International Journal of Ageing and Later Life, 2019 13(2): 9–22. © The Authors
doi: 10.3384/ijal.1652-8670.18-181227

Transnational mobilities of care in old age

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The world's population is ageing. Particularly industrialised countries in Europe and elsewhere are experiencing rapid growth in the number and proportion of older people in their societies. The economic and socio-cultural challenges that population ageing poses to labour markets, welfare states and families in Europe have been dealt with extensively (e.g. Harper 2016). An area in which different challenges conflate and reinforce each other is that of long-term care (LTC) in old age. "LTC in old age" refers to all kinds of formal and informal care and support services provided to older people on a regular basis. LTC in old age is provided in different settings (at home, in day-care and short-stay services or in LTC facilities) by a network of care providers, including the family, public services, market-based and third sector organisations. With more people living longer, the demand for LTC services in old age is projected to rise steadily across European countries, raising concerns about the fiscal sustainability of LTC systems (Greve 2017). Other societal changes, such as the increased participation of women in the labour market, put additional pressure on policy-makers to find affordable solutions for the delivery of good quality LTC services tailored to the diverse needs of older people.

European countries are responding to the growing need for LTC against the backdrop of very different traditions and institutional contexts.

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Thus, diverse LTC systems exist with varying financing systems, conditions of eligibility and access to LTC services, and distribution of responsibilities for LTC in old age between the family, the market and the state (Bettio & Verashchagina 2012; Colombo et al. 2011). According to Anderson (2012), a spectrum of care provision can be found in Europe, with the "informal care-led model" at one end of the spectrum and the "service-led model" at the other. In the former, the state's responsibility is mainly regulatory whilst the provision of care relies heavily upon the family. In contrast, the service-led model reduces the responsibility of the family by offering a wide range of publicly funded care services. Based on similar considerations, van Hooren (2012) distinguished between three ideal types of LTC systems in Europe: the social democratic, the liberal and the familialistic models (van Hooren 2012).

In the social democratic model, represented by the Netherlands and the Nordic countries, the state assumes major responsibility in the form of high public expenditure and the provision of a relatively generous public LTC infrastructure. Private expenditures tend to be low and cash benefits, if available, tightly regulated. Despite the great availability and affordability of LTC services, the family still bears the brunt of LTC in these countries, although less in the form of hands-on care than of practical and emotional support. Compared to the state and the family, the market still plays a minor though increasingly important role in the provision of LTC services. By contrast, in the liberal model, represented for example by the United Kingdom or Switzerland, the market is an important provider of LTC, especially with regard to residential care but also increasingly in the home-based care sector. Families are the main providers of care in both practical and financial terms. High-income households, especially, have to shoulder large expenditures for LTC as cash support from the state tends to depend on means testing and asset assessments.

As already indicated by its name, in the familialistic model, the family is also the most important provider of LTC (Bettio & Plantenga 2004; Esping-Andersen 1999). In this model, families to a greater or lesser extent receive cash support from the state when caring for older relatives themselves (Leitner 2003). The use of these cash benefits is not usually regulated and thus can be spent at the discretion of the older people in need of LTC and their families. In-kind allowances, by contrast, are paid when professional LTC home-care services or LTC facilities are used. However,

in-kind allowances function like a partially comprehensive insurance; relatively high private co-payments are the consequence. Compared to the social democratic model, the public LTC infrastructure is less developed and mainly provided by third party and for-profit providers. Countries with familialistic LTC systems differ with regard to the level of state support. The latter is more generous in countries like Austria or Germany and less generous in countries like Spain, Italy or Greece.

Despite these differences, a certain convergence in the provision of care across European countries has been observed (Simonazzi 2009; Williams 2012). To keep public expenditure low, LTC systems have increasingly been opened to the market and steps taken to promote (comparatively cheaper) home-based LTC arrangements. Measures undertaken to achieve this goal include the tightening of eligibility criteria for residential care and the fostering of informal home-based care through cash-benefits or paid elder care leave. On the one hand, the trend towards the marketisation of LTC has increased the demand for cheap care labour in many countries. However, low status and low pay as well as precarious employment conditions (e.g. long working hours, shift work) make working in the LTC sector less than attractive. On the other hand, the fostering of informal LTC arrangements has increased the risk of overburdening family carers. Not only have changing gender roles diminished the resources of families to provide LTC, with labour market participation having become a natural component of women's life scripts, but the type and duration of LTC needs have also changed, with conditions such as dementia posing specific LTC demands whilst making it difficult to anticipate how the situation will develop and how long it will last.

The shortage of LTC workers, the inadequate quality of care provided in LTC facilities in addition to high costs, overburdened family carers and the (image of) exploding public expenditures are some of the core ingredients of Europe's elder care crisis.

