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Fair Care? On the Prospects of (and Limits to) Implementing 'Fairness' in Live-in Care

Karin Schwiter and Anahi Villalba Kaddour

1. Introduction

Over the last two decades, live-in care brokering between Eastern and Western Europe has increasingly been formalised. Yet the resulting transnational care arrangements have remained highly controversial. They are criticised primarily for their exploitative working conditions and for extracting care resources from sending regions. As powerful actors in this market, brokering agencies play a key role in shaping these arrangements. While most agencies attempt to counter the persistent criticism by increasing their sugar-coating and lobbying activities, some seek to develop 'fairer' live-in care models.

In this chapter, we analyse the strategies of a care agency that falls into the latter category. For this purpose, we draw on the 'Geographies of Justice' framework, which defines justice from the bottom up. It proceeds from the assumption that research cannot be satisfied by merely critiquing existing conditions but must aim at identifying promising strategies to combat injustices. In this vein, the chapter shows how 'fairness' can be implemented in live-in care and how it reshapes the working and living conditions of care workers.¹ Based on this analysis, we assess and reflect the prospects of and also the limits to creating 'fair' live-in care – both in everyday work arrangements in private households as well as between receiving and sending regions.

2. Geographies of Justice: Conceptualising and Exploring Fairness

Scholars have used manifold ways to approach questions of social and spatial justice (Hopkins, 2021; Przybylinski, 2022). We base

our conceptualisation on approaches that have been summarised under the term 'Geographies of Justice'. These approaches have their origins in anti-capitalist, anti-colonial and feminist movements (Jeffrey, 2016). Their differences aside, they agree that spatial arrangements are key in sustaining social inequalities. Furthermore, they highlight that there are no timeless and spaceless definitions of justice but that they are always historically and geographically contingent (Gough, 2010: 137 f.; Jeffrey, 2016). Most importantly, Geographies of Justice approaches strive to develop strategies for combatting inequalities (Beaumont and Nicholls, 2007). In this sense, reflecting what is 'just' involves more than critiquing an existing political, economic, social or ecological order. It includes developing visions for the future and strategies for social change (Besky, 2014: 19; Hall and O'Shea, 2013: 18). In contrast to other approaches that define what is 'just' based on ideal theories (see Emunds in this volume), that of Geographies of Justice entail developing notions of 'justice' from the 'bottom up', in dialogue with those affected (see Przybylinski, 2022). This requires listening to and analysing struggles and justice claims of people or groups who speak up against their own day-to-day experiences of injustice (Yaka, 2019: 354).

In this chapter, we employ this conceptual perspective to explore the prospects of and the limits to creating a 'fair' live-in care model that prevents worker exploitation and reduces spatial inequalities between sending and receiving regions. Our case study is partly based in Slovakia and Romania, where the care workers employed by Caritas Switzerland (2022) come from and live in between work rotas, and partly in Switzerland, where they look after a senior in a private household for a few weeks or months at a time.² In the latter country, care workers have been organising and publicly campaigning for better working conditions for more than a decade. Supported by NGOs and trade unions, they have succeeded in making the question of fairness and good working conditions a central part of the public debate about live-in care (see the chapter by Schilliger in this book).

While most care agencies respond to this debate by increasing their lobbying and public relations efforts to portray themselves as decent employers (Schwiter et al., 2018; see also Leiber and Rossow, 2021, for Germany), the care agency Caritas has for many years

been engaging in an in-depth dialogue with its care workers and self-critically examined its possibilities to mitigate injustices in the live-in care arrangement it operates (see Hitzemann, 2010). In 2018, the agency published a statement on 'fair care migration' which was jointly developed by Caritas country organisations from Western as well as Central and Eastern Europe. In this paper, they pledge, amongst other things, to grant their care workers a legal employment relationship based on a transparent labour contract that includes tax registration, social insurance schemes as well as accident, liability and health insurance. Additionally, the paper promises opportunities for further training, a wage that is comparable to what workers earn in the receiving country as well as clearly defined working and leisure hours (see Caritas, 2018). We had the opportunity to work with Caritas Switzerland as well as with their cooperation partners in two regional Caritas organisations in Slovakia and Romania and to explore the concrete implementation of 'fairness' in their live-in care model, which they developed in dialogue with the carers they worked with.³ The following insights are based on our multi-sited ethnographic research and 40 guided interviews conducted in Slovakia, Romania and Switzerland. The interviewees include 16 care workers, 6 relatives or colleagues of these care workers, 10 care recipients or relatives of care recipients responsible for organising their care and 8 Caritas managers involved in coordinating the transnational live-in care arrangements in all three countries.

