

## ROLE OF MIGRANTS IN ELDERLY CARE. LABOUR MARKET PERSPECTIVE: REVIEW OF THE LITERATURE

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**Purpose:** This paper reviews the literature on migrants in elderly care regarding their involvement in the host country's labour market. The study aimed to find the most commonly used research methods and what topics are popular when studying this phenomenon. It is needed because of the ageing of the population, particularly in Europe, and the growing interest in employing migrants in senior care.

**Design/methodology/approach:** Fifty-seven articles selected from Web of Science (WoS) and Scopus databases were analysed. I took only articles published in English into account. They were selected based on an analysis of abstracts. The MAXQDA software was used.

**Findings:** The literature review showed that there are three main themes concerning migrants in senior care: labour market and institutional aspects, qualification aspects, and individual aspects. Very little is known about the long-term impacts of using migrant workers in elderly care, including how it may affect the local community. We know too little on the impact of migration restriction and immigration policies on the elderly care workforce. There is a gap in knowledge in relation to economic aspects of migrant work in elderly care.

**Research limitations/implications:** The literature review has limitations. First, there may be a lack of consistency in the methods and outcomes reported across studies, making it difficult to compare and synthesize the findings. Secondly, it's time-limited and does not include the most recent studies, which can lead to an incomplete picture of the current state of research. Thirdly, the findings of literature reviews are not generalizable to other populations or contexts. Because policies towards migrants in elderly care vary from country to country.

**Originality/value:** The literature review showed that there is a gap in knowledge, especially about economic aspects of migrant work in elderly care, regarding the presence of migrants in senior care in Central and East European Countries (CEE). The recommendation for future research is to look at how migrant workers in elderly care interact with local labour markets and to what extent they meet the demand for care work.

**Keywords:** migrant, elderly care, senior care, labour market, care work.

**Category of the paper:** Literature review.

## 1. Introduction

Due to ageing populations in developed countries (Balachandran, de Beer, James, van Wissen, Janssen, 2020), the demand for elderly care services is expected to increase (Residential care in Europe, 2021). OECD estimates that by 2060, the number of people over 65 in the workforce will double in G20 countries. The share of over-80s will triple (Rouzet, Sánchez, Renault, Roehn, 2019). This raises enormous challenges. On the one hand, for the labour market, because the number of potential employees is decreasing. On the other hand, the ageing population is a huge challenge for healthcare and senior care. Demand for these two services will rise. There will be increased expenditure on long-term care, which will be provided less and less by children (because fewer and fewer young people live near their parents). One solution to this critical challenge may be using new technologies (ILO/OECD, 2019). However, technology cannot completely replace humans in LTC. The solution may lie in employing migrants in health care and directly for elderly care. Especially working in the former area raises challenges, among others, related to the recognition of qualifications (Khan-Gökkaya, Mösko, 2021). According to research carried out in Melbourne, approximately 50-70% of elderly caregivers' home staff are immigrants. Many are university graduates who, due to the status of a migrant, perform the simplest work (Montauge et al., 2011). Research shows that in Germany nearly 1/3 of families rely on paid elderly care (Pew Research..., 2015). Elderly caregivers in Germany derive mainly from Eastern European countries, including Poland (Elrick, Lewandowska, 2008; Helma Lutz, Palenga-Möllnbeck, 2010).

The involvement of immigrants in elderly care has been investigated for many years by developed countries with ageing populations, including Western Europe (Elrick, Lewandowska, 2008; Gallo, Scrinzi, 2016; Horn, Schweppe, Böcker, Bruquetas Callejo, 2019; Leiber, Rossow, Österle, Frerk, 2021), Canada (Hanley, Larios, Koo, 2017; Oishi, 2008), and Japan (Saraswati, 2017). There is a growing interest in this issue in Central and Eastern European countries. Until recently, some of them, such as Poland (Kubiciel-Lodzińska, Maj, 2021); the Czech Republic (Ezzeddine, 2014), and Hungary (Szeman, 2012), were regarded as countries that “export” carers of elderly people (Kniejska, 2018).

The issue of senior care is interdisciplinary and is of interest to various sciences: sociology, gerontology, economic anthropology, demography, and medical science. This is because it is a complex phenomenon affecting various socio-economic life aspects. The literature shows that previous investigations on the involvement of migrants in elderly care concentrate, among other things, on the following elements: how families and elderly people approach care provided by migrants (Salami, Duggleby, Rajani, 2017); working and living conditions of migrants (Fisher, 2021); problems, including health problems, faced by migrants and how they cope with them (HO et al., 2021); and migrants' work in elderly care in a particular country (Turnpenny, Hussein, 2022; St-Amant et al., 2021). A new issue addressed in the research is senior care

provided by migrants during COVID-19 (Gahwi, Walton-Roberts, 2022; Giordano, 2021; Sánchez, Boland, Cottone, 2022). This paper is intended to conduct a literature review in such a way as to organise the existing knowledge on the role of migrants in elderly care in the labour market of the host country. It expands the knowledge by analysing texts on the broadly understood involvement of migrant carers in the labour market. In my opinion, we know too little about the importance of migrants in supplementing the demand for senior care services and what consequences their presence has on the labour market.

The objective of the analyses was to explore the extent and nature of the international literature on the migrants employed in senior care, mainly in the context of their role in the labour market of the host country. The aim was to find a gap relating primarily to the topics addressed in the studies. The article tries to fill a knowledge gap about the phenomena (Miles, 2017).

The two research questions in this paper are as follows: (1) What are the most commonly used research methods in the study of the involvement of migrants in elderly care? and (2) What topics are popular when studying this phenomenon? To answer these questions, three goals were adopted: (1) to organise concepts and definitions that are most frequently used in the study of migrants in elderly care; (2) to verify the methodological approach and see what data are used in the study and what research techniques prevail; and (3) to identify the most frequently addressed issues on the work of migrants in elderly care that refer to their role in the labour market of the host country.

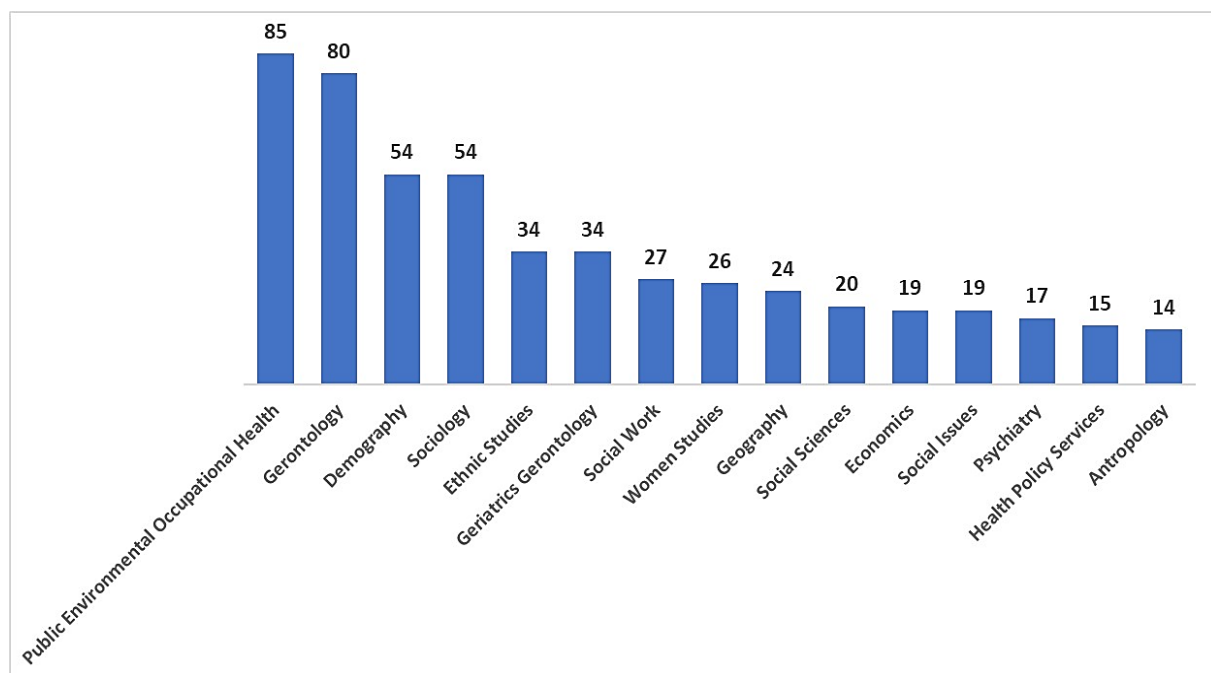
Fifty-seven articles were purposefully selected from Web of Science (WoS) and Scopus databases and analysed using the MAXQDA software. The articles were expected to discuss migrants' work as carers of the elderly and their involvement in the labour market of the host country, and more specifically, the following issues: the nature of employment, working conditions, gender role, use of qualifications, as well as adaptation of migration laws and policies to employment requirements.

This paper starts with the methodology used to review the literature. Then, it describes the articles and presents the most frequently used concepts and definitions. Next, it gives an insight into the research approaches used in the articles. Then, it discusses the main topics selected from the articles for analysis. It concludes with recommended directions for further research.

## 2. Method of data collection

Two databases (Web of Science and Scopus) were analysed. The analysis aimed to find articles and academic papers published in reviewed materials and journals. Only articles published in English were taken into account. The study covers articles published by July 2021 and analysed in the period from August to September 2021. The literature review consisted of the following stages. Step 1: pose the research question on the role of migrants working in senior care from the perspective of the host country's labour market.

Step 2: was the identification of sources and keywords. WoS and Scopus databases were searched. The search of records in the Web of Science database was performed by searching for the keywords under the following categories: “TOPIC” (a category that covers titles, abstracts, and keywords entered by the author), and “keyword plus” (a type that contains keywords entered by editors of the database). Additionally, the “\*” was used in the search to search for all terms that include the part entered. As a result, entering “migrant\*” searched for such terms as “migrants” and “migration” at the same time. Entering “migrant\* elder\* care\*” produced 452 articles. Fig. 1 lists the 15 disciplines that occurred most frequently.

