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# Urban People Lidé města

## AGEING, CARE AND MIGRATION

Editors: Petra Ezzeddine and Hana Havelková

**Hana Havelková**  
**Petra Ezzeddine**

**Women in Between: Gender,  
Refugee Experience and Ageing**

**Olena Fedyuk**

**On the Path to Regularity:  
Exploring the Individual Costs  
of Regularization among Ukrainian  
Ageing Domestic and Care Workers  
in Italy**

**Ewa Ślęzak**

**The Intergenerational Relations  
of Polish Medical Migrants in the UK:  
Life between Paradigms**

**Bernhard Perchinig**  
**Katharina Schaur**

**Care Needs of Elderly Migrants  
in Austria**

## Lidé města / Urban People

jsou recenzovaným odborným časopisem věnovaným antropologickým vědám s důrazem na problematiku města a příbuzným společenskovědním a humanitním disciplínám. Vychází třikrát ročně, z toho dvakrát v českém jazyce (v květnu a v prosinci) a jednou v anglickém jazyce (v září).

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## Thematic Issue

# AGEING, CARE AND MIGRATION

Editors: *Petra Ezzeddine and Hana Havelková*

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## EDITORIAL

*Petra Ezzeddine – Hana Havelková*

Our original aim in preparing this monothematic issue was to focus on a “blank spot” in migration studies – the issue of ageing in the process of migration. This is an area that has long remained empirically unresearched. In the field of migration studies, academic interest has focused more on the connection between migration and the ageing of the recipient societies (demographic studies) and the influence of migration on the ageing of the population in the country of origin, in other words on situations where those migrating are mostly of productive age. A further issue that arises during study of the connection between gender, ageing and migration is the field of care practices. This in the end proved to be the thematic axis of all the studies included in our monothematic issue. In this issue of *Urban People* we present selected empirical studies from the field of social anthropology and sociology. They use qualitative data from surveys of male and female migrants concerning, from various perspectives, the theme of old age.

The papers by Olena Fedyuk (the case of Ukrainian female migrants in Italy), Petra Ezzeddine/Hana Havelková (the case of ex-Yugoslav female refugees aged 50+ in Czechia), and Bernhard Perchinig/Katharina Schaur (the case of migrant seniors in Austria) look at the contrast between the systems of support in old age in these countries and the way in which this support is viewed by, in particular, ageing migrant men and women themselves, and how and why they are able or unable to access it. In terms of methodology, all three studies combine an analysis of the institutional support provided with qualitative research and analytical surveys, based on interviews with the target groups concerned. This combination allows us to show where, how and why the systems fail to take account of the situations of particular individuals, even in cases where these individuals are citizens of the recipient countries with full rights. This failure puts these ageing migrant women and men at serious risk of poverty. The essays identify the causes, which often consist not only of shortcomings in the social systems, but are also of a cultural nature, connected above all with traditional patterns and norms in family relationships.

The Czech and Austrian studies have a common target group, which in the Austrian case forms part of the overall group. These are migrant men and women with a refugee past who left the former Yugoslavia because of the war. In

the case, too, of the Ukrainian care workers about whom Olena Fedyuk writes, the decision to leave home cannot be considered an entirely free one, since their migration is, as we know, forced by the dire economic situation in Ukraine. Ewa Ślęzak, on the other hand, shows in her study that migration also has a major effect on those who do not migrate but stay at home. She looks at the ageing parents and relatives and the way in which they deal with the absence of their migrating children from the point of view of both the economic situation and the emotional ties.

Hana Havelková and Petra Ezzeddine consider an important specific feature of the research they present here to be that it covers a long time period of life in migration, which has proven to be as academically valuable as it is highly politically instructive. The long time period allows us, among other things, to show that the refugee experience of women is not linear but cyclical, gaining new significances at various stages of women's lives, in various social contexts (including the context of institutions) and transnational environments. The research showed a sharp discrepancy between the heroic working and social performance during the period of migration and the totally undignified financial reward in the form of the pension received in the recipient country, which is not enough to cover basic life needs. Moreover, women from the former Yugoslavia with refugee experience are dealing with a serious dilemma, connected with the traditional moral commitment to care for their families in their far-off native country. It is more difficult for them when older to organise "caring" visits to their parents, and they thus find themselves under a double pressure: they are trying to safeguard their own vulnerable position at work and at the same time to meet the normative commitments (traditionally expected from women) regarding transnational care of seniors.

