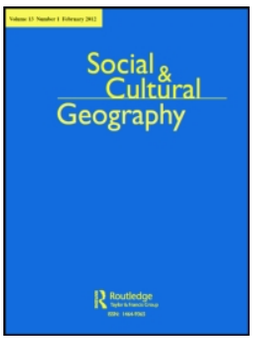

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Neoliberal austerity and the marketisation of elderly care

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Taking the recent debate on austerity as a starting point, this paper discusses contradictions in current processes of neoliberalisation using the marketisation of elderly care in Switzerland as an example. Just as in other countries, an austerity rationality in public spending and the neoliberal restructuring of public health services paved the way for the emergence of private suppliers of 24 hours home care. These new agencies hire migrant women from Eastern European countries and sell packaged care services to the elderly. In so doing, they play a key role in reconfiguring care according to a market logic. They shape the working conditions of live-in migrant care workers and the definition of care itself as a marketable good. In our paper, we analyse the strategies of these new corporate intermediaries based on a market analysis and on interviews with their representatives. We argue that the marketisation of elderly care in Switzerland is illustrative of today's neoliberalism in that it combines progressive and regressive aspects and owes its emergence to its ambiguous entanglement with many other discourses. The paper illustrates how the transformation of the home into a new space of commercialised care relies on the production and economic valorisation of social and mobility differentials.

Keywords: migration; mobility; labour; neoliberalism; care economy; Switzerland

L'austérité néolibérale et la commercialisation des soins aux personnes âgées

En prenant le débat récent sur l'austérité comme point de départ, cet article discute des contradictions dans les processus actuels de néo libéralisation en utilisant la commercialisation des soins aux personnes âgées en Suisse comme exemple. A l'instar d'autres pays, une rationalité d'austérité dans les dépenses publiques et la restructuration néo libérale des services de santé publique ont ouvert la voie à l'émergence de pourvoyeurs de soins à domicile 24 heures sur 24. De nouvelles agences embauchent des femmes immigrées de pays d'Europe de l'Est et vendent un ensemble de services de soins aux personnes âgées. Ce faisant, elles jouent un rôle clé dans la reconfiguration des soins selon une logique de marché. Elles déterminent les conditions de travail des travailleurs immigrés à domicile et la définition des soins-mêmes en tant que produit commercialisable. Dans notre article, nous analysons les stratégies de ces nouvelles entreprises intermédiaires à partir d'une analyse de marché et d'entretiens avec leurs représentants. Nous arguons que la commercialisation des soins aux personnes âgées en Suisse représente bien le néo libéralisme actuel, en ce sens qu'il associe des aspects progressifs et régressifs et doit son émergence à son implication ambiguë dans beaucoup d'autres discours. L'article illustre comment la transformation de la maison en nouvel espace de soins commercialisés repose sur la production et la valorisation économique de différentiels sociaux et de différentiels de mobilités.

Mots-clés: immigration; mobilité; travail; néo libéralisme; économie des soins; Suisse

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Austeridad neoliberal y la mercadotecnia aplicada a la atención de personas mayores

Tomando el reciente debate sobre la austeridad como punto de partida, el presente trabajo analiza las contradicciones en los actuales procesos de neo-liberalización utilizando como ejemplo la mercantilización aplicada a la atención de personas mayores en Suiza. Al igual que en otros países, una racionalidad de austeridad en el gasto público y la reestructuración neoliberal de los servicios de salud pública allanó el camino para el surgimiento de proveedores privados de cuidados en el hogar de 24 horas. Estas nuevas agencias contratan a mujeres migrantes de países de Europa del Este y venden paquetes de servicios a los ancianos. Al hacerlo, juegan un papel clave en la reconfiguración de la asistencia de acuerdo a una lógica de mercado. Dan forma a las condiciones laborales de los asistentes migrantes cama adentro y a la definición de la asistencia en sí misma como un bien comerciable. En nuestro trabajo, se analizan las estrategias de estos nuevos intermediarios corporativos basados en un análisis de mercado y en entrevistas con sus representantes. Se sostiene que la mercantilización de la atención a los mayores en Suiza ilustra el neoliberalismo de hoy, ya que combina aspectos progresivos y regresivos y debe su aparición a su ambigua implicación con muchos otros discursos. El documento ilustra cómo la transformación de la casa en un nuevo espacio de atención comercializada se basa en la producción y la valorización económica de las diferencias sociales y de movilidad.

Palabras claves: migración; movilidad; trabajo; neoliberalismo; economía de asistencia; Suiza

1. Introduction

In the wake of the financial crisis of 2007/2008, political decision-makers in many countries of the global North resorted to unpopular policy measures. They imposed strict fiscal discipline and cut public spending in the hope of restoring budgetary integrity, securing the confidence of investors, and paving the way to renewed growth. In the popular media and academic literature alike, 'austerity' quickly became the catchword for these attempts to cope with 'post-crisis' uncertainties at different spatial scales (Blyth, 2013, p. 2; Peck, 2012, p. 626).

Despite the current excitement over an apparent 'age of austerity' both in the popular media (e.g. Goldfarb, 2014; Krugman, 2014) and the scholarly literature (e.g. Edsall, 2012; Schäfer & Streeck, 2013), austerity is nothing new. As an idea, it lies at the heart of the paradoxical treatment of the state in liberal economic thinking: On the one hand, the state is despised as a wasteful villain that obstructs the self-equilibrating market system. On the other hand, the state is expected to ensure the functioning of markets, and state intervention is called upon to guard against the self-destructive forces of the capitalist system (Blyth, 2013). This tension between austerity (fiscal and monetary retrenchment) and 'wastefulness' (expansionary fiscal and monetary policies) has been a key area of contestation in modern economic thinking. With the rise of neoliberalism as the dominant economic policy script, this tension has come to be increasingly resolved in favour of austerity. As a historical marker, which distinguished Austrian liberalism from more pragmatic versions of liberal economic thinking (e.g. Keynesianism), austerity thus became a defining element of the neoliberal project (Blyth, 2013, p. 101). This is what we refer to as 'neoliberal austerity'.

