**Liberal Welfare States: Nurturing Migration Policy in Canada, the United States, the United Kingdom, and Australia**

How do the care policies of liberal welfare states impact migration policy? Recent empirical work has shown that states with more women in the workplace, yet less generous women’s welfare state policies (such as child care supports and leaves) admit more migrant women to shoulder care responsibilities. This paper seeks to identify the causal links and underlying mechanisms that drive the intersection of migration and care in liberal welfare states using process tracing across four cases: Canada, the United States, United Kingdom, and Australia. In all four cases, private, market-based solutions have been adopted and encouraged to meet most care needs.  Women migrants have been part of this solution. Women migrants have been formally recognized through migration policies in Canada, somewhat recognized in the United States and United Kingdom, and overlooked in Australia. Taken together, these four cases highlight that domestic socioeconomic conditions, the framing of care policy by women’s groups, and also the nature of specific care policies are important factors for the development of targeted programs and visas to facilitate the migration of women care workers.

The number of migrant women employed as domestic care workers reaches over fifty million worldwide (Human Rights Watch 2013). The demand for care work has been fueled partly by more opportunities for women in the workplace, but also by the need for two-income households to ensure financial security and by changing expectations that have emerged with more middle-class lifestyles – including new work requirements and new standards of quality care and cleanliness. Care workers provide everything from part-time cleaning and cooking to full-time household duties, child care, and elder care (Cox and Watt 2002; Lutz 2002, 93). The demand for care work has prompted some states to enact policy to help women and families find a better balance between paid work and necessary care arrangements for children and/or elderly family members through leaves and child care supports. In liberal welfare states, a growing niche has also been carved out for women migrants to help meet care demands (Schrover, van der Leun, and Quispel 2007).

Scholars of the welfare state have made great strides incorporating gender and considering the role of women. In countries where the welfare state recognizes and supports care services for working families, women are able to enter the workforce on more equal terms with men, yet women’s time is still considerably ‘squeezed’ given the double burden of domestic duties at home and formal work responsibilities outside the home. The ILO suggests that continuing cuts in social expenditures hinder the ability of women to balance work and family responsibilities and encourage reliance on migrant workers to help strike a better balance (Gallotti 2009, 22). Even so, the literature on the welfare state and women does not recognize the role of immigrant women who travel to industrialized countries and work as care providers.

In this study, I ask, how do the care policies of liberal welfare states impact migration policy? I construct a theoretical framework that identifies the causal links and underlying mechanisms driving the intersection of migration and care in liberal welfare states. I use process tracing to evaluate the intersection of care and migration policy in four liberal welfare states. In all four cases, private, market-based solutions have been adopted and encouraged to meet most care needs – and women migrants have been part of this solution. Taken together, these four cases highlight that domestic socioeconomic conditions, the framing of care policy by women’s groups, and also the nature of specific care policies are important factors for the development of targeted programs and visas to facilitate the migration of women care workers. Women migrants have been formally recognized through migration policies in Canada[[1]](#footnote-1), somewhat recognized in the United States and United Kingdom, and overlooked in Australia.

The intersection of care and migration more broadly offers an important vantage to consider what is really meant by gender equality and a just society. In industrialized liberal welfare states greater equality between men and women has been dependent on inequality between women of different social groups, classes, and countries. The extent to which states adopt policies recognizing the agency of migrant care workers serves as an important measure of gender equity in welfare states. Such policies include specific legal routes to enter the country, state laws/local bargaining agreements, and even international provisions, such as the Domestic Workers Convention (Human Rights Watch 2013). While targeted programs and visas arguably lack proper workplace protections, they do provide a legal route for women to migrate legally and serve as a platform to work toward better protections, and highlight the value (especially the economic value) of care work.

**The Intersection of Welfare-State Care and Migration Policy**

The increasing demand for care workers in the first world has prompted numerous scholars to look at how welfare states have responded to the needs of working women and dual-earner households to better balance work and family responsibilities. One stream of studies considers the role of welfare states in providing supportive policies for women to have equal access to the workplace and the ability to maintain an autonomous household (Lister 2003; O’Connor 1996; Orloff 1993; 1996). A second stream of studies considers the opportunity that states have afforded women from developing countries willing to migrate and supply needed care work (Ehrenreich 2002; Sarvasy and Longo 2004; Tronto 2005; Williams and Gavanas 2008; Williams 2010; 2011). The traditional welfare state literature on supportive policies for women should incorporate the role of *migrant* women who help meet care demands and foster equity between men and women.

