

Organizing migrant care workers in Israel: Industrial citizenship and the trade union option

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Abstract. *The authors examine the feasibility of trade unionism for migrant care workers, based on a recent organizing drive in Israel. Distinguishing between trade unions and other civil society organizations, they re-examine the concept of workers' collective action, looking at what constitutes a trade union and to what extent unions can address the specific concerns of migrant care workers. They conclude that, despite the numerous problems involved in organizing migrant care workers, and the vulnerabilities intrinsic to migration processes, gendered work and the occupation of care, trade unions play an important role in establishing industrial citizenship and forming political agency.*

Migrant care workers face numerous difficulties in their work, which are grouped around three axes of disadvantage: the intimate nature of their work, the gendered dimension of care work, and the vulnerabilities that stem from their migration status. Each of these alone may result in precarious employment, but the intersection of all three constitutes a unique source of vulnerability. Political and academic discussions on the importance of protecting the rights of care workers have identified the need to supplement regulatory provisions with organizational support that empowers care workers, gives them a voice and continuously enhances the environment in which their work takes place (ILO, 2010, pp. 90–91; Blackett, 2004, pp. 256–267). Trade unionism would therefore appear to be an important and promising form of association for care workers.

This article examines the feasibility of trade unionism for migrant care workers, based on a case study of a union organizing drive currently taking place in Israel. The article distinguishes between: trade unions, which represent workers' interests and negotiate with employers to improve working conditions; workers' rights centres, which provide legal and administrative aid to

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individual workers and lobby for policy change; and community organizations, particularly those based on workers' religious, national or regional affiliations, and those that seek to empower workers by creating leadership and building a social community. In contrast to workers' rights centres and community organizations, trade unions offer a form of industrial citizenship based on the concepts of membership, political agency and direct participation. In order to identify the feasibility – and value added – of trade unionism in the context of migrant care work, the article considers the basic concept of workers' collective action, looking at what constitutes a trade union and to what extent unions can meet the specific needs of migrant care workers.

The article is grouped into four sections. The first provides the context of the organizing drive described in the case study, looking at the following four aspects: care work and migration in Israel; the regulatory framework governing the employment of migrant care workers; the emergence of civil society organizations supporting these workers; and the opportunities and challenges of trade unions in general. The second section presents the case study of the drive by the grassroots trade union Koach LaOvdim (Democratic Workers' Organization) to organize migrant care workers, which started in 2009. The case study is based on interviews conducted by the authors in 2011 with various actors who were involved in the efforts to set up the Koach LaOvdim Caregivers' Union.¹ The third looks more generally at the potential role of trade unions and what they can offer migrant care workers. The authors examine the lessons learned from the case study, and go on to look at the more general problems that may apply to similar organizing drives. Despite the numerous problems highlighted by the case study, the authors argue that trade unions offer unique value added compared to workers' rights centres and community organizations, in that they give a political voice to migrant care workers and thus contribute to the establishment of political agency, despite the democratic deficit that is intrinsic to migration processes, and the multiple sources of vulnerability experienced by migrant care workers. In the Israeli context, trade unionism has the potential to stimulate individual and group capacity building and leadership, as well as empowerment and political agency, thereby contributing significantly to the existing web of organizations that help lobby for, implement and translate norms and regulations into effective entitlements. The fourth section presents the authors' conclusions.

¹ The individuals interviewed were: Yael Wolfenzon, Meital Regev, Noga Shafer and Ilai Margalit, organizers of the Jerusalem branch of the Caregivers' Union; Ophir Tubol, initiator of the Caregivers' Union; Boaz Urman, Daniel Dotan and Avigail Shaham, organizers of the Tel Aviv branch of the Caregivers' Union; Hana Zohar, director, Kav LaOved ("Workers' Hotline" NGO); Hanni Ben Israel, lawyer at Workers' Hotline; Idit Lebovich, coordinator, Workers' Hotline care workers' section. In addition, the authors sat as observers at the meeting of the elected leaders of the Jerusalem branch of the Caregivers' Union. Further documentation was retrieved from the Caregivers' Union blog, which is available at: <http://siod.workers.org.il/the-community-center-for-workers-rights/> [accessed 15 December 2013].

Context of the organizing drive

Unionization is a political activity that is embedded in a very particular legal environment and social circumstances (Offe and Wiesenthal, 1985). Therefore, prior to describing the drive to organize migrant care workers in Israel, we describe the particular circumstances of these workers, and the representation gap they suffer from, followed by the legal and social meaning of unionization in general, and in Israel in particular.

Care work and migration in Israel

Care for the elderly and persons with disabilities in Israel was once primarily a matter for the family, with some aid being given by the State, and little reliance on the market. In the 1990s, the State amended the structure of disability allowances (Gal, 2001) and introduced a specific long-term care programme for the elderly (Schmid, 2005; Mundlak, 2012). While general disability allowances are paid in cash, with families purchasing care hours on the marketplace, the care programme for the elderly was designed on the basis of provision in kind rather than cash allowances (Ajzenstadt and Rosenhek, 2000), with disability benefits for the elderly being translated into weekly home care hours. However, since the State was reluctant to employ or administer the provision of care workers, a quasi-market was formed in which the elderly obtain the care hours they are entitled to from care agencies, which are chosen by public tender. Care work over and above the publicly funded hours is paid for by the elderly and their families from their private resources.

Until the early 1990s, care workers were mostly Israeli women, working for relatively low wages. The growth in the public provision of care hours, and the rising level of women's employment, increased the demand for in-home care workers. However, the supply of care workers was not sufficiently elastic. In 1993, Israel admitted migrant workers for the first time (Bartram, 1998; Kemp and Rajman, 2003; Mundlak, 2007b, pp. 191–201). Although the border was initially opened up to migrant workers in order to meet demand in construction and agriculture, care work demand led to a large influx of new migrant workers, which dynamically fuelled greater demand, leading to a further shift in the provision of care from the family to the market (Israel, 2008, pp. 22 and 28).

The number of migrant care workers coming to Israel has grown considerably. Data are imprecise and politically biased, but it is estimated that in 2010 there were approximately 54,000 migrant care workers, more than seven times the number in 1996 (Workers' Hotline, 2010). A government committee estimates that migrant workers account for 50 per cent of the workforce in the care industry (Israel, 2008, p. 32). Migrant care workers initially came from the Philippines, which is still the predominant country of origin (48 per cent of migrant care workers). Additional countries of origin now include Nepal (20 per cent), other Asian countries such as India and Sri Lanka (16 per cent in total), and eastern Europe (Romania, Republic of Moldova and others; in total 16 per cent).

