al. 2020; Karaleka 2021; Perocco 2021; Jurčević et al. 2023). To add to the existing literature on mobility and migration during the pandemic, we conducted research on the impact of government measures aimed at preventing the spread of COVID-19 on international mobile workers in Slovenia (and neighboring countries) during the initial phase of the pandemic (12 March–31 May 2020).

The study aimed to identify the measures and strategies to curb the spread of COVID-19 connected to persons' physical movement. Further, we wanted to analyse those measures that affected cross-border and posted workers most negatively and establish how they impacted their lives and work. Therefore, this article focuses on the measures that restricted mobility (e.g., closing borders or reintroducing border checks, limiting free movement to the municipality of permanent residence) and the effect of economic and societal lockdowns on mobile community. Identified are the risks workers faced when they returned from abroad or were engaged in cross-border labour during the first phase of the pandemic restrictions. The restrictive measures adopted in the same period by the governments of neighbouring countries, particularly Austria and Italy, were also studied.⁴ Especially useful in this respect were the official publications of decrees from the Official Gazette of the Republic of Slovenia (Uradni list – UL) and information on other countries' decrees posted on the Slovenian government website (gov.si). Analysed material includes media coverage of movement restrictions in all major Slovenian printed and online media, information on the Slovenian Union of Migrant Workers (SDMS) website, and comments by workers on social media (Facebook). To verify the impact and consequences of measures in practice, I conducted semi-structured interviews with posted workers and their families (fourteen interviews) and cross-border workers (two interviews) who work in Austria, Switzerland, Germany, Italy, and elsewhere. All are Slovenian citizens.⁵ The interviewees describe their everyday life as cross-border or posted workers and their itineraries. Workers speak about changes due to the pandemic that they noticed on the way to work, in the workplace, and at

4 Most daily cross-border and posted workers living in Slovenia cross the borders between Slovenia and Austria or Slovenia and Italy (SDMS Union 2020; De Wispelaere et al. 2021), so I decided to focus on them and not on the less widespread movement of workers between Slovenia and Hungary or Slovenia and Croatia. Also, cross-border workers from neighbouring countries employed in Slovenia or posted workers to Slovenia are not included in the study.

5 The interviews were conducted in the Slovenian language. For the purpose of this article, parts have been translated into English.

home. They describe how they perceived the measures that affected them and define the obstacles in connection with the pandemic and their mobility. The interviews have been rendered anonymous and are not representative in any aspect. As workers, for the most part, relied on information and support from trade unions, NGOs and public services, I carried out further discussions with representatives of trade unions/NGOs who assisted workers (five interviews), with the representative of the INAS – institute for assistance and consultation from Nova Gorica (covering border region Slovenia-Italy), and with an EURES network consultant at the Employment Service of Slovenia (ZRSZ).

THE BACKGROUND OF THE PHENOMENON: CHARACTERISTICS OF CROSS-BORDER AND POSTED WORKERS OF SLOVENIA BEFORE THE PANDEMIC

International labour mobility results from economic, legal, and social circumstances that encourage individuals to leave their home countries for employment. In this respect, they affect their choice of future work and destination (Bastos et al. 2021: 157). In 2019 – before the pandemic – there were 1.5 million cross-border workers (Fries-Tersch et al. 2021) and 1.9 million posted workers (De Wispelaere et al. 2021) in the EU. In the case of posted and cross-border workers, we often deal with temporariness and flexibility of work, language barriers, and the different social, health, and tax systems to which cross-border workers need to adapt. Thus, in addition to opportunities, mobility can be full of uncertainties, and the COVID-19 pandemic restrictions only added new challenges to the existing obstacles (see Fasani & Mazza 2020a; Rasnača 2020).

According to EU legislation, workers from one Member State who work in another Member State have the same labour rights as domestic workers (European Union 2020), but studies show (Toplak 2017; Fasani & Mazza 2020a, 2020b; Rasnača 2020; Perocco 2021) that mobile and migrant workers, even if they are citizens of Member State, are exposed to economic and social vulnerability due to the generally short-term nature and limited duration of their work contracts; they may be paid less than local workers and are more likely to have to accept informal agreements about working conditions. In a crisis, foreign workers are the first to lose their employment, as was the case at the pandemic's start (Geyer et al. 2020). The language barrier is another obstacle that can hinder workers from taking on a better-paid job outside the construction, food, textile, and auto-moto industries in another country. Long commuting might also negatively impact workers' well-being (Chatterjee et al. 2020).

To better understand the impact of the pandemic on the mobility and work of selected groups of workers, this chapter considers the basic characteristics of cross-border and posted workers that predominate in the category of international mobile workers in Slovenia.

Cross-border workers

According to Eurostat, there were around 23,700 cross-border workers from Slovenia in 2020 (Eurostat 2022a), representing almost 2.5% of the total employed population in the same year (Eurostat 2022b). This share places Slovenia in the top half of EU countries regarding the share of cross-border workers in the employed population in the same year (own calculations).

In April 2020, there were 13,503 workers (not including posted workers) with registered residences in Slovenia working in Austria (unpublished statistics from the AMS—the Austrian Public Employment Service, in the authors' archives). I was unable to obtain official data on the number of Slovenian residents working in neighbouring Italy from the Italian employment service, but it is estimated that there are around 10,000 permanent, temporary, and informal workers (INAS representative, interview; Repovž 2015), while Eurostat at the NUTS 2 level of Western Slovenia lists 5,500 formally employed cross-border workers (Eurostat 2022a). Informal and undeclared work in neighbouring countries, which our interlocutors say is not uncommon among Slovenian workers, is estimated to represent an additional 1,000 workers, especially among workers crossing the Slovenian-Italian border. Most of the workers commuting daily to Austria come from border regions of Slovenia, such as Mura, Drava, and Carinthia, and partly also Upper Carniola, and are employed in all sectors of the Austrian economy, usually in the border zone of Styria and Carinthia federal states, but also in other regions in the interior. Workers from the Coastal-Karst and Gorizia regions commute to Italy, and most of them are employed in the border region of Friuli-Venezia Giulia, in the metal and electrical industries and mechanical engineering (Repovž 2015) but also in the agriculture and care sectors. The latter are often undeclared workers (INAS representative, interview). The primary motivation for cross-border working is the lack of suitable work or work in general in Slovenia, the changed working conditions in the previous job (especially in the healthcare sector, cf. Vah Jevšnik & Cukut Krilić, this volume), the loss of a job in Slovenia, and better conditions in Austria and Italy (higher salary, better working conditions, clear conditions of employment, and the regularity of the workplaces) (Cross-border workers, interviews; INAS representative, interview).

Under European law, cross-border workers between Italy, Austria, and Slovenia do not need work permits and have the same rights as workers who are residents of the country where they work. National legislation protects pension rights and all other rights provided by social security systems that are not strictly linked to permanent residence in a particular country. However, even before the pandemic, some basic rights of cross-border workers were already being violated, as the Slovenian Migrant Workers' Trade Union and INAS point out in the interviews. The breaches are due to inconsistencies in national legislation, breaches of EU rules on social entitlements, notably Regulation 883/2004/EC (recognition of disability, problems with the recognition of sickness benefits and social transfers, delays in unemployment benefits and the level of unemployment benefits compared to payments) and taxation (problems with the treatment of income in the income tax return), and the lack of monitoring of these breaches.

Posted workers

In 2020, 60,503 workers were posted abroad from Slovenia (Vah Jevšnik et al. 2022: 19), compared to 22,590 during the first wave of the pandemic alone (data available for April-June 2020). In 2020, more than one-third of posted workers worked in construction, assembly/service, and industry (almost one-fifth in each), followed by international road transport (14%). In 2020, 59% of all posted workers were third-country nationals who had temporary or permanent residence in Slovenia and worked abroad for a Slovenian employer. The majority were citizens of Bosnia and Herzegovina, Serbia, and Kosovo (Vah Jevšnik et al. 2022).⁶ Posted workers from Slovenia cross the border several times a year, depending on their work schedule. Posting can last from 14 days to several months, and workers usually return to Slovenia after completing work on a specific project. Most of the posted workers are men, more than 95% (Vah Jevšnik et al. 2022: 24), and they usually take this form of work because they can earn better than they would in Slovenia for similar work (Posted workers, interviews).

As in the case of cross-border work, this form of work is also plagued by persistent problems, the extent of which was difficult to determine before the pandemic. Various studies have identified the main problems as violations of workers' rights, non-compliance with the law, and the lack of monitoring of

6 Although the free movement principle applies only to EU citizens, the EU legal framework on posting of workers applies equally to EU and third-country nationals, "as the legislation does not distinguish on the ground of the posted workers' nationality" (ELA 2023). Third-country national posted workers were not surveyed in this study but are nevertheless discussed in the paper because their numbers in Slovenia are high, they are more vulnerable than posted workers from the EU for various reasons, and they were also affected by restrictions on free movement.

violations. The most common violations of workers' rights include non-compliance with working hours, non-compliance with the legal rate of pay, non-payment or withholding of part or all of monthly income, non-payment of recourse, non-payment of social contributions and health insurance, improperly drafted employment contracts, avoidance of liability in the event of work accidents, poor information on occupational health and safety, and others (Rogelja et al. 2016; Danaj & Geyer 2020; Vah Jevšnik et al. 2022).

THE PANDEMIC STRIKES

With the onset of the COVID-19 pandemic, travel restrictions were adopted at external and internal EU borders in early 2020. Early studies of the impact of the pandemic show that such measures drastically impacted people's lives (Meier et al. 2020: 1436; Heller 2021), especially those economically dependent on intra-EU mobility. As soon as the pandemic was declared, international mobile workers, such as posted, cross-border, seasonal, and other mobile workers (Rasnača 2020; Jurčević et al. 2023), found themselves restricted by the measures of the countries in which they were located and were forced to decide whether they would stay or return home. However, as many countries restricted movement and, with it, public transport, returning home was not always possible. In 2020, almost 3 million people worldwide were stranded abroad. In the European Economic Area alone, around 202,000 could not return home, among them many business travellers and foreign workers (IOM 2020b). Restrictions or shut-downs of the EU economy accompanied restrictions of movement. Thus, posted workers, as well as many cross-border workers, suddenly found themselves without work.⁷

However, a unique paradox arose soon after the COVID-19 pandemic was declared. To prevent the spread of COVID-19, the Member States restricted freedom of movement with established checkpoints at their borders. At the same time, they declared the so-called critical infrastructures – activities that served and sustained the population uninterruptedly during the pandemic (road transport, health care, agriculture, food, and other industries). Foreign workers who were mainly employed in these sectors suddenly became “key workers” (Fasani & Mazza 2020a). International mobile workers who regularly travel within the EU (and also enter and leave from third countries) were indispensable yet restricted in their mobility.

⁷ Also, in the later stages of the declared pandemic, both groups encountered increasingly significant obstacles hindering or even preventing them from crossing borders on the way to work in another Member State, as various degrees of restrictions on movement between Member States were in place (Jurčević et al. 2023: 59).

THE PANDEMIC AND THE MEASURES TO PREVENT THE SPREAD OF THE VIRUS IN SLOVENIA

On 11 March 2020, the government restricted crossings of the national border with Italy, which was then experiencing an extraordinary increase in infections. Restrictions on national border crossings with other neighbouring countries followed shortly. On 30 March, the government restricted movement to within the borders of the country's municipalities (UL RS 38/2020).

Although the European Commission opposed the introduction of border controls or the abolition of the internal Schengen area as late as 25 February 2020, and the Italian Prime Minister equated the proposal to close Italy's borders with turning Italy into a lazaretto (Schengenvisa 2020), it soon became clear that restricting movement would be a strategy to tackle the health crisis at least in some Member States. In March 2020, 12 EU countries, including Slovenia and all its neighbours, adopted stricter measures to control the crossing of their borders (Alemanno 2020: 311), thus renouncing the free movement of people. The European Commission did not adopt a unified strategy in this area and, in mid-March 2020, published "only" guidelines on border management in the COVID-19 era, identifying important features of temporary border controls, including at internal borders. Point 21 commands compliance with the Free Movement of Persons Directive and calls on Member States not to discriminate between their own nationals and other residents, and in particular, not to refuse entry to their territory to EU citizens or third-country nationals residing on EU territory (European Commission 2020). At the same time, the guidelines dictate the use of appropriate safeguards, such as self-isolation and the like, but only if the measures are applied to both nationals and non-citizens. The guidelines also dictate in Section 23 that Member States must allow border crossings for border workers (European Commission 2020: 4–5). While the European Commission has thus set out some principles of non-discrimination in the undoubtedly changed Schengen regime, they have been followed by the Member States in a very loose, arbitrary, and mostly internationally inconsistent manner (Opilowska 2020; Böhm 2021; Novotný 2021; Toplak & Lukšič Hacin 2022).

Concurrent measures taken in Slovenia led to a partial closure of the economy and the introduction of homeworking. On 1 April, the first lockdown was introduced in Slovenia (most of the above measures were based on the Law on Communicable Diseases (ZNB, OJ 33/06). The measures taken aimed, on the one hand, at limiting the spread of the pandemic, thereby protecting lives and reducing treatment costs. On the other hand, the measures to mitigate the consequences of the pandemic, the so-called pandemic mitigation packages

(also popularly referred to as the anti-corona laws; the first one was adopted on 11 April 2020; UL RS 49/2020), were intended to prevent or mitigate the consequences not only of the pandemic but also of the measures taken to contain it, but they were mainly targeted at the Slovenian economy.