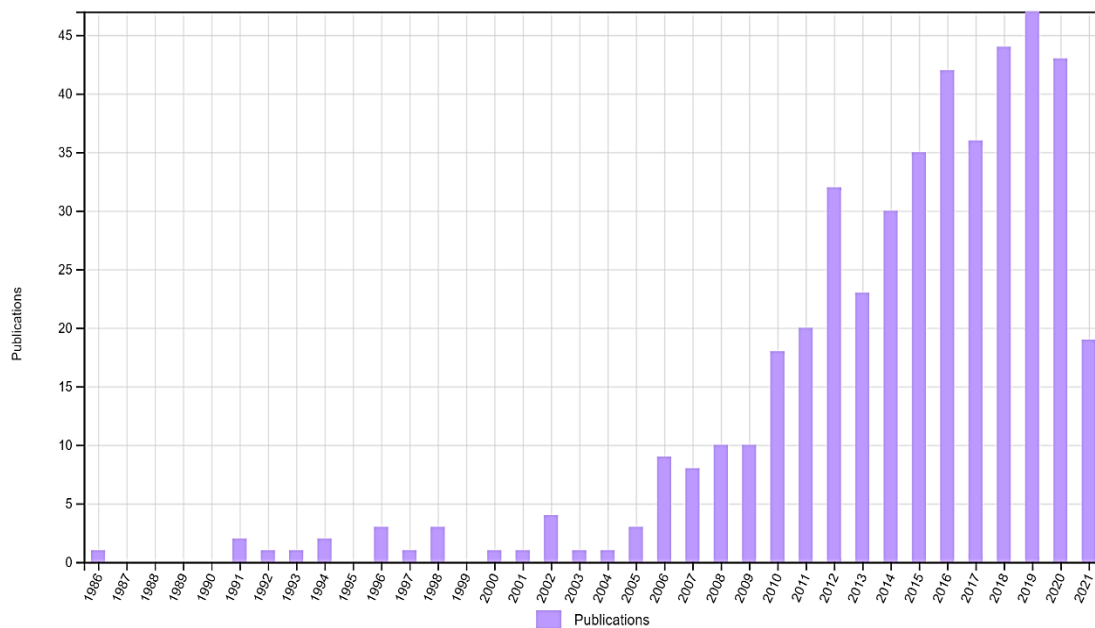


**Figure 1.** The term “migrant\* elder\* care\*” by discipline (number of texts)\*.

Records do not add up, because not all disciplines with 1 record were assigned.

Source: WoS database (as of 30.07.2021).

The publications were also analysed by year of publication. After 2006, the number of documents containing the term “migrant\* elder\* care\*” increased. Earlier, in the 1990s, this topic was much less popular. See Fig. 2 for details.



**Figure 2.** Number of publications containing the phrase migrant \* elder \* care \*, broken down by year of publication.

Source: WoS database (as of 30.07.2021).

Step 3: cleaning the databases. Among 452 records in the database, there were as many as 416 articles, 21 chapters in books, 15 post-conference materials, and 12 reviews, including 1 book review, 7 editorial materials, 7 abstracts, 3 books, and 17 early access materials. Only articles published in English were selected for further analysis.

The search of records in the Scopus database was performed by searching for the entries in the category “Article title, Abstract, Keywords” which covers titles, abstracts, and keywords entered by the author. Additionally, the “\*” was used in the search engine to look for all terms that contain the part entered. Entering “migrant\* elder\* care” searched for such terms as “migrants” and “migration” at the same time. As many as 997 documents were retrieved (as of 30 July 2021). The texts were analysed according to the discipline assigned to them. As in the case of the WoS database, high interdisciplinarity of the study was confirmed (see Table 1).

**Table 1.***Occurrence of migrant \* elder \* care in Scopus database with division into disciplines*

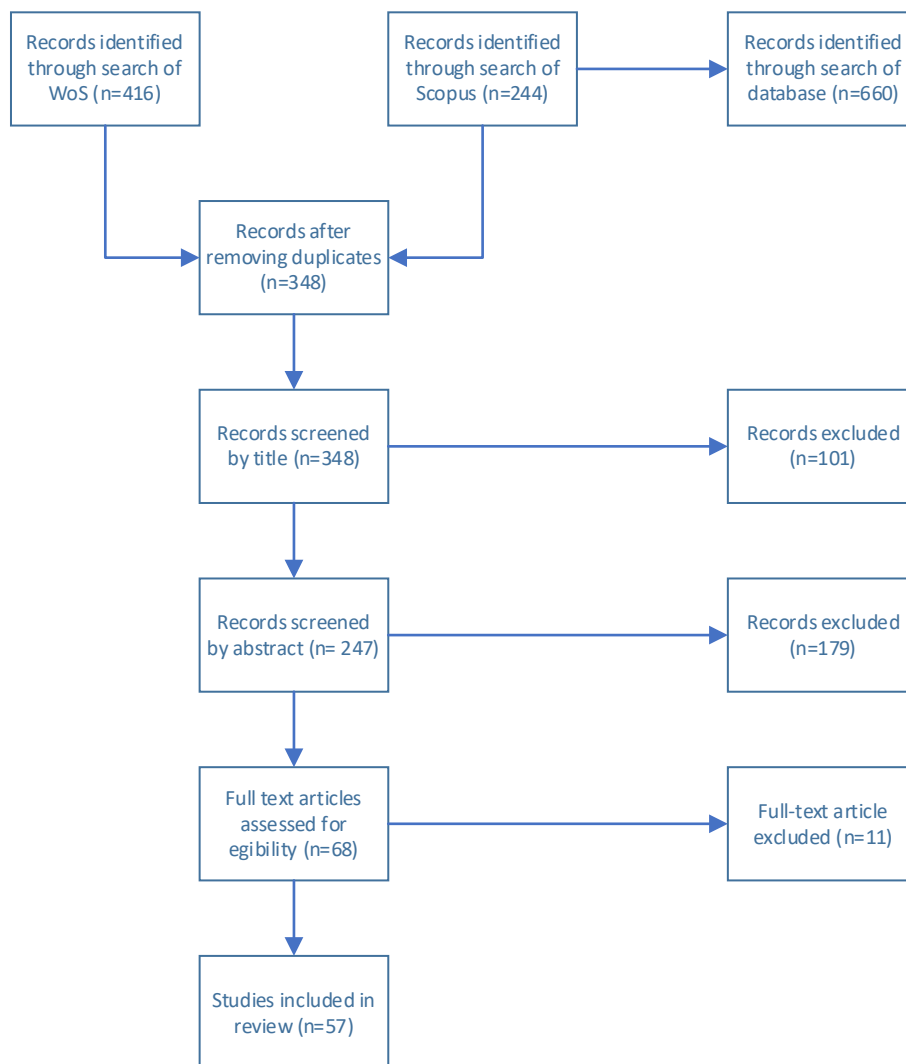
<b>Discipline</b>	<b>The number of records</b>
Medicine	550
Social sciences	344
Nursing	133
Arts and Humanities	82
Environmental Science	48
Psychology	47
Biochemistry, Genetics and Molecular Biology	27
Business, Management and Accounting	18
Economics, Econometrics and Finance	14
Multidisciplinary	13

Source: Own elaboration (as of 30.07.2021).

The analysis was limited to scientific articles only: 869 records were selected for further investigation. The articles show that elderly care by migrants is an interdisciplinary issue addressed in a variety of publications. Papers from the following fields were excluded from the analysis: Medical Sciences, Environmental Science, Biochemistry, Genetics, and Molecular Biology. Articles from the following fields were included in the analysis (a total of 244 articles): Social Sciences, Arts and Humanities, Psychology, Nursing, Business, Management and Accounting, Economics, Econometrics, and Finance.

Step 4: The articles retrieved from WoS and Scopus databases were moved to EndNote. In the next step, the database was cleaned and duplicates were rejected (step 5). As many as 348 articles were selected for further analysis. The articles were imported into Maxqda and the abstracts were studied. Articles relating to migrants working in senior care in the context of the host country's labour market were considered. Articles were searched for keywords such as labour market, employment, employee, women, and employee-employer relations. In addition, the abstracts were read by the author in order not to rely solely on keyword screening, as it was felt that this was not a method guaranteeing that all articles of interest to the research would be caught.

Some of the imported articles did not specifically address the issue concerned, i.e., they did not directly refer to migrant work in elderly care. Instead, they focused around care for elderly migrants and care for elderly parents of migrants. These, due to the subject, were excluded. After the analysis of the abstracts and keywords, 57 articles were selected for further study. The article selection process is shown in Fig. 3.



**Figure 3.** Flow diagram of article review process.

Source: Own elaboration.

## 2.1. Description of the articles

The articles included in the literature review come from 44 journals. Only a few journals contained more than one paper that was used in this study, i.e., *Journal of Ethnic and Migration Studies*, *Social Politics* (4 articles); *Ageing & Society*, *Journal of European Social Policy* (3 articles); *Global Networks*, *International Journal of Ageing and Later Life*, *Men and Masculinities* (2 articles each). In the remaining journals, only one paper was deemed suitable (see Table 2 for details in appendix).

The selected journals confirm the interdisciplinary nature of the topic. The papers on the involvement of migrants in elderly care were published in journals that deal with such issues as ageing, social policy, demography, and women's studies. There were only five journals in the field of economics, which may indicate that economic researchers relatively rarely address the issue of migrant work in elderly care.

## 2.2. Basic terms and definitions used in the articles

This section identifies and discusses the terms that are most commonly used in the articles to explore the issue of migrants in elderly care. The concept of migrants in elderly care is rarely defined in the papers. It seems that this is a key concept as this group is not homogeneous (Table 3). In the articles, a migrant in elderly care is defined as a person who permanently (24 hours a day) or periodically (several hours a day) takes care of an elderly person.

**Table 3.**

*Definition of migrants in elderly care*

Definition	Source
A migrant in elderly care is most often defined as a person born outside the country of immigration who works in elderly care.	(Jönson, Giertz, 2013)
Carers of the elderly are understood as people who take care of the elderly, keeping them physically and mentally well but do not necessarily love them.	(Nicolescu, 2019)
They may include temporary migrants who come to provide work but cannot bring their families and are given permission to stay for only a few years (this is to reduce the risk of their settling in the country).	(Ayalon, 2021)
Two types of migrants working in care: those who left their countries of origin as a result of a conscious decision to work in elderly care and those who work in this sector because it was the only job they could receive.	(Simonazzi, 2009)

Source: Own elaboration.

It is pointed out that there are different forms of employment as regards care for elderly family members by migrants. This includes so-called agency-based work (through an agency) and private employment (directly by families). Consequently, there are two terms used to refer to migrant employment: migrant in the family and migrant in the market form of care (van Hooren, 2012).

The researchers also define the concept of care, making a distinction between “caring for” (practical action) and “care about” (affective concern). The former refers to specific actions taken towards the elderly while the latter concerns all activities, not directly related to taking care of the elderly, that carers have to perform in connection with their work (Nicolescu, 2019). Ayalon defines the concept of care in a slightly different way (Ayalon, 2021). He claims that care can be understood as personal (e.g., help in everyday activities, such as feeding and washing), instrumental (e.g., help with transport and financial management), emotional, or financial support.