The largest concentration of migrant care workers is in the Tel Aviv Metropolitan Area (Kemp and Raijman, 2001). While in the past, workers could legally enter Israel under a live-in or live-out contract, new regulations passed in 2010 stipulate that all migrant care workers must work in a live-in arrangement.²

Regulatory framework for the employment of migrant care workers

There are three general types of care arrangements in Israel in which migrant workers can “legally” participate. The first is the long-term care programme for the elderly. Under the programme, the State establishes the eligibility requirements for receiving means-tested care hours, administers an “active daily living” test to determine the elderly person’s level of dependency, and assigns a number of care hours accordingly. The National Insurance Institute pays the corresponding amount to a select number of care agencies, which pay the care workers involved (Shamir, 2010). The second type of care arrangement is where persons with disabilities receive a disability allowance in cash from the National Insurance Institute – or, if their disability is related to their military service, from the Ministry of Defence – and use it to employ a care worker. The third is where private individuals employ a care worker, even though they are ineligible for public aid. In all three categories, individuals seeking to employ a migrant care worker must obtain a permit from the Ministry of the Interior.

The wages and working conditions of the workers employed by the care agencies under the first arrangement are set out in the tender offer issued by the National Insurance Institute, and for the most part are non-negotiable (Mundlak, 2012). The wages and working conditions of workers employed under the other two arrangements (as well as workers employed by long-term care programme beneficiaries paying for additional care hours to those provided by the State) are determined by the market, but are formally constrained by protective employment legislation such as minimum wage provisions. Migrant care workers are formally covered by all Israeli employment and labour standards legislation, with the exception of overtime pay (Mundlak and Shamir, 2011).

In addition to the general rules governing care workers, which are based on workers’ individual contracts, the provisions of the National Insurance Institute tenders, legislation and, to a limited extent, national collective agreements, migrant care workers are governed by the provisions of migration law. In 1993, when migrant workers were first admitted to Israel, Israeli migration law as a whole was undeveloped, particularly its provisions on guest workers (Shamir and Mundlak, 2012). Migrant workers were treated as temporary guest workers, who were entitled to equal rights in the domain of labour law but not to social rights in other areas such as social security, housing, education and health care, or to any other special protection (Mundlak, 2007a; Willen, 2007).

² See: Ministry of the Interior, Eligibility Criteria for Employing Foreign Workers (January 2011). Population, Immigration and Border Authority, available at: <http://www.piba.gov.il/Subject/ForeignWorkers/siod/Pages/CriteriaForPermit.aspx> [in Hebrew, accessed 15 December 2013].

Despite labour rights being equally applicable, in theory, to care workers, the main obstacle to realizing these rights was to be found in the intersection between labour law and migration law. The best example is the binding arrangement that used to be imposed on all migrant workers (Kemp, 2010), whereby the worker's visa was granted only for employment with a specific employer. Hence, termination of the employment relationship – for whatever reason, just or unjust – entailed a violation of the terms of the visa, driving the worker into an undocumented (or “illegal”) status. Although migrant workers are often considered “weak” in terms of labour market power, they were, and still are, in great demand; this is particularly true of care workers. The binding worker–employer arrangement inhibited labour market mobility and suppressed migrant workers' market power, making them reluctant to challenge employers' exploitative behaviour for fear of losing their visas (Ellman and Laacher, 2003). Consequently, migrant workers had an incentive to work without the necessary papers, thereby avoiding the restrictions imposed by the legal regime (Shamir, 2011).

In 2006, in response to a challenge against the constitutionality of the binding worker–employer arrangement, the Supreme Court held that the arrangement was invalid, since it constituted a violation of human rights and was a poor fit between policy objectives and the measures chosen to meet them.³ The Supreme Court directed the legislative and executive branches to identify alternative measures. Since then, the State has gradually replaced the binding arrangement in some industries. In the care industry, it was determined that migrant workers could only work through intermediaries (licensed “private employment bureaux”). Persons having a permit to employ a care worker, and the care workers themselves, must register with one of a few dozen private employment bureaux, which administer and oversee workers' monthly payments. Workers may choose to move from one bureau to another – in other words, the strict binding arrangement of the past has been abolished and replaced with a more flexible system (Kemp, 2010). Following this change, however, organizations for the elderly lobbied for the new arrangement to be tightened, arguing that the resulting labour mobility led to high employee turnover, with elderly persons in need of care being abandoned by their care givers. As a result, in 2011 the Entry into Israel Law was amended to limit care workers' labour market mobility. The amendment authorizes secondary legislation that limits the number of employer changes care workers can request during their visa period, as well as regulations that limit employer changes to a certain geographical area.

The intersection between the regulatory framework governing care work and migration has created a structure in which numerous entities besides the care worker and the care receiver govern the care relationship. These include:

- The Population, Immigration and Border Authority, which is responsible for regulating the number of migrant workers, licensing private employment bureaux and reviewing all immigration issues, including a migrant worker's change of employer.

³ Supreme Court H CJ 4542/02 *Kav LaOved v. Government of Israel*, 2006.

- The National Insurance Institute, which is responsible for administering various welfare programmes that provide care hours or monthly allowances to eligible Israeli residents.
- Care receivers, and their families, who receive a permit from the Ministry of the Interior to employ a migrant care worker.
- Private employment bureaux, which are responsible for, inter alia, recruiting migrant workers, bringing them to Israel, providing basic training, placing them with employers, and supervising their employment conditions.
- Care agencies, which work alongside private employment bureaux and are responsible for providing care hours to persons eligible for benefits under the long-term care programme for the elderly, and for transferring payments to the care workers involved. While private employment bureaux and care agencies are separate legal entities, there is some overlap and vagueness regarding their respective roles.
- In some sending countries, recruitment and certification agencies, regulated by the sending country's government, whose role is to train and certify prospective migrant workers and to arrange overseas placements. In addition, various intermediaries in many countries are involved, often unlawfully, in the migration industry, arranging visas, work permits and transportation for exorbitant sums, and putting some workers into a situation akin to debt bondage. The profits are often shared between the agencies in Israel and the sending country (Workers' Hotline, 2010).

In the Labour Court's case law, the care receiver and/or his or her family are usually seen as the legal employers, although in some cases the Court determined that the care agency should be viewed as a co-employer.⁴ Consequently, while the new, albeit heavy-handed regulatory system is somewhat fairer to the workers than the previous system, it leaves a great deal of room for bureaucratic confusion, despotism, denial of rights by private employment bureaux, care agencies and employers, and insufficiently demarcated responsibilities and jurisdictions.