3. Implementing Fairness in Everyday Work Arrangements

3.1 Tackling the Difficulties for Workers to Claim Time Off

When our interviewees talk about fairness, they primarily refer to working hours and free time. When asked what constitutes fair or good work, Caritas managers answer, for example: '[I]t means [...] that working hours are respected', 'that they have time off, that they are really allowed to go away', 'the fair part means [...] that free time is available and the demarcation from working time is clear', 'Fair is when people don't work so much, when they have a correct contract, an employment contract like the Swiss'. Care workers argue in similar terms: 'I think good work is when you have free time', 'when I have time for myself, [...] I can offer good quality care', 'I have a contract and I just want to have my free time, full stop'.

In sum, our interviewees emphasise ‘having time off’ as a defining element of fairness in live-in care. This reflects the fact that live-in care workers are commonly required to be present and on stand-by almost 24 hours a day (see Lutz and Benazha, Emunds, Fouskas and others in this volume). This exploitative and highly problematic practice is fostered by the specific spatial arrangement of live-in care, with care workers living in the household that constitutes their workplace. In our interviews with Caritas managers, we learnt that, in contrast to other care agencies whose practices contribute to normalising the expected around-the-clock presence of care workers in the household (Schwiter et al., 2018), they employ a number of strategies to delimit working hours and make sure that their workers actually have time off.

The first of these strategies is the principle of insisting that care workers are perceived and addressed as employees – and not as substitute daughters or quasi-family members assumed to be available at all times. A Caritas manager emphasises how she conveys this to her workers: ‘You are there in the work role. It’s not about seeing the old woman as your grandmother’ Another Caritas manager emphasises how she instructs the care recipients and their families: ‘Our people only work eight hours a day. Or forty or forty-five a week. They have half a day off, whatever day that is. There’s the German course, which they attend in Switzerland. In addition, they have a whole day and night off. During this time, the family takes over or organizes a mobile care service. That’s a big difference, they don’t do 24-hour care. [...] Because with most agencies, it’s 24 hours for three months’. By emphasising that they do not offer around-the-clock care, Caritas stands out from most other agencies who typically advertise 24-hour care and leave it up to the care workers to negotiate time off.

A second strategy Caritas pursues is to use work schedules as the key reference for all parties involved. Together with the care workers, the care recipients and their relatives, Caritas managers draw up exact work plans. These plans specify the hours of work, the hours in which the workers have to be present in the household in case the care recipient needs assistance and their time off for each day of the week. One care worker recalls, ‘We sat down on a Sunday afternoon, the whole family. And we discussed everything, day to day. Who does the care work on this day and who on that day? It was planned for a month in advance’. Some of our interviewees mentioned that this

work schedule was placed in a visible place in the household and often served as orientation in everyday life. For example, care workers tell us: ‘I always check my work schedule’, ‘We always made a schedule in advance of when I’m supposed to work and when I have free hours in between’. ‘The first day I arrived last year, the couple’s son-in-law wrote my work schedule in capital letters in German on a large sheet of paper. He put it on the table and said, if they [the care recipients] bother me [the care worker], then I should show his father and mother on the sheet that I am off work now. And then he showed them where he put it. I left it there, but I never had to show it to them. When the father wanted something, the mother, even though she had dementia, always warned him, “Leave her alone now, she’s on her break”’.

As a third strategy, the care workers then document the hours they have worked on the same sheet of paper: ‘[I] write everything down on the work schedule, the hours worked, time off, emergencies, and, and, and’. These documents form the basis for the meetings between the Caritas managers, the care workers, the care recipients and their relatives that take place on a more or less monthly basis. Amongst other things, they serve to clarify whether the care needs have changed and whether an adjustment of the work schedule is necessary. If the required hours of work or presence exceed the capacities of a single worker, Caritas insists on involving additional relief services or a second care worker. Several relatives of care recipients mentioned in the interviews that their care arrangements became more expensive over time because additional staff became necessary as their parents’ health deteriorated.

