

Care Extractivism Beyond Households: Migration and Care for Older People in the Post-Yugoslav Semi-Periphery

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Abstract

This article examines care-labour mobility between Slovenia and Bosnia and Herzegovina (BiH) within the state-organised system of residential care for older people, situating it on Europe’s semi-periphery. Addressing gaps in European research, largely focused on private households and East–West intra-EU mobility, it shifts attention to welfare states as employers embedded in asymmetric geopolitical relations. Drawing on interviews with migrant care workers and institutional actors in Slovenia and BiH, the analysis conceptualises this mobility through the lens of care extractivism, understood as the structured over-extraction of labour, time, and skills through the interaction of migration regimes, labour market segmentation, and welfare arrangements. The article shows how the interplay between Slovenia’s care deficits and BiH’s position within postwar state formation and uneven European integration, both shaped by broader political and economic transformations over the past three decades, produces a relational field of labour mobility rooted in the shared post-Yugoslav space. It identifies key mechanisms of extraction, including employer-tied migration regimes, family-based recruitment, dequalification and skill extraction, temporal over-availability, and the externalisation of social reproduction onto migrant networks. The article contributes to existing scholarship by demonstrating how welfare states actively organise transnational care extraction and by advancing care extractivism as a conceptual framework for analysing hierarchical relations across multiple Europes.

Keywords

care extractivism; care for older people; residential care; Eastern Europe; Balkans; postwar context

1. Introduction

Across Europe, systems of care for older people are facing deepening labour shortages. This is driven not only by rapid population ageing, but also by the structural undervaluation of care work, which itself is exacerbated by decades of neoliberal cost containment in social welfare. Many countries have turned to cross-border recruitment as a key strategy, formalizing and informalizing various channels for the inflow of migrant workers (Eurofound, 2020; Widding Isaksen, 2012; Yeates, 2009). The intensification of care migration in Europe since the 1990s has also been driven by profound geopolitical transformations, including political and economic restructuring, shifts in borders and border regimes, EU enlargement, and wars. These processes have produced enduring inequalities between East and West, “old” and “new” EU member states, and core and semi-peripheral regions which structure care-labour mobility (Lutz, 2011; Triandafyllidou & Marchetti, 2013). Numerous studies have demonstrated that this reliance is deeply problematic, as migrant workers are incorporated into local labour markets in disparate ways that reproduce global inequalities and exploitative relationships (Mezzadra & Neilson, 2013; Shutes & Chiatti, 2012). Historically, care work has been organized along entrenched hierarchies of gender, class, race, and the colonial and neo-colonial North-South divide (Nakano Glenn, 1992). In contemporary Europe, these logics persist through the production of a given nation’s “other” via migration and labour regimes—top-down regulatory frameworks that determine which groups gain access to specific segments of the labour market (Gutiérrez-Rodríguez, 2010).

European research at the intersection of care, migration, and gender has primarily focused on East-to-West mobility and the employment of live-in care workers in households. In this strand of knowledge production, the relative invisibility of Eastern European countries as *receiving* states for migrant care work stems from a perspective that prioritizes Western European care regimes and positions the region primarily as labour-*sending* periphery. This perspective reinforces a unidirectional understanding of care migration and obscures care deficits within Eastern regions. Since the 1980s, long-term care reforms in Western welfare states have promoted a “third” pillar of care, combining ageing-in-place and cash-for-care policies with the expansion of market-based live-in care arrangements (Lutz, 2011; Ungerson & Yeandle, 2007). Consequently, scholarship on the transnational division of care has largely focused on migrant women from Eastern Europe employed in private households, often under irregular conditions, mediated by agencies, and engaged in circular migration (Aulenbacher et al., 2024). By contrast, care infrastructures in Eastern countries remain heavily reliant on family-based care, with limited formal services and low levels of public investment. Cash-for-care policies and the employment of live-in care workers in households are less prevalent (Katona & Meleg, 2021). Within a research framework that prioritises live-in migrant care work, institutionalized forms of care migration, where welfare states recruit and employ migrant labour within residential care for older people, have therefore received less attention (Cuban, 2013; Sahraoui, 2019; Shutes & Chiatti, 2012; Widding Isaksen, 2012). Examining migrant labour within formal care institutions reveals that the state itself serves as a central producer of differentiated and unequal labour regimes, mobilizing EU and “third-country” migration frameworks to incorporate migrant women into care provision. Although institutional employment is more regulated than private household arrangements, it remains grounded in stratified rights, constrained mobility, and segmented pathways to employment that reproduce migrant workers’ subordination and transnational inequalities in care.