The emergence of civil society organizations supporting migrant care workers

In the years since migrant workers were first admitted to Israel, a flourishing civil society has emerged around migration issues (Kemp and Rajjman, 2004). These civil society organizations fall into two main categories. The first is that of

⁴ See, for example: National Labour Court 110/08 Dalia – National Insurance Institute (12 March 2009), asserting that the NII is not the care worker's employer; National Labour Court 660/06 Birger – Katibog (23 January 2008), asserting that the elderly person's son is the employer; National Labour Court 1423/04 Kastelio – Tsitrinbaum (7 April 2005), asserting that the care receiver is the employer; and the following cases finding that the care agency, the care receiver and/or his family are co-employers: Jerusalem Labour Court 1038/06 Ilandri – Mahtaizada (11 February 2009); Beer-Sheva Labour Court 3174/04 Busca Stefania – Strochotiano (18 February 2007). But see contradicting cases holding that the care agency is the employer: Jerusalem Labour Court 3709/09 Postariya – Berkovitch (14 March 2010); Tel Aviv Labour Court 7214/04 Stoyolava – Kazravrisky (11 April 2006).

non-governmental organizations (NGOs), which act as workers' rights centres (Ayalon, 2010). There are three main NGOs that have been extending aid to migrant workers. The first is Kav LaOved (Workers' Hotline), established in 1991, two years before migrant workers were first admitted to Israel. While Workers' Hotline had originally been engaged for the most part in advocating on behalf of Palestinian workers from the Occupied Palestinian Territory, as well as low-wage Israeli workers, the extension of its advocacy to migrant workers from 1993 onwards was only natural. The NGO is engaged in the dissemination of information on rights at work, representation of individual clients in claiming rights, and advocating policy and legal reforms concerning workers on the margins of the Israeli labour market.⁵ The second NGO is the Hotline for Migrant Workers (now Hotline for Refugees and Migrants), which was established a few years later, in 1998. Its method of operation is similar to that of Workers' Hotline, but its focus is on migration issues such as visa problems, deportation proceedings, detention, trafficking and, over the last decade, the growing population of asylum seekers.⁶ Physicians for Human Rights (PHR), established in 1988, is the third major NGO supporting migrant workers. PHR engages in advocacy, and promoting the right to health, for populations that are deprived of healthcare services, including people in the Occupied Palestinian Territory, prisoners, migrant workers, asylum seekers and Bedouins.⁷ The three NGOs, together with other human rights organizations, cover various aspects of service provision, individual assistance, and policy-making for migrant workers.

The second civil society category is that of community organizations for migrant workers (Kemp and Raijman, 2004; Kemp et al., 2000), which are based on religious, national or regional affiliations and are run by the migrant workers themselves. They receive no support from the State, which has on occasion seen them as a threat to its policies and has sought to deport community leaders, in order to obstruct the creation of strong migrant communities. By contrast, the Tel Aviv–Jaffa Municipality has established a unit to assist migrant workers in its territory, called “Mesila” (Aid and Information Centre for the Foreign Community). The unit overlaps to some extent with workers' centres, but its focus is on community building and leadership development. It conducts empowerment workshops for individuals and groups, quasi-academic self-development courses, and provides consultation services to communal organizations operated by the migrants themselves. It is a prominent example of the creation of “local citizenship”, despite resistance at the national level (Kemp and Raijman, 2001).

Over the last decade the achievements of these organizations, working in conjunction with other actors, have included, in particular, the extension of residence permits to children of migrant workers. Similarly, organizations dedicated specifically to migrant worker and asylum seeker issues worked with general youth movements, the Tel Aviv Municipality, community-based organizations,

⁵ www.kavlaoved.org.il (Workers' Hotline).

⁶ www.hotline.org.il

⁷ www.phr.org.il

human rights advocacy organizations, student associations and others and succeeded, to some extent, in containing the threats to deport children and their undocumented families (Kemp, 2007). No single organization acting on its own could have achieved those goals; working together, they forge an effective web of organizations that provide individual and community services to migrant workers and lobby for migrant workers' causes.

Given the dynamic development of civil society organizations supporting migrant workers, why the need for a trade union? The various types of organizations discussed above include both Israeli-led organizations that provide services to migrants and grassroots organizations set up by migrant workers themselves to promote social and religious networking objectives. Thus, while migrant workers are active in their own internal social affairs, they are passive recipients – or mere clients – in the economic and political sphere. The democratic deficit that characterizes migration can thus only be fully remedied if political voice is given to the migrant workers themselves. This can be achieved by means of a trade union.

Trade unions: Opportunities and challenges

Although it falls short of political membership (i.e. the right to vote and to be elected to political positions), membership of a trade union can serve as a unique path to what T.H. Marshall (1965) designated as “industrial citizenship”. Like political citizenship, industrial citizenship seeks to constitute a democratic process that voices the interests and needs of various constituencies. Like social citizenship, its focus is on the sphere of social and economic well-being. The process of industrial citizenship extends beyond a guarantee of employment standards, because “the people” are active members in the process, who take command and assume responsibility as the “sovereign”. At the same time, it is not a full-fledged, but a secondary form of citizenship, tailored to the status of working people (Mundlak, 2007c; Fudge, 2005; Crouch, 1998; Janoski, 1998). It is of particular significance to migrant workers, who suffer from a political and social deficit, and is the one arena in which they have some institutional leverage, and are not structurally disempowered.

There is no single definition of a trade union. Trade unions are deeply embedded in a country's social, political and economic systems. In Israel, the term is not defined in legislation. Historically, the judiciary has identified a trade union as being an organization that is based on voluntary membership, is accountable to the workers/members, is devoid of the undue influence of others (such as employers or commercial entities), and whose function is to represent workers' collective interests.⁸ A trade union must therefore attempt to represent its membership by means of collective bargaining. While the union may also take action to promote change at the political level, e.g. through lobbying and litigation, and provide its members with individual representation and attractive

⁸ Supreme Court H CJ 7029/95, *General Histadrut v. the National Labour Court* (27 February 1997); Tel Aviv Labour Court 504/09 *Koach LaOvdim – the Davidson Institute* (23 February 2009).

consumer-oriented options, it cannot enjoy the legal privileges accorded to trade unions without attempting to engage in collective bargaining. These legal privileges include: the right of exclusive representation of workers in the bargaining unit; exemption of the negotiated agreement from antitrust regulation; the right to collect membership fees and agency fees from non-members who enjoy the benefits of the collective agreement; the right to negotiate working conditions and be consulted on other issues; and the right to strike (Mundlak, 2007b).