Table 1: Measures to prevent the spread of COVID-19 adopted in Slovenia from March to May 2020 (Source: The Slovenian government website gov.si; UL RS – Official Gazette of the Republic of Slovenia, 2020).

	First phase of the pandemic
Duration	12 March–31 May 2020
Measures taken in SI ⁸ : Restriction of movement: - state border	11 March: controls imposed at the border with IT, entry into the SI from IT only at 6 checkpoints under special conditions; only 4 checkpoints remain on the road links with IT; 16 March: all public passenger transport is banned (until 13 June); 24 March: conditions set for entry from the AT and checkpoints set up, including with limited hours of operation; 11 April: adoption of an umbrella decree on border crossing, amended and extended several times until 31 May
- internal borders (municipality, regional)	30 March–30 April: restriction of movement to municipalities with a few exceptions
- preventive (health) measures	Closing down society and part of the economy, masks, physical distance, hand sanitisation, COVID-19 testing
Measures taken in AT, IT	11 March: AT restricts border crossings with neighbouring countries; 18 March: AT closes 51 small border crossing points with SI, and on 2 April, a further 4 crossing points, leaving only 9 checkpoints open; 20 March: AT further tightens border crossing conditions. March: closure of society and part of the economy, restrictions on movement within the country (IT).
Implications of the measures for internationally mobile workers	loss of job; stopping work, returning to the country of residence; special conditions for financial and other benefits in the SI; longer commuting, document checks and waiting at borders – both causing higher costs; restriction to individual commuting imposed by employers; higher tax in case of homeworking; frequent testing and associated costs; fear and consequent stress due to sudden changes in rules; unavailability of reliable information; discrimination of mobile workers compared to other (non-mobile) workers and residents.

8 SI – Slovenia, IT – Italy, AT – Austria.

The Slovenian government has adopted national measures quickly, with short notice, without coordination with neighbouring countries, and with decrees that did not need the majority support of the National Assembly. In the first month of the pandemic alone, it adopted six decrees prohibiting movement or defining the conditions for border crossing and movement within the country (see Table 1), amended several times in the following two months (several UL RS 2020).

According to my estimates, the measures taken by the Slovenian Government (and governments of neighbouring countries) concerning COVID-19 in March–May 2020 impacted more than 50,000 mobile workers. To this number, we need to add tens of thousands of their family members, who largely depend on the income they receive abroad or on Slovenian employers providing services abroad. A comparison of the number of Slovenian citizens employed in Austria between April 2019 and April 2020 showed that this fell by 6.8% (this includes cross-border workers with residence in Slovenia and Slovenian nationals with residence in Austria; unpublished statistics from the AMS in the authors' archives). For 2020, the statistics of the Health Insurance Institute of Slovenia (ZZZZ internal report, in the authors' archives) show that the posting of workers also declined: in the second quarter (April–June)⁹ the drop of issued Portable Document A1 was 8.1% for posting of workers under article 12 of the Basic regulation (for posting under other articles even more: 16.6%) in comparison with the previous quarter, or 5.8% decline compared to second quarter of 2019.¹⁰ We may assume that these shifts were decisively affected by the COVID-19 pandemic and resulted from restrictions determined by government measures in Slovenia and in the countries of employment or posting in the first half of 2020.

THE MEASURES AND THEIR IMPACT: WORKERS' PERCEPTIONS OF RESTRICTIONS

The uncoordinated measures adopted by the Slovenian, Austrian, and Italian governments since March 2020, such as tightening the border controls, strict monitoring of the mobility of populations (also by closing down economic and

9 The second quarter of 2020 fairly coincides with the movement restrictions due to the COVID-19 breakout and the first lockdown in Slovenia and neighbouring countries.

10 A "portable document A1" or PD A1 is a certificate showing in which Member State a worker's social security is paid. PD A1 may be issued under Articles 12, 13 or other articles of Regulation (EC) No. 883/2004 on the coordination of social security systems, which certifies that specific social security rules are coordinated in the EU.

social activities, with several lockdowns in different periods), termination of all public transport, surveillance of the health status of each individual crossing the border etc., were generally received with negativity, anger, frustration and distress. Slovenian mobile workers speak about discrimination and systematic suppression and report on increasing vulnerability resulting from these measures.

In this chapter, I will focus on two sets of measures which, after analysing the material from the field, have emerged as key in affecting mobile workers. First are restrictions on movement that directly affected workers' right to free movement in the EU, and second are restrictions on the functioning of the economy and society as a whole that affected workers right to work in another Member state. Another set – measures to mitigate the effects of the pandemic and the effects of the prevention measures – was already discussed elsewhere (Toplak & Vah Jevšnik 2022). The analytical focus here is on the effects of the measures in the economic and social spheres.

Restrictions on border-crossing and other movement restrictions

Since the beginning of March 2020, when the first information about the possible closure of the border with neighbouring countries appeared in the media, cross-border workers were very concerned about how they would carry out their work. They immediately began to develop personal strategies to avoid losing their jobs. Some were even willing to move to another country temporarily and set out to find a temporary place to stay for a few days or weeks, if necessary. One of them was Nurse B., who was employed in a nursing home in Austria. She travelled to work with a suitcase during the first two weeks of the pandemic, always prepared to stay in Austria if needed (Nurse B., interview).

Slovenia and neighbouring countries did not close their national borders permanently. However, they accepted a limited number of border crossing points, introduced checkpoints at the borders, and constantly changed the rules on who could cross the border.¹¹ Despite several sources of official information about the measures in force, workers perceive that it was difficult to follow the changes and admit that they were very confused due to the amount of information. According to the interviewees, the biggest problem was the lack of reliable information about the border crossing. Such a situation was also reflected in the publications and comments on the FB page connecting migrant workers and

11 On 20 March 2020, the Austrian government for example, decided that entry into the country is possible by submitting a negative COVID-19 test, which must not be older than four days. The exceptions were Austrian citizens or persons with permanent or temporary residence, transit passengers, commuters, and other emergency commuters (gov.si).

supporters, where members of the group often asked whether a particular border crossing was open, whether the measure adopted also applies, or what to do if they could not or did not want to respect the measure (FB group *Povezovanje delavcev migrantov in podpornikov*).

Cross-border workers who commute daily to work in neighbouring Austria and Italy had the most problems with the closure of small border crossings, as they travelled up to twice as long to and from work.¹² Waiting at checkpoints to check several documents¹³ and limiting the opening hours of some key crossing points, with longer queues at unrestricted crossing points, further increased the time spent travelling to and from work. Our interviewees were critical of decision-makers' lack of understanding of the importance of border crossings for mobile workers: "What bothers me more in Slovenia is that they closed the border crossings. That was wrong. They should not have allowed that to happen. I think that those who make such decisions in Ljubljana obviously have no idea what is happening on the periphery. This is wrong" (Cross-border worker Ma., interview). As a result, workers were late for work, and their working hours and absence from home increased. Additionally, they incurred higher commuting costs. According to the interviewees, employers were "mostly understanding as long as there were no major delays". However, some Austrian employers accepted their own safety measures. Fearing the spread of infections among employees, they banned carpooling to work, which meant additional costs for mobile workers and more cars on the road.

The journey took longer because, in addition to the checks in place for refugees or migrants, they started to introduce temperature monitoring at the borders, and they were no longer allowed to share cars, so there were more cars on the road. There were some of these things, and there was also a tightening up of everything. I think they also closed some [small border crossings and smaller international] border crossings. Those who don't go to these international crossing points have had great difficulties getting to work. (Cross-border worker M., interview)

12 Even before the pandemic, arrivals and departures from work were already shaped by road and border crossing conditions, which workers cross several times a day or week. According to the EURES consultant's estimate, workers commuted up to one hour and ten minutes to work in Austria and up to 70 km from home in Italy before the pandemic (EURES consultant, interview).

13 From the beginning of the established border controls, workers had to present to the border officials their ID or passport, the confirmation of employment by the employer, and the statement on the reasons for crossing municipal borders in Slovenia.

Countries put part of their economies on hold with the declaration of the pandemic and restricted movement. It affected posted workers, in particular, who had to return to their countries of origin or return to their home countries due to lack of livelihoods. When companies started operating again, and construction sites opened up, a new problem arose for posted workers at the border. Unlike cross-border workers, posted workers were not among the exceptions provided for by the measures and always had to prove their reasons for crossing the border or were quarantined at the border. This happened twice to our interlocutor. The workers were subjected to frequent border crossing tests, threatened with quarantine if they failed to comply, and for a long time paid for the PCR and HAG tests themselves, some of whom were not reimbursed by their employers (Posted worker G., interview). Frequent testing was time-consuming, certificates in a foreign language were not issued at all test sites, and a quarantine decision could lead to termination of the employment contract. Additional precautions to prevent the spread of COVID-19, such as masks, disinfectants, physical distance, separate accommodation and commuting, and testing, were well implemented and accepted in the Austrian construction sector (Geyer et al. 2020), for example, as confirmed by some of our interlocutors. However, during the pandemic, precarious working conditions and a lack of safety measures for cross-border, posted, and seasonal workers existed in other sectors, such as the meat processing industry and healthcare (European Parliament 2020). An interviewee working for a large manufacturing company in Austria told us that the safety measures did not apply to all workers equally. To cross the border, workers needed a valid COVID-19 test. However, throughout the first phase of the pandemic, he worked alongside domestic workers who had not been tested and used safety equipment in a perfunctory manner. He felt exposed (Cross-border worker Ma., interview). Another crucial feature of mobile work needs to be highlighted: cross-border and posted workers from Slovenia were less able to work from home because they are mostly employed in sectors that did not allow it: critical infrastructure,¹⁴ construction, and manufacturing (AMS statistics).

14 Throughout the pandemic, foreign workers in neighbouring countries who are employed in critical infrastructure (health, transport, food supply, drinking water supply, energy, etc.) had to cross the state border and the borders of municipalities due to their departure for work. All the time they worked, they were exposed to infection, while at the same time, they had to take care of their dependents, especially children, who remained at home when educational institutions were closed. Cross-border workers received compensation and allowances for exposure under the legislation of the country of work but not compensation and relief in the country of residence, which was particularly problematic in the case of long-term closed educational institutions.

Informal and undeclared work in neighbouring countries, which, according to several of our interlocutors, is not uncommon among Slovenian workers, was completely prevented due to strict border controls. For example, workers who wanted to go to Austria had to show their employer's certificate, the so-called *Bescheinigung für Berufspendler*, or an employment contract, to prove they work critical infrastructure (SDMS Union 2020). Workers crossing the border between Slovenia and Italy for work were also required to show proof of employment in Italy. According to the INAS representative, the most difficult situation was faced by younger pensioners and other women who traditionally worked in Italy as carers of the elderly, domestic helpers, and other care workers, mostly undeclared. Suddenly, they were left without a supplementary or sole income, while families in Italy were left without carers and helpers.¹⁵

To mobile workers, the measures taken by the Slovenian government appeared to be vague in time and content, changed too quickly, some were adopted in a very short time or were unadjusted to the reality, for example, the working time of border crossings, where the working hours of shifts in companies were not taken into account (SDMS Union 2020), or the frequency of testing, which applied to workers when returning to Slovenia, a measure that had entered into force while they were still working in the neighbouring country (Cross-border worker Ma. interview). International mobile workers had to follow the government's measures in two or more states to be able to comply with the changing rules, and they perceived the measures on the Austrian, Swiss, or German side as clearly defined in terms of content and time.

You were free to move up there [in Switzerland] where you wanted, all the time, you could go out of the country, you could come back to the country [...] If you went out, you knew you had a 10-day quarantine, that was all clear, there were no such options, as they were here [in Slovenia]. There were curfews here, but never in Switzerland. (Mobile worker Mi., interview)

That was a constant theme at the time, keeping track of all measures and comparing ours and theirs. We found out that our measures in Slovenia are coming one week after theirs. And even now, I think that our government quite nicely copies their measures so that they can then have as an excuse that they accepted the same in Austria. I have that feeling. (Cross-border worker Ma., interview)

15 Later, according to the INAS representative, a decree was passed in Italy that these people had to be employed by the families where they were working, but most of them were only employed for 12 hours a week and continued to work 40 hours a week (INAS representative, interview).

Economy restrictions and society lockdowns

Posted workers were specifically affected by the restrictions on the functioning of the economy in the EU countries. During the closure of a large part of the economic activities, the provision of services by posted workers was prevented for a limited time. In most cases, posted workers who had worked in other Member States through Slovenian companies had to return to Slovenia. As in Austria, businesses and workplaces were closed, and work stoppages lasted several weeks (Geyer et al. 2020). Many third-country nationals working for Slovenian employers as posted workers found themselves in a particularly difficult situation, as they had to return to Slovenia during the partial economic closure of European countries, where they were left without work and without means of subsistence. One of them was Stojan Mirić, a Serbian national who had to return to Slovenia due to the closure of a construction site in Ingolstadt, Germany. Although he had a permanent residence here, he was without means to support himself (S.R./J.P./STA 2020). He decided to return to Serbia, but Serbia had closed its borders to its own citizens. According to a representative of the Counselling Office for Workers, many employers put posted workers on hold, which meant sending them “home” to Serbia, Bosnia and Herzegovina, and elsewhere. In Slovenia, some posted workers also had to deal with their employers not paying their contributions or checking them out of the social security system as of April 2020. Some sought help from trade unions, and many have returned to their home countries (Representative of the Counselling Office for Workers, interview).