Notwithstanding the differences between the positions , it has become widely accepted in the debate about neoliberalisation that concrete political formations always emerge from the interplay of different, often contradictory logics. These political formations may be labelled as 'neoliberal' because core elements of neoliberal thinking play a very prominent role in them, but at the end of the day they are the result of particular (re)

combinations of diverse rationalities (Collier, 2012; Peck, 2013). Or to put it with Stuart Hall, they arise from an arbitrary process of articulation that forges connections between complementary and contradictory elements, producing 'unity in difference' that can only be stabilised temporally (Hall, 1985).

Our paper discusses these contradictions and connections in processes of neoliberalisation using the example of the marketisation of elderly care in Switzerland. In the recent past, a new type of care provider has entered the scene: Private agencies sell packaged 24 hours home care services to Swiss households. As we will show in this paper, the marketisation of elderly care services does not necessarily imply a straightforward and linear shift from state towards market provision. In the case of Switzerland, this is mainly for two reasons. The first concerns the role of the state itself, while the second is related to the way concrete care markets are performed.

Switzerland has always had an affinity for austere budget discipline and a lean state. In consequence, state involvement in elderly care was low in the first place. The country predominantly relied on the provision of unwaged care work by (female) household members and out-of-pocket payment for care services by the elderly and their families. In the recent past, the restructuring of the Swiss public health sector according to an entrepreneurial logic (New Public Management) opened the way for the marketisation of care. Today's health policies increasingly include elements of market competition and make use of market devices to calculate or benchmark care work. Our argument is that these aspects of austerity and neoliberalism provided the window of opportunity that enabled the emergence of a new private market for 24 hours home care services.

However, the newly emerging entity is not simply modelled on a rational market logic. Taking up scripts that postulate an end to the traditional distinction between economic value and social values, corporate care providers represent their services as being more humane than public alternatives. This can be connected with the wider tendency among political and economic decision-makers to give neoliberalism a more progressive appearance after radical 'roll-back policies' have become largely discredited (Peck & Tickell, 2002). This shift has gained further momentum with the recent emergence of behavioural and experimental economic thinking and the corresponding reframing of policy interventions (Boeckler & Berndt, 2013; Pykett, 2013). Workfare policies, for instance, are represented as demanding and compassionate at the same time, and academic scholars and practitioners have been reimagining the business corporation as a diverse organisation that is socially responsible and sensitive towards social difference (e.g. Kossek & Pichler, 2008). Our paper explores these progressive and regressive entanglements of neoliberalisation based on the example of elderly care.

The paper is structured as follows. After discussing Switzerland's relationship with austerity and neoliberalism in more detail, we interrogate how this relationship shaped the provision of care and paved the way for a newly emerging private market for providers of 24 hours home care services (Sections 2–4). Drawing on the existing literature and our own research findings on migrant home care workers, we discuss the implications of the current reconfiguration, arguing that we are witnessing the transformation of the home into a new space of marketised care (Sections 5–7).

Based on a market analysis and interviews with representatives of private home care agencies, we then analyse the strategies and practices of these new market actors. We first show how the agencies draw on discourses of compassion, individuality, autonomy and emancipation to highlight progressive aspects of the marketisation of care (Section 8). In a second step, we point to less visible and more regressive aspects such as the fact that

social differences are only valorised in terms of how they can be utilised in the market (Section 9).

From a geographical perspective, these progressive and regressive aspects are connected to various forms of mobility and immobility for care workers as well as for care recipients. Processes of neoliberalisation produce configurations in which 'some people's immobility is necessary for other people's mobility' (Boltanski & Chiapello, 2005, p. 362). This is also true in our case. We argue below that many elderly Swiss citizens are only able to stay in their private homes with the help of migrant care workers. Their privileged immobility therefore rests on the transnational mobility of those who take care of them. In a further twist, the demands of 24 hours care tie these workers to their workplaces, temporarily placing them in a situation of forced immobility. We aim to show in our analysis how the marketisation of care implies the production and economic valorisation of such mobility differentials. While this includes progressive as well as regressive aspects, policies and corporate strategies often rely upon and reproduce the very inequalities they pretend to remedy.

2. Switzerland's relationship with austerity and neoliberalism

Although there have increasingly been signs of fiscal stress, Switzerland has so far weathered the cascading series of crises following the melt-down of US mortgage markets surprisingly well. From a contemporary Swiss perspective, talk about an 'age of austerity' therefore makes little sense. The arguably draconian austerity measures implemented in the UK or in the struggling economies of Greece, Spain, and Portugal are all but absent in Switzerland. Nevertheless, the country has always had a special relationship with austerity, or rather with the (neo)liberal idea that the state should avoid spending more than it earns at all costs.

With regard to monetary policy, for instance, Switzerland – together with Germany – has been among the first countries to adopt money-supply-oriented policies after the collapse of the Bretton Woods regime, acquiring the image of a 'sanctuary of monetary discipline' (Halbeisen & Straumann, 2012, p. 1052). Fiscally, the country prides itself on its competitive tax level that burdens corporate profits and private income to a much lesser degree than neighbouring nations' tax regimes. Owing to the paramount importance attached to monetary stability there is little scope for expansionary policy interventions by the state.