This article addresses these research gaps by analysing the transnationalization of care within a state network of residential care for older people on the European semi-periphery, focusing on labour mobility between Slovenia and Bosnia-Herzegovina (BiH), both constituent parts of former Yugoslavia, before the 1990s. This European micro-region, located at the geopolitical crossroads of Eastern and Western Europe, the Balkans, and the EU, carries a post-socialist and postwar legacy shaped by political and economic transition, shifting state borders, and changing border regimes. The article traces how divergent transformation trajectories over the past three decades have differentially positioned Slovenia and BiH within contemporary care-labour mobility, with Slovenia emerging as a site of labour incorporation and BiH as a major source of labour supply within the European integration project. Without denying individual agency, the analysis centres on the geopolitical dimensions of these processes, showing how care-labour mobility unfolds within historically and symbolically structured hierarchies that position the region unevenly within Europe. BiH, in particular, is embedded in a regime of othering that reinforces its peripheralization, while in Slovenia such hierarchies are reproduced through EU-oriented nation-building that constructs “Europe” in opposition to the “Balkan Other” (Lewicki, 2023; Pistotnik & Brown, 2018). Examining care-labour mobility also across Europe’s semi-peripheries deepens empirical and conceptual insight into a hierarchical model of multiple “Europes” (Kussy & Moll, 2023), in which care regimes are structured by geopolitical inequalities.

The analysis draws on recent theoretical conceptualisations of care extractivism (Uhde, 2025; Wichterich, 2020), which interrogate the macro-level mechanisms through which welfare states, labour markets, and migration regimes organise the transnational extraction of care. This framework highlights how unequal political and economic relations enable wealthier states to externalise the costs of care, while depleting care capacities elsewhere through recruitment schemes, visa regimes, and labour brokerage. Focusing on the Slovenia and BiH labour mobility nexus, the article conceptualizes care extractivism as a relational process that operates across and through state borders through which transnational regimes of labour, care, and inequality are organized and enacted. It situates Slovenia and BiH within a broader regime of labour extraction shaped by political and economic restructuring, uneven European integration, and the geopolitical settlement of the postwar order. The article begins by introducing the theoretical framework. Following a methodological outline, it examines the divergent trajectories of state transformation in Slovenia and BiH to identify the structural conditions under which care becomes available, mobile, and extractable within transnational labour regimes. It then analyses how these conditions are translated into specific mechanisms of care extractivism, linking the two countries within the residential care sector.

2. The Theoretical Background: Care Extractivism in the Post-Yugoslav Semi-Periphery

Care extractivism refers to a set of structural mechanisms through which care systems secure their reproduction under conditions of chronic underfunding and a widening gap between care needs and available resources. Rather than resolving the structural crisis of care, these mechanisms operate as care fixes (Dowling, 2021), enabling states and labour markets to stabilize care provision while leaving its underlying causes unaddressed. The concept highlights a political-economic logic in which value is continuously extracted from feminized and racialized labour to sustain care regimes. Care extractivism can be understood as part of broader transformations in contemporary capitalism, in which social reproduction is increasingly reorganised under conditions of fiscal constraint, marketisation, and uneven development. Feminist social reproduction theory has long emphasised that capitalism structurally requires low social

reproduction costs through individualisation, privatisation, and feminisation mechanisms (Bhattacharya, 2017; Fraser, 2022). In the semi-periphery, the dependent socioeconomic development makes the urge to contain public spending even more pressing (Bohle & Greskovits, 2012). In this framework, crises of care are structural, emerging from tensions between capital accumulation and the social organisation of reproduction. Care extractivism can thus be seen as a strategy through which these tensions are managed, by displacing the costs of social reproduction onto feminised, racialised, and increasingly migrant labour. This displacement operates across multiple scales, linking welfare-state restructuring, labour market segmentation, and transnational inequalities.

Following Wichterich (2020), care extractivism operates through both domestic and transnational modalities. Domestic extraction unfolds, first, through familialism, whereby states displace responsibility for care onto families, primarily women, under the guise of kinship obligation and moral economies of care. A second form emerges through the commercialization and managerialization of care provision, often accompanied by chronic underinvestment in public infrastructure, intensified workloads, and sustained pressure to contain labour costs. Under such conditions, care systems rely on the systematic extension and intensification of labour beyond contractual limits, producing a surplus of labour extracted from workers. Transnational care extraction, in turn, operates through the cross-border reorganization of labour under conditions of unequal incorporation into labour markets. Drawing on critical migration and border studies, mobility is understood as a process, structured through bordering practices, legal differentiation, and labour market segmentation (Mezzadra & Neilson, 2013). As Uhde (2025) underlines, mobility itself is not inherently extractive; rather, extraction occurs in how mobility is governed and exploited. Migrant women are differentially included in care labour markets through restricted access to employment, which enables the intensification and flexibilization of their labour. These processes are further shaped by racialized and gendered imaginaries that naturalize migrant women's suitability for care work (Wichterich, 2020).