In tackling this crisis there is widespread evidence that countries are increasingly resorting to solutions that go beyond the single nation-state. In this regard, the reliance on migrant care labour is already evident in many European countries today. LTC workers with a migration history make up substantial proportions of the LTC workforce in many European countries (IOM 2010; Rada 2016). Germany, for example, has launched programmes to recruit LTC workers abroad in the past, and is currently

intensifying its efforts to attract LTC workers from Mexico, Vietnam or Namibia in order to reduce the calculated gap of 40,000 positions in the country's LTC sector (Dohnhauser 2019). The example of Germany is part of a process in which relatively rich countries compete for LTC workers originating from lower-income countries. The increasing diversification of source countries indicates the globalisation of the competition for LTC workers, with all its possible implications ("care drain", "brain drain") for the LTC workers' countries of origin discussed in the literature (Bahna 2015; Gheaus 2013; Hochschild 2002; Raghuram 2009). However, the demand for migrant LTC workers differs across European countries, as do their employment conditions and the sectors into which they are primarily incorporated.

Researchers have emphasised that the scope and incorporation of migrant LTC workers is closely related to a country's LTC system (Anderson 2012; van Hooren 2012; Da Roit & Weicht 2013). According to the literature in this field, the demand for migrant LTC workers in countries with a social democratic LTC model is rather low and particularly driven by public not-for-profit and private LTC providers in the formal labour market. The employment conditions of migrant LTC workers appear to be similar to those of the native workforce. In the liberal model, migrant care workers are predominantly recruited and employed by private LTC service providers (Cangiano & Walsh 2014; Shutes 2012). The employment conditions of migrant LTC workers in the liberal model tend to compare unfavourably to those of the native workforce in both the private and public LTC sectors (Lightman 2019; van Hooren 2012). Since migrant care workers are particularly incorporated into the private LTC sector, van Hooren points out that a "migrant in the market" model of employment has emerged within the liberal LTC model.

With regard to the familialistic model, Bettio and colleagues (2006) pointed to a transition from a family-based to a "migrant in the family" model in Southern European countries. In the absence of adequate LTC services, families in Italy and Spain were shown increasingly to be hiring live-in migrant carers (LIMCs) to care for frail and elderly family members (Degiuli 2016; León 2010; Skornia 2014; Tobío & Gorfinkiel 2007). LIMCs are migrant women (and men) who live permanently or periodically in the same household as an older person in need of LTC, performing a diversity of tasks, including care activities and domestic chores.

LIMCs in these countries are of diverse origins, including Latin American countries, Eastern European countries and the Philippines, and their migration status varies considerably across and within national groups. Whilst LIMCs are particularly prevalent in Southern European countries, the number of LIMCs in Germany and Austria has increased significantly as well (Krawietz 2014; Österle & Bauer 2012). LIMCs in these countries come primarily from neighbouring Eastern European countries such as Poland or Slovakia but also from more distant countries such as Croatia, Hungary or Romania.

Theoretically, the global intersections between (gendered) care, migration and welfare regimes have been conceptualised in various ways. With the concept of global care chains, Hochschild (2000) famously linked global inequality structures with the transnational connection of households at the micro-level. According to Hochschild (2000: 13), a global care chain is typically formed by "an older daughter from a poor family who cares for her siblings while her mother works as a nanny caring for the children of a migrating nanny who, in turn, cares for the child of a family in a rich country." The focus on nannies and maids has been expanded to incorporate other tasks and occupations performed by migrants in the global care economy (Isaksen 2010; Yeates 2005). Sassen (2002) introduced the concept of "survival circuits" to analyse the conditions and dynamics leading to the global migration of women as care and domestic workers, sex workers, nannies and so forth. Finally, Williams (2011) used the term "transnational political economy of care" to explore the interrelationships of Europe's care, employment and migration regimes.

While the employment of migrant care workers has become a widespread approach to face the challenges of LTC, still another development can be observed, though on a less pronounced scale. Instead of moving "carers in", people in need of care are being "moved out" (Horn et al. 2015). This development is manifested in the establishment of care facilities abroad, mainly in low-wage countries, targeted at older people needing care in richer countries. This development can be observed in South East Asia (Thailand, Malaysia, the Philippines), for example, where old age care facilities have been established for older people in need of care from central European countries or from Japan, or in Eastern Europe for older people from Germany.

Focusing on transnational mobilities of care, this special issue inquires into the political and socio-cultural factors leading to the emergence and persistence of cross-border mobilities caused by the demand for LTC in relatively affluent ageing European societies. It specifically asks for the implications of these cross-border mobilities for micro-level interactions.

In taking the examples of Germany, the Netherlands and Switzerland, three very different LTC systems are discussed. All three are experiencing growth of LIMC arrangements, although to very different degrees. In the publicly supported familialistic German LTC system, LIMC arrangements are already a widespread phenomenon (Arend & Klie 2017; Neuhaus et al. 2009). By contrast, in the rather liberal Swiss LTC system, LIMC arrangements have only been on the rise for a couple of years (van Holten, Kasper & Soom Ammann in this special issue), and in the social democratic LTC system of the Netherlands, they are (still) a marginal phenomenon (Horn et al. in this special issue). Consequently, there is a much longer tradition of research on LIMC arrangements in Germany than in Switzerland and the Netherlands.