The prominence of the austerity principle is illustrative of the crucial role that liberal economic values have traditionally played in Swiss society. From this perspective, Switzerland has always been a (neo)liberal country. Fiscal prudence and discipline, individual freedom and responsibility, a business-friendly environment: liberal values are defining elements of Swiss national identity. They retained their prominent standing even when other comparable countries turned to more pragmatic Keynesian approaches (Halbeisen & Straumann, 2012, p. 992). This emphasis on individual responsibility was the main reason why Switzerland introduced social insurance systems much later than other European countries (Studer, 2012, p. 925). For example, the Swiss voted against the introduction of a paid maternity leave in 1984, 1987 and again in 1999. Maternity benefits came into force only after a fourth national referendum in 2004 (Swiss Parliament, 2004). In consequence, Swiss households were to a great extent expected to provide for themselves.

But it would be short-sighted to view the situation in Switzerland as an ideal translation of neoliberal thinking into political practice. Economic success has long been

built around dense corporatist structures, interlocking networks between key national companies in industry and finance, and cartel-like arrangements (a setting which has been labelled 'Alpenfestung' or 'Alpine fortress'; David & Mach, 2012, p. 837). And the generally flexible Swiss labour market is circumscribed by an institutional system termed *Sozialpartnerschaft*, which leaves it largely to representatives of labour unions and employers' associations to negotiate industry-wide, collective wage agreements and regulate the labour market. Switzerland also combines strong export performance with high wages and high domestic demand, much unlike Germany, for example, where wages and domestic demand are considerably lower.

The above discussion of Switzerland's relationship with neoliberalism and austerity illustrates that political formations are always (re)combinations of different rationalities that complement or compete with each other. Complex entanglements aside, we argue that austerity has not resurged in Switzerland as it has in many other countries of the global North following the financial crisis. Rather, its core demands for a lean state and balanced public budgets have always had a strong influence on Swiss social and economic policies and continue to shape them today.

This is not to say that Switzerland has remained unaffected by the current austerity discourse. On the contrary, the popular claim that there is no alternative to harsh austerity measures bolsters the case for those who propagated fiscal discipline all along. Recent developments in Greece in particular are now recounted as the story of what happens when a state splurges, and serve as an effective cautionary tale: If we don't adhere to a strict fiscal discipline, we will turn into another Greece (Blyth, 2013, p. 72; Krugman, 2013). This discourse has readily been adopted in the Swiss popular debate (e.g. Kunz, 2012).

The prominent role of austerity is also reflected in elderly care policies. Many countries in the West have addressed the demographic challenge of an ageing population by introducing measures to cover the cost of care for the elderly. Some countries cover costs within their existing public health systems (e.g. the UK, the Netherlands, and Norway), while others introduced new tax- or insurance-funded welfare policies (e.g. Austria in 1993, Germany in 1995, Luxembourg in 1998, and Japan in 2000) (Oggier, 2010, p. 110).

In Switzerland, the state has largely refrained from involvement in elderly care (Swiss Federal Statistical Office, 2010a, pp. 52f.; Swiss Federal Department of Home Affairs, 2010, p. 23; cf. Organisation for Economic Co-operation and Development [OECD], 2011c). For instance, unlike neighbouring nations, the country has so far not introduced an elderly care insurance. Expenditures for medical treatments are covered by mandatory health insurance. Additionally, there is a benefit system for invalidity and some supplementary benefits to pensions for low-income households. Apart from these subsidies, the cost of elderly care is to be borne by the individuals themselves (OECD, 2011c).

As a consequence, Swiss care recipients and their families cover a far greater share of long-term care costs compared to their counterparts in other member countries of the OECD. On average, Swiss long-term care recipients cover 60% of the costs out of their pockets. Even if we deduct indirect benefits granted via invalidity insurances and pension subsidies for low-income households, the figure still amounts to 36%. Most OECD countries report figures between 0% and 20%, and even the US ranges no higher than 22% (OECD, 2011a, p. 230).

In the Swiss parliamentary debate, a majority has always resisted calls for the introduction of care benefits for the elderly. Their main argument is that Swiss culture places the primary responsibility for care on the family, not on the state. Instead of introducing benefits, they referred to existing tax reductions for voluntary payments to

private care insurances (Forster-Vannini, 2006). First and foremost, they propagated the mobilisation of family and other informal social networks (Swiss Federal Council, 2007, pp. 13f.; Oesch & Künzi, 2008). Relevant policy documents additionally postulate responsibility of the individual to save for old age and insist on an austere discipline of the state (e.g. Forster-Vannini, 2006; Free Democratic Party, 2011; Parliamentary Commission for Social Security and Health [KSG-N], 2007; Swiss People's Party [SVP], 2012). In light of these demands it is little surprising that care costs amount for a relatively large share of expenses in Swiss households that include elderly in need of care.

3. Introducing market competition in health care

Although the Swiss health system has been spared severe direct budget cuts, it has undergone a number of new public management reforms. These aimed at making health care more efficient by introducing tools based on market competition and business management. Within the last two decades, many state run hospitals were given independent legal forms, independent managements and global budgets (Berger, Martin, & Wegmüller, 2010, p. 375). Furthermore, in 2012, all hospitals had to switch to a new case-based accounting system. They are no longer refunded based on the actual costs a patient produced, but receive a global allowance depending on the diagnosis. A hospital will get a fixed amount of money for each caesarean, for example (Berger et al., 2010, p. 387; OECD, 2011b, p. 51). And finally, patients are now allowed to choose the hospital they want to go to. All these measures put hospitals in competition with each other, inducing them to cut costs. In terms of effects on elderly care, the reforms have already contributed to reducing the number of nights that patients stay in hospital after an operation or a treatment (Greuter & Schilliger, 2010, p. 154). As a consequence, part of the care during convalescence has been transferred from the public health system to private households.