Olena Fedyuk's study explores the individual costs of regularization among ageing Ukrainian domestic and care workers in Italy. She focuses on the role of age, gender and type of employment on the paths to regularity, looking at the experience of ageing women providing care in private homes in Bologna. She argues that the fragmentation of migrants' citizenship often leads to their further falling through the rights and benefits systems available in both Ukraine and Italy. She points to significant differences in how particular countries understand and define an established profession. Thus, the ageing caregivers, despite their professional acquired skills, would not be able to generate paid income in Ukraine, where care services are provided mostly by the family and where most families cannot afford to pay adequately to hire external help. As

a result, this leads to migration having a personal cost; it often represents “lost years” in terms of occupational trajectories, access to social benefits, periods of unemployment and health problems.

Ewa Ślęzak’s study looks at the question of economic provision for ageing persons who are the parents and relatives of migrant men and women working in highly-qualified positions in health care in Britain. In the case of this group, which clearly consists of members of the middle class, the author not only found no material want, but did not even find a need for financial support from the migrating children. The research revolves more around the emotional family ties and their maintenance in a transnational and “modern” context. We find it nevertheless strange that the author declares that she does not devote too much space to the gender dimension of the stories researched. We can see that it is strongly present here – no light is cast on the life of accompanying wives or women migrants with no children. It would be interesting to see to what extent their single or childless status is the price they pay for the economic advantages of migration, and how their parents deal with this in relation to their absent or non-existent grandchildren. As in the case of the ex-Yugoslav migrant women living in the Czech Republic, we see here a keenness on the part of ageing women that their children should be successful, which possibly leads them to downgrade their own interests.

We have included in this monothematic issue an interesting example of a research report regarding applied research into the care needs of elderly migrants in Austria by Bernhard Perchinig and Katharina Schaur, conducted by the International Centre for Migration Policy Development in Vienna. This empirical perspective was gained through semi-structured interviews with experts, and focus groups with elderly migrants of Turkish, ex-Yugoslav and Philippine backgrounds in the cities of Vienna and Linz. The authors argue that the focus groups showed that care in the family, by one’s own children, was the ideal for many participants, similar to the Austrian majority population. At the same time it also portrayed the strong social change that was going on in the second generation, the participants’ children. This research, too, identified certain barriers of a sociocultural nature in relation to the traditional norms of care for members of the family. As is usual in the case of applied research, the authors have included some practical recommendations for policy makers. They draw attention to the fact that the Austrian care system targets a middle-class audience with well-honed communication capacities, and does not reach the migrant population. They recommend a more proactive and targeted strategy

for communication with migrant communities and migrant associations, and the removal of language barriers when working with this target group.

To conclude, while we are currently observing the globalisation of economies and the interconnection of capital markets, on the other hand it can be seen that national social policies do not reckon with the social mobility of citizens and their transnational lives and rights. The empirical material from this research shows the importance of researching variously-situated persons in migration in connection with ageing. Besides this, however, it will be necessary in the future to strengthen the overall intersectional perspective in migration research in general, to focus more on the connection of social status (class) and gender, and not to reduce the identity of the people surveyed to only their migration and refugee experiences and status.

The monothematic issue and research project-related study *Women in Between: gender, refugee experience and ageing* have been supported by the Open Society Fund Prague from the Let's Give (Wo)men a Chance programme, financed from Norway Grants. With Norway Grants, Norway contributes towards a reduction in economic and social disparity and the strengthening of mutual cooperation in Europe. It promotes, above all else, environmental protection, research and scholarships, civil society development, health care, children, gender equality and an improvement in the efficiency of justice. The Let's Give Women a Chance programme promotes equal opportunities for women and men both in their work and personal lives as well as prevention and help for victims of domestic and gender-based violence in the Czech Republic. It is operated by the Open Society Fund Prague, which has been developing values of open society and democracy in the Czech Republic since 1992. The Project is implemented by the **Association for Integration and Migration, Faculty of Humanities at the Charles University in Prague** and **University of Bergen** (Norway).

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# WOMEN IN BETWEEN: GENDER, REFUGEE EXPERIENCE AND AGEING

*Hana Havelková – Petra Ezzeddine*

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*Abstract: The study is based on interviews with women with refugee experience from the former Yugoslavia, aged 50+, who have already been living in the Czech Republic for more than twenty years. It covers a long time period of life in migration, which has allowed us to show that the refugee experience of women is not linear but cyclical, gaining new significances at various stages of women's lives, in various social contexts and transnational environments. There is a special focus on ageing and entrance into retirement age, when the women find themselves under a double pressure: they are trying to safeguard their own vulnerable position at work and at the same time to meet the normative commitments (traditionally expected from women) regarding transnational care of seniors. The study looks at migration from an intersectional perspective in investigating how gender, age, ethnicity, migration status and social class of the women we studied formed their life in the new society.*