In the German context, LIMC arrangements have been examined from different angles, with several studies analysing the working conditions, experiences, life projects and transnational relationships and household strategies of LIMCs (Ignatzi 2014; Karakayali 2010; Kniejska 2016; Satola 2015; Scheiwe & Krawietz 2010). Another set of studies explores the practices of agencies recruiting and placing LIMCs in private households (Krawietz 2014; Rossow & Leiber 2017; Tießler-Marenda 2012), and others discuss the ethical dimensions of this type of working arrangement (Apitzsch & Schmidbauer 2010; Emunds 2016). As yet, relatively little is known about the role of German families in the whole process; for example, how the decision to hire an LIMC is negotiated, how relationships are constructed or how older people in need of LTC perceive their situations. In the Swiss context, different accounts of LIMCs exist (Chau, Pelzelmayer & Schwiter 2018; Schilliger 2014; Pelzelmayer 2016), along with a few studies on families hiring LIMCs (van Holten, Jähnke & Bischofberger 2013), placement agencies (Schwiter, Berndt & Schilling 2014) and migrant care worker organisations (Schilliger 2015). There is a particular shortage of literature on LIMCs in the Netherlands, where only recently scholars started to pay attention to LIMC arrangements (Böcker, Horn & Schweppe 2017; Bruquetas-Callejo 2019; Da Roit & van Bochove 2017).

In comparison to research on LIMC arrangements, rather little academic attention has been devoted so far to the emergence of care facilities in low-income countries which target old people in need of care in wealthier countries. Research shows that a large number of these facilities, especially in Thailand and Eastern European countries, target people from Switzerland and/or Germany but not the Netherlands. In addition, evidence of these facilities can also be observed in Malaysia with a target market in Japan (Toyota & Xiang 2012). Some research also exists on the reasons for the emergence of these facilities, the motives of moving into and the experiences of living in these facilities, the living conditions they provide and the care concepts that emerge (Bender et al. 2017, 2018; Großmann & Schweppe, 2018; Toyota & Xiang 2012).

The four papers in this special issue take up fundamental gaps in research on transnational mobilities of care in old age and address them from different perspectives.

Chau uses a mobility/immobility approach to explore the relationship between the recruitment and placement practices of private brokering agencies and the experiences of circular LIMCs in Switzerland. She shows how placement agencies make high demands on the availability, flexibility and cross-border mobility of LIMCs. For LIMCs, these demands mean being able to leave their environments at short notice and adapt to changing household constellations and different LTC needs almost immediately. As Chau reveals, circular LIMCs find themselves in a system requiring nearly constant readiness for cross-border mobility, on the one hand, and immobility upon arrival in the private household, on the other.

How hiring an LIMC affects older people and their homes is dealt with in the article by *van Holten, Kasper* and *Soom Ammann*. These authors argue that hiring an LIMC is often rooted in the family members' wish that older people should stay at home. However, once an LIMC is incorporated into the private household, the home space is transformed by the sudden presence of the unfamiliar. Drawing on data from interviews with family carers, the authors emphasise the efforts made to adapt to the new situation and re-establish familiarity with the altered home space. Different strategies are identified, including solving the puzzle of everyday social interaction and searching for new arrangements. Hence, as shown by this study, the change of the home space can be perceived as too radical for the LIMC arrangement to be maintained.

In a comparative study on LIMC arrangements in Germany and the Netherlands, *Horn, Schweppe, Böcker* and *Bruquetas-Callejo* examine the motivations and justifications of family members hiring an LIMC. Analysing data from interviews with family carers, the authors show how the different LTC systems influence the families' decision-making by providing different LTC infrastructures and incentives to hire an LIMC. German family carers often see no alternative to hiring an LIMC when older people are in need of more intensive LTC. The lack of alternatives provided by the state is at the same time a principal justification used for employing LIMCs irregularly. Similarly, Dutch family carers criticise the lack of affordable 24/7 home-based care services but explain their decision primarily based on their wish for personalised LTC arrangements. In contrast to their German counterparts, they feel uneasier about hiring an LIMC (via a placement agency) and seem to be more compelled to justify their decision to a critical social milieu.

While these three articles focus on the increasing recourse to LIMCs to tackle the care crisis *Bender* and *Schweppe* examine the rather new development that leads in the opposite direction: instead of having care workers "move in", the people in need of care "move out". They turn especially to elder care facilities in Thailand and Poland that target old people in need of care from Germany. Against the backdrop of the main guiding principles of "ageing in place," which guides professional and public orientations for old age care in Germany, considerable criticisms are levelled at these facilities, and their use is viewed with distinct scepticism. Nevertheless, several facilities have succeeded in sustaining substantial demand from Germany over quite a few years. The authors therefore ask what strategies and arguments the facilities use to make themselves a legitimate option for people in Germany and to become established on the German market. Based on two case studies of an old age facility in Thailand and in Poland, Bender and Schweppe show how they skilfully position themselves as "better" options for residential care even though their strategies vary considerably and result in very different models of old age care. Drawing on neo-institutional organisation theories, the authors show how these strategies are essential for the facilities' emergence as new players in the care market for older people from Germany.

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