A trade union provides representation for the collective interests of the workers it represents in the bargaining unit. Traditionally, core trade union activities include negotiations – over wages, working conditions, job security and job-related benefits such as pensions and insurance – with the employer or employers, depending on the bargaining unit and scope of the collective agreement. The bargaining unit changes from one country to the next, and in Israel it may include the entire workforce or workers in a particular industry, occupation or workplace. Workers who join the union as members are the *demos* of the trade union and influence, to varying degrees, its policy and strategies. Naturally, the greater the bargaining unit – i.e. a particular industry, or the State, as opposed to a single employer – the less direct input individual workers have, and the less power they can exert on their representative agent. This preliminary account seeks to identify, on the basis of the case study, the basic common features of all trade union activity. To that end, it is necessary to distinguish between a trade union and other civil society organizations. First, a trade union is member-based (Freeman, Hersch and Mishel, 2005). The workers are not just the clients but the power basis of the organization; this is the union’s “voice” function. Second, while a trade union can engage in the provision of communal services and individual services for its members, its *raison d’être* is to advance the interests of the workers as a group, culminating in a collective agreement that shapes the working conditions of all workers in the bargaining unit; this is the union’s “monopoly” function. Third, unions seek not merely to enforce existing rights or make life more comfortable within a given political and economic structure, but to contest the structure and question the distribution of wealth in the economy. In this, voice and monopoly merge. A union cannot assert only one facet of the voice/monopoly nexus; the two are interrelated, thus making trade unions different from other types of associations (Freeman and Medoff, 1984).

While civil society organizations such as workers’ rights centres and human rights NGOs do not give voice directly to migrant workers, but rather use their own voice to promote an agenda and priorities set by the workers, a trade union is the unique venue in which voice and monopoly come together.

The unionization of migrant care workers in Israel: A case study

The case study in this section describes the drive by a new grassroots union, Koach LaOvdim, to organize migrant care workers in Israel. The organizing drive started in 2009 and is ongoing. The case study will be used to answer

two questions: is trade unionism a feasible option for migrant care workers, and does a membership-based organization merging the functions of voice and monopoly have an advantage over other types of civil society organizations that support migrant care workers? We hypothesize that the answer to both questions is, clearly, yes. Migrant care workers come to Israel primarily in order to work. Their social rights, such as health care, housing and education are for the most part work-related, or derive from their status as workers. The dense regulatory framework governing migration and employment determines their wages and opportunities. While many of the problems migrant care workers encounter are at an individual level, they cannot be fully remedied unless the political and economic systems in which they are embedded are addressed. Trade unions can help achieve solidarity over and above communal bonding, promote the interests of migrant workers as a group, and extend political agency in a context of democratic deficit. They can transform migrant care workers from guests of the host country, and clients of its “insider”-led organizations, into active instead of passive agents. At the same time, implementing trade unionism in the context of migrant care workers faces numerous challenges and barriers. Some are related to the complex regulatory framework governing guest workers, which can undermine the effective operation of a trade union, while others arise from the legal regulations governing care work, as well as the social and occupational nature of this work, particularly when performed by migrants.

The unionization of migrant care workers in Israel came about through the collaboration of individuals affiliated from two organizations: Tevel b'Tzedek (literal meaning: Earth in Justice) and the trade union Koach LaOvdim (literal meaning: Power to the Workers). Tevel b'Tzedek is an Israeli NGO that runs a volunteer programme for Israeli backpackers in various developing countries, including Nepal. Volunteers who join the programme – mostly Israelis in their early 20s who are travelling in south-east Asia after their mandatory army service – volunteer for several weeks or months in Nepalese communities.

The origin of the drive to organize migrant care workers can be traced back to the return from Nepal in 2009 of a group of Tevel b'Tzedek volunteers who decided to maintain their relationship with Nepal and its people by engaging with the Nepalese community in Israel (the largest Nepalese community in Israel consists of migrant care workers). With funding from their NGO, the volunteers initiated social and cultural activities for a group of Nepalese care workers in Israel. Through this initiative, the volunteers established close relations with a group of Nepalese women employed as care workers in Tel Aviv and, having learned about the workers' lives and problems, launched two courses of action: they collaborated with Mesila in offering them a leadership and empowerment programme, and organized a meeting with Koach LaOvdim to discuss setting up a trade union for migrant care workers. Koach LaOvdim differs from existing unions in that it is committed to a thoroughly democratic representation process. The decision to create the union for migrant

care workers within Koach LaOvdim, and not within a larger, more established labour union like the Histadrut, stemmed from the volunteers' personal social network, political preferences and democratic vision. The migrant workers, who were familiar with the concept of trade unions from Nepal (Dahal, 2002), were in favour.

During the preliminary meetings, Tevel b'Tzedek volunteers discussed the goals of the planned union for migrant care workers with several Nepalese care workers, emphasizing the idea of solidarity and the need for collective action in order to achieve wide and far-reaching change in government policy and working conditions. At that preliminary stage, the idea was to recruit as many migrant care workers as possible. The Israeli organizers envisioned thousands of workers joining the union, enabling it to greatly improve their working conditions – using classic trade union tools such as strikes – and hopefully to reach a collective agreement that would govern the care industry. For practical reasons, the organizing drive was split into two branches – Tel Aviv and Jerusalem – which later adopted different views and strategic approaches to the organizing drive and to the objectives pursued.

The Tel Aviv branch organizers, and about 30 Nepalese workers who attended the initial meeting, decided to hold a recruitment event in September 2009 in a public venue in central Tel Aviv popular with migrant workers. While the event was relatively successful, attracting approximately 350 workers, only 50 workers joined the new Koach LaOvdim Caregivers' Union, paying annual membership fees of 120 new sheqalim (NIS), equivalent to approximately €25.

Following the event, there were various attempts by the Tel Aviv branch to expand the scope of union membership and recruit workers from other migrant communities as well, especially Filipina workers, who are the biggest group of migrant care workers in Israel. The Filipino community in Israel is highly organized in community associations based on religious or regional affiliations; Koach LaOvdim organizers therefore approached the Federation of the Filipino Communities in Israel (FFCI), the umbrella organization for Filipino associations, but the federation was not interested in collaboration. As the months passed, the Tel Aviv branch failed to create leadership among the migrant care workers, leading to great reliance on the Israeli organizers, and was unable to significantly expand the Caregivers' Union membership base. The organizers were demoralized by the fact that, while they had expected to recruit huge numbers of workers to the union, they had only managed to recruit 70 members.

