

THE COLONIALITY OF CARE: HOW EUROPE IS REVIVING COLONIAL LABOUR TO SUSTAIN ITS AGEING SOCIETIES

ARTICLE

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There is a quiet colonial logic at work in the homes of Europe's elderly. The woman who bathes an old man in Madrid, the carer who helps a dementia patient in a London care home, the childminder who spends her days in a Parisian apartment - chances are she comes from a country that was once colonised by the very society she now sustains. This is not coincidence. It is becoming policy.

Across the United Kingdom, Spain and France - as well as other European countries - governments are increasingly turning to migrants from former colonies to fill a gaping hole in their care and healthcare sectors. In doing so, they are not simply responding to labour market pressures. They are reactivating - and in some cases deepening - colonial hierarchies that never fully disappeared. I call this the *coloniality of care*: the re-organisation of care labour in contemporary Europe through enduring asymmetries rooted in colonial history, now repackaged through 'managed' migration policy.

The numbers are striking

Since 2022, when the UK government created a dedicated visa route for care workers, more than 200,000 migrants have arrived to fill roles across health and social care. By March 2024, over 60% of all Skilled Worker visas were going to health and care occupations - with care workers alone accounting for nearly 40% of that total.¹ What is telling is not just the volume but the geography: where the UK once relied on EU workers, it now recruits overwhelmingly from non-European countries, and disproportionately from former British colonies.²

France tells a similar story. Around one in five workers employed in private households in France was born abroad - double their share of the overall workforce. The segmentation is striking in its precision: 25% of childminders were born in Algeria; 21% in Morocco; 13% of childcare workers come from Ivory Coast. These are not random distributions. They trace the lines of former empire.³ And France is now formalising this further, revamping bilateral

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¹ <https://migrationobservatory.ox.ac.uk/resources/briefings/work-visas-and-migrant-workers-in-the-uk/>

² <https://migrationobservatory.ox.ac.uk/resources/briefings/migration-and-the-health-and-care-workforce/>

³ <https://observatoire.fepem.fr/publication/barometre-n37-les-salaries-immigres-dans-le-secteur-de-lemploi-a-domicile/>

cooperation agreements with former African colonies specifically to recruit workers in labour shortages sectors (particularly healthcare).⁴

In Spain, the dynamic is slightly different but equally revealing. Roughly 840,000 undocumented migrants currently live in the country, of whom around 760,000 - the overwhelming majority - originate from Latin America: 290,000 Colombians, 110,000 Peruvians, 90,000 Hondurans. Spain is now proposing to regularise more than 500,000 of them.⁵ This is presented, in part, as humanitarian. But the timing is not incidental: the private care sector estimates it could absorb 160,000 care workers immediately - a figure that maps almost exactly onto the sector's labour shortfall. Regularisation is, at least in part, a strategy to address labour shortages in care.⁶

Colonial ties never really ended

The dominant story in migration studies has tended to treat post-colonial labour migration as a chapter that closed in the 1970s, when most European countries ended active recruitment from former colonies. After that, labour mobility was reframed as a function of neoliberal globalisation: people moving for economic opportunity, no longer because of enduring imperial ties. But this narrative was always incomplete. Colonial relationships continued to shape who moved where, in what conditions, and for what wages.

The concept of 'coloniality of power', developed by Latin American scholars Aníbal Quijano,⁷ Enrique Dussel and Ramón Grosfoguel,⁸ captures precisely this: the persistence of asymmetric power between former colonisers and colonised long after formal independence. Crucially, this was always also a coloniality of labour. As Quijano put it, the racial division of labour constructed by European colonialism has been a core mechanism of labour control, historically.⁹ That division was always gendered too. Colonial and post-colonial male migrants went into mines, construction, and agriculture. Women went into private households, hospitals, and care.¹⁰

What we are witnessing today is a significant shift in that pattern - not a rupture from it. Post-colonial immigration until the 1980s was mostly male and directed at manufacturing and construction. Today's post-colonial immigration is mostly female and directed at care. This is not simply a demographic change. It reflects a fundamental reorganisation of European economies in general and social reproduction in particular - of who does what work, including the crucial work of sustaining human life - in which colonial hierarchies are being updated rather than dismantled.