The literature often refers to the concept of global care chains, defined as a series of personal connections between people around the world based on paid or unpaid care work (Isaksen, 2012; Lovelock, Martin, 2016). It is about shifting care down the hierarchy of gender, class, race, and nationality. People who work in care are most often found in the lowest segments of this chain.



The concept of global care chains has evolved into care diamonds. It is understood as the participation of different actors in the provision of care to the elderly. This includes, among other things, family, relatives, services offered by the market, and services provided by the state. As noted, the provision of care requires the involvement of many different institutions in this case. However, researchers point out that the role of labour migration brokers in this process has yet to be sufficiently recognised (Chau, 2019). It is also recommended that care chains should be identified in a transnational context, and further at the institutional level, as this allows a better understanding of the transnational dynamics of global care migration (Palenga-Möllenbeck, 2013).

In a growing number of countries, care for children, people with disabilities, and the elderly is being transformed into a type of good provided by the market. To describe this phenomenon, new concepts have been introduced in the literature: marketisation of care, understood as the process of marketisation of elderly care services (Shutes, Chiatti, 2012), and care customers (i.e., people who seek elderly care services). Other terms used in the literature include “marketisation of intimacy” and “commodification of care” (Farris, Marchetti, 2017).

Outsourcing of care services for the elderly is an example of the commodification of so-called reproductive work and care work. The two terms are closely related, but they are not synonymous. Reproductive work concerns livelihood activities, including, inter alia, preparing food, shopping, washing, preparing clothes, socialising children, and providing emotional support for adults. Currently, reproductive work is increasingly being replaced with care work. Care work is about caring for dependent adults and children in terms of cooking, cleaning, care, and providing love and attention. Care work can be carried out both at home and in institutions. It can be both paid and unpaid and both formal and informal (Palenga-Möllenbeck, 2013).

To highlight the increasingly important role of immigrants in elderly care, researchers also use the term “ethnicisation of senior care” in the literature discourse (Pelzelmayer, 2016). This concept describes, inter alia, the prevalence of some nationalities in elderly care. For example, in Europe, it refers to Central and Eastern European women (Pelzelmayer, 2016) and women from the Philippines (Ayalon, 2021; Lovelock, Martin, 2016). Researchers also use the term “care migrantisation” defined as the prevalence of migrants in care. In some countries, care tasks have even been outsourced to migrants (Kim, 2018; Ranci et al., 2021).

Hence, some researchers decide to investigate the so-called care regime. The concept of care regime applies to complex regulations as well as political and cultural factors that determine how care is organised in the country (Da Roit, Weicht, 2013; Simonazzi, 2009).

Due to the COVID-19 pandemic, migrants working in elderly care are being perceived in a different way than before. Migrants working in socially important spheres of the labour market, such as elderly care, are now called essential workers to indicate that they are essential for the proper functioning of societies (Pandey et al., 2021).

The issue of senior care provided by migrants is a broad one. Various terms are used to describe it. Especially in recent years, those referring to care regimes.

### 2.3. Most frequently used research methods

A study on migrants in elderly care is challenging due to the need to recruit respondents. The difficulty stems from several factors. Firstly, the employment of migrants in elderly care is heterogeneous. Some live with their client (living-in) while others rent a flat and provide care work on an hourly basis (living-out) (Gallotti, 2009), which affects the availability of respondents. Secondly, foreigners who care for the elderly are usually hired by households and work illegally (Van Hooren, 2010), so they want to stay hidden. Thirdly, since migrants are employed illegally (Di Rosa et al., 2012), families that do so do not want such information to “spread,” either. Consequently, the work of foreigners in elderly care can be considered to be “doubly hidden.” Fourthly, working directly at the home of an elderly person as well as the lack of the need (and the lack of ability) to contact the community as such considerably hinder the implementation of research in this category of migrants from the methodological and practical point of view. Fifthly, migration is temporary, which means that respondents do not live permanently in the country of immigration. Instead, they come only for a certain period to work. All these factors make it difficult and challenging for researchers to induce migrants working in elderly care to participate in the study (Hipp, Kohler, Leumann, 2019).

The articles analysed in this paper were checked against the research methods used in them and the way the study was carried out (see Table 4 for details – in appendix).

A qualitative approach prevailed in the articles. As a rule, in-depth interviews among several dozen migrants were used in the study. Observations were also applied. The information gathered is sometimes supplemented by the employer’s opinion (interviews with elderly people and/or their families). For research purposes, the literature, documents, and reports were also analysed. When selecting respondents (migrants), snowballing and RDS analysis were used. These are the most frequently used techniques for reaching groups that are hard to reach (Kubiciel-Lodzińska, 2021; Adedeji, 2019; Bilsborrow, 2006; Górny, Napierała, 2016). The summary shows that studies on immigration in the care sector, including in particular senior care, are extremely challenging for researchers. In most of the articles, the study of migrants working in elderly care was based on no more than a few dozen respondents. Quantitative studies were far less frequent. In the group of analysed articles, they were indicated in seven papers. Research methods included among others, a letter survey (Jönson, Giertz, 2013), telephone survey (Behtoui et al., 2020), and face-to-face interviews (Di Rosa et al., 2012; Shutes, Chiatti, 2012). In the analysed articles quantitative and qualitative research were most commonly used. Secondary research methods were used seldom.

The study was carried out mainly in Western European countries but also in Singapore, New Zealand, Canada, Israel, and Japan. It is noticeable that there is a lack of research carried out in Central and Eastern European countries and that quantitative studies are rarely used. These were mainly statistics, reports, and articles.

This shows that in the future research on migrants in senior care, it is worth introducing a greater methodological rigour. If possible, including larger groups of migrants in the study. An exciting look at the issue of senior care is the implementation of research that combines the perspective of the employer and migrants working as live-in and live-out caregivers.

### **3. Findings**

The selection topic was critical issues regarding the role of migrants working in elderly care in the labour market. Fifty-seven articles that met the selection criteria were analysed. The results of the thematic analysis are presented below. The results have been grouped into three main themes: labour market and institutional aspects, qualification aspects, and individual aspects.

#### **3.1. Labour market and institutional aspects**

Working in elderly care is considered to be unattractive and relatively low-paid, involves difficult working conditions, and fails to offer opportunities for development (Picchi, 2016). It is generally limited to the three Cs: cleaning, caring, and catering. It is easy to get into this job, but at the same time, it is restrictive and not very promising (Doyle, Timonen, 2009). As confirmed in the literature, care often represents an increasingly growing part of the services, although it is still undervalued in the labour market (Huang et al., 2012). Migrants fill the gaps in elderly care that occurred in the labour market as a result of, among other things, the changing role of the family in this field (Palenga-Möllenbeck, 2013) and the need to “transfer” the care of an elderly family member to an external institution or carer. They usually take up jobs in areas that are not attractive for domestic workers and thus are not competitive (Simonazzi, 2009). Moreover, informal employment prevails in this sphere (Asato, 2017).

The progressive importance of elderly care results, *inter alia*, from the dualisation of the labour market (Hussein et al., 2013; Ranci et al., 2021). Researchers mainly highlight the impact of changes in the labour market and the increase in demand for elderly care services resulting from the occupational activation of women caring for the elderly and the aging of populations in developed countries (Picchi, 2016). The gap in the market for care services is due to the demand for cheap workers, and migrants, fall under the category (Shamir, 2013; Simonazzi, 2009).

The articles indicate the semi-legal and illegal functioning of migrants’ work in elderly care (Asato, 2017; Naumann, Stoetzer, Pietrantonio, 2018; Schmidt et al., 2016). It is estimated that 80–90% of carers coming from Eastern Europe are employed informally in Germany (Nowicka, Bartig, Schwass, Matuszczyk, 2021). Researchers also investigate the nature of employment. It is shown that migrants, e.g., in Korea, are mainly involved in informal care provided at homes

(Kim, 2018). Researchers point out that the stay of migrant carers is most often temporary, lasting 6-12 weeks (Nowicka et al., 2021). These are so-called circular migrants. As the study shows, in the sphere of elderly services, migrants are even not expected to stay permanently. One of the representatives of the surveyed employment agencies gave more insight into this: “Imagine: a woman comes here as a live-in care worker, starts to save money, and starts to pay rent for her own apartment. And then her boyfriend joins her (...), they live together. Maybe they have two kids then. Now, (...) is this woman supposed to sleep, to live with the care-recipient? Forget it! (...) This model is not suitable for residents. (...) As soon as they are permanently here and they live here, they are never going to accept a job like that” (Chau et al., 2018).

The area of study explored more extensively today is the role of employment agencies in the employment of migrants for elderly care (Chau, 2019; Elrick, Lewandowska, 2008; Leiber, Matuszczyk, Rossow, 2019; Leiber et al., 2021; Pelzelmayer, 2016). For example, researchers found that some employment agencies in Austria recognised the potential of migrants working in care and decided to act as an agent between families wishing to employ a migrant and migrants willing to take up care work (Schmidt et al., 2016). This results from the increasingly noticeable marketisation of care services for elderly people. Elderly care, provided by the family in many countries until recently, is now passed on to outside parties, hired specifically for this purpose (Bartha, Zentai, 2020; Farris, Marchetti, 2017; Kim, 2018; Nicolescu, 2019; Picchi, 2016; Ranci et al., 2021; Schwiter et al., 2018; Shamir, 2013; Shutes, Chiatti, 2012). Researchers also found that employment agencies and their recruitment practices are contributing to the preservation of the processes of migration of women from Central and Eastern European countries to Western European countries (Chau, 2019). Moreover, agencies also influence the image of migrants in elderly care and show their experience e.g., by referring to age, as revealed by one of the representatives of an employment agency from Switzerland: “Most of our women are between 45 and 60. We don’t have women under 30”. According to the respondent, middle-aged women who have brought up their children have many advantages: they do not feel the pressure of being separated from their children, are more willing to accept difficult working conditions, value being at home, and are reluctant to stay permanently, preferring to return to their families (Chau, 2019). Furthermore, the process of institutionalisation changes over time, with the diminishing role of agencies. The literature identifies three stages of network development: agent-dominated, pioneer-dominated, and follower-dominated. In the first stage, migration is driven by agents who recruit new migrants. In the second stage, experienced migrants take over the role of agents, building their network of contacts. In the third stage, developed networks of migrants use the knowledge of other migrants to take up jobs in the industry (Elrick, Lewandowska, 2008).