Access to paid work has afforded women social benefits, yet at the same time women who leave the workforce to care for children even for a short time may face long-lasting financial consequences. Any leave of absence from work means less work experience, which is needed to secure higher paying jobs and raises. To balance paid and unpaid work, women often opt for part-time working arrangements that result in dependence on men or social services for financial security (Lister 2003). In the welfare state social benefits have the effect of decommodifying workers to varying degrees. The state steps in to mitigate worker dependence on the market through old-age pensions, insurance for accidents, unemployment, and protection against sickness. These and similar social provisions tied to the concept of decommodification do not ease dependence for women without mechanisms and institutions (such as access to affordable and quality child care) to first guarantee women access to paid employment (Orloff 1993, 308, 317). In order to enhance gender equality, the state must ensure that women have access to paid work and have the ability to form an autonomous household regardless of marital status. An expanded definition of the welfare state has been constructed to include provisions such as day care, education, housing, medical services and parental leave. Thus, the extent to which states offer family friendly policies serves as an important feature when comparing welfare states and their role in fostering gender equity (O’Connor 1996; Orloff 1993, 317; 1996, 52).

Childcare policies vary in the kind of benefit that they provide. These benefits may be public care provided by the state, subsidies to private care facilities and providers, employer mandates, and finally tax credits and cash payments. The bulk of childcare benefits in most liberal welfares states have consisted of tax credits and cash payments since the mid-1970s. Cash payments and tax benefits help working women balance schedules that often conflict with traditional daycare schedules. Despite cash payments and tax benefits, striking the right balance between work and care is still problematic; access to childcare slots is often tight and formal care remains largely expensive.

Esping-Anderson (2009, 80) takes one step further and explains that neither families nor the market are viable ‘welfare’ solutions to address the social needs present in modern societies. For example, daughters who were once available to help with elderly parents are among the ranks of full-time workers and commercial residential and retirement centers are too expensive for even the middle class. Because most liberal welfare states, such as the United States and United Kingdom, were originally based on a male-breadwinner family, the primary goal of the welfare state was to ensure against loss of income or low income instead of supporting social services that were already met by mothers and daughters at home. For Esping-Anderson (2009) adequate changes in family policy have not coincided along with the female revolution. Inadequate childcare options are partly to blame for low fertility rates among educated women and are also responsible for deterring women from entering or staying in the workplace – a ‘feminization’ of the male life course is ultimately needed to help balance out care needs.

In the meantime, however, a second stream of studies considers the limitations of welfare state policies and alternate solutions that governments and families may opt for to meet care needs and balance work and family responsibilities – foremost help from migrant nannies and care workers (Ehrenreich 2002; Sarvasy and Longo 2004; Tronto 2005; Williams and Gavanas 2008; Williams 2010; 2011). Outsourcing work in the home is a growing trend and one that is not likely to change unless men begin stepping up to take on a more equal share of domestic duties, or states step up to support care work through more services or subsidies (Ehrenreich 2002, 102-103). Some states have taken measures to encourage men to share in household responsibilities and caring. For example, the United Kingdom reserves a one to two week consecutive paid leave after the birth or adoption of a child specifically for fathers. Other states have also implemented similar leaves specifically for fathers, but the leave time generally is much shorter than that for women and does not always include pay (ILO 2011; UNICEF 2008). Certainly the sharing of household responsibilities redefines the association of care work with women, but progress toward this ideal is also slow.

Women from less developed countries have stepped in to meet the unmet needs of working women and dual-earner families. Sarvasy and Longo (2004) dub this phenomenon as feminized neocolonialism. According to a traditional definition of colonialism*,* citizens from wealthy states aim to settle and control the inhabitants. In the case of feminized neocolonialism, citizens from poor states aim to settle in host countries to support their families at home by providing the care services lacking in the first world. The feminized neocolonial system is characterized by many push and pull factors, including, but not limited to, the lack of an expanded welfare state in the north to ensure working mothers may have care arrangements. The increasing feminization of migration is clear, especially given that care is among the number one export of the Philippines (Parreñas 2002, 40-41) and remittances remain the largest flow of foreign currency into the country, accounting for 11% of the overall economy (Banyan 2010).[[2]](#footnote-2)

Several studies assess migration policies that target domestic care workers in specific states, but they do not speak directly to the tie between the intersection of welfare state care policy and migration. More recently, a few studies point to such ‘targeted’ policies as the ‘dovetailing’ of childcare regimes with migration regimes. In other words, when states adopt these kinds of ‘targeted’ policies, there is not a clear-cut distinction between policies addressing the balance between work and family obligations and those addressing the balance between workplace demands and population movement (Williams and Gavanas 2008; Williams 2010; 2011). These policies provide important legal routes for women to migrate from developing states, yet take various forms from regularization and quotas to live-in care arrangements. The adoption of targeted policies, along with state-level childcare benefits and leaves, serves as an important measure of gender equity outcomes across welfare states.

**Research Design and Analysis**

To build upon the recognition of migrant women in the welfare state literature, it is important to assess how the care policies of liberal welfare states impact migration policy. I use the following set of hypotheses to guide my construction of a theoretical framework.

