

At home with the boss: Migrant live-in caregivers, social reproduction and constrained agency in the UK, Canada, Austria and Switzerland

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In many countries of the global North, families increasingly rely on live-in caregivers to look after their children and elderly. Although much care work remains unpaid and informal, several states have set up a variety of migration and labour regimes to guarantee a steady supply of workers to provide paid live-in care in the home. This paper contributes to a broadening of the focus of labour geography beyond “productive” labour by factoring in the theoretical perspective of social reproduction into the debates on constrained agency. Our aim is to identify the mechanisms that make these regimes function for employers and employees, and their consequences for the social reproduction of the workers. To do so we compare live-in care schemes in the UK, Canada, Austria and Switzerland and examine the ways in which live-in care is differentially institutionalised. Our policy analysis in these four countries shows that the constrained agency of the workers does not solely stem from their status as migrants, but is produced by the nexus of specific migration, care and gendered labour regimes. Furthermore, we argue that we need to extend our perspective beyond the immediate work context to see how live-in care regimes not only infringe, but also enable, the social reproduction of the workers – a fact that has often been neglected by existing research.

KEYWORDS

care work, constrained agency, global North, live-in labour, migration, social reproduction

1 | INTRODUCTION: THE NEXUS OF CARE, LABOUR AND MIGRATION REGULATIONS

In recent years, the provision of long-term care has become a pressing issue for researchers and policy-makers. How, where and by whom will people be cared for? And how will it be paid for? These questions are freighted with an urgency that stems from demographic ageing, evolving norms of care and, in much of the global North, the sense that post-war care models grounded in publicly funded social welfare provision are in crisis. At the same time, increasing numbers of workers, mostly women, many of them migrants, are employed as paid caregivers across a range of employment sites and arrangements.

Given these processes, the advocated for “turn” to migration in labour geography (Aguiar & Herod, 2006; Castree, 2007; Coe & Jordhus-Lier, 2011; Strauss, 2017) is welcome, but the focus is still too often on productive labour at the

expense of reproductive labour, care work and service work (Dyer et al., 2008; McDowell, 2015; Wills et al., 2009). In this paper we argue that labour geography needs to pay greater attention to these questions and to the ways that responses to them shape, and are shaped by, existing scalar and spatial relationships that relate to the organisation of care, how it is governed and regulated, and the social construction of labour markets for care in the global North (Mahon, 2006; Pavolini & Ranci, 2008; Raghuram, 2012; Ungerson, 2003).

Imbricated with these relationships are normative expectations associated with the nature of care itself. Care policy in many states of the global North is increasingly designed around a nexus of interrelated discourses of personal autonomy, individualisation and austerity (Shutes & Chiatti, 2012). These discourses in turn interact with forms of social categorisation through which gender, race, ethnicity, nationality, class, age and legal status define how care providers and care recipients are positioned within, and negotiate, “landscapes of care” (England & Dyck, 2011; Milligan & Wiles, 2010). Such processes, at the interface of state and market, provide a different context than “traditional” production work for understanding workers’ experiences and the exercise of worker agency, a key concept for labour geographers (Cumbers et al., 2008; Rogaly, 2009; Tufts & Savage, 2009).

Care policies, and their related care systems (also called “care regimes”), are often analysed at the level of the nation state (see *inter alia* Bettio & Plantenga, 2004; Brennan et al., 2012; Pocock, 2005; Simonazzi, 2009). Yet the trend in many European and North American countries is towards more home-based or community (rather than institutional) care, which is creating increasing demand for home care workers among diverse national care regimes (OECD, 2011). As the home has re-emerged as the supposedly ideal site of care, a workforce is required that will accept the poor pay, long and uncertain hours, and the limited employment rights and regulatory oversight that often accompany paid care work in the home (Arat-Koc, 1989; England, 2017; Fudge, 2014; Liang, 2011).

Nation states remain key actors, however, insofar as they increasingly meet this demand by facilitating, directly or indirectly, the recruitment of migrant workers, especially women, into care work (England & Dyck, 2012; Huang et al., 2012; McDowell et al., 2009; Raghuram, 2012; see also Kilkey, 2010 on male migration in global care chains). Some allow caregivers to settle permanently, while others institutionalise temporary and conditional forms of migration (Goldring & Landolt, 2013) (see Parreñas, 2015 on domestic workers). In this sense, the state’s market-making and market-shaping activities impel attention to its direct role in the social construction and regulation of labour markets (Peck, 1996) for live-in care workers, in ways that have been highlighted by labour geographers analysing labour migration in other sectors (see, for example, the work of Mitchell, 2012 on migrant agricultural workers).

While there is continuing and growing attention to care, migration and home spaces in feminist geography (Brickell, 2012; England & Henry, 2013; Silvey, 2004a; Yeoh & Huang, 2010), in labour geography live-in care work is still an understudied area. Our goal in this paper is to contribute to the understanding of the linkages between care regimes, migration regimes and labour market policies, and thus to labour geographies of care work and reproductive labour, in two ways: first, by comparing how four different countries in the global North facilitate the entry of migrants specifically as live-in care workers; and second by exploring the role of live-in arrangements in the migratory projects of workers themselves. This comparative focus facilitates our analysis of how migrant workers become enrolled in live-in arrangements under these different regulatory and labour market conditions. Crucially, it also aims to offer a framework for thinking critically about worker agency across the domains of paid work and social reproduction.

The existing literature emphasises the broad range of vulnerabilities, and varied forms of subordination, exploitation and abuse, associated with live-in paid care and domestic work in households across the globe (see, for example, Pratt, 2012 and Stiell & England, 1997 on Canada; Yeoh & Huang, 2010 on Singapore; Constable, 2002 on Hong Kong; Lutz, 2011 on Germany; Mantouvalou, 2015 on the UK, the Gulf states and North Africa; and Silvey, 2004a, 2004b on Saudi Arabia). Many countries exempt domestic and care work in the household from employment protection (Cox, 2012; England, 2017). Under the pretence of the worker being “one of the family”, employers legitimise overlong working hours and constant surveillance (Bakan & Stasiulis, 1997). For many domestic and care workers, the home becomes a place of psychological and physical abuse, where they are forced into servitude, hit and even raped (Huang & Yeoh, 2007).