There are also reports on the regulations that govern the labour market in the field of elderly care provided by migrants (Bachinger, 2010, 2015; Casanova et al., 2020; Cohen-Mansfield et al., 2019; Di Rosa et al., 2012; Salami, Meherali, 2018; Scrinzi, 2010). In Norway,

for example, nurses could obtain work permits for one year. The recognition of their qualifications was challenging. The articles show that the process was not easy. Women were required to know the language and have additional qualifications in geriatrics and psychology (Isaksen, 2012). Austria formalised the status of 24-hour care providers and introduced subsidies for employers to improve, *inter alia*, the quality of the services provided and reduce the informal economy (Schmidt et al., 2016). Canada launched the programme that allows people to come to work in elderly care without having to fulfil the requirements under the immigration points system. However, the condition is that care is provided to an elderly person at home for at least 24 of 36 months (Bourgeault et al., 2010). Israel also opened up to migrants willing to work in elderly care (Shamir, 2013). The study shows that cash-for-care programmes only stimulate an influx of migrants into home-based elderly care if the person entitled to the programme is authorised to make all decisions in this respect (Da Roit, Weicht, 2013).

For comparison, the situation in Italy, England, and the Netherlands is investigated. In Italy, employment by families (“migrant in the family model”) prevails. In England, the key role is played by agencies providing care services (“migrant in the market model”). In the Netherlands, it was not possible to identify the prevailing model of migrant employment in elderly care (van Hooren, 2012). Further, the systems of Spain and Sweden are compared. It was found that there are many differences between the countries, but also one common thing, the so-called “migrant precariat” (Hellgren, 2015). Asian countries also exhibit different approaches to outsourcing of care. Taiwan (Asato, 2017), Hong Kong, and Singapore follow a liberal approach, according to which elderly care is provided through services available on the private market, often including the employment of migrants. Japan and Korea have a predominantly institutional approach, promoting the financing of long-term elderly care through the insurance system, encouraging the employment of native workers, and limiting foreign ones (Lan, 2018). The elderly care system in Italy and the search for innovative systems to meet the demand in this respect are described by Casanova et al. (2020).

### **3.2. Qualification aspects**

Work in elderly care is perceived as being unqualified and mainly attracting unskilled people (Di Rosa et al., 2012). Many migrant carers received no formal training for their job (Nowicka et al.). A study made in Canada shows that the level of training among migrants is often higher than would be required for this job (Bourgeault et al., 2010; Martin-Matthews et al., 2010). Even higher than that of native workers employed in the field (Martin-Matthews et al., 2010), and sometimes higher than that of employers (Lyberaki, 2011). However, due to the ageing of the population, it is not possible to meet the demand for care services with skilled native workers or people from countries with similar levels of development because of their high wage demands (Palenga-Möllnbeck, 2013).

As taking up a job in elderly care does not require special qualifications in general, the literature uses the term “paraprofessional” to describe migrants without qualifications or licenses to work in elderly care (Ayalon, 2021). However, some studies seem to contradict the belief that working in elderly care does not require qualifications. A study from Singapore shows that people taking up a job in this field are expected to have professional skills (Ortiga et al., 2021). This is also the case in Great Britain where it was easier to obtain a work permit for a person “qualified” to work in the care sector (Shutes, Chiatti, 2012).

Note that the literature links the concept of skills with so-called soft skills, i.e., the ability to give emotional support to older people (Giordano, 2021; Ibarra, 2002; Cohen-Mansfield et al., 2019; Lan, 2018; Nicolescu, 2019). Similarly, the papers studied address the skills of the perfect carer of the elderly person in terms of not only qualifications but also soft skills (Bastia, 2015; Ortiga et al., 2021). There are references to factors that make it difficult for migrants working in elderly care to use their qualifications. These include poor knowledge of the language of the immigration country (Leiber et al., 2021) and the need for recognition of the diploma (Doyle, Timonen, 2009). Researchers do not only look at factors determining physical involvement in migrants’ work but also the critical importance of emotional participation. The need to include information on emotional involvement in the curriculum of training courses for candidates for carers of the elderly is stressed (Salami, Meherali, 2018).

The study shows that elderly care jobs are mainly taken up by middle-aged women who have care experience from their education, have cared for a family member, or have completed an elderly care course (Schmidt et al., 2016). The analysed articles emphasise that women are better prepared for care work because they have a natural ability to express and perceive emotions (Palenga-Mollenbeck, 2013).

In terms of skills utilisation, the roles of male and female migrants in elderly care are compared, and significant differences between them affecting employability are identified (Scrinzi, 2010). Interestingly, men clearly separate their care work skills and qualifications from domestic work, such as cleaning and cooking. They are much more likely than women to limit their work to activities directly related to the care of the elderly and do not perform household duties. If they do, they tend to call it a favour (Hrzenjak, 2013). The study shows that male carers rationalise their work. They do not consider their activity to be subordinate. They believe that work directly related to elderly care, such as washing, is skilled work. This is how one of the respondents describes his job: „I am a medical technician with 30 years of professional experience, and for 20 of which I work in care, I’m highly qualified in this respect” (Hrzenjak, 2013).

The articles also discuss the necessary qualifications that have to be obtained to work in elderly care and the participation of migrants in courses that prepare them for this work to build a long-term elderly care system (Da Roit, van Bochove, 2017). Employment agencies run special courses in Indonesia and the Philippines to prepare qualified staff for elderly care work in Japan. Migrants spend 400 hours learning the Japanese language, preparing to perform

household duties, and understanding cultural etiquette, including how to bow (Lan, 2018). Interestingly, in some countries, migrants' qualifications may be an important factor to consider when hiring them, especially if employment agencies are involved in the process. It is not uncommon for the family of an elderly person to require that the worker offered by the agency be qualified and have a good command of the language. The lack of necessary qualifications translates into lower fees users pay (Schmidt et al., 2016). Note, however, that representatives of agencies from Switzerland did not, generally, emphasise the need to have special qualifications in the care sector. They claimed anyone can do it because it is just about domestic work (Chau, 2019).

The employment of medical staff (doctors and especially nurses) in the care of elderly people is a separate issue relating to skills utilisation (Gozdziak, 2016; Isaksen, 2012; Peters, Braeseke, 2016; Salami, Meherali, 2018; Willis et al., 2018). References are also made to the fact that medical staff, mainly nurses, waste their talent doing jobs related to the care of elderly people that are below their qualifications (Huang et al., 2012). This is because their qualifications are not recognised in the host countries, and they cannot practise their profession. Doing such work in the long term makes them lose their qualifications (deskilling) (Adhikari, Melia, 2015).

A study made in Singapore suggests that work in elderly care is often treated more as a healthcare occupation and thus should be provided by nurses (Ortiga et al., 2021). Researchers emphasised that caring for an elderly person at home or in an institution requires a redefinition of the so-called services needed to help the elderly. The skills required in each segment may differ slightly (Simonazzi, 2009).

The analysed articles also deal with the differences that exist between high- and low-skilled migrants taking up work in elderly care. The differences between the two include the nature of the work and the motives for taking up employment (Kubiciel-Lodzińska, Maj, 2021). In addition, highly skilled migrants are more likely to work in public institutions caring for the elderly, while unskilled migrants predominate in the private sector (e.g., in Great Britain) (Isaksen, 2012). For some highly skilled migrants with a background in physiotherapy, nursing, or psychology, a job in elderly care was the only chance for employment that is at least partially related to their educational experience (Doyle, Timonen, 2009). A study made in Great Britain found that migrants from A8 countries working in elderly care had an opportunity to learn English, and those from Africa or the Philippines with a nursing background had a chance to broaden and enhance their work experience (Hussein et al., 2013).

A study made in Germany shows that the COVID-19 pandemic has led to a slight change in the expectations of employment agencies and end-users regarding the qualifications of migrants in elderly care. There is more acceptance for people with limited knowledge of the host country's language, skills, and less experience (Nowicka et al., 2021).

The utilisation of migrants' skills largely depends on a country's policy towards migrants (van Hooren, 2012). In Singapore, for example, such a policy may define the standards of care for the elderly, i.e., the skills and qualifications of the people who provide this work (Ortiga et al., 2021).

### **3.3. Individual aspects**

Women play a dominant role in elderly care. It is estimated that they represent up to 90% of workers in domestic work (Lutz, 2002). Most of the analysed studies refer mainly to women and their role in this sphere (Bastia, 2015; Iecovich, 2011; Martin-Matthews et al., 2010; Palenga-Mollenbeck, 2013). It is emphasised that the archetype of the global care chain is rooted in the image of a mother who migrates from a less wealthy country to a more developed country (Isaksen, 2012). Helma Lutz (2002, p. 99) writes explicitly that "the fact that women's socialization includes learning to be flexible, to tolerate humiliation and social degradation seems to make this kind of migration easier for women".

Care for the elderly primarily includes caring for the body. Carers often see their charges naked. Women carers can cope with this more easily. Also socially, their confrontation with the nakedness of the mentee is more socially acceptable. This is not dependent on the gender of the older person. They can care for both female and male elderly people. As the study shows (e.g., a study made in Switzerland), there is a common preference to employ women in elderly care (Chau, 2019). In some countries, due to cultural considerations, it is not appropriate for a man to take care of older women (Huang et al., 2012). The study on the role of women in elderly care also points out another important factor, i.e., double burden of women. On the one hand, women working abroad as carers become the key family breadwinners (a sphere considered to be reserved for men until recently). On the other hand, they also have caring responsibilities towards their loved ones (children and elderly parents); they are responsible for the livelihood of their families and the care of some of their members (Giordano, 2021). The analysed texts also see migrant women as catalysts for social change (Lyberaki, 2011).

The literature also discusses how male migrants act in elderly care. This kind of service is perceived as highly feminised (Hrženjak, 2013; Jonson, Giertz, 2013; Näre, 2010; Näre, 2013; Scrinzi, 2010). The studies show that men in elderly care find employment mainly when physical strength is needed, e.g., lifting patients (Huang et al., 2012).

Regarding job satisfaction of migrants employed in elderly care, it was found that the relationship between the migrant and the person being cared for is crucial (Iecovich, 2011; Martin-Matthews et al., 2010). Hence, the area of study extending the micro perspective to include the relationship between the employee and the employer is interesting (Baldassar et al., 2017; Chau et al., 2018; Salami, Meherali, 2018). The studies show that a good relationship between the carer and the person being cared for is established when the family is involved in it, but not overly. Both the carer and the person being cared for are separated from their families



and this common feature can give a sense of closeness and consequently change the hierarchical relationship between the employee and the employer (Baldassar et al., 2017).

Articles also deal with the motivation of migrants to work in elderly care (Bruquetas-Callejo; Hussein et al., 2013; Liebelt, 2011). Interestingly, motivation may differ, depending on the education of the migrant, for example. A study made in Poland shows that there are differences between highly skilled and unskilled migrants (Kubiciel-Lodzińska, Maj, 2021). A study in Ireland shows differences between workers from Europe, Asia, and Africa (Doyle, Timonen, 2009). Differences in motivation for working in elderly care depending on the origin of the migrant are also shown in a study made in Great Britain (Hussein et al., 2013). Another issue analysed is the working conditions of migrant workers in elderly care (Chau et al., 2018; Figueiredo et al., 2018; Fisher, 2021; Liew et al., 2020; van Hooren, 2012).