During the recruitment efforts, it became clear that the idea of belonging to a trade union was in itself not enough to attract migrant care workers, and that the union had to offer greater incentives to make the membership fees more palatable. Migrant care workers had very little time off and were reluctant to spend it on union activities; they had come to Israel in order to work and save, and had to be convinced that spending money on union membership fees would be to their benefit. Also, while perhaps dissatisfied with their working conditions, they viewed their time in Israel as a temporary experience

and were reluctant to join a union that might threaten their job. Finally, to many workers it was not clear what the trade union could give them that their existing community or religious organization could not.

When Koach LaOvdim's attempts to recruit migrant care workers in Tel Aviv appeared to reach a dead end, the organizers decided to try two new strategies. First, represented by the established migrant workers' rights NGO "Workers' Hotline", they lobbied for the Ministry of the Interior to change the administrative procedure for migrant workers wishing to visit their country of origin. Under the existing "inter-visa" procedure, migrant workers had to obtain an intermediate visa to leave and re-enter the country, for which they needed their employer's permission. This meant that migrant workers were highly dependent on their employers' goodwill, and made it impossible for workers who were temporarily unemployed and waiting to find a new employer to fly home and then re-enter Israel. The lobbying was successful; permission for migrant workers to leave Israel to visit their country of origin can now be obtained from either their employer or from a private employment bureau.⁹ This was presented to the workers as a union victory, which convinced more of them to join the new Caregivers' Union.

A second strategy pursued by the Tel Aviv branch organizers was the establishment of a new workers' rights centre to complement the existing workers' rights centre operated by Workers' Hotline. The new workers' rights centre was staffed by volunteer law students who were not members of Koach LaOvdim. The idea was that all workers who approached the centre would receive assistance, regardless of membership, but that during their consultations, they would be invited to join the Caregivers' Union.

Since it opened in the autumn of 2009, the new workers' rights centre has not led to a significant increase in the number of union members. The main problems have been the high turnover of volunteers, their lack of professional expertise, and the fact that Workers' Hotline was much better known. For example, if a case required a lawyer's assistance, the worker was referred to Workers' Hotline; it was therefore easier for workers to go straight to the NGO themselves. In 2011, after some debate about whether a workers' rights centre was an effective and appropriate method for union operation and recruitment, the workers' rights centre run by Koach LaOvdim closed.

The Jerusalem branch of the Caregivers' Union took a different approach. In August 2009, Tevel b'Tzedek volunteers and a group of Nepalese workers began holding discussion groups on working conditions and the option of unionization. The discussion groups led to the creation of a small and dedicated group of migrant care workers from Nepal, Sri Lanka, India, and a few Filipina workers, who became committed to the trade union.

⁹ Ministry of the Interior, procedure 5.4.005, "Issuing an Intermediate visa to migrant workers that are legally in Israel and petition to go abroad and return to Israel" (4 August 2010).

Following a recruitment event based on the Tel Aviv branch model, which was similarly disappointing in terms of member recruitment, the Tevel b'Tzedek volunteers – who had now become the organizers of the Jerusalem branch of the Caregivers' Union – decided that the focus should not be on massive recruitment, but on building a community, encouraging self-leadership, and regularizing decision-making institutions. The idea was to ensure that the migrant care workers themselves would set the union agenda and take control of the union, making it possible for the Koach LaOvdim organizers to step back.

The organizers began their community-building efforts by offering a union leadership course for migrant care workers, during which the workers discussed and learned about organizing skills, workers' rights and first aid, and heard lectures from activists from Workers' Hotline and Physicians for Human Rights. Classes were held once a week for two months. Of the 30 workers who began the course in March 2010, only ten graduated. Since the course had not fulfilled its main goal of creating a strong leadership base, the organizers were unsure how to proceed; as a result, union activity decreased. The leadership course graduates pushed for the union to provide individual assistance to workers, in the same way as a workers' rights centre. However, the model of individual assistance that had been pursued in Tel Aviv was rejected by the Jerusalem organizers, who believed that a union should provide a different, more collective framework. This decision caused some tension between the workers and the organizers, and the future of the Jerusalem branch seemed unclear. After a period of uncertainty, the Jerusalem branch was revitalized, but keeping the leadership group active and holding regular meetings proved to be a challenge. Even the seemingly simple task of arranging the time and date of meetings was not always possible; workers would sometimes "disappear" for various reasons – they might move to a new apartment, change their phone number, or leave for a family visit in their country of origin. Even when information did manage to reach members of the leadership group, they were often unable to commit to meetings in advance: care workers' free time is limited to begin with, and contingent on their employers' schedules and needs. Compounding these logistical constraints, the group could not reach agreement on which goals to pursue, or the strategies for attaining them.

One of the ideas the organizers brought to the leadership group was to attempt collective negotiations with one care agency, which was affiliated with a private employment bureau. By now it had become clear that a collective agreement covering all in-home care work was an overly ambitious goal, since the organizational effort required for industry-level bargaining exceeded the union's capabilities. By contrast, a collective agreement with a single employer seemed possible, though even this strategy was risky, given the contradictory rulings of the Labour Court on the issue of whether a care worker's employer was the care agency or the care receiver. To achieve representation with a specific care agency, the union had to locate an agency with a single office located in Jerusalem, find out how many workers it employed, and convince at least

a third of them to join the union;¹⁰ the union could then be certified as the exclusive representative agent, and would hold a legal right to demand collective bargaining, as well as strike.¹¹

Some doubts about taking collective action were voiced by the care workers themselves. Some were concerned that bargaining with a care agency and, and even more so, going on strike might lead them to act against the interests of their direct employers – the care receivers. In addition, the union organizers discovered that recruiting workers for the objective of collective bargaining was technically difficult, since they were unable to find out who the agency's employees were, or how to locate and recruit them. Such mundane barriers eventually put a stop to the effort to pursue “traditional” union activity.

