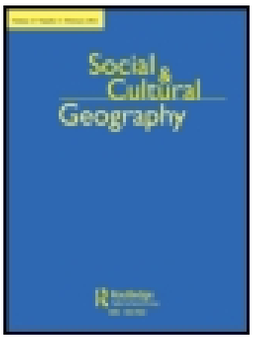

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Care crises and care fixes under Covid-19: the example of transnational live-in care work

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ABSTRACT

The COVID-19 pandemic brought care work to the forefront of attention. In many countries in the Global North, people became painfully aware that they had 'outsourced' a considerable share of this work to temporary migrants. Travel restrictions and lockdown measures disrupted transnational care arrangements and threatened the continuous provision of care. This article uses the example of transnationally organised live-in care in Switzerland to explore measures implemented to maintain care provision during the pandemic. Particularly, it investigates the impacts of these measures on the working conditions and lives of live-in care workers. We build on Emma Dowling's conceptualisation of 'care fixes' and Brigitte Aulenbacher's notions of 'abstraction' and 'appropriation' to identify three short-term solutions and argue that they did not solve, but rather only displaced the underlying care crisis. Our insights are based on the analysis of policy documents, 32 in-depth interviews and informal conversations with workers, clients, care agencies and other experts carried out in Switzerland between April 2020 and April 2021. We emphasise the inequalities implicated in transnational care arrangements and their inherent fragility, both of which were exacerbated by the pandemic. We tentatively point to avenues for contestation and for a revaluation of care, which opened up as result of the pandemic-induced disruption of care.

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cuidado; trabajo; mano de obra; migración; COVID-19; Suiza

MOTS CLEFS
Soins; care; travail; migration; COVID-19; Suisse

Crisis de atención y arreglos de ciudado bajo el Covid-19 El ejemplo del trabajo transnacional de la atención domiciliaria

RESUMEN

La pandemia del COVID-19 puso el trabajo de cuidado al frente de la atención. En muchos países del Norte Global, las personas se dieron cuenta dolorosamente de que habían 'subcontratado' para una parte considerable de este trabajo a inmigrantes temporales. Las restricciones de viaje y las medidas de confinamiento interrumpieron los arreglos transnacionales de atención y amenazaron la provisión continua de atención.

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Este artículo utiliza el ejemplo de la atención domiciliaria organizada transnacionalmente en Suiza para explorar las medidas implementadas para mantener la prestación de atención durante la pandemia. En particular, investiga los impactos de estas medidas en las condiciones de trabajo y en la vida de los trabajadores de atención a domicilio. Nos basamos en la conceptualización de Emma Dowling de "arreglos de atención" y las nociones de "abstracción" y "apropiación" de Brigitte Aulenbacher para identificar tres soluciones a corto plazo y argumentar que estas no resolvieron, sino que solo desplazaron la crisis de atención subyacente.

Nuestros conocimientos se basan en el análisis de documentos de políticas públicas, 32 entrevistas a profundidad y conversaciones informales con trabajadores, clientes, agencias de atención y otros expertos, realizadas en Suiza entre abril de 2020 y abril de 2021.

Hacemos hincapié en las desigualdades implicadas en los arreglos transnacionales de cuidado y su fragilidad inherente, las cuales se vieron exacerbadas por la pandemia. Señalamos tentativamente vías para la contestación y para una revalorización de la atención, que se abrieron como resultado de la interrupción de la atención inducida por la pandemia.

La crise du travail de care et des solutions à court terme pendant la pandémie de COVID-19. L'exemple des arrangements transnationaux du care

RÉSUMÉ

La pandémie de COVID-19 a poussé le travail du care au premier plan. Dans beaucoup de pays du Nord, il est malheureusement devenu évident pour la population qu'une large part de ce travail avait été « externalisé» vers des migrants temporaires. Les restrictions de voyage et les mesures de confinement ont interrompu les arrangements transnationaux du care et ont mis en danger la poursuite de ces services de soins.

Cet article se sert de l'exemple du travail du care organisé de manière transnationale en Suisse pour étudier les mesures mises en œuvre afin de maintenir les prestations de soins pendant la pandémie. En particulier, il étudie l'impact de ces mesures sur les conditions de travail et la vie des travailleuses du care. Nous nous appuyons sur la conceptualisation de « care fixes » proposée par Emma Dowling et les notions d'« abstraction » et d'« appropriation » offertes par Brigitte Aulenbacher pour identifier trois solutions à court terme et soutenir qu'elles n'ont pas résolu, mais plutôt déplacé la crise sous-jacente des prestations de soins.

Nos perspectives se fondent sur l'analyse de documents de politiques, de 32 entretiensapprofondis et de conversations informelles avec des employés, des clients, des agences de services de soins et d'autres experts, qui ont pris place en Suisse entre avril 2020 et avril 2021.

Nous soulignons les inégalités impliquées dans les arrangemens transnationaux du care et leur fragilité inhérente, qui ont été exacerbés par la pandémie. Nous essayons d'identifier des voies de contestation et de réévaluationdu travail du care qui se sont ouvertes suite à la perturbation causée par la pandémie.

1. Introduction

'Apart from a few short walks, I have stayed in this flat for two months. Luckily, we have a large balcony. I have not had a single day off', said Anna Nagy when we asked her about her work as a live-in caregiver for an older woman with Parkinson's disease and dementia in the early months of the COVID-19 pandemic. She added:

> We didn't talk about overtime compensation or additional money. To be honest, I assumed that I could compensate these days later on. My contract does not allow me to record overtime. But I am too proud to ask. I don't want to beg. (. . .) These last two months were hard.

Anna Nagy is Polish, 57 years old, a mother of three grown children, and has been employed as a live-in care worker in Switzerland for more than ten years. Her quote hints at some of the challenges migrant live-in care workers faced during the first year of the COVID-19 pandemic.

As a multitude of recent studies highlights, the exceptional situation of the COVID-19 pandemic exacerbated many existing social inequalities. It hit hardest those who had already lived precarious lives before the crisis (Foley & Piper, 2020; Ho & Maddrell, 2021; Rose-Redwood et al., 2020). The pandemic has acted as a spotlight that shines a bright light on longstanding structural problems and grievances. This is particularly true for the care sector, where the outbreak of the COVID-19 pandemic did not represent a sudden rupture in an otherwise well-functioning employment field. Rather, in many contexts, it exacerbated an acute care crisis that already existed (Aulenbacher, 2020; Dowling, 2021; Villa, 2020; Wichterich, 2020). Over the years, marketisation processes and austerity policies have put social infrastructures under increasing pressure, worsening the material, social, and mental health conditions under which care work must be performed (Baines & Cunningham, 2015; Dowling, 2021; Schwiter et al., 2018). In this sense, in many care jobs, the purported 'normal' was already a crisis situation, as the status quo in care work had never reflected labour standards expected and upheld in other employment fields (Anderson, 2001; Glenn, 2010; Lutz & Palenga-Möllenbeck, 2010).