Political and economic restructuring in Eastern Europe has produced differentiated positions within the European political economy, shaping both the availability and valuation of care labour across the region (Bohle & Greskovits, 2012). In Slovenia, processes of capitalist consolidation and EU integration have been accompanied by the restructuring of care for older people through sustained underfunding and privatisation, generating structural labour shortages that are increasingly addressed through the recruitment of migrant women, thereby linking domestic care deficits to transnational labour regimes (Hrženjak, 2025). In BiH, by contrast, political and economic restructuring has unfolded alongside a postwar condition. Rather than an internally generated condition, this arrangement is approached here as a geopolitically produced framework that contributes to the conditions under which labour becomes mobile and available. In this context, BiH occupies a position on the external margins of the European labour market, where liberalised mobility coexists with limited socio-economic opportunities (Henig et al., 2025; Majstorović, 2021). The contemporary organisation of care migration in the region is further shaped by the historical legacy of Yugoslavia, which provides an infrastructural and social basis for mobility. Linguistic, social, and institutional ties facilitate migration patterns that are subsequently reorganised within European labour regimes. This article unfolds care extractivism in the Slovenia–BiH context as a process emerging at the intersection of these historical and geopolitical dynamics, shaping differentiated forms of labour mobility, incorporation, and exploitation.

3. Methodological Notes

Empirical data were collected through a review of policy frameworks and the incidence of labour migration between Slovenia and former Yugoslav countries, as well as three series of interviews conducted within the research project “Transnationalisation of Eldercare: Diversities, Recruitments, Inequalities” (2021–2025, SRIA). In 2023, sixteen interviews were conducted with migrant care workers employed in residential care for older people in Slovenia, all coming from former Yugoslav countries. The inclusion criteria were migration within the past ten years and current employment in the eldercare sector. Of the participants, ten were from BiH, three from Serbia, two from Croatia, and one from North Macedonia. This article focuses on a subsample of ten interviewees from BiH. They were all women, aged between 25 and 55, who had migrated either through family reunification or as independent labour migrants. In terms of educational background, four participants were qualified nurses, one was a physiotherapist, three had completed general secondary education, and two had vocational training. Most participants were recruited through trade union representatives, while some were recruited through the management of residential care facilities. Interviews were conducted in the participants’ native language and took place at locations chosen by the interviewees, most commonly in cafés or at their workplaces before or after shifts. To ensure anonymity, participants selected pseudonyms; identifying details such as place of residence and work were omitted. Interviews lasted between 30 and 90 minutes and were audio-recorded and transcribed based on a prior written informed consent. The interviews addressed participants’ pre-migration trajectories, motivations for migration, experiences with visa procedures, housing, working conditions, discrimination, transnational aspects of intimate life, and future plans. The material was analysed through close reading of transcripts and coding and categorisation using MAXQDA. Given the exploratory nature of the study, the range of identified themes was broad. This article focuses on a subset of these themes: recruitment processes, dequalification, temporal over-availability, and the privatised integration through migrant networks.

For the collection of contextual information in Slovenia and BiH, two series of problem-centred expert interviews were conducted (Döringer, 2020; Witzel, 2000). Problem-centred expert interview is a qualitative method that combines inductive openness with theoretically guided inquiry. This approach integrates narrative-generating questions with focused follow-up prompts, enabling the reconstruction of participants’ problem framings alongside domain-specific insights. These interviews were used to deepen the analysis beyond policy and institutional frameworks by incorporating situated “insider” knowledge from actors embedded within the institutional and social field under study. The inclusion of actors from BiH enabled engagement with an epistemological orientation that values knowledge produced from the margins (Harding, 1992), thereby foregrounding perspectives that are often overlooked in institutional analyses.

In 2022, eleven interviews were carried out in Slovenia with directors of major private and public residential care providers, trade union representatives, a representative of the Association of Social Care Institutions of Slovenia, a migration officer at the Employment Service of Slovenia, and policymakers at the Ministry of Labour, Family, Social Affairs and Equal Opportunities responsible for long-term care. Each interview began with a broad narrative question exploring labour shortages and the role of labour migration in addressing workforce deficits, followed by thematically tailored follow-up prompts adapted to each participant’s area of expertise, including working conditions, recruitment and integration strategies, and future policy developments. The interviews lasted between 60 and 120 minutes and were audio-recorded and transcribed. All participants provided written informed consent prior to participation.