Representatives of the Slovenian Migrant Workers' Syndicate (SDMS) stated in the interview that many Slovenian cross-border workers lost their jobs in the spring of 2020 due to the partial closure of economic activities in neighbouring countries. In Austria, for which we could obtain (unpublished) AMS data, 1,726 fewer Slovenian nationals were employed in April 2020 than in April 2019. It would be wrong to assume this is also the number of workers who lost their jobs. However, according to the EURES consultant, about 10% of Slovenian nationals employed in Austria lost their jobs in the first phase of the pandemic (EURES consultant, interview), which corresponds to about 2,360 workers (unpublished AMS data, in the authors' archive). The number of dismissals was undoubtedly even higher for contract work and varied according to the sector of activity. Tourism, catering, trade, personal services, and other non-essential activities lost significantly more workers than other activities (EURES consultant, interview).

If they met the conditions, posted workers who lost their jobs could register with the Employment Service in Slovenia, which applied also to cross-border workers. However, under the legislation in force, cross-border workers, regardless of the changed situation, received a cash allowance, which was lower in relation to the contributions paid in the countries of work.¹⁶ If cross-border workers accepted to resign by mutual agreement or worked abroad for less than nine months (often in seasonally defined sectors such as agriculture, construction, etc.), they were not entitled to cash benefits in Slovenia. Workers who worked from home during the pandemic were at risk of double taxation of their employment income, as there were no travel expenses to be recognised as a deduction. The dismissed workers were further economically threatened by the procedure for the recovery of underpaid income tax by the Tax Administration of the Republic of Slovenia, which had recovered payment going back several years. Some temporarily found themselves in very difficult economic circumstances (Cross-border worker Ma., interview).

There would probably have been many more redundancies if the Austrian and Italian governments had not adopted several packages of measures to help the national economies. At the same time, the Austrian government urged employers not to make redundancies but rather to resort to short-term work and benefits (SDMS Union 2020). According to the EURES consultant, the flexibility of the labour market and the restart of the closed economy in the neighbouring country meant that most of the Slovenian workers made redundant in Austria found new jobs relatively quickly (EURES consultant, interview). It was also the greater flexibility of the labour market, reflected in the legal framework under which employers do not need to justify the reasons for dismissals (AMS 2022), that made most of our interviewees working in this country doubt their job security, especially at the beginning of the pandemic, when it was not yet clear how the governments would deal with the economic downturn and how employers would react (Cross-border workers in Austria, interviews).

The disparities resulting from the internationally uncoordinated measures Slovenia and neighbouring countries took to mitigate the economic and social consequences of the pandemic and the partial closure of the economy further impacted the daily lives of most cross-border workers. The measures were based on existing EU labour legislation. However, in the completely changed context,

16 At the initiative of SDMS, the Slovenian government finally solved the long-standing problem in March 2021 and raised the compensation amount from 892.50 euros to 1,785 euros (UL RS 54/2021).

national nuances surfaced and further increased the vulnerability of cross-border workers and the inequalities between them and non-mobile workers.

CONCLUSION

The COVID-19 pandemic caused a unique paradox in terms of mobility. On the one hand, the global community sought to solve the problems posed by the virus, which, in the words of Etienne Balibar, overcame all national and social barriers (2020), while at the same time, each country took its own measures to restrict the freedom of movement, excluding “the others” and including “us” to stop the spread of the pandemic. The limited number of border crossing points, the checkpoints at the borders, and the ever-changing rules on who could cross the border constituted a major departure from the provisions of the Schengen Agreement on the internal borders of the EU. In the same month that marked the 25th anniversary of the signing of the Schengen Agreement, many Member States restricted the movement across the internal borders of the Schengen area to stop the spread of the virus. The restriction of freedom of movement attests to a late and, above all, nationalistic reaction, which, in this case, triggered new forms of control (Heller 2021).

The pandemic, above all, highlighted the enormous differences in the vulnerability of our societies and groups of individuals during the health and economic crises that hit the EU, including Slovenia (IOM 2020a). As our study has shown, the health crisis immediately put many administrative obstacles in the way of Slovenian residents working in other Member States, creating certain economic, social, and even health risks. International mobile workers, who were often already in precarious situations before the pandemic, became even more vulnerable and at risk due to movement restrictions and other measures to prevent the spread of COVID-19. They were exposed to risks such as layoffs, increased costs associated with commuting, infections due to the lack of or inconsistent application of protective measures, unequal treatment, and most of their jobs could not be performed from home, meaning that they were constantly exposed to sources of infection and restrictions when crossing state borders (see Rasnača 2020). This study’s main finding is that the measures to prevent the spread of COVID-19, which were not internationally coordinated during the period in question and changed very quickly, were restrictive and even harmful to the cross-border mobile workforce. As their economic interest is in the countries of work, mobile workers had to rely on those countries, which was not always without administrative obstacles. International mobile workers who lost their

work due to restrictive health measures abroad or those who worked in the so-called critical infrastructure found themselves in a challenging situation and often without sufficient social and healthcare protection. The measures to limit the spread of COVID-19 created new inequalities and disparities and contributed to a deterioration in mobile workers' economic and social status.

The pandemic and the measures taken to prevent its spread physically and, above all, symbolically restricted the fundamental freedom of EU citizens – the right to free movement. Although the COVID-19 pandemic and the measures taken to prevent it did not discourage EU citizens Europeans from exercising their right to move freely around the EU and work outside their own country (cf. Eurobarometer, 2022), we need to consider the “more than likely” possibility of future mobility crises for economic, safety, or health reasons and what their impact on the free movement of people will be. It is a challenge not only for cross-border and posted workers but also for nation-states and current and especially future policymakers in the EU.

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DIVERSE REALITIES OF ROMA LABOUR MIGRATION FROM SLOVAKIA

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INTRODUCTION

In both Central Europe as a whole and in Slovakia, Roma represent a large ethnic minority, characterised by very poor working and living conditions and poor employment outcomes (Kahanec 2014; Kureková 2015; Filčák & Stager 2014). Roma belong to vulnerable groups subject to discrimination by the majority, low skills, and poor access to education, which reinforce the vicious cycle of poverty. Despite various efforts, the improvements in their inclusion have so far been very limited (Gerbery & Filčák 2014; Škobla & Filčák 2016). Given their poor living situation and socio-economic exclusion, Roma seek work abroad to solve their living situation and sustain their families, a process documented by some research to date (Kahanec & Kureková 2016; Castañeda 2015).

Interestingly, the topic of Roma migration remains understudied. At the same time, different evidence implies that it is a growing survival strategy within these communities, and actual migration rates of Roma might exceed those of the majority population (Kahanec & Kureková 2016). In the past, it was mostly connoted with poverty migration, begging, and asylum-seeking efforts in the richer Western economies (Tóth 2010; Nacu 2011; Castle-Kaněrová 2002), while more recent studies evidence the practice of labour migration and labour migration motives among Roma (Kahanec & Kureková 2016; Grill 2011, 2012, 2017). Furthermore, our initial literature review revealed that data about the magnitude and composition of Roma migration from Slovakia (but also from CEE countries generally) are scarce and have not been systematically analysed and presented. It is difficult to find systematic evidence about relatively straightforward issues, such as the magnitude of Roma migration, destination countries, forms of employment, and characteristics of Roma migrants. Second, little has been understood about decision-making dynamics within Roma families and various factors that can influence Roma migration at the family level. Past research shows that Roma families tend to

align with a stricter division in social roles and that in Roma communities, family plays a key source of security and support (Liegéois 1994; Žilová & Jankovičová 2009).

Several scholars have argued that, in the case of Roma, the boundary between voluntary and forced migration, or different modes of migration, is blurred, and it is inappropriate to think of them as purely economic migrants (Castañeda 2015). Furthermore, as argued by the critique of categorical fetishism: “Dominant categories fail to capture adequately the complex relationship between political, social and economic drivers of migration or their shifting significance for individuals over time and space” (Crawley & Skleparis 2018: 48). While we acknowledge such a fluid nature of migration, in this work we nevertheless seek to enrich primarily our understanding of different aspects of *Roma labour migration*, defined as migration for work purposes to gain income (legally or illegally). This motivation is driven by the fact that we view labour market integration as the most powerful tool of broader social and economic inclusion, and we find the labour migration perspective to be a useful angle to better and more broadly grasp barriers and facilitators of integration. Moreover, a better understanding of labour migration characteristics, outcomes, and decisions related to (non-) migration can bring useful insights for social work practices and public policies to improve Roma social and economic integration in Slovakia and beyond.

In this work, we seek to contribute to these gaps by gathering information about migration trends and characteristics of Roma labour migration from Slovakia in the recent past, as well as to provide a deeper understanding of how gender roles might be shaping migration characteristics through shaping selectivity of Roma migrants, decision-making about migration at the family level, and choices related to labour migration abroad. We combine available international and national data sources to present general patterns of Roma labour mobility with a qualitative research design. The latter is built on semi-structured interviews with social workers covering different localities in Slovakia conducted in 2022, many of whom are Roma. We rely foremost on their professional knowledge and experience in accessing the labour market opportunities and labour migration motives and characteristics in the specific localities. At the same time, we carefully decipher any power hierarchies that might be present in their interpretations. Thus, the findings are presented as their opinions and corroborated with the evidence gathered from the secondary literature and available data sources.

We demonstrate that there are many forms of labour migration among Slovak Roma and that despite poor working and living conditions, most

Roma do not migrate (cf. Grill 2012). We show a great diversity in labour migration(s) of Roma from the Slovak Republic abroad and demonstrate how the differences in the position of Roma men and women in the labour market and their social roles affect decision-making about labour migration. In the second part, we discuss the situation of Roma in the Slovak labour market, highlighting vast inequalities in labour market outcomes compared to the majority population. In the third part, we review existing knowledge about Roma work migration, including motives to seek work abroad. We then present findings from our fieldwork where we systematically map the labour market situation of Roma and migration characteristics as shared with us by our social workers respondents. The final part summarises our research findings and proposes areas for further research.

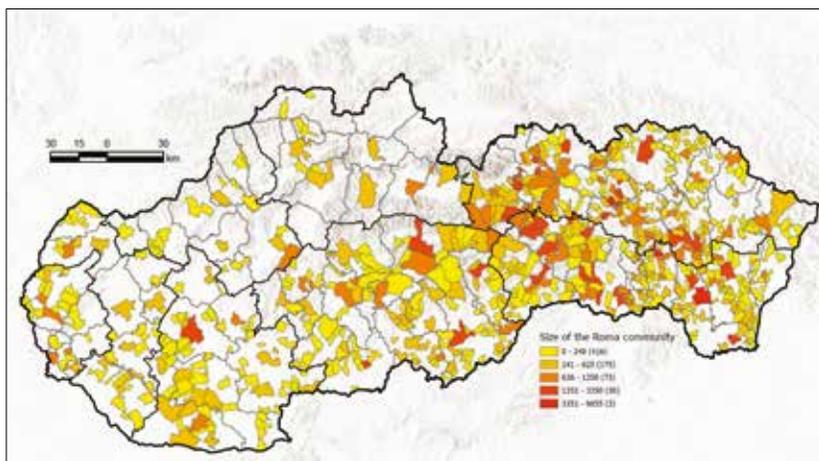
ROMA IN THE SLOVAK SOCIETY AND LABOUR MARKET

Roma in Slovakia represent the largest ethnic minority, but different data sources report different numbers of Roma living in the country. According to the 2021 Census, there are about 156,000 people who report Roma ethnicity as their first (67,179) or second ethnicity (88,985) (SODB 2021). This is a significant rise compared to the 2011 Census, when about 106,000 or 1.96% of the total population declared Roma ethnicity (the double ethnicity option was unavailable) (SODB 2011). However, in the case of the use of the Romani language, in the 2021 census, only 100,526 (1.84%) people considered the Romani language as their native language, which is a lower number than a decade ago when 122,518 (2.27%) declared it as such (SODB 2011; SODB 2021). In comparison, the EU SILC MRC (marginalised Roma communities) 2018 survey¹ showed that up to 74% of the interviewed Roma in Slovakia use the Romani language (Grauzelová & Markovič 2020).

1 The EU SILC – MRC (marginalised Roma communities) survey is implemented in cooperation between the Ministry of the Interior of the Slovak Republic/Office of the Government Plenipotentiary for Roma Communities and the Statistical Office of the Slovak Republic in approximately 1,000 households in specially selected localities in the territory of the Slovak Republic. The sample is selected to be representative of marginalised Roma communities.