Acknowledging the systemic subordination and widespread abuse, scholars nevertheless caution against oversimplified narratives of victimhood (Pratt, 2012; Strüver, 2013). There is a growing body of literature on migrant care workers across a range of contexts exercising individual and collective agency, supported not only by labour unions, but also by women’s, migrant, religious and other non-governmental organisations (for an overview, see Ally, 2005; see also England, 2017; Lim, 2016; Piper, 2006; Pratt, 2012; Schilliger, 2014; Schwenken, 2016; Chau et al., 2017). Furthermore, live-in workers employ diverse strategies to improve their individual situations (Zaman, 2006; see Ally, 2009 on South Africa).

In this vein, we challenge assumptions of migrant care workers as victims and always “forced” to live-in. To do this we build an analytical approach that factors in the theoretical perspective of social reproduction into the debate on constrained

agency (Coe & Jordhus-Lier, 2011) and we theorise and explore their interrelationship. These two concepts are not usually brought together; there is, we argue, analytical purchase to be gained from doing so. On the one hand, social reproduction offers a framework for probing the co-constitution of paid live-in care work, the daily reproduction of workers and employers, and the continuing relationships and forms of labour that connect workers, their families and communities “back home”. On the other hand, constrained agency, which has been taken up mostly in relation to “productive” labour (Chan, 2014), builds on work by feminist scholars, including Katz (2004) and Mullings (1999), who have highlighted diverse strategies of coping and everyday resistance. We demonstrate how this concept can be extended to offer insights into how workers in global *reproduction* networks (Kelly, 2009) negotiate diverse migratory projects.

In what follows we ask: how do the organisation and regulation of labour markets for paid care work channel migrant caregivers into live-in situations, and under what conditions do migrant caregivers “choose” to live-in? Our argument synthesises the results of a four-year comparative research project, which explored how national immigration and care regimes interact to shape and institutionalise relations of social reproduction and paid care work in four countries: the UK, Canada, Austria and Switzerland. It also includes data from two Canadian-based comparative projects on migrant workers and anti-trafficking campaigns.¹ Our case studies fall within the broad contours of the capitalist welfare state, allowing us to analyse differences in the institutionalisation of migrant live-in care among four countries with both common, and divergent, features of immigration and care regimes.² For each country, we carried out a critical review and analysis of the existing policies and of the policy and academic literatures on migrant live-in caregivers. In a second step, we compared and contrasted their specific migration patterns, care regimes and employment relationships. Furthermore, the projects include a total of 80 in-depth interviews with care workers, with care recipients and their family members as well as with representatives of care agencies, activist and academic experts, alongside 10 interviews with NGOs and community organisations advocating for migrant rights. While the main empirical focus of this paper lies in the comparative policy analysis (Section 4), we include material from these interviews to substantiate our argument when we compare the four countries in Section 5.

2 | MIGRANT LIVE-IN CAREGIVERS, SOCIAL REPRODUCTION AND CONSTRAINED AGENCY

2.1 | Theorising social reproduction

Social reproduction is a concept and analytical framework used by feminists with the goal of “integrating women’s domestic labour power into analyses of production and labour power” (Bakker & Silvey, 2008, p. 2). The concept was initially used, especially in socialist and radical feminist critiques of Marxism during the second wave of feminism, to highlight how women’s domestic labour is ignored in mainstream accounts of capitalism (for overviews see Bakker & Silvey, 2008; Federici, 2013; Meehan & Strauss, 2015; Miraftab, 2011). Social reproduction has since come to encompass more than the norms and activities associated with the reproduction of individual households and families (Luxton & Bezanson, 2006). It is now also used to describe the expectations and institutions associated with collective and state-led societal reproduction, such as systems for the state provision of healthcare, education and childcare, as well as informal activities such as volunteering. These dimensions are captured in Laslett and Brenner’s oft-quoted definition of social reproduction: “the activities and attitudes, behaviours and emotions, responsibilities and relationships directly involved in the maintenance of life on a daily basis, and intergenerationally” (1989, p. 382).

This more expansive understanding of social reproduction raises concerns for some about diminishing its conceptual and analytical clarity; at the same time, the broader definition facilitates analyses that promote the inclusion of paid and unpaid caregiving and their relationship with each other, and to other forms of wage labour. In this sense, it expands the focus beyond the reproduction of labour power, and thus of the working class between the factory and the household, to relational processes of class formation and social differentiation that include migrant labour and reproductive work across different domains (Elias, 2010; Lonergan, 2015). Social reproduction also draws attention to the broader set of relations and practices that enable the continuing reproduction of bodies, households and labour markets. These relations are highly stratified, not only by class and gender, but also by processes of racialisation, heteronormalisation, the production of “able” bodies and continuing colonialism and imperialism that connect the global and the intimate. These processes and categories both underpin and are shaped by the social, legal and political institutionalisation of relations of subordination that position domestic and care workers relative to their employers – who are often also women – within the household.

For the purposes of our analysis, social reproduction is useful because, conceptually, it facilitates a focus on the interrelationship of paid and unpaid care work performed in the household while foregrounding how only the former is understood as value-producing. It also, vitally, draws attention to the multi-scalar nature of the social construction of labour

markets for care (Bakker & Silvey, 2008) and the ways in which they shape and are shaped by the social construction of categories of difference, including but not limited to gender. The low pay and low status ascribed to paid care work, especially when performed in the home, relate on one hand to the naturalisation of women's domestic labour provided "for free" or as a "labour of love", and on the other to the reproduction of class-based and racialised privilege through employment relations that have their roots in domestic servitude (Nakano Glenn, 1992).