Nursing homes had to introduce a new system of allocating costs, too. This measure aimed at improving transparency and efficiency by distinguishing between medical treatments and other care services. The former are covered by health insurance, and the latter must be paid by the care recipients themselves (OECD, 2011b, p. 52; Swiss Federal Social Insurance Office [BSV], 2011, p. 53). As a result, many nursing homes had to raise their fees.

The same applied to providers of domestic care services. If they wanted to retain their right to provide services under the umbrella of public health insurance, they had to adopt a rigid time control scheme. This system defines down to the minute how much time a care worker is allowed to spend on a specific task. If a service is not defined as a medical treatment, it has to be paid by the care recipient. A further result of this is that care workers spend much less time in the individual households than before (Greuter, 2010; Schilliger, 2009).

In sum, these new public management reforms have transformed the provision of health care in Switzerland enormously. They can be regarded as part of a neoliberal agenda in the sense that they all instil competition among service providers. Benchmarking in particular increases the pressure on these actors to perform. Having been introduced successively and labelled as mere management reforms, these measures were much less visible than the direct budget cuts typical of radical turns to austerity. Nevertheless, they equally shifted some of the responsibility from the public health system to individual care recipients and their families (Schilliger, 2014, p. 125). In addition, they opened a space for new players and enabled the emergence of a market for 24 hours elderly care.

4. Driving forces towards a new commercialised market for elderly care

The austere budget discipline and the introduction of market competition via new public management reforms were certainly not the only driving forces that led to the emergence of a new commercialised care market. They coincided with a number of trends that Switzerland shares with many other countries. First, the Swiss population is ageing at an unprecedented rate. The most recent demographic scenario of the Swiss Federal Statistical Office estimates that the population aged 80 and older will more than double within the next 50 years. In 2060, more than one million people out of a total population of eight million will be aged 80 or older (Swiss Federal Statistical Office, 2010b, p. 28). In light of the increasing share of the population reaching old age, the number of people suffering from Alzheimer's and other forms of dementia is expected to grow rapidly; and since these diseases often require extensive care around the clock, the demand for such care will grow at the same rapid pace (Höpflinger, Bayer-Oglesby, & Zumbrunn, 2011).

Second, a transformation of the gender regime is challenging previous assumptions about care responsibilities. Switzerland strongly relied and still relies on a distinctly gendered division of labour, which assigns care to female family members (cf. Swiss Federal Statistical Office, 2010a, pp. 52f.; Swiss Federal Department of Home Affairs, 2010, p. 23). The gendered norms include the cultural notion that care responsibilities – especially childcare – should not be outsourced (cf. Schwiter, 2013). Until recently, it was fairly uncommon to buy care services on the market, all the more so because Switzerland traditionally counted a large number of single-earner families organised according to the male breadwinner/female carer model (Bühler, 2001, pp. 77–98). Within three decades, however, the percentage of women in paid labour increased dramatically from 45% in 1970 to 77% in 2000 (Bühler & Heye, 2005, pp. 9, 73). Today, Switzerland has one of the highest female employment rates of all OECD member states (OECD, 2007, p. 45). Part of this increase can be attributed to an above-average growth in part-time work (Swiss Federal Statistical Office, 2012b). Part-time work in principle allowed women to enter the labour market while continuing to comply with expectations regarding their role as primary family carers. Nevertheless, the extended participation of Swiss women in paid employment – which was not accompanied by an equivalent increase in men's participation in reproductive labour – has reduced the availability of family members for unpaid care work dramatically. Additionally, families have become smaller, divorces have grown more numerous, and mobility has increased. As a result of these changes, it has become rare for elderly people and their children to live in the same household or even the same village or part of town, which further reduces the number of people that can give care to family members.

Third, Switzerland signed a bilateral agreement with the European Union (EU) on the free movement of people. The so-called Schengen Agreement allows EU citizens to take residence and work in Switzerland. It first came into effect in 2002 and was extended to include the newly admitted Eastern European countries (EU-25) in 2006, followed by Bulgaria and Romania in 2009 (Swiss State Secretariat for Economic Affairs [SECO], 2012). As in many other countries in Western Europe (cf. Wills et al., 2010), the opening of the European labour market encouraged a large number of people from Eastern European countries to migrate to Switzerland in search of work (Swiss Federal Statistical Office, 2012a). This multiplied the number of people legally entitled to work and willing to do so for low wages. In the context of comparably high salaries and low unemployment rates in Switzerland, the availability of these workers played an important role in enabling the emergence of a commercialised care market.[1]

5. Gendered and ethnicised im/mobilities in home care work

The above-mentioned scarcity of care benefits, the introduction of market competition in public health provision and the accompanying societal changes have created a growing care gap. Elderly people and their families are increasingly forced to take on responsibility for managing their care needs and to consider buying care services from commercial providers (Claassen, 2011; Hall, 2011; McDowell, Ray, Perrons, Fagan, & Ward, 2005; Schwiter, Berndt, & Schilling, 2014; Wigger, Baghdadi, & Brüschweiler, 2013). In this context, we have analysed the recent emergence of private care agencies, which employ migrants as live-in care workers in order to offer 24 hours home care services to the elderly. A live-in regime implies that care workers live with the care recipients and look after them around the clock. Workers are expected not only to cater for the physical and emotional needs of their 'clients', but also to help with additional reproductive tasks such as cleaning, washing, shopping, and cooking.

