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a r t i c l e s

Global Care Chains

CRITICAL REFLECTIONS AND LINES OF ENQUIRY

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Abstract

This article critically examines the utility of the 'global care chain' concept and considers various modifications required to that concept in order to render it a major generative force in feminist and non-feminist research. By way of progressing this research agenda, the discussion critically evaluates the possibilities and limitations of a more rigorous application of global commodity chain analysis, from which the global care chain concept is presently only loosely derived, to transnational care services. The incompatibility of (non-feminist) commodity chain analysis and (feminist) care chain analysis, together with the weaknesses in each of these bodies of analysis, requires the integration of a range of modifications into a revised global care chain framework. These modifications involve foregrounding transnational labour networks and applying an engendered global commodity chain perspective to the analysis of these networks as well as broadening the application of the global care chain concept to embrace a variety of groups and settings. Further research required to progress the development of this field of study is outlined.

Keywords

care, global care chain, global commodity chain, labour, migration

INTRODUCTION

The 'global care chain' concept (Hochschild 2000: 131) constitutes an important innovation in theoretical constructions of the relationship between 'globalization', migration and care. This concept refers to the 'series of personal links between people across the globe based on the paid or unpaid

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work of caring'. It captures the significance of transnational care services and the international division of reproductive labour as integral features of the contemporary international economy that are otherwise neglected: by 'globalization studies' due to its fixation on states, markets and paid labour; by 'migration studies' which has failed to take account of the importance of gender roles and identities to household strategies, networks and transnational migration; and by 'care studies' which, although fully conversant with the importance of domestic care economies and the divisions of paid and unpaid care work, pays little attention to the transnational processes having an impact on these.

The basic premise of this article is that the global care chain concept is a useful construct with which to analyse the globalization–migration–care nexus. However, the concept requires further theoretical and conceptual development in order that its potential as a generative force for research into this nexus may be fully realized. By way of contributing to a new interdisciplinary research agenda, this article undertakes the first stage of this developmental work. It does so by drawing on the global commodity chain concept, from which the global care chain concept is presently only loosely derived. I argue that although the global commodity chain concept offers a useful framework for analysing transnational production processes, it does not directly lend itself to a comprehensive analysis of the care services sector. Similarly, the global care chain concept suffers from its lack of embeddedness in a critical international political economy perspective and from its narrow application to just one group of migrant care workers. The discussion accordingly outlines a range of modifications required for a revised framework that integrates the strengths of global care chain and global commodity chain analyses while addressing their original weaknesses. The resultant conceptual model provides a workable basis for advancing research on the transnational care services economy and, over the longer term, contributing to the development of a feminist theory of services globalization.

The discussion opens by specifying what is meant by the concept of 'care' and the care service economy and discusses the limits to the commodification of care services (section one). It then proceeds to affirm the validity of the global care chain concept as a means of analysing the globalization–care–migration nexus but notes the weaknesses in its present application (section two). The following section (three) attends to the global commodity chain concept, outlining the key tenets of orthodox global commodity chain analysis, discussing its present limited applicability to transnational care services and reviewing feminist critiques of it. Section four addresses how the application of global care chain analysis can be broadened. Section five presents a revised conceptual model that integrates the concerns of both global care chain and global commodity chain analyses. The article concludes by summarizing the key points of discussion and indicating various research challenges that lie ahead.

'CARE' AND THE LIMITS TO ITS COMMODIFICATION

The concept of 'care' covers a range of tasks and activities to promote the personal health and welfare of people who cannot, or who are not inclined to, perform those activities themselves. This definition is able to accommodate an incredibly wide range of activities, ranging from highly intimate social, health and sexual care services to less intimate ones such as cooking, cleaning, ironing and general maintenance work. Because of this diversity, a more restricted interpretation of care is often employed, referring to 'custodial or maintenance help or services, rendered for the well-being of individuals who *cannot* perform such activities themselves' (Waerness 1985, in Hooyman and Gonyea 1995: 3, emphasis added), typically ill, disabled, elderly and young people (Daly 2002).[1] A major distinction made in care studies is between physical labour ('caring for') and emotional labour ('caring about') (Hooyman and Gonyea 1995; Lynch and McLaughlin 1995). 'Caring for' someone refers to the performance or supervision of tasks involved in 'catering for the material and other general well-being of the one receiving care'; such tasks include cooking, cleaning, washing, listening and healing. 'Caring about' someone refers to 'having affection and concern for the other and working on the relationship between the self and the other to ensure the development of the bond' (Lynch and McLaughlin 1995: 256–7); it entails a set of perspectives and orientations, often integrated with tasks, such as looking out for, and looking after, the other (258–9).

Although care is clearly a key element of social reproduction, it has not been a generative force for mainstream social science in the way that it has been for feminist social science. A major reason for this is that the activities involved in care mostly fall outside the sphere of market production and are performed by women. Although women do not have a monopoly on paid or unpaid reproductive labour, they do provide most of it on an unpaid basis in their capacity as family members. Indeed, the informal sector is the most important in terms of quantity of care provided, and 'when families do use formal services, it is usually as a supplement to or a brief respite from what they continue to provide' (Hooyman and Gonyea 1995: 3). Although the 'care mix' varies depending on the countries involved and the type(s) of care required (O'Connor *et al.* 1999), welfare institutions mostly presume, sometimes partially support, but rarely fully recognize and reward the social and economic value of care labour, and this has major consequences for the immediate and long-term welfare of carers (Daly 2002).

One reason why so much care is provided informally is because although the physical tasks involved in non-intimate care labour (e.g. cooking, ironing, cleaning) and intimate care labour (e.g. counselling, bathing) can be more readily provided on a rational contractual basis, the emotional labour involved in developing solidary relations cannot (Lynch and McLaughlin 1995). Of course, this alone does not explain why the physical tasks that can be 'outsourced' are overwhelmingly provided informally and by female relatives,

but this distinction between 'caring for' and 'caring about' does indicate the difficulties of, and limits to, commodifying care. As corporate nursing care providers have discovered, it is difficult to bill customers for 'time to listen to somebody's story, time to hold their hand, time to comfort somebody who is feeling troubled' (Eaton 1996: 7, cited in Folbre 2002).

Indeed, the extent of commodification is constrained by the type of care labour involved ('caring about' being not amenable to commodification) as well as by cultural norms. On this latter point, Lan (2002) notes in the Asian context the persistence of cultural norms that care for ageing parents will be provided 'in-house' by (female) family members as being a particular impediment to the outsourcing of care. Corporate care providers (whether domestic or foreign) must also compete with informal outsourcing arrangements, such as the ayah system in India – a tradition of informal domestic care provided on a live-in basis by young females from poorer families to middle-class households.