H1: States with past discriminatory migration policies are more likely to facilitate and rely on migrant women who provide more affordable and flexible childcare options.

H2: States where the women’s movement was unable to consistently tie childcare policy to women’s equality in the workplace are more likely to adopt new, targeted migration policies to facilitate the entrance of domestic care workers.

These two hypotheses suggest the causal links and underlying mechanisms that drive the intersection of migration and care in liberal welfare states. I use process tracing across the four key liberal welfare-state cases: Canada, the United States, United Kingdom, and Australia. In all four cases child care is largely a matter of personal responsibility supported by modest market-based solutions.  Canada, the United States, and the United Kingdom have all adopted targeted policies to encourage the migration of women willing to provide care work. Canada established a live-in caregiver program, while the United States and United Kingdom each set out an array of specific work visas. Australia has not adopted a targeted work program or visa.

The four cases call attention to the importance of past discriminatory policy, as well as the framing of care policy by women’s organizations to drive the intersection of care and migration policy. I argue that framing is important for whether states increase care options through welfare state initiatives (including direct provisions, subsidies and/or tax credits/deductions) or for whether states provide an opening for migrant women to help shoulder care needs. To push publically provided state-sponsored care solutions, the women’s movement must be able to consistently make a connection between the provision of child care, women’s equity in the workplace, *and* the health of the overall state economy. States are more apt to adopt alternate solutions depending on the extent to which the women’s movement falls short in achieving and maintaining this frame. In cases where the women’s movement is able to make a partial tie between child care and either women’s equity or the economic health of the economy, formal migration policies may be implemented, sending a message that private solutions trump public provisions. In cases where child care is also framed as a needs-based policy for low-income families, it sets a precedent for migrant women to help shoulder care work for middle-class and wealthier families, especially in states with a history of minority women providing care work. In cases where child care is also framed as an educational resource for children, it prompts partial public provisions that leave a gap for migrant women to help fill (see Table 1).

**Canada**

In Canada women’s groups were able to successfully work with unions and present child care as an economic and gender issue in the late 1960s and up to the start of the 1980s when conservative backlash halted public solutions, opening a door for migration policy to address care needs.

The Canadian Assistance Plan (CAP) was enacted in 1966 shortly after the Women’s Bureau of the Labour Department successfully placed child care needs on the national agenda. The CAP gave provinces matching funds for needs-based child care (Coward 2000). While an important first step, the CAP did not tie child care to gender equality or broader economic goals for all Canadians, and essentially provided funding only for the poorest households. In the 1970s the National Action Committee for the Status of Women (an umbrella group for several women’s groups) worked with unions to push child care. Guided by the direction of the Ontario Federation of Labour, unions adopted women’s equality as a social justice issue and recognized the important role child care played to achieve equality in the workplace, especially with more women also in executive positions (Kate 1978; Mahon and Collier 2010). CAP was expanded, but still focused on needs-based funding (Mahon and Collier 2010). The rise of social conservative voices under the neoliberal Mulroney government slowed progress toward a more comprehensive childcare policy in the 1980s. Groups such as Realistic, Equal, and Active for Life Women opposed universal care, embracing a pro-family argument (Bashevkin 1994, 144; Dobrowsolsky 2009, 372).

Wealthy and middle-class families and women were left to their own devices to look for care solutions, which often meant reliance on migrant nannies (Citizenship and Immigration Canada1999; Pratt 2008). Beginning in the 1980s, several news articles point to the overwhelming demand for migrant care workers to help shoulder care needs. The Foreign Domestic Movement Program was subsequently enacted in 1982 (Cohen 2000; Hodge 2006). The growing demand for child care prompted a need for certain *kinds* of workers. Canada was the first of the major immigrant-receiving countries to eliminate its racist ‘White’ Canada immigration policy in 1962, removing restrictions on race and national origin in favor of education, skill, and financial stability as admissions criteria (Citizenship and Immigration Canada 2000). As the economy increasingly depended more on new technology in secondary manufacturing and an expanding service sector (Green 2003, 39), Canada also became the first country to officially enact a points system in 1967, quickly leading to an increase in the admission of migrants from Asia, the Caribbean, Latin America, and Africa (Simmons 1999). Just after the enactment of the Points system, the government also created special programs for unskilled agricultural workers and domestic workers (Walia 2010).

According to the *Toronto Star*, a shortage of care workers and providers in 1984 fueled demands for migrant workers resulting in the issue of nearly 8,000 work permits for childcare workers in Ontario alone (Auman 1985). Migrant women skilled in care provided an important resource for the Canadian economy. For conservative supporters, the Foreign Domestic Movement Program allowed for children to at least be cared for in their own home with a mother-figure, rather than in a separate childcare facility with several childminders.