While this is a newly emerging market in Switzerland, an extensive body of literature on live-in care workers already exists for other geographical contexts.[2] This literature illustrates, first of all, that labour in the home care economy is highly gendered and ethnically segregated (cf. Busch, 2013; Cox, 2013). The workforce consists predominantly of migrant women who travel from poorer to richer countries, with specific migratory patterns in different geographic contexts. For instance, studies document South East Asian – especially Filipino – migrants working in households in the US (Ehrenreich & Hochschild, 2002; Parreñas, 2001), Canada (England, 1997; England & Dyck, 2012; Lee & Pratt, 2012; Pratt, 2005, 2012), Italy (Parreñas, 2001), Greece (Anderson, 2000) and Israel (Shamir, 2013). Furthermore, there are studies on Indonesian care workers who migrate to Taiwan (Lan, 2006) and on Peruvian women who work in Spanish homes (Escrivà & Skinner, 2008). In Germany (Hess, 2009; Karakayali, 2010; Lutz, 2011; Strüver, 2011) and in Switzerland (Schilliger, 2009), most of the home care workers come from Eastern Europe. A useful international overview of work prior to the turn of the millennium is provided by Momsen (1999).

On the one hand, sending countries such as the Philippines strategically export domestic labour as a key source of national income (Parreñas, 2001, pp. 51ff). On the other hand, recipient countries create specific immigration schemes for home care workers to address labour shortages or other market-driven needs for a flexible, inexpensive work force (cf. Pratt, 2004, 2005; Shamir, 2013). By regulating immigration flows and setting labour standards, states play a key role in shaping the globalised market of home care work (Hess, 2009; Lutz, 2002).

In order to theorise the global migratory patterns of home care workers, Hochschild (2000) developed the concept of 'global care chains'. The term captures the fact that the division of paid and unpaid care work links a series of persons across the globe: women of poorer countries look after care recipients in richer countries while their own dependants are cared for by female relatives or women from even poorer countries. Framing these transnational care relationships as 'global care chains' draws attention to the fact that the devaluation of care work within capitalism allows households in the First World to delegate care work to migrant women. However, the care gain in richer countries is mirrored by a care drain in poorer countries. Hochschild discusses the phenomenon as 'emotional imperialism' (Hochschild, 2002). She argues that today, 'love' in the form of care work is the 'new gold' that is extracted from poorer countries, commodified, and accumulated in the richer countries (Hochschild, 2002).

While the care chain framework foregrounds care relations that link households across the globe from a network perspective (Yeates, 2012), another strand of literature focuses on mobilities. For migrant workers, being part of a 'care chain' means meeting the challenges of a life that stretches across the globe. Typically, they leave family behind in their countries of origin. Taking care of other people while one's own dependants are far away and have to make do without the care of a mother or relative can cause additional emotional strain (Hochschild, 2002; cf. Pratt, 2012). Furthermore, care workers often live either as undocumented immigrants or as unregistered workers, constantly in danger of being discovered and reported. As immigrants, they face manifold discriminations on the labour market and limited options of entering other occupations or developing their careers (Bakan & Stasiulis, 1995).

The existing literature from a mobilities perspective focuses on care workers and the challenges they and their families face in managing transnational lives. However, growing attention is being paid to other dimensions of im/mobility too. State regulations increasingly stretch beyond national borders in order to govern the lives of migrant care workers abroad (Raghuram, 2012). Policies travel and are taken up and adapted in different contexts (Peck & Theodore, 2010). There is also a rise of labour market intermediaries that work on a transnational scale (Lindquist, Xiang, & Yeoh, 2012). Our study contributes to this growing body of research by looking at how mobilities are intertwined with, and depend on, immobilities. How is the mobility of the care workers intertwined with the immobility of the care recipients? And to what extent may ostensibly mobile care workers be immobilised in the households of the care recipients and in their home countries?

6. The household as a precarious workplace

Moving from the challenges of transnational lives to the scale of the household, the existing literature documents it as a precarious workplace (cf. Vosko, 2011). Transforming the space of the home into a workplace dissolves existing demarcations between private and public spheres, between formal and informal labour and between dependence and independence (Green & Lawson, 2011; Milligan, 2003, p. 458). It creates a new workspace that remains shielded from public control. In Switzerland – as in many other countries – the household as a workplace is not covered by labour law (Medici, 2012). Hence, work in the household is typically low-paid and often precarious, informal and temporary (Swiss Federal Department of Home Affairs, 2010). Many migrant care workers have no formal employment contracts and no access to social security, unemployment insurance, and health care benefits. Often, they lack the means of enforcing their rights as workers such as the timely payment of their salaries (Anderson, 2000; Hess, 2009). Even though the EU agreement on free movement of workers gives migrants from Eastern European countries the right to take residence and work in Western Europe, the irregularity of their working conditions has remained largely unchanged (Karakayali, 2010).

Live-in home care workers are especially vulnerable to exploitation because they live in the households of the care recipients. Living in limits opportunities to leave the workplace and communicate with other people. Furthermore, it makes it extremely difficult to adhere to the stipulated working hours and claim time off work (Hess, 2009; Lutz, 2011).

What is more, caring for another person differs from other types of work in that service quality necessarily depends not only on manual but also on emotional labour (cf. Folbre,

2001). Care means being close and includes intimate bodily contact that is associated with 'dirty' work (Dyer, McDowell, & Batnitzky, 2008, p. 2081; England & Dyck, 2012, p. 2). However, notwithstanding the low esteem in which care work is held in our societies, a number of studies emphasise that care workers not only suffer passively from transnational livelihoods and difficult working conditions. They are also active agents who adopt a number of strategies to improve their livelihoods and are capable of shaping their own lives (Strüver, 2011; Truong, 2011; for an overview see Pratt, 2005).