Furthermore, the COVID-19 crisis has underscored that it is not only predominantly female labour, but also largely migrant labour that keeps the health systems in the Global North running (Foley & Piper, 2020, p. 3; ILO, 2020). In a wealthy country such as Switzerland, the fact that 47% of doctors and almost a third of nurses were not born in the country (OECD, 2019) suggests that it could not have weathered the COVID-19 pandemic without its migrant workers. Dependency on migrant labour is even higher in private households: In countries like Switzerland, it is almost exclusively female migrant care workers who are employed as live-ins for older people in need of care (Van Holten et al., 2013). They usually shuttle back and forth between their homes in Central and Eastern Europe and their workplaces in seniors' households in Switzerland.

Recent studies show that the travel restrictions and lockdown measures implemented to prevent the spread of the virus disrupted many of these transnational care arrangements and threatened the continuous provision of care in Switzerland and elsewhere (Leiblfinger et al., 2021, 2020; Maayan et al., 2021; Pandey et al., 2021; Rao et al., 2021; Schilliger, 2021). Indeed, people in more affluent countries became painfully aware that

they had 'outsourced' a considerable share of their care work to temporary migrants (Kofman & Raghuram, 2015; Van Hooren, 2020). But despite 'being symbolically categorised as essential', they remained 'undervalued workers' (Pandey et al., 2021, p. 2).

Initial studies analysing the impact of the COVID-19 pandemic on the working and living situation of migrant care workers indicate a deterioration of their working conditions, especially for those in live-in situations: Extended working hours and restricted free time created situations of physical and emotional overwork; the confinement in the household of the care recipient accentuated social isolation; and the stress and anxiety generated by the pandemic situation had to be endured by the care workers alone and far away from their families and friends in their home countries (Giordano, 2021; Leiblfinger et al., 2021, 2020; Pandey et al., 2021; Schilliger, 2021). Meanwhile, it also became evident that many migrant care workers lack labour and social protection, have little or no access to healthcare services, and are unable to obtain unemployment or sickness benefits if they lose their jobs (ILO, 2020). For those in live-in positions, losing their job also means losing their accommodation and often their work permits (Foley & Piper, 2020, p. 6; Rao et al., 2021, p. 261). In addition, such a loss of employment often has detrimental impacts on the households, families, and communities that rely on migrant women's remittances for their survival (Foley & Piper, 2020; Giordano, 2021, p. 143). However, initiatives for (self-)organisation and mutual aid among care workers show that the intensifying exploitation and neglect of live-in care workers have not remained uncontested (Leiblfinger et al., 2021; Matei, 2020; Schilliger, 2021).

This article takes the example of live-in care work in Switzerland as an opportunity to gain deeper insight into the ruptures the pandemic caused in transnational care arrangements, and further seeks to uncover the nuances and contradictions inherent in what happened. It provides an analysis of COVID-19-related measures implemented by government bodies, labour market intermediaries, and employers, as well as the impacts of these measures on the working conditions and lives of live-in carers. We use Emma Dowling's concept of *care fixes* (Dowling, 2018, 2021) and link them with Brigitte Aulenbacher's notions of *abstraction* and *appropriation* (Aulenbacher, 2020). This allows us to conceptualise care provided by migrant live-in workers as one of several care fixes through which countries in the Global North attempt to mitigate their own care crises. Our analysis shows how the COVID-19 pandemic has not only put this care fix to the test in unprecedented ways, but also how it has created new care fixes to stabilise the arrangement. It also shows how these developments are contested through individual and collective action. Our insights build on our knowledge of the field from over a decade of research prior to the pandemic. Further, they are based on an analysis of COVID-19-related policy documents and 32 in-depth interviews with care workers, clients, care agencies and other experts carried out in German-speaking Switzerland between April 2020 and April 2021. On the one hand, our results confirm previous findings that inequalities implicated in transnational care arrangements were exacerbated by the pandemic. The Swiss government, care agencies, and seniors' households 'fixed' their disrupted care chains by extending migrant care workers' shifts, reopening borders for workers, and offloading social costs onto migrant care workers and their countries of origin. We interpret these measures as new care fixes as they constitute an *appropriation* of care workers' labour and an *abstraction* from their needs. On the other hand, our study demonstrates the inherent fragility of care fixes that require recruiting and rotating temporary migrants across ever farther distances to

cover domestic care needs. Based on this, we point to avenues for a revaluation of care that have opened up with the disruption of existing care arrangements. With this, we aim to instigate further debates on re-evaluating care in feminist and labour geographies and beyond.

2. Theoretical framework

For decades, feminist scholars from geography, sociology, and adjacent disciplines have been grappling with the devaluation and precarisation of care labour under neoliberal capitalism, diagnosing a 'crisis of care and social reproduction' (Dowling, 2021; England, 2010; Fraser, 2016; Glenn, 2010; Hochschild, 2002). Building on feminist conceptualisations of neoliberalism, they have investigated how 'the social-reproductive contradictions of financialised capitalism' (Fraser, 2016, p. 99) have diminished the resources to meet people's care needs and increased the pressure on those providing care, whether paid or unpaid (McDowell et al., 2005). This is particularly true for senior care in countries where austerity measures in the public sector continue to degrade the quality and reduce the availability of care, and where care services are increasingly commodified and marketised (Farris & Marchetti, 2017; Leiber et al., 2020; Pelzelmayer, 2018; Schwiter et al., 2018). In this context, scholars have also investigated why and how the care infrastructure keeps functioning despite its constant underfunding. They almost unanimously show how it does so at the expense of the living and working conditions of those on the front line – namely, the care workers, who are often migrants and usually female (Chau, 2020; Huang et al., 2012; Schilliger, 2014).

Emma Dowling (2018, 2021) captures this with the notion of the '*care fix*'. Dowling (2021, p. 15) defines a care fix as 'the management of the care crisis in ways that resolve nothing definitely, but merely displace the crisis, thereby perpetuating the structural reflex of capitalist economies to offload the cost of care to unpaid [or underpaid] sectors of society'. The notion of a 'fix' was initially introduced by David Harvey (1981; cf., Silver, 2003), one of the key critics of neoliberalism. He uses the concept of the 'spatial fix' to describe capital's ability to respond to crises of profitability 'through a displacement of its crisis tendencies' (Dowling, 2018, p. 341), i.e. through geographical expansion and restructuring (cf., Harvey, 2005). Dowling further develops this notion to include the 'gendered, sexualised and racialised unpaid and underpaid caring labour' (Dowling, 2018) into the fix concept. In doing so, she defines the care fix as a 'double moment' of making care directly productive through processes of commodification and marketisation, while continuing to externalise its costs by displacing them onto unpaid or underpaid realms of society along various socio-economic axes of difference (Dowling, 2018, pp. 334–335). The neoliberal care fix furthermore 'articulates a mode of subjectivation that emphasises personal responsibility for welfare in conditions of inequality' (Dowling, 2018, p. 336).

