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## Chapter 17

# Managing Work and Care for Young Children in Cape Verdean Families in Portugal

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### Introduction

Our main concern in this chapter is with the work and family lives of Cape Verdean immigrant families. By focusing on a very specific but crucial problem in family life – how to manage work and caring responsibilities for young children – our aim is to identify the strategies adopted by Cape Verdean immigrant families in Portugal in order to organise work and family life. From a broader perspective, however, we can say that an analysis of the work/life strategies of families will give us a privileged insight into the integration process of Cape Verdean families. If, as we know, immigrants face strong pressures arising from work (long working hours, atypical timetables), from economic difficulties, from racial and social discrimination and from contrasting cultural and family values, then the reconciliation of work and family life is likely to be a sensitive point revealing the specific tensions and vulnerabilities of the position of immigrant families in the host society. How do immigrant families deal with these patterns of ‘vulnerability’ and to what extent does the latter hinder accessibility to the care models of the receiving society? On the other hand, what are the main factors which influence coping strategies? Is the reconciliation of care and paid work strongly shaped by the family’s social position and its migration pattern?

To explore these issues, our analytical framework looks at the processes of social care and work/life balance as well as those related to migration. With regard to the first, our primary focus is on social care practices, broadly defined as the assistance and surveillance provided by paid or unpaid, professional or non-professional caregivers (within the public or the private sphere) in order to help children or adults in their daily lives and activities (Daly and Lewis 1998). These practices are embedded in work/life patterns whereby families develop specific strategies to manage work and care responsibilities (Crompton 1999; Dulk et al. 1999). The latter may include cutting back on working hours, adapting parents’ work schedules or delegating care to profes-

sional and informal caregivers. 'Reconciliation' and 'balancing' are the concepts currently used to analyse this process. They seem to imply that some form of conciliation or equilibrium between the two spheres is always achieved, and this represents an analytical drawback. In fact, one of the important issues in this work may be to question the idea that receiving societies always develop accessibility to a 'reconciliation' model in which the State, the family and the private and voluntary sectors come together to provide adequate care for young children. Reconciliation of work and caring may not always be possible and this may lead to alternative arrangements such as taking children to work or leaving them to fend for themselves. Therefore, although we shall sometimes also use these concepts in our work, in general we prefer the rougher and more neutral concept of 'managing' work and family life (Hantrais 1990).

Work/family strategies in the receiving society must also be seen in the context of migration. Reasons for migration, ethnicity, duration of stay (for example, belonging to a first or a second generation migrant family) and social integration in the receiving society may vary considerably and this will have an impact on work and family life.

In this work we will draw on the results of a qualitative research project, which sought to understand the work/family balance of immigrant families in five countries (Finland, France, Italy, Portugal and the UK).<sup>1</sup> One segment of the Portuguese sample consisted of 21 Cape Verdean immigrant families with young children (aged 10 or under) and working parents (full-time); it included couples with children as well as some lone parents. This is a small sample but it allows us, nevertheless, to carry out an exploratory qualitative analysis which examines the specific constraints faced by immigrant families as well as the main linkages between some contextual variables, such as migration patterns, ethnicity, or social networks, and the work/care strategies of immigrant families.

The interviewed families were collected via a variety of sources: immigrant associations, social care services, personal networks, social workers, organisations employing immigrant workers. In-depth interviews were carried out on the basis of a semi-structured interview guide that included the following major themes: family life course (family life in the sending country, family and marital trajectories); the story of migration (reasons to emigrate, migration trajectory, problems on arrival, integration in the host society); work and life in the host country; caring for children in the host country (caring obligations, typical weekday of the child, family division of work and care, support networks, main problems, gaps and tensions); the effects of caring (on professional work, on the personal health of family members).

### Cape Verdean immigrant families in Portugal

The Cape Verdean sample of families was collected in the Lisbon metropolitan area, where most African immigrants are concentrated, and includes 21 Cape Verdean families (14 couples with young children and seven lone parents). Most of the interviews were carried out in socially deprived areas – in the new housing developments in the suburbs, as well as in an older slum area where brick houses have replaced the wooden shacks – but a few took place in other suburbs where some families had rented or bought flats. The sample is therefore homogeneous in terms of the sending country but also comprises some internal diversity from the point of view of family forms, reasons for migration, duration of stay and integration in the host society.