7. Care migrants as long distance commuters and care agencies as employers

Most of the above findings on migrant care workers and their working conditions are transferable to the situation in Switzerland. The Swiss care migration regime, however, operates differently in two respects. The first considers the temporal pattern of migration. In other geographical contexts, care workers often stay in the recipient countries for longer periods of time and do not return home more than once or twice a year, if at all. By contrast, Switzerland's (and Germany's) geographical proximity to the main sending countries, Poland and Hungary, facilitates a system of short-term circular migration (Morokvasic, 1994; Schilliger, 2013; Strüver, 2011). Live-in care workers typically commute between home country and host country every 2–12 weeks. They share their care recipient with another worker, replacing each other during absences, typically for periods of equal length. While transnational care migration elsewhere usually means leaving the home country for an extended period of time, many care workers in Switzerland (and Germany) are in fact long-distance commuters who 'settle in mobility' (Morokvasic, 2004, p. 7). Their specific commuting strategy allows them to earn money abroad while still spending an equal share of time in their home countries.

Second, in the case of Switzerland, agencies not only serve as brokers by connecting care workers with care recipients for a fee, but also act as employers. In this respect, they play a key role in shaping working conditions in the live-in care sector. Thus far, labour market intermediaries such as recruitment agencies and labour brokers have received comparatively little attention from scholars. Despite their dramatic increase in number and their growing influence in the market, they are the 'black box of migration research' (Lindquist et al., 2012, p. 7). This omission is particularly pertinent to the realm of home care (Elrick & Lewandowska, 2008; Schilliger, 2014, p. 22).

Overall, the existing literature tends to demonise migration brokers, blaming them for the exploitative and unequal nature of migration processes (McKeown, 2012). In the context of care migration, in particular, they are regarded as central to the social construction and reproduction of gendered and racialised stereotypes about who is an appropriate person for providing care work (Bakan & Stasiulis, 1995; Findlay, McCollum, Shubin, Apsite, & Krisjane, 2013). They often charge considerable fees for their services and thus increase the costs of migration. Furthermore, they are often associated with illicit, illegal and abusive practices such as human trafficking (Lindquist et al., 2012).

However, the role of labour market intermediaries is not limited to matching labour supply with demand for a fee. They actively facilitate migratory movements, provide accommodation upon arrival and offer social and emotional support in the destination country (Elrick & Lewandowska, 2008; Stiell & England, 1997). The concrete performance of labour recruitment agencies in this respect strongly depends on the countries involved, with national-level state regulations playing a particularly important role (Krawietz, 2010; cf. also Peck & Theodore, 2002; Strauss, 2013).

In sum, there is an urgent need for detailed analysis of the roles that labour market intermediaries play in enabling and infringing mobilities of specific groups of people. This paper seeks to help fill this gap. It does so by focusing on the example of Switzerland, where intermediaries play an especially salient role, as they frequently act not only as brokers, but also as formal employers of live-in care workers.

8. The progressive aspects of an emerging new market

To explore the role of care agencies, we first conducted a market analysis of these newly emerging suppliers of live-in care for the elderly. For this purpose, we collected all available information on leaflets, flyers, websites, and in the media for an initial document analysis. In total we traced 40 agencies that offered live-in care in the German-speaking part of Switzerland (which has a population of about six million). Of the contacted representatives – mostly the CEOs – of these agencies, 16 agreed to do an in-depth interview with us. Focusing on the agencies' market strategies, recruiting practices and employment conditions, the interviews revealed a very young and highly dynamic market environment. Most of the agencies had been in business for no longer than 2–3 years, and new ones were opening up monthly. Furthermore, the interviews disclosed wide variations between agencies in their size, transnational connections and business strategies. The sample ranged from small local businesses with only a handful of employees to multinationally operating enterprises with several hundred potential migrant care workers on call. For more information on the research design and methods, see Truong, Schwiter, and Berndt (2012).

In what follows, we use these interviews with agencies to show how their discursive framings shape the newly emerging market for commercial care. Our analysis is based on a Foucauldian discourse perspective as suggested by Waitt (2010). In line with this approach, we conceptualise the care market as a discursively constructed entity. In a first step, this means exploring what kind of truths and pieces of knowledge the care market is framed in. We did this by collecting phrases and utterances that had been used repeatedly across the interviews, and identifying typical narrational patterns. In a second step, we traced those connections and entanglements that had to be cut and made invisible in order to enable the discursive framing. This sensitivity towards what remains unsaid allows us to take seriously the power relations and inequalities that structure this emerging market.

First and foremost, the interviews with the care agencies reveal what we termed potentially more 'progressive' aspects of the marketisation of live-in care. The agencies do not present themselves as ordinary commercial market actors who sell a service for a price to gain a profit. They position themselves as pioneers of a 'social market', as actors who offer services for the collective good. Regarding it as their mission to fill the care gap that opened as a consequence of austerity and neoliberal restructuring of state services, they portray themselves as simply stepping in where the rationalised public institutions fail to provide the type of care elderly people need and wish for:

> In old people's homes they have no time for you. You're forced to give up all individuality and all autonomy. With us, you can keep both. You're the boss. [3]

> Public providers of domestic care don't have time. We have time.

> In the end, it's about helping elderly people. It's about fulfilling their wish to stay in their own homes.