In our analysis, we use Dowling's concept to examine the care crisis in Swiss senior care and investigate the kinds of care fixes currently taking shape. Harking back on Harvey's original 'spatial fix', we remain sensitive to how these fixes require the (im)mobility of workers (cf., Cresswell et al., 2016; Scott, 2013). To gain further analytical depth concerning the processes that enable these care fixes, we link the concept of the care fix to the concepts of abstraction and appropriation, two key dimensions of under-/devaluation of care discussed by Brigitte Aulenbacher (2020, pp. 130–131)

'Abstraction' describes the process of invisibilisation and neglect of care work and care needs (Aulenbacher, 2020, pp. 131–132; cf., Becker-Schmidt, 2014). This process is intertwined with the andro- and Eurocentric roots of capitalism and modernity which traditionally conceptualises Western male lives as 'carefree' – i.e. free of care responsibilities (Becker-Schmidt, 2014). In our context, the process of abstraction is manifested in the neglect of the care needs of live-in care workers and their families.

'Appropriation' (German: *Indienstnahme*) describes the extraction of care resources 'in pursuit of economic interests' (Aulenbacher, 2020, p. 136). In the context of domestic care, it highlights the fact that only parts of care work are recognised and paid as labour (e.g., physical household tasks), while other equally central aspects of care such as attention and communication are disregarded and not valorised. As Encarnacion Gutiérrez-Rodríguez (2010, p. 95) argues, it is 'the hegemonic cultural codification of this labour as non-productive' that 'enables the tacit appropriation of its value'. In our context, this cultural codification is often expressed in the process of 'familisation': The care worker is not framed as a worker, but rather as a surrogate housewife, daughter, or another quasi-member of the family (Anderson, 2001, p. 31; Parreñas, 2014, p. 50). This reframing enables (part of) the work to go completely or largely unpaid. Appropriation builds not only on gendered, but also racialised and culturalised narratives: Migrant women are often attributed a special propensity for care and feelings of responsibility, which serves to obscure the extent of extraction of human labour and the offloading of social costs onto 'others' (Gutiérrez-Rodríguez, 2010, pp. 110–111; Wichterich, 2020, p. 127). On a structural level, appropriation manifests itself when welfare states compensate their national care deficits at low cost by employing migrant care workers from less affluent countries under precarious conditions. For this, Christa Wichterich (2020) developed the term 'care extractivism' which points to 'the intensified commodification and exploitation of the resource labour in social reproduction for the purpose of managing crises situations without burdening the state or the health industry with additional costs and responsibilities' (Wichterich, 2020, p. 122).

Before we analyse our empirical material with reference to this theoretical framing, the following section introduces the Swiss context of our study.

3. Context

Similar to many other countries in the Global North, Switzerland has witnessed an increasing 'care deficit' (cf., Hochschild, 2002): As the population grows older, the number of seniors with long-term care needs increases. Meanwhile, informal care capacities within families and communities are diminishing. More women have entered paid employment while men have not significantly reduced their working hours. The growing care deficit is exacerbated by care gaps that stem from a low supply of publicly funded care (Knöpfel et al., 2018; Schilliger, 2014).

In Switzerland, public spending for long-term care is kept at a minimum (Schwiter et al., 2018): Specialised long-term care insurance schemes do not exist, and solidarity-based, publicly funded support is limited to medically prescribed nursing care. Non-medical forms of care as well as assistance in everyday life – e.g., the services provided by a live-in care worker – have to be paid by seniors themselves (Knöpfel et al., 2018, p. 48; Van Holten et al., 2013, p. 43). As a result, the Swiss bear more than 60% of total expenditure on long-

term care privately (on OECD average, these so-called out-of-pocket payments amount to only 20%, Eling & Elvedi, 2019, p. 49; OECD, 2011). Roughly 80% of outpatient care services are provided by non-profit organisations. However, the share of for-profit enterprises is growing (SFSO Swiss Federal Statistical Office, 2021, p. 34). Further, over the last three decades, New Public Management reforms have forced public care institutions (outpatient care services as well as hospitals and old-age homes) to reorganise according to the dictates of competition and cost efficiency (Madörin, 2014; Schwiter et al., 2018). In consequence, increasing numbers of people are discharged from hospitals immediately after surgery and expected to be cared for in their own households. As a further strategy of rationalisation, care tasks have been reframed as time units and organised like industrial piecework (Madörin, 2014; Wichterich, 2020). Thereby, the emotional and communicative dimensions of care remain either neglected or have to be done as unpaid work.

As in many other countries, these developments have 'expanded the need for care while contracting the supply of it, creating a "care deficit" both in public and private life' (Hochschild, 2003, pp. 213–214). Consequently, commercial actors have stepped in to fill the resulting care gaps – at least for those who can afford to purchase care services on the market. Live-in senior care serves as a prime example of this. The strategy of these market players lies in offering affordable, flexible care services that are available just-in-time, namely by recruiting temporary migrants. Typically, the companies legitimise the recruitment of migrants with a 'smokescreen of culturalisation' (Wichterich, 2019, p. 12), which deems women from specific countries as especially warm-hearted and caring (Pelzelmayer, 2018).

In Switzerland, the recruitment of migrant care workers was fuelled by the extension of the Free Movement of Persons Agreement to eight EU countries in Central and Eastern Europe in 2011. It increased the availability of migrant labour and marked the starting point of a new transnational market for live-in senior care services (Chau, 2020; Schilliger, 2014; Steiner et al., 2019). In this market, private companies recruit care workers from economically less-affluent countries in Central and Eastern Europe and broker them into households in Switzerland. The workers then cohabit with the seniors, do the domestic work and cater to the older individuals' care needs. Typically, they stay for a couple of weeks or a few months at a time, before being replaced by a fresh worker. They then usually spend a similar amount of time in their countries of origin before returning for another shift. Due to this rotation system, they are also referred to as 'commuting' or 'circular migrants'.

While the number of live-in care workers in Switzerland is not statistically recorded, as of 2021, there are more than 60 agencies that specialise in brokering what they advertise as 'round-the-clock' care arrangements (Aulenbacher et al., 2021). As in many other countries, the Swiss live-in sector is characterised by low wages, and many hours on-call (which are not remunerated as working time) as well as by low levels of social security and substantial power asymmetries in the workplace (Aulenbacher et al., 2021; Schilliger, 2014). Despite these challenging conditions, some live-in carers have managed to organise and problematise their working and living conditions. As grassroots groups supported by labour unions, they have not only built networks of (knowledge) exchange and solidarity, they have also repeatedly raised their concerns in the media and even claimed their rights in strategic lawsuits (Chau et al., 2018; Schilliger & Schilling, 2017; Steiner,

2021). However, despite increased visibility and ongoing regulatory efforts, many live-in arrangements continue to be characterised by sharp power asymmetries and poor working conditions.

With the onset of the COVID-19 pandemic, the arrangement has been disrupted by constraints on transnational mobility. In the following, we analyse the measures introduced to maintain care provision during the pandemic and the effects of these measures on live-in care arrangements in private households in Switzerland.