If we begin by looking at the general characteristics of these immigrant families and their life histories, three striking features can be emphasised. First, the intensity of the migration phenomenon in the sending country. Cape Verde is an archipelago of extremely arid islands off the West African coast. Drought is severe and can last for several years, leading to endemic famine and persistent emigration in search of alternative or complementary means of survival. Thus the life histories of the immigrant interviewees all inform us about the continuous circulation of men, women, young people and children: of men who inevitably went to sea or emigrated, of single young men and women who followed a relative on his or her migrations, of mothers and children who stayed behind for many years, of young lone mothers who emigrated on their own, leaving small children behind with a grandmother or an aunt. A second feature is related to the organisation of family life, which contrasts sharply with the 'nuclear family' model that in Europe is still the predominant and preferred pattern of family life with children, in spite of the increase in other family forms. Shaped by the historical and social contexts of slavery, African roots, migration and the struggle for survival, family life is more centred on the mother-child unit, on cohabitation and lone parenthood instead of marriage, and on considerable independence and sexual freedom of both women and men. Fertility, motherhood and fatherhood (rather than parenthood), and intergenerational support are basic family values but they are channelled through bonds and types of households which slip away from the nuclear family of couples with or without children. As a result, family transitions follow specific and diverse patterns which revolve around lone parenthood: a young woman will have her first child outside marriage and then cohabit with her partner and have more children, or she may never cohabit and have several children with the same partner, or she may have children by different partners and never cohabit with any of them, or she may get married after cohabit-

ing for some years and giving birth to one or more children. Having children and independent motherhood are strongly valued, even by second-generation young women who are now less in favour of having many children. As one single mother put it:

It's like this, we are not like the Portuguese. We, the mothers have their children, right? By norm it's the mother who has the child and who takes care of the child. Of course, this means that I alone have the responsibility, and if anything happens... (Daniela, 24, born in Portugal, secondary education incomplete, with two children aged four and two from the same partner, cohabited for one year between the two births).

The small sample of immigrant families collected in Lisbon thus contains family forms and trajectories that are quite varied and also experienced as ethnically different: many are lone parents (seven) and among the families of couples with children there are more cohabiting (eight) than married couples, and several are blended families with children from different fathers or partnerships.

Integration into the labour market is the third aspect which must be highlighted. Cape Verdean immigrants have traditionally worked in two main sectors: the building and public works sector (the men) and the cleaning and catering services sector (the women). Both have long working hours, with the building sector starting very early in the morning, often working overtime and on weekends, and on sites outside Lisbon which implies being away from home for weeks or months. The cleaning sector, on the other hand, also has long or atypical working hours and very low salaries, compared to male wages in the building sector.

It is also important to underline the fact that African women are often confined to a certain sector of the labour market, to firms that clean offices and public buildings at dawn and in the evenings. These women have more difficulty in obtaining the better-paid jobs in private homes or jobs as waitresses or shop attendants (jobs commonly taken up by Portuguese women or by white Brazilians or Eastern European immigrants). In the Cape Verdean families interviewed, all of the women except one were working full-time, nearly all in cleaning or catering services; one mother, eight months pregnant and with another child of two, had temporarily reduced her working schedule to part-time work.

These are some general features of Cape Verdean immigrant families which need to be mentioned. If we look closer at the sample, however, it is also important to emphasise some internal differentiation from the point of view of the migration trajectory. Some interviewees

are first-generation migrants and others are what we call second-generation migrants: they came as young children with one or both parents and a few were born in the host country. This does not always mean that the social integration of second-generation families is very different. However, it sometimes implies a slightly higher educational level, a stronger family support network and having no plans of returning to Cape Verde; in a few cases, it also means acquiring some professional training and getting jobs with normal hours, outside the building/cleaning sectors. Although the majority of families are worker migrant families, the sample also included two cases of student migration and one case of 'employee' migration (an administrative employee, now a civil servant in a bank, who migrated to Portugal during colonial times).

### Managing work and care for young children

Taking into account these differences, we were able to identify three main patterns of migration which influence families' strategies for managing work and care for young children.