Some care work has been transformed by professionalisation and institutionalisation with the expansion of public health and child care during the formation of the "post-war" welfare state, and the de-commodification (Esping-Andersen, 1989) and de-familisation of some forms of social reproductive labour. In the last several decades, however, with what Bakker and Gill (2004) call the re-privatisation of social reproduction, neoliberalised welfare states have eroded some of that state provision and re-oriented care work back towards the home and the private sector. In turn, the labour of migrant care workers increasingly supports women's labour market participation, and in effect subsidises social welfare provision (Kofman & Raghuram, 2015). This subsidy is a cost borne by migrant workers, their families and their communities. Feminist scholars have long pointed to the ways that intersections of gender, race/ethnicity and class structure the social and legal categorisation of women who do paid reproductive work (Arat-Koc, 2006; England & Dyck, 2012; Fudge, 2014; Nakano Glenn, 1992). This often produces precarious legal status and precarious working conditions, in addition to complex reproductive bargains with families and communities left behind (Pratt, 2012).

For us, the social reproduction approach makes clear that many migrant care workers negotiate two sets of responsibilities: one as wage workers performing *paid* reproductive labour in one location; and another as mothers, partners, sisters, daughters and community members with responsibilities for *unpaid* social reproduction in their own households and communities. The term "global care chains" is frequently used to describe how these relations of care have become increasingly spatially stretched (cf. Hochschild, 2000; Parreñas, 2015). But care work is only one dimension of the broader set of processes encompassed by social reproduction: attention to *stratified* social reproduction in relation to migration at the meso-scale highlights not only how migration enables receiving countries to maintain particular care regimes, but also how at the micro scale the labour of migrant care workers reproduces relations of privilege grounded in class, ethnicity and nationality, citizenship and legal status.

Existing research on live-in care workers tends to focus on how these arrangements limit the social reproduction of the workers, for example because of extended family separation and limited opportunities for self-care. However, we are additionally interested in how migration may also *enable*, even under conditions of constraint, the maintenance of relations of social reproduction. We argue that while migrant live-in care labour certainly enables stratified relations of reproduction for families with the money and resources to hire live-in help, it might also enable some migrant women to engage in various forms of reproductive work, including supporting the social reproduction of their own households and communities through their paid reproductive labour. Of course, these relations of household and societal reproduction still represent highly unequal power. But critical attention to workers' agency and experiences requires openness to understanding how workers reconcile available migration pathways and opportunities for wage labour in order to maintain dual roles as workers and caregivers.

2.2 | Theorising constrained agency

In attempting to better conceptualise the unequal relations that characterise the variegated landscapes of care and social reproduction, we find utility in the concept of constrained agency as used in labour geography (Coe & Jordhus-Lier, 2011). Constrained agency builds on the basic insight that workers cannot be understood as solely victims of the whims and power of capital and the state (that is, lacking any capacity to shape the geographies of capitalism). Nor, however, can they be viewed as the "free agents" of economic theory, as their opportunities to act are fundamentally shaped by uneven power relations and the multi-scalar regulatory context of contemporary relations of production. The capacity of workers to exercise agency is thus uneven and contingent, but it is real.

Thus, *constrained* agency as a concept, "'re-embeds' the agency of workers in the social relations that condition their potential" (Coe & Jordhus-Lier, 2011, p. 216). Re-embedding labour agency means acknowledging how workers are differentially positioned within their families and communities, within the structures of state institutions and within the global networks of production and reproduction, as well as acknowledging different forms and experiences of agency. This relational understanding allows for a more differentiated analysis of the variegated "landscapes of opportunity and constraint" (Coe & Jordhus-Lier, 2011, p. 229). Moreover, Coe and Jordhus-Lier acknowledge that labour geography has tended to privilege certain forms of collective resistance (union struggles, for example) and assumptions about how workers act *as*

workers, which feminists have challenged through explorations of the ways in which the conceptualisation of agency is underpinned by social difference (Silvey, 2004a; Smith, 2015).

This is a valuable perspective for thinking about live-in migrant workers not simply as passive victims of exploitative migration and employment regimes, but as workers who actively negotiate – and at times contest – these regimes and associated relations in their own migratory projects. At the same time, however, putting *equal* emphasis on the interaction of wage labour and unpaid reproductive work in their negotiation of these migratory projects also addresses the lacuna of social reproduction in work on constrained agency and global production networks (GPN), which tend to primarily focus on particular kinds of (mostly manufacturing) labour.

Here Kelly's (2009) intervention on global reproduction chains is a useful additional resource. He points out that work on global production networks, identified by Coe and Jordhus-Lier as a key institutional form in the analysis of labour agency, has become more attuned to both the active role of workers in shaping and contesting networks, and the importance of migration to those networks. Nevertheless, Kelly (2009, p. 451) notes that “(w)hile the role of the state in global production networks is well established, another site upon which less attention has focused is the household and the community. This implies close attention not only just to production, but also to the spaces of social reproduction”. Extending this argument to migrant paid care workers, as we do, involves both a recognition that reproductive and productive labour are interrelated, and that the social construction of gendered responsibilities across these spheres is intimately intertwined with gendered processes of labour commodification and labour migration.

Kelly's notion of global reproduction networks (GRNs) does not, we argue, sufficiently decentre production relations from the analytical heart of GPN analysis; the assumption is still that productive and reproductive labour are *interrelated but distinct*. Thus, GRNs do not enter onto the conceptual terrain of global care chains, in which *care labour*, as well as unpaid care work, are the central categories of analysis. Instead we suggest that a different way of conceptualising GRNs would be to highlight the ways in which feminised migration often involves the provision of paid reproductive labour as part of spatially stretched networks that both enable and underpin stratified relations of social reproduction in receiving countries, and the sustenance of women's households and communities in sending countries. What is important about our way of conceptualising GRNs in the context of migrant worker agency is that it links constrained agency with women's roles as providers of both paid reproductive labour and unpaid reproductive work. As we show in more detail below, the exercise of agency thus involves the negotiation of these roles as they are shaped and circumscribed by the institutional context of migration, labour and care regimes.

