

# Borders, Mobility of Care and Translocal Social Reproduction



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## Abstracts

Recent developments in response to the COVID-19 pandemic have highlighted the deficit of care and social inequalities within the EU that are linked to the provision of care. Closing the borders at the beginning of the pandemic has highlighted the fact that the care system in many European countries depends on cheap labour and the exploitation and abuse of care workers' mobility. The symposium will focus on the regional perspective of Central Europe, where the cross-border care market is based on an institutionalized combination of inclusion (in the EU through access to the labour market) and exclusion of migrant workers from some aspects of labour and social rights.

### **How to care? Live-in care, the limits of the market society, and the search for sustainable and just modes of care provision**

Brigitte Aulenbacher, Johannes Kepler University, Linz

Austria is one of the pioneers of care brokering in Europe. The legalization of live-in care, the recognition of personal care as a profession, and cash-for-care-policies, all converged in the creation of a growing and highly competitive care market. Brokering agencies provide a wide range of services promising seniors decent care, and their relatives relief, by recruiting self-employed care workers from Central and Eastern Europe. In face of the pandemic, they also try to guarantee the stability of the live-in care arrangement. 1. The lecture draws on Karl Polanyi's work combining it with neo-institutionalist perspectives, labor and welfare studies and research on social justice to discuss the limits of the market society and the contemporary shift towards alternative modes of care provision. 2. Drawing on the Austrian country study of the project 'Decent care work? Transnational home care arrangements' (<http://decent-care-work.net/en/home/>), it discusses the established mode of live-in care provision, the emerging division of labor, the changing meaning of care and questions of responsibility. 3. The lecture reflects on the search for sustainable and just modes and forms of care provision including the reorganization of live-in care.

### **Profitable bodies: commercial care within uneven welfare geographies in Europe**

Kristine Krause, Department of Anthropology, University of Amsterdam

Petra Ezzeddine, Department of Social and Cultural Anthropology, Faculty of Humanities, Charles University, Prague

In this paper we will reflect on the entanglement of Europe's uneven welfare geographies in multidirectional transnationalization of care by thinking through profits extracted from bodies that care, and bodies that are cared for. We thereby relate to the missing translocal social reproduction in the region (Uhde & Ezzeddine 2020) in two interrelated phenomena: (1) the transnationalization of care as the migration of (female) care workers resulting in a 'care gap' in the places such workers leave behind; (2) in scope and scale much smaller the reverse phenomenon: care outsourcing, in which elderly are relocated to places where care costs roughly one-third of the cost of similar institutions in

the home countries. Both phenomena can be understood as being complicit in extracting labour from 'working' bodies (migrant labour) (Lutz and Palenga-Möllenneck 2010: 422, Uhde & Ezzeddine 2020), and 'entitlements' from frail bodies. They challenge thereby how to conceptualize rights and social reproduction within European social citizenship regimes.

### **Cross-border care mobility during the pandemic: The Austrian case of migrant live-in care**

Michael Leibfingler, Independent Researcher

Veronika Prieler, Department of Anthropology, University of Amsterdam

Over the last few decades, live-in care has become an important pillar of long-term care regimes of familialistic countries like Austria. Commuting live-in care workers, typically women from Central and Eastern Europe, help fill the emerging care gaps. Closed borders and other pandemic-related restrictions brought the circulation of care workers to a halt. The Austrian government scrambled and narratives of an endangered live-in care model and of the 'systemic importance' of its carers brought upon a variety of policy responses: to foster care workers' extension of rotas, a federally funded bonus was implemented for live-in carers prolonging their stays for at least four weeks. The government initiated negotiations with neighbouring countries in hopes of creating 'care corridors' for the suddenly essential migrant care workers. Charter flights and special trains were organised to ensure the supply of live-in carers until borders re-opened.

The presentation analyses how Austrian live-in care was affected by the pandemic. We will show that while live-in carers were deemed key workers and essential for the long-term care system, the policy measures and responses deepened the inequalities and dependencies already existing in transnational care arrangements. This links to the structural inequalities and power imbalances that mark live-in care in general.

### **Leaving care work: Career prospects after work in a secondary labour market**

Miloslav Bahna, Institute for Sociology, Slovak Academy of Sciences

This paper analyses the career paths of Slovak care workers after leaving care work in Austria. The live-in 24-hour personal home care work in Austria represents a typical example of a secondary labour market—a low-prestige job with limited career prospects. Based on the care workers 2016 survey we find that retirement was the exit strategy for less than a third of the Slovak 24-hour personal home care workers. More than half of the care workers found employment after their return to Slovakia. However, well in line with the dual labour market theory, long exposure to care work in Austria is not helpful for career prospects back home. Carers spending five and more years in Austria have a higher risk of working in a less prestigious job than the one they used to have before they left. We discuss implications of these findings for the corona-conditioned returns of Slovak carers from Austria in 2020.

### **Migration and market turn**

Attila Meleg, Corvinus University, Budapest

Humanity has reached a particular global social situation in the 2010s. Since the 1980s there has been a rather unique interplay between ageing, ongoing marketization with no increase in redistribution, and the death of the peasantry. Karl Polanyi has theorized exactly on such situations, when state, society and family in a gender specific way lose control and market prevails. This we can call by his terminology as disembeddedness. These factors and their historical dynamic have led to care scarcity and a related dramatic increase in the care migration industry. These developments put the migrant caregivers into a very difficult position, especially with the ongoing COVID-19 pandemic making access to healthcare even more important globally. Huge chunks of the global population – and not only in poor countries – are at the mercy of various care systems increasingly based on migrant labour. Meanwhile, migrant workers are caught in the crossfire between increasing demand for their work, increasing volatility in their employment, increasing hostility toward migrants, and increasing securitization also due to the pandemic. We have reached a point where care for the sick and older people is becoming more competitive and very fragile, which needs special attention.