The Atlas of Roma Communities² is another commonly used reference to indicate the size and some characteristics of Roma communities (ÚSVRK 2019). The Atlas is an authoritative source used by academics in research and public administration in implementing targeted interventions among Roma. The Atlas was last updated by visiting municipalities across Slovakia in 2019 when approximately 440,000 Roma were estimated to live in Slovakia, making up about 8% of the country's total population (ÚSVRK 2019). This percentage is one of the highest rates in the European Union. According to Marcinčin and Marcinčinová (2014), Roma live in up to 40% of the Slovak municipalities. Map 1 shows that the highest concentration of Roma minority is located mainly in the eastern and southern regions of the country.

Map 1: Absolute number of Roma in municipalities in Slovakia in 2019.



(Source: Slavíková & Mlynár 2022 based on the Atlas of Roma Communities 2019.)

Notes: The number in parentheses is the number of municipalities that are in the given category.

- 2 Atlas of Roma Communities serves as a primary source of data for state policies in the field of integration of Roma communities and is considered an authoritative source of information about the living conditions and infrastructure of municipalities with the presence of Roma communities. It was first created in 2004 and updated in 2013 and in 2019. The latest 2019 Atlas contains data on 825 municipalities and 1102 so-called concentrations within them. It deals with topics such as the number of communities, types of dwellings, access to water supply, sewage, heating, coverage by field social work, and more. More information and dataset is available here: <https://www.romovia.vlada.gov.sk/atlas-romskych-komunit/atlas-romskych-komunit-2019/> (accessed 3 July 2023).

Roma are economically and socially the most disadvantaged group not only in Slovakia but also in Europe (Kahanec 2014). They face multiple disadvantages in the labour market due to ethnic discrimination, low levels of education, lack of skills, poor health, and segregation. They have been facing social and economic exclusion, starting from marginalisation in access to education (Messing 2017) through very limited support in the form of social or labour market policies (Hellebrandt et al. 2020; Kureková 2015; Kureková et al. 2022). While the efforts to assist Roma have been supported mainly through European funds, improvements in social and labour market integration outcomes remain limited.

To date, Roma in Slovakia have significantly higher unemployment rates than the majority population and often fall into inactivity. Unemployment among Roma is up to 25% higher than among the non-Roma living in their vicinity (FRA 2011). Unemployment is at a high level for both Roma men (41%) and women (34%), and Roma women face even more limited options in the labour market as they frequently fulfil domestic tasks or other unpaid work (FRA 2011). Moreover, although the Slovak Roma attain the highest educational levels relative to Roma minorities living in other CEE countries, they nonetheless suffer the highest unemployment rates, relatively speaking (Messing 2014).

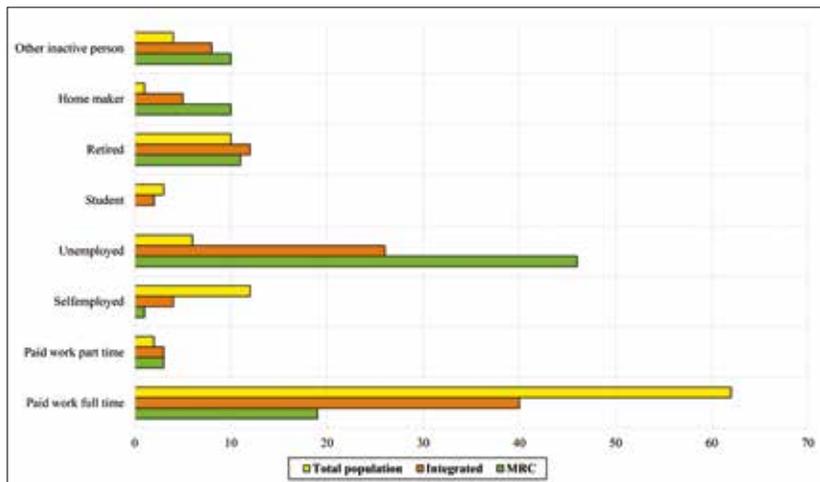
These general patterns are confirmed by a more recent source (Grauzelová & Markovič 2020). According to EU SILC MRC 2018 data, only 15.5% of Roma are employed, of which almost 70% are men. These numbers suggest a strict definition of gender roles within the household and point to other barriers that Roma women face. “Women are represented to a much greater extent among persons in the household and inactive persons. The reasons are, among other things, an unfavourable housing situation, which makes it difficult to take care of the household, or low involvement of children in preschool education in kindergartens” (Grauzelová & Markovič 2020: 14). Full-time work is at a low level for both genders. According to the survey, only 38% of households live on work income, and 62% are dependent on social income (Grauzelová & Markovič 2020). Roma work experience is further characterised by non-formal and unstable work, often ad hoc (FRA 2011; O’Higgins 2012).

In Figure 1, we have shown the latest data from the EU SILC MRC 2020 survey, where the current job situation is compared across three categories (MRC, integrated Roma, and total population³). Up to 62% of the total population is employed full-time ; the share falls to only 40% for integrated Roma while

3 MRC for the purposes of EU SILC MRC detection means an environment of geographically limited localities that are almost exclusively inhabited by Roma. Integrated Roma are those living dispersed among majority population and not in segregated settlements.

looms at 19% in MRC. In the case of unemployment, the situation is reversed, where the total population forms the smallest share (6%) and the MRC the highest (46%). In addition, both integrated Roma and MRC have a higher share in inactive person categories. Some members of the Roma community are at home and are not actively looking for employment, which might be due to being discouraged and demotivated.

Figure 1: Current job situation of 16-year-old+ of Roma (integrated and MRC) and total population in 2020 in Slovakia (in %).



(Source: Slavíková & Mlynár 2022 based on the Atlas of Roma Communities 2019.)

Notes: The number in parentheses is the number of municipalities that are in the given category.

Low education level is one of the causes of high unemployment (Messing 2014; Brožovičová et al. 2013). According to FRA (2011), up to 58% of Roma in Slovakia left school before age 16. Of this number, up to 17% have not completed primary education (FRA 2011). This is confirmed by newer data, which show that only about 58% of the Roma community attend school at the age of 16, paralleled by 41% no longer attending school at that age, signalling alarming school drop-out rates among Roma (Grauzelová & Markovič 2020). Discrimination during the job application further contributes to poor labour market attachment. A study by IFP (2014) found that 40.3% of non-Roma job applicants were invited to an interview by companies or employment agencies compared to only 17.7% of Roma.

SLOVAK ROMA AS MIGRANTS: REVIEW OF (SCARCE) EVIDENCE

Currently, there is no comprehensive data on Roma migration from Slovakia. Only a few studies and datasets show us a partial insight into the characteristics of Roma migration. There are a few exceptions that focus on Roma (labour) migration from Slovakia (Vašečka & Vašečka 2003; Vidra 2013; Grill 2015, 2018), while most papers address migration of Roma within a group of countries that are compared and/or evaluated with each other, or study labour migration from Slovakia generally.

To the latter group belongs the work of Kahanec and Kureková (2016), who analysed determinants of labour migration and characteristics of migrants leaving Slovakia after 2004 based on the Labour Force Survey (LFS)⁴ data. While they study general patterns, they also look at the ethnicity of a migrant and find that being a young (15–24 years of age) Roma increases the probability of migrating abroad by a staggering 36% compared to a young person of Slovak nationality. We are unaware of any other source that estimates the number of Roma migrants from Slovakia on a representative dataset. However, based on this study, we anticipate that the propensity to migrate is higher among Roma than among the majority population, which already represents a high number of (temporary) emigrants annually (Kureková 2018).

Regarding the destination country Roma choose, the evidence is again fairly scarce. The study by Cherkezova and Tomova (2013) shows that the most preferred countries for Roma in CEE countries in 2011 were Germany and the UK, but Slovak Roma preferred the UK most (43%). The UK and Ireland, together with the neighbouring countries the Czech Republic and Austria, belong to the most frequent destinations of Slovak migrants generally, and we anticipate that Roma migrants generally choose similar destinations (Kahanec & Kureková 2016; Bahna 2011).

We did not find research on whether individuals or Roma families migrate abroad, but based on the age composition, we can conclude that family migration is happening. Based on the FRA 2011, we found that up to 53% of Roma aged 0–15 and 35% aged 16–29 migrated and were still currently in the country where they had migrated. From these data, we can assume that young families with children left to live abroad. This source also indicated that in the case of Roma, permanent migration (migration in order to stay in the destination country) is more frequent than among the majority, where temporary labour mobility (they

⁴ The EU-LFS is a representative household survey providing quarterly results on labour participation of people aged 15 and over and on people outside the labour force (Eurostat 2023).

do not intend to stay in the country permanently) prevails. While in the aspect of the type of migration, we see this difference, some similarities in migration between Roma and majority populations permeate. For example, the profile of Roma migrants is based on a young person (up to 29 years old) targeting the UK, which resembles some characteristics of non-Roma migration following Slovakia's EU accession in 2004 (Kahanec & Kureková 2016).

In terms of job search abroad, several works indicate that Roma are looking for a job with the help of relatives abroad (Šatara & Havířová 2022; Hajska 2017; Castle-Kaněřová 2002). However, some also mention social workers (Hajska 2017) or employment agencies (Martin et al. 2017). The work that Roma take abroad is described as physically difficult, including working in meat factories and other types of manual work (Vidra 2013; Grill 2011; Martin et al. 2017).

The available literature is richer in terms of discussing motivations to migrate for work abroad and the main push or pull factors. First, unemployment is generally taken as the main factor that motivates labour migration for the majority population (Kureková 2018) as well as Roma (Matlovič 2005; Vašečka & Vašečka 2003). Cherkezova and Tomova (2013) investigated the labour migration of Roma to France and found that among the main reasons are a better chance of finding a job (19%) and better working conditions (16%). However, Grill (2018) argues that because of the unfavourable situation regarding skills or language, Roma abroad are often forced to accept a disadvantageous job offer. Labour migration “can turn into an unfavorable experience, in which migrants not only do not earn, but many return home even poorer. They have to borrow part of it on the way back” (Grill 2018: 3).

Second, discrimination is often mentioned as one of the factors that push the Roma minority away or also pull them to a country with a lower level of discrimination (Cherkezova & Tomova 2013; Vidra 2013; Grill 2018). In fact, several studies mapping the integration of Roma migrants in receiving countries show that they also continue to face various malpractices abroad (Sime et al. 2018). “Based on data from the European Social Survey, it is clear that the “Roma” are the most rejected minority in the European public opinion, while the label “migrant” is also stigmatised in many countries connotations” (Magazzini & Piemontese 2019: 27). Roma migrants have to deal with the fact that they represent the intersection of two vulnerabilities and two overlapping elements of stigmatisation (Slavíková & Mlynár 2022).

Next, the objective of a better life can be understood from different perspectives as a motivation for migration. Vašečka and Vašečka (2003) frame a better life as maintaining the same standard of living as it was in Slovakia before 1990 (before the fall of socialism). In his research, Grill (2012) pointed

out the concept of “going up” when migration is taken instead as a means to ensure a better future and is, thus, a goal they want to achieve to be better off. Cherkezova and Tomova (2013) pointed to a better life from the point of view of better employment conditions (more job opportunities, higher wages) or social conditions (health and social care and political situation).

Finally, we would like to consider the role of the Roma family in shaping migration motivation and migration outcomes. Family may shape migration motivations in several facets. First, migration is seen as ensuring a better life for the family left behind in Slovakia (Grill 2011), and this is used as a justification for risky and uncertain outcomes of migration abroad. Second, children can be among the factors that can influence the migration decisions of the family, but they do not have a word in decision-making. It is mainly influenced by two factors: the age of the children and parental consideration of the best interests of their children (Bushin 2008). Third, in terms of a wider family, relatives abroad might incentivise further migration. Communities play an essential role for new migrants in the country of destination and help them create social ties with Roma in the local community (Tileaga et al. 2019).

Based on gender roles, the Roma family and community is still defined as very patriarchal, with complementary social roles of both genders (Liégeois 1994; Žilová & Jankovičová 2009). The man within the family and community is considered to have a higher status than the woman, which is reflected in the fact that a man does not often remain at home; he spends most of his time at work, in discussions with friends, maintaining social contacts, and taking care of social matters (Liegéois 1994). According to Žilová and Jankovičová (2009), the position of a woman within the family can grow or decline due to factors such as age. While the cited research is older, the complementary data about the labour market attest to a more traditional division of tasks within Roma families; Romani women take up a specific social role as they often terminate studies early, they quickly enter into partnerships and become mothers at an early, often immature age. However, given broader emancipation trends across society, we will enquire to what extent the patriarchal model of the family is changing and how this might play out in the decision-making about migration among Roma and in migration outcomes.

METHODOLOGY

In the following section, we complement secondary evidence with data gathered with semi-structured interviews conducted with experts from the field, mainly

social workers who regularly interact with respective local Roma communities. Most were Roma and worked in the localities as part of state-funded projects or in the NGO sector. This unique approach in migration studies cannot provide a representative view. However, we believe that through a relatively comprehensive coverage of localities and a systematic interview protocol, this approach helps us to illustrate trends and key features of Roma migration(s) in Slovakia on a fairly sizeable territory (Map 2). We rely foremost on the social workers' professional knowledge and experience in the specific localities while we carefully decipher any power hierarchies that might have shaped their interpretations of realities. Thus, the findings are presented as their opinions and corroborated with the evidence summoned based on secondary literature and available data sources.