To remain on the national agenda, child care was re-framed as a strategy to bolster child poverty and early childhood educational development in line with new research on the importance of brain development in the 1990s (Mahon and Collier 2010). By 1992, the *Toronto Star* reported that 66,000 women had migrated to Canada as nannies and championed the program as a valuable resource liked by the middle-class. The Foreign Domestic Workers Program was thereafter replaced and revised with the current Live-In Caregiver Program (LCP) in 1992. New educational requirements were added to the LCP. In addition to domestic training, the revisions called for migrant care workers to have the equivalent of a Grade-12 Canadian education (Arat-Koc 1999; Hodge 2006). The revisions made migration much more difficult and initially led to a decrease the number of nannies. In response to complaints from Canadian women and placement offices dependent on nanny care, the requirements were revised to be more realistic (Simmons 1999).

The inclusion of the LCP on the Service Canada website as an option for child care in 2011 implicitly suggested that the government embraced the LCP as an important, viable, and socially acceptable solution for child or elder care for wealthy and middle class families alike. The reliance on migrant women for care is evident in the number of women who enter Canada through the LCP; over 10,000 migration slots are reserved for women to enter Canada each year specifically through the LCP program (Hawthorne 2013)[[3]](#footnote-3), the majority being from the Philippines, Caribbean, and other developing countries dependent on the remittances from care workers (Hodge 2006; Pratt 2002). The Temporary Foreign Workers Program (TFWP) in 2002 reaffirmed the tie between care and migration. Changes to the 2002 Immigration and Refugee Protection Act made it possible for *live-out* domestic care workers to work on a temporary basis (Government of Canada 2014).

**United States**

In the United States, the women’s movement was unable to consistently frame care as an economic necessity. The movement split over how to push child care policy forward and was unable to overcome strong normative perceptions that framed child care as matter of personal responsibility, especially when coupled with Cold War rhetoric.

Child care policy in the United States *has* been consistently associated with minority women and those in need – such as lone mothers and poor children. The development of childcare policy in the United States was tied to racial tensions well before WWII and set a precedent for current policy. Before child care was needed to support the war effort in the 1940s, black women in the south often worked as domestic care workers and faced workplace abuses (Theoharis 2011). In the 1940s Congress passed the Lanham Act, which allowed for federal grants and loans to fund public works – or rather, to fund day care facilities (Cohen 1996). Activists in opposition to the closing of wartime centers fell into two camps. The traditional upper class philanthropic women made up one camp and emphasized the financial needs of specific families, while the populist camp favored universal rights to care. The divide in the early activists made it impossible to pass direct public provisions during the postwar years. As a result, they were not invited by the Republican hearings working to enact tax reform in 1954 and the initial legislative tie between child care and welfare policy for the poor was set. A deduction for childcare expenses was established for working adults as long as the care was necessary for employment (Michel 1999). In the 1960s, President Johnson’s Head Start Program and the Work Incentive Program reinforced social stigmas associated with poverty and prejudice (Cohen 1996; Michel 1999). The Work Incentive Program promoted child care centers as a good source of employment for recipients, equating women and minority women with low, paid care work (Michel 1999, 243-244).

At the same time, in the 1960s, the Immigration and Nationality Amendments Act abolished the quota system for immigration set up in the 1920s, set up a categorical preference system, and attempted to increase diversity through caps on the total number of immigrants allowable from each country and hemisphere. The Amendments Act specified that 80% of visas should still go to close relatives of immigrants, essentially opening a larger pool of women to help with care work (United States Congressional Budget Office 2006).

The Comprehensive Child Development Act of 1971 attempted to break the historic tie between child care and welfare and proposed free care for low-income families along with a sliding scale for other families. The Act passed both houses, but Nixon vetoed the bill (Hunter 1971;Michel 1999; Norgreen 1982). The veto was a surprise since Nixon had acknowledged that the lack of child care was a problem and recommended a system for all pre-school children and an after-care program for both needy and middle-income families. The veto was attributed to a range of factors to offset conservative upset in the Republican party from Nixon’s foreign policy decisions and counter communism during the Cold War – child care should be a family matter rather than a communal government issue (Cohen 1996; Norgreen 1982). Other Scholars suggest that Cold War rhetoric was used as a ruse to placate racial concerns. A public childcare system provoked worry because of its potential to mix races at a much earlier age (Michel 1999).

Elinor Guggenheimer of the progressive New York City Day Care Council responded to Nixon’s veto with an editorial to the *New York Times* in 1971. She wrote: “Take a good look, Mr. President. Mom-almost twelve million Moms of children under eighteen- has moved out of the kitchen and into the canning factory on the edge of town. We continue to allow more than two million preschool children to receive less than adequate care, because legislation has been based on a vision instead of a reality… A good day-care acts as an extended family, and the parent of a child in good day care does not relinquish that child to others. The mother is a participant and a shaper of the good program… The denial of help to children whose mothers are working is a national tragedy.” Despite her direct response to the President, in order to keep child care on the national agenda, Guggenheimer aligned child care policy more closely to the views of the administration. She focused on the needs of children, (and especially poor children of women working as blue-collar workers) rather than women. In effect, Guggenheimer undermined the ability to look at accessible, affordable, and quality day care as a need for all women to access the workplace. Instead of the Comprehensive Act, two initiatives were later passed that targeted funds toward the needs of low-income families (Michel 1999, 256).