For the Sarajevo fieldwork in 2023, participant selection was based on preparatory desk research reviewing national studies on the socio-economic and political context of BiH. This enabled the identification of experts operating at the intersection of migration, care, labour, and gender regimes. Interviews were carried out with the following interlocutors: a social policy expert from the Faculty of Political Sciences and a migration scholar from the Faculty of Economics, both at the University of Sarajevo; the director of a state residential care home; the president of the Trade Union of Retail and Service Workers; the coordinator of the “Triple Win” programme at the Agency for Labour and Employment, which regulates the labour migration of nurses to Germany; a representative of a private labour recruitment agency; the director of the Fami Foundation working on strengthening the nursing profession in BiH; and a representative of Crvena, an NGO engaged in gender equality. Participants were contacted and invited to participate via email. Each interview began with a broad narrative question on the migration situation in BiH, followed by targeted prompts addressing migration governance, labour market dynamics, care provision, and gender relations. Interviews were carried out in the Bosnian language by two researchers, including the author. They lasted between 90 and 120 minutes and were audio-recorded and transcribed. Prior to participation, all interlocutors provided written informed consent. Given the heterogeneity of both series of expert interviews, the analysis did not aim at systematic comparison across expert accounts. Instead, interviews were used to generate domain-specific insights into the Slovenian and BiH context. They functioned as a contextual and interpretive layer, complementing other data and enabling a more nuanced understanding of the care migration between Slovenia and BiH.

4. Labour Mobility and Post-Yugoslav Transformation in Slovenia and BiH

Transformations following the dissolution of socialism in the former Yugoslav space have produced differentiated trajectories of state restructuring and uneven incorporation into the European political economy, ranging from Slovenia’s early EU integration to BiH’s postwar fragmentation. These trajectories are embedded in geopolitical arrangements that actively structure labour mobility (Bohle & Greskovits, 2012).

4.1. Slovenia: Catching Up With Europe

Slovenia followed a comparatively moderate transformation path in the 1990s, combining gradual privatization, macroeconomic stabilization, and the preservation of social dialogue. Its welfare system developed into a “continental mixed” model (Kolarič et al., 2011, p. 290). However, EU accession in 2004, followed by the 2008 economic crisis and subsequent austerity measures, intensified neoliberal pressures towards privatization, fiscal consolidation, and labour-market deregulation. Framed through the discourse of “catching up with Europe” (Blagojević, 2013; Samaluk, 2016), Slovenia increasingly prioritised fiscal discipline, competitiveness, and market efficiency over social investment. Within this framework, social welfare, particularly care for a rapidly ageing population, came to function as a buffer for fiscal constraints (Mandič, 2016). Care for older people has consequently undergone a neoliberal restructuring marked by the expansion of public–private partnerships, and cost-shifting to users. Residential care, organised as a unified network of public and private providers under state regulation, has been strained by chronic underfunding and stagnant staffing standards despite rising care needs (Hrženjak, 2025). Experts in our interviews consistently identified poor working conditions and low wages as key drivers of labour shortages. Unchanged staff-to-user ratios over three decades have intensified labour and reduced care quality, particularly with the growing share of highly dependent residents. Care home managers reported persistent

vacancies forcing remaining staff to absorb workloads through overtime, while trade unionists described care workers as working “nonstop,” being worn out, and accumulating unpaid hours they are unable to take as time off. These pressures are reflected in Slovenia’s exceptionally low staffing ratio of 1.8 care workers per 100 people aged 65 and over, compared to an OECD average of 5.0 (OECD, 2025), indicating a high degree of work intensification. Despite the introduction of a minimum wage in 1995, front-line care workers remained below this threshold until the 2024 wage reform, leaving many exposed to in-work poverty despite demanding shift work (Hrženjak, 2025).