3 | THE INSTITUTIONALISATION OF LIVE-IN CARE WORK IN THE UK, CANADA, AUSTRIA AND SWITZERLAND

Nation states are not uniform in their approaches to filling the demand for live-in home care. In this section, we analyse four live-in schemes and their implications in the UK, Canada, Austria and Switzerland. These case-study countries, on one hand, share some similarities as Anglo-European capitalist “welfare states” with broadly comparable levels of economic development. They are also all experiencing demographic ageing, and shifts towards the provision of paid eldercare at home. On the other hand, however, their institutionalisation of live-in care is different, which makes them illustrative cases for comparative analysis.

We compared policies in the four countries for similarities and differences in terms of the legal framing of live-in care worker schemes and their relevant immigration and employment policies. Our analysis is summarised in Table 1 and elaborated in the following sub-sections on each of the countries.

3.1 | The UK overseas domestic workers programme

For the UK we focus on the overseas domestic workers visa scheme (ODW scheme, now called the “Domestic Workers in a Private Household” visa), for migrant domestic workers from outside the European Economic Area (EEA) who are required to apply with their employer. The UK also recruits care workers from within the EEA, who are neither required to obtain visas nor live with their employers.³ As we focus on live-in care workers, however, we limit our analysis to the ODW scheme, which *requires* workers to live-in (cf. Cangiano & Walsh, 2014). The scheme, which has undergone a number of changes in the last two decades, is designed to make the UK more attractive to highly skilled foreign nationals (for a history of the campaign to obtain a visa and rights for migrant domestic workers, see Anderson, 2000): it allows a migrant domestic worker to accompany a non-British employer who has been granted the right to reside in the UK, or a

TABLE 1 The four live-in care worker schemes at a glance

	UK	Canada	Austria	Switzerland
Population (OECD, 2016)	64 Million	35 Million	8 Million	8 Million
Live-in scheme or enabling legislation	Overseas Domestic Workers Visa Scheme (ODW)	Live-in Caregiver Programme (LCP)	Constitutional Law on Care	No specific live-in scheme
Number of workers	Max. 17,000/year admitted	Max. 13,000/year admitted	70,000 registered in 2015	Unknown
Workers' origins	>70% apply from the Gulf states; many of them migrants from India, the Philippines & Indonesia	>75% Philippines	Predominantly from Slovakia and other Eastern European countries	Predominantly from Poland, Hungary and other Eastern European countries
Visa requirements	Visa limited to 6 months, nonextendable and tied to employer	Visa issued for a maximum of 4 years and tied to employer	No visa required. Admitted via the Free Movement Directive of the EU	No visa required. Admitted via the Free Movement of Persons Agreement with the EU
Permanent Residency	No path to permanent residency for ODW visa holders	LCP visa holders can apply for permanent residency after 24 months of full-time live-in work	EEA citizens can apply for permanent residency after 5 years	EEA citizens can apply for permanent residency after 5 years
Migration pattern	Limited-time stay	One-time migration	Circular migration in 2–3 week rhythms, usually with stays of equal length in sending & recipient country	Circular migration in 2–12 week rhythms, usually with stays of equal length in sending and recipient country
Employer	Directly employed by a foreign national or returned expatriate in a UK-based household	Directly employed by a member of a Canadian household	Predominantly self-employed	Typically employed by a temporary employment agency
Employment protection	Exempt from key employment protections	Fully covered by labour law	Labour law does not apply for self-employment	Fully exempt from labour law

returning UK expatriate. Workers able to apply for the visa “include cleaners, chauffeurs, cooks, those providing personal care for the employer and their family, [and] nannies” (UK Government, 2017). Considering the narrow focus of this visa programme – in the sense that it targets the domestic workers of non-British employers and returning expats – and that it is relatively unknown by the broader public, it admits a surprisingly high number of migrants every year, ranging from 12,500 in 2006 to 15,350 in 2010 (Fudge & Strauss, 2014). The majority of ODW visa holders (about 70%) apply from the Gulf states (Ewins, 2015, p. 55), although they are usually migrants who arrived in the Gulf states from another region such as India, the Philippines or Indonesia (Mantouvalou, 2015).

From 2002 until 2012, when the parameters changed, domestic workers received extendable six- or twelve-month permits, but were prohibited from bringing their dependants. They could change their employers, but not their occupation sector. After five years, they were allowed to apply for permanent residence (Gutierrez Rodriguez, 2010, p. 46), although 95% did not settle in the country (Lalani, 2011). Attempting to reduce the number of immigrants from outside the EEA, the central government limited the duration of the ODW visa to a maximum of six months in 2012, with no extensions (except for the small number of domestic workers in diplomatic households). Since 2012, ODWs can no longer change employers, nor can they switch to another immigration category or apply for settlement (Fudge & Strauss, 2014; Mantouvalou, 2015).

The 2012 revision of the ODW scheme has been heavily criticised by migrant organisations and human rights advocates. Despite the changes, however, the numbers of ODWs applying did not drop after the 2012 changes, with 16,756 ODW visas issued in 2014 (Ewins, 2015, p. 53). This fact points out an increasing demand for domestic workers by high-skilled foreign nationals and returning expats. Furthermore, while strongly infringing the freedom of the workers and not offering any long-term settlement options, the visa remains one of the few remaining legal routes for non-EEA workers who are not recognised as “skilled” to enter the UK (cf. Gutierrez Rodriguez, 2010). Moreover, for the many workers supporting families through remittances, the choice to relocate to the UK may well not be a choice at all, but rather a change in circumstances driven by the employer to which the worker must accede in order to keep her employment.