While important, the policies were at the expense of middle-income and two-earner families in need of modest financial supports and options more compatible with work schedules. At the same time that child care was framed as important for poor and lone mothers, the demand for foreign nannies increased. Geist (1984) interviewed new mothers seeking nannies in New York. Because of the high demand, some mothers visited the neighborhood parks to ‘nab’ nannies employed by others families. Geist also documented the growing demand for live-in foreign nannies who were sponsored by their employer-families to better accommodate varied work schedules. By the late 1980s the Nanny Association reported that: “Although generations of wealthy Americans [grew] up with foreign born nannies, until recently it was rare for middle-class families to hire nannies. But now the demand for nannies, particularly among two-income families, outstrips supply. Nationwide, there are 70,000 to 90,000 [formal] requests for full-time, in-home child care each year” (Noble 1989).

Current migration policy established with the Immigration Act in the early 1990s offers a variety of migration routes for migrant domestic care workers, whether through family streams or through work visas. The presence of residence permits and nonimmigrant visitor/work permits for care work (along with the permits for the spouses and children of those who provide care work), show that the employment of migrant women is often seen as an attractive solution for working mothers and families who have a real need for care of their children and aging parents. Legal ‘nonimmigrants’ may enter the United States with either temporary visitor (J1) or worker (H-2B) visas. Both visas may be used by nannies and child minders (U.S. Department of Homeland Security 2005). The use of these visas is evident from a quick look at the H2B visa cap. The cap is set at 66,000 annually and is met early on in each year (United States Department of Homeland Security 2005).

**United Kingdom**

The development of childcare policy in the United Kingdom was tied to needy families at the end of World War II, but has consistently been tied to nursery education since the 1970s (Penn 2000; Penn and Randall 2005; Randall 1996; Randall 2001; also see Moss 1999; Ruggie 1984; Tizard et al. 1976 on early childcare development). These two frames have prompted policy that only targets some working mothers and part-time care that is not compatible with full-time work schedules.

After WWII the Ministry of Health reigned in daycare expansions from the war and emphasized that public child care would be for children in need only. By 1970, the women’s feminist movement called for 24-hour nursery care at the Women’s Liberation Conference (Gelb 1987; Randall 1996) and the Thatcher government set out plans to provide universal public nursery education for children ages three and four in response to the demands of working mothers and concerns for poverty. Deep public expenditure cuts prevented its implementation, but nursery teachers and nurses began a campaign in the late 1970s (Randall 1996).

A formal national childcare lobby began to take shape throughout the 1980s. In addition to experts and professionals who worked with children, local associations, trade unions, and feminist groups, such as the National Childcare Campaign, joined the lobby. With the increase in women entering the workplace, childcare policy was finally framed as a women’s issue, although poverty and lone mothers were still important frames as well. At the same time, feminists gained more power within the Labour Party, which helped to highlight the plight of working mothers. The House of Commons Committee on Education, Science, and Arts put together an inquiry in 1988 that reasserted the call for universal preschool (Randall 1996). Universal part-time preschool was adopted in 1996. Currently all three and four year old children are eligible for 15 hours of free early education per week for 38 weeks out of the year (Government of the United Kingdom 2012).[[4]](#footnote-4) The tie between education and care helped establish minimal requirements and minimum wage for child minders (£4.20) (Penn and Randall 2005).

The preschool provision certainly helps elevate the value of care work, but part-time free preschool is difficult to coordinate with fulltime work schedules, and the minimum wage for workers escalates the cost of care in the private market. Government support does little to help with expensive childcare costs (OECD 2005). Parents spend about one-third of their income on childcare costs, which is greater than what parents spend in the United States (Martin 2010). Parents are encouraged to seek out financial help from their employers. Childcare vouchers for government-approved facilities have allowed for tax and national insurance (NI) savings since the 1980s, which essentially provides vouchers through a pre-tax salary sacrifice scheme. An attempt to abolish the incentive in 2011 showed employee support and use. The Save Childcare Vouchers’ campaign put together a petition with 92,000 signatures and instigated public pressure. Rather than cutting the childcare voucher, the incentive was modified and capped savings (Sullivan 2009). In effect, the partial construction of childcare policy prompted parents to consider other solutions.