#### *Work/care strategies of first generation unskilled worker immigrant families*

First-generation, unskilled worker migration is related to a long-term migration project that emphasises access to paid employment, to food and better living conditions and, savings permitting, the building of a new house in Cape Verde where to return to after retirement (or the buying of a house in Portugal). Some immigrants arrived in the late 1960s, at the time of the 'great famine' in Cape Verde, others in the 1980s or 1990s. Networks usually helped them to find work and/or temporary accommodation inside the slum. Usually the man came first and the wife and children later; but some years usually went by before enough money was saved to pay for the travel expenses of those left behind in the sending country.

José and Domingas (aged 50 and 44, cohabiting couple, both illiterate) are a typical example of immigration in the late 1970s. In Cape Verde, Domingas worked seasonally as a farm labourer and later as a maid looking after small children. She started working when she was eight and never learned to read and write. She went to live with José and his family when she was 15 and had her first child (one of five) aged 17, in Cape Verde. José emigrated soon after, lodged with a relative in a slum and started working in the building sector. A few years later, after 'nailing together' a shack, he sent for his wife and child and, later, for his mother and brother. José gradually transformed the wooden shack into a brick house, but the family is still waiting for a home in a housing development project.

First-generation immigration in the 1990s is not very different from this model. António, a bricklayer (earning 650 euros per month) had already been working in Portugal for a few years when he met Dulce in Cape Verde during his holidays. Like Domingas, Dulce (now aged 37, one year of schooling and cohabiting) also remained in the sending country for a few years, had her first two children there, and then joined her husband. She arrived in 1994 but left the two children in the care of her mother in Cape Verde, so that she could work harder. António had left the slum area by then and rented a small one-bedroom council flat nearby. This is where they still live today, with four children; the two elder children who came in 1998 and the two born in Lisbon (the 4 children, now aged 13, 7, 3 and 2 share the one bedroom). Dulce first got a cleaning job in a factory through Cape Verdean friends. Because it was very hard work she eventually moved to a cleaning services firm where she now works in two shifts (from 7 a.m. to 1 p.m. and from 6 to 9 p.m., earning 350 euros per month). It is difficult to manage work and care, but Dulce has always relied on her elder son to look after the other children in the morning; he takes them to school and day care at 8 a.m. (private non-profit, 69 euros for two children). During the day, this son is quite independent: for example, for several years now, he has been going home during lunch time to cook his own lunch. Dulce fetches the other children in the afternoon but then leaves them alone for a few hours as she leaves for work at 5 p.m. and her older son has school until 6.30 p.m. (Formal care with older child care and self-care, see table 17.1). Dulce and António would like to return to Cape Verde one day when they retire, and they have already started building a house there.

**Table 17.1.** *Work/care strategies of Cape Verdean immigrant families in Portugal (2002)*

Work/care strategy	N
<i>Managing work and care through extensive delegation</i>	
Extensive formal care	6
Extensive formal care and older child care	3
Grandparental care	3
Paid babysitter	2
Paid babysitter with some negotiation within the family	2
<i>Managing work and care with some child negligence</i>	
Formal care <sup>1</sup> and older childcare and self care	3
Formal extensive care and self-care	1
Formal care (school, no extras) and self-care	1
<b>Total</b>	<b>21</b>

Source: interview data, SOCCARE Project.

<sup>1</sup> Day care/school, no extras.

The work/care strategies in this family highlight the main problems faced by first-generation migrants with young children. Incomes are low, housing conditions are bad, working hours are long and atypical, and formal care services, even though they are fairly cheap, do not cover the varied and long care needs of the children. Low-cost extensive delegation, care by older children and child negligence are therefore the main strategies used. If a grandmother joins the family (only one case in this study), then informal extensive delegation becomes a logical option. However, in the absence of this option, the gaps in care (early in the morning; when primary school ends at 3.30 p.m.; late afternoon; working overtime on weekends) are usually managed by other means: primary school children look after babies and learn how to cook, young adolescents look after several children, children stay on their own. In some families, such as Dulce's family, the parents manage to cover almost all their care needs with the assistance of one older child.