In an attempt to offer value added to union members by providing services that differed from those offered by workers' rights centres but still addressed individual members' problems at work, Koach LaOvdim introduced a mediation and conflict resolution course. Drawing on previous attempts by Workers' Hotline to foster mediation between employers and care workers, the union organizers set out to train care workers and their leaders to act as mediation facilitators who would assist workers in the mediation process. In the course, participants learned about workers' rights, and the theory and practice of mediation, and received tools for providing effective support and guidance to their peers. The first course was completed in 2011, with ten participants graduating. However, the attempt to encourage mediation, and involve mediation facilitators in the process, remained embryonic.

The bylaws of Koach LaOvdim require all workplaces organized by the union to have democratically elected representatives. The Caregivers' Union was no exception, and the Jerusalem branch organizers encouraged the care workers to hold elections in order to comply with the trade union's democratic ethos. The elections took place in late 2010. There were seven candidates, four women and three men, running for seven seats. This was the core group of activists who had taken part in the leadership course and the mediation programme. The organizers feared that the lack of real competition would reduce interest in the elections, but they were proved wrong. During the two days in which the elections took place, the candidates made great efforts to convince workers to come and vote. The result was a significant increase in union membership, from 80 to 132 workers. The seven candidates who ran for office were elected.

The union's elected leaders share a number of characteristics. Most are from a middle-class background, hold academic degrees, and were employed at the time in a live-out arrangement; others lived with employers who allowed them to carry out union activities. They have all been in Israel for

¹⁰ According to the Israeli Collective Agreements Law (1957) sections 2–4, for a trade union to gain the exclusive right of representation of workers in a single workplace it needs to show that one-third of the workers in the bargaining unit are members of the union.

¹¹ Section 33(h)(1) of the Collective Agreements Law (1957); National Labour Court 64/09 *Koach LaOvdim – The Jerusalem Cinematheque* (2 July 2009).

several years, and their employment situation is flexible enough to allow them to dedicate time to the union.

After the elections, the elected representatives began to meet regularly. They drew up a “constitution” setting out the union’s long- and short-term goals; participated in parliamentary meetings in which they voiced – for the first time – the interests of migrant care workers before the Israeli legislature; represented workers in conferences; participated in Koach LaOvdim’s general assembly, meeting Israeli workers’ representatives from other industries and workplaces; and took part in demonstrations against the restriction on market mobility that was introduced into law in 2011. The representatives also became an important community resource; other workers, who were union members, now turned to the representatives with individual problems, to which they found solutions. To formalize their future activities, the elected representatives created three subcommittees, dealing with mediation and conflict resolution, workers’ health, and lobbying for policy change, respectively.

The ultimate objective of the Jerusalem branch organizers was to take a step back and let the workers themselves take the lead, set the agenda, and establish authority. For example, one of the first goals set by the newly elected representatives was to lobby to extend the duration of employment visas in Israel. Currently a care worker’s employment visa is granted for a five-year period. One of the main reasons workers want to extend the visa duration is to enable them to save and remit, after covering the high recruitment fees they pay in the country of origin in order to come to Israel. Many of the Israeli organizers were not in favour of extending the visa duration, because all it meant was that the arbitrary cut-off point for terminating the visa would merely be postponed, and even higher recruitment fees charged, as had been the case when the visa duration had been extended before. After much discussion, the elected representatives opted to set the extension of the visa duration as one of the union’s primary long- and short-term goals. This required the Israeli organizers to take a step back and acknowledge that giving workers a voice could result in the union developing in directions the organizers had not envisioned and did not necessarily aspire to.

After a peak of activity following the elections – including the care workers’ involvement in protesting against the 2011 amendment to the Entry into Israel Law, which restricted workers’ mobility – the care worker union’s activity subsided again. The passage of the amendment they had fought against discouraged the workers. Furthermore, some of the elected representatives became unavailable for union activities because their employment situation had changed or they had to return to their country of origin when their visa expired. These changes significantly weakened the core leadership. Furthermore, the Israeli organizers’ situations also changed, with some of them graduating from university or moving to other projects. The Jerusalem branch is still active, but is looking for a way forward: it is seeking to both rebuild the core group of migrant workers and recruit new, committed Israeli organizers. Owing to the difficulty of pursuing a collective agreement, the Israeli organizers

are now contemplating two alternative options: pursue change through negotiation with the Government over the working conditions of migrant care workers, or join a class action suit initiated by a group of elderly care receivers against the share kept by care agencies of the benefits allocated under the National Insurance Institute's long-term care programme. The branch is also trying to reinvigorate its community activity and outreach.

The potential role of trade unions, and lessons learned from the case study

At the outset we posed two questions. First, is trade unionism a feasible option for migrant care workers? Second, does a membership-based organization that combines the aspects of voice and monopoly have an advantage over other kinds of civil society organizations serving the interests of migrant care workers? The case study describing the organizing drive by Koach LaOvdim can be used to provide some answers to these questions. Some are based on the specific aspects of the migrant care workers' union, and some on more general observations drawn from the case study.

One of the important specific aspects is that the organizing drive was a grassroots movement, although the "grassroots" in question were those of the Israeli organizers, not the migrant care workers themselves. What was striking in the interviews was the passion of the idealistic young activists turned organizers, motivated by both class consciousness and their experience as volunteers in Nepal. They identified with Koach LaOvdim's mission and currently, as students at prestigious Israeli universities, view themselves as part of the union. Koach LaOvdim is not a typical union, however. It is a new, relatively decentralized union that was established in 2007 as an alternative to traditional Israeli trade unions, which are perceived as large, bureaucratic, not sufficiently democratic, and lacking in their outreach to low-wage workers. Nor is the organizing drive itself typical, in terms of its connection with the workers, the large number of organizers involved, and the fact that the mission and strategies of the migrant care workers' union were not those of the typical employer-employees collective bargaining method. The organizing drive is therefore inspiring, on account of the youth and motivation involved, but is hardly characteristic of trade unionism worldwide.

The specific characteristics of the migrant care workers' union give rise to certain problems. The newly established union is still in its infancy and has not yet mastered the full gamut of practices that prevail in the Israeli industrial relations system. The fact that it has not yet entered the sphere of State- and industry-wide bargaining, and does not exert significant influence on political agents, may be both a source of strength and a limitation. We began the study of the organizing drive at a rather early stage, in which it is difficult to expect or assess "hard" outcomes. While the organizing drive's attempt to break new ground, experiment with different strategies (as demonstrated by the distinct paths taken by the two active branches), and take time to nurture the active

leadership of the migrant care workers themselves is part of its appeal, it is also no doubt a source of difficulty. One of the challenges involved is to secure the ongoing support and commitment of the care workers and the Israeli organizers. The role of the Tevel b'Tzedek alumni, and the personal relationships they have forged with the care workers, are crucial and will remain so in the coming years, until the care workers' union matures and regularizes its institutions and activities.