Throughout the 1990s and early 2000, government policy[[5]](#footnote-5) encouraged migration specifically to address shortages in the labor market (UN 2009). A points system was put in place in 2002 and revised in 2008. Generally, the points system allows for skilled workers to apply for permanent residency or settlement, and apply for citizenship later down the line (Hatton 2005, 726; also see the UK Border Agency 2012b). A shortage occupation list is published for immigrants, but care work is not listed among the occupations with shortages.

The au pair program and the number of migrant women already in the United Kingdom set a basis for the development of the Overseas Domestic Workers (ODW) visa system in 1998. The au pair program across Western Europe allows for students between the ages of 18 and 25 to live, work, and study in another country for 18 months. The program is not officially for women to enter the country in search of domestic work (and I do not include it as a targeted migration policy). Au pairs can work up to 30 hours per week caring for no more than three children and helping with light household chores. In exchange, the hosting family must allow students to attend between four and ten hours of school each week and are responsible for “the cost of the students’ health and accident insurance, help[ing] them pay for at least 25 per cent of their language courses, provid[ing] them a weekly stipend of at least 100 euros (in 2008), and an individual room that they can lock.” (Gallotti 2009, 30). The intention of the au pair program is officially for cultural exchange and language immersion, but in reality, many au pair permits are being used to find low cost domestic care workers (Gallotti 2009). To formally enter the United Kingdom as a domestic worker, an individual must be connected with an established oversees employer. In a sense, the ODW worked to attract wealthy transnationals and then also provide a pool of care workers after five years.

**Australia**

Childcare policy in Australia has been a product of a strong, autonomous women’s movement that embraced women’s policy machinery and feminist bureaucrats as a strategy to strengthen the movement. In contrast to Canada, the United States, and United Kingdom, the women’s movement and femocrats were able to consistently emphasize the tie between child care, women’s equality, and the economy, which overshadowed the need for legislation to specifically target migrant childcare workers.

The Childcare Act of 1972[[6]](#footnote-6) targeted poor children, but the open policy of the Whitlam-headed Labor government carved out a special place for feminists (and femocrats) to play an active role in shaping child care. The Labor government aimed to expand the reach of the welfare state with the idea that “the citizen would no longer be a passive, grateful recipient of services but an active definer of local needs and a participant in developing strategies to meet them” (Brennan 1994, 73). The Women’s Liberation Movement was invited to step in and challenge the traditional advocates of childcare policy. The traditional advocates championed the educational needs of children and consisted of elite women, professional preschool educators, and bureaucrats, while the new feminists championed the needs of women (Brennan 1994, 70-73; Michel 1999, 291). Elizabeth Reid, special advisor on women’s affairs, secured basic child care funding in 1973. The Labor Party further established a Childcare Commission, but lost the election of 1977 before a complete childcare policy was crafted.

In the 1980s, the incoming conservative government, headed by Fraser, inadvertently cemented the tie between child care, women’s equality, and the economy in their efforts to cut spending. Rumors circulated that the Fraser government planned to propose not only huge cuts in children’s services, but also the complete withdrawal of government funds for child care. Childcare activists primarily in Sydney and Melbourne put together a quick campaign against the proposal. The participants in the campaign went beyond feminist organizations to smaller lobbying groups consisting of childcare workers, childcare users, and potential childcare users, which in turn highlighted that child care had become a major industry (Brennan 1994, 107-108).

During the same time period, competition between the parties prompted the Australian Labor Party (ALP) to put together an extensive study after the 1977 election to see why they had lost and how to better their chances of winning in the next round. The ALP found that the under-representation of women in parliaments around Australia was a key consideration and set up an affirmative action program to increase the representation of women within the party at all levels and also adopted a comprehensive women’s policy. The policy included consideration of women’s employment (and child care), education, income security, health, housing, and access to legal service. The Hawke government was elected in 1983 with a childcare policy ready to put in place. The administration defined child care as a public good. The new policy included publicly-funded childcare programs as the core of the federal program, making $10 million available in its first budget to increase the number of childcare services and setting aside $30 million in the following year (Brennan 1994, 174).

A report prepared by the Centre for Economic Policy Research at the Australian National University in 1987 highlighted the economic benefits from publicly-funded child care. Public subsidies were found to aid social equity and to overcome the disincentives to work, such as the non-taxation of child care in the home and the high cost of care outside the home. Child care was also linked to properly raised children who become good citizens, resulting in fewer crimes, more voter participation, and a broader tax base. Perhaps most striking, the net gains of public childcare expenditure were estimated at $106 million in 1987 and 1988, making a positive addition to the budget (Brennan 1994, 169, 197-199). Trade unions and employers began to work with the government to link child care with labor market strategies and social security reform, situating child care as part of the social wage (Brennan 1994, 171-173).

