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Migrant Care Labour: The Commodification and Redistribution of Care and Emotional Work

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Many European countries are experiencing a redistribution of care work from family members to paid migrant workers in private households. This involves not only a commodification of the practical tasks of care work, but also a redistribution of the emotional element of care. This study explores the emotional experiences of migrant care workers from Central Eastern Europe providing care work in private households in Austria. Based on a literature review and qualitative interviews with migrant care workers, the article investigates the emotional dimensions of migrant care work and the ways in which the regulatory context impacts on these dimensions.

Keywords: Care work, emotional labour, long-term care, migrant care, welfare regulations.

Introduction

From the 1990s, many European welfare states have experienced significant shifts in the division of responsibilities in long-term care between the state, the family and the market. Reorientation was driven by demographic challenges and by the broader socioeconomic context, but also by policies including cash for care schemes, market orientation in service provision or a re-emphasis of the role of families as care givers. This had impacts on the provision and organisation of long-term care, and it supported, in some European countries, a redistribution of unpaid family care work to care services provided by low-paid migrant workers. With care transferred into a commodity, migrant care work, often provided in a live-in arrangement, becomes a substitute for care work provided by family members. As such it involves not only practical, hands-on tasks, but also emotional and interactive demands.

This article focuses on the emotional demands and experiences migrant care workers in private households are faced with and investigates how these are shaped by welfare regulations on migrant care work. In the empirical analysis, based on qualitative interviews with care workers, the focus is on Austria as a target country of migrant care workers from Central and Eastern Europe. In the next section, the article starts with an overview of visible and non-visible aspects of care work and explores how policies have shaped a growing 'transnational division of care(ing) labour'. The particular context of the Austrian migrant care regime is then introduced. With these underpinnings, the empirical analysis explores the emotional experiences of migrant care workers in private households and contrasts these with the literature.

Care work at the intersection of migration, emotions and welfare regulations

Abel and Nelson (1990: 4) define care as the basis for sustaining the 'social fabric' of mankind. Care includes many facets, such as receiving, giving and providing care. And, it is essential for developing and sustaining relationships (Himmelweit, 2007). In line with the traditional assignment that care(ing) work is women's labour, unpaid and provided because of love and obligation (Bock and Duden, 1977), women still bear the main burden of care work. Changes in social structures and the promotion of dual-breadwinner models, however, led to difficulties in reconciling paid work and care labour, while welfare states were reluctant to respond adequately to these needs (for example, Hoff *et al*., 2010). One option increasingly used in many Western European countries is partial outsourcing of social reproductive work to paid workers in the private household. These individualised care arrangements are mostly established in the private realm with a highly informal or semi-informal character (Österle *et al*., 2011). This reintroduces the ideologically unpaid and domestic character of care work and commodifies private obligation and responsibility for care provision. The development is characterised as a growing 'feminised' and 'foreignised' low-wage care market (Leòn, 2010: 412), where again women, but from poorer regions of the world, provide care labour in wealthier countries. This causes not only a redistribution of reproductive tasks from the family to migrant care workers, it is also a way to commodify the emotional component of care work to migrant care workers.

Invisible elements of care work

Care labour can take different forms and involves a variety of tasks with some more visible and valued than others. Care(ing) for older people with long-term care needs requires diverse hard and soft skills and is often solely based on experience. Some definitions of care work assume a professional understanding and point at the development of human capabilities (health, skills, proclivities) (England *et al*., 2002: 455). Others, like Anderson (2000), go beyond this and emphasise the 3Cs of reproductive work (cleaning, cooking, caring) that refer to the overlap of domestic and care activities. But care work does not only involve care and domestic tasks. Feelings and emotions are involved when giving care, taking care of and caring about the person who is in need (Fisher and Tronto, 1990). Working tasks range from highly intimate (body and emotional work) to less-intimate tasks (for example, household work) (Yeates, 2011).

Often it is the moral and the emotional aspects of care work that lack recognition (for example, James, 1992). Not least, this results from disregarding these aspects in economic theory, which presumes altruistic behaviour and intrinsic motivations for care work (Folbre, 2004). By focusing on emotional features of care work, Hochschild (1983: 7) points to the display of emotions by considering specific rules. She draws an important distinction and refers to emotional behaviour in private and work-related situations. Socially predetermined ways of expressing emotions are followed in the private sphere by doing *emotion work*. In contrast, *emotional labour* applies to the individual management of emotions on the basis of implicitly and/or explicitly specified behavioural rules that are anticipated and desired at the workplace. Behaviour can become strained when expectations on emotional display do not comply with the inner feelings and natural reactions (Hochschild, 1983).