THE 'GLOBAL CARE CHAIN' CONCEPT

While care services are predominantly financed, organized and provided on a local basis, internationalization strategies of households, corporations and states have created a buoyant international care service economy. This economy cannot be said to be 'globalized' since it is characterized by exchange between relatively distinct national economies and governed by national-level processes (Hirst and Thompson 1996; World Trade Organization 1998), but it does exhibit certain globalizing tendencies as evidenced by, for example, international corporatization processes in the commercial and voluntary care sectors (Smillie 1995; Holden 2002; Stubbs 2003) and international care labour recruitment and supply processes. It is in the context of these internationalization strategies that Hochschild's (2000) global care chain concept is situated. This concept refers to 'a series of personal links between people across the globe based on the paid or unpaid work of caring' (131) which Hochschild illustrates with examples drawn from the international trade in domestic workers. This literature typically points to the massive and increasing demand for migrant domestic workers throughout wealthier countries of the world, the supply of domestic workers by less wealthy ones, the ways in which these transfers are structured by social class, ethnicity and 'race' as well as by gender, and the existence of an international division of reproductive labour (Lycklama 1994; Anderson 1997, 2000, 2001; Chang and Ling 2000; Parreñas 2000, 2001; Lutz 2002).[2]

Global care chains, Hochschild argues, are typically comprised of women supplying their own care labour while consuming other women's care labour, both paid and unpaid. Hochschild's focus lies with domestic workers, specifically nannies, so she describes a global care chain as typically entailing:

> an older daughter from a poor family who cares for her siblings while her mother works as a nanny caring for the children of a migrating nanny who, in turn cares for the child of a family in a rich country.
>
> (2000: 131)

This emphasis on the transnational provision of motherly care means that the global care chain concept captures 'the global links between the children of service-providers and those of service-recipients' (132). Global care chains do more than demonstrate the connections between personal lives and global politics; they elucidate the structures and processes that reflect and perpetuate the unequal distribution of resources globally. Global care chains reflect a basic inequality of access to material resources arising from unequal development globally but they also reinforce global inequalities by redistributing care resources, particularly emotional care labour, from those in poorer countries for consumption by those in richer ones. Thus, the emotional labour involved in caring for children of parents further down the chain is displaced onto children of parents living further up it. Global care chains, then, are a mechanism for extracting 'emotional surplus value': Hochschild suggests that the US' import of maternal love is resulting in the 'Beverly Hills child getting ''surplus'' love' (136).

Hochschild's concerns lie primarily with the transnational dimension of care labour provision so she emphasizes that many care chains start in poor countries and end in rich ones, sometimes via an intermediate country, but she also acknowledges that care chains can start and end within a national territory (e.g. rural to urban care labour migration). Global care chains vary in terms of the number of links, the socio-geographical spread of the links and the intensity of their connective strength (2000). Thus, some chains have just one link, others have two or three. Hochschild did not expound on what makes a care chain global, as opposed to 'merely' cross-border (Mexican domestics to the USA; Albanian servants to Italy; Peruvian maids to Chile; Irish domestics to Britain) or regional (Polish domestics to Ireland; Thai servants to Singapore), but the fact that she draws heavily on Parreñas' (2001) research on the Philippine–USA and Philippine–Italy trade suggests that a care chain qualifies as a global care chain if the territorial links are transregional.

Hochschild's global care chain concept presents a new perspective that has the potential to integrate research in the distinct fields of globalization, care and migration studies. However, as with any new concept it requires further development in order fully to realize this potential. The present weaknesses in the concept are at two levels. First, Hochschild appeared to derive the global care chain concept from global commodity chain analysis,[3] but did so only loosely, applying some of its key tenets to the transnational nanny trade. The various nodes and links within this transnational transfer are inadequately articulated, as are the relative importance of material and non-material factors in structuring the care chain. Second, the concept is narrowly applied

to just one group of migrant care workers, namely unskilled domestic servants providing social care services in individualized household settings in a contemporary context. While I am not disputing the significance of the international trade in this group of care workers, the robustness of the global care chain concept would be greatly strengthened by its broader application to other groups of migrant care workers in different care contexts and over different historical periods. Progressing the theoretical basis of the global care chain concept thus entails a more rigorous application of global commodity chain analysis to an expanded range of services within the care sector as a whole. This work inevitably entails modifications to both the global commodity chain and the global care chain concepts. The remainder of this article focuses on the kinds of modifications needed to both concepts, beginning with global commodity chain analysis.

EMBEDDING GLOBAL CARE CHAINS: THE CONTRIBUTION OF GLOBAL COMMODITY CHAIN ANALYSIS

This section critically reviews the origins and tenets of global commodity chain analysis, identifying its current strengths and weaknesses and the specific problems arising from its application to the care services sector. Although I assert the utility of this framework for analysing transnational production and consumption, I argue that the direct application of global commodity chain analysis to care services is limited by the focus of this framework on the production of goods for the market. Accordingly I outline some basic modifications required to render global commodity chain perspective useful for analysing care services.

Origins and Tenets of Global Commodity Chain Analysis

Global commodity chain analysis developed as a world-systems analytical tool for mapping the global mechanisms of unequal exchange. World-systems theory seeks to 'analyse long-run/large-scale social change by combining the study of society-level processes with the study of intersocietal and transocietal relations' (Chase-Dunn 1989: 1). Specifically, it attempts to account for the global spread of the capitalist economic system and the effects of this system on capitalist and non-capitalist societies alike (Wallerstein 1979, 1984; Hopkins and Wallerstein 1986). World-systems theory holds that the modern world-system is global in so far as, first, capitalism is organized globally rather than nationally, second, it is characterized by a single international division of labour and, third, almost all humans are linked to it by virtue of their participation in economic and political networks that connect every continent (Chase-Dunn 1989: 2). As the modern world is conceived of as comprising one inter-linked entity, nation states and societies are properly

understood by 'taking into account the systematic ways in which [they] are linked to one another in the context of a larger network of material exchanges' (1–2); these links are structured in the form of unequal and exploitative relations of domination and dependency. While such relations are a feature of all class-based systems, in world-systems theory these relations are expressed in a global hierarchy comprised of dominant core areas, dependent peripheral areas and intermediate semi-peripheral areas. A core area is one in which most of the production activity uses capital-intensive technology and skilled/highly paid labour; in peripheral areas raw materials are produced using low capital-intensive technologies and low-skilled/low-paid labour; in semi-peripheral areas there is either a relatively balanced mix of core and peripheral production or production is predominantly at intermediate levels of capital intensity and labour remuneration (205, 346–7; O'Hearn 2002).