By the 1990s, child care joined the ranks of mainstream politics and was incorporated by Labor *and* coalition parties in the 1993 election. Those parties that failed to address child care lost votes from women and paid the consequences at the polls (Brennan 1994; Hardy 1990). The ability of the women’s movement to consistently connect childcare policy with the economy prompted domestic solutions and a range of childcare provisions such as the childcare cash benefit – universally available on a sliding scale – in some ways making informal care, and migrant care less visible to policymakers.

The framing of child care prompted legislators to develop more comprehensive public policy to help women balance paid work and family rather than formally consider other solutions such as migrant care – although the expense and flexibility of child care remains problematic. Many women have opted to stay home, work part-time, depend on family, or make informal arrangements. Since WWII preference have been given to the family stream for migrant women to help with informal care arrangements and has also allowed for some migrant women to receive government payments to care for elderly, disabled, or sick family members (Department of Immigration and Multicultural Affairs 2001). Although the ‘White Australia’ immigration policy reigned from the 1850s-1949, many refugees entered during and just after WWII, adding a new demographic to Australia, including many minority women to help with care needs. The Migration Act of 1958 withdrew references to race for subsequent family migration and the Numerical Multifactor Assessment System (NUMAS) was implemented in 1979, mirroring the Canadian points policy. Among other components, this system did not endorse a guest worker program (Department of Immigration and Multicultural Affairs 2001; Jupp 2007).

Even so, the Australian case is unique in its focus on the admission of migrants planning to care for a relative. Visa subclasses 116 and 836 allow for migrants to enter Australia through the Migrant Program/Family Stream to care for relatives who are permanent Australian residents with a medical condition or who may be elderly and frail. Individuals who enter Australia with these visas are eligible for subsidized healthcare, social security payments, citizenship after residency, and sponsorship of other migrants for permanent residence. Migrants who enter under Visas 116 and 836 are also eligible to receive ‘carer payments’ from the government. [[7]](#footnote-7)

**Conclusion – Lessons from the Liberal Welfare State**

The identification of the mechanisms that drive the intersection of care and migration policy in *liberal* welfare states are especially important given that: 1) both social democratic and conservative, corporatist welfare state regimes are beginning to revise state provisions and even family care with policies similar to those in liberal welfare states, such as tax credits and cash payments; [[8]](#footnote-8) and 2) increasing numbers of working women and duel-earner households are continuing to fuel care demands. The shift to tax credits and cash payments coincides with efforts to give working women the ability to better balance work and family responsibilities and to give families flexibility and choice in selecting their care services (Williams and Gavanas 2008). The mechanisms driving the intersection of care and migration policy in liberal welfare states offer three important lessons for other states.

All four cases show that past discriminatory migration policy sets a basis (to varying degrees) for migrant women to provide an alternative solution for care needs regardless of the way that the women’s movement framed child care policy, or the nature of specific childcare provisions. In states where points systems replaced discriminatory migration based on race/ethnicity with discrimination based on skill, the concept of ‘designer’ immigrants[[9]](#footnote-9) provides an opening for migrant women to help shoulder care needs. Even so, a separate program undermines workplace protections and the value of care work for the larger economy. Where points programs are in place, domestic care workers should be incorporated rather than set apart in an alternate scheme. In the United Kingdom, women working as domestic care workers largely enter through the ODW. The United Kingdom admits between 16,000 and 18,000 migrant domestic workers each year through the ODW visa. In 2010, 1,360 foreign domestic workers were granted residency (Wilson 2012). The original ODW visa allowed for migrants to stay in the United Kingdom for a period of one year and reapply every year thereafter. After five years visa holders could apply for residency (Gallotti 2009; Kalayaan 2012). The original ODW visa identified migrants as workers with rights under employment law, including the right to take legal action against their employer and the right to move to a new employer (Kalayaan 2012), but these rights were restricted in 2012. The value of migrant care workers are not fully recognized since child care is not formally listed as an occupation in short supply – especially given that the state has taken steps to provide some free nursery care.

Second, in cases where the women’s movement was not able to consistently frame child care as a resource for working women, migrant women willing to provide care work provided a solution for middle-class and wealthy women. On one end, states that carve out a separate program for migrant women with an option for citizenship (such as in Canada) recognize the agency of these women and their role in supporting equity between men and women, but the construction of these specific programs and live-in requirements make it difficult to gain residency and eventual citizenship, while also subjecting women to potential abuse. In Canada, the rights and services afforded to migrants entering through the LCP and TFWP fall short of those for skilled migrant workers, but important headway has been made at the provincial level. Migrante Ontario paved the way for the passage of the Juana Tegada Law in 2009 (Center for Philippine Concerns 2009). The continued separation of the LCP and TFWP from the formal points system, however, essentially indicates that skilled workers deserve preferential treatment versus care workers. On the other end, states that construct a variety of targeted visas, such as in the United States, recognize the independence of migrant women – at least in part. In the United States illegal immigration also accounts for a sizeable number of care workers, supplying for example, an estimated 27% of the workforce for all maid and housekeepers (Pew Hispanic Center 2009). Independent legal routes provide a platform for affecting national-level policy. The United States is the lone liberal welfare state that has recently adopted a new national law to strengthen protections for domestic workers; “In September 2013, the United States extended minimum wage and overtime protections to an estimated 2 million home care workers” (Human Rights Watch 2013, 6).