Even when the children are all young, it is often the oldest child who takes on the child care responsibilities. For example, Anita, Maria's seven-year-old daughter, has school and then an after-school club during the day, but in the morning, between 6.30 and 8.30, she takes care of her three-year-old sister, gives her breakfast and dresses her (formal extensive and self-care, table 17.1). Maria works a cleaning shift from 5.30 to 8 a.m. and her husband works in the building sector and leaves for work at 6.30 a.m. (Maria also cleans a shop in the morning and is a daily in a private home in the afternoon and on Saturdays). Before Anita started going to school, the family used to pay for a babysitter to care for her in the mornings and then take the two children to day care (75 euros per month, when day care already cost 55 euros per child). As this was very expensive, they decided to 'try' and leaving Anita on her own with her sister in the early morning and on Saturday mornings when the parents worked overtime. Anita does not like staying alone; she can't sleep after the parents have left, so she usually watches TV. Maria and her husband have brothers and sisters who have also emigrated and are living in Lisbon but they all work long hours, so they have no time to help take care of the children either. As one interviewee put it:

No one is available here, everyone has to work.... So, we the Cape Verdeans, cannot reconcile the education of young children with two homelands. Not me personally, since I have managed, but I am a drop of water in the ocean. But the Cape Verdean immigrant loses her child at age 10 and many lose them at a much earlier age. They really lose them. The children are used to being alone, they run around, they finish school and get

home hours later, they don't do their homework.... (Guida, school assistant with normal hours, 39 years old, arrived in Portugal aged 8 in 1971, two elder children aged 19 and 20 from first marriage, now remarried and with seven-month-old twins; care for the twins is managed through extensive informal delegation to a paid childminder and some sharing and negotiation between the mother, the father and the two elder children involving bringing, fetching and caring for the youngest in the early mornings and evenings).

When the first-generation migrant is a first-generation single mother, the pattern of social exclusion becomes even more pronounced. Rosário, aged 26, is an example of this: Rosário was a three-year-old child when she was left with an aunt in Cape Verde. Her parents separated and both emigrated and remarried; since then, she has only seen her mother once, when she was 13. In Cape Verde, Rosário completed four years of primary school and then worked odd jobs in restaurants and in private homes. She had her first child at the age of 20 but never lived with the father of her child. It was against this background that Rosário decided to emigrate, in 1995, hoping to improve her life and earn more money. She came on her own, leaving her one-year-old daughter with her aunt, and with no relatives in Portugal who might help her. As she herself states: 'When I arrived there was no one to receive me with open arms for me to feel at home'. However, she had a contact to find work and became a maid in a private home in return for lodgings and food. After six months, she went to work in another private home, but this time for a salary.

Some time later she met a new partner and had a second child. At first the couple lived with his parents and eventually found a small rented flat of their own. However, after two years, they separated and Rosário could not afford the flat. She was taken in for three months by a friend from work (also a lone parent) and then rented a room in another immigrant's house in the slums. Rosário is so ashamed of her room in the slum that she did not tell her work colleagues where she lives. She currently works for a cleaning services company from 8 a.m. to 5 p.m., earning 350 euros per month. With this salary and a small family benefit, she has to pay her rent (100 euros), a local childminder for her daughter (100 euros), transportation, food and clothing, and try to send money to her daughter in Cape Verde. Most of the time she cannot make ends meet and runs out of money for food. She does not receive any assistance from her former partner and she has not seen her older daughter, now aged seven, for six years. She is also worried about the fact that the childminder is unreliable and sometimes leaves

the small children alone with an eight-year-old daughter. Rosário feels that she has been living in hell since her separation.

#### *Work/care strategies of second-generation worker immigrant families*

Second-generation worker families and emigrants who came as very young children have often been brought up in the types of care situations described above. They lived in shacks, income was low, care responsibilities and household tasks were distributed between the parents and the older children, and the pressure to work, in order to boost family income, was strong. Their individual and family/work trajectories, however, are not always the same. Some never finished compulsory schooling (six years until the late 1980s, nine years since then), started working when they were 12 or 13 and had children very early on. A few started working but managed to work and go to school at the same time, while others went back to school or occupational training courses later on.