Global commodity chain analysis focuses on the ways that transnational labour and production processes and trade exchanges resulting in a commodity for final consumption materially connect economies, firms, workers and households into the contemporary world economy (Hopkins and Wallerstein 1986; Chase-Dunn 1989; Gereffi and Korzeniewicz 1994). Its main concerns are with tracing the emergence and consequences of a global manufacturing system in which economic integration encompasses co-ordinated but internationally dispersed activities involved in the production of a finished commodity (Raikes *et al.* 2000: 3).

There are three elements to global commodity chain analysis. The first of these elements is the structure of inputs and outputs, which refers to the various 'nodes' involved in the production of a finished commodity. Each 'node' represents a specific production process linked together in a sequence (chain) in which each stage adds value to its predecessor. Global commodity chain analysts typically identify these production processes as entailing input acquisition, manufacturing, distribution, marketing and consumption. The second element is territoriality, which refers to the geographical spread of networks of organizations involved in the production of a finished commodity. The extent to which these networks are globally dispersed or concentrated varies for each product. The third element of global commodity chain analysis is the structure of governance. Each chain exhibits an internal and external governance structure determining the conditions of firms' participation in the production of any given commodity, their position in the commodity chain, their relationship to other firms within the chain and their mobility therein. These governance structures ultimately determine the allocation of financial, material and human resources within that chain (Gereffi 1999; Snyder 1999; Raikes *et al.* 2000). Gereffi (1994) distinguishes between two types of internal governance structure: producer-driven chains in which the system of production is controlled by large integrated industrial enterprises (e.g. automobile industry), and buyer-driven chains in which production networks are decentralized and power rests with large retailers, brand-name merchandisers and trading companies (e.g. textiles). Commodity chains are also structured

by external forms of governance; that is, by the regulatory contexts in which production occurs. These contexts entail institutions, laws, norms and procedures at different sites and levels and in various settings (Gereffi 1999; Snyder 1999). Over the last twenty years, global commodity chain analysis has been applied to the production of various 'global products', such as cars, aircraft, toys, electronics, apparel, shipbuilding, drugs, fruit, vegetables and grain. Commodity chains for each product have been shown to exhibit different patterns of organization, competition and power relations, and produce different patterns of wealth distribution within and between countries and regions.

The Applicability of Global Commodity Chain Analysis to Care Services

For all the many strengths of global commodity chain analysis its suitability as an analytical tool to chart international integration in the care services sector is questionable as its primary concern is with industrial production of goods not services. The deep differences between manufacturing and services (summarized in Table 1) raise issues in applying global commodity chain analysis to services. These differences suggest that international economic integration of services generally and care services in particular can be expected to proceed quite differently from that charted in manufacturing. The nature of service production requires the proximity of producer and consumer and the immediate consumption of that service. This renders the physical relocation of production away from the site of final consumption (as in commodity production) (practically) impossible. Admittedly, partial exceptions do exist, mainly in 'niche' markets: changes in technology allow some services to be provided from a distance, but the services involved tend to be high-end service activities in core 'niche' markets or involve routinized support systems (e.g. accounting, auditing, data processing, consulting and

Table 1 Differences between manufacturing and services production

	Manufacturing	*Services*
Nature of commodity produced	Tangible	Intangible
Site of production	Company's own site	Company's own site and service consumer's site
Number of sites	Limited	Extensive
Processing stages	More stages, more complex	Fewer stages, less complex
Capital/labour intensity	More capital-intensive, less labour-intensive	Less capital-intensive, more labour-intensive
Transport	Links production nodes, distributes end product	Takes labour and equipment to delivery site

banking). In the case of personal care 'niche' markets, service transnationalization can take the form of consumption abroad, relocating consumers to the point of service provision (e.g. temporary emigration of consumers to avail of 'exotic' sexual services or certain health care services), but even here the requirements of immediate consumption and proximity remain.

The existing problems with applying global commodity chain analysis to the services sectors are compounded by the further differences involved in care services. Services are traditionally defined as those that directly facilitate commercial operations (e.g. insurance, banking, transport, legal, storage and communication), a definition which excludes human services, such as care services, because the transactions involved in them do not 'add value', at least, that is, in the market exchange sense of the term. It is therefore perhaps no surprise that on the rare occasions when services have been the focus of global commodity chain enquiry (Rabach and Kim 1994), the services included are mainstream ones (research and development, telecommunications, product design, marketing and sales) and are examined in terms of their role in integrating and co-ordinating internationally dispersed goods production rather than as a commodity chain in their own right.

The main problem, however, is that global commodity chain analysis is concerned with the sphere of market production, whereas care services pertain to the sphere of reproduction encompassing both market and non-market spheres. Thus, while global commodity chain analysis focuses on industrial production of 'things', care services entail the physical and social (re)production of 'beings' and the solidary-affective bonds between them (Hochschild 2000). In addition, global commodity chain analysis' commercial focus leads it to stress the contractual linkages of formally independent firms, whether as a result of 'out-sourcing' activities previously integrated within transnational corporations or contractual subordination of suppliers previously linked through 'open market' transactions (Raikes *et al.* 2000). This focus is problematic for care services since the majority of such services are not produced by for-profit firms, but by governments, non-profit organizations and especially households operating outside of the commercial sphere. This is not to deny the existence of commercial care providers or of international linkages in commercial care service provision, but only to point out that the production and exchange of the majority of care services entails neither corporations nor commercial transactions.

This review suggests that orthodox global commodity chain analysis is unsuited to elucidating global integration in the care services sector due to problems relating to the focus of orthodox economic analysis generally on market production and exchange and the focus of global commodity chain analysis specifically on industrial production by firms, and the consequent neglect of services and household production. These problems have been central to the feminist critique of global commodity chain analysis. Thus, Carr *et al.* (2000) emphasize the failure of global commodity chain analysts to recognize informalization as integral to the globalization of production in

the manufacturing, agriculture and forestry sectors. They point out that although home-based work (own-account work and industrial outwork) constitutes a significant source of employment for men and especially women in many parts of the world, and a predominant share of the workforce in textiles, garments, leather, carpet-making and electronics industries – and increasingly in service industries (notably telework) – orthodox global commodity chain analysts have neither positioned the household as a site of production within commodity chains nor theorized the relationship between household production and the transformation of commodity chains (Carr *et al*. 2000: 127–8. See also Mies 1986; Elson 1998).