4. Empirical data

Our insights build on data we collected from April 2020 to April 2021. We analysed policy documents related to COVID-19 and live-in care, press articles, and information from informal conversations with our previous contacts and collaborators in the field. Further, we carried out 32 in-depth interviews with live-in care workers (10), representatives of care agencies (12), clients of care services (6), and other experts on live-in care (4) in German-speaking Switzerland. Due to the pandemic, most interviews were carried out remotely, by video chat or telephone. The care workers interviewed were all women, most around retirement age, stemming from Poland, Romania, and Slovenia. The other groups of interviewees were more gender-balanced and more varied regarding age. The clients consisted of four daughters, one son, and one husband of a senior requiring care. The other experts included a representative each of a care workers' association, an agency association, a government body and a centre of competence for applied research. All interviews with care workers, agency representatives, and customers were audio recorded and transcribed verbatim. During the other expert interviews, we took notes. Our findings are based on a content analysis (Kuckartz, 2018) of the empirical material collected. We used the qualitative data analysis software MaxQDA to support the coding process. All names used in this paper are pseudonyms and all quotes have been translated from German to English by the authors.

4.1. Care fix 1: immobilising care workers by extending their shifts

With the lockdown in spring 2020, the established circular migration system of live-in care workers came to an abrupt standstill. Because national borders were closed and transport connections were interrupted, seniors' households were suddenly cut off from the usual inflow of care workers. Many were simply unable to reach their workplaces in Switzerland. Our findings show that, in most cases, this problem was fixed by extending the shifts of those at work when the borders shut. Agencies and families asked and sometimes implored their care workers to stay on and keep working beyond the initially agreed timeframe. One agency representative recalled: *'I begged some workers, saying: "Please stay, I know you're tired, but please stay."'*

With very few exceptions, the care workers agreed. Some were glad to stay under these circumstances because they thought they could not get home anyway, or they preferred to weather the crisis in Switzerland. Some feared that once back in their home countries, they would not be able to return to Switzerland to resume their work and would remain cut off from their income source. They found themselves in a Catch-22 situation in which they either agreed to stay longer or risked losing their work altogether. Many also felt

a moral obligation to stay, as they did not want to abandon the seniors. Zsuzsanna Jakab, for example, had been working six-week shifts as a live-in in Switzerland for five years. When the trained social worker heard of the pandemic, she was at the end of her current shift and wanted to return to Romania as soon as possible before the borders shut. But then she realised that the family she worked for was unable to ensure the provision of care for their frail mother: '*That's when I decided it's best for them if I stay. From then on, I no longer counted the days. I just hoped that I would be able to get home some time*.' In the end, her shift of six weeks turned into four months.

Many of our interviewees reported that their actual work did not change much under the conditions of the pandemic, since being on call around the clock was already the norm: '*You know, I didn't have any days off before either*' (care worker). '*As the care workers hardly ever leave the households, it was no problem for them*' (agency representative). '*Their work hasn't changed dramatically, since they stay in the household anyway*' (agency representative). Even when working hours are contractually defined, live-in senior care workers are often expected to be available around the clock. Thus, when the discourse of 'systemic relevance' for many workers meant that 'access to their labour is extended in the lockdown' (Mayer-Ahuja & Detje, 2020, p. 495) and that they were expected to bear longer shifts, shorter breaks, and unpaid overtime for the 'common good', these characteristics did not appear as an exceptional situation altogether. It did not diverge much from their normal everyday lives before COVID-19. Additionally, the blurring of the boundaries between work and leisure – often highlighted in association with work under COVID-19 (Craig & Churchill, 2021; Mayer-Ahuja & Detje, 2020) – was not new for live-ins in private households. When 'workplace' and 'home' fall together, one is hardly ever truly off work.

Nevertheless, the intrinsic problem of live-in employment – namely, lack of free time and social isolation in the household – further intensified during the pandemic: In some families, relatives who used to replace the care worker on Sundays, enabling the latter to have a day of rest, stayed away to reduce the risk of infection. For the same reason, some households reduced the visits of outpatient, voluntary or community care services, or told care workers not to leave the household at all. This meant that the care workers remained even more immobilised in the households, serving as the sole carers for seniors almost nonstop for weeks or months on end. Apart from two agencies that offered (partial) overtime remuneration, their additional hours went unpaid.

Drawing on Dowling (2021) and Aulenbacher (2020), we interpret the extension of care workers' shifts and the reduction of their replacements as a 'care-fix' that included an intensified *appropriation* of labour. The problem of the interrupted inflow of fresh care workers was solved by extending the shifts of the workers already present and keeping them immobile. First, this fix was made possible by the moral obligation intrinsic to care work: Care relationships are always also personal relationships, and the ethic of caring makes it very difficult to refuse to fulfil the needs of the care recipient. In the literature, this is often referred to as the 'prisoner of love dilemma' (Folbre, 2001). Second, this care-fix is made possible by the power imbalance in live-in care arrangements. A care agent summarised the situation succinctly: '*In their contracts, they have a day or two off per week. But they are there 24/7. If the senior wants a snack at 3 a.m., he will get it, because he's the one paying. The Slovak care worker will not take him to court because she would lose her job. It's quite simple*.' And a client argued in a similar fashion: '*I think it is a very good*

arrangement. If you're not happy with a worker, you can replace it [sic!] *very quickly*.' As care workers have to worry about being replaced, they often lack the negotiation power to contest demands to work longer hours.

Further, the pandemic situation put live-in care workers under additional psychological pressure. Unlike most others, the lockdown did not immobilise them in their own homes together with their loved ones. Instead, they were locked into the homes of their employers, in a shared flat with a senior. For them, the call to 'stay at home' thus meant to 'stay at work'. Their employers' homes are spaces they have little control over and where they do not make the rules (cf., Anderson, 2001; Cox, 2013; Lutz & Benazha, 2021).

Moreover, extending their shifts in Switzerland meant that workers spent the crisis period separated and often far away from their families and friends: *'The caregivers didn't know when they would be able to see their families again. They would rather have been at home with their loved ones during this time of crisis'* (other care expert). Their forced immobility – i.e. the awareness that they would not be able to get home should anything happen to their parents, children, or friends caused a lot of psychological stress and anxiety. Szuszanna Jakab, the care worker introduced above, voiced the worries of many of her colleagues: '*What happens if my mum or my dad catches the virus? They could die alone, and I could not get to them*,' and added, '*It was hard, very hard. There was so much uncertainty. People didn't know when they could get home. Parents, children, or the husband kept asking: "When are you finally coming home?"*' In the crisis, care workers struggled with doing care labour for strangers, simultaneously unable to provide care to their own loved ones. Consequently, many care workers reached their physical and emotional limit during the extended shifts: *'After 8 or 10 weeks, they were wasted'* (agency representative). '*I was just tired and glad I could go home'* (care worker).