Family support is another important factor in the work/life strategies of these second-generation families. Lone parents, and some couples with children, will often receive support from nuclear family members (parents or just a mother, brothers and sisters). Adolescent single mothers, if they do not leave home to cohabit with their partners, often end up in an extended family household, where brothers and sisters and a grandmother are available to help take care of the young children. This does not mean that there is no child negligence. But work/care strategies in second-generation families are more systematically associated with grandparental support or paid extensive delegation which covers the needs for child care, mainly due to parents' more normal working schedules. If we look at the work/care strategies of some second-generation families, we find the following typical situations:

#### *(a) Grandparental care*

Albina was born in Portugal (her father arrived in the late 1960s, her mother some years later) and has only had four years of school. She is 25 years old, lives with her partner, who is 32, and has two daughters, one aged 5 and the other 11 (born when Albina was 14 and still living at home). Like her parents, Albina works in the cleaning services sector from 8 a.m. to 2 p.m., Monday to Friday and her husband works in the building sector six days a week. The grandmother cares for the youngest child during the day and offers support in other situations as she is retired and lives in the same building. The older daughter goes to school on her own, but has lunch with her grandmother (who also 'keeps an eye on her' after school). The family used to live in a slum, but have since moved to two low-rent flats in a housing development project.

Another typical situation of grandparental care is linked to cases of single adolescent mothers who continue to live at home. Francisca (18 years old) is the daughter of a separated single mother with four children and is herself a single mother with a five-month-old baby. She found school work difficult, failed repeatedly and only completed the sixth grade. She began cleaning illegally as a young adolescent but has now signed a work contract in the cleaning services, earning 350 euros. She works from 9 a.m. to 5 p.m. during the week and 9 a.m. to 1 p.m. on Saturdays. Her mother (at home, with health problems) cares for the baby and another grandson (two years old) who is the son of Francisca's sister (23), another single mother living at home and working in the same firm as her sister. There are also two younger children, Francisca's brothers, who are 13 and 9 and still in school. Francisca wanted to live with her boyfriend but her mother did not allow it. They hardly see each other anymore and Francisca is disappointed that he never comes to see their baby. Her dream is to emigrate to Luxembourg.

*(b) Extensive formal care*

Dalila's parents arrived in the 1960s. Dalila, born in Portugal, is 25 and works as a media library co-ordinator in an activity centre for young people (9 a.m. to 5.30 p.m., earning 600 euros). She began work in the cleaning services sector when she was 13 to help her parents (who had five children). However, she was a good student and she decided to go to school in the evenings and managed to complete secondary school. She then had her first relationship, which only lasted a few months, but has lived for six years with her present partner (aged 40, metal worker, a first-generation migrant who has four other children in Cape Verde); the couple lives with the eldest stepdaughter, aged 19, who arrived to work in Portugal not long ago. Dalila's two-year-old son is in day care (private non-profit, open from 8.30 a.m. to 4.30 p.m., with extended care until 6.30 p.m. for mothers who need these extra hours like Dalila; it costs 52 euros per month). She brings and picks him up. Her parents live near her workplace and cared for the child until he was one year old; however, her mother has health problems, so Dalila decided to put the child in day care fairly early on.

*(c) Paid childminder (with some negotiation within the family)*

Jamila (25) and Dajaré (23) are a cohabiting couple with a six-month-old baby. They both came to Portugal as young children. Jamila was the eldest of four boys and he left school at 13 to start working; a year later, he went back to school at night and managed to finish elementary school (nine years) while continuing to work. He was employed in

the army for four years and then trained as an 'activities co-ordinator'; at present he is taking another training course on educational intervention (from 9 a.m. to 5 p.m.), and will start working again in a few months. Dajaré (secondary education completed) has a more complicated timetable with two alternating shifts (10 a.m. to 7 p.m. for two days, 5 p.m. to 12 a.m. on the other days, weekends included) in a McDonald's restaurant; she has a responsible position and earns 575 euros. Both Jamila and Dajaré have parents who could look after the baby but they live too far away. Their son is cared for by a childminder during the week (120 euros) and by Jamila in the evenings and on weekends when Dajaré is working. As a child, Jamila learned how to perform household chores and care for his younger brothers.

*Work/care strategies of student immigrant families*

The last profile involves student migration (as well as a case of 'employee migration' where the immigrant family managed to send their second-generation offspring to university). The work/family lives of these migrants contrast sharply with the patterns of vulnerability we have examined thus far. Independent motherhood is still strongly emphasised but the difficulties of atypical working hours and very low salaries no longer influence the work/care strategies. Dores and Rosa are good examples. Dores came to Portugal with a scholarship to go to university. She got pregnant two years later, had her child as a single mother, started working part-time (giving private lessons), and managed to finish her degree. She had a second child by another partner 11 years later. At the time of the interview, she was living with her two children and working full-time selling advertising space (earning 1,000 euros; she also gets child support from the father of her eldest child, a medical student she met at the university). The youngest child goes to a private nonprofit primary school (9 a.m. to 7 p.m., 95 euros); he is taken by his mother in the morning and usually picked up by his sister in the evening (extensive delegation and older child care, table 17.1). Dores has no close family members to offer her support and she is socially isolated.