3.2 | The Canadian live-in caregiver program

Until recently, live-in care in Canada was organised through a longstanding federal immigration scheme, the Live-in Caregiver Program (hereafter LCP), which was supposedly designed to address the shortage of Canadians willing to work as live-in caregivers for children, the elderly or people with special needs. At its peak in 2007, 13,000 people were admitted through the programme (Dorow et al., 2015, p. 13; Statistics Canada, 2016). A substantial majority (about 75%) of the temporary foreign workers in the LCP were women from the Philippines (Atanackovic & Bourgeault, 2013).

The workers admitted via the LCP received a temporary visa for maximum four years, which was tied to their employer and to live-in care work. Thus, like the ODW workers in the UK, LCP workers were required to live-in and could not freely change their employer (Nakache, 2013). Unlike other Canadian temporary foreign worker programmes, the LCP allowed the migrant to apply for permanent residence after having worked as live-in caregiver for a minimum of two full years within the first four years of working in Canada. Furthermore, when applying for residency, workers could sponsor the immigration of their spouse and children (Bakan & Stasiulis, 2012). However, obtaining residency in fact took much longer because the yearly admissions through the LCP were capped at about 9,000 (Citizenship and Immigration Canada, 2014a). Canada uses such admission caps to steer and limit immigration by predefining the number of residence permits issued per year in each immigration scheme. By 2014, more than 60,000 individuals were waiting for their residency application to be processed in the LCP scheme (Citizenship and Immigration Canada, 2014b). In sum, this means that many live-in caregivers were separated from their spouses and children for close to a decade.

The LCP has drawn much criticism for its infringements on the social reproduction of the live-in caregivers (cf. e.g., Bakan & Stasiulis, 2012; Fudge, 2011). In reaction to the extensive criticism, the Canadian government closed the LCP at the end of 2014 and set about eliminating the backlog. In its place it implemented a successor caregiver scheme under the Temporary Foreign Worker Program (TFWP), called the In-home Caregiver Program. The most significant change was that workers were, at least on paper, no longer forced to live-in. However, the new scheme is capped at 5,500 visas per year and no longer automatically entitles visa-holders to permanent residence on fulfilling the programme’s requirements (Citizenship and Immigration Canada, 2014b). In this respect, the new scheme downgrades the conditions and opportunities on offer for paid care workers in Canada and it does not eliminate most causes of precariousness and vulnerability, such as being tied to one employer (Dorow et al., 2015). Given the resulting imbalance in power between workers and employers

in negotiating terms and conditions of employment, it seems likely that workers will continue to live-in if employers require it, and the LCP has not disappeared for those already in the scheme.

3.3 | Care work as a one-woman-business in Austria

Most live-in caregivers in Austria come from the Eastern European countries of the EU. They enter Austria under the Free Movement Directive that allows citizens of the EEA to work and take residence in any member state, and they can apply for permanent residency after five years. Thus, there is no visa requirement (as a condition of entry or employment) that they live in and the migrant workers are usually in Austria for two to three weeks at a time, then return home for about the same amount of time, before coming again.

However, in 2008, Austria did introduce a live-in requirement in its new Constitutional Law on Care. The legislation process for this new law was set in motion in the pre-election period of 2006, when the then Austrian federal chancellor Wolfgang Schüssel was publicly accused of illegally employing a live-in care worker for his mother-in-law (Bachinger, 2010, p. 115). In the wake of this scandal, the Austrian government rushed to legalise the already widespread informal practice of employing live-in caregivers. The new law exempted live-in care workers from standard work-time regulations and introduced a self-employment scheme. Even though they have only one “customer”, live-in care workers can now register as self-employed, as long as they live in the household of the care recipient.⁴ To encourage registration, the scheme is fostered by newly introduced state subsidies for households using the services of a live-in caregiver (Österle & Bauer, 2012). With their status as self-employed, the live-in workers are “free” to negotiate their contracts with their employers, but they are not covered by labour regulations that apply to employees (Bachinger, 2010; Gutierrez Rodriguez, 2010, p. 87). In consequence, overlong working hours and required permanent presence in the employer’s home are common. Additionally, self-employed caregivers have no right to compensation from the state in case of unemployment or illness (Bachinger, 2010, p. 410).

Analysing the working conditions under this new employment legislation, scholars and activists argue that the new constitutional law on care did not significantly improve the situation of live-in care workers; rather, it only legalised what was done informally before. Thus, Austrian families can now legally buy 24-hr care, which is still provided under highly precarious and exploitative conditions (Aulenbacher et al., 2015; Bachinger, 2010; Gutierrez Rodriguez, 2010, p. 87). Despite this criticism, self-employment quickly became the dominant model in Austrian eldercare: 11,000 live-in care workers registered their one-woman-businesses in the first six months of 2008 (Bachinger, 2010, p. 400). By 2015, 70,000⁵ workers were registered as self-employed live-in caregivers (Austrian Federal Ministry of Science Research and Economy, 2015).

3.4 | The Swiss labour agencies for live-in care workers

As in Austria, live-in caregivers who work in Switzerland typically originate from Eastern European countries, predominantly Poland and Hungary (Medici & Schilliger, 2012) and engage in circular migration. Since 2011, they can enter the country under the Free Movement of Persons Agreement between Switzerland and the EEA (State Secretariat for Migration, 2015).⁶ In contrast to the other three cases, Switzerland does not have a visa requirement or a subsidised care scheme that requires or encourages care workers to live-in. However, the live-in requirement is usually part of the care workers’ labour contracts with their employers or with a labour agency. Unlike the other three countries, live-in caregivers in Switzerland are usually not employed directly by care recipients or their families, but by temporary employment agencies. Ever since the Free Movement of Persons Agreement came into effect, Switzerland has witnessed an unprecedented growth in the number of agencies that place live-in home care workers in private households (Schilliger, 2014).