There are a number of more general observations that can be drawn from the case study. There is a good reason why large, mature trade unions did not promote the organization of migrant care workers to begin with: the intense effort involved makes it an unattractive project for large unions, which seek the best allocation of resources in terms of cost/benefit. In addition, the position of migrant care workers in the Israeli economy means that a relatively radical outlook is required on the part of the trade union. The presence, wages, immigration constraints and instrumental position of migrant care workers in Israeli society serve the interests of the State, the Ministries of Finance and Welfare, the middle-class families who rely on their work, and other employers who rely on a flexible Israeli workforce made possible by the presence of care workers at home (Mundlak, 2012; Mundlak and Shamir, 2011; Shamir, 2010). The price to be paid for advocating for migrant care workers is therefore higher than the mere cost of the organizing drive, which is already high. Any attempt to improve the lot of these workers is perceived as being at the expense of groups of Israeli society "insiders", and may therefore carry a high political pricetag.

The problems of the organizing drive described in the case study reflect the findings of similar organization drives; indeed, at a certain level of abstraction the problems reported seem to transcend national variances (Boris and Klein, 2006; Delp and Quan, 2002; Schwenken, 2003; Smith, 2000). What the organizers envisioned in the initial stages was a typical trade union. Low membership costs and the promise of delivering collective action were expected to attract many workers who encounter day-to-day problems associated with their work. Pooling together their little power as individuals would give them leverage to improve their lot; the idea was that, drawing on the power of the threat to strike and the legal right to collective bargaining, they would be able to negotiate better working conditions and politically influence the system with regard to a number of important issues, including visas, health care and statutory regulations concerning their work arrangements. The organizers had a vision of migrant care workers as an international and diverse group, pulling together in solidarity, calling for change and striking against their employers. When it came to transforming that vision into practical strategies, however, numerous barriers arose. The barriers fell broadly into two categories: those arising from the occupation and alienage of migrant care workers, and those arising from legal and industrial factors. We will now consider these barriers, and how they call for a rethinking of the traditional role of trade unions when it comes to organizing migrant care workers.

Barriers arising from the occupation and alienage of migrant care workers

There are several barriers arising from the occupation and alienage of migrant care workers, which start at the most mundane level. First, in-home care workers are largely isolated from their peers (Delp and Quan, 2002). Gathering workers together for the purposes of recruitment, as is done in an industrial plant for example, is a challenge in itself, but is considerably more difficult in the case of dispersed workers. The status of alienage also has an effect on workers' cost-benefit calculations; the problem is not necessarily rooted in membership dues, but in fear of reprisal and the implications of being identified as a "troublemaker" by their direct employer (the care receiver and his or her family), care agencies or the immigration police, especially considering the financial risk many of the workers have undertaken in order to have the opportunity to work in Israel.

Migrant care workers have more to lose than other workers attempting to unionize. Many of them view their presence in Israel as temporary, even if this temporary situation may end up lasting for many years, and their primary interest is to maximize their income and avoid the worst-case scenario of deportation. Their aversion to risk is so strong that they will settle for what they have rather than dare to bring about change, the results of which are unknown. It is therefore not surprising that the care worker leaders were relative veterans in Israel, some of whom intended to return home in the near future, with others having managed to obtain a lucrative position with more flexible and secure working conditions and schedules.

Moreover, some migrant care workers perceive their stay in Israel as being based on a quasi-contractual arrangement, in which they get what they signed up for. When they consider the advantages and disadvantages of working in Israel in comparison to the alternatives offered in other countries, such as the Gulf States, or to their options in their countries of origin, they may conclude that their situation in Israel, while far from perfect, is better than the alternatives. Consequently, they have difficulty in "naming" the problems they encounter; in "blaming", since they perceive the institutional arrangements as a given, and do not necessarily hold their direct employers responsible; and in "claiming", since they see themselves as aliens who must find their way through the intricate labyrinth of the administrative and legal systems (Felstiner, Abel and Sarat, 1980). The barriers to "naming, blaming and claiming" are particularly difficult in regard to the care workers' immediate employers – the care receivers – because care workers' work ethics and commitment undermine their perception of wrongdoing by others and their willingness to blame and claim (Hale, Barrett and Gauld, 2010, pp. 93–108).

A final barrier relates to the community structure of migrant workers generally, and care workers in particular. The strong communities and networks that migrant workers develop are often based on their country of origin (Parreñas, 2001). Communities and individuals tend to compete with one another for work opportunities, and in related areas of scarcity such as housing. There

is a tension between the call for solidarity and the boundaries of competition and exclusion that govern the communities. In our case study, Koach LaOvdim's membership base was mostly comprised of "minority" groups within the migrant worker community in Israel, from Nepal, Sri Lanka, and India. Recruiting Filipina workers, who make up the large majority of care workers in Israel, was only partially successful. We surmise that this is because the Filipino community is better organized, with a variety of strong and active community- and church-based organizations, as well as strong ties to their embassy in Israel. Furthermore, in Israel's ethnically segmented care work market, the Filipina workers are the group of workers most in demand. Relying on their own community resources and somewhat greater market power, the Filipino workers in Israel did not want to join a "minorities" union. The fact that the organizing drive succeeded in bringing together workers from India, Sri Lanka, Nepal and the Philippines can only be attributed to the extraordinary efforts of the organizers (Israelis and care workers alike).

Barriers arising from legal and industrial factors

Beyond the problems associated with care work itself, and the characteristics of the care worker community, the case study also illustrates a host of legal and industrial factors that inhibit the realization of the trade union vision. There are three possible levels of unionization, each of which raises different problems. The first, immediate level of unionization is that of the household, i.e. the care receivers, whom case law generally considers to be the primary employer. However, as long as the household "workplace" has only one worker, there is no real possibility of engaging in collective action. This problem has haunted the organization of in-home care workers – whether under a guest workers immigration regime or not – wherever it has been attempted (Boris and Klein, 2006). Comparative studies suggest that where unionization has succeeded, it has required creativity and innovation, political pressure, and broad coalitions between care receivers and care providers, and ultimately legal and institutional change as well (ibid.; Delp and Quan, 2002; Rhee and Zabin, 2009).