Their long-term fieldwork experience in the Roma community from a social or labour market perspective was a key criterion for the selection of the interviewees. We also applied the snowball method to reach a wider network of social workers. Social workers, most of whom were themselves Roma, know the conditions of local communities well and thus could provide insights into various issues related to labour migration as well as social roles and dynamics within families on a general level for the respective community.

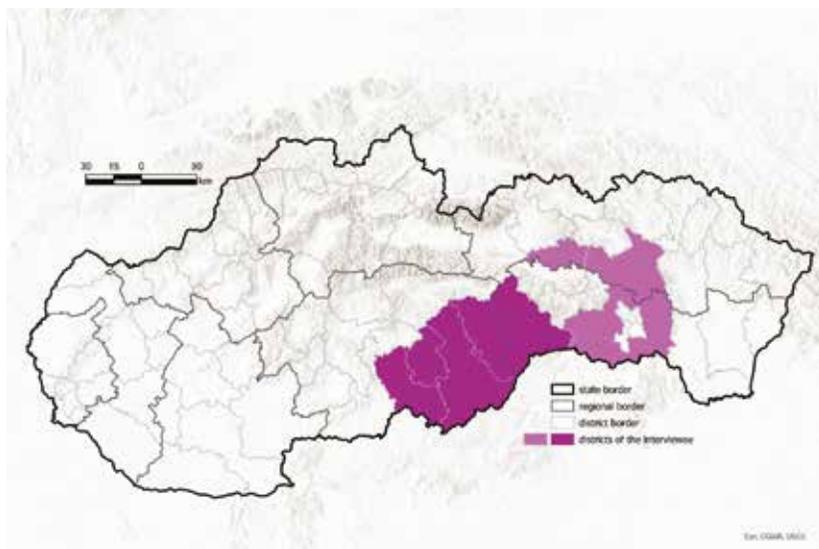
The interviews took place in the form of a semi-structured interview online or in person from May to December 2022, and nine experts were interviewed. The interviews were then transcribed and analysed based on coding. The main themes of discussion included: a) employment, b) labour migration, c) family, and d) decision-making. We achieved a reasonably broad coverage of locations across eastern (4 respondents) and central-southern Slovakia (5 respondents), reflected in Map 2. The interviews with social workers also served as the first stage of a larger research project about Roma labour migration. In contrast, interviews with Roma families took place in the latter stage. It is beyond the scope of this study to present these findings.

Description of localities

We present the key characteristics of the localities covered at the district level for anonymisation purposes in Table 1. Districts are near each other but show fairly diverse levels of unemployment, ranging from 7.9% to 19% average unemployment rate in a given district (*okres*). This discrepancy is reflected in the share of the population receiving benefits in material need, which social assistance provides to individuals and families facing poverty. Finally, Roma localities covered embody different types of settlements regarding their territorial placement: MRC localities covered can be found inside, outside (segregated),

or on the border of the given municipality to which they belong. Altogether, the estimated number of Roma living in the localities where the respondents were based ranges from 8,265 to 9,700, with a mix of smaller and larger Roma communities. Next, we present empirical evidence organised in three themes systematically enquired in the interviews: Roma in the labour market; labour migration trends and characteristics; and decision-making about migration in view of social and gender roles.

Map 2: Locations in Slovakia where the social work respondents worked.



(Source: Authors, based on Geoportál: Basic database for geographic information system, 2021.)

DIVERSE REALITIES OF ROMA MIGRATION FROM SLOVAKIA

Roma in the Slovak labour market

Our fieldwork covered social workers' personal views about the labour market situation in respective communities and implications on the opportunities and constraints for Roma labour market placement. Our respondents confirmed findings previously presented by other researchers along a number of dimensions (see Table 2 for an overview).

Table 1: Characteristics of MRC localities in the municipalities covered in the interviews.

Codes	Location within the country	Estimated population of marginalised Roma community (inhabitants)	Number of settlements	Location of settlements in the municipality	Unemployment rate in district (%) (October 2022)	Social benefits* (%) (December 2022)
E1	East	401–500	1	on the border	7.9	3.6
E2	East	251–300	2	outside	9.4	4.9
E3	East	3401–3500	3	on the border	9.7	5.6
		701–800	1	on the border	9.7	5.6
E4	East	401–500	1	on the border	7.9	3.6
S1	South	501–600	4	inside, on the border	10.1	5.6
		1405–1700	5	outside, inside	19.0	10.8
S2	South	202–400	2	inside	11.6	5.0
		501–600	4	inside, outside	10.1	5.7
S3	South	202–300	2	on the border	16.2	10.8
S4	South	202–400	2	inside	11.6	4.7
		501–600	4	inside, outside	10.1	5.6
S5	South	202–400	2	inside	11.6	4.7

(Source: Authors; based on the Atlas of Roma Communities 2019 (USVRK, 2019) and Central Labour Office of the Slovak Republic (2022) (unemployment rate and social benefits)).
Notes: * – Benefit in Material Need, share of recipient population

First, a lack of skills and poor education pose significant barriers to labour market integration. Qualifications and skills were mentioned in two related ways: as a work habit and formal education. Many Roma are long-term unemployed and have lost their work habits, making it difficult to re-learn them, which might deter employers. Due to low formal education combined with demonstrated high employer expectations in Slovakia (see, e.g. Beblavý et al. 2016), they find it difficult to place themselves in the labour market. Many marginalised Roma might not be aware of the full consequences of dropping out of school.

When they have been at the employment office for ten years, it is difficult for them to come from one day to the next to a job and become active because they will have lost those work habits in those ten years. (Interviewee S1)

Since they only finished elementary school, they don't know the consequences that await them in the future. (Interviewee E2)

In the case of Roma, we are talking about primary education or incomplete primary education. (Interviewee S3)

The low level of education as a key barrier has been described in previous research, alluding to the difficult situation in the national and regional labour market(s) (Messing 2017; Kahanec & Kureková 2016; Castañeda 2015). However, respondents also contextualised the situation of Roma into a broader labour market situation, pointing out that in regions with high levels of unemployment, the majority (non-Roma) population also faces difficulties in finding a decent job. The lack of work in the regions can also significantly influence the decision to move to another city or abroad.

When unemployment in Slovakia was somewhere around 10%, in the Prešov region, it was 17%. (Interviewee E1)

Finding a job in this region is difficult even for an ordinary [non-Roma] person. (Interviewee S3)

When they are not successful in Slovakia, they go abroad. There, they find employment and have a job. (Interviewee E3)

Further aspects posing barriers, especially to women, are the need to care for small children and also the problem of poor language skills as some communities continue to use predominantly Roma language or might be part of the Roma-Hungarian minority. Some respondents problematised the general belief

that Roma are lazy and avoid employment, as the following quote illustrates: “It’s a big myth that Roma don’t want to work. That’s not true” (Interviewee S2).

A lack of job offers was commonly mentioned as a structural barrier to the employment of low-skilled Roma. Such looseness of the labour market is further reflected in the character of employment, as most employment of Roma is on temporary job contracts or through non-formal channels. Some job offers are very poorly paid and have bad working conditions, but sometimes, they have no other option than to accept that job. “One only goes there [local factory] as a punishment, but they hire anyone there” (Interviewee S2).

However, we also noted some variations between the two localities. The lack of employment options as a barrier were mentioned less frequently in the eastern Slovakia with relatively better labor market conditions (i.e. lower unemployment rate) than in the southern part. (Table 2). Nevertheless, across localities, the respondents confirmed that Roma work mainly in physically demanding jobs (Vidra 2013; Grill 2015). Only one respondent mentioned to us that retail work is becoming more and more common. Ethnic discrimination also significantly affects job searches, where Roma often face rejection based on their ethnicity.

Some [employers] also set their own requirements that they do not take people from the Roma community. (Interviewee S1)

When they come for the interview, suddenly, the job is not available anymore. (Interviewee E2)

Based on previous research (IFP 2014), discrimination has already proven to be a significant barrier and has been identified as an important impetus for going abroad, where Roma experience less discrimination (Cherkezova & Tomova 2013; Vidra 2013; Grill 2017). On the other hand, some respondents acknowledged that past bad experiences of employing Roma might deter businesses from hiring fellow community members.

They worked for a short time and then took sick leave or did not come to work at all and did not let anyone know. All this is lingering because a group of people showed employers that they are uncooperative, irresponsible, they lack work habits, went to work for a month and then took sick leave, and all this casts a bad light on the whole community among employers. (Interviewee S1)

Table 2: Labour market situation in the localities according to the respondents.

Codes	Reasons for unemployment	Type of work available to Roma in/near the locality				Work
		Formal	Non-formal	Temporary	Permanent	
E1	Qualification, locality	Less	Mostly	Mostly	Less	Construction, agriculture, forestry
E2	Qualification, discrimination, language	Less	Mostly	Mostly	Less	Factories
E3	Qualification, discrimination	Mostly	Less	Mostly	Less	Construction, factories, automotive industry
E4	Lack of job offers, discrimination	Less	Mostly	Mostly	Less	Factories, construction, forestry
S1	Lack of job offers, discrimination, qualification	Same	Same	Mostly	Less	Factories, cleaning
S2	Lack of job offers, discrimination, qualification	Less	Mostly	Mostly	Less	Factories, forestry
S3	Qualification, unemployment, generation problem	Same	Same	Mostly	Less	Factories, retail
S4	Qualification, unemployment, childcare	Same	Same	Mostly	Less	Factories, forestry
S5	Lack of job offers, qualification	Mostly	Less	Mostly	Less	Factories

Notes: Formal – with an employment contract; Non-formal – without a contract.

Migration trends, characteristics and experiences

The next set of questions we asked our respondents focused on systematically mapping key trends and characteristics of Roma migrations in their respective localities. We asked them to estimate the magnitude and main motivations and describe key features of labour mobility of the Roma from the areas that their jobs cover, such as destinations, the main form of migration (individual or family), duration, or key characteristics of migrants in terms of age, wealth, or status in the community, character of work, and job search strategies of migration. Table 3 summarises the respondents' answers to these more factual questions about the main characteristics of migration. We prompted respondents to evaluate – to the extent possible – general trends, characteristics, changes, or specificities in the locality in which they work. We observe several similarities but also differences across the communities in a few aspects of labour migration.

First, it is evident that the estimated shares of Roma migration are fairly large. In some localities, up to 40% of (mostly male) Roma were estimated to have worked abroad. However, the intensity appears to also vary whereas it seems higher in the locations with relatively lower unemployment. This difference might be linked to the fact that it is seldom the poorest (financially or in terms of social capital) who migrate, as migration requires non-negligible (financial, human) resources to happen. Thus, localities with relatively better social situations also enable more migration to improve the living standards of respective families. The countries where Roma migrate to are rather diverse, with the Czech Republic, Austria, and the United Kingdom mentioned the most frequently. Several respondents confirmed that migration to the UK significantly weakened after Brexit and was more pronounced in the past.

Second, both types – individual and family migration – take place in the south and east of Slovakia, but each location is also specific. Migration of families from southern Slovakia is much less frequent than migration from eastern Slovakia. This tendency can be linked to the selection of destination countries, as Roma from the east tend to migrate to more distant countries. Moreover, we identified a relatively new trend of female migration from the south whereby women prefer short-term pendulum labour mobility, which allows them to stay connected to their families. This specifically relates to a fortnightly migration of caretakers to neighbouring Austria, which has also become very popular among the mature non-Roma women (Bahna & Sekulová 2019). Despite the existence of female migration, male migration is still dominant.

Regarding a typical migrant profile, it follows from these interviews that a typical Roma migrant is a man who is from the Roma middle class, is

approximately 20–30 years old, finds a job in a factory or on a construction site, and was helped in a job search by his relatives or family abroad. From the point of view of the type of employment, when abroad, Roma seem to take up similar manual jobs in industry and construction as they would (mostly non-formally) at home. Whether he brings his family abroad depends mainly on the help of friends and family. Employment agencies are also used in the employment search. They are mainly used under specific conditions when women go abroad to care for the elderly. However, in some cases, women will help each other and arrange a place without the employment agency.

In the case of individual migration, gender plays a particular role. Men usually migrate individually to prepare grounds for their families to follow. “The wife is unhappy because the man is not at home. Financially, he also doesn’t have to send the money, so they want to unite the family and therefore look for a way to get the wife to England” (Interviewee E1).

A woman’s motivation is to earn money; she does not intend to move the whole family abroad. However, this is enabled by the caretaker migration model to the neighbouring countries. “It is advantageous for them because they are away for two weeks and at home for two weeks, and she earns so much that it is enough for her for the two weeks that she is at home” (Interviewee S4).

Based on previous research data (FRA 2011), we were able to assume that family migration is ongoing. However, our interviews helped to understand better the conditions and context of a particular type of migration. Temporary migration is more typical with respect to individual migration, and as it turns into permanent, the family members also migrate (and vice versa).

Third, regarding migration motivations, there are several reasons for the Roma community to leave their home country, but the main reason is a desire for better living situations in the destination country (Cherkezova & Tomova 2013; Vidra 2013). On the one hand, this entails the necessity to earn more for the same type of work, which in some situations can be the only way to gain income for the family. Relatedly, migration is often an escape from discrimination and its consequences, which they experience in Slovakia either at work or during the job search.