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The emotional component of care is closely connected with demands for high levels of interactive work. Together, those elements represent the fundamental basis for good care work relationships (James, 1992; Wharton, 2009). Also, particular personal attitudes and behaviour of care worker and care recipient generating respect and trust are of relevance. Care receivers hold a unique position as they simultaneously act as employers and as recipients of the care service (Weishaupt, 2006; Wharton, 2009). Live-in care arrangements combined with the component of emotional labour are likely to create even stronger emotional bonds for the care worker. The informal nature of commodified care settings might in turn exert influence on other involved actors, in particular the care recipient (for example, Timonen and Doyle, 2010). England (2005: 390) identifies an 'emotional hostage effect' when unequal relationships and power distribution lead to vulnerable positions in the care relationship.

James (1992) pointed at organisation as a further component of care work. Care labour mostly is about 'action and reaction and consists of day-to-day responses' (James, 1992: 500) to often unpredictable and imponderable conditions. Depending on the physical and psychological situation of the person in need of care, it requires the care worker to constantly adapt, which again involves emotional and practical tasks.

Migrant care work in Europe

Over the past two decades, many European countries have seen major long-term care reforms with impacts on the distribution of long-term care responsibilities between the family, the state and the market (Österle and Rothgang, 2010; Ranci and Pavolini, 2013). Reforms included extensions in long-term care coverage and the introduction of cash for care payments, and went along with market-based care approaches and a re-emphasis on individual responsibility (Ungerson and Yeandle, 2007; Pavolini and Ranci, 2008). But even with extensions in public support, strong family orientation and the difficulties in reconciling work, family and care obligations have increased the demand for comprehensive service alternatives (Lewis, 2006).

Countries in Central Eastern Europe share strong family orientations. In long-term care, very limited public provision and unaffordable private services further contribute to the important role of the family as care giver (Österle, 2011). At the same time, economic and labour market problems in these countries drive many to search for employment in Western Europe. For women, care work became an economically attractive option (Haas *et al*., 2006; Lewis *et al*., 2008), even more so as the demand for care work facilitated entry into Western European labour markets before labour market liberalisation.

This stimulated a growing migration of care workers from Central Eastern Europe towards Western Europe. Williams (2011: 2) argues that 'not simply the absence of state provision but rather the restructured nature of state support' serve as promoters of the supply of and the demand for migrant care workers. Migrant care arrangements have primarily appeared in countries with a strong familialistic orientation and the provision of cash benefits without pre-defined use. In some countries (for example, England and the Republic of Ireland), migrant care workers are predominantly employed by the private sector outside the private household (Cangiano *et al*., 2009; Doyle and Timonen, 2010; van Hooren, 2012). In Southern European countries (for example, Italy, Spain and Greece), the legal or illegal status of migrants is constitutive for live-in or live-out employment, supporting a 'migrant in the family' care model. (Bettio *et al*., 2006: 272;

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Lamura *et al*., 2010; Leòn, 2010; Lyberaki, 2011). In Austria, and similarly in Germany, live-in employment in private households is used as an alternative to public services and family care (Neuhaus *et al*., 2009; Schmid, 2009).

Commodifying care responsibilities and transferring them to migrant workers has multiple implications. On the micro level, when private households become workplace and home, implications arise due to an isolated atmosphere and vulnerable working conditions that create dependency and exploitation where regulations provide little room for control (for example, Lutz, 2004; Anderson, 2007; Doyle and Timonen, 2009). With transnational living situations, separations arise from the family left-behind in the country of origin. A macro level perspective mirrors the importation of 'care and love from poor countries to rich ones' (Hochschild, 2002: 17) and the generation of losses for source countries' long-term care systems and family resources (Lutz, 2002, 2004). The result is a 'care drain' (additional to the brain drain phenomena), a more hidden trend that refers to the loss of informal and formal care resources in the home of care work migrants (Hochschild, 2002: 17). Redistributing care obligations further prompts an 'international division of reproductive labour' (Parreñas, 2005). This is reflected in global care chains when women fulfil care needs in wealthier countries, while care obligations towards dependent children and older relatives left behind are redirected to the nuclear family or to another migrant woman from an even poorer country (Hochschild, 2000, 2002; Yeates, 2009; Lutz and Palenga-Möllenbeck, 2012). The emotional and psychological costs for leaving children and older family members behind are tremendous for all involved parties and require specific strategies in handling transnational care obligations (for example, Hondagneu-Sotelo and Avila, 1997; Parreñas, 2005; Ducu, 2009; Piperno, 2012).

Context and method

The focus of this empirical study is on live-in migrant care workers in Austria originating from Central Eastern Europe. Long-term care in Austria is characterised by strong family orientation. Public support for long-term care includes a comprehensive cash for care system and social services (Österle and Bauer, 2012). Objectives of autonomy and empowerment of the user, support for family caregiving and the user-driven development of the social services sector were the explicit objectives when introducing the cash for care system in 1993, while the emerging use of twenty-four-hour migrant care work in private households was unintentionally facilitated. A growing awareness of care as a commodity, geographical proximity to Central Eastern European neighbour countries and socioeconomic differences between Austria and home countries of migrant care workers served as additional drivers for the development.