The failure of orthodox global commodity chain analysts to recognize even household-based market production leaves little hope of their integrating the household as a key site of unpaid reproductive labour. Although Gereffi *et al*. (1994) have admitted that the household is insufficiently developed in global commodity chain analysis, there has been little attempt by Gereffi or by other orthodox global commodity chain analysts to adapt their framework in the light of this acknowledged analytical failure. In any case, Gereffi *et al*.'s (1994) proposal to integrate households as one factor shaping transformations in industrial production (through their effects on the availability of labour and consumption patterns) fails to recognize the importance of household reproductive labour in sustaining that production at every node in the production processes and networks constituting commodity chains. As Dunaway (2001: 10) argues, before the expropriations underpinning the inequitable division of surplus among the core, semi-periphery and periphery can occur 'the commodity chain structures the maximal exploitation of underpaid and unpaid labor' flowing from the subsistence, informal and illegal economies. This unequal exchange is 'embedded in the gendered relations of households'. These relations underpin the production of surplus between every node in the network as well as within every node, and are as essential to understanding the transnational basis of capital accumulation as waged labour undertaken in the firm or factory or the territorial basis of production.

Integrating gender concerns about care into global commodity chain analysis begins by embedding commodity production processes in the social relations that underpin them. This means privileging both productive and reproductive labour in production processes:

> We need to re-embed commodity chains in the everyday lives of the laborer households at every node in the chain. We must think of the commodity chain as first and foremost an inter-connected network of nodes at which human laborers and natural resources are (a) directly exploited and/or (b) indirectly exploited (c) to permit surplus extraction by a few.
>
> (Dunaway 2001: 11)

This emphasis on labour, both productive and reproductive, on material and non-material inputs and on unequal household relations in the production process represents an enormous advance on orthodox global commodity

chain analysis as regards its ability to capture the range of inputs into global commodity chains, the conditions under which these inputs occur and the distributive outcomes of these chains. Although Dunaway was not only concerned with reproductive care labour, this labour is clearly a major feature of an expanded, engendered analysis of commodity production. She did not, however, address the issues involved in applying global commodity chain analysis to the services sector or propose that care services be approached as a commodity chain in their own right.

Integrating the various absences noted in orthodox global commodity chain analysis into an expanded commodity/care chain theoretical framework is the most urgent task for those who wish to apply global commodity chain analyses to the care sector. To recap, global care chain analysis requires a more rigorous application of the tenets of global commodity chain analysis while the application of orthodox global commodity chain analysis to care needs to take account of the specificity of the care services sector and role of reproductive labour in commodity chains. Dunaway offered a partial solution to the problems of orthodox global commodity chain analysis by integrating the household into this analysis; however, like Hochschild, she did not consider the issues involved in analysing the care services sector as a whole. It is to this question that the discussion now turns, focusing as it does on how the application of global care chain analysis can be broadened prior to the presentation of a revised framework for analysing integration in the care services economy.

BROADENING GLOBAL CARE CHAIN ANALYSIS

In my review of Hochschild's global care concept I drew attention to a major weakness in the scope of the concept. This weakness derives from its narrow application to a particular group of migrant care workers – namely childcare workers in contemporary, individualized social care settings. I suggested that the narrowness of this application needs to be addressed since Hochschild's group, although significant, may not be typical/representative of all migrant care workers. In addition to the other modifications required, a revised global care chain framework therefore also has to capture the diversity of care workers and care contexts.

I suggest that there are five main ways of broadening the application of the global care chain concept. Specifically, a revised framework must embrace other migrant care labour groups (1) situated at different levels in the skill and occupational hierarchies (semi-skilled and skilled in addition to unskilled), (2) of different family types (married/non-married (gay or straight), with/out children, with/out extended family), (3) working in institutional as well as individualized household settings and (4) providing different types of care (health, education and sexual services as well as social care services). The fifth aspect concerns the necessity of locating contemporary trends in their historical context. On the last of these points, Hochschild's focus lies on the

contemporary domestic care services economy, but a substantial transnational care service economy can be dated back to (at least) the nineteenth century when it contributed to industrialization processes in both care labour exporting and importing countries (Katzman 1978) in ways that have been observed in the contemporary industrialization strategies of certain Asian countries (Huang and Yeoh 1996; Chin 1998). The differences and similarities between global care chains, say, a century ago compared with those that exist today are important if the concern is not just to map the spread and structure of these chains but also to understand their transformation over time and the confluence of factors that bear on this transformation. Future global care chain research will undoubtedly reveal further variables to be introduced into the analysis, but broadening the application of the care chain concept in these five ways would better capture the wide variety of care settings and types of migrant care labour as well as the different conditions under which this labour is performed.

This expanded framework would yield some useful insights into the provision of transnational care services by encompassing groups as diverse as nurses, nuns and sex workers, in addition to cleaners and nannies, and eliciting a variety of care chain structure types. For example, global care chains involving nurses working in institutional residential and non-residential settings for public authorities or commercial corporations can be expected to differ from those involving nannies working in domestic settings and employed by individual households. We could also expect to find differences between global care chains involving care services organized and provided on a for-profit basis compared with those organized and provided on a not-for-profit basis. Global care chains involving married mothers may be expected to differ from those involving single women without children but with care responsibilities for other family members. Furthermore, comparing global care chains for different groups would also reveal complex and interlocking structures of what may initially appear to be separate chains. For example, historically Irish nuns supplied social, health, educational and religious care labour globally and their labour sustained Irish female migrant workers who were themselves employed in the care services sector overseas as maids and nannies. The US-based religious orders, assisted by the presence of large numbers of nuns from Ireland, regularly launched major recruitment drives in Ireland to replenish the ranks of personnel to run their female educational and welfare projects abroad (Diner 1983). Comparisons between religious and secular care workers would elicit the importance of economic factors relative to non-economic ones in the international transfer of care labour, while comparisons between global religious care networks (e.g. Catholic and Islamic organizations) would elicit differences and similarities between non-economic modes of care labour provision.

REVISING GLOBAL CARE CHAIN ANALYSIS

My argument so far has been that despite the problems with orthodox global commodity chain analysis its three analytical elements – the structure of

inputs and outputs, territoriality and governance – can usefully be applied to care services. However, modifications are required to global commodity chain analysis in order to take account of the dissimilarities between goods and services production, the centrality of labour to care services and various forms of unequal exchange within the commodity chain. Modifications that embed global care chains more firmly in global commodity chain analysis and recognize the diversity of migrant care workers and care contexts are also required.