These deteriorating working conditions constitute a form of domestic care extraction that simultaneously generates the structural demand for transnational labour, linking internal welfare restructuring to broader extractive care regimes. Care workers increasingly leave the sector for better-paid employment in manufacturing and retail or migrate to Austria and Italy, where home-based care is supported through cash-for-care schemes (Hrženjak & Breznik, 2024a). In 2023, after three decades of postponement, Slovenia adopted a long-term care reform, consolidating the state network of service provision and introducing long-term care insurance designed to improve financial sustainability. While these measures constituted necessary steps towards system consolidation, acute labour shortages have posed a serious threat to effective implementation. Rather than addressing the structural undervaluation and intensification of care work, the government has largely continued cost-containment strategies and has increasingly turned to the recruitment of migrant women. A representative of the Ministry of Labor, Family, Social Affairs and Equal Opportunities in our interview says:

There are measures to facilitate the employment of foreigners. But the Balkan pool is already emptying. We think there may still be a reserve in Kosovo, Albania, Romania, maybe the Philippines. We absolutely welcome anything that would make it easier to attract workers from other countries.

The restructuring of Slovenia’s care system thus actively produces the conditions under which care provision becomes dependent on extractive forms of migrant labour. Official statistics show that the share of migrant women in residential care increased from 0.5 percent in 2007 to 7.8 percent in 2023. A clear majority, around 60 percent, are citizens of BiH, with the remainder coming primarily from Serbia, North Macedonia, and Croatia (Hrženjak & Breznik, 2024b).

4.2. BiH: Postwar and Socioeconomic Transformation and the Production of Labour Mobility

BiH exhibits structurally distinctive characteristics, having entered its political and economic transition in a war-torn condition marked by fragmented statehood and extensive human and infrastructural losses. Post-conflict scholarship has cautioned against imagining a sharp rupture between “war” and “peace” (Black & Gent, 2006). The 1995 Dayton Peace Agreement, brokered under strong international mediation led by the United States and supported by the EU, ended the war in BiH but established a complex power-sharing system based on ethnic representation. It divided the country into two entities and one district and introduced multiple layers of governance with veto powers for the three constituent groups. While securing peace, this arrangement entrenched ethnic divisions and produced a fragmented state structure marked by political deadlock and limited institutional capacity (Belloni, 2009; Bose, 2002; Pašić, 2024). These dynamics unfolded alongside economic restructuring typical of the region, which, as some authors argue, affected livelihoods on a scale comparable to the war itself (Henig et al., 2025, p. 6). War-related destruction, rapid

and often opaque privatization, and BiH's protracted integration into the EU have produced a postwar economy characterized by persistent unemployment, precarious work, and widespread informalization (Domazet et al., 2020). Everyday governance is marked by what Jansen (2015) described as a "meanwhile temporality"—an in-between temporal and spatial condition that is neither fully war nor fully postwar, but rather a state of living permanently in the meantime.

In this context of structural volatility, migration emerges as an individualized form of agency that has normalized the idea of emigration as an ordinary component of livelihood repertoires (Majstorović, 2021, p. 197). Despite limited official statistics, estimates suggest that the diaspora now accounts for more than half of BiH's current population (Domazet et al., 2020, p. 189; Efendić, 2021; Jahić et al., 2024; Jakovljević et al., 2021, p. 15). Our expert interviews point to two emerging patterns that replace earlier forms of male-dominated *Gasterbeiter* migration and wartime refugee exit. The first is characterised by the permanent, intergenerational exit of entire households. As one expert from the Faculty of Economics noted:

It is not only the unemployed who migrate, but also those who are employed; in fact, entire families leave, and many of them are well-off. Workers with good salaries, these are the people who go. Families with highly educated members are acutely aware that without political stability, there can be no economic prosperity. They leave good jobs here in pursuit of a better overall quality of life. They move for security, for the future, for their children, for better education, better healthcare, and a more reliable institutional environment.

This account highlights a shift towards migration as a long-term strategy of social reproduction, driven not only by economic necessity but by the search for institutional stability and future-oriented life chances. In contrast, a second pattern is marked by fragmented, cyclical, and often informal mobility. As described by a trade union representative:

What I see as the real problem is that most of the people who leave are young. Many of them go for just three months, entering EU countries on tourist visas and working off the books. They might spend three months abroad and then six months back in BiH, and so on. These young people simply cannot plan their future. I think a new group of people is emerging, people who are literally nowhere, caught neither here nor there. They grow older because this in-between period keeps dragging on endlessly.

The Dayton Accord, in intersection with processes of political and economic restructuring and uneven EU integration, thus constitutes a geopolitically produced set of structural conditions under which labour becomes available, mobile, and ultimately extractable within transnational labour regimes. The normalization of mobility feeds back into BiH, generating cumulative political-economic effects. As noted by a representative of the Fami Foundation, "the state is losing vital social, labour, and reproductive capital." Our interlocutor in trade union suggested that, in recent years, BiH has significantly reduced unemployment while simultaneously experiencing growing skills shortages and labour mismatches in specific sectors. In response, employers have increasingly begun recruiting workers from South and Southeast Asia. The private recruitment agency included in our study has already adapted to these dynamics by facilitating labour migration from Nepal, India, Pakistan, and Uzbekistan.