Until 2006, migrant care work in Austria was a grey economy sector based on irregular employment. But, in contrast to other countries, Austria has seen a distinctive and comprehensive effort to regularise twenty-four-hour migrant care work from the year 2007 (Österle and Bauer, 2012). First, migrant care workers were entitled with a legal care work permit as labour market entry for Central Eastern European citizens was limited at that time in Austria. Second, a new provision allowed care work in private households to be based either on employment by care users, their families or a social service provider, or on self-employment. In order to allow for the work time arrangement of the original grey care market solution with two migrant live-in care workers providing care work on a biweekly or monthly shift, self-employment became the predominant form. Third, the

general assumption of twenty-four-hour care as a substitute for family care is mirrored by an absence of distinctive qualification requirements and quality criteria. Fourth, a financial support scheme for twenty-four-hour care was introduced. The main aim here was affordability; twenty-four-hour care should not be more expensive for users than it was before the regularisation. By the end of 2011, 31,500 migrant care workers were providing twenty-four-hour care work in private households in Austria. In a European comparative perspective, the Austrian migrant care work regime is unique because, (a) care workers are almost exclusively from Central Eastern European countries, (b) work arrangements are almost exclusively live-in arrangements with biweekly or monthly shifts of two care workers commuting between Austria and the respective home country, and (c) the comprehensive regularisation of this originally grey market economy.

Against the background of the particular features of the Austrian migrant care regime, the empirical analysis attempts to explore the perspectives of migrant care workers concerning their emotional experiences. The analysis builds on fourteen interviews with care workers from the dominant source country, Slovakia (11), and from Bulgaria (3) providing care labour to older people in Austrian private households. Interviewees were recruited via two Austrian placement agencies. Two of the interviewees were men, twelve were women. They were between twenty-four and sixty-three years of age. On average they had been care workers in Austria for between four and ten years. Interviews were conducted between November 2009 and January 2010 in rural and urban Austria.

Migrant care work, welfare regulations and emotional experiences

Following the interviews we identify three domains where the particular care work arrangement and the regulatory context shapes emotional experiences of care workers. First, the transnational organisation of the care job results in a space of 'living in-between' for the care worker. Second, informal characteristics of the care service make the balance of becoming 'a quasi-family member' and keeping 'distance' a major challenge. Third, the regulations that apply to live-in care work in Austria tend to create specific burdens and demands in work-related situations.

Living in-between

Migrant care work in Austria is based on a rotational system, with two care workers replacing each other on a biweekly or monthly basis. The live-in arrangement allows a combination of working abroad and living in the home country without extra expenses for a second household. Together with the earnings perspective, this cost-saving constellation works as a prime motive for migrant care workers to take on such a care job in Austria (Österle and Bauer, 2010). But transnational commuting entails various psychological and emotional constraints and burdens. Being a migrant care worker involves dealing with problematic socioeconomic circumstances in the Central Eastern European home country while providing demanding care work for older people abroad. Workers point at emotions and sorrows that have to be faded out once the geographical borderline is reached.

> Life is a bit like schizophrenia. After the border you have to press the button, because there [at the Austrian workplace] are other problems than at home. It's . . . like schizophrenia . . . (Female care worker from Slovakia, aged 35, two young children)

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The feeling of being torn is an emotional condition often experienced by migrants, who refer to the blurring of identity, nationality, culture and belonging (for example, Vertovec, 2001; Ryan, 2008; Skrbis, 2008). And such feelings might be even stronger among care workers who are part of transnational family constellations and who have transnational care obligations towards children or towards parents in need of long-term care (for example, Ryan, 2008; Svasek, 2008). In our study, the majority of interviewees had children from kindergarten age to teenagers, but also children who were already grown-up. Those with young children at home had arranged for them to be cared for by their sister, their mother or their unemployed husband. These transnational arrangements are similar to other studies of Eastern European care and domestic workers in Germany and Italy (Lutz and Palenga-Möllenbeck, 2012; Piperno, 2012). Two interviewees in our study also had parents at home who were in need of care. Confirming the family orientation in caring for the older generation (Daatland *et al.*, 2011), care responsibilities in these cases were divided between siblings for the time of absence of the care worker. What emerges is a new care work division within Europe. While Central Eastern European care workers provide paid long-term care in wealthier Western European regions, their care obligations are redirected to unpaid family members, but are rarely found to be replaced by other paid migrant women, as anticipated in the global care chain concept (Hochschild, 2000, 2002; Lutz and Palenga-Möllenbeck, 2011, 2012).