We argue that this aspect of the care fix exemplifies what Hochschild (2000) and Aulenbacher (2020) conceptualise using the term *abstraction*. Meeting the care needs of older people in Switzerland by extending live-in care workers' shifts and keeping them immobile abstracts from their own needs. It invisibilises that care workers themselves are mothers, daughters, and friends of loved ones who might require support in a time of crisis.

However, this care fix did not remain uncontested in every case. Some migrant care workers challenged its logics by demanding time for self-care. Care worker Edyta Wierczok, for example, is a mother of four and grandmother of six. She managed to claim overtime compensation from her employer for additional working hours during the early months of the pandemic, enabling her to spend a few additional weeks with her family in Poland. She told us: '*It was important for me to show that our needs must be taken into consideration. We also need sleep, some free time, and rest. A little bit of relaxation in between. Otherwise, you can't keep it up.*'

4.2. Care fix 2: mobilising workers by partially re-establishing transnational travel

Within days of closing its borders in March 2020, Switzerland's massive dependency on foreign labour became apparent. Quicker than other countries, the Swiss government reopened its borders to those defined as 'essential workers' – and later to all workers who could present a valid work permit or registration certificate. For live-in care workers, however, the problem remained that reaching Switzerland meant crossing several

national borders with varying and constantly changing regulations of passage. Furthermore, many transport links remained broken, since planes, transnational trains and buses did not immediately resume service. Nevertheless, many care agents worked to 'fix' the problem by re-establishing the inflow of fresh workers as fast as possible. Several of them used their own cars to drive care workers to border stations, from where the latter carried their luggage across the border on foot and to the next train station or to another private car picking them up for the next leg of the journey.

While some of our interviewees encountered fewer difficulties on their journeys than they expected, others described extended, strenuous trips during which they had to switch their means of transport many times, also at night. Additionally, they were afraid of being exposed to the virus or getting stuck on the way. A care worker remembered: *'It was always the same topic: fear. People were afraid. There was this subconscious panic about safety during the journey and border controls.'* And a care agent reported: '*For the care workers, the worst thing was the queues at the borders. That was a disaster. We had one person who spent nearly two days at the border in her bus. How awful!*'

Further, care workers faced the problem of quarantine. While Switzerland exempted 'essential workers' from quarantine obligations, some of our interviewees had to quarantine for two weeks upon return to their home countries. A care agent told us: '*She [the care worker] has family at home and when she returned after four weeks she had to quarantine. (. . .) Afterwards, she was happy to see her husband again – although she could only see him for two weeks instead of four*.' In this quote, quarantining was framed as an added burden that care workers bore willingly to see their loved ones again. However, especially in countries where some returnees were forced to quarantine in shared facilities that were known hotspots for infections (cf., Leiblfinger et al., 2021, p. 5), many care workers were afraid of returning. A client reported: '*She [the care worker] should have come for a month. But upon return, she would have had to quarantine in a military barrack in Poland for two weeks and she didn't want to do that, since – according to her – one is sure to be infected afterwards. Because she refused, the agency sacked her.'* Similarly, a care worker stated: *'If I have to quarantine in Poland, I won't return.'*

In sum, the care fix of re-establishing transnational mobility as quickly as possible meant imposing strenuous journeys and possible exposure to the virus on care workers. In addition, in some cases, it added two weeks of quarantine to their shifts, which remained unpaid. Again, care workers often found themselves in a Catch-22 situation in which they either agreed to travel and quarantine, or they lost their job.

However, these additional burdens did not remain uncontested. On an individual level, our interviews indicate that many care workers actively renegotiated their return dates or demanded additional compensation so that they could use safer means of transport. A care agent recalled: *'After five or six weeks, three of the women just said, "I'm going home. I won't do this any longer. I'm going home now." We can't force them to stay. They can always go home. So, we just said, "you'll have to see for yourself how you actually get home" (. . .) and we just dropped her off at the border.'*

On a collective level, Slovakian care workers, for instance, protested against the military quarantine facilities, negotiated the re-establishment of cross-border transport services and requested exemption from quarantine upon provision of a negative COVID-19 test

result (Leiblfinger et al., 2021, p. 9). However, these (largely successful) examples of worker activism cannot disguise the fact that this second care fix also involved an appropriation of labour and an abstraction of migrant workers' needs.

First, the *appropriation* of labour was exemplified by the extended travel times and the added quarantine weeks. In the example above, four weeks of paid work were followed by two weeks of quarantine, effectively adding 50% to the time required to earn the same amount of money. This intensified appropriation was accompanied by a moralising discourse in which care workers were called upon as essential workers. As Pandey et al. (2021, p. 12) argue, this categorisation of care workers as essential 'has not necessarily resulted in the betterment of work conditions as it has instead functioned as a controlling mechanism used to extract uncompensated labour that allows the public pedestalising of their vulnerabilities as "sacrifices" (. . .) Akin to labelling domestic workers as "one of the family", categorising them as "essential" potentially justifies the decommodification and reduction of the material compensation of domestic work.'

Second, the *abstraction* is evident in the lack of attention paid to the vulnerabilities of care workers. Many of them were at or beyond retirement age and thus themselves bore a high risk of severe consequences in case of infection. Despite the risk of virus exposure, they were required to travel and received little support in protecting their own health on the way.

4.3. Care fix 3: dissociation of immobilised workers by externalising social costs

Finally, we can identify a third care fix in the way the Swiss welfare regime and its social security system dissociated itself from the migrant care workers who remained immobilised in their countries of origin during the pandemic either because their shifts were cancelled or because they could not reach their workplaces due to closed borders or interrupted transport links.

Julia Kowalska, for example, a 61-year-old Polish woman who had worked as a live-in caregiver in Switzerland for over five years, planned to weather the virus outbreak in Switzerland. Suddenly and contrary to earlier promises, the family she worked for told her they could no longer afford to hire her and terminated her contract effective immediately: '*They fired me in the last week of March. End of March, I stood there with my suitcases packed and nothing else. I didn't know how to get home because Poland had already closed its borders*.' Julia Kowalska found shelter with a friend for two days before she was able to secure a ticket for one of the last government-organised repatriation flights to Warsaw.

After spending the Easter holidays alone in quarantine, she reunited with her family and recovered from the ordeal. However, she was beset by worries over how to pay the next instalments on her mortgage. She reached out to the Swiss authorities to apply for unemployment benefits, only to be told that she did not qualify for support, as her place of residence was no longer in Switzerland. Julia Kowalska's story is typical of live-in care work. When live-ins lose their employment, they simultaneously lose their place of residence, automatically rendering them unable to claim Swiss unemployment benefits.

In addition, her story is typical for the circular migration model of live-in care, with rotating shifts of only a few weeks or months at a time, which means that agencies can cancel shifts on very short notice. During the pandemic, some care agencies thus reduced the numbers of care workers they employed without having to formally dismiss

them or take responsibility for their continuing remuneration. When we asked a care agent whether they had to lay people off due to the pandemic, the response was: '*Our contracts only ever cover one shift. When we rotate workers after a month, the next worker gets their contract only two weeks in advance. In this way, we could already adjust to how things were changing*.' This common practice of just-in-time contracting allows agencies to offload the risk of dips in demand onto migrant workers by simply not issuing new contracts.