3.2 *Mitigating the Prisoner-of-Love Dilemma*

Despite these efforts, excessive working hours remain a key issue. The problem is particularly salient in care settings where the care recipient is left to their own devices during the care worker’s time off. The interviews demonstrate that the responsibility for the well-being of a person in need of care cannot simply be abandoned when the work schedule stipulates ‘time off’. Many care workers shorten their free hours out of a sense of responsibility for the person they care for and out of fear that something might happen during their absence: ‘I have the opportunity to go for a walk, yes. But I don’t like to leave him alone for long’, ‘Even though I had the afternoon off, I thought it was

too long for her to be alone from 1 to 5 p.m. I still went in and checked if she needed more water or fruit. [...] Or also in the morning, my workday didn't start until 9. But I woke up at 7 a.m. and I would always go in to see if she was okay', 'I stayed in the house or went for a walk. But I never went far, so that nothing could happen in that short amount of time', 'I'm always a little afraid that something will happen when I'm not there'.

In the literature, too, the expectation of permanent availability is considered a fundamental problematic in live-in care work (see, for example, Krawietz, 2014: 150ff; Leiblfinger and Prieler, 2018: 54; Schilliger, 2014: 244). As the above quotes show, this expectation also emerges in care relationships that clearly define working hours and emphasise fairness. Furthermore, it arises not only from the care recipients and their relatives but also from the care workers themselves, who cannot simply shed the responsibility for a person who needs care. This is referred to as the 'Prisoner-of-Love' dilemma (Folbre, 2001: 38 ff.). Caring for another person creates an emotional bond. This bond makes it extremely difficult to ignore the care recipient's needs and distance oneself. Consequently, caring about someone results in a kind of emotional prison that fosters the (self-) exploitation of the people who provide care (see Schilliger, 2014: 244 ff., and in this volume).

In order to address this problem of care workers always feeling responsible, Caritas insists on bringing in additional care personnel. However, Caritas managers mention that it is often hard to convince the care recipients and their families: 'Telling them, when the care worker is off, the client can't just be alone. Then, they have to provide care that day. Either a relative is present or they have to hire someone. There are people who come in, but they cost money [...] And that is often [difficult] for them to understand'. For the care workers, the presence of another person allows for actually taking time off: 'When I have free time, a mobile care service comes. Yes, yes, that is well organized', 'From 2 to 5 p.m., someone from the Red Cross comes. And then I can go away. Now, this summer, I went swimming four times', 'Then, every day a mobile care service came. That was a little easier because from 1 p.m. until 7 p.m., we care workers were off'. Another care worker sums up: 'We were ten people per month. Two from a mobile care service, seven from the Red Cross and me'. This quote summarises the complexity and the cost of an arrangement that

provides round-the-clock care for a person in a private home while allowing the live-in care workers the time off they are entitled to.

Bringing in additional personnel is a key strategy of Caritas that allows care workers to have time off. However, our interviews point to a perpetual issue that remains unresolved: in order to prevent themselves from feeling responsible for or listening in on what is happening in the household, care workers actually have to leave the household. Various interviewees report the dilemma that they can only really relax outside the house. Especially on cold or wet days, it is difficult for them to find a warm and dry place to stay that is affordable. This points to the second fundamental problem of this spatial arrangement: for live-ins, the private household they live and work in is not a space designed for their personal needs but for the needs of the care recipients. It is not their own home, where they can relax and recover from their work, protected from the gaze of others (see Lutz and Benazha in this volume). In order to really be off work, live-ins always need to leave the home they live in.

4. Implementing Fairness in International Labour Migration

4.1 Alleviating the Burden of Being Away From Home

The second aspect of fairness omnipresent in care workers' accounts is their absence from their own families (see also Pratt, 2012). The family situations of the care workers and how they cope with the separation from their loved ones differ. But still, this topic appears as a negative aspect in essentially all interviews. For example, care workers mention '[t]he fear that something will happen at home and I won't be there', 'It was bad for me, too. My father was ill. I was here abroad [...] and my father was very sick', 'It was hard for the children. Towards the end, my younger daughter cried every day'. The son of a care recipient reflects: 'This is crazy. I wouldn't want to do that. That's where you become alienated. [...] And by the time you have real contact again, it [the stay in the country of origin] is already over'. The mother of a care worker recounts: 'These three months were a huge stress. Because no matter what, they're not your kids. They're my grandchildren, but they're not my kids, so you feel the responsibility twice. And you know you don't have anybody else to lean on' In the same vein, a Caritas manager states: 'Each person considers their lifetime valuable and wants to spend as much time as possible with their own family'.