Finally, states where the women’s movement has been successful in its efforts to position childcare as a mainstream policy (such as in Australia), and even in cases where partial universal childcare was achieved through the education frame (such as in the United Kingdom), the achievements in gender equity can be undermined if migrant care workers are not fully acknowledged. In Australia, 20% of domestic care workers are migrant women – just as in Canada – but migrant women largely work in the informal sector as care providers and remain dependent on family since an independent legal route is not available.[[10]](#footnote-10) Dependent relationships counter progress toward gender equity between migrant women and their family members and/or employers, making it difficult for migrant women to push for protections and for Australian women to continue pushing for even better care solutions to level the playing field between men and women in the workplace and the larger society.

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**Table 1**

|  |  |  |  |
| --- | --- | --- | --- |
| State | Past Discriminatory Policies (Yes/No) | Women’s Movement Child Care Frame | Current Child Care Policy / Targeted Migration Policy |
| Canada | Yes - with preference for British nannies | 1960s/70s: Economic and Gender Equity  1980s to present: Shift to needs-based for low-income and educational needs of children | Public Needs-Based Subsidies, Needs-Based Tax Incentives/Deduction,  \**Live-In Caregiver Program, 1981/1992; Temporary Foreign Worker Program, 2002* |
| United States | Yes – with early reliance on black women for nannies | 19602 to present: Continual split in the women’s movement; Needs-based for low income | Public Needs-Based Subsidies Available Through Poverty Welfare Programs, Childcare Expense Tax Deduction and Child Tax Credit  \**Various Targeted Work Visas* |
| United Kingdom | Yes – based on country of origin | 1970s to present: Educational needs of children | Public Needs-Based Subsidies Dependent on Financial /Psychological Tests; Childcare Vouchers for Government-Approved Facilities Tied to Tax/National Insurance Savings; Universal Free Part-Time Early Learning Care for Ages 3-4  \**Oversees Domestic*  *Workers Visa* |
| Australia | Yes – based on race | 1970s to present: Economic and Gender Equity | Lump Sum Cash/Reduced Fees: Universal Childcare Benefit (CCB), Cash Rebate with Sliding Scale; Subsidies: Family Day Care Start-Up Funds  \**No Targeted Migration Policy for Domestic Workers* |

1. For Canadian child care policy I exclude the more generous provisions of Quebec that set it apart from mainstream national policy (OECD 2005). [↑](#footnote-ref-1)
2. Also see Castles and Miller 2009 for a greater discussion of the feminization of migration and the increasing economic and social contributions from migrant women. [↑](#footnote-ref-2)
3. Many more women enter to provide care for children and the elders through other routes, such as family streams, but this is beyond the scope of the paper here. Also note that 247,243 slots are reserved for economic migrants overall through the points system, which accounts for 60% of all migrants (Hawthorne 2013). [↑](#footnote-ref-3)
4. The 15 hour minimum of early childhood learning was recently increased from 12.5 hours per week in the year 2010 (Government of the United Kingdom, 2012). [↑](#footnote-ref-4)
5. Immigration policy primarily falls under the Immigration Act of 1971 and subsequent amendments (Hatton 2005, 726; also see the UK Border Agency 2012a). [↑](#footnote-ref-5)
6. The Childcare Act of 1972 required the national government to set out capital and recurrent grants for non-profit organizations. Only children in special need (due to poverty or disability) would be given priority access to centers subsidized by government funds. The funds were only available to services that were initiated by local groups. To secure funding, groups had to work through a cumbersome submission process (Brennan 1994, 66-69). [↑](#footnote-ref-6)
7. Carer payments are a financial benefit for individuals who are unable to take part in the ‘paid’ work force because they are caring for a sick or disabled child or individual, or caring for someone who is elderly (Australian Government 2012a, 2012b). [↑](#footnote-ref-7)
8. These trends are derived from the Htun and Weldon Dataset on Gender Equality Policies and Rights in 71 Countries, available from the Global Institute for Gender Research (forthcoming). [↑](#footnote-ref-8)
9. Note this term is dubbed by Simmons (1999) in her discussion of migration points policies and the selection criteria for workers with particular skills. [↑](#footnote-ref-9)
10. I use data from both the OECD and the ILO to figure the percentage of immigrant women formally employed as domestic workers in each state. The OECD reports employment data for migrant women for the years 2000-2001, using State Labor Surveys and Census data. The OECD and ILO report employment data by sector and sex for migrants in each state when possible. [↑](#footnote-ref-10)