To prevent layoffs, the Swiss government introduced a pandemic bailout scheme that enabled firms to claim benefits covering a large share of the salaries of employees for whom they currently had no work. However, the bailout scheme only covered employment of over six months duration prior to the claim. This definition effectively excluded temporary migrant workers who typically receive contracts for only a few months at a time. Furthermore, claims could only be made by firms, thus excluding domestic and care workers employed by families.

In sum, the conditions set in the state-sponsored pandemic-support schemes made them inaccessible for most temporary workers. They fell through the cracks of the COVID-19 bailouts. In the case of unemployment benefits, and regulation of working conditions more generally, this dissociation already existed before the pandemic. It was one of the key demands raised by the 'Respect' network, a group of organised care workers in the city of Basel. 'We like our work, but we are no longer prepared to be exploited like this. We demand working conditions in accordance with local laws', said Bożena Domańska, public face of the network. It was notable that these demands became even more salient – and publicly discussed – when the care workers remained immobilised in their countries of origin under pandemic conditions.

The lack of material remuneration resonates with Pandey et al.'s (2021, p. 13) argument that domestic workers are framed as 'expendable essential workers' – simultaneously vital for delivering care work when there is a demand and expendable when the workers themselves require support. What becomes evident here is the simultaneous *abstraction* from migrant workers' needs and the utilitarian *appropriation* of their indispensable care resources. On the level of the state, this was again exemplified in an email conversation we had with the Federal Office of Public Health in December 2020, when we inquired whether live-in care workers from Poland and Slovakia would be exempt from the newly issued quarantine obligations upon entering Switzerland. The office confirmed the exemption for live-in care workers because *'their entry is professionally necessary'* and added that *'contact with the local population should be avoided as much as possible'*. This communication by the authorities shows at the same time a form of *appropriation* in that migrant workers' care resources are exploited in pursuit of economic interests (Aulenbacher, 2020), and an *abstraction* from the needs of these workers by wanting to isolate them from the local population. It exemplifies the process of 'offloading the cost of care onto the shoulders of underpaid and unpaid realms of society' (Dowling, 2018, p. 333). The spatial fix of recruiting migrants allows for shifting their social reproduction to their countries of origin. This form of 'care extractivism' (Wichterich, 2020) builds on a new 'international division of reproductive labour' (Parreñas, 2014). It produces 'global care chains' (Hochschild, 2000; Lutz, 2002) which have long been problematised for the 'emotional surplus value' extracted from poorer countries by richer countries (Hochschild, 2000), and for the 'care drain' they leave behind (Folbre, 2006).

5. Conclusion

Our analysis shows that the pandemic-induced destabilisation of transnational home care arrangements in Switzerland was countered with three short-term fixes: First, live-in care workers were immobilised in the households by extending their shifts and working hours. Second, they were re-mobilised by allowing border crossings for workers labelled as 'essential'. Third, care agencies and the Swiss government used the immobility of the workers in their countries of origin to dissociate themselves from them by not issuing new contracts and cutting them out of pandemic relief schemes. All three fixes served to ensure uninterrupted availability of care for Swiss seniors at the lowest possible cost for the agencies and the state treasury.

The fixes and their underlying logics of abstraction and appropriation served to transfer the costs of the crisis to the care workers. The latter bore burdens of extended working hours, prolonged separation from their loved ones during lockdown, strenuous journeys with potential risks of infection, and added weeks in quarantine with little or no compensation. Simultaneously, the costs of the crisis were transferred transnationally – to the workers' countries of origin in Central and Eastern Europe.

Building on Emma Dowling's concept of 'care fixes', our study shows that the crisis did not induce a reorganisation of live-in care. Instead, the existing model was maintained using short-term, ad-hoc solutions. For this, temporal, spatial, institutional and social boundaries needed to be blurred and redrawn: between working time and free time, between closed and permeable borders for 'essential' workers, and between ensuring care provision for the elderly and dissociating from the needs of migrant care workers. Thereby, the exacerbated care crisis was approached in ways that did not mitigate it, but rather merely displace it.

This offloading of social costs during COVID-19 reflects 'neoliberal care fixes' that already characterised live-in care arrangements before the pandemic. In recent years, the growing care crisis was 'fixed' via privatisation in a double sense: New Public Management reforms shifted a growing share of the responsibility for organising and paying for care to the 'private' realm of the family. Additionally, the reforms fostered market competition and the emergence of private suppliers in senior care (Schwiter et al., 2018, pp. 382–383). The latter build on existing vulnerabilities and power asymmetries of a transnational labour market that is highly segregated by class, gender, ethnicity, and citizenship. The care arrangements are enabled by systematically excluding temporary migrants from rights and support afforded to the sedentary population. This renders migrant workers highly exploitable. They 'accept' the precarious conditions in Switzerland due to the large transnational wage differentials within Europe and their precarious economic situation in their countries of origin.

However, COVID-19 disrupted more than can be fixed with short-term solutions. It exposed the magnitude of the care crisis. And it exposed the fragility of our current care fix, which relies on the intersection of transnational, gendered, and class-based inequalities: A global division of labour in which economically richer countries draw on (female) migrant workers from poorer countries. And a devaluation of care that creates jobs so precarious that one cannot afford one's own flat where one works, and so exhausting that workers have to be replaced every few weeks to recover elsewhere before returning for their next shift (Chau, 2020; Huang et al., 2012; Schilliger, 2014).

When the pandemic interrupted this circular transnational mobility, it also made visible how the care chains stretch ever farther: Workers not only needed to return to neighbouring countries, many had to cross multiple national borders to get home. Whereas care workers in Switzerland used to come mainly from western parts of Poland and Slovakia, today care chains increasingly stretch to Romania, Bulgaria, and even beyond the EU to Ukraine.

At the same time, the care fixes are being contested by the workers themselves. In collectives like the 'Respect' network in Switzerland, migrant organising has become increasingly virtual. Migrant care workers share information about their rights and about COVID-19 via Facebook and WhatsApp chats. Further, they transformed Sunday gatherings into Zoom meetings where they discuss everyday challenges encountered in the households and on their journeys, while continuing to organise know-your-rights trainings.

Furthermore, 'Respect' member Edyta Wierczok's demand for 'a little bit of relaxation' resonates with black feminist Audre Lorde's (1988/2017, p. 166) conceptualisation of self-care as an 'act of resistance'. By linking their personal situation and their experiences of exploitation to the broader context and by positioning themselves as political subjects with equal rights and needs, care workers challenge the neoliberalisation of care and work in our society on a more systemic level and point to the responsibility of the state. They do this in the spirit of Audre Lorde, who argues that self-care is not only about a struggle for survival, but also about enacting social change. If the voices and demands for self-care from those 'on whom a disproportionate burden of care is placed (. . .) and for whom society does not care adequately' (Dowling, 2021, p. 188) are increasingly raised, quick short-term fixes will no longer solve the problem. Instead, our societies will be forced to radically transform their care systems. We view exposing the fragility of transnational live-in care arrangements during COVID-19 and the increasingly vocal claims of migrant care workers as key steps in the process of seeking more just solutions to the current care crisis: Solutions that are funded publicly, and based on the needs not only of the people in need of care, but also the care workers who provide it.