The transnational family situations were accompanied by a variety of difficulties and constraints. But, for our interviewees, feelings of guilt or sorrow for their biweekly or monthly absence were quasi-justified by the attractive earnings that help improve the living standard of the family and, more importantly, provide children with better education. Compensating for the inability to provide direct love and care to those left behind with material goods is a typical strategy applied in transnational family constellations (Parreñas, 2001). It is also a strategy that helps those migrants coping with transnational commuting and the emotional constraints this causes. However, several studies focusing on the transnational family dimension have shown that considerable consequences can emerge at least from long-term separation (for example, Hochschild, 2000, 2002; Parreñas, 2001, 2005). So far, this aspect has not been sufficiently studied in relation to work based on shorter term commuting within Europe.

Quasi-family member and distance

Giving care to older people goes in hand with a high level of informality. Working as a live-in care worker makes the private household a place where living and working overlap. The establishment of a successful relationship is therefore a most important but difficult task. Developing a 'good' care relationship is influenced by the particular care arrangement, the length of time over which care is provided or the behaviour and characteristics of care receiver and care giver (for example, Walsh and Shutes, 2012). Concerning the interpersonal level, the application of positive feelings in the working context can help establishing mutual trust as an indispensable condition for successful care relationships (Wharton, 2009). Some interviewees explicitly highlight the 'chemistry' between two persons that helps them to get along well with each other.

> And the chemistry … that is important when I get in contact with the client for the first time. The chemistry [between client and care worker] has to be good. Because if the chemistry is bad, the client can do whatever she likes to, she always will find anything that doesn't suit. (Female care worker from Slovakia, aged 35)

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The 'chemistry' as a basis for social cooperation is influenced by attitudes and behaviour of care recipients and care workers. Respectful and emphatic behaviour can help to create feasible conditions. It also helps to develop relationships that are built on mutual trust and cooperation (Timonen and Doyle, 2010). Considering the care recipient, studies have shown that positively rated care relationships can also derive from the degree the person cared for is dependent on the care worker (Degiuli, 2007; Timonen and Doyle, 2010). In live-in care arrangements, this degree is very likely to be on a high level and might be expected to force care users to positive collaboration. In some cases, however, interviewees report uncooperative behaviour and negative attitudes of their clients.

> Not every family is satisfied. I . . . have been working for a woman, a witch. She hassled me. She refused to eat. It was nearly impossible to do my job. I couldn't do anything she liked. Nothing, nothing. It was a terror. She is not a good woman. (Female care worker from Slovakia, aged 57)

The care user's behaviour reflects the unequal distribution of power and rights due to the care consumer's multiple roles in the care relationship. Clients of care workers act as employers, service receivers and as co-producers of the care service (for example, Wharton, 2009). Care users that refuse collaboration can strongly harm the care relationship. And it places live-in care workers in a situation of financial and emotional dependence. Similarly to Da Roit's (2007) findings, one interviewee used the term 'modern slave labour' to describe her perceived status in the care arrangement. Conditions of live-in arrangements can generate an 'emotional hostage effect' (England, 2005: 390) for the care worker, but also for the care recipient (see for example, Ayalon, 2011), because it considerably influences negotiations of status and dynamics of power in the care relationship (Wharton, 2009).

Hochschild (2002) argues that inadequate welfare state responses to a changing social world lead to ignoring the impacts occurring for migrants in transnational care work situations. Families as employers often regard care workers independent of their context, and additionally expect them to act like a family carer (with love, warmth and caring behaviour) (Hochschild, 2002). In live-in arrangements, care workers, often unintentionally, engage in family-like care relationships, which can create tough (emotional) conditions and dependence. Implicit expectations, but also the regulatory features of live-in arrangements, tend to tighten the continuum between giving care and caring about someone, and smooth the transition of emotional labour to emotion work carried out at the workplace (Hochschild, 1983).

Finding the right balance between empathy and distance is therefore one of the most difficult challenges expressed by interviewees and was seen as a necessary prerequisite to prevent emotional deficits for oneself.

> Yes, a bit of empathy, but not too much empathy, because at the beginning, I brought in a lot of empathy, and when my first client died, I was emotionally disturbed. I returned home [to Slovakia] and a colleague of mine asked me 'You look disturbed. What's going on with you? Are you sick?' Well, and then I thought I have to teach myself to keep distance. (Female care worker from Slovakia, aged 48)

Emotional detachment and moral obligation are likely to become features of care arrangements where care relationships tend to be intimate and emotionally constructed

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(Degiuli, 2007; Walsh and Shutes, 2012). This makes it even more difficult to draw a line between work and the personal relationship, even though formalised arrangements might positively increase this possibility (Ungerson, 2005). In contrast to Hochschild's findings, the inability to be present for their own family was generally not transferred into higher emotional commitment for the cared-for person among our interviewees (Hochschild, 2002). Despite the intimate, family-like care relationship, the attempt to distinguish between work and personal detachment displays a more professional, distance-oriented understanding of the care job. Shorter term commuting of care workers, rather than longer term stays, seems the major explanatory factor for this.