The articles also discuss the concept of migrant precariat (Hellgren, 2015). In particular, the situation of those working in elderly care is analysed from the perspective of a group that is exposed to unequal treatment and discrimination (Behtoui et al., 2020; Lovelock, Martin, 2016). For example, a study made in Portugal found that migrants, and migrant women in particular, can be exposed to up to three types of abuse: employment-related abuse (contract, salary), psychological violence, and sexual harassment (Figueiredo et al., 2018). Their vulnerability is also because that they depend almost entirely on the person they are caring for: when such a person dies or is transferred to a hospital, they lose their jobs (Della Puppa, 2012). The inequalities that migrants working in elderly care may face may be due to the limitation of their mobility, which leads to isolation (they cannot leave home easily because they have to care for the elderly person) (Salami, Meherali, 2018). During the COVID-19 pandemic, the issue of isolation of carers of the elderly became an even more significant problem (Giordano, 2021; Pandey et al., 2021).

To summarize, the analysis of the literature also indicated the frequency of themes in the research area relating to the presence of migrants in senior care. The results are discussed in more detail in the following section.

#### **4. Discussion**

The literature analysis made it possible to identify the main themes of research on migrants in senior care in terms of their presence in the labour market. They were divided into three thematic areas: labour market and the institutional aspects, qualifications, and individual aspects. The themes are presented in Figure 4.



**Figure 4.** Themes identified in the literature connected with the role of migrants working in elderly care in the labour market.

Source: Own elaboration.

The articles selected for further analysis, were not limited to texts published in journals classified as economics or management sciences even though the study concerns the labour market and the use of migrants' skills. It was decided to analyse also articles from other fields. It turned out to be a good decision as the issues regarding the role of migrants in the labour market and the use of their education and qualifications also appear in articles from other research areas. The analysis of the literature showed that this topic is relatively rarely discussed in journals, typically dealing with economics or management. This may result, among other things, from the qualitative nature of the study, as was usually the case in the articles. The qualitative approach is probably because the employment of immigrants in elderly care goes beyond the scope of statistics in most countries and has a semi-legal or illegal character (Naumann et al., 2018; Schmidt et al., 2016). Studies on immigration in the care sector, particularly senior care, are highly challenging for researchers. In most of the articles, the study of migrants working in elderly care was based on no more than a few dozen respondents. Groups of several hundred migrants working in elderly care were studied in six cases only. The studies were carried out mainly in Western European countries but also in Singapore, New Zealand, Canada, Israel, and Japan. Hence, wealthy countries with ageing populations are

more important in this respect. The countries of Central and Eastern Europe may serve as a new and interesting area of study on this topic as they have not dealt with the issue of immigrants in elderly care so far. Until recently, these countries sent carers of the elderly to Western European countries in the first place. However, for some time now, they have also been host countries for immigrants (mainly from Ukraine) taking up care of the elderly. This is the case in Poland, for example, which offers a fascinating perspective in social and economic terms.

The literature on migrants in elderly care can be divided into several categories. The first category relates to labour market and institutional (mainly legal) factors. Several issues have been of interest to researchers. First, work in elderly care belongs to the so-called secondary segment of the labour market and is not of interest to native workers. This is due to several reasons: work in elderly care is burdensome (sometimes, it requires availability 24 hours a day), does not offer opportunities for promotion, and is relatively low-paid. Due to the lack of interest of native workers in taking up work in this sphere, there was a gap that migrants filled. Reference is also made to the forms of employment of migrants and the role of employment agencies in the elderly care market. In this respect, some gaps were identified. Firstly, it was noted that employment agencies show how the demand for care workers and the selection of migrants correspond to the needs and preferences of elderly people, to what extent they result from the needs of the elderly and to what extent they are shaped by employment agencies.

The second group concerns the use of migrants' qualifications in elderly care. According to the literature, work in this field is seen as unskilled. However, the studies found that both unqualified and qualified people take up jobs in elderly care. The level of education affects, *inter alia*, the nature of work (people with high qualifications are more likely to work legally), expectations from work, and motivation for taking up employment. In this respect, there are also some knowledge gaps, showing, *inter alia*, whether and how employment agencies can support migrants to better use their knowledge and qualifications by selecting appropriate employers for them.

The third group of aspects investigated is directly related to the concept of migrant (micro) (individual aspects/conditions). The studies in this area address gender issues present in elderly care. Most of the articles refer to the role of women in elderly care. The involvement of women and men in elderly care is compared. The articles also discuss the experience of discrimination among migrants in elderly care. In this respect, there are also some gaps. For example, in the studies on discrimination against migrants, there is a lack of research on wage discrimination.

Several findings can be identified. First of all, it was noticed that although the literature analysis dealt with an issue strongly related to economics (labour market and employment of migrants therein), the articles analysed rather dealt with other fields of knowledge, e.g., gerontology, demography, geography, and social sciences. A typically economic approach regarding the presence of migrants in senior care is therefore missing. Secondly, there is a distinct lack of research on migrant work in senior care in Central and Eastern European

countries. It is an essential finding that there needs to be recognition of this phenomenon in countries that, like Western Europe, have an ageing population, and no or very weak systemic solutions for senior care and the demand for care services will grow in these countries. Thirdly, we still know pretty little about the role of employment agencies fulfilling (or perhaps creating demand?) for migrant work in senior care. This is especially the case in Central and Eastern European countries. Fourthly, there is a lack of knowledge in the research on individual aspects regarding the employment of refugee women in senior care. This issue would need to be developed, given the influx of refugees from Ukraine into Europe in 2022.

## 5. Conclusions

The literature review showed three main themes relating to the presence of migrants in senior care: labour market and institutional aspects, qualification aspects, and individual aspects. Several knowledge gaps were identified. Very little is known about the long-term impacts of using migrant workers in elderly care, including how it may affect the care recipients and the local community. There is lack of research on the impact of migration restriction and immigration policies on the elderly care workforce, and its potential impact on the availability and quality of care. There is a gap in knowledge, especially concerning economic aspects of migrant work in elderly care (level of salaries, in the context of highly skilled migrants, too little is known about the steps they take to get out of under-qualified jobs and escape brain waste).

The study also brings implication for labour market policy. There is a lack of knowledge regarding the presence of migrants in senior care in CEE countries. Despite the fact that the population in these countries, as well as in Europe as a whole, is ageing, there is quite a little knowledge of how migrants complement the workforce. From the few studies conducted in the CEE countries, it appears that primarily migrant women from Ukraine took up care work here (Kubiciel-Lodzińska, Maj, 2021; Ezzeddine, 2014). The war in the country caused quite significant changes in migration processes from Ukraine to other European countries. Economic migrants were replaced by refugees. Ukrainian refugees are mostly women, but they come with their children and cannot work in long-term senior care, which they could do as economic migrants (usually, the children remained in the country of origin under the care of other family members). This is a significant challenge for the senior citizenship policies of the Central and Eastern European countries.

The recommendation for future research is to look at how migrant workers in elderly care interact with local labour markets and to what extent they meet the demand for care work. It is also worth trying to show the economic impact migrants have on the country of immigration and, through financial transfers, for example, on the country of emigration.

The literature review has limitations. First, there may be a lack of consistency in the methods and outcomes reported across studies, making it difficult to compare and synthesize the findings. Secondly, it's time-limited and does not include the most recent studies, which can lead to an incomplete picture of the current state of research. Thirdly, the findings of literature reviews are not generalizable to other populations or contexts. Because policies towards migrants in elderly care vary from country to country. This affects the situation of migrants, limits the possibilities of comparative analysis, and makes generalisations difficult. The limitation of the research is the implementation of the literature review within a specific high-impact journals and time frame and it does not include the most recent studies, which can lead to an incomplete picture of the current state of research. There are several consequences of using the Web of Science (WoS) and Scopus databases for a literature review on migrants working in elderly care. We don't have access to non-English or non-Western languages. The databases only contain publications from high-impact journals which may lead that we lose studies from certain countries and institutions. The author is aware of this, but the intention was to review the literature in mainstream science.

The research has practical implications. It concerns the use of migrants' skills. It is not uncommon for people with higher qualifications (e.g., nurses, physiotherapists) to be employed in senior care who will be under-qualified. Deskilling causes a waste of talent that could be used in the host country. This aspect is also particularly important in view of the influx of refugees from the Ukraine, some of whom also have these qualifications (Kubiciel-Lodzińska, Solga, Filipowicz, 2023). It is also worthwhile for migration policy to develop institutional and legal instruments that can support the process of employing foreigners in elderly care (e.g., legalisation of employment, caregiver agencies).

Because of the ageing of the population and the need to develop elderly care services, both formal and informal, it is reasonable to explore this phenomenon both from the perspective of migrants, i.e., under what conditions they are willing to migrate and take up employment, and elderly people in terms of their expectations regarding qualifications, skills, the origin of migrants, etc. A better understanding of this issue will allow us to understand the demand for senior elderly services better and shape a migration policy, including migration for elderly care.

## References

1. Adedeji, A. (2019). Accessing Sub-Saharan African migrant group for public health interventions, promotion, and research: the 5-wave-approach. *Comparative Migration Studies*, 7(1), 1-13.
2. Adhikari, R., Melia, K.M. (2015). The (mis)management of migrant nurses in the UK: a sociological study. *Journal of Nursing Management*, 23(3), 359-367.