Emigration has also profoundly reshaped the care sector, revealing how care systems are actively produced through ongoing labour outflows. Despite a formal surplus of medically trained workers (Jahić et al., 2024; Schmitz-Pranghe et al., 2020), domestic care and health systems remain underdeveloped and underfunded, shaped by strong familial care norms (Hromadžić, 2016; Obradović & Jusić, 2021; UN Women, 2023). At the same time, young people increasingly view nursing education not as a pathway into domestic employment, but as a strategic route to emigration (Jahić et al., 2024; Šeherčehajić & Ramić, 2022). This orientation has prompted steadily rising enrolments in nursing programmes offered by five public and four private secondary schools—an expanding business niche closely tied to emigration prospects (Jahić et al., 2024, p. 14). This dynamic is closely linked to institutionalised migration pathways, most notably the “Triple Win” programme between BiH and Germany, which facilitates the recruitment of qualified nurses into the German healthcare system. As noted by our interviewee from the Fami Foundation, some educational institutions are actively aligning their curricula with Western, particularly German, standards to improve graduates’ employability abroad. Though occupational profiles in residential care range from skilled professionals, such as nurses, to lower-skilled care and service workers, our interviews indicate that in Slovenia, too, care homes prioritise trained nurses, who are recruited into lower-skilled positions and required to undergo language, recognition, and certification procedures before accessing qualified positions. In this context, nursing education becomes directly embedded in transnational labour recruitment infrastructures, producing a workforce that is formally trained for export. In line with Yeates’ (2009) conceptualisation of education as part of a migrant labour commodity chain, training systems thus operate as infrastructures that produce mobile and “job-ready” labour for external markets, while simultaneously contributing to the erosion of domestic care and health capacities (Breznik et al., 2025). As the Fami Foundation representative explained in our interviews: “We are entering a situation where nurses are missing from our healthcare system. You do not feel this as strongly in major centres like Sarajevo, but it is already visible in peripheral areas.”

Our interlocutor from the Faculty of Political Science noted that emigration is profoundly reshaping local care arrangements and generating new care gaps. In a context of strong familialisation of care for older people, responsibility is primarily borne by adult children; their outmigration disrupts these arrangements, producing unmet needs. As a result, demand for residential care has increased, yet this demand is being met predominantly by market providers rather than public facilities. This dynamic has given rise to an emigration-driven care economy, in which care deficits generated by migration are converted into profitable market opportunities. As a representative of the Fami Foundation observed, “private care homes are mushrooming; it is a highly lucrative business.” In the context of expanding market-based provision, remittances not only sustain everyday life, particularly for older people facing low or absent pensions (Jakovljević et al., 2021; Pranjić & Račić, 2020) but are increasingly mobilised to finance the high costs of residential care in private facilities. Transnational family transfers thus become directly implicated in the commodification of care, effectively subsidising a privatised sector that has emerged in response to emigration-induced care gaps. At the same time, remittances contribute to the stabilisation of existing socio-economic arrangements by alleviating pressures for structural reform. As noted by an expert from the Faculty of Political Science: “These millions, almost 30 percent of our GDP, maintain social peace; they sustain the status quo.” Taken together, these dynamics reveal a self-reinforcing feedback loop in which emigration not only responds to structural constraints but also contributes to their reproduction. In this way, the conditions that drive emigration are continuously regenerated through its own effects, contributing to the sustained availability and circulation of labour across borders. The following section examines how these structurally produced conditions of mobility are operationalised through concrete extractive mechanisms

within care labour migration, using the BiH and Slovenia care migration nexus as a strategically situated lens into the broader reorganisation of care, labour, and mobility across Europe.

5. Mechanisms of Care Extractivism Between BiH and Slovenia

Here, care extractivism is understood not as reducible to labour migration itself, but as the structured over-extraction of labour, time, skills, and affect through the interaction of migration regimes, labour market segmentation, and welfare state arrangements. Extraction is actively institutionalised through legal and policy frameworks that function as bordering practices, differentially incorporating migrant women into care labour (Mezzadra & Neilson, 2013; Uhde, 2025). Building on this understanding, this section identifies key mechanisms through which migrant women's labour is incorporated, controlled, and intensified within residential care for older people. These mechanisms form an interconnected regime that stabilises care provision through the extraction of labour, time, skills, and social reproductive capacities.