Rosa came to Portugal as a young child. Her mother works as a secretary in a bank and her father, now retired, was a seaman. She studied law at Lisbon University and became a single mother when she was 32 (she never cohabited). At the time of the interview, she was living in her own flat, quite near her parents' house, and her five-year-old son was in a private sector nursery (225 euros/month), from 9.30 a.m. to 7 p.m.; occasionally, if she has to work late, a family member will babysit. She is strongly supported by her family and does not feel isolated.

To summarize, Cape Verdean immigrant families portray specific patterns of vulnerability that influence work/care strategies. Unskilled

worker migration, associated in this case with strong ethnic contrasts (racial and familial) and social exclusion (segregation in terms of housing and the labour market), shapes work/life patterns in which parents work full-time with difficult schedules and low salaries. Extensive delegation, both formal (low-cost private non-profit) and informal, is the main care solution but it does not always cover all the care needs; in other cases, the costs are too high and this leads to extreme poverty. To deal with the care gaps, families rely on the older children for care-giving whenever possible but they also ask their younger children under 10 to remain home alone or to look after even younger children. These strategies reproduce work/life patterns from previous, rural or migratory, contexts or experiences and as such as they are recognised as 'normal' solutions, which does not mean that families do not feel constrained and concerned.

Families also complain of social isolation, especially first-generation immigrants. Family support for child care rarely exists in first-generation families and, while immigrant networks are important for finding work and lending an occasional helping hand (with house repairs, for example), time for regular child care is a rare resource in all of the families and the social networks just cannot deal with this need. Finally, family life, more centred in Cape Verdean families on lone motherhood, is another factor that intensifies the pattern of vulnerability. Women in unskilled jobs tend to earn less than men and they often have atypical working hours or shift work. Unskilled first-generation single-mother families thus emerge as the most vulnerable type of immigrant family: they are seldom entitled to any special benefits;<sup>2</sup> family networks are absent and they work in low-paid jobs with long working hours.

## Conclusion

Cape Verdean immigrant families adopt a variety of work/care strategies in order to reconcile work and care for their young children. Apart from two predominant strategies – managing work and care through informal or formal 'extensive delegation' – families also rely on the regular help of an older child, leave children in the country of origin, and leave children under age 10 at home alone (self-care). Almost all of the immigrant families analysed in this exploratory research suffer from the low availability of close kin support networks, due to the extreme pressures of work, and from one or various integration problems: these are usually related to social isolation, bad housing and problems arising from low-paid, unskilled jobs with long and atypical working hours.

However, patterns of vulnerability and work/care strategies vary according to the migration pattern of the immigrant families. Unskilled worker-migrant families, especially first-generation migrant families, seem to be the most vulnerable. Pressures to work and from work – such as the migration project, low income, atypical or long hours and the pressure to not miss work – are the main constraints on family/work life and care strategies for children. Given their low incomes, these families must find low-cost formal care arrangements with long opening hours at either public or private day care facilities, or informal care based on childminders or family members. However, although most labour migrant communities have important social networks which provide support in some situations, interviews show that these informal networks often fail to provide support for child care. This is because time is scarce for all of the labour migrant families involved, and also because grandparents, the main child care providers (see Wall et al. 2001), are often absent. As a result, work/care strategies in Cape-Verdean first-generation immigrant families fall systematically into three main categories: informal extensive delegation to paid childminders (usually cheaper and offering more flexible hours but not always reliable), extensive delegation to formal day care services, providing it is affordable and available, and care strategies that rely on older children to care or on self-care (leaving children below age ten alone), usually before and after school hours or on Saturdays when parents are both working overtime.

Family structure (couples versus lone parents) is another important factor in the more vulnerable types of migration, such as first-generation unskilled-worker migration: it is here that single parents with young children are more exposed to social exclusion and to child negligence.