There is no regulation that would prohibit a household from employing a care worker directly. Nevertheless, households often prefer buying all-inclusive packages from employment agencies. Using the services of an agency means that the customer does not have to deal with recruiting, registering and replacing workers. The agency handles the work permits, payments to social security, pension schemes, health and other insurance, taxes and the like. Additionally, the contracts between the agencies and the households usually include the promise of an instant replacement, in case a care worker falls sick or is unable to work for any other reason. Furthermore, the service usually entails the unconditional option to demand a different care worker at any time, if the worker fails to meet the expectations of the customer (Schwiter et al., 2015). This is possible because Swiss labour regulations offer virtually no protection from dismissal for temporary workers (Medici, 2011). In addition to the instant replacement clause, labour activists and scholars criticise the agencies for excessive

working hours, the implicitly required presence of care workers around the clock, as well as the salaries below a living wage (Schilliger, 2014; Schwiter et al., 2015).

4 | COMPARING THE FOUR CASES

The four cases discussed above differ with regard to migration pathways (e.g., visa requirements), configurations of the employment relationship (e.g., who the employer is) and care regimes (e.g., the importance of state subsidies and legislation) (see Table 1). Yet our research projects, and research by other scholars (see e.g., Anderson, 2000; Walia, 2010; van Walsum & Spijkerboer, 2007), suggest that workers in all four schemes clearly experience constraints (as well as exploitation, and potentially abuse) that arise directly from the spatial arrangement of “living with the boss”. As we discuss below, the live-in situation, which relates directly to the social organisation of reproductive labour and the conditions of its commodification, is an example *par excellence* of constrained agency. In this sense, based on our evidence, we argue that live-in care work is more likely to constrain workers’ agency *regardless* of the legal-institutional context in which the care workers live. At the same time, however, these constraints do not elide or erase the agency of workers seeking to reconcile paid and unpaid care work across different spatial registers.

4.1 | Home or workplace? Blurred boundaries for live-in caregivers

First, our evidence suggests that the workers’ extended presence in the home as a workplace blurs the distinction between being at work and being off-work (cf. also England & Dyck, 2012; Pratt, 2012). As a result, live-in care workers often work far longer than the remunerated hours stipulated in the work contract. Ivana, a Polish care worker in Switzerland, recalls what many interviewees told us in similar words: “I got up five times a night and couldn’t rest all day either, because I constantly had to be on call.”⁷ In most cases the hours in between individual tasks, which in effect require the worker to remain present at the workplace, are not considered working hours and thus not remunerated. In Switzerland, for example, care workers’ contracts usually stipulate only six to eight hours of paid work a day (Schwiter et al., 2015). In spite of the low number of formal working hours, it is often difficult for the care workers to leave their workplaces for even a few hours. Laura, a Botswanan care worker in the UK, remarked that the older woman she works for “doesn’t even let me take breaks to go out to a nearby coffee shop. She wants me there in the house all the time.” A Swiss employer admitted: “She [the care worker] is here until . . . well, basically 24 hours.” In consequence, many care workers are essentially never off work. Regulations in Austria, for example, require a minimum of three hours off-duty per 24-hour period. However, the off-duty time can be split in even smaller segments of time, as long as it includes at least two breaks of 30 min (Bachinger, 2010, p. 406).

The unequal power relationship between the boss and the employee extends beyond working hours. Even during their leisure time, live-in care workers have to adapt to the rules of the household. Laura, in the UK, remarked that the older woman she cared for was verbally abusive when Laura wanted to phone or text her family. Several care workers we interviewed in different countries reported that they were not allowed to drink any alcohol during the time they lived in the care-recipient’s households. Furthermore, some could not have visitors and had limits placed on their movements within and outside the boss’ home (cf. also Pratt, 2012; Stiell & England, 1997). Ivana, the Polish care worker cited above, for example recalls “When I smoked a cigarette outside in the evening or if wanted to go for a walk, the old man always caught me.” Comparing our four case studies shows that blurring of the boundaries of work is not unique to specific care, employment or migration regimes, but it is intrinsic to the live-in arrangement (for an overview see ILO, 2013).

Second, labour law in the four countries draws categorical and spatial distinctions between the home as a private, domestic space and conventional workplaces (Fudge, 2014). In the UK, Laura talked about how her employers installed cameras inside their home to watch her from their workplaces. Surveillance is a contentious issue in labour law (see Bronstein, 2009, Chapter 5), and the home is a complex location regarding issues of legal jurisdiction. Because of its association with the private sphere, and the related gender order (Fraser, 2013), the home is usually associated with private law and family law domains and not labour law. Consequently, the private household as workplace lacks regular protection (Cox, 2012). In Switzerland, for instance, the home is not covered by labour law stipulating maximum daily and weekly working hours, minimum rest periods, days off work and other worker’s rights. In consequence of this exclusion from labour rights, a live-in domestic worker can legally be asked to work seven days a week for several consecutive weeks without a single full day off work (Medici, 2011). Similar exceptions from standard work-time regulations apply in the UK (Cox, 2012, p. 47) as well as in Austria (Bachinger, 2010).

In Canada, live-in caregivers have the same labour rights and access to health and social programmes as other workers in Canada *on paper*, although access to these programmes, as well as enforcement of employment standards and labour rights, differ by province (Thomas, 2010). As Amanda, a Filipino immigrant to Canada and caregiver advocate, argued, “TFWs don’t know their rights in Canada, they keep head down and ask few questions”. Moreover, the nature of temporary migration programmes in Canada *create* exceptions from normal employment standards at the intersection of immigration and labour law: for instance, the restrictive nature of work permits under the Temporary Foreign Worker Program (TFWP), to which the LCP now belongs, limits the ability of workers to change employers or receive federal benefits such as unemployment insurance (Nakache, 2013). When Judy, a Filipina care worker in Canada, had to change employer because she was abused, it took eight months until she received the new work permit and was allowed to start working again.