Migration regimes between BiH and Slovenia have undergone significant transformation since Slovenia's accession to the Schengen Area in 2007. While internal EU mobility was liberalised, migration from non-EU countries became increasingly regulated. Following the post-2008 slowdown, labour migration from BiH intensified from 2017 onwards, as Slovenia faced acute labour shortages driven by demographic ageing and economic growth (Jakovljević et al., 2021). Workers from BiH now constitute the largest group of foreign labour in Slovenia, accounting for a substantial share of work permits, often exceeding half of newly issued permits, and numbering approximately 50,000 to 70,000 workers, indicating that BiH functions as a key reservoir of labour for the Slovenian economy (Bajt et al., 2025).

Our analysis identifies several extractive mechanisms, some general to migrant labour and others specific to the care sector. One central mechanism is embedded in the 2012 bilateral agreement between Slovenia and BiH, which regulates labour migration under the stated goals of "balanced migration flows" and the "positive effects of circular migration" (Oruč & Kurta, 2024). While the agreement provides a legal pathway to employment and residency, it simultaneously establishes employer-tied work permits, requiring migrant workers to remain with the initial employer during the first year of employment. This arrangement functions as a bordering mechanism that restricts labour market mobility and produces a condition of differential inclusion, incorporating workers under conditions of dependency and constrained autonomy. In the care sector, as in others, this enables the intensification of labour, the acceptance of unfavourable working conditions, and the extension of working time, thereby facilitating the extraction of surplus labour. As noted by Breznik (2024), the requirement is also discriminatory, as EU, EEA, and Swiss nationals face no such restrictions.

A second, distinctly gendered mechanism, characteristic of the care sector, operates through the intersection of bilateral labour agreements and family reunification. While women also migrate independently, family reunification remains the dominant pathway (Jakovljević et al., 2021). Care providers actively mobilise migrant workers' social networks to recruit additional labour. As a manager of a public residential facility in Slovenia explained in our interview:

We have used the social capital we have because we already have many employees from BiH. They still go to their hometowns and have contacts there. They bring their relatives, their neighbours, their

informal network. That has paid off the most for us. At the staff meeting and in the home's newsletter, the director addressed the employees, saying that we are in a difficult situation and would like to ask if anyone [knew] anyone who would like to come and work for us to please bring them.

Similarly, private providers cooperate with sectors employing migrant men to recruit female family members:

We are looking for those already living in Slovenia who have a residence permit based on family reunification because the husband is already here. Then it is much easier. Then we just have to fill in an information sheet.

Although formally framed as a social right, family reunification operates as a bordering mechanism that restricts labour market access. In principle, employment is conditional on labour market verification; however, in the care sector, this requirement is waived due to labour shortages, as confirmed in our interview with a migration officer at the Employment Service of Slovenia. In practice, this channels migrant women into care work irrespective of their qualifications or preferences. The bilateral agreement thus functions less as a direct recruitment tool for care and more as an institutional façade, obscuring the informal and network-based mechanisms. Together, these arrangements ensure a steady supply of labour while limiting mobility and bargaining power.

Another mechanism concerns dequalification and the extraction of skills. Many migrant women possess nursing qualifications (in our sample, four out of ten), yet recognition procedures are complex, costly, and time-consuming, with language requirements acting as a gatekeeper. These processes produce what Mezzadra and Neilson (2013) term internal borders, which restrict access to qualified positions while allowing entry into the labour market. As a result, migrant women are channelled into lower-status, physically demanding, and low-paid positions. At the same time, employers informally draw on their skills, creating a gap between formal position and actual work performed. As Nedžla explained in our interview: "A month later I got a position as a nurse, but my contract was still for a server. It's even below a caregiver. But I was working as a nurse." This enables the extraction of skilled labour at reduced cost, illustrating how qualifications are not simply unrecognised but actively downgraded and informally utilised in lower-ranked positions.

A further mechanism operates through temporal over-availability, extending labour beyond contractual limits. Due to geographical proximity, migrant workers maintain transnational family ties through frequent visits, which require additional time off. To secure this flexibility, they take on night shifts, overtime, and other undesirable working schedules. As Ranka described: "I asked the director to schedule me for four-to-five-night shifts next month, because they are 14 hours long, so I could have more days off." This "voluntary" flexibility enables employers to fill difficult shifts while extracting extended labour time. Transnational affective obligations are thus transformed into a resource that can be mobilised to stabilise labour shortages and intensify working conditions.