This section integrates my arguments regarding the strengths and deficits in orthodox and engendered global commodity chain analysis and global care chain analysis, and presents a working model with which to advance future research into global care chains. I should emphasize at this point that my primary concern lies with the conceptual and theoretical development of care chain analysis, so the examples cited are introduced for illustrative purposes only. Of course, empirical research will be necessary to develop my model further. Accordingly, I suggest concrete directions for such research.

Figure 1 presents a stylized schema indicating the spectrum of skill and remuneration of labour, input intensity, organization and regulation that the care services sector embraces. These divisions are best recognized as extreme ends of a continuum. My presentation of these divisions in this way is not to suggest that there is a strict correlation between these various axes (after all,

Labour skill/remuneration		
Professional labour Qualified, skilled, highly paid (doctors, surgeons)	↔	*Manual labour* Unqualified, 'unskilled', poorly paid (cleaners, care assistants, nannies)
Intensity of inputs		
Capital intensive High start-up and running costs; reliance on high-tech equipment for production of service (hospital services)	↔	*Labour intensive* Low start-up costs; production of service relies on constant attention (cleaning companies)
Degree of organisation		
Corporatized Involvement of commercial sector (hospitals, nursing homes, domestic services corporations)	↔	*Atomised* Individual arrangements; care sub-contracted to informal networks (kin, neighbours, friends) and/or to commercial care service providers
Quality of regulation		
Most regulated Strong institutional framework governing funding, regulation, and conditions of service provision; formal recruitment through government or commercial agencies (nurses, doctors)	↔	*Least regulated* Sector is weakly regulated, work is precarious and often illegal; informal recruitment through friends, relatives (sex workers)

Figure 1 The care services spectrum

corporatization has not occurred only in areas requiring capital-intensive inputs and professional labour), but often there is an association between them: examples clustering at the extreme end of one continuum will also tend to be at the end of another continuum. For example, the sex trade tends to be unregulated, labour-intensive, unskilled and often atomized, while the professional nursing trade involves skilled labour, is regulated and corporatized and supplies capital-intensive production.

The tenets of orthodox global commodity chain analysis are most obviously applicable to care services located on the left of that spectrum, namely the more corporatized, regulated part of the care services sector. Care corporations provide a range of personal health and social care services in institutional (hospitals, nursing homes, nurseries) and domestic (households) settings; house care corporations provide private households with various 'housewife' services and maintenance, pest control and repairs. Corporations may specialize in one of these types of services or may combine different types of services (e.g. personal and house care). Archetypal 'frontline' care workers in these industries are nurses, nannies and cleaners. The corporate care industry is a major area of economic growth and employment generation (especially for women) in many advanced industrialized and newly industrializing countries, even though public and informal providers remain a major source of less-profitable and non-profitable, social and custodial services that are essential to the long-term maintenance of dependent, low-income populations (Hooyman and Gonyea 1995). In the USA, for example, home health care and cleaning are among the fastest growing areas in the care services sector. Nearly 4 million beneficiaries of home health care services are served by over 10,000 home health agencies (International Trade Centre 1998), while 'nursing homes employ more workers in the US than the auto and steel industries combined' (Folbre 2002: 186).

The corporate care services sector is fragmented, consisting of suppliers ranging from self-employed individuals to small enterprises to multinationals. Most of these corporate care providers operate on a sub-national scale (state/county, city or neighbourhood) and on a freelance basis (especially in the personal and house care industry), seeking clients through informal networks of friends and relatives and through local agencies. The largest corporations operate on national and international scales. Prominent examples of these (often US) corporations operate in home care (e.g. ServiceMaster Quality Service Network[4]), staffing (e.g. Kelly Services[5]) and long-term healthcare (e.g. Sun Healthcare[6]). However, even among these most international of corporate care providers, the USA tends to remain the territorial centre of operations. Half of Merry Maids' offices are based in North America, mostly in the USA, while Kelly Home Services, a subsidiary of one of the world's largest staffing organizations, only operates in the USA.

Cleaning services are a good example of 'buyer-driven' commodity chains. They are driven by commercial capital, their main network links are trade-based and the top firm controls the chain through its ownership of the brand.

Many US corporations in the domestic (cleaning) services sector operate on a franchise basis.[7] Franchising is a form of corporate expansion common in the services sector, unlike the manufacturing sector, and is especially popular in the domestic cleaning industry due to low market entry barriers and relatively low start-up and maintenance costs both in terms of capital and labour. In franchising the top firm takes a lead role in value-added branding, trademark licensing and marketing activities and it contracts out the sourcing of 'raw materials' (dirty houses) to franchisees which also 'process' them (into clean houses). Thus, domestic service chains typically advertise their branded cleaning systems to potential customers to whom the local franchise company is contractually obliged to deliver. This structure of internal governance in corporate care chains enables control by the top firm over the number of businesses involved, the terms of businesses' contractual involvement in that chain, the territorial spread of the franchise operation and the labour process.[8]

Hospitals are a good example of producer-driven chains, these being ones in which the system of production is controlled by large, integrated medical care institutions. The care services provided by these institutions are capital- and technology-intensive and there are large barriers to market entry with high start-up and maintenance costs. All the work occurs on the hospital site and labour can be highly skilled, rewarded and regulated; indeed the medical industry generally is highly regulated. At least some of these institutions operate on a not-for-profit basis and provision is by a mixture of private commercial and non-commercial corporations and state-owned entities; in many cases state institutions are monopolistic providers.

The importance of state regulation to the development of global care chains must also be emphasized. State policies are determining factors of demand for outsourced care services and the supply of labour to provide those services; they can encourage or prohibit labour export and/or import. Although a number of Asian countries have adopted the strategy of exporting care labour as a means of revenue generation (Huang and Yeoh 1996), the exemplar of a labour exporting state is the Philippines, where a formal policy of labour export was introduced in 1974. The Philippine government plays a central role in the management of exported care labour:

> The Philippine government has labour attachés deployed throughout the world who, together with embassy and consular offices, monitor foreign labour markets and actively market Filipino workers to prospective foreign employers. Further the Philippine state has created different government agencies that ensure the smooth transfer of Filipino labourers from the Philippines to over 100 destinations around the world.
>
> (Rodriguez 2002: 5)