A strategy to create feasible conditions in the care relationship is the management of feelings. Hochschild points to the risk that the management of one's own feelings harms oneself emotionally. She distinguishes between 'surface acting', where emotional dissonance persists between inner feelings and outward emotional behaviour, and 'deep acting', where organisationally expected display rules are incorporated (Hochschild, 1983; Zapf, 2002). Serious concerns arise from deep acting as it unnoticeably leads to an alienation of one's own feelings. In contrast, surface acting tends to cause visible psychological consequences, such as emotional exhaustion and depersonalisation (Hochschild, 1983; Brotheridge and Grandey, 2002). Interviewees in this study point at the disparity between producing appropriate emotions while suppressing their real feelings. The application of surface acting is used to create a harmonious atmosphere which is regarded as important for the interpersonal level in the care work context.

> Dealing with her is easy, that's not a burden. But sometimes ... sometimes there are other reasons, because you can't constantly be in a good mood. People feel this and I always try to show a good mood. But sometimes ... that's not easy. (Female interviewee from Bulgaria, aged 24)

To some extent, motivational factors and reciprocity in the care relationship can help balance out negative components of emotional labour and other work role demands (Folbre and Weisskopf, 1998; Walsh and Shutes, 2012). In fact, our interviewees positively valued the rewards of helping older people and were strongly motivated by the aspect of enhancing their soft skills from their close work with older people. In addition, care workers in this study were even able to enrich the care arrangement with care experiences gained in previous family or professional care settings.

The making of burdens and demands

Twenty-four-hour care work is a service relationship that combines personal and professional demands, that requires soft skills and hard skills, and that is based on constant face-to-face interaction. The interactive component can become even more difficult as migrant care workers often only have a basic knowledge of the foreign language. Difficulties related to inappropriate language skills can have strong impacts on the care relationship, on emotional experiences and on the quality of care work (for example, Timonen and Doyle, 2010; Walsh and Shutes, 2012). However, regulations in Austria neither reflect this complexity in qualification requirements nor in any specific support scheme recognising the particular demands of these live-in arrangements.

Considering the psychological and physical conditions of the care recipient, twenty-four-hour care work requires a daily adjustment of work schedules (James, 1992). These

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unpredictable situations lead to feelings of ambiguity and uncertainty that interviewees perceived as highly stressful.

> That's always like setting a bomb. You don't know what is tomorrow or the day after tomorrow. Or with the client. (Female interviewee from Slovakia, aged 50)

Unpredictable working situations and emotional demands mostly arise from the specific clientele of the twenty-four-hour care service. Users of this care service are often people with severe illnesses or disabilities, including dementia and/or severe physical disabilities (see also Degiuli, 2007; Karakayali, 2007). The need for professional knowledge and the accurate handling of clients and situations means that many care workers encounter their psychological, emotional and physical limits, as regulations have failed to provide qualification requirements and regular professional supervision. Interviewees refer to the need for professional soft skills to create feasible working conditions, an extremely challenging task when care workers report aggressive behaviour and emotions like fear and depression when talking about clients.

> I am scared. That's sick people. Suffering from the Alzheimer disease … For me it is also difficult. She is a difficult client. Psychologically, for me, but for her too … I have to live her role, like mine, yes. Afterwards I have to go for a two-hours walk. That's normal. (Female interviewee from Slovakia, aged 57)

A lack of qualifications can cause inadequate responses to severe cognitive impairment, which then can have a negative impact not only on the quality of care, but also on the care relationship, and can lead to communication difficulties and/or aggressive behaviour of clients (Degiuli, 2007; Timonen and Doyle, 2010). Unlike health and nursing professionals, whose training enables them to cope with challenging diseases and situations, workers in twenty-four-hour care neither have a sufficient educational basis (except for those with original training in nursing) nor the opportunity to receive support via coping programmes

As a consequence of biweekly or monthly shifts with twenty-four-hours availability and little free time, some interviewees perceived isolation and expressed feelings like loneliness to describe their situation. Such feelings were more dominant among interviewees placed in remote rural areas. Frequent contact with other migrant care workers was considered as necessary in order to cope with work-related burdens.

> Every time when we have free time, we meet up. Otherwise this is not possible. That would be like in a mental institution. (Female care worker from Slovakia, aged 35)

Contact with other migrant care workers can be facilitated by agencies' involvement in the placement process. A major strategy to support the rotational system, for example, is the organisation of carpools. To facilitate the organisation of these carpools, placement organisations attempt to place care workers from one home country area in one receiving country area. This also makes it easier to get into contact with other migrant care workers. Social networks are therefore not only important for job-seeking purposes (for example, Doyle and Timonen, 2010). Personal contacts also turn out to be used as coping and socialising strategy in a rather isolating work environment. Social contacts outside the workplace referred to by our interviewees might partly explain differences to studies

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where migrant care workers developed stronger commitment and emotional attachment to their employers due to unavailable social support (Hochschild, 2002).