3. Asato, W. (2017). Welfare regime and labour migration policy for elderly care: new phase of social development in Taiwan. *Asia Pacific Journal of Social Work and Development*, 27(3-4), 211-223.
4. Ayalon, L. (2021). The global care network and its impact on sending and receiving countries: current knowledge and future directions. *Ageing and Society*, 42(10), 2244-2261.
5. Bachinger, A. (2010). 24-Hour Care - Successful Project of Legalization or Precarious Labour Market Integration? *Sws-Rundschau*, 50(4), 399-412.
6. Bachinger, A. (2015). The practice of the 24-hour-care. Constructions of identity, division of labour and inequality-an intersectional analysis. *SWS-Rundschau*, 55(4), 476-495.
7. Balachandran, A., de Beer, J., James, K., van Wissen, L., Janssen, F. (2020). Comparison of population aging in Europe and Asia using a time-consistent and comparative aging measure. *Journal of Aging and Health*, 32(5-6), 340-351.
8. Baldassar, L., Ferrero, L., Portis, L. (2017). "More like a daughter than an employee": the kinning process between migrant care workers, elderly care receivers and their extended families. *Identities-Global Studies in Culture and Power*, 24(5), 524-541.
9. Bartha, A., Zentai, V. (2020). Long-Term Care and Gender Equality: Fuzzy-Set Ideal Types of Care Regimes in Europe. *Social Inclusion*, 8(4), 92-102.
10. Bastia, T. (2015). 'Looking after granny': A transnational ethic of care and responsibility. *Geoforum*, 64, 121-129.
11. Behtoui, A., Boreus, K., Neergaard, A., Yazdanpanah, S. (2020). Why are care workers from the global south disadvantaged? Inequality and discrimination in Swedish elderly care work. *Ethnic and Racial Studies*, 43(16), 155-174.
12. Bilsborrow, R.E. (2006). The living conditions of refugees, asylum seekers and other Colombians in Ecuador: Millennium development indicators and coping behavior. In: *Ecuador Country Report*. Netherlands: Interdisciplinary Demographic Institute.
13. Bourgeault, I.L., Parpia, R., Atanackovic, J. (2010). Canada's Live-In Caregiver Program: Is it an Answer to the Growing Demand for Elderly Care? *Journal of Population Ageing*, 3(1-2), 83-102.
14. Bruquetas-Callejo, M. (2020). Long-Term Care Crisis in The Netherlands and Migration of Live-in Care Workers: Transnational Trajectories, Coping Strategies and Motivation Mixes. *International Migration*, 58(1), 105-118.
15. Casanova, G., Di Rosa, M., Fisher, O., Lamura, G. (2020). Between Migrant Care Work and New Occupational Welfare Tools: Changing Home Care Arrangements in Italy. *International Journal of Environmental Research and Public Health*, 17(15), 5511.
16. Chau, H.S. (2019). Producing (Im)mobilities in home care for the elderly: The role of home care agencies in Switzerland. *International Journal of Ageing and Later Life*, 13(2), 23-50.
17. Chau, H.S., Pelzelmayer, K., Schwiter, K. (2018). Short-term circular migration and gendered negotiation of the right to the city: The case of migrant live-in care workers in Basel, Switzerland. *Cities*, 76, 4-11.

18. Cohen-Mansfield, J., Golander, H., Iecovich, E., Jensen, B. (2019). Social Engagement Care for Frail Older Persons: Desire for It and Provision by Live-In Migrant Caregivers. *Journals of Gerontology Series B-Psychological Sciences and Social Sciences*, 74(6), 1062-1071.
19. Da Roit, B., van Bochove, M. (2017). Migrant Care Work Going Dutch? The Emergence of a Live-in Migrant Care Market and the Restructuring of the Dutch Long-term Care System. *Social Policy & Administration*, 51(1), 76-94.
20. Da Roit, B., Weicht, B. (2013). Migrant care work and care, migration and employment regimes: A fuzzy-set analysis. *Journal of European Social Policy*, 23(5), 469-486.
21. Della Puppa, F. (2012). Being Part of the Family: Social and Working Conditions of Female Migrant Care Workers in Italy. *Nora-Nordic Journal of Feminist and Gender Research*, 20(3), 182-198.
22. Di Rosa, M., Melchiorre, M.G., Lucchetti, M., Lamura, G. (2012). The impact of migrant work in the elder care sector: recent trends and empirical evidence in Italy. *European Journal of Social Work*, 15(1), 9-27.
23. Doyle, M., Timonen, V. (2009). The different faces of care work: Understanding the experiences of the multi-cultural care workforce. *Ageing and Society*, 29(3), 337-350.
24. Elrick, T., Lewandowska, E. (2008). Matching and making labour demand and supply: Agents in Polish migrant networks of domestic elderly care in Germany and Italy. *Journal of Ethnic and Migration Studies*, 34(5), 717-734.
25. Ezzeddine, P. (2014). Who Cares? (Ageing, Care and Migration). *Lidé města*, 16(2), 219- 237.
26. Farris, S.R., Marchetti, S. (2017). From the Commodification to the Corporatization of Care: European Perspectives and Debates. *Social Politics*, 24(2), 109-131.
27. Figueiredo, M.D., Suleman, F., Botelho, M.D. (2018). Workplace Abuse and Harassment: The Vulnerability of Informal and Migrant Domestic Workers in Portugal. *Social Policy and Society*, 17(1), 65-85.
28. Fisher, O. (2021). The impact of micro and macro level factors on the working and living conditions of migrant care workers in Italy and Israel-a scoping review. *International Journal of Environmental Research and Public Health*, 18(2), 1-33.
29. Gahwi, L., Walton-Roberts, M. (2022). Migrant Care Labour, Covid-19, and the Long-Term Care Crisis: Achieving Solidarity for Care Providers and Recipients. In: *Migration and Pandemics* (pp. 105-121). Cham: Springer.
30. Gallo, E., Scrinzi, F. (2016). Outsourcing Elderly Care to Migrant Workers: The Impact of Gender and Class on the Experience of Male Employers. *Sociology*, 50(2), 366-382.
31. Gallotti, M. (2009). The gender dimension of domestic work in Western Europe. *ILO International Migration Papers, No. 96*. Geneva: International Labour Office.
32. Giordano, C. (2021). Freedom or money? The dilemma of migrant live-in elderly carers in times of COVID-19. *Gender Work and Organization*, 28, 137-150.

33. Górny, A., Napierała, J. (2016). Comparing the effectiveness of respondent-driven sampling and quota sampling in migration research. *International Journal of Social Research Methodology*, 19(6), 645-661.
34. Gozdzia, E. (2016). Biała emigracja: variegated mobility of Polish care workers. *Social Identities*, 22(1), 26-43.
35. Hanley, J., Larios, L., Koo, J.-H. (2017). Does Canada "care" about migrant caregivers?: Implications under the reformed caregiver program. *Canadian Ethnic Studies*, 49(2), 121-139.
36. Hellgren, Z. (2015). Markets, Regimes, and the Role of Stakeholders: Explaining Precariousness of Migrant Domestic/Care Workers in Different Institutional Frameworks. *Social Politics*, 22(2), 220-241.
37. Hipp, L., Kohler, U., Leumann, S. (2019). *How to Implement Respondent-Driven Sampling in Practice: Insights from Surveying 24-Hour Migrant Home Care Workers*. *Survey Methods: Insights from the Field*, 1-13.
38. Ho, K.H.M., Wilson, I.M., Wong, J.Y., McKenna, L., Reisenhofer, S., Efendi, F., Smith, G.D. (2021). *Health stressors, problems and coping strategies of migrant domestic workers: A scoping review*. Research Square.
39. Horn, V., Schweppe, C., Böcker, A., Bruquetas Callejo, M. (2019). Live-in migrant care worker arrangements in Germany and the Netherlands. Motivations and justifications in family decision-making. *International Journal of Ageing and Later Life*, 13(2), 83-113.
40. Hrzenjak, M. (2013). Negotiating masculinity in informal paid care work. *International Review of Sociology-Revue Internationale De Sociologie*, 23(2), 346-362.
41. Huang, S., Yeoh, B.S., Toyota, M. (2012). Caring for the elderly: the embodied labour of migrant care workers in Singapore. *Global Networks*, 12(2), 195-215.
42. Hussein, S., Stevens, M., Manthorpe, J. (2013). Migrants' motivations to work in the care sector: experiences from England within the context of EU enlargement. *European Journal of Ageing*, 10(2), 101-109.
43. Ibarra, M. (2002). Emotional proletarians in a global economy: Mexican immigrant women and elder care work. *Urban Anthropology*, 31(3-4), 317-350.
44. Iecovich, E. (2011). What Makes Migrant Live-in Home Care Workers in Elder Care Be Satisfied With Their Job? *Gerontologist*, 51(5), 617-629.
45. ILO/OECD (2019). *New job opportunities in an ageing society, Paper prepared for the 1<sup>st</sup> Meeting of the G20 Employment Working Group*. Retrieved from: <http://www.oecd.org/g20/summits/osaka/ILO-OECD-G20-Paper-1-3-New-job-opportunitiesin-an-ageing-society.pdf>
46. Isaksen, L.W. (2012). Transnational Spaces of Care: Migrant Nurses in Norway. *Social Politics*, 19(1), 58-77.
47. Jönson, H., Giertz, A. (2013). Migrant Care Workers in Swedish Elderly and Disability Care: Are They Disadvantaged? *Journal of Ethnic and Migration Studies*, 39(5), 809-825.



48. Khan-Gökkaya, S., Mösko, M. (2021). Labour market integration of refugee health professionals in Germany: challenges and strategies. *International Migration*, 59(4), 105-126.
49. Kim, G. (2018). The patterns of 'care migrantisation' in South Korea. *Journal of Ethnic and Migration Studies*, 44(13), 2286-2302.
50. Kniejska, P. (2018). In-between-carer: towards a new type of elder care worker? The example of Polish migrant care workers in Germany. *International Journal of Care and Caring*, 2(4), 477-498.
51. Kubiciel-Lodzińska, S. (2021). Snowball Sampling vs. Respondent Driven Sampling in Regional Research. Comparing the use of the Methods to Study Migrants Working in Elderly Care. *Studia Migracyjne–Przegląd Polonijny*, 1(179), 149-180.
52. Kubiciel-Lodzińska, S., Maj, J. (2021). High-Skilled vs. Low-Skilled Migrant Women: the Use of Competencies and Knowledge-Theoretical and Political Implications: an Example of the Elderly Care Sector in Poland. *Journal of International Migration and Integration*, 22, 1551-1571.
53. Kubiciel-Lodzińska, S., Solga, B., Filipowicz, M. (2023). Wykwalifikowani uchodźcy z Ukrainy wyzwaniem dla rynku pracy. *Horyzonty Polityki*, 14(47), 187-207.
54. Lan, P.C. (2018). Bridging Ethnic Differences for Cultural Intimacy: Production of Migrant Care Workers in Japan. *Critical Sociology*, 44(7-8), 1029-1043.
55. Leiber, S., Matuszczyk, K., Rossow, V. (2019). Private Labor Market Intermediaries in the Europeanized Live-in Care Market between Germany and Poland: A Typology. *Zeitschrift für Sozialreform*, 65(3), 365-392.
56. Leiber, S., Rossow, V., Österle, A., Frerk, T. (2021). Yet another black box: brokering agencies in the evolving market for live-in migrant care work in Austria and Germany. *International Journal of Care and Caring*, 5(2), 187-208.
57. Liebelt, C. (2011). on gendered journeys, spiritual transformations and ethical formations in diaspora: Filipina care workers in Israel. *Feminist Review*, 97, 74-91.
58. Liew, J.A., Yeoh, B.S.A., Huang, S., Ho, E. (2020). Tuning care relations between migrant caregivers and the elderly in Singapore. *Asia Pacific Viewpoint*, 61(3), 438-452.
59. Lovelock, K., Martin, G. (2016). Eldercare work, migrant care workers, affective care and subjective proximity. *Ethnicity & Health*, 21(4), 379-396.
60. Lutz, H. (2002). At your service madam! the globalization of domestic service. *Feminist Review*, 70(1), 89-104.
61. Lutz, H., Palenga-Möllnbeck, E. (2010). Care Work Migration in Germany: Semi-Compliance and Complicity. *Social Policy and Society*, 9(3), 419-430.
62. Lyberaki, A. (2011). Migrant Women, Care Work, and Women's Employment in Greece. *Feminist Economics*, 17(3), 103-131.