Furthermore, existing labour regulations are often not enforced when the home is the workplace (Chen, 2011). Unlike with other workplaces covered by inspections, governments typically refrain from implementing similar control mechanisms to ensure that labour regulations are upheld in the home (Bakan & Stasiulis, 2012). Care agencies delegate the responsibility to the workers: “I tell them, you [the care worker] are the manager. You do what is needed for the job. You eat there, you shower there, you sleep there and you arrange your working hours with the family” (Martin, CEO of a Swiss care agency). In practice, however, the power relations between worker and employer often prevent the former from claiming their rights. Zaman, Diocson, and Scott (2007) documented widespread violations of employment standards for immigrants employed in the home-care sector in Canada. Similar issues emerged in our interviews. A Canadian-based migrant legal educator pointed out that “it is frequently the case that someone’s contract looks good and gets approved, but when they get here, they are not working those hours or earning those wages, and there is no oversight”. Zaman et al. argue that where the enforcement of rights is based only on formal complaints and there is no proactive investigation and monitoring of workplace practices, workers’ rights deteriorate to mere paper rights.

Finally, the live-in arrangement usually means that the workers have to live separately from their own family members. In Amanda’s case, it took eight years until her application for residence and family reunion was processed and she could bring her family from the Philippines to Canada. Apart from restrictions in the live-in migration schemes that prohibit care workers from bringing family members, live-in care workers’ salaries make it challenging to support a family locally in any of our four countries. The fact that the care workers’ families live apart and that their familial ties might stretch around the globe has become a regular feature of transnational care migration (Ehrenreich & Hochschild, 2002). Indeed, this arrangement may even be viewed as a positive by the employing families, as the domestic workers are more likely to focus their attention locally (Pratt, 2012). Marianne, who arranged the live-in care for her mother in Switzerland, told us: “There is always someone there [with her mother] and the person sleeps there. If something happened – it’s just reassuring for us.” And Armin, an Austrian care agent, emphasised the advantages of his live-in care model based on shifts of two weeks: “for 14 days, they [the care workers] are always there for the elderly person and do their best (. . .) including everything and anything that is wanted.” Especially in elder care, where care recipients might require help with basic activities of daily living (like toileting), employing a live-in caregiver might be the only way an older person can continue to live in their home. In this sense, it is exactly the live-in arrangement that enables, sustains and privileges the social reproduction of the employer over that of the care worker.

4.2 | Social reproduction and constrained agency in live-in care

Accounting for constrained agency as well as social reproduction in our analysis means that the perspective of constrained agency underscores the degree or lack of labour market “freedom” implicated in the live-in care work arrangements. This then prompts questions such as: why would someone “choose” a job as live-in care worker? And what trade-offs do the workers make that result in them accepting these jobs? Approaching these questions through the lens of social reproduction means including a consideration of the care workers’ own responsibilities (Laslett & Brenner, 1989, p. 382) and broadening the scope and scale from their immediate work contexts (cf. Smith & Winders, 2008). In other words, it requires us to take into account their responsibilities for the social reproduction of their own households that are spatially removed in their countries of origin. In using this blended constrained agency-social reproduction framing to explore the four national contexts of live-in care, we find that they each offer specific – temporally or geographically removed – trade-offs that make them attractive to the workers.

In the case of the UK, workers in the ODW scheme are in a constrained situation because they can only enter if they are relocating with their employers. However, applying for an ODW visa does mean they keep their current employment and continue their existing relations with the people they work and care for. As an advocate for migrant domestic workers in the UK argued, often domestic workers are already tied to employers before coming to the UK (for example, through

the *kafala* or sponsorship system used by the Gulf states) and cannot easily leave their employment situation. It also means the workers can maintain the continuation of remittances and the payment of debts often accrued in order to seek employment abroad in the first place (Cullen & Mcsherry, 2009; for a nuanced discussion of worker strategies, see Kotiswaran, 2017). The ODW requirements include evidence of a pre-existing employment relationship between the family and domestic worker of at least 12 months, so moving may well be a requirement of keeping their jobs for many ODWs. However, there is also evidence, from our own research and other studies of migrant workers, that workers' migratory projects may involve multiple stages. Using changed employment situations to gain experience in new receiving countries can be a valuable opening to a different or better work situation (cf. Cangiano & Walsh, 2014 on the UK and Ireland and also Yeoh & Ramdas, 2014).

In Canada, the LCP was the only programme that provided foreign workers without accredited skills with a route to residency in Canada and granted them the opportunity to sponsor the immigration of spouses and children. LCP workers thus accepted a highly constrained work situation for a defined period of time in exchange for a temporally removed access to the Canadian labour market and family reunion. Migrants' rights groups thus argue that workers have mortgaged themselves, in temporal and monetary terms, for the promise of a future in which a path to residency and reunification with their families is the ultimate goal. Mara, for example, submitted her application for residency and family reunion in 2010 and when we interviewed her in 2014 she was working three parallel jobs to earn as much money as she could, while desperately waiting for the moment when her permit would finally arrive and her children and husband could join her in Canada.

Given that all four countries discussed in this paper have actively allowed or passively facilitated live-in care regimes that subordinate the labour and social reproduction of migrant workers to citizens and permanent residents, this future-oriented approach can be seen as a way of exercising agency in the face of structural (political-legal and economic) barriers to the reconciliation of the need for waged work and the need to care at a distance.

In Switzerland and Austria, live-in care workers are not formally restricted in their access to the labour market. In comparison with the UK and Canada, the absence of a visa requirement tying them to a specific employer makes it easier for them to change employment in case of adverse or abusive working conditions. Sara, for example, was on her first deployment as a live-in care worker in Switzerland when the care recipient she looked after initiated inappropriate sexual advances. Within the first two weeks she just left the household and boarded a train back to Slovakia (cf. Chau, forthcoming). Similar to Sara, several of our interviewees from Austria and Switzerland told us that they had switched agencies or employers in order to free themselves from adverse or abusive working conditions. However, in view of the large number of Eastern European women looking for jobs compared with the growing but still much smaller demand (Chau, forthcoming), our respondents reported that it was very hard to find new employers. Often they searched for many months, meanwhile enduring adverse work situations.