Conclusion

In some European countries, mainly in Central and Southern Europe, migrant care work has become an important element of the respective long-term care systems. The Austrian case is particular in at least three ways: (a) care workers are almost exclusively from Central Eastern European countries, (b) work arrangements are live-in arrangements with biweekly or monthly commuting between Austria and the respective home country and (c) a comprehensive regularisation of this originally grey market economy.

The commodification of care work and its redistribution from the family to migrant care workers is strongly determined by migration, employment and long-term care regulations. In recent years, a number of studies have explored the impact of these regulations on various aspects of the organisation and the provision of care work. Also, emotional experiences of migrant care workers have been studied, but mostly with a view to global developments or with a view to longer term migratory flows. In this particular case, the focus is on shorter term commuting. The particular live-in arrangement allows a biweekly or monthly alteration between care work in Austria and staying in the country of origin. The study confirms many of the emotional demands and constraints the literature has identified, but they are shaped by the specific arrangement. The regulatory context is of particular importance for these outcomes.

Self-employment and live-in arrangements result in informal, family-like features of care work relationships, despite the fact that it no longer is a grey care market. This creates challenges for care workers in defining their own position and in ensuring distance in the care relationship. In establishing a legal alternative to the previous grey economy of migrant care work, affordability, together with legalisation, was the main objective. As a consequence, qualification requirements for care workers, a system of quality assurance and migrant care worker support programmes have not been incorporated in the reform. This does not only imply risks in terms of the quality of care, it also has potentially negative impacts on care users and care workers, left in slippery positions when meeting in an intimate and largely informal relationship with an often unequal power distribution. Additional risks arise for migrant workers as they are experiencing emotional demands and constraints in the particular transnational setting.

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References

Abel, E. K. and Nelson, M. K. (1990) 'Circles of care: an introductory essay', in E. K. Abel and M. K. Nelson (eds.), *Circles of Care: Work and Identity in Women's Lives*, Albany: State University of New York Press, pp. 4–34.

Anderson, B. (2000) *Doing the Dirty Work? The Global Politics of Domestic Labour*, London: Zed Books.

Anderson, B. (2007) 'A very private business: exploring the demand for migrant domestic workers', *European Journal of Women's Studies*, 14, 3, 247–64.

Ayalon, L. (2011) 'Abuse is in the eyes of the beholder: using multiple perspectives to evaluate elder mistreatment under round-the-clock foreign home carers in Israel', *Ageing & Society*, 31, 3, 499–520.

Bettio, F., Simonazzi, A. and Villa, P. (2006) 'Change in care regimes and female migration: the "care-drain" in the Mediterranean', *Journal of European Social Policy*, 16, 3, 271–85.

Bock, G. and Duden, B. (1977) 'Arbeit aus Liebe, Liebe aus Arbeit: Zur Entstehung der Hausarbeit im Kapitalismus', in Gruppe Berliner Dozentinnen (eds.), *Frauen und Wissenschaft, Beiträge zur Berliner Sommeruniversität für Frauen*, Berlin: Courage, pp. 118–99.

Brotheridge, C. M. and Grandey, A. A. (2002) 'Emotional labor and burnout: comparing two perspectives of "people work"', *Journal of Vocational Behavior*, 60, 17–39.

Cangiano, A., Shutes, I., Spencer, S. and Leeson, G. (2009) *Migrant Care Workers in Ageing Societies: Research Findings in the UK*, COMPAS Report, Oxford: University of Oxford.

Daatland, S. O., Herlofson, K. and Lima, I. A. (2011) 'Balancing generations: on the strength and character of family norms in the West and East of Europe', *Ageing & Society*, 31, 7, 1159–79.

Da Roit, B. (2007) 'Changing intergenerational solidarities within families in a Mediterranean welfare state: elderly care in Italy', *Current Sociology*, 55, 2, 251–69.

Degiuli, F. (2007) 'A job with no boundaries: home eldercare work in Italy', *European Journal of Women's Studies*, 14, 3, 193–207.

Doyle, M. and Timonen, V. (2009) 'The different faces of care work: understanding the experiences of multi-cultural care workforce', *Ageing & Society*, 29, 3, 337–50.

Doyle, M. and Timonen, V. (2010) 'Obligations, ambitions, calculations: migrant care workers' negotiation of work, career, and family responsibilities', *Journal of Social Politics*, 17, 1, 29–52.

Ducu, V. (2009) 'Women in the lives of transnational Romanian families', *Studia Universitatis Babes-Bolyai, Politica*, 54, 1, 3–20.

England, P. (2005) 'Emerging theories of care work', *Annual Review of Sociology*, 31, 381–99.