There you are not just a Roma with a shovel, but a person who is really needed. (Interviewee S4)

They felt that they were acknowledged. (Interviewee E2)

There, when they come to work, there he is a human being. Nobody cares that he is a Roma. (Interviewee S3)

Table 3: Characteristics of labour migration of Roma from Slovakia in the localities according to the respondents.

Codes	How many? %	Who?		Where?	Motivation	Status		Profile				
		Individual	Family			Temporary	Permanent	M/F	Wealthier/Poorer	Age	Work	Search
E1	approx. 40%	shorter distance	longer distance	CZ, UK, BE, SE	Better life	Mostly	Less	M	Wealthier (individual), poorer (migration networks)	30-40	Construction	networks
E2	only young people	Less	Mostly	UK, CA	Better life	Less	Family	M	Wealthier	20-30	Factories	networks
E3	10-20%	Less	Mostly	UK, IE, CZ	Better life, migration networks	Individual	Family	M	Wealthier	Young families	Construction, factories	networks
E4	approx. 10%	Mostly	Less	UK, AU, CZ	Discrimination, lack of job offers	Mostly	Less	M	Wealthier (individual), poorer (migration networks)	Younger	Construction	networks
S1	few families	Mostly	Less	UK, IE, AT, DE, CH	Better life, migration networks	Individual	Family	M (F)	Wealthier (individual), poorer (social benefits)	20-30	Factories (F - carers for elderly)	networks; labour agencies (mainly F)
S2	25% men in productive age	Mostly	Less	HU, CZ, AU, DE	Finance, less discrimination	Mostly	Less	M (F)	Wealthier and poorer	15-64	Construction, factories (F - carers for elderly)	networks; labour agencies (mainly F)
S3	increased during COVID-19 pandemic	Mostly	Less	HU, AU, DE, CH	Finance, less discrimination	Individual	Family	M (F)	Wealthier and poorer	Young families	Factories (F - carers for elderly)	networks; labour agencies (mainly F)
S4	approx. 8 families	Mostly	Less	CZ, DE, AU	Positive example	Individual	First man and then family	M (F)	Wealthier and poorer	-	Factories (F - carers for elderly)	networks; labour agencies (mainly F)
S5	approx. 40%	Mostly	Less	IT, CZ, AU	Finance, lack of job offers	Individual	Family	M (F)	Wealthier and poorer	Younger	Construction (F - carers for elderly)	networks; labour agencies (mainly F)

Country codes: CZ - Czech Republic, UK - United Kingdom, BE - Belgium, SE - Sweden, CA - Canada, IE - Ireland, AU - Austria, DE - Germany, CH - Switzerland, HU - Hungary, IT - Italy; M - Male, F - Female.

Another motivation for migration is a positive example presented as someone they know who migrated abroad and is now doing better, whether someone within the community or within the family. In these cases, they are even directly connected to the view of a better life. “They left and found out that the situation in England or Ireland is much better than it is here in Slovakia, and it is as if their family relatives or some friends inspired them that you have a better life there, a better opportunity, more employability, the life is better there than here in Slovakia” (Interviewee S1).

As the network theory argues, it is easier to travel abroad if one already has family, friends, or relatives there, and Roma families are an example of this. In most cases, they migrate because they have someone they know abroad to help them with work and accommodation. In this case, the exception is women who migrate through employment agencies as caretakers.

Decision-making about migration in Roma families: Gender roles

Past research proposed a strict separation of gender roles within Roma families. While our research implies that the current situation is gradually changing, this aspect of interviews also revealed the greatest dissimilarities across the respondents, often aligned by the gender of the respondent.

“No husband would let his wife go abroad” (Interviewee E1). This quote by a male respondent agrees with the traditional view on the Roma family presented in some literature (Liegéois 1994; Žilová & Jankovičová 2009), which argues that within the Roma family, the man is the head of the family and also the decision-making authority (Boyd & Grieco 2003). In eastern Slovakia, male authority is deeply rooted, but the situation seems to be different in southern Slovakia. Our research strongly indicates that the situation began to change gradually, and the drift in social roles between men and women within the family might be shifting.

“Ten years ago, it was still unthinkable that a woman from a Roma family would leave and leave the caring of the whole household to a man” (Interviewee S3). Several of our respondents also confirmed that while males might be the primary migrants, dynamics within families are such that both men and women jointly decide about migration. “We are now at a very good level as regards the position of the Roma woman within the family. She has the right to make decisions and to make decisions about herself” (Interviewee S4).

However, there are still examples, mainly in eastern Slovakia, where women have almost no say in decision-making. “Ninety per cent of the time, it is so that the man orders and so it is done” (Interviewee E1). A respondent

described a situation in which there is no discussion between a man and a woman, but discussions take place between men within the broader family (E1). Importantly, when asking the respondents about the aspect of social roles, we also noted different views about the role of females depending on the gender of the respondent. Nevertheless, our research implies a growing diversion from this perception and suggests a gradual balancing of gender roles. This trend, however, may not be generalised throughout Slovakia, and in some places, the perceptions of gender are still very complementary.

CONCLUSION

While migration of Roma has in the past been often viewed in the context of begging and misuse of social rights in the Western European countries, in this work, we portray it in its diverse forms in which labour migration with economic and social motives prevails, looking specifically at Slovakia. We map underlying reasons for migration linked to the social and economic status of Roma in Slovakia. We present the characteristics of Roma migration in Slovakia based on social workers' experiences and in-depth knowledge of the given communities. A limitation of our research is that we only interviewed social workers, so the findings are presented as their perspectives on the situation. In our interpretation of their views, we considered possible power hierarchies, but in most instances, they have shown to be prudent and conscientious evaluators of respective local communities.

Our approach theoretically speaks to the New Economics of Migration theory, which argues that migration is not an individual decision but a collective one (Massey et al. 1993; Stark & Bloom 1985). We bring forward the Roma family to understand how decisions to migrate for work are made and which factors contribute to these decisions within and beyond the family. We argue that Roma labour migration is the prevailing form of mobility for Roma from Slovakia, and in many features, it resembles the migration characteristics of the majority population. We have shown that Roma migration takes many forms, with a growing share of Roma females seeking work abroad.

We confirm that the Roma community in Slovakia faces several obstacles when entering the labour market. Previous research has already presented low education, lack of skills, lack of job opportunities, and discrimination as the key barriers to finding and attaining decent employment (Messing 2017, 2014; Kahanec & Kureková 2016; Castañeda 2015; Brožovičová et al. 2013; IFP 2014), which we further document in the views of our respondents. Regarding

migration motivations, labour migration is presented as improving their living conditions by our respondents and by previous research (Cherkezova & Tomova 2013; Vidra 2013; Vašečka & Vašečka 2003). However, we offer a more nuanced interpretation, showing that two main aspects are hidden within the concept of a better life: income and discrimination. Financial resources from the point of view of a living income or a higher salary are one of the key factors that push Roma abroad. As we know from the available data (IFP 2014), Roma experience discrimination in the labour market in Slovakia, which is one of the factors why they go abroad. Away from Slovakia, they feel more accepted and less subject to discrimination.

Both family migration and individual work migration take place among Roma communities in Slovakia. In the case of individual migration, both men and women migrate, but men still dominate. Family migration seems to dominate mainly from eastern Slovakia to destinations further away and results in permanent migration and settlement abroad. In the framework of the previous research (Liegéois 1994; Žilová & Jankovičová 2009), the status of men and women within the Roma family was strictly separated. However, this status is gradually changing to a stronger position of women within the family, reflected through the lens of migration decision-making and, most importantly, the growing migration of Roma females. This trend is more obvious in southern Slovakia than in eastern Slovakia.

Our work demonstrated a dearth of data mapping Roma migration and revealed both its specificities and similarities with migration patterns among the majority population. We therefore encourage further research into the characteristics and motivations of Roma labour migration. While this research gathered some evidence based on the interviews with social workers, in future research, it is imperative to speak with Roma (migrant) families to validate or expand some preliminary findings presented here, such as those implying changing gender roles reflected in new migration patterns of Roma females. Next, research could also more deeply investigate some of the differences identified between southern and eastern Slovakia in migration characteristics among marginalised Roma communities.

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RETHINKING HEALTH-RELATED VULNERABILITIES OF TEMPORARY MIGRANT WORKERS IN AGRICULTURE AND CONSTRUCTION

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INTRODUCTION

Although the concept of vulnerability is widely discussed in research as well as policy, there is little consensus on its meaning given its “multidimensional (social, political, economic, etc.), multiscale (individual, household, community, country, etc.), and multidisciplinary (gender studies, migration studies, disaster studies, etc.) nature” (Tagliacozzo et al. 2020: 1903). The concept of vulnerability was used frequently, particularly during the COVID-19 pandemic, in public calls to “protect those most at risk” and to target interventions to groups and populations considered most in need of attention and assistance (Molenaar & Van Praag 2022). In public health and medicine, vulnerability is a common concept that refers to a person at increased risk for adverse health outcomes. The term is commonly used in both research and public settings to suggest powerlessness, victimhood, and the need for external interventions that can be potentially stigmatising and condescending to individuals (Carruth et al. 2021; Molenaar & Van Praag 2022).

In this chapter, we understand vulnerability not as an individual characteristic of particular individuals but as a concept that can shed light on how specific policies and institutional processes generate and shape individual health experiences and larger patterns of disease (Parker et al. 2000; Bronfman et al. 2002; Carruth 2021). As Quesada et al. (2011: 144) argue, experiences of vulnerability are only “partially shared across populations as they are shaped unevenly by specific status attributes (i.e., gender, age, ethnicity, etc.), conditions (i.e., legal status, economic and living conditions, etc.), and individual serendipity”.

Migrant vulnerabilities can relate to a wide range of intersecting factors, such as migrants’ precarious employment conditions, experiences of discrimination and racism, language and cultural issues, disproportionate material deprivation, and lack of access to health care and social security (Molenaar & Van Praag 2022).

For migrants, especially for asylum seekers and even more so for undocumented migrants, violent global migration systems and inequitable health systems before, during, and after their journey can also lead to shared structural vulnerabilities that can differentially affect their health outcomes (Carruth et al. 2021). These vulnerabilities may also affect people who come to other countries for work, usually referred to in the literature and policy documents as labour migrants or migrant workers.

However, the issue of categorisation is one of the fundamental problems of understanding and conceptualising contemporary migration. As Helms (2015) argues, it is typically taken as “a given” that migrants can be divided into asylum-seekers fleeing war who are considered in various public discourses as legitimate migrants and “economic migrants” fleeing global economic inequalities who are generally perceived as illegitimate migrants. Such narrow statistical typologies do not encapsulate the diversified nature of contemporary migration processes. A wide range of motives, often quite distinct from the statistically ascribed category, can lie behind the migration process. Typologies, as Brettell (2000) argues, present us with a static and homogenised picture of a process that is dynamic throughout an individual’s life.

For this reason, in this contribution, we do not define migrant workers as encapsulating only workers who come to the new countries to work as we acknowledge the overlap between different migration statuses. For instance, lengthy asylum processes and the inability to work in the formal labour market may lead to asylum seekers seeking employment in the semi-formal or informal economy. Furthermore, asylum seekers often live outside any protection regimes and without support for prolonged periods, which means they are additionally vulnerable to labour exploitation in all its forms, including trafficking (Wilson 2011). Labour migration and mobility policies in the European Union target specific groups of EU and non-EU nationals perceived as needed in specific sectors of the labour market. For example, companies in the European Union may send “posted” workers from a European Union country to provide a service in another Member State of the European Union on a temporary basis. Posted workers are among the groups that remain in the Member State where they work only for the duration of the provision of their service and do not integrate into the labour market of the state where they work. In this respect, we can observe highly diversified labour migration and mobility patterns within the European Union. Triandafyllidou (2022) notes that, especially in the last two decades, migration paths have become more fragmented and non-linear with multiple intermediate steps and transit points; acknowledging the complexity of migration drivers, we can speak of mixed motivations for migration. Furthermore, not

every migrant may wish to settle more permanently in the country of destination, and the formal migration categories do not necessarily correspond with their initial plans. As such, temporariness can be planned and intentional, unplanned or befallen, where the available migration visas do not permit long-term stay, although a migrant is seeking an opportunity to stay (Triandafyllidou 2022).

For this contribution, we, therefore, draw on Sargeant and Tucker (2009), who define migrant workers as workers without permanent status in the receiving countries. However, this definition is also applicable to a variety of temporary workers who are not necessarily migrant workers.¹ According to ILO (n.d.), temporary workers are those engaged only for a specific period, including fixed-term, project-, or task-based contracts, as well as seasonal or casual work. The latter refers to the engagement of workers on a very short-term or an occasional and intermittent basis, often for a specific number of hours, days, or weeks. For instance, due to the seasonal nature of agricultural and, to a somewhat lesser extent, construction work, these workers are often recruited on a temporary basis (Oso et al. 2022), meaning that they are required to leave the receiving country after the work is concluded and are asked to return when demand in the labour market resumes. However, among the category of temporary migrant workers, we may also find people who came to the new countries as, for instance, asylum seekers, undocumented migrants, marriage migrants, etc.

