

ocial protection regimes (Holzman/Avato)	
REGIME I	REGIME II
Access to social security benefits + bilateral agreements	Access to social security benefits in the absence of bilateral agreements
REGIME III	REGIME IV
No access to portable social security but some limited rights to health	Undoc. Migrants & doc. Migrants on the informal labour market

Limits of existing research

- What role for sending societies besides social security agreements?
- Which immigrants are best protected to deal with social risks?
- How do formal and informal social protection interact?



Transnational Social Protection (TSP) as en emerging concept

• Tentative definition of TSP:

Migrants' cross-border strategies to cope with social risks in areas such as health, long-term care, pensions or unemployment, that combine entitlements to host and home state-based public welfare policies and market-, family- and community-based practice

- Peggy Levitt: Resource environment
- Thomas Faist et al.: emergence of new inequalities at the transnational level







Bridging the gap between welfare studies and migration studies' understandings of immigrant social protection





Step 1: Building 2 indexes on "Social Protection from above" in 40 countries



Early findings (1): nationality still matters

 ${\sf EU}$ social security coordination, pushes ${\sf EU}$ MS to opt for residence-based social protection policies

• Denmark and the mobility premium for EU citizens

But national advantages do remain

• Hungary & family benefit



Early findings (2): policy ≠ access

- Non-take up is a well documented phenomenon yet
- "Generous" Social protection legislation for immigrants may also be counterbalanced by migration policies
- Growing interconnections between welfare and migration policies
- Belgium use of welfare as migration control



Early findings (3): State apparatus

- Important variations in the state infrastructure that allow nationals to exercise their "social citizenship" outside of the territory
- Examples:
 - Italy and its patronati
 - UK and the digitalization of welfare
 - Latvia and the "one-stop shop" approach





Step 2: Qualitatively assess Transnational Social Protection Strategies through case-studies





Pilot Case study: Congolese diaspora involvement in host and home countries' health policies



Hypothesis

THE PARTICULAR POSITION OF IMMIGRANTS IN DESTINATION & HOME COUNTRY SOCIAL PROTECTION SYSTEMS SHAPES

- \bullet the way the organize family access to SP across borders
- the recourse to formal and informal strategies



Solidarco: A Transnational Community-based Health Insurance



What is Solidarco?

- Bottom-up initiative of the Congolese diaspora in Belgium
- Partnership with a Belgian Mutual Insurance Society
- Financial support of Belgian authorities (co-development)
- Migrants pay a 30EUR monthly premium to cover up to 7 relatives in Kinshasa
- 172 customers = coverage for 1204 relatives
- Kinshasa office organizes access to care and provides support to beneficiaries

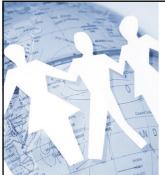
Strengths & weaknesses

- Experience of Belgian health actors
- Reduces financial uncertainty for immigrants
- Facilitates access to care for (some) relatives
- Fragile Socio-economic status of DRC migrants
- Relevance of postcolonial context neglected
- Trust & family obligations
- Competition with local initiatives

"I fear that the diaspora is trying to maintain control (...) over their families with [Solidarco]. They should instead encourage them to join the local community-based health insurance."

Congolese Civil Servant, Kinshasa





Some conclusions

- Relevance of looking at SP policies here
- External dimension of social security greatly understudied
- Focus on the interaction between social policy, consular policies and migration policies needed
- No dichotomous division between formal vs informal strategies



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