England, P., Budig, M. and Folbre, N. (2002) 'Wages of virtue: the relative pay of care work', *Social Problems*, 49, 4, 455–73.

Fisher, B. and Tronto, J. (1990) 'Toward a feminist theory of caring', in E. K. Abel and M. K. Nelson (eds.), *Circles of Care: Work and Identity in Women's Lives*, Albany: State University of New York Press, pp. 35–62.

Folbre, N. (2004) 'A theory of the misallocation of time', in N. Folbre and M. Bittman (eds.), *Family Time: The Social Organization of Care*, London: Routledge, pp. 7–24.

Folbre, N. and Weisskopf, T. (1998) 'Did father know best? Families, markets, and the supply of caring labor', in A. Ben-Ner and L. Putterman (eds.), *Economics, Values and Organization*, Cambridge: Cambridge University Press, pp. 171–205.

Haas, B., Steiber, N., Hartl, M. and Wallace, C. (2006) 'Household employment patterns in an enlarged European Union', *Work, Employment and Society*, 20, 4, 751–71.

Himmelweit, S. (2007) 'The prospects for caring: economic theory and policy analysis', *Cambridge Journal of Economics*, 31, 4, 581–99.

Hochschild, A. (1983) *The Managed Heart: Commercialization of Human Feeling*, Berkeley, CA: University California Press.

Hochschild, A. (2000) 'The nanny chain', *The American Prospect*, 1/2000 http://prospect.org/article/nanny-chain [accessed 20.11.2012].

Hochschild, A. (2002) 'Love and gold', in B. Ehrenreich and A. Hochschild (eds.), *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, New York: Holt, pp. 15–30.

Hoff, A., Feldman, S. and Vidovicova, L. (2010) 'Migrant home care workers caring for older people: fictive kin, substitute, and complementary family caregivers in an ethnically diverse environment', *International Journal of Ageing and Later Life*, 5, 2, 7–16.

Hondagneu-Sotelo, P. and Avila, E. (1997) '"I'm here, but I'm there": the meanings of Latina transnational motherhood', *Gender and Society*, 11, 5, 548–71.

James, N. (1992) 'Care = organisation + physical labour + emotional labour', *Sociology of Health and Illness*, 14, 4, 488–509.

Karakayali, J. (2007) 'Mit und ohne Papiere. Migrantinnen aus Osteuropa als Haushaltshilfen in Haushalten mit Pflegebedürftigen', in B. Figatowski, H. G. Kokebe and M. Meyer (eds.), *The Making of Migration: Repräsentationen, Erfahrungen, Analysen*, Münster: Westfälisches Dampfboot, pp. 48–56.

Lamura, G., Chiatti, C., Di Rosa, M., Melchiorre, M. G., Barbabella, F., Greco, C., Principi, A. and Santini, S. (2010) 'Migrant workers in the long-term care sector: lessons from Italy', *Health and Ageing*, 22, 4, 8–12.

Leòn, M. (2010) 'Migration and care work in Spain: the domestic sector revisited', *Social Policy and Society*, 9, 3, 409–18.

Lewis, J. (2006) 'Men, women, work, care and policies', *Journal of European Social Policy*, 16, 4, 387–92.

Lewis, J., Campbell, M. and Huerta, C. (2008) 'Patterns of paid and unpaid work in Western Europe: gender, commodification, preferences and the implications for policy', *Journal of European Social Policy*, 18, 1, 21–37.

Lutz, H. (2002) 'Transnationalität im Haushalt', in C. Gather, B. Geissler and M. Rerrich (eds.), *Weltmarkt Privathaushalt: Bezahlte Haushaltsarbeit im globalen Wandel*, Münster: Westfälisches Dampfboot, pp. 86–102.

Lutz, H. (2004) 'Life in the twilight zone: migration, transnationality and gender in the private household', *Journal of Contemporary European Studies*, 12, 1, 47–55.

Lutz, H. and Palenga-Möllenbeck, E. (2011) 'Das Care-Chain-Konzept auf dem Prüfstand. Eine Fallstudie der transnationalen Care-Arrangements polnischer und ukrainischer Migrantinnen', *Gender, Zeitschrift für Geschlecht, Kultur und Gesellschaft*, 1, 2011, 9–27.

Lutz, H. and Palenga-Möllenbeck, E. (2012) 'Care workers, care chains and care drain: reflections on care, migration and citizenship', *Social Politics*, 19, 1, 15–37.

Lyberaki, A. (2011) 'Migrant women, care work, and women's employment in Greece', *Feminist Economics*, 17, 3, 103–31.

Neuhaus, A., Isfort, M. and Weidner, F. (2009) *Situation und Bedarfe von Familien mit mittel- und osteuropäischen Haushaltshilfen*, Köln: Deutsches Institut für angewandte Pflegeforschung, www.dip.de/fileadmin/data/pdf/material/bericht_haushaltshilfen.pdf [accessed 20.09.2012].