The emphasis on temporary forms of labour can also lead to circular migration, facilitated by the European Union policy for over a decade (Vankova 2020). According to the European Commission, circular migration is a mechanism that enables states to “satisfy their labour market needs and at the same time disengage from the integration challenges associated with permanent migration” (Vankova 2020: 1). However, temporary workers are often disproportionately exposed to safety and health-related vulnerabilities in comparison to permanent status workers – be they migrant or not. Sargeant and Tucker (2009) argue that permanent-status workers have a better knowledge of OSH policies and practices than temporary workers, who are consequently more exposed to multi-layered vulnerabilities. However, they also acknowledge the heterogeneity of migrant workers as an important variable when accessing their vulnerabilities and argue that multi-layered vulnerabilities manifest themselves in different forms, depending

1 According to the International Labour Organisation (ILO), international migrant workers are individuals who are formally included in the labour force in the country of their habitual residence (regardless of employment), but were not born in that country (ILO 2020). In reality, this category includes individuals who have a legal right of residence in the territory of the state in question, be it permanent or temporary workers, as well as undocumented migrants. However, the latter group is not included in labour statistics (Sargeant 2009).

on a set of factors. In this respect, highly skilled workers are generally more welcome in reception countries with special conditions for family reunification and settlement. However, some groups, such as international students, also face numerous obstacles to long-term stay (Triandafyllidou 2022). On the other hand, workers who are perceived by policymakers and employers as “low-skilled” are often admitted only temporarily to cover specific labour shortages, thus avoiding the social and economic “cost” of integration (Triandafyllidou 2022).

Therefore, we recognise that the static label of vulnerability may not be appropriate to describe the experiences of temporary migrant workers as a heterogeneous group and that their vulnerability may be contextual, dynamic, and often reversible (Molenaar & Van Praag, 2022). Temporary labour migration (TLM) manifests in different and complex forms through various schemes and programmes.² Temporary migrants are often not eligible for integration support, adversely affecting their economic integration and rights protection (EC in ILO 2022). Migrant workers, particularly temporary workers, are thus often located in precarious segments of labour markets where the pay is low, the working conditions are poor, and the share of informal labour is high. The temporariness of employment, therefore, significantly influences their occupational safety and health and exposes them to higher degrees of vulnerability (Danaj et al. 2020). According to different reports and research (ILO 2004; Vah Jevšnik & Toplak 2022), in labour-intensive sectors such as agriculture and construction, the risks of work-related accidents and the development of health-related conditions is especially high.

Therefore, the chapter aims to explore particularly the OSH (occupational safety and health) and other health-related vulnerabilities of temporary migrant workers in agriculture and construction. To provide a more systematic assessment of OSH vulnerabilities of temporary migrant workers, we follow Sargeant and Tucker’s (2009) layered framework for the analysis of OSH vulnerabilities of migrant workers. First, we examine the migration-related factors, such as the conditions of recruitment and the migration status. Next, we discuss the importance of the socioeconomic conditions in the country of origin and the socio-demographic characteristics of migrant workers themselves. The third section refers to the conditions in the receiving country, such as employment and living conditions, and the phenomenon of social isolation that also has implications for mental health. The argument draws on a review of the academic literature on temporary migrant workers, their OSH-related vulnerabilities, public and mental health, and grey literature, such as policy reports and other documents.

2 Among these are, for instance, the H-2 programme in the United States, the Temporary Foreign Worker Program in Canada, and different guest worker programmes in Europe.

FIRST LAYER OF VULNERABILITY: MIGRATION FACTORS

In the first layer of vulnerability are migration factors such as the recruitment conditions and the worker's migration status. If the conditions of recruitment are regular, meaning that workers obtained residency and/or work permits and suitable contracts are in place in accordance with the national laws and collective agreements, migrant workers are more protected. If employment is precarious and/or informal, the workers will be more vulnerable to OSH risks. In general, the more insecure the migration status and the more precarious the employment, the more exposed the migrant workers are to OSH risks, with undocumented migrants operating in the informal economy as the most vulnerable (Sargeant & Tucker 2009). In this regard, Elver and Shapiro (2021) even argue that undocumented migrants experience the worst forms of exploitation in their workplaces, including modern forms of slavery, such as forced labour, bonded labour, and human trafficking.

As immigration policies in main destination countries have become increasingly restrictive, many countries have preferred temporary or circular migration schemes (Triandafyllidou 2022). Labour migration programmes around the world are thus increasingly being managed by national governments and supranational bodies such as the European Union, and the conditions of recruitment feature enforced transience and temporariness as one of their main characteristics (Horvath 2014; Yeoh 2020). Therefore, despite some legal guarantees of managed migration as opposed to increasingly perilous and securitised migration routes, such programmes often contribute to limited mobility and the precarious status of migrant workers as only temporary employees. ILO's report (2022) summarises, "Historically, the threat of deportation has put temporary migrant workers on unequal terms with local workers; it has made them more vulnerable to pressures from employers." The temporariness of their stay further allows employers to undermine and violate labour standards and negatively affect migrants' health. For example, health insurance plans that are sustainable, transnational, or transferable often do not exist or are inadequate (McLaughlin & Hennebray 2012). The generally restrictive nature of temporary employment programmes may encourage the deregularisation and illegalisation of migrant statuses, which are precisely the consequences such programmes were intended to avoid (McLaughlin & Hennebray 2012). Moreover, temporary migrant workers sometimes "deviate" from the expected cyclical and temporary migration pattern by overstaying their visas, changing their migration status, working without authorization or with a status that does not permit their employment, or returning to their country of origin with injuries. These incidents

often exclude them from future employment opportunities as migrant workers (McLaughlin & Hennebry 2012; Tagliacozzo et al. 2020).

Furthermore, the agricultural sector, especially in Southern Europe (Italy, Greece, and Spain), has seen a shift from being dominated by farming with family members to hiring workers outside the family in order to be more competitive with corporate food chains.³ In this sense, the agricultural labour market is becoming increasingly segmented, with migrants generally being recruited for the most difficult jobs (Perrotta & Sacchetto 2014; Corrado et al. 2018; King et al. 2021). In Italy's agriculture, for instance, under a legal structure that typically links the residence permit to an employment contract, the number of undocumented migrants proliferated, a system of informal mobility developed, and finally, the number of intermediaries in the recruitment process increased, pushing migrants into an even more precarious situation of dependence on their employers (Corrado et al. 2018). Corrado et al. (2018) further note that this reinforces the so-called *caporalato* system, which was established based on the historical organisation of the agricultural labour market in southern Italy. Within this system, intermediaries, who are not necessarily part of the organised crime system, act as a link between agricultural entrepreneurs and workers. This type of intermediation has been made possible by fairly liberal recruitment policies. It operates, among other things on an ethnic or national basis: migrants who have been in the country for a long time eventually become intermediaries, particularly within their own ethnic group. Corrado et al. (2018) also argue that intermediaries not only foresee the process of recruitment but also, after migration, continue to control a large part of workers' everyday lives. This phenomenon is particularly problematic for workers from countries outside the European Union. However, an increased number of violations has also been observed among workers from European Union countries, particularly related to agency and posted workers. In describing the agricultural sector in Italy, Dines and Rigo (in Tagliacozzo et al. 2020: 1908) also refer to the process of "refugeeisation" in which increasing numbers of asylum seekers and individuals with regular refugee, subsidiary, or humanitarian status provide the flexible and low-paid labour on which the sector relies. Perrotta and Sacchetto (2014), for instance, cite cases where migrants who were waiting for a decision on their status in reception or detention centres left these centres and entered the informal agricultural labour market. This situation meant they were even more

3 King (2000) speaks of the so-called Mediterranean model of migration, where, in addition to the former dominant emigration, there is an increasing trend towards inward immigration. The seasonal nature of most of the dominant economic sectors in these countries (intensive agriculture, fisheries, tourism, construction, etc.) increases the demand for "flexible labour", which is available when employers need it.

dependent on intermediaries, as the authorities could expel them at any time based on information about their irregular legal status. Although in Italy, the situation of migrant workers in agriculture is particular in terms of a high degree of such informal recruitment and other labour practices, in other Southern European as well as Northern European countries, researchers also identified different forms of exploitation of migrant workers in agriculture (Lulle 2021; Mešić & Wikström 2021). In this regard, Mešić and Wikström (2021) studied the position of berry pickers in Sweden. Two groups of agricultural seasonal workers exist in Sweden: non-EU nationals, particularly from Southeast Asia (especially Thailand), who are granted seasonal work permits, and EU citizens, designated as “free pickers”, who sell the harvested berries directly to Swedish berry buyers. The conditions of recruitment and the enforcement of work-related rights are different for the two groups, as pickers from countries of the European Union do not require work permits to work in Sweden, and in this respect, their position can be considered as more favourable as those coming from countries outside the European Union. However, in reality, workers from both groups sometimes end up in considerable debt, are coerced by labour contractors, cannot return to their home countries or can return with only minimal financial gain or even in debt if their earnings do not cover loans for their travel. In this regard, some have become trapped in situations of forced labour. Although especially from 2008 on, the Swedish government has attempted to improve transnational collaboration and controlling mechanisms, the circumvention of regulations still prevails. One of the reasons is the existence of transnational subcontracting chains, where accountability and responsibility are generally spread among many actors.

Recently, temporary migration and mobility have also increased in the construction sector, resulting in shorter work contracts and often illegal employment (ILO 2016). Construction faces an increase in bogus self-employment and “posted work”, both of which often lead to lower wages, benefits, and other forms of security. According to the authors of the report published by the ILO (2016), these dual forces – changes in the legal and regulatory framework and exploitative practises in the industry – have led to a particularly precarious situation for migrant workers in the construction industry. Construction is also one of the critical sectors in the European Union that has used the posting of workers to bring cheap labour from low-wage countries to labour-intensive sectors in higher-wage countries (Arnholtz 2021; Arnholtz & Lillie 2023).⁴

4 The new Posting of Workers Directive (Directive (EU) 2018/957) that has been in force since 2020, mandates the principle of equal pay for equal work. This means that posted workers are to receive equal pay for the same work in the same place as the local workers.

SECOND LAYER OF VULNERABILITY: MIGRANT CHARACTERISTICS AND SOCIOECONOMIC CONDITIONS IN THE HOME COUNTRY

The second layer of vulnerability refers to the characteristics of the migrants themselves, namely education and skill levels, language proficiencies, and the socioeconomic conditions of their home country. For workers coming from countries with lower wages, the cost of losing their jobs is higher than for those workers who can return home to comparable jobs, which can inhibit workers' willingness to exercise their rights. For these reasons, workers may also seek to maximise their income in the short term by agreeing to work long hours, thereby increasing their risk of injury, illness or disablement (Richardson et al. cited in Sargeant & Tucker 2009: 3). Due to significant wage disparities in the European Union Member States, workers from lower-income countries sometimes tend to intentionally ignore or downplay irregularities. They are reluctant to report OSH-related violations for fear of losing their jobs. The problem is exacerbated further when workers are recruited to the EU from third countries with lower salaries and poorer working conditions.

For instance, construction workers from Bosnia and Herzegovina are often exposed to several vulnerabilities and labour rights violations in their country of origin, which continues to have high levels of informality and semi-formal salary schemes, considerable levels of unpaid contributions and health insurance, poor mechanisms for social dialogue, and low trust in unions, as well as a dysfunctional juridical system. These generally provide low levels of protection to the workforce (Danaj et al. 2020). Therefore, the expectations of higher labour standards and salaries in Slovenia are a strong pull factor for migration, although they may also experience irregular and exploitative employment relations in the receiving European Union countries (Danaj et al. 2020). However, workers often intentionally overlook such irregularities for fear of losing their jobs and being denied the residency permit (Vah Jevšnik & Toplak 2022).

Fialkowska and Matuszczyk (2021) studied Polish migrants in Germany and Ukrainian migrants in Poland working in the agricultural sector. They observed the normalisation of minor injuries, such as back pain, headaches, dehydration, skinned fingers, scratches, falls, and rashes, as typical by employers and workers. Employers often attributed such injuries to "witless" and "lacking common sense" migrants. The lack of language knowledge was among the key factors for the lack of formal complaints in cases of mobbing and other violations in the workplace. Instead, the workers relied more on informal networks rather than seeking institutional support. Furthermore, they found that these workers, especially Polish workers in Germany, often rationalised their stay by saying they

came to Germany to work and not to rest. Securing employment would mean workers do not want to be seen as “problematic” by disclosing they are not feeling well or are suffering from a particular illness. Some workers even performed tasks in unsecured conditions and operated machines they were not adequately trained for or agreed to fix if broken. This phenomenon is described in research as migrants’ consent to marginalisation, which hampers attempts to improve OSH for migrant workers (Goldenmund et al. 2013 in Fialkowska & Matuszczyk 2021). In reality, such an approach to OSH also shifts the burden of responsibility to migrant workers supposedly making fully rational and informed choices about their work and life conditions (Fialkowska & Matuszczyk 2021). A review of the European literature on the health of migrant agricultural workers (Urrego-Parra et al. 2022) from 1998 to 2021 has found that the most common agricultural accidents, such as falls, cutting and machinery injuries, can go unreported due to a fear of deportation, employer retaliation and unemployment. Educational materials for migrant farmworkers were also insufficient and required cultural and language adaptation.