If the production of migrant labour is partly determined by the economic development and labour exporting strategies of states, the demand for migrant labour is shaped by a combination of socio-demographic, labour market and

welfare factors in the importing state. In the USA domestic service has long been a key source of employment for immigrant women (Katzman 1978), and 'house cleaning professionals' are still strongly drawn from immigrants and ethnic minority groups[9] – only now corporations are involved in their recruitment, often by plugging into state welfare-to-work programmes. The spread of welfare-to-work programmes across Europe can be expected similarly to stimulate demand for, and supply of, paid care labour. A leading example of how states are shaping demand for commercial care services is the Danish Home Service Scheme (Platzer n.d.).[10] First introduced in 1994 as a means of reducing unemployment, the scheme provides public subsidies for companies providing domestic services that 'customers' could perform themselves in or in close connection to the home. Among the services targeted for public subsidies are shopping, cooking, cleaning, gardening and collecting children from school. Most companies are self-employed individuals rather than large corporations, though a process of concentration can be discerned – about 10 per cent of companies represent more than 50 per cent of the total turnover. It remains to be seen how deeply this state-led commercialization of social reproductive work will penetrate into the informal sphere. Platzer (n.d.) suggests that home cleaning accounts for most services provided under the Danish Home Service Scheme,[11] and that more intimate, personal care services remain firmly within the familial and public spheres.

In orthodox global commodity chain analysis, labour is relatively unimportant and the issue of territoriality is embodied in international relations between various firms in the commodity chains. In global care chains labour is of fundamental importance and transnational labour networks are the most obvious expressions of territoriality. This focus on international labour mobility captures growth points at various locations in the global economy and their relationship to the restructuring of domestic labour forces on the one hand and the growing demand for migrant labour on the other (Huang and Yeoh 1996), while the focus on transnational labour networks captures the range of migration channels and agencies involved in mobilizing and coordinating the supply of and demand for migrant care labour.

Transnational labour networks comprise a variety of agencies (recruitment and placement agencies, overseas job promoters and job brokers) provided by for-profit and not-for-profit (state, civic) agents. In addition to state and other institutional migration channels (e.g. regulatory bodies), commercial recruitment and relocation agents, non-governmental organizations (e.g. professional organizations, trade unions, religious institutions) and informal channels including ethnic-based ones are also central to these networks. Transnational care labour networks begin with the household (Dunaway 2001), this being the unit that supplies the reproductive labour to be exported and provides care for the care worker's dependants while she is working abroad. These networks mediate between migrant workers and international labour markets, form the infrastructure necessary for organized migration to occur and serve as organizational linkages between exporting and importing

countries. These linkages often do not simply respond to workers' demand for market access: they actively shape and mobilize labour migration (Wee and Sim 2003). While transnational labour networks lie at the heart of a theoretically embedded global care chain analysis, account must be taken of the ways in which they vary by type of care worker and care service provided and the context of that provision. The analysis is further complicated by the fact that these labour networks can be illegal as well as legal (Stalker 2000). Thus, the range of agents involved in the transnational labour network for professional nurses working in hospitals would differ from those involved in the legal trade in domestic care workers and from those involved in the trafficking of sexual care workers.

Integrating a global commodity chain perspective into the analysis of these labour networks necessitates an appreciation of their 'chain' characteristics; their structure of inputs and outputs, territoriality and governance. This entails mapping the socio-geographical spread of the chain, the number of nodes within the chain and the tensile strength of the links between them. It also involves mapping the relations of power and authority between the various nodes, as evidenced by the distribution of resources associated with the production process, and discerning the external governance factors that create and sustain these unequal relations. Given the international nature of these labour chains, the importance of the state within them, either as an agent to be avoided (in smuggling and trafficking) or managed (through labour/residence permits, entry/exit visas), must be emphasized. Similarly, the role of transnational statist institutions and agreements (be they of a multilateral, plurilateral, regional and/or bi-lateral nature) that structure the international trade in care labour must receive attention. Given the nature of the trade in care labour the linkages between the formal and informal, legal and illegal, segments at different stages of the chain must be emphasized. In the case of illegal care services, such as international sex-trafficking, the analysis might usefully draw on studies that have already attempted to study the transnational production of illegal commodities using global commodity chain analysis. Thus, Wilson and Zambrano's (1994) analysis of the cocaine commodity chain effectively demonstrated how the cocaine trade is organized on a transnational basis, how different parts of the production process are controlled by business elites and the relations between them, how the illegal trade is tied to the global economy by links to legal industries and how profits and risks are distributed within the production chain. Of course, their study focused on a manufactured (illegal) good so the kinds of adaptations set out in this discussion as essential to any analysis of services would still be required.

Since global commodity chain analysis is also concerned with unequal relations underpinning production processes and the cumulative extraction of surplus value by agents throughout the chain, future global care chain analyses must also attend to the distributive and redistributive features of different chains. Hochschild's emphasis on the creation and extraction of

emotional surplus value throughout the chain does not readily lend itself to quantification; indeed, the value of this type of care labour is difficult to express in monetary terms. However, measuring the extraction of surplus value from the provision of physical labour involved in caring for another/others is possible, and one model for doing so is provided by Khan and Kazmi's (2003) study of home-based sub-contracted workers producing goods for domestic and foreign market consumption. Calculating the ratio of wages to added value for different home-based work sectors, they effectively quantified the degree of exploitation of home-based workers within commodity production process. This methodology could be adapted to care services, and would similarly entail working out the remuneration accruing to households as a share of that accruing to other agents involved in the global care chain for given categories of care labour. Since the production of services involves not-for-profit entities, we could expect to find differences between value chains for services compared with those for goods. Similarly, we could expect to find differences among different groups of care workers working in different care contexts, with these variations reflecting the structures of organization and control within the transnational labour network.

CONCLUSIONS

The basic premise underlying this article is that the global care chain concept offers a promising analytical tool through which to analyse the globalization–care nexus but that it requires further development in order to fulfil its potential. Clearly, this task cannot be comprehensively undertaken within the confines of this article. However, a range of developments to the global care chain concept were identified as necessary to an expanded framework that will hopefully stimulate inter-disciplinary research co-operation in this area of study. This framework builds on the strengths of global care chain and global commodity chain analyses and addresses their weaknesses by, first, embracing the entire spectrum of the care services sector, second, foregrounding transnational labour networks and third, applying an engendered form of global commodity chain analysis to these networks. My framework expands and strengthens the original application of the global care chain concept by broadening the application of the concept to embrace the transnational care services sector in all its diversity and by more thoroughly applying the tenets of global commodity chain analysis to that sector. My framework also contributes to the development of global commodity chain analysis by extending its applicability to the care services sector. I highlighted the limitations of orthodox global commodity chain analysis arising from its focus on goods production for market consumption and outlined the various modifications required to capture the specificities of services production. The discussion also built on feminist critiques of orthodox global commodity

chain analysis by arguing for further ways of integrating gender concerns about care into this analysis.