A related mechanism concerns the externalisation of social reproduction, including key aspects of migrant integration. As Breznik (2024) noted, bilateral agreements are framed primarily in economic terms, treating workers as labour resources rather than social subjects. While both employers and the state depend on migrant labour, the administrative costs of migration are largely borne by workers themselves, with several

interviewees reporting that they had to borrow money to cover these costs. Housing conditions, a dimension often overlooked in care migration research due to its focus on live-in arrangements, further intensify these pressures. Limited supply, high rents, and the absence of employer-provided accommodation impose significant financial burdens on migrant workers. As noted by a care home manager: “The relatives are also helping newcomers with accommodation because we cannot provide them with housing, and the cost of accommodation is such that one minimum wage is not enough.” In the absence of comprehensive integration policies, migrant networks become essential for housing and everyday survival, while simultaneously shifting the costs of social reproduction onto migrants and their transnational ties.

Taken together, these mechanisms demonstrate that care extractivism results from the cumulative effects of legal, economic, and social arrangements that differentially incorporate migrant women into care labour.

6. Discussion

This article has conceptualised care extractivism as a relational and institutionally structured process that operates across and through state borders. The analysis has shown how care extraction emerges from the interaction of welfare restructuring, migration regimes, and broader geopolitical inequalities. In this sense, migration does not simply fill gaps in care provision but is constitutive of a regime that reorganises care labour under conditions of differential inclusion and constrained mobility. The findings demonstrate how bordering practices extend beyond territorial control and become embedded within labour market institutions, welfare arrangements, and everyday life (Mezzadra & Neilson, 2013). Mechanisms such as family reunification, employer-tied work permits, and the non-recognition of qualifications function as institutionalised forms of differential inclusion, incorporating migrant women into care labour under conditions that limit their autonomy while enabling the intensification of their work. In this way, access to mobility and employment becomes a means of regulating labour, making it available, flexible, and exploitable.

The article advances the concept of care extractivism by showing that extraction is actively produced through legal and policy frameworks that organise both the supply and the demand of care labour. On the one hand, the restructuring of Slovenia’s care system has generated structural labour shortages through underfunding and privatization. On the other hand, migration regimes have channelled and immobilised migrant women within the care sector, while externalising key aspects of social reproduction onto migrant networks. Care extractivism thus operates as a multi-scalar regime that links domestic welfare transformations to transnational labour mobility.

These processes are shaped by historically and geopolitically structured inequalities specific to the post-Yugoslav semi-periphery (Blagojević, 2013). The analysis has shown that the Slovenia and BiH migration nexus reflects differentiated trajectories of post-socialist transformation, uneven incorporation into the European political economy, and the enduring effects of the postwar settlement in BiH. These conditions actively contribute to the production of labour mobility and the availability of workers for extractive care regimes. Situating care extractivism within this relational and multi-scalar framework allows for a more nuanced account of how local institutional arrangements, regional histories, and global political-economic dynamics intersect in the governance of care labour.

Finally, the analysis has broader implications for understanding the crisis of care in contemporary capitalism (Dowling, 2021; Fraser, 2022). Rather than being resolved through policy reform alone, care deficits are increasingly managed through the reorganisation of labour across borders, relying on structurally unequal conditions that enable the extraction of labour from migrant women. Recognising these processes shifts the analytical focus from labour shortages to the political and economic conditions that produce them, and from migration as a “solution” to migration as a constitutive element of extractive care regimes.

7. Conclusion

This article has conceptualised care-labour mobility between Slovenia and BiH as a manifestation of care extractivism on Europe’s postwar semi-periphery, shaped by the legacies of Yugoslavia. By shifting analytical attention from private households to the state-organised system of residential care for older people, it has shown that welfare states themselves actively organise the transnational extraction of care labour through the interaction of fiscal governance, migration regimes, and labour market regulation.

The analysis demonstrates that care extractivism is not a contingent outcome of labour shortages, but a structural feature of contemporary capitalism, in which care systems are stabilised through the differential incorporation of migrant labour. The Slovenia and BiH case illustrates how this process operates through historically specific configurations of political and economic transformation, uneven European integration, and postwar political arrangements, which together shape the conditions under which labour becomes mobile and governable across borders.

The article advances care extractivism as a framework for understanding how European welfare states are increasingly sustained through transnational inequalities in social reproduction. As long as care systems rely on structurally unequal conditions that externalise costs and intensify labour, such strategies risk reproducing extractive dependencies. A more sustainable approach would require re-politicising care as a collective social responsibility, addressing the structural undervaluation of care work, and confronting the transnational inequalities on which current care regimes depend.

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Conflict of Interests

The author declares no conflict of interest.

Data Availability

The data that support the findings of this study are available from the author upon reasonable request.

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