Moreover, our interviewees found themselves constrained to live-in care work because it is one of the few employment fields in which it is possible to work intermittently and return to one's home country for regular and extended periods of time in between. In contrast to Canada and the UK, many live-in care workers in Austria and Switzerland do not continuously stay there, but rather they engage in a long-distance commuting arrangement. They work in the receiving country for two to twelve weeks and then return to their countries of origin for a similar length of time. During this time, a second paid care worker takes over the care of the client (Schilliger, 2014). This circular migration pattern prevalent in live-in care work allows workers to return home for short, regular and predictable intervals. To make ends meet, Eva has her own parents looked after in a seniors' home in Poland, while she works as a live-in care worker in Switzerland for three months at a time. And Ivana, for instance, precooks and freezes all the meals for her husband and her children before she goes on her three-week deployments as a live-in care worker in Switzerland. When she gets back, three weeks' worth of washing and cleaning wait for her at home. Her case exemplifies that working as a live-in carer abroad does not necessarily bring about a change in the gendered division of labour or a relief from reproductive work back home. Live-in care infringes on their social reproduction while working in Austria or Switzerland, but it simultaneously allows the workers to continue, if intermittently, their care for children, spouse, parents or other family members in their home countries. In this sense – even though it might entail a double burden – live-in caregiving enables them to be “housewives for two countries” (Haidinger, 2013) at the same time. Their circular migration allows them to maintain their relations of social reproduction in new ways and imbricates their responsibilities for paid and unpaid care and domestic work. Thus, the Swiss and Austrian schemes both hold a geographically removed promise of family reunion.

In sum, the four cases show that even though the live-in migrant care workers are certainly constrained in their options and may well experience a lack of respect and even abuse, the live-in schemes do offer some specific trade-offs. Such trade-offs enable the social reproduction of the workers in the face of significant, multi-dimensional barriers and constraints. Opening the perspective beyond the immediate workplace shows that the schemes can actually allow the workers to

continue their care for themselves, their children, spouses or other family members – even if temporally and geographically removed – when they are in paid care work.

5 | CONCLUSION

Despite the feminisation of migration and the resurgence of paid domestic work (Sarti, 2014), especially by migrant women, live-in care work is understudied in labour geography. While the live-in domestic employment relation is characterised by highly unequal power relations, a lack of employment standards and labour rights, and inadequate regulatory oversight for those standards and rights that exist on paper, workers do exercise forms of agency in their migration projects (Parreñas & Silvey, 2016). The scope for worker agency is mediated by nationality and legal status, gender, race, ethnicity, class, age and other categories of social differentiation. In this paper we have focused on legal status and on the gendered social reproductive ties of the workers. We have argued that factoring social reproduction into the debate on constrained agency, two concepts not usually considered together, enables an important and fruitful dialogue between feminist geography and labour geography. We argue that by bringing the two concepts together it is possible to overcome the pitfall of understanding live-in care workers either as mere victims of exploitative labour conditions or as the free rational actors of economic theory – obscuring the significant imbalances in power that attend the institutional arrangements of live-in care work. Conceptualising live-in care workers as *constrained agents* foregrounds the specific trade-offs that migrant care workers make when accepting live-in care work positions. Furthermore, a *social reproduction* perspective means factoring in social relations and responsibilities outside the workplace – some of which may stretch far beyond the places where the paid caregivers currently work and live – providing a lens onto specific social reproductive bargains. For instance, they allow for continuing existing care work relations (as in the case of the ODW scheme in the UK), for reuniting with family at a later time (as in the LCP in Canada) or in a different place (as in the circular migration schemes of Austria and Switzerland). This perspective is vital given that the schemes are racialised, ethicised and gendered in that they are specifically tailored to migrants and to women, many of whom retain responsibilities for social reproduction in their countries of origin even after they migrate as paid workers. The short-term circular migration schemes prevalent in Austria and Switzerland, for instance, facilitate running two households in two countries in parallel – one paid and one unpaid, while the Canadian LCP promises later family reunion.

To conclude, live-in care regimes can be interpreted as designed to capitalise on the social reproductive relations and responsibilities of the workers – mostly women – in their countries of origin, be it their previous employment relations or their ties to family left behind. Thus, channelling migrants into live-in care work still means privileging the social reproduction needs of those with permanent legal status (the care recipient and their family) over migrants, often while further stratifying national social formations on the basis of class, immigration status and race. Moreover, even among those with legal permanent status in a country (and even at minimum wage), it is often only relatively well-off families who can afford live-in care, while working class and racialised citizens rely on a patchwork of public and familial supports. In this sense, the live-in schemes institutionalise unequal relations of social reproduction and facilitate temporally and geographically stretched reproductive bargains that are often highly precarious.

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ENDNOTES

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- ² In relation to welfare-state typologies (Esping-Andersen, 1989), Switzerland and especially Austria are associated with higher levels of decommodification and more conservative politics (conservative corporatist) than the UK and Canada (liberal). However, none of the four countries are taken as being the most typical or extreme examples (such as Germany for the conservative corporatist or the USA for the liberal type). Rather they all show mixed welfare state practices, which we find useful for our analysis as some similarities are to be expected. (For feminist critiques of the *Three worlds of welfare capitalism* typology see inter alia Lewis, 1992 and Sainsbury, 1994).
- ³ Given the UK's 2016 referendum vote to withdraw from the European Union, this situation is likely to change once the UK leaves the EU. Immigration and economic migration were major issues in the referendum campaign, and that continues with the Brexit negotiations.
- ⁴ The scheme also allows households to employ live-in caregivers directly. However, the number in such direct employment is negligible.
- ⁵ This number includes the live-in care recruitment agencies, as the registration statistic does not differentiate between workers and recruiters.
- ⁶ Except for diplomatic households, there is no legal access to Switzerland for live-in care workers from non-EEA countries.
- ⁷ We anonymised the names of all interviewees. The quotes from Switzerland and Austria are translations from German.

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