I suggest that empirical research is now required to apply my framework in order to extend our understanding of global economic integration in the care services sector and further develop the conceptual and theoretical basis of global care chain analysis. A priority for future research would be to ascertain the dynamics of the production of migrant care labour and the ways in which the relations of power and authority between the different agents within the labour chain structure the creation and redistribution of value within it. This research should seek to elicit different types of care chain and the interlocking nature of ostensibly distinct chains. This is an ambitious research agenda. It is one which would, I believe, make a major contribution to inter-disciplinary feminist scholarship, and over the longer term form the basis of a feminist theory of services transnationalization.

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Notes

1 See Nancy Folbre (2002: 176–9) for a discussion of the problems that this particular usage raises.

2 As Anderson points out, the extent and form of the marketization of care is shaped by a combination of state policy, socio-demographic factors and cultural traditions and arrangements. Demand for paid reproductive labour is created by a combination of: an ageing population; changes in family structure; the feminization of the labour force; the masculinization of women's employment patterns; a shortage of public care services; the existence of a sizeable affluent population unable to provide for their own care needs and the linking of public subsidies to commercial care. The purchase of care labour relieves some women from doing all of this work themselves; it avoids generational and gender conflicts over the division of domestic work while reproducing social relations – particularly those that relate to lifestyle, status and ethnic differences (Anderson 1997, 2000, 2001).

3 I state this advisedly since neither her original (Hochschild 2000) nor her more recent work (Hochschild 2002) refer to the derivation of the global care chain concept.

4 A US-owned Fortune 500 Company, it owns a portfolio of home service companies

operating under various brands, key among which is Merry Maids. Describing itself as the 'largest home cleaning service in the world', Merry Maids employs more than 8,000 'home cleaning professionals' and serves over 300,000 homes, apartments and condominiums each month in North America; it has over 1,220 locations worldwide in North America, Europe (UK, Denmark) and Asia (Japan, Hong Kong, Malaysia) (www.merrymaids.com).

5 Also a Fortune 500 Company, Kelly Services offers a range of 'human resource solutions' in various commercial services in twenty-seven countries around the world, including direct provision of domiciliary health and social care for elderly and disabled people and people recovering from illness or injury through Kelly Home Care.

6 In the long-term residential care industry, Sun Healthcare, a US-owned company, is one of the top US providers in terms of licensed beds and revenues. Its basis of operations is nursing care but it sells ancillary services to its own and other corporate nursing homes. It operates in the UK, Spain, Germany and Australia in addition to the US, and in 1999 it employed over 80,000 staff mostly based in the US (Holden 2002: 59).

7 Examples of US franchise operations in this industry include Molly Maid, MaidPro, Servpro, Maid Brigade, Maids to Order, The Maids Home Services and A Maid Today.

8 See Ehrenreich (2002) for a vivid account of the 'Taylorization' of the labour process that these systems engender and their relationship to the expansion of domestic service corporate chains.

9 In 1998, 37 per cent of private household cleaners and servants in the USA were Hispanic, 16 per cent were Black and 3 per cent were 'other' (Ehrenreich, 2002).

10 Denmark is not alone in providing public subsidies for domestic labour (Sweden and France do too). See Cancedda (2001) on the potential for commercialization of household services in the EU. She estimates a potential for the creation of 15,000 home help jobs in Finland, 20,000 jobs in home services in Denmark, 200,000 jobs in personal services in Germany, 477,000 jobs in community services in France and 12,000 jobs in services for the elderly in Portugal.

11 Platzer also notes that most of these services are not provided by migrant workers, which she appears to attribute to racism on the part of employers and households.

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References

Anderson, B. 1997. 'Servants and Slaves: Europe's Domestic Workers', *Race and Class* 39 (1): 37–49.

Anderson, B. 2000. 'Different Roots in Common Ground: Transnationalism and Migrant Domestic Workers in London', *Journal of Ethnic and Migration Studies* 27 (4): 673–83.

Anderson, B. 2001. 'Why Madam Has So Many Bathrobes: Demand for Migrant Domestic Workers in the EU', *Tijdschrift voor Economische en Sociale Geografie* 92 (1): 18–26.

Cancedda, A. 2001. *Employment in Household Services*. Dublin: European Foundation for the Improvement of Living and Working Conditions.

Carr, M., Chen, M. A. and Tate, J. 2000. 'Globalization and Home-Based Workers', *Feminist Economics* 6 (3): 123–42.

Chang, K. and Ling, L. H. M. 2000. 'Globalization and Its Intimate Other: Filipina Domestic Workers in Hong Kong', in M. Marchand and A. Sisson Runyan (eds) *Gender and Global Restructuring: Sightings, Sites and Resistances*, pp. 27–43. London: Routledge.

Chase-Dunn, C. 1989. *Global Formation: Structures of the World Economy*. London: Blackwell.

Chin, C. 1998. *In Service and Servitude: Foreign Female Domestic Workers and the Malaysian 'Modernity' Project*. New York: Columbia University Press.

Daly, M. 2002. 'Care as a Good for Social Policy', *Journal of Social Policy* 31 (2): 251–70.

Diner, H. 1983. *Erin's Daughters in America: Irish Immigrant Women in the Nineteenth Century*. London: Johns Hopkins University Press.

Dunaway, W. 2001. 'The Double Register of History: Situating the Forgotten Woman and Her Household in Capitalist Commodity Chains', *Journal of World-Systems Research* VII (1): 2–29.

Ehrenreich, B. 2002. 'Maid to Order', in B. Ehrenreich and A. R. Hochschild (eds) *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, pp. 85–103, New York: Metropolitan Books.

Elson, D. 1998. 'The Economic, the Political and the Domestic: Businesses, States and Households in the Organisation of Production', *New Political Economy* 3 (2): 189–208.

Folbre, N. 2002. 'Accounting for Care in the United States', in Mary Daly (ed.) *Care Work: The Quest for Security*, pp. 175–91. Geneva: International Labour Office.

Gereffi, G. 1994. 'The Organization of Buyer-Driven Global Commodity Chains: How U.S. Retailers shape oversees Production Networks', in G. Gereffi and M. Korzeniewicz (eds) *Commodity Chains and Global Capitalism*, pp. 95–102, Westport, CT: Greenwood Press.