A second, intermediate level of unionization is that of the agency, i.e. the care agencies or private employment bureaux, which employ large numbers of workers and can therefore potentially serve as the site for collective action. The problem at this level, however, is the more general problem of enterprise bargaining. Agencies operate in a competitive environment; targeting one establishment instead of engaging in industry-wide collective action could therefore significantly degrade that establishment's competitiveness. Such organizing attempts in other sectors of the Israeli labour market have encountered strong anti-union animosity, giving rise to union-busting strategies (Mundlak et al., 2013). If such strategies are readily used in large industrial and service corporations that employ Israelis, how much more forcefully are they likely to be deployed against the organization of migrant care workers? At the same time, the logistics of such attempts are even more complicated than for regular

attempts at enterprise bargaining; it is difficult to even identify migrant workers, since they do not work on the agency's premises. Gathering workers together to discuss the possibility of setting up a union, and to forge a sense of solidarity, is problematic for the reasons outlined above, and it is more difficult to address the workers' sense of insecurity and fear of acts of vengeance.

A third, more ambitious level of unionization is that of the relevant industry. Collective bargaining is for the most part effective when it encompasses an entire industry rather than just small segments of it. The advantages of industry-wide bargaining are that it depersonalizes collective action, and reduces both the risk of an individual employer having to shut down and that of retaliation against individual employees. This strategy runs into two problems. First, it detaches collective bargaining from the political agency of each worker, contrary to the grassroots ethos of organizing migrant care workers and granting them a political voice. Second, industry-wide bargaining requires a large union, with the political clout to forge economic and political compromises. Large unions, however, have strong incentives to avoid such bargaining. Evidence from other countries suggests that one way to overcome these problems is to build an alliance between the grassroots organizers and an established trade union, thus exploiting the comparative advantages of both (ILO, 2010, pp. 79 and 84). Not all veteran unions are alike; some have succeeded in devising innovative methods of integrating grassroots organizing within their activities, while others are more resistant to change. Two promising examples of large trade unions that have invested in organizing migrant care workers, despite the immediate costs, are Unison in the United Kingdom, which is advocating for the active participation of migrant workers in the union,¹² and the organizing drive by the Service Employees International Union (SEIU) in California. The latter's strategy was based on broad coalitions with associations of the elderly and persons with disabilities, thus ensuring that it would not be perceived as going against the interests of these groups (Boris and Klein, 2006).

This is not the place to explicate the many technicalities of Israeli labour law, but the rules on bargaining units and exclusive representation mirror the abovementioned problems. Consequently, promoting collective action raises many difficult legal questions, such as who the employer is or what the relevant bargaining unit is. Such questions must be resolved in the courtroom, on the basis of intensive legal intervention. Such litigation is costly and carries the risk of deflecting the organizational energy away from its political grassroots into the sphere of technical and professional legalistic considerations.

There is little leeway for negotiation at all three bargaining levels – household, agency and industry. Trade unions operate against the backdrop of a market economy and seek to change the allocation of power and resources in the marketplace. The employment of migrant workers is heavily constrained by a dense, polycentric regulatory system that leaves very little room for

¹² See: <http://www.unison.org.uk/acrobat/B4847.pdf> [accessed 15 December 2013].

manoeuvre. For example, wages are determined by the National Insurance Institute provisions on care hours; overtime (or lack thereof) is determined by statutes and case law; the duration of employment contracts is influenced by migration law; and even the number of agencies, the number of workers they are allowed to register, and the number of care receivers they cater for are all prescribed by various administrative regulations. Consequently, the main addressee of the trade union's claims is the State. A possible alternative to identifying a market employer is to pressure the State into taking responsibility as the "employer" for the purpose of union bargaining, as has been done elsewhere (Boris and Klein, 2006; Rhee and Zabin, 2009). However, in Israel, the State has crafted the complex regulatory structure precisely in order to avoid such responsibility, both distancing itself from the employment of care workers and diversifying the actors involved so that no particular signatory can be assigned sole responsibility. The union's greatest strength, which is its ability to intervene in market-based negotiations, is thereby diluted.

Rethinking the role of the trade union

Given the above set of constraints, it is necessary to reconsider the traditional view of the role of trade unions – i.e. their power to strike and engage in collective bargaining – when it comes to organizing migrant care workers. Let us return to the question that was posed earlier: given the constraints, what can a trade union provide, in its attempt to integrate voice and monopoly, that the web of separate voice- and monopoly-based organizations, interacting and working together, cannot? Despite the many challenges that the unionization of migrant care workers may face, our view is that the case study illustrates the unique importance of unionization as a method of giving migrant care workers voice in a political context. Admittedly, there are other organizations in which workers have an active voice, but these focus on intercommunity activities. For organizations such as workers' rights centres, migrant care workers are first and foremost clients. Admittedly, there are other options for giving migrant care workers voice in political contexts where the workers themselves set the agenda and take the lead. One example is the British case of collaboration between the self-help group Waling-Waling, in which migrant domestic workers are active, and the campaigning organization Kalayaan, in which advocacy organizations and academics limit their role to that of counseling (Schwenken, 2005). Yet such institutional arrangements are still rare in most workers' rights centres. Moreover, the power of migrant workers in non-union settings is curtailed for two cumulative reasons. First, while NGOs sometimes give workers voice in the political sphere, their institutionalized power is usually weaker and more limited in comparison to the coercive power, rights and privileges granted to labour unions by labour law (Rivchin, 2004; Smith, 2000). Second, while NGOs are often attentive to the needs of workers, a trade union – in its capacity as a membership-based association – forces organizers to relinquish their control over the agenda and let the workers decide.

Conclusion

Given that the Caregivers' Union is in its infancy, it is impossible to predict whether it will be able to overcome the obstacles encountered. The establishment of Koach LaOvdim as a grassroots democratic union has transformed Israeli industrial relations in the short time since it was founded in 2008. Even if traditional trade union activities such as collective bargaining and strikes have failed to materialize, the mere concept of a trade union – membership-based, granting both voice and monopoly – has not been rendered redundant by existing civil society organizations, nor is it likely to be by others to come. A trade union, even if only partially effective under the current circumstances, makes sense as part of the web of organizations in that it gives workers a unique voice. Interacting with other organizations, trade unions can also contribute to assembling a package of benefits that makes membership attractive despite the cost. Through organizing drives such as the one described in the case study, a trade union can – under the auspices of labour law and freedom of association – provide a singular venue for democratically asserting the voice of migrant care workers. Given that full participation for migrant workers – in the form of the right to vote, be elected, and join a political party, at either the State or municipal level – seems politically impossible in Israel today, centering political voice in a trade union is of particular political importance.

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