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References

Anderson, B. (2001). Just another job? Paying for domestic work. *Gender and Development*, *9*(1), 25–33. https://doi.org/10.1080/13552070127731

Aulenbacher, B. (2020). Auf neuer Stufe vergesellschaftet: Care und soziale Reproduktion im Gegenwartskapitalismus. In K. Becker, K. Binner, & F. Décieux (Eds.), *Gespannte Arbeits- und Geschlechterverhältnisse im Marktkapitalismus* (pp. 125–147). Springer.

Aulenbacher, B., Lutz, H., & Schwiter, K. (Eds.). (2021). *Gute Sorge ohne gute Arbeit? Live-in Care in Deutschland, Österreich und der Schweiz*. Beltz Juventa.

Baines, D., & Cunningham, I. (2015). Care work in the context of austerity. *Competition & Change*, *19* (3), 183–193. https://doi.org/10.1177/1024529415580263

Becker-Schmidt, R. (2014). Abstraktionsprozesse in der kapitalistischen Ökonomie. In B. Aulenbacher, B. Riegraf, & H. Theobald (Eds.), *Sorge: Arbeit, Verhältnisse, Regime* (pp. 89–105). Nomos.

Chau, H. S. (2020). *Brokering circular labour migration. A mobile ethnography of migrant care workers' journey to Switzerland*. Routledge.

Chau, H. S., Pelzelmayer, K., & Schwiter, K. (2018). Short-term circular migration and gendered negotiation of the right to the city: The case of migrant live-in care workers in Basel, Switzerland. *Cities*, *76*, 4–11. https://doi.org/10.1016/j.cities.2017.04.004

Cox, R. (2013). House/work: Home as a space of work and consumption. *Geography Compass*, *7*(12), 821–831. https://doi.org/10.1111/gec3.12089

Craig, L., & Churchill, B. (2021). Dual-earner parent couples' work and care during COVID-19. *Gender, Work, and Organization*, *28*(1), 66–79. https://doi.org/10.1111/gwao.12497

Cresswell, T., Dorow, S., & Roseman, S. (2016). Putting mobility theory to work: Conceptualizing employment-related geographical mobility. *Environment and Planning A*, *48*(9), 1787–1803. https://doi.org/10.1177/0308518X16649184

Dowling, E. (2018). Confronting capital's care fix: Care through the lens of democracy. *Equality, Diversity and Inclusion: An International Journal*, *37*(4), 332–346. https://doi.org/10.1108/EDI-02-2017-0032

Dowling, E. (2021). *The care crisis: What caused it and how can we end it?* Verso.

Eling, M., & Elvedi, M. (2019). *Die Zukunft der Langzeitpflege in der Schweiz*. University of St. Gallen.

England, K. (2010). Ethics, home, work and the shifting geographies of care. *Ethics, Place & Environment*, *13*(2), 131–150. https://doi.org/10.1080/13668791003778826

Farris, S. R., & Marchetti, S. (2017). From the commodification to the corporatization of care. *Social Politics: International Studies in Gender, State & Society*, *24*(2), 109–131. https://doi.org/10.1093/sp/jxx003

Folbre, N. (2001). *The invisible heart. Economics and family values*. The New Press.

Folbre, N. (2006). Measuring care: Gender, empowerment, and the care economy. *Journal of Human Development*, *7*(2), 183–199. https://doi.org/10.1080/14649880600768512

Foley, L., & Piper, N. (2020). *COVID-19 and women migrant workers: Impacts and implications*. IOM.

Fraser, N. (2016). Contradictions of capital and care. *New Left Review*, *100*, 99–117. https://newleftreview.org/issues/ii100/articles/nancy-fraser-contradictions-of-capital-and-care

Giordano, C. (2021). Freedom or money? The dilemma of migrant live-in elderly carers in times of COVID-19. *Gender, Work, and Organization*, *28*(1), 137–150. https://doi.org/10.1111/gwao.12509

Glenn, E. N. (2010). *Forced to care. Coercion and caregiving in America*. Harvard University Press.

Gutiérrez-Rodríguez, E. (2010). *Migration, domestic work and affect. A decolonial approach on value and the feminization of labor*. Routledge.

Harvey, D. (1981). The spatial fix – Hegel, von Thunen, and Marx. *Antipode*, *13*(3), 1–12. https://doi.org/10.1111/j.1467-8330.1981.tb00312.x

Harvey, D. (2005). *A brief history of neoliberalism*. Oxford University Press.

Ho, E., & Maddrell, A. (2021). Intolerable intersectional burdens: A COVID-19 research agenda for social and cultural geographies. *Social & Cultural Geography*, *22*(1), 1–10. https://doi.org/10.1080/14649365.2020.1837215

Hochschild, A. (2000). Care chains and emotional surplus value. In W. Hutton & A. Giddens (Eds.), *On the edge: Living with global capitalism* (pp. 120–146). Jonathan Cape.

Hochschild, A. (2002). Love and gold. In B. Ehrenreich & A. Hochschild (Eds.), *Global women: Nannies, maids and sex workers in the new economy* (pp. 15–30). Metropolitan Books.

Hochschild, A. (2003). *The commercialization of intimate life*. University of California Press.

Huang, S., Yeoh, B. S. A., & Toyota, M. (2012). Caring for the elderly: The embodied labour of migrant care workers in Singapore. *Global Networks*, *12*(2), 195–215. https://doi.org/10.1111/j.1471-0374.2012.00347.x

ILO. (2020). *COVID-19 and care workers providing home or institution-based care*. https://www.ilo.org/sector/Resources/publications/WCMS_758345/lang–en/index.htm

Knöpfel, C., Pardini, R., & Heinzmann, C. (2018). *Gute Betreuung im Alter in der Schweiz*. Seismo.

Kofman, E., & Raghuram, P. (2015). *Gendered migrations and global social reproduction*. Palgrave Macmillan.

Kuckartz, U. (2018). *Qualitative Inhaltsanalyse, Methoden, Praxis, Computerunterstützung*. Beltz Juventa.

Leiber, S., Rossow, V., Österle, A., & Frerk, T. (2020). Yet another black box: Brokering agencies in the evolving market for live-in migrant care work in Austria and Germany. *International Journal of Care and Caring*, *5*(2), 187–208. https://doi.org/10.1332/239788220X15988973352874

Leiblfinger, M., Prieler, V., Rogoz, M., & Sekulová, M. (2021). Confronted with COVID-19: Migrant live-in care during the pandemic. *Global Social Policy 21*(3), 490–507. https://doi.org/10.1177/14680181211008340

Leiblfinger, M., Prieler, V., Schwiter, K., Steiner, J., Benazha, A., & Lutz, H. (2020). Impact of COVID-19 policy responses on live-in care workers in Austria, Germany, and Switzerland. *Journal of Long-Term Care*, *3*, 144–150. https://doi.org/10.31389/jltc.51

Lorde, A. (1988/2017). *A burst of light and other essays*. Ixia Press.