Gereffi, G. 1999. *A Commodity Chains Framework for Analysing Global Industries*. Durham, NC: Duke University. Available at www.ids.ac.uk/ids/global/pdfs/gereffi.pdf

Gereffi, G. and Korzeniewicz, M. (eds). 1994. *Commodity Chains and Global Capitalism*. Westport, CT: Greenwood Press.

Gereffi, G., Korzeniewicz, M. and Korzeniewicz, R. 1994. 'Introduction: Global Commodity Chains', in G. Gereffi and M. Korzeniewicz (eds) *Commodity Chains and Global Capitalism*, pp. 1–14. Westport, CT: Greenwood Press.

Hirst, P. and Thompson, G. 1996. *Globalization in Question*. Cambridge: Polity Press.

Hochschild, A. R. 2000. 'Global Care Chains and Emotional Surplus Value', in W. Hutton and A. Giddens (eds) *On the Edge: Living with Global Capitalism*, pp. 130–46. London: Jonathan Cape.

Hochschild, A. R. 2002. 'Love and Gold', in B. Ehrenreich and A. R. Hochschild (eds) *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, pp. 15–30. New York: Metropolitan Books.

Holden, C. 2002. 'The Internationalization of Long Term Care Provision: Economics and Strategy', *Global Social Policy* 2 (1): 47–67.

Hooyman, N. and Gonyea, J. 1995. *Feminist Perspectives on Family Care: Policies for Gender Justice*. Thousand Oaks, CA: Sage Publications.

Hopkins, T. and Wallerstein, I. 1986. 'Commodity Chains in the World Economy Prior to 1800', *Review* 10 (1): 157–70.

Huang, S. and Yeoh, B. 1996. 'Ties That Bind: State Policy and Migrant Female Domestic Helpers in Singapore', *Geoforum* 27 (4): 479–93.

International Trade Centre. 1998. *Health Services*. Geneva: UNCTAD/WTO.

Katzman, D. 1978. *Seven Days a Week: Women and Domestic Service in Industrialising America*. New York: Oxford University Press.

Khan, S. and Kazmi, S. 2003. 'Revenue Distribution across Value Chains: The Case of Home-Based Sub-Contracted Workers in Pakistan', Department of Economics, Working Paper Series No. 2003-04, University of Utah.

Lan, P.-C. 2002. 'Among Women: Migrant Domestics and Their Taiwanese Employers across Generations', in B. Ehrenreich and A. R. Hochschild (eds) *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, pp. 169–89. New York: Metropolitan Books.

Lutz, H. 2002. 'At Your Service Madam! The Globalization of Domestic Service', *Feminist Review* 70: 89–103.

Lycklama, G. 1994. 'The Changing International Division of Labour and Domestic Workers: A Macro Overview', in N. Heyzer, G. Lycklama and N. Weerakoon (eds) *Trade in Domestic Helpers: Causes, Mechanisms and Consequences of International Migration*, pp. 3–29. Kuala Lumpur: Asian and Pacific Development Centre.

Lynch, K. and McLaughlin, E. 1995. 'Caring Labour and Love Labour', in P. Clancy, S. Drudy, K. Lynch and L. O'Dowd (eds) *Irish Society: Sociological Perspectives*, pp. 250–92. Dublin: Institute of Public Administration.

Mies, M. 1986. *Patriarchy and Accumulation: Women in the International Division of Labor*. London: Zed Books.

O'Connor, J., Shola Orloff, A. and Shaver, S. 1999. *States, Markets, Families: Gender, Liberalism and Social Policy in Australia, Canada, Great Britain and the United States*. Cambridge: Cambridge University Press.

O'Hearn, D. 2002. *The Atlantic Economy: Britain, the US and Ireland*. Manchester: Manchester University Press.

Parreñas, R. S. 2000. 'Migrant Filipina Domestic Workers and the International Division of Reproductive Labour', *Gender and Society* 14 (4): 560–81.

Parreñas, R. S. 2001. *Servants of Globalization: Women, Migration, and Domestic Work*. Stanford, CA: Stanford University Press.

Platzer, E. n.d.. *Domestic Services and the Division of Labour: The Example of the Danish Home Service Scheme*. Sweden: Växjö University. Available at http://www.hum.vxu.se/publ/humanetten/nummer10/art0207.html

Rabach, E. and Kim, E. M. 1994. 'Where Is the Chain in Commodity Chains? The Service Sector Nexus', in G. Gereffi and M. Korzeniewicz (eds) *Commodity Chains and Global Capitalism*, pp. 123–41. Westport, CT: Greenwood Press.

Raikes, P., Jensen, M. F. and Ponte, S. 2000. 'Global Commodity Chain Analysis and the French Filiere Approach: Comparison and Critique', Centre for Development Research Working Paper no. 00.3, Copenhagen.

Rodriguez, R. M. 2002. *Striking Filipino Workers in Brunei: Globalisation, Migrant Workers and Migration Policy in a Labour-Sending State*. University of Woltongong, Australia: Asia Pacific Migration Research Network/Ford Foundation.

Smillie, I. 1995. *The Alms Bazaar: Altriusm under Fire – Non-Profit Organizations and International Development*. London: Intermediate Technology Publications.

Snyder, F. 1999. 'Governing Economic Globalisation: Global Legal Pluralism and European Law', *European Law Journal* 5 (4): 334–74.

Stalker, P. 2000. *Workers without Frontiers: The Impact of Globalization on International Migration*. London: Lynne Rienner.

Stubbs, P. 2003. 'International Non-State Actors and Social Development Policy', in B. Deacon, E. Ollila, M. Koisuvalo and P. Stubbs (eds) *Global Social Governance: Themes and Prospects*, pp. 130–61. Stakes: Helsinki.

Wallerstein, I. 1979. *The Capitalist World-Economy*. Cambridge: Cambridge University Press.

Wallerstein, I. 1984. *The Politics of the Capitalist World-Economy*. Cambridge: Cambridge University Press.

Wee, V. and Sim, A. 2003. 'Transnational Labour Networks in Female Labour Migration: Mediating between Southeast Asian Women Workers and International Labour Markets', Southeast Asia Research Centre Working Paper no. 49, City University of Hong Kong, Hong Kong.

Wilson, S. and Zambrano, M. 1994. 'Cocaine, Commodity Chains, and Drug Politics: A Transnational Approach', in G. Gereffi and M. Korzeniewicz (eds) *Commodity Chains and Global Capitalism*, pp. 297–315. Westport, CT: Greenwood Press.

World Trade Organization. 1998. *Health and Social Services*. Background Note by the Secretariat, Council for Trade in Services, S/C/W/50.