63. Martin-Matthews, A., Sims-Gould, J., & Naslund, J. (2010). Ethno-cultural diversity in home care work in Canada: Issues confronted, strategies employed. *International Journal of Ageing and Later Life*, 5(2), 77-101.
64. Miles, D.A. (2017). *A taxonomy of research gaps: Identifying and defining the seven research gaps*. Paper presented at the Doctoral Student Workshop: Finding Research Gaps- Research Methods and Strategies. Dallas, Texas.
65. Montauge, A., Chhetri, P., Lamberry, L., Cooke, F.L. (2011). *Replanning key policies within aged care – research in labor market. A research project funded by the 2011 Business Research Grant Scheme*. Australia: RMIT University.
66. Cooke, F.L., Bartram, T. (2015). Guest Editors' Introduction: Human Resource Management in Health Care and Elderly Care: Current Challenges and Toward a Research Agenda. *Human Resource Management*, Vol. 54(5), 711-735.
67. Näre, L. (2010). Sri Lankan men working as cleaners and carers: Negotiating masculinity in Naples. *Men and Masculinities*, 13(1), 65-86.
68. Näre, L. (2013). Migrancy, Gender and Social Class in Domestic Labour and Social Care in Italy: An Intersectional Analysis of Demand. *Journal of Ethnic and Migration Studies*, 39(4), 601-623.
69. Naumann, E., Stoetzer, L.F., Pietrantuono, G. (2018). Attitudes towards highly skilled and low-skilled immigration in Europe: A survey experiment in 15 European countries. *European Journal of Political Research*, 57(4), 1009-1030.
70. Nicolescu, G. (2019). Keeping the Elderly Alive Global Entanglements and Embodied Practices in Long-Term Care in Southeast Italy. *Anthropology & Aging*, 40(1), 77-93.
71. Nowicka, M., Bartig, S., Schwass, T., Matuszczyk, K. (2021). COVID-19 Pandemic and Resilience of the Transnational Home-Based Elder Care System between Poland and Germany. *Journal of Aging & Social Policy*, 33(4-5), 474-492.
72. Oishi, N. (2008). Population Aging and Migration: Migrant Workers in Elder Care in Canada. *The Journal of Social Science*, 65, 103-122.
73. Ortiga, Y.Y., Wee, K., Yeoh, B.S.A. (2021). Connecting care chains and care diamonds: the elderly care skills regime in Singapore. *Global Networks-a Journal of Transnational Affairs*, 21(2), 434-454.
74. Palenga-Möllenbeck, E. (2013). Care chains in Eastern and Central Europe: Male and female domestic work at the intersections of gender, class, and ethnicity. *Journal of Immigrant & Refugee Studies*, 11(4), 364-383.
75. Palenga-Möllenbeck, E. (2013). New maids - new butlers? Polish domestic workers in Germany and commodification of social reproductive work. *Equality Diversity and Inclusion: An International Journal*, 32(6), 557-574.
76. Pandey, K., Parreñas, R.S., Sabio, G.S. (2021). Essential and Expendable: Migrant Domestic Workers and the COVID-19 Pandemic. *American Behavioral Scientist*, 65(10), 1287-1301.

77. Pelzelmayer, K. (2016). Places of difference: narratives of heart-felt warmth, ethnicisation, and female care-migrants in Swiss live-in care. *Gender Place and Culture*, 23(12), 1701-1712.
78. Peters, V., Braeseke, G. (2016). Migrant nurses from Vietnam First experiences in the German long-term care sector. *Pflege*, 29(6), 315-321.
79. Pew Research Centre (2015). *Family Support in Graying Societies: How Americans, Germans and Italians Are Coping with an Aging Population*. Retrieved from: <https://www.pewresearch.org/social-trends/2015/05/21/family-support-in-graying-societies/>, 14.07.2023.
80. Picchi, S. (2016). The elderly care and domestic services sector during the recent economic crisis. The case of Italy, Spain and France. *Investigaciones Feministas*, 7(1), 169-190.
81. Ranci, C., Arlotti, M., Cerea, S., Cordini, M. (2021). Migrant and/or Care Workers? Debating the Ethnicization of the Elderly Care Market in Italy and the United Kingdom. *Social Politics: International Studies in Gender, State & Society*, 28(1), 47-70.
82. Rouzet, D., Sánchez, A.C., Renault, T., Roehn, O. (2019). Fiscal challenges and inclusive growth in ageing societies. *OECD Economic Policy Papers*, No. 27. Paris: OECD Publishing.
83. Salami, B., Meherali, S. (2018). One of the family? Familial and professional relationships between migrant live-in caregivers and their employers. *International Journal of Migration Health and Social Care*, 14(2), 174-185.
84. Salami, B., Duggleby, W., Rajani, F. (2017). The perspective of employers/families and care recipients of migrant live-in caregivers: a scoping review. *Health & Social Care in the Community*, 25(6), 1667-1678.
85. Sánchez, E.V., Boland, C., Cottone, L. (2022). COVID-19 Implications for migrant care workers: A gender perspective. *Quaderns IEE*, 1(1), 145-153.
86. Saraswati, L.A. (2017). The Gender Politics of Human Waste and Human-as-Waste: Indonesian Migrant Workers and Elderly Care in Japan. *Gender Work and Organization*, 24(6), 594-609.
87. Schmidt, A.E., Winkelmann, J., Rodrigues, R., Leichsenring, K. (2016). Lessons for regulating informal markets and implications for quality assurance - The case of migrant care workers in Austria. *Ageing and Society*, 36(4), 741-763.
88. Schwiter, K., Strauss, K., England, K. (2018). At home with the boss: Migrant live-in caregivers, social reproduction and constrained agency in the UK, Canada, Austria and Switzerland. *Transactions of the Institute of British Geographers*, 43(3), 462-476.
89. Scrinzi, F. (2010). Masculinities and the international division of care: Migrant male domestic workers in Italy and France. *Men and Masculinities*, 13(1), 44-64.
90. Shamir, H. (2013). Migrant Care Workers in Israel Between Family, Market, and State. *Israel Studies Review*, 28(2), 192-209.

91. Shutes, I., Chiatti, C. (2012). Migrant labour and the marketisation of care for older people: The employment of migrant care workers by families and service providers. *Journal of European Social Policy*, 22(4), 392-405.
92. Simonazzi, A. (2009). Care regimes and national employment models. *Cambridge Journal of Economics*, 33(2), 211-232.
93. St-Amant, O., Vahabi, M., Wong, J.P.-H., Salami, B., Fung, K., Miholjcic, J., Tan, V. (2021). Invisible diaspora: A scoping review of migrant caregivers' social integration trajectory. *International Health Trends and Perspectives*, 1(1), 44-60.
94. Szeman, Z. (2012). Family Strategies in Hungary: The Role of Undocumented Migrants in Eldercare. *Journal of Population Ageing*, 5(2), 97-118.
95. Turnpenny, A., Hussein, S. (2022). Migrant Home Care Workers in the UK: a Scoping Review of Outcomes and Sustainability and Implications in the Context of Brexit. *Journal of International Migration and Integration*, 23, 23-42.
96. Van Hooren, F. (2010). When families need immigrants: The exceptional position of migrant domestic workers and care assistants in Italian immigration policy. *Bulletin of Italian Politics*, 2(2), 21-38.
97. Van Hooren, F.J. (2012). Varieties of migrant care work: Comparing patterns of migrant labour in social care. *Journal of European Social Policy*, 22(2), 133-147.
98. Willis, E., Xiao, L.D., Morey, W., Jeffers, L., Harrington, A., Gillham, D., De Bellis, A. (2018). New Migrants in Residential Aged Care: Managing Diversity in Not-for-Profit Organisations. *Journal of International Migration and Integration*, 19(3), 683-700.

## Appendix

**Table 2.**  
*Papers analysed for literature review by journal*

Journal	Subject/research area	No. of papers	Authors
Ageing & Society	Gerontology	3	(Doyle & Timonen, 2009); (Schmidt, Winkelmann, Rodrigues, & Leichsenring, 2016); (Ayalon, 2021)
American Behavioral Scientist	Clinical Psychology, Interdisciplinary Social Sciences	1	(Pandey, Parreñas, & Sabio, 2021)
Anthropology & Aging	Geriatrics & Gerontology	1	(Nicolescu, 2019)
Asia Pacific Journal of Social Work and Development	Social Work	1	(Asato, 2017)
Asia Pacific Viewpoint	Area Studies, Geography	1	(Liew, Yeoh, Huang, & Ho, 2020)
Cambridge Journal of Economics	Business & Economics	1	(Simonazzi, 2009)
Cities	Urban Studies	1	(Chau, Pelzelmayer, & Schwiter, 2018)
Critical Sociology	Sociology	1	(Lan, 2018)
Equality, Diversity and Inclusion	Business & Economics	1	(Palenga-Mollenbeck, 2013)
Ethnic and Racial Studies	Ethnic Studies, Sociology	1	(Behtoui, Boreus, Neergaard, & Yazdanpanah, 2020)
Ethnicity & Health	Ethnic Studies, Public, Environmental & Occupational Health	1	(Lovelock & Martin, 2016)
European Journal of Ageing	Geriatrics & Gerontology	1	(Hussein, Stevens, & Manthorpe, 2013)
European Journal of Social Work	Social Work	1	(Di Rosa, Melchiorre, Lucchetti, & Lamura, 2012)
Feminist Economics	Business & Economics, Women's Studies	1	(Lyberaki, 2011)
Feminist Review	Women's Studies	1	(Lutz, 2002)
Gender Place and Culture	Geography, Women's Studies	1	(Pelzelmayer, 2016)
Gender Work and Organization	Business & Economics, Women's Studies	1	(Giordano, 2021)
Geoforum	Geography	1	(Bastia, 2015)
Global Networks	Social Science	2	(Huang, Yeoh, & Toyota, 2012); (Ortiga, Wee, & Yeoh, 2021)
Identities. Global Studies in Culture and Power	Cultural Studies, Ethnic Studies	1	(Baldassar, Ferrero, & Portis, 2017)
Intenational Journal of Ageing and Later Life	Social Science	2	(Chau, 2019); (Martin-Matthews, Sims-Gould, & Naslund, 2010)
International Journal of Care and Caring	Social Sciences	1	(Leiber et al., 2021)