In particular, many interviewees problematise the length of the absence. Instead of the usual three months, almost all care workers advocate shorter stays: '[T]hese three months are too valuable for me to just spend them there and not here with my family. [...] I would go again if it was six weeks, so for a shorter time definitely. I wouldn't be opposed to that. But three months, not at the moment'. '[T]wo months kind of go by, but the third one is so hard. It's like time stops'. The mother of a care worker quoted above argues similarly, 'If they went for six weeks, for example, then the children could cope with it more easily, and the relatives too. But the three months is very long'. And the daughter of a care recipient notes: 'three months – at the beginning I wasn't aware of it, but now I actually think it's mega unfair for these people'.

The three-month assignment is prevalent in Swiss live-in care because it exempts agencies from applying for work permits. A stay of 90 days or less also eliminates their obligation to acquire Swiss health insurance and set up an occupational pension plan for the workers (Swiss State Secretariat for Migration, 2022). Agencies typically make full use of the three-month period as they want to burden care recipients with as few changes of care workers as possible.

At the time of our interviews, Caritas had already taken up the request of their care workers for shorter assignments. Various models with six-week assignments are being tested. In addition to the continuous six-week rotation of two care workers in the same household, Caritas is also experimenting with a new model whereby three or more care workers rotate in a household. This allows care workers to work in Switzerland only two to three times a year for six weeks at a time instead of committing to half a year. However, regardless of such adjustments, live-in care by definition involves living in someone else's household for extended periods of time and thus entails a spatial separation from one's own loved ones.

4.2 Countering the Problem of Brain Drain

Migrant care workers are not only absent in their own families (see Pratt, 2012), but they are also missing as workers in their home countries (see Vianello, 2016). Several interviewees mentioned the issue of 'half-empty villages' in the regions they come from. Correspondingly, in Romania and Slovakia, where Caritas offers mobile

care services, it is struggling to hold on to workers. Although their training is not recognised as equivalent by receiving countries, they are nevertheless highly sought-after workers in nursing homes, hospitals and mobile care services in Western Europe. Thus, Caritas sees their live-in care programme as a means to counteract emigration (see Caritas Switzerland, 2022). The programme offers Slovakian and Romanian Caritas nurses the opportunity to do care work as live-ins in Switzerland once or twice a year for a maximum of three months per stay. During these assignments in Switzerland, they gain experience abroad and earn a higher salary. After the assignments, they return to their previous jobs as mobile care workers for Caritas Romania or Slovakia. The idea is that by providing its workers in Romania and Slovakia with an attractive income opportunity during temporary foreign assignments, Caritas can offer them an alternative to emigration and keep them on-site as nursing professionals for the remaining months of the year. Even though not all care workers we interviewed in the sending countries have already participated in the programme, most perceived it as a valuable option to supplement their income when needed.

In pursuing this strategy of 'borrowing' workers, Caritas seeks to ensure that what flows back to the sending regions includes not only a proportion of individual care workers' income but also so-called social remittances (see Levitt, 1998) – ideas, practices and knowledge that care workers acquire abroad. In addition, Caritas uses part of the income generated by the programme to replace the 'borrowed' care workers in the sending regions to improve the education and training of their local workforce (see Vogel, 2016: 171). For example, one of our interviewees used her stay as a care worker in Switzerland to take courses and become an expert in kinesthetics – a mobilisation technique often used with geriatric patients. After her return, she offered kinesthetics training courses to her co-workers in Romania.

Ultimately, the extent to which the project can contribute to reducing the care drain in the long term cannot be answered conclusively. While it might prevent emigration in some cases, the experiences and language skills acquired abroad might also enable emigration. At the very least, however, the programme makes it possible to create jobs in the sending regions to replace the nursing staff it is 'borrowing' (see Heinzmann, 2014).