> Nothing makes me happier than making it possible for elderly people to be cared for in their homes.

The above quotes frame the market as an answer to the pressing need of elderly people and their families for professional care services. The market provides a service that would not otherwise be available because the state is unable or unwilling to provide it. In this sense, the agencies' business is not about making profit, but about contributing to the betterment of society.

Agencies draw on a range of discourses to frame the market in this way. First, they argue that their services ensure individuality and autonomy. In so doing, they connect to a wider discourse of the home as the ideal place for being cared for (cf. Milligan & Power, 2009; Schwiter, 2013). While old people's homes are associated with a loss of freedom, a live-in care worker is assumed to help the elderly maintain their autonomy. Such an arrangement grants elderly people the privilege of *immobility* in the sense that they can stay in their known homes and neighbourhoods. And at the same time, it ensures their *mobility* with regard to defining their own preferred daily routines and the places they like to visit.

Second, the agencies point out that their services alleviate the care burden on families and especially on female relatives. This argument intertwines with the progressive discourse of emancipation and gender equality. Having a live-in care worker frees women from the expectation to be the primary care providers, and it relieves them from of a state of *immobility* in the households of their elderly relatives. It grants them the *mobility* to live their own lives. This enables the agencies to position themselves as sensitive towards gendered social categorisations and as contributing to a more equal society.

Third, the agencies frame their business as compassionate not only towards the elderly and their families, but also towards their care workers:

> Our care-workers are happy that they can work for us. They love to work for us, because they earn several times more than what they could earn back home.

> We get so many applications. The salaries we pay make this a great chance for those people.

> The women get the opportunity to save a lot of money. Some of them support whole families in Poland.

These quotes again relate to a discourse of emancipation. This time, it is entangled with a notion of development and upward *social mobility*. The migrant care workers – who are implicitly portrayed as having little chance to find work and earn money in their home countries – get a job and an opportunity to earn money abroad. The third quote, in particular, alludes to the fact that this might also instigate a change in gender relations: the job in Switzerland allows the women to become the main providers for their families.

Looking at how the care agencies discursively frame their services sheds light on the progressive aspects of the marketisation of elderly care. Where the state showed austerity or rationalised its services, the emergence of commercial suppliers of live-in home care fills some of the care gap, helping families bear the care burden and creating jobs for Eastern European women.

9. Capitalising on im/mobilities

Thus far, we discussed discourses with a positive connotation that the agencies ally with. In order to construct and sustain this image, however, they have to cut the connections to several discourses with negative connotations and make them invisible in their narratives. We focus on two of them, which we consider particularly relevant.

The first concerns the promise of 24 hours care and the question of working hours. How is it possible for a single care worker to cover 24 hours of service? The agencies solve

this problem by creating a distinction between work and leisure time. In a first step, they draw a clear line between formal working hours and presence:

> The term '24 hours' immediately creates an outcry. That's why I want to clarify: The actual working time is usually between five and six hours.
>
> It's 24 hours presence. But this does not mean that the people work 24 hours.
>
> Around-the-clock care only means that the care worker lives there. It doesn't mean that she has to wait in the corner 24 hours a day.

In a second step, they redefine presence as leisure time:

> Is it work when they watch TV together? (...) If the women watch a film in the evening, that's leisure.
>
> The care recipient reads the paper for two hours. What does the care worker do? She can read the paper, too. And that's no longer work, that's her leisure time I would say. That does not count as working hours.
>
> You live in a flat-share. Part of it is shared leisure.

This distinction between work and "mere" presence and the redefinition of the latter as time off work implicitly assumes that care workers enjoy spending their leisure time with care recipients. In so doing, it silently reframes workers as unpaid family carers who would never regard watching TV or reading with their loved ones as work. This framing takes advantage of the specific spatial characteristics of the live-in setting. As care workers live in the same households with the elderly, the home merges with the workplace. This ties the care worker to the workplace far beyond her working hours.

By drawing this distinction between work and leisure time, agencies cut off all the unpaid hours that care workers spend on standby in their care recipients' households, making these hours invisible. In this sense, when the agencies legitimise working hours by referring only to the hours formally stipulated in the contracts, they capitalise on the *immobility* of care workers in a live-in setting and on the difficulty of being 'off work' while staying at the workplace.

Second, care agencies have to legitimise why they pay their live-in care workers salaries that are considerably lower than those paid to locals. They accomplish this by making a second distinction, this time between local and migrant workers (cf. also Busch, 2013):

> A Swiss care worker has higher requirements than a migrant. This is because she lives in Switzerland.
>
> A Swiss has her own flat, her family here. She'll want to go to the cinema and go out.
>
> If you live in Switzerland, the job is heavily underpaid. But if you live abroad, it is very well paid.

These quotes illustrate how the peculiar short-term circular migration system gives these agencies the opportunity to portray their care workers as long-distance commuters who 'do not actually live in Switzerland'. Even though many of them spend a major part of the year in Switzerland, care workers are discursively displaced to their countries of origin. The time they spend in Switzerland is redefined as not being part of their lives; it is cut off and made invisible.

This manoeuvre enables agencies to compare their care workers' salaries to Polish salaries rather than Swiss ones, even though their workplaces are located in Switzerland. The distinction between local and migrant care workers glosses over all the months the latter have to spend in Switzerland in order to validate the argument that they earn enough

for their 'lives' in Poland. The argument hence capitalises on the transnational *mobility* of the care workers. This can be substantiated with a little calculation. Based on information from the agencies, we calculated that a live-in care worker earns an average monthly income of 1500 Swiss Francs (Truong et al., 2012). At the same time, there is currently a discussion in Switzerland about the introduction of a gross minimum wage of 4000 Swiss Francs (Swiss Parliament, 2013). Constituting a valid proxy for our comparison, this amounts to a net monthly income of about 3700 Swiss Francs.