An important factor in training workers in a particular trade/profession and their ability to prevent OSH risks is their level of education and skills, as workers with lower education levels could be more vulnerable to OSH risks than other workers. Migrant characteristics also include language skills, which facilitate following OSH guidelines, procedures, and instructions, attending training courses, reading signs, and communicating concerns. The language barrier is also a pressing issue because the inability to communicate at work can interfere with establishing supportive relations at work, which can adversely affect workers’ well-being (Premji et al. 2008). Despite the transitory nature of temporary jobs, temporary migrant workers may still desire integration into workplace dynamics and the host society. Language plays a vital role in this respect, as language barriers may also evoke feelings of loneliness, detachment, and social exclusion in the workplace and beyond it. The research on workers posted to provide services in the EU construction sector showed that the inability to speak the local language was one of the most difficult barriers to overcome. Not so much in the workplace because workers were able to communicate about the details of the work process with the use of drawings, but especially outside work, where the inability to communicate with others was most burdensome (Vah Jevšnik 2018, see also a third layer of vulnerability). Along with the language barriers, differences in perceptions of health and safety may contribute to the vulnerabilities of some migrant workers. That is not to say that some nationalities are more careless than others are, but that perceptions, procedures, and communications on safety may vary among workers from different countries (Danaj et al. 2020).

THIRD LAYER OF VULNERABILITY: RECEIVING COUNTRY CONDITIONS

The third layer of vulnerability refers to the receiving country's conditions, specifically the characteristics of the employment sector, access to collective representation, access to regulatory protection, and specific problems of social exclusion and isolation. Some sectors and workplaces are more hazardous than others are, especially if they are transnational and disproportionately temporarily employ workers. Collective representation is of fundamental importance, too, as workers' associations often take over monitoring of OSH practices in the workplace and defending workers' rights in case of injuries and occupational diseases. However, foreign workers tend to be underrepresented in trade unions, and they usually seek unions' advice and representation only in case of gross violations of their rights (Danaj et al. 2020). For instance, research shows that the reluctance to approach Slovenian unions for migrant construction workers from Bosnia and Herzegovina can partly be explained by their lack of trust in unions in Bosnia and Herzegovina and also Slovenia. In addition, recruitment of workers from Bosnia and Herzegovina often occurs through networks of trust and joining the union would imply that the worker does not trust his employer (Danaj et al. 2020).

Additional aspects contributing to OSH-related vulnerabilities of temporary migrant workers are work fragmentation, outsourcing, and long supply chains. Providing services in multi-employer workplaces with long supply chains presents significant challenges for OSH (Cox et al., 2014) and may also lead to elevated risks of work-related injuries (Nenonen 2011) for migrants and local workers. Several factors contribute to this, including tension between the safety and production efficiency of workers at the end of the subcontracting chain, miscommunication, conflicting interests, disorganisation, inadequate regulatory controls, and inability to initiate collective actions (cf. Lingard 2013; Mayhew et al. 1997). Even when chain liability laws are in place, long subcontracting chains make it difficult for workers to claim their rights because they can make it very hard to identify the contracting company at the end of the chain (Danaj et al. 2020). Outsourcing can be problematic in the context of OSH because both outsourced companies and contractors are sometimes unaware of the OSH-related risks in a transnational setting and might not know how to control these risks.

Shepherd et al. (2021) explored the attitudes, values, and beliefs of safety experts and trainers, as well as of "local" and migrant workers in construction in Italy, Spain, and the UK. Their results largely confirmed the results of previous studies conducted mainly in the USA, China, Hong Kong, and Australia. The

study found that the fragmented structure of the industry and subcontracting relationships affected safety in many ways. Participants reported subcontractors employing migrant workers as sources of “cheap labour” and saw the smaller, lower-scale subcontractors as more likely to violate health and safety rules at the workplace. They also viewed migrant workers as a group being given more dangerous, physically demanding, and dirtier jobs with higher rates of workplace accidents. However, they also attributed the violations of safety rules and regulations to the generally less strict safety practices migrants were subjected to in their home countries, language barriers, safety training, and their low knowledge of safety rules and regulations in the host country. These factors and migrant workers’ generally precarious status made them further vulnerable to exploitation.

In the study of migrant agricultural workers in southern Italy living in informal settlements (INTERSOS in Tagliacozzo et al. 2020), respondents were found to speak frequently about their health issues. They often spoke of the need to target existing health services to their needs, such as developing what is known as proximity services that are provided where the target population lives and works. For instance, mobile clinics can be developed since these areas are often remote and inaccessible by public transport. Mešić and Wikström (2021), who researched berry pickers in Sweden, identified several collective actions supporting berry pickers by civil society actors, local inhabitants, and berry pickers themselves. Some of these provided emergency relief and practical support, while others were directed more at illuminating vulnerabilities or even initiating political change. Such actions jointly contributed to the visibility of the berry pickers’ situation by underlining the need to improve their rights, although the local authorities and inhabitants also counteracted some of these actions.

Similarly, in the construction sector, as in agriculture, the scarcity of the possibilities for trade unions and other forms of collective action for temporary migrant workers means that workers used other strategies to negotiate and navigate the increasingly flexible labour market in Europe (Berntsen 2016). In this regard, Berntsen (2016) researched migrant construction workers at large-scale construction sites in the Netherlands. Although the workers were aware of the exploitative nature of some work practices, they did not overtly challenge them. Generally, they opted for more subtle forms of resistance, such as working less to reduce the profitability of their labour process. The typical pragmatic response to exploitative labour practices was often to change jobs when better payment opportunities arise instead of trying to get the employer to change their practices. For them, such a strategy was one of the coping mechanisms in the mobile and flexible labour market. As individual workers

often lacked bargaining power vis-à-vis their employers, some preferred to move within companies in groups, as they deemed it more difficult to fire a group of workers than individuals. Although such practices did not challenge the power structures between the employers and the employees to a significant degree, they did require quite some knowledge and understanding of how the labour market functions and point to the importance of workers' agency.

Finally, social exclusion and isolation might contribute to higher levels of stress and other mental health conditions, which is especially burdensome in the absence of services in cases of temporary work assignments. Ineffective communication and lack of support from management or colleagues are also categorised by the European Agency for Safety and Health at Work as psychosocial risks that may result in negative psychological, physical, and social outcomes such as work-related stress, burnout, or depression (EU-OSHA). In a systematic literature review on the psychological health of migrant workers conducted by Mucci et al. (2019), the most significant risk factors for psychological stress were identified as their past personal history, socioeconomic context, and work environment. Distance from home and lack of family support can also cause a growing sense of insecurity and loneliness. Migrant workers also experience barriers to health services and are often unable to manage stress-related problems, such as insomnia, gastrointestinal symptoms, and headaches. The review has also shown that migrant workers may experience more work-related stress than the "local population", especially due to the phenomenon called "under-employment" – they often perform jobs that do not match their professional skills.

The review of studies on the health of migrant farmworkers (Urrego-Parra et al. 2022) found that the most frequently reported mental health problems in the examined studies were anxiety, stress, and depression associated with work conditions and the social context. The review has also identified physical symptoms, such as lower back pain and headaches, as related to a greater probability of suffering mental health problems. Conflicts with the local population, intolerance, language barriers, discrimination, racist attitudes, disrespect and isolation, lack of knowledge of rights in the host country, job insecurity, irregular and informal job arrangements and/or migration status, and difficulty accessing healthcare services were among the main factors increasing the likelihood of suffering from depression and anxiety. Different forms of segregation further exacerbate social isolation. For instance, in Italy, Perrotta and Sacchetto (2014) observe segregated accommodation for migrant workers in agriculture. Local communities set up reception centres for a limited number of workers with regularised documents, many workers – especially those from Eastern European countries – live in abandoned accommodation, often without electricity, heating,

or water, and workers from Africa often live in large “ghettos”, as they call them, where several hundred people live together in a small space (makeshift shacks, abandoned buildings, factories, etc.). Such accommodation organisation outside major cities promotes these workers’ spatial, economic, cultural, and political isolation from the local population (Perrotta & Sacchetto 2014).

Furthermore, Hovey and Seligman (2006) argue that there is considerably less research on the interplay of mental and physical health over time, especially given the supposition that severe stress may have an adverse effect on both facets of health. Therefore, one of the challenges is for physicians to understand the link between physical symptoms (such as those that result from pesticide exposure for farmworkers, for instance) and mental health difficulties of this group.

The issue of migrant workers’ work and life conditions in the receiving countries came to the forefront also during the COVID-19 pandemic with its emerging discourse on essential workers, among them workers in agriculture, health and social care, and the food industries. While at the beginning of the pandemic, the freedom of movement principle was initially suspended, nation-states soon resorted to various measures to maintain the “flow” of workers in sectors that were considered either “essential” (agriculture and related activities such as harvesting and packing) and/or “deficient” in terms of domestic labour (e.g., construction) (Tagliacozzo et al. 2020; Cukut Krilić & Zavrtnik 2023). At that time, exceptional and fast-track solutions, such as bringing in groups of workers deemed essential, often disrespected OSH and health safety measures in place during the pandemic (Fialkowska & Matuszczyk 2021). For example, among descriptions of the everyday life of migrant farmworkers during the pandemic, we can find reports of living in unhygienic conditions, of lack of protective equipment, of workers with positive COVID-19 tests using the same utensils and bathrooms as other workers and of rooms being overcrowded. This situation means that the rules of physical distance could not be respected, although several efforts on the part of NGOs as well as governments did exist to counteract this issue (Haley et al. 2020; Tagliacozzo et al. 2020). Therefore, a second aspect of essential workers’ vulnerabilities relates to the epidemiological aspect: due to their working and living conditions, they were less able to practice distancing measures and basic sanitary rules, and as such, they became a health-risk factor for the “local society” (Tagliacozzo et al. 2020).

CONCLUSIONS

This chapter has investigated mutually intertwining factors of temporary migrant workers' vulnerabilities through the prism of OSH-related vulnerabilities. We have found that vulnerabilities of temporary migrant workers can be a result of inadequate legal frameworks of migration and other policies that are increasingly focussed on limiting the legal entry into nation-states for particular groups of migrants as well as on generally providing only temporary status to migrant workers. The conditions in workers' home countries, particularly the significant wage disparities and lack of collective representation, can contribute to their marginalisation and even facilitate their consent to substandard living and working conditions. Furthermore, the COVID-19 pandemic has further revealed and exacerbated social inequalities in recruitment policies as well as the work and living conditions of migrant workers. Nevertheless, it has also exposed the emerging discourse of essential workers (Fialkowska & Matuszczyk 2021), which leaves open the question whether COVID-19 has provided new opportunities on how to conceptualise medical care and health policies for migrants (Carruth et al. 2021). Work fragmentation, outsourcing, and long supply chains, particularly in the construction sector, can also lead to decreased occupational health and safety. Social isolation, exacerbated by language issues, lack of information, and lack of appropriate services, may contribute to poorer physical and mental health outcomes. In this sense, the OSH vulnerabilities of temporary migrant workers merit a broader and contextualised approach. In the view of Flynn (2018), the occupational safety and health at work (OSH) literature largely and narrowly focuses on injury events and ways to prevent them. As a result, the field of occupational health evolved into a technical and applied field dedicated to preventing and eliminating physical, biological, and chemical hazards found in the workplace. Researchers paid less attention to the wider social, historical, and geographical contexts that influence work, the lived experience of workers, their families, and their communities, and the inclusion of the injury experience into the life and social context of the injured worker. Also, the uncritical use of the concept of vulnerability risks implying the inherent vulnerability of particular individuals and/or groups and can overlook how people are also able to respond and react to their life situations (Molenaar & Van Praag 2022), once again pointing to differences among migrants and to the importance of their agency. While there is a subjective and autonomous element of mobility, there also exists an element of regulation of migration, with the labour force to be filtered according to specific criteria and hierarchies (Mezzadra 2016).

As Quesada et al. (2011: 142) argue, despite calls to address the effects of social inequality on health, the conventional biomedical paradigm of health also mostly

fails to translate the documentation of social forces into everyday practice and epistemology. In the absence of clinically accessible effective alternative models, clinicians continue to treat individual patients in a psychological, social, cultural, and class vacuum. Public health interventions continue to focus primarily on changing the micro-behaviours of individuals through knowledge-based education interventions, based on middle-class models of rational decision-making.

In this way, political will, legislative changes, an appropriate allocation of resources (Quesada 2011), and the move from a project-based and emergency-driven logic (Tagliacozzo et al. 2020) might be of utmost importance when thinking about the vulnerabilities, health, and well-being of migrant, as well as “local” populations.

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This book follows up on the 2018 edited volume *Labour Mobility in the EU* (eds. Kristina Toplak and Mojca Vah Jevšnik, Založba ZRC SAZU), which offered explorations of several existing and emerging challenges concerning labour mobility in the European Union (EU) through the prism of different professions and mobile professionals. Conceptually, the book follows its predecessor by providing a collection of essays covering various topics, perspectives, and geographical contexts that address the dynamics of labour mobility in the EU. However, in terms of the content, the second volume exceeds the first volume by including the reflections, perspectives, and critical analyses of renowned foreign researchers and scholars who provide timely and thought-provoking snapshots of some of the core issues lingering in the overlap between the EU-labour market dynamics and cross-border labour mobility patterns.

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