And yet, the fact remains that coordinating the assignments of care workers on both sides of the border involves a great deal of work for the Caritas organisations in both sending and receiving countries (see also Bodo and Sarosi-Blaga, 2019; Heinzmann, 2014). Our interviewees mentioned that it is not always possible to replace the absent care workers. In some cases, the colleagues of the absentees have to take over and divide the extra work amongst themselves. In turn, Caritas managers in Switzerland report difficulties with recruiting enough care workers who can be 'borrowed' at the specific time they are needed. On the whole, the evidence suggests that the rotational employment of care workers in the two countries requires complex coordination efforts. Furthermore, while it might reduce emigration, it still requires workers to be absent for extended periods of time.

5. Conclusion

What are the prospects of and limits to fairness in live-in care? From a Geographies of Justice perspective that seeks to develop concrete strategies for improvement, the Caritas model has the potential to at least mitigate some key problems of live-in care: at the household level, addressing the workers as employees rather than quasi-family members, enforcing work schedules with predefined hours off work and monitoring actual working hours represent crucial initial steps in this direction. However, as the experiences of our interviewees show, care workers can only relinquish the responsibility for their clients and actually take time off if another care worker takes over. This means that a 'fair' care arrangement requires a considerable number of mobile care workers in addition to the live-in worker to cover the latter's hours and days off. In consequence, live-in care can only ever be a solution for well-off care recipients.

This finding challenges agencies' typical narrative that presents live-in care as a more affordable alternative to residential care. In addition, it exposes governments in Western Europe who propagate live-in care as a cost-saving solution to the current care crisis (see Dowling, 2021). Live-in care is only cheap as long as we force one and the same worker to stay on duty around-the-clock for weeks and months on end. As soon as we acknowledge workers' rights to time off, the one-to-one setting in live-in care requires several workers for

each care recipient. In this form, it will necessarily remain a solution for the rich and can never serve as a model for the organisation of long-term care for the wider population.

At the level of international justice related to the drain of care resources from poorer to richer countries, the possibilities of fair care remain even more limited. Shortening assignments may alleviate the problem of separation from one's loved ones. 'Borrowing' care workers and rotating their employment between two countries may help prevent their emigration. And supporting the education and advanced training of care workers in the sending countries with 'social remittances' might mitigate the brain drain. However, a live-in setting implies per se that workers live with the senior care recipients and are thus separated from their loved ones.

In addition to these persisting issues, relying on short-term temporary migrant workers for long-term care creates further problems of justice: it means that receiving countries outsource the costs of social reproduction to the sending countries (see Parreñas, 2001). The latter pay for care workers' education, the education of their children, their health treatments, the care of their parents and their own retirement and old age provisions. Furthermore, short-term temporary engagements lack longer-term job security (Strauss, 2014). As this investigation has shown, the implementation of fairness in transnational live-in arrangements remains flawed. Therefore, it remains vital to criticise the structural injustices ingrained in any live-in model and foster alternative forms of organising long-term care. Nevertheless, the strategies of implementing 'fair care' discussed above make a huge difference for the care workers who provide care in the current system. This alone justifies promoting them and supporting all and any mobilisations for better conditions in live-in care work (see Schilliger in this volume).⁴

Notes

- 1 We use the term 'fairness' rather than the more academic term 'justice' when we refer to live-in care arrangements, because this is the vernacular terminology used by our interviewees. While there are longstanding and continuing discussions on how the two terms build on each other, how they should or should not be distinguished and on the merits of using one over the other (see, for example, Rawls, 1958; Goldman and Cropanzano, 2015; or Bunyan and Diamond, 2016), they are often used interchangeably.

- 2 Caritas is a charity linked to the Roman Catholic church. It operates a wide range of social services and facilities and has a strong local presence across continental Europe.
- 3 The implementation of this mission statement varies greatly depending on the country organisation. Therefore, the case study of Caritas Switzerland presented in this chapter cannot be generalised for Caritas agencies in other European countries. On its implementation in Germany, see, for example, Menebröcker (2021).
- 4 We would like to thank our interviewees for their trust, their time and willingness to share their experiences with us. Furthermore, we thank our colleagues Jennifer Steiner and Sarah Schilliger, as well as the entire team of the 'Decent Care Work' project (SNSF no. 170353) for the great collaboration and the many inspiring discussions over the past years.

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