The legitimisation of what are in fact relatively low wages further immobilises care migrants in two respects. First, the low wages hinder them from taking part in social life while being in Switzerland. Most leisure activities – be it going to the cinema or going out as mentioned above, or a trip to the mountains on a day off work – are hardly affordable on a typical live-in care worker's salary. Even being *mobile* in the sense of using public transport or having a car to get around quickly exceeds their means. In consequence, this again aggravates their *immobility* at the workplace/home.

Second, the strategy of paying 'Polish salaries' prevents the care workers from moving to Switzerland permanently. Even though the bilateral agreement on the free movement of people would allow them to take residence, a live-in care worker's salary would not sustain it. Hence, they are also *immobilised* in their countries of origin.

10. Conclusions

Switzerland has not (yet?) turned to austerity measures to the extent that other countries have. As we have tried to show in this paper, however, the notion of an austere budget discipline has been present in Switzerland for many years. As an element in the broader toolbox of neoliberal governance it has contributed to a very reluctant and modest involvement of the state in financing elderly care. Instead of covering the costs of long-term care through its welfare system, Switzerland introduced a number of new public management reforms that aimed at reducing costs by creating market competition among health service providers. The reforms delegated some of the care, which had formerly been provided by hospitals or public home care organisations, to the elderly and their families. This further aggravated existing difficulties to find adequate and affordable care solutions. In this way, the reforms paved the way for commercial providers of 24 hours care in the home.

We argue that the newly emerging market of commercial care agencies is a prime example of the way markets work under today's neoliberal capitalism. The marketisation of elderly care is embedded in a particular context: In Switzerland, it articulates with gendered societal norms that still delegate the primary responsibility for care to unpaid female family members. It is entangled with an austere (neo)liberal political rationality that has always argued against state involvement. And it connects with wider neoliberal economic reforms that introduce market mechanisms in an attempt to make service provisions more efficient and cost-effective.

Nevertheless, it makes little sense to simply denounce the marketisation of care as being neoliberal and therefore having to be opposed. It is not just a simple story of greedy entrepreneurs, mean Swiss households and exploited care migrants. Focusing on discourses and exploring how care agencies legitimise their business enabled us to identify the discourses they draw on in order to position themselves as social entrepreneurs that work for the betterment of society. As we have tried to show by analysing their narratives, however, the 'progressive', emancipatory elements of the emerging care regime are entangled with contradictory and problematic aspects.

On the one hand, the agencies do indeed fill a care gap that austere neoliberal governance has thus far been unable to respond to. They step in where families – and especially women – struggle to find sustainable and affordable care solutions for their elderly relatives. In the Swiss case, they not only broker care workers, but also employ them. In so doing, they relieve families from all the paperwork that comes with employing a person, such as residence and work permits, social security payments, and insurance. Furthermore, the care recipients and their families do not have to deal with finding a replacement if their care worker has an accident, falls ill, or quits. The agencies provide a convenient all-inclusive package, which usually even includes the right to demand a replacement if the care recipient is dissatisfied with the care worker's performance.

On the other hand, the marketisation of care capitalises on social differences (cf. e.g. Bakan & Stasiulis, 1997; Strauss, 2014). It might give women migrants the opportunity to escape from gender roles in their countries of origin. However, the work they do in Switzerland builds precisely on the gendered traits that are associated with dependent, submissive femininity. Furthermore, it immobilises the women as servants in the households of the elderly. In so doing, it reinforces the notion of care work as women's work and reinscribes the very gendered division of labour that the agencies' emancipatory discourse claims they are helping to overcome.

Furthermore, the marketisation of care capitalises on spatial differences (cf. e.g. Hochschild, 2000; Pratt, 2012). As transnational recruiters, the care agencies partake in the dismantling of national borders. They are drivers of a transnational labour market that provides opportunities for workers from Eastern European countries. But again, a closer look reveals a skilful use of differences in mobility. Ultimately, it is the mobility of the migrant care workers as transnational commuters that makes possible the immobility of elderly Swiss citizens, who are enabled to grow old in their own homes. Simultaneously, it is the immobility of the care workers at their workplaces that makes 24 hours care affordable for Swiss families. And it is again the immobility created by low salaries and extended working hours that prevent care workers from building their lives in Switzerland. Their aspirations and hopes for the future are immobilised in their countries of origin. In this sense, the marketisation of care creates a spatial setting that both mobilises and immobilises workers at the same time. In so doing, it effectively reinscribes the borders that the agencies' discourses purport to bridge.

In sum, we argue that the newly emerging Swiss market for live-in elderly care serves as a prime example for the consequences of austere neoliberal governance as we currently know it. It is illustrative of ambivalent play with socio-spatial differences and the capitalisation on im/mobility – a phenomenon that we consider to be very typical of our times.

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Notes

1. In a national referendum in February 2014, a majority of the Swiss population voted in favour of the so called 'initiative against mass immigration'. The initiative demands that immigration to Switzerland must be limited by a quota system. The consequences of this referendum for Switzerland's agreement with the EU on the free movement of workers have so far remained incalculable.
2. Our literature review for this paper focused on live-in home care work. For a discussion of other forms of migrant care work such as nursing in hospitals or old people's homes and the interlinkages between domestic and institutional care settings see, for instance, Huang, Yeoh, and Toyota (2012).
3. All quotes are taken from our interviews with representatives of care agencies and were translated from German or Swiss German.

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