Second-generation migrant worker families often suffer the same type of constraints as first-generation families, such as pressures from long or atypical working schedules, low qualifications, poor housing, and few resources. Nevertheless, findings show that they seem to be more consistently associated with grandparental care and less associated with child negligence. Slightly higher qualifications, more normal working hours (of at least one family member) or some family support are often sufficient to produce work/care strategies that manage work and care without child negligence.

Student migration and 'employee' migration present patterns of vulnerability that are less striking compared to labour migrant families. Work/care strategies also emphasise the formal extensive delegation of care but higher qualifications and resources make access to day care centres, schools and after-school activities easier, thereby ensuring that

younger children are cared for even if their parents are working long hours.

A final comment relates to some policy implications of these findings. First, it is important to underline the need to take into account the diversity of immigrant families. Within this broad category, there are many different worlds: different migration projects and trajectories, diverse family patterns and work/life strategies, variable resources to cope with the difficulties of managing work and care. However, if we focus on the most vulnerable immigrant families – unskilled-worker migrant families as well as single parents within this category – findings seem to point to the still inadequate regulatory functioning of the welfare state in the protection of these families with low-paid jobs and child care responsibilities. For example, in terms of child care, it is important to analyse the types of facilities provided by public or publicly-subsidised child care and schools. These are often inflexible, have gaps in their opening hours or close early. Labour migrant families usually need low-cost as well as responsive child care services which take into account their income and family-unfriendly working hours.

Another policy implication relates to the problem of close-kin networks. Although the social networks of economic migrant communities cannot respond to the families' child care needs, some families are able to bring close kin to help care for their younger children. Interviews show that this latter solution is not always easy to implement and thus, in the future, will mainly depend on family reunification policies that facilitate the participation of elder relatives.

Finally, another major challenge in terms of social policy lies in gender inequalities in terms of care pressure within the family and in terms of the labour market. Gender inequality in immigrant families with low-paid jobs is not easy to tackle. It involves looking at women's training and educational opportunities, their access to the labour market (and to legalised work) when they arrive in the host society, the wages and working hours in the employment sectors in which they work as well as the support mechanisms concerning child care. Policy development with regard to working-immigrant single mothers, particularly in Portugal, where single parents do not receive any extra attention and support, is also an important issue.

## Notes

<sup>1</sup> In this chapter, I use the results of the SOCCARE Project (New Kinds of Families, New Kinds of Social Care). The project was coordinated by Jorma Sipilä and subsidized by the EC within the Fifth Framework Programme. The Portuguese team included Karin Wall,

José de São José and Sónia V. Correia. National and Synthesis Reports of the project may be found at: [www.uta.fi/laitokset/sospol/soccare](http://www.uta.fi/laitokset/sospol/soccare).

<sup>2</sup> In Portugal, single parents with young children have some extra tax benefits but no special allowances. This means that single parents are expected to work. They indeed have a very high rate of employment (in 2001, 73 per cent of single mothers were employed).

## References

- Crompton, R. (ed.) (1999) *Restructuring Gender Relations and Employment*. Oxford: Oxford University Press.
- Daly, M.; Lewis, J. (1998) 'Introduction: Conceptualising Social Care in the Context of Welfare State Restructuring', in *Gender, Social Care and Welfare State Restructuring in Europe*, J. Lewis (ed.), Ashgate: Aldershot, pp. 1-24.
- Dulk, L. den; Doorne-Huiskes, A. van; Schippers, J. (eds.) (1999) *Work-family Arrangements in Europe*. Amsterdam: Thela Thesis.
- Hantrais, L. (1990) *Managing Professional and Family Life. A Comparative Study of British and French Women*. Aldershot: Dartmouth Publishing Company.
- Machado, F.L. (2000) *Contrastes e Continuidades: Migração, Etnicidade e Integração dos Guineenses em Portugal*. Oeiras, PT: Celta.
- SOCCARE project, National and Synthesis reports: [www.uta.fi/laitokset/sospol/soccare](http://www.uta.fi/laitokset/sospol/soccare).
- Wall K.; Aboim, S.; Cunha, V.; Vasconcelos, P. (2001) 'Families and Support Networks in Portugal: The Reproduction of Inequality'. *Journal of European Social Policy* 11(3): 213-233.
- Wall, K.; São José, J. (2004) 'Managing Work and Care: A Difficult Challenge for Immigrant Families'. *Social Policy and Administration* 38(6): 591-621.