⁴ <https://www.immigration.interieur.gouv.fr/Immigration/Les-accords-bilateraux/Les-accords-bilateraux-relatifs-a-la-mobilite-professionnelle>

⁵ <https://www.infomigrants.net/en/post/71659/spain-study-finds-that-immigration-is-not-the-solution-to-ageing-population-and-falling-birth-rates>

⁶ <https://www.infomigrants.net/en/post/69992/spain-care-sector-looking-to-employ-160000-newly-regularized-migrants>

⁷ <https://www.dukeupress.edu/anibal-quijano>

⁸ <https://keywords.sites.ucsc.edu/2023/10/13/coloniality-of-power/>

⁹ Quijano, A. (2000). Coloniality of Power and Eurocentrism in Latin America. *International Sociology*, 15(2), 215-232.

¹⁰ Farris, S. R. (2015). Migrants' Regular Army of Labour: Gender Dimensions of the Impact of the Global Economic Crisis on Migrant Labor in Western Europe. *The Sociological Review*, 63(1), 121-143.

Care cannot be easily automated

Why is this happening now, with such renewed intensity? Several structural pressures converge. European populations are ageing rapidly. The flow of female migrants from Eastern Europe that previously supplied care labour to Western Europe is slowing, at least in some countries. And, crucially, care is one of the very few economic sectors that resist automation.¹¹ As the Global North races toward AI-driven restructuring, the intimate, physical and relational work of caring for another human body remains stubbornly resistant to replacement by machines.

This creates a structural dependency that governments are trying to solve also by reaching back into old colonial networks. Former colonies offer what neoliberal migration policy prizes: workers who are culturally proximate through shared language or religion, who carry lower 'integration costs' in the eyes of employers and states, and who can be recruited through bilateral frameworks inherited from imperial administrations. Spain's preference for Latin American women in care roles – shaped by what scholars have called a collective imaginary of these women as naturally suited to domestic and care work¹² – is only the most explicit version of a dynamic playing out across the continent.

Care extractivism

The feminist scholar Christa Wichterich's concept of 'care extractivism' captures what is at stake with uncomfortable clarity.¹³ Extractivism, in its original sense, refers to the reckless exploitation of natural resources – treating them as infinite and freely available. Care extractivism applies the same logic to human reproductive and affective labour: treating the care capacity of women in the Global South as an endlessly renewable resource, to be drawn upon whenever the Global North faces a crisis of social reproduction.

The parallel is not merely metaphorical. Just as colonial powers extracted raw materials from the colonies to fuel industrialisation in the metropole, contemporary European states are extracting care labour from former colonies to sustain ageing populations at home – without adequately compensating sending countries for the social investment they have made in those workers, and without addressing the care deficits left behind in communities that lose their own carers to emigration.

Europe is facing a genuine care crisis – one that will only intensify as its populations age. The challenge of providing dignified, affordable care for millions of elderly and dependent people is real and urgent. Migration is set to be inevitably part of any response. But on what terms, with what rights, and through what politics?

By proposing the framework of the coloniality of care I insist that those terms cannot be set without acknowledging the structural conditions in which they operate. When Spain regularises

¹¹ Farris, S. R., & Bergfeld, M. (2022). Low-skill no more! essential workers, social reproduction and the legitimacy-crisis of the division of labour. *Distinktion: Journal of Social Theory*, 23(2-3), 342-358.

¹² Gutierrez Rodriguez, Encarnacion. (2014). Domestic work–affective labor: On feminization and the coloniality of labor. *Women's Studies International Forum*, 46. 10.1016/j.wsif.2014.03.005

¹³ Wichterich, C. (2020). Who Cares about Healthcare Workers? Care Extractivism and Care Struggles in Germany and India. *Social Change*, 50(1), 121-140.

undocumented Latin Americans to fill care vacancies, when France revives agreements with former African colonies to recruit nurses, when the UK redirects care recruitment from the EU to former British colonies - these are not neutral, technocratic responses to demographic and societal change. They are decisions that are reproducing and deepening colonial dependencies, even as they are framed in the language of humanitarianism, economic necessity, or managed migration.

In other words, European states are treating migrant care workers from former colonies as units of labour that can be endlessly exploited, with no consideration for the care drain that affects their country of origin. Just like colonialism operated through the extraction of natural resources and labour, current global care chains are also being reconfigured as (post)colonial care chains, whereby European migrant systems resemble more and more the guest worker systems of the 1950s-1970s, though this time dominated by female migrants.

The crisis of care in Europe (and globally, in fact) is real. But solving it by outsourcing its costs to women from former colonies, or the Global South more generally, under conditions of extreme precarity, exploitation and gendered racism is only a continuation of extractivism by other means.