Österle, A. (2011) *Long-term care in Central and South-Eastern Europe*, Frankfurt: Peter Lang.

Österle, A. and Bauer, G. (2010) 'Migrant care workers in private households: motivations and perspectives', Paper presented at the 8th Annual ESPAnet Conference, 2–4 September, Budapest, Hungary.

Österle, A. and Bauer, G. (2012) 'Home care in Austria: the interplay of family orientation, cash-for-care and migrant care', *Health and Social Care in the Community*, 20, 3, 265–73.

Österle, A., Bauer, G. and Haidinger, B. (2011) 'Migrant care work and care regimes in the European Union', Paper presented at the COMPAS Conference, Making Connections: Migration, Gender and Care Labour in Transnational Context, 14–15 April, Oxford.

Österle, A. and Rothgang, H. (2010) 'Long-term care', in F. G. Castles, S. Leibfried, J. Lewis, H. Obinger and C. Pierson (eds.), *The Oxford Handbook of the Welfare State*, Oxford: Oxford University Press, pp. 405–17.

Parreñas, R. (2001) 'Mothering from a distance: emotions, gender, and intergenerational relations in Filipino transnational families', *Feminist Studies*, 27, 2, 361–90.

Parreñas, R. (2005) *Children of Global Migration: Transnational Families and Gendered Woes*, Stanford, CA: Stanford University Press.

Pavolini, E. and Ranci, C. (2008) 'Restructuring the welfare state: reforms in long-term care in Western European countries', *Journal of European Social Policy*, 18, 3, 246–59.

Piperno, F. (2012) 'The impact of female emigration on families and the welfare state in countries of origin: the case of Romania', *International Migration*, 50, 5, 189–204.

Ranci, C. and Pavolini, E. (2013) *Reforms in Long Term Care Policies in Europe: Investigating Institutional Change and Social Impacts*, New York: Springer.

Ryan, L. (2008) 'Navigating the emotional terrain of families "here" and "there": women, migration and the management of emotions', *Journal of Intercultural Studies*, 29, 3, 299–313.

Schmid, T. (2009) 'Hausbetreuung: die Legalisierungs-Policy in Österreich', in C. Larsen, A. Joost and S. Heid (eds.), *Illegale Beschäftigung in Europa: Die Situation in Privathaushalten älterer Personen*, München, Mering: Rainer Hampp Verlag, pp. 53–78.

Skrbis, Z. (2008) 'Transnational families: theorizing migration, emotions and belonging', *Journal of Intercultural Studies*, 29, 3, 231–46.

Svasek, M. (2008) 'Who cares? Families and feeling in movement', *Journal of Intercultural Studies*, 29, 3, 213–30.

Timonen, V. and Doyle, M. (2010) 'Caring and collaborating across cultures? Migrant care workers' relationships with care recipients, colleagues and employers', *European Journal of Women's Studies*, 17, 1, 25–41.

Ungerson, C. (2005) 'Care, work and feeling', *The Sociological Review*, 53, 188–203.

Ungerson, C. and Yeandle, S. (2007) *Cash for Care in Developed Welfare States*, Basingstoke: Palgrave Macmillan.

van Hooren, F. (2012) 'Varieties of migrant care work: comparing patterns of migrant labour in social care', *Journal of European Social Policy*, 22, 2, 133–47.

Vertovec, S. (2001) 'Transnationalism and identity', *Journal of Ethnic and Migration Studies*, 27, 4, 573–82.

Walsh, K. and Shutes, I. (2012) 'Care relationships, quality of care and migrant workers caring for older people', *Ageing & Society*, published online before print, doi: 10.1017/S0144686×11001309.

Weishaupt, S. (2006) 'Subjektivierendes Arbeitshandeln in der Altenpflege-die Interaktion mit dem Körper', in F. Böhle and J. Glaser (eds.), *Arbeit in der Interaktion – Interaktion als Arbeit: Arbeitsorganisation und Interaktionsarbeit in der Dienstleistung*, Wiesbaden: VS Verlag für Sozialwissenschaften, pp. 85–106.

Wharton, A. S. (2009) 'The sociology of emotional labor', *The Annual Review of Sociology*, 35, 147–65.

Williams, F. (2011) 'Towards a transnational analysis of the political economy of care', *SULCIS*, Working Paper, 6, 2011.

Yeates, N. (2009) *Globalizing Care Economies and Migrant Care Workers: Explorations in Global Care Chains*, Basingstoke: Palgrave Macmillan.

Yeates, N. (2011) 'Going global: the transnationalization of care', *Development and Change*, 42, 4, 1109–30.

Zapf, D. (2002) 'Emotion work and psychological strain: a review of the literature and some conceptual considerations', *Human Resource Management Review*, 12, 2, 237–68.