Lutz, H. (2002). At your service madam! The globalization of domestic service. *Feminist Review*, *70*(1), 89–104. https://doi.org/10.1057/palgrave/fr/9400004

Lutz, H., & Benazha, A. (2021). Zuhause im fremden Haushalt? Die widersprüchliche Bedeutung des häuslichen Raums als Arbeitsort. In B. Aulenbacher, H. Lutz, & K. Schwiter (Eds.), *Gute Sorge ohne gute Arbeit? Live-in Care in Deutschland, Österreich und der Schweiz* (pp. 127–149). Beltz Juventa.

Lutz, H., & Palenga-Möllenbeck, E. (2010). Care work migration in Germany: Semi-compliance and complicity. *Social Policy & Society*, *9*(3), 419–430. https://doi.org/10.1017/S1474746410000138

Maayan, N., Kurlander, Y., & Shamir, H. (2021). Underlying conditions: The codification of migrant workers under COVID-19. *Journal of Modern Slavery*, *5*(2), 29–31. https://slavefreetoday.org/wp-content/uploads/2020/12/Underlying-conditions-The-Commodification-of-Migrant-Workers-Under-COVID19.pdf

Madörin, M. (2014). *Ökonomisierung des Gesundheitswesens – Erkundungen aus der Sicht der Pflege*. ZHAW.

Matei, F. (2020). *Wie sich 24-Stunden-Betreuer*innen in der Corona-Krise organisieren*. Mosaik – Politik neu Zusammensetzen. https://mosaik-blog.at/wie-sich-24-stunden-betreuerinnen-in-der-corona-krise-organisieren/

Mayer-Ahuja, N., & Detje, R. (2020). Solidarität' in Zeiten der Pandemie: Potenziale für eine neue Politik der Arbeit? *WSI-Mitteilungen*, *73*(6), 493–500. https://doi.org/10.5771/0342-300X-2020-6-493

McDowell, L., Ray, K., Perrons, D., Fagan, C., & Ward, K. (2005). Women's paid work and moral economies of care. *Social & Cultural Geography*, *6*(2), 219–235. https://doi.org/10.1080/14649360500074642

OECD. (2011). *Switzerland. Key data on long term care*.

OECD. (2019). *Recent trends in international migration of doctors, nurses and medical students*.

Pandey, K., Parreñas, R. S., & Sabio, G. S. (2021). Essential and expendable: Migrant domestic workers and the COVID-19 pandemic. *American Behavioral Scientist*, *65*(10), 1287–1301. https://doi.org/10.1177/00027642211000396

Parreñas, R. S. (2014). Migrant domestic workers as 'one of the family. In B. Anderson & I. Shutes (Eds.), *Migration and care labour* (pp. 49–64). Palgrave Macmillan.

Pelzelmayer, K. (2018). Care, pay, love: Commodification and the spaces of live-in care. *Social & Cultural Geography*, *19*(7), 853–872. https://doi.org/10.1080/14649365.2017.1315446

Rao, S., Gammage, S., Arnold, J., & Anderson, E. (2021). Human mobility, COVID-19, and policy responses: The rights and claims-making of migrant domestic workers. *Feminist Economics*, *27*(1–2), 254–270. https://doi.org/10.1080/13545701.2020.1849763

Rose-Redwood, R., Kitchin, R., Apostolopoulou, E., Rickards, L., Blackman, T., Crampton, J., Rossi, U., & Buckley, M. (2020). Geographies of the COVID-19 pandemic. *Dialogues in Human Geography*, *10*(2), 97–106. https://doi.org/10.1177/2043820620936050

Schilliger, S. (2014). *Pflegen ohne Grenzen? Polnische Pendelmigrantinnen in der 24h-Betreuung: Eine Ethnographie des Privathaushalts als globalisiertem Arbeitsplatz*. University of Basel.

Schilliger, S. (2021). *Verschärfte Normalität im Ausnahmezustand. Transnationale Care-Arbeit in Privathaushalten unter COVID-19*. Blog der Deutschen Gesellschaft für Soziologie. https://blog.soziologie.de/2021/01/verschaerfte-normalitaet-im-ausnahmezustand-transnationale-care-arbeit-in-privathaushalten-unter-covid-19/

Schilliger, S., & Schilling, K. (2017). Care-Arbeit politisieren: Herausforderungen der (Selbst-) Organisierung von migrantischen 24h-Betreuerinnen. *Femina Politica*, *26*(2), 101–116. https://doi.org/10.3224/feminapolitica.v26i2.08

Schwiter, K., Berndt, C., & Truong, J. (2018). Neoliberal austerity and the marketisation of elderly care. *Social & Cultural Geography*, *19*(3), 379–399. https://doi.org/10.1080/14649365.2015.1059473

Scott, S. (2013). Labour, migration and the spatial fix: Evidence from the UK Food Industry. *Antipode*, *45*(5), 1090–1109. https://doi.org/10.1111/anti.12023

SFSO Swiss Federal Statistical Office. (2021) *Health*. Pocket Statistics 2020.

Silver, B. (2003). *Forces of labour – Workers movements and globalisation since 1870*. Cambridge University Press.

Steiner, J. (2021). Räume des Widerstands in der Live-in-Betreuung: Care-Arbeiter*innen organisieren sich. In B. Aulenbacher, H. Lutz, & K. Schwiter (Eds.), *Gute Sorge ohne gute Arbeit? Live-in Care in Deutschland, Österreich und der Schweiz* (pp. 174–194). Beltz Juventa.

Steiner, J., Prieler, V., Leiblfinger, M., & Benazha, A. (2019). Völlig legal!? Rechtliche Rahmung und Legalitätsnarrative in der 24h-Betreuung in Deutschland, Österreich und der Schweiz. *Österreichische Zeitschrift für Soziologie*, *44*(1), 1–19. https://doi.org/10.1007/s11614-019-00337-4

Van Holten, K., Jähnke, A., & Bischofberger, I. (2013). *Care-Migration – Transnationale Sorgearrangements im Privathaushalt*. Obsan.

Van Hooren, F. (2020). *Covid-19, migrant workers and the resilience of social care in Europe*. European University Institute.

Villa, P.-I. (2020). Corona-Krise meets Care-Krise – Ist das systemrelevant? *Leviathan*, *48*(3), 433–450. https://doi.org/10.5771/0340-0425-2020-3-433

Wichterich, C. (2019). *Care extractivism and the reconfiguration of social reproduction in post-fordist economies* (ICDD Working Papers). International Center for Development and Decent Work.

Wichterich, C. (2020). Who cares about healthcare workers? Care extractivism and care struggles in Germany and India. *Social Change*, *50*(1), 121–140. https://doi.org/10.1177/0049085719901087