International Journal of Environmental Research and Public Health	Environmental Sciences & Ecology, Public, Environmental & Occupational Health	1	(Casanova, Di Rosa, Fisher, & Lamura, 2020)
International Journal of Migration, Health and Social Care	Public, Environmental & Occupational Health	1	(Salami & Meherali, 2018)
International Migration	Demography	1	(Bruquetas-Callejo, 2020)
International Review of Sociology	Sociology	1	(Hrženjak, 2013)
Investigaciones Feministas	Women's Studies	1	(Picchi, 2016)
Israel Studies Review	Area Studies	1	(Shamir, 2013)
Journals of Gerontology Series B - Psychological Sciences and Social Sciences	Geriatrics & Gerontology, Psychology	1	(Cohen-Mansfield, Golander, Iecovich, & Jensen, 2019);
Journal of Ageing and Social Policy	Demography, Gerontology, Life-span and Life-course Studies	1	(Nowicka, Bartig, Schwass, & Matuszczyk, 2021)
Journal of Ethnic and Migration Studies	Demography, Ethnic Studies	4	(Näre, 2013); (Jönson & Giertz, 2013); (Kim, 2018); (Elrick & Lewandowska, 2008)
Journal of European Social Policy	Public Administration, Social Issues	3	(Shutes & Chiatti, 2012); (Da Roit & Weicht, 2013); (van Hooren, 2012)
Journal of Immigrant & Refugee Studies	Demography, Ethnic Studies, Sociology	1	(Palenga-Möllenbeck, 2013)
Journal of International Migration and Integration	Demography	1	(Kubiciel-Lodzińska & Maj, 2021)
Journal of Nursing Management	Business & Economics, Nursing	1	(Adhikari & Melia, 2015)
Men and Masculinities	Sociology	2	(Scrinzi, 2010); (Näre, 2010)
NORA - Nordic Journal of Feminist and Gender Research	Women's Studies	1	(Della Puppa, 2012)
Journal of Population Ageing	Geriatrics & Gerontology	1	(Bourgeault, Parpia, & Atanackovic, 2010)
Social Identities	Ethnic Studies	1	(Gozdziak, 2016)
Social Policy & Administration	Development Studies, Public Administration, Social Issues, Social Work	1	(Da Roit & van Bochove, 2017)
Social Policy & Society	Social Issues, Social Work	1	(Figueiredo, Suleman, & Botelho, 2018)
Social Politics	Social Issues, Women's Studies	4	(Ranci, Arlotti, Cerea, & Cordini, 2021); (Isaksen, 2012); (Farris & Marchetti, 2017); (Hellgren, 2015)
The Gerontologist	Geriatrics & Gerontology	1	(Iecovich, 2011)
Transactions of the Institute of British Geographers	Geography	1	(Schwiter, Strauss, & England, 2018)

Source: own elaboration.

**Table 4.***Research methods used in the analyzed papers*

<b>Author</b>	<b>Research method/ source of information</b>	<b>Number of care work respondents (migrants)</b>	<b>Number of respondents (care agencies, employers, others)</b>	<b>Country of analysis</b>
(Chau et al., 2018)	In-depth interviews	12	20 – representatives of care agencies 2 representatives of workers organizations	Switzerland
(Kubiciel-Lodzińska, Maj)	In-depth interviews	31	-	Poland
(Nicolescu, 2019)	Participant observation, Semi structured interviews	34	24 – employers	Italy
(Pelzelmayer, 2016)	Online searches	-	Agency websites (40), scholarly and public discussion	Switzerland
(Baldassar et al., 2017)	In-depth interviews	8	10 – care receivers and their family member	Italy
(Scrinzi, 2010)	Semi structured interviews	10	20 – employers, people working in training and recruitment agencies, managers of nonprofit associations providing home care	Italy, France
(Näre, 2013)	In-depth interviews	-	12 – employers	Italy
(Jonson, Giertz, 2013)	e-mail questionnaire	177	2990 – native born elderly carers	Sweden
(Näre, 2010)	In-depth interviews Participant observation	27	15 – employers	Italy
(Kim, 2018)	In-depth analysis of documentary and statistical evidence	-	-	South Korea
(Asato, 2017)	Documents analysis Interviews	-	Interviews with ministers and elder care institutions	Taiwan
(Behtoui et al., 2020)	Telephone survey (quantitative data-gathering)	97	192 – native-born elderly carers	Sweden
	Semi structured interviews (qualitative data-gathering)	15	15 – native-born elderly carers	
(Da Roit, van Bochove, 2017)	Semi structured interviews (conversations)	-	5 – agencies	Holland
(Schwiter et al., 2018)	Case study		Analysis and comparing of life in care schemes in UK, Canada, Austria, Switzerland	UK, Canada, Austria, Switzerland
	In-depth interviews	Number of respondents was not reported	80 – care workers, care recipients and their family members, representatives of care	

			agencies, activists, academic experts 10 – NGO's,	
(Adhikari, Melia, 2015)	In-depth interviews	21	-	UK
(Ranci et al., 2021)	Content analysis of articles	-	4 – national newspapers with the largest circulation in Italy (2) and UK (2)	Italy, UK
(Isaksen, 2012)	In-depth interviews	8	19 – migrants' family members	Norway
(Farris, Marchetti, 2017)	Overview of care arrangements	-	3 countries: UK, Sweden, Italy	UK, Sweden, Italy
(Hellgren, 2015)	In-depth interviews	19	32 – NGO, church, policy makers, companies, spokespersons of employers, trade unions representatives	Spain, Sweden
(Picchi, 2016)	Comparative analysis of country context		3 countries: France, Italy, Spain	France, Italy, Spain
(Doyle, Timonen, 2009)	In-depth interviews	40	-	Ireland
(Figueiredo et al., 2018)	In-depth interviews	226	456 - native-born domestic and elderly carers	Portugal
(Schmidt et al., 2016)	In-depth interviews	9	5 – brokering agencies 3 – public officials involved in implementing new law	Austria
(Bourgeault et al., 2010)	In-depth interviews	19	-	Canada
(Bastia, 2015)	Life story interviews	19	-	Spain
(Hussein et al., 2013)	In-depth interviews	96	-	England
(Leiber et al., 2021)	In-depth interviews	-	143 – brokering agencies	Austria, Germany
(Pandey et al., 2021)	observations	-	analyzes of 16 meeting of ca. 2 hours	United States
(Lutz, 2002)	Literature review	-	-	-
(Shamir, 2013)	Case study	-	State law and policy in Israel	Israel
(Huang et al., 2012)	Questionnaire surveys	162	162 – employers 998 – employers Ca. 20 – recruiting agencies Ca. 20 – nursing home operators, hospitals with geriatric departments, representatives of relevant ministries, NGOs, professional nursing bodies, healthcare worker recruitment agencies	Singapore
	In-depth interviews	43		



(Salami, Meherali, 2018)	Semi structured interviews	15	-	Canada
(Casanova et al., 2020)	Review of literature		28 records	Italy
	Face-to-face interview	-	5 – experts from universities, national research institution, care providers association	
(Bruquetas-Callejo, 2020)	Semi structured interviews	10	34 – family carers, municipal officers, labour inspectorate, healthcare inspectorate, migrant associations	The Netherlands
	Telephonic survey		10 – employment agencies	
(Cohen-Mansfield et al., 2019)	In-depth interviews	98	111 – family members 61 – older persons	Israel
(Chau, 2019)	In-depth interviews	13	20 – representatives of care agencies	Switzerland
(Giordano, 2021)	In-depth interviews	26	-	Belgium
	Focus group	1		
	Fieldwork notes	not reported		
	Whatsapp, SMS	not reported		
(Ortiga et al., 2021)	In-depth interviews	-	9 – caregiver trainers 28 – placement agents	Singapore
	Review of newspaper articles	-	244 – newspaper articles	
(Iecovich, 2011)	Questionnaire, face to face interviews	335	335 care recipients (the sample included dyads of care recipients and their migrant care worker)	Israel
(Palenga-Mollenbeck, 2013)	Narrative-biographical interviews	22	41 – migrants' family members	Germany
	Media discourses	-	not reported	
(Nowicka et al., 2021)	Interviews	-	28 representatives of sending agencies 10 experts	Germany
(Simonazzi, 2009)	Comperative analysis	-	European country models of elderly care	EU countries
(Ayalon, 2021)	Literature review	-	not reported	-
(Liew et al., 2020)	In-depth and „go-along” interviews	35	69 care recipients	Singapore
(Martin-Matthews et al., 2010)	Interviews	81	37 – native born carers	Canada
(Shutes, Chiatti, 2012)	Postal/Online survey		557 – providers of elderly care	Italy, UK
	Semi structured telephone interviews		30 providers of elderly care	
	In-depth interviews	39		
	Face-to-face survey	220	990 family carers	
(Elrick, Lewandowska, 2008)	Biographical narrative interviews	25	-	Germany, Italy
	Conversations with key informants	-	Mayors, priests, school directors	
(Da Roit, Weicht, 2013)	Fuzzy-set analysis	-	Nine country comparison	Netherland, France,

				Sweden, Norway, UK, Austria, Germany, Italy, Spain
(Palenga-Möllenbeck, 2013)	Narrative-biographical interviews	22	41 – family members	Poland, Ukraine, Germany
	Media discourses	-	not reported	
(van Hooren, 2012)	Case studies	-	Italy Netherlands and England	Italy, the Netherlands, England
	Expert interviews	-	Representatives of trade unions, migrants organizations, providers organizations, policy makers	
	Phone interviews	-	Selected care providers in Amsterdam	
(Lan, 2018)	Desk research	-	Government documents, policy reports, journalistic coverage, secondary literature	Japan
	In-depth interviews	2	Agency staffer	
	Observation	-	Training seminar for instructors	
(Lyberaki, 2011)	Desk research	-	Statistics, policy documents, literature	Greece
(Di Rosa et al., 2012)	Face-to-face interviews	220	990 families of older people	Italy
(Lovelock, Martin, 2016)	Face-to-face interviews	29	-	New Zeland
(Gozdziak, 2016)	Ethnographic, in-depth interviews	not reported	Helthcare administrators	Poland
	Participative observations	-	Care centre	
(Della Puppa, 2012)	In-depth interviews	15	-	Italy
(Hrženjak, 2013)	Semi-structured interviews	29	-	Slovenia

Source: Own elaborations.