*Keywords: women; gender; migration; ageing; intergenerational relations; care; social status*

## Introduction

Until recently, migrant women were entirely overlooked in migrant studies, not only in the Czech Republic. As Pedraza (1991) points out, until the 1970s, migrant women were seen as the passive followers of the men who initiated migration. Between 1980 and 1990, migration studies were affected by a strong wave of feminist theories. Feminist theories see gender as a collection of identities, behaviours and power in relationships, which is constructed by culture and society. This paradigm has had a double influence on the way in which gender

is viewed in migration. The first is connected with the patriarchy, the hierarchy of power, male domination and men's control of women – in other words, the patriarchy influences the possibility of migrating, and when and where to settle (Boyd – Grieco 2003). The second influence concerns the relationships between men and women, the change in their relationships with their family members, including partners in the process of migration. It thus looks at the way in which the patriarchy is included and/or reconstructed over the course of migration. Researchers have also focused on the issue of the labour market participation of migrant women in their new countries, on relations of power, position and roles in the family, and at the greater inclusion of male work in care of the household and family, and the transformation of masculinity in the process of migration.

Our research is based on a **feminist paradigm**, above all in the sense that the research sample consists exclusively of women, and the research question concerned, chiefly, their **specific refugee and migration experience as women** and its changes in connection with the ageing process. At the same time, however, their answers thematise the position of women as people who, in the migration situation, take a central position and have significance within their families. Our research into the women has given us a picture of **highly complex family relationships**, starting with partner relationships and a reflection of the situation of men, and ending with the no less significant intergenerational relationships in both directions – on one hand with their own children, and on the other with their parents, including their partner's parents. Conversely, it was and is these social relationships that, in the end, have decided and continue to decide the personal life strategies of the women we surveyed. Our perspective thus corresponds more to the second sphere mentioned, with an emphasis on a complex gender picture, with the actual concept of the patriarchy not being connected so much with male hegemony, but rather being represented by traditional family customs. We put much more emphasis on the **agency** of the women interviewed.

The issue of **ageing in the process of migration** is one that has been long neglected in migration studies. This is largely because migration policies are not conceived of with a long-term horizon – it is not assumed that the migrants will be growing old in the countries to which they migrate, and at the same time, ageing migrants – both male and female – are no longer visible, because they are no longer “productive” on the local labour market. Academics have been more interested in the connection between migration and ageing recipient societies, and in transnational practices of care for ageing parents and relatives

in the country of origin (Deneva 2014, Baldassar 2007). Researchers have also focused their interest on “life style migration” by well-off seniors (in the context of the EU) to the coastal areas of the Mediterranean (e.g. King – Warnes – Williams 2009). The second type of study dealing with ageing consists of analyses that look at the structural disadvantage of senior migrants, both of those who have returned home, and those who stayed in their country of origin (Ackers 2004).

We, likewise, look at this important issue in our study, but we focus most of our attention on the **migration and integration policy of the recipient country with regard to the population of ageing migrant men and women**. A special category of migrants consists of circulating ageing migrants, where studies analyse how they organise the care of their family (both of their own family in the country of origin, and of grandchildren who have migrated). These studies show that although the economy is globalised and benefits from mobility of economic capital, social systems are of a heavily **national character** and do not reckon with transnational trajectories and migrants who live in more than one country (Deneva 2012). On the contrary, their “reproductional” mobility may put them at a major disadvantage. As Deneva points out, migration research has completely left out the category of ageing migrants who move between various geographic and institutional localities with the aim of providing care to various members of their own family (parents, grandchildren).

In this study, however, we are looking not at public policy as such, but its impacts on individual life strategies from the point of view of migrant women themselves. We look at the **subjective reflection** of their own migrant history. We consider an important specific feature of our research to be that it covers **a long time period of life in migration**, which has proven to be just as **academically** valuable as it is highly **politically** instructive. Although it is not classic longitudinal research, but data gained with the help of retrospective narrations, it allows us on one hand to reconstruct the dynamic of migration experience in time, and on the other to capture these experiences as experiences that may be individually or typologically differentiated, but which nevertheless show significant similarities across the research sample. The long time period has allowed us, among other things, to show that the refugee experience of women is not linear but **cyclical**, gaining new significances at various stages of women’s lives, in various social contexts (including the context of institutions) and transnational environments. The second aspect, the question of whether experiences can be generalised across individual stories, relates above all to the

choice of **life and family strategy** in the new situation, and also to questions of **ageing and entrance into retirement age**, which usually means becoming sharply aware, once again, of one's status as a migrant woman.

Last but not least, it is worth emphasising that in our study we look at migration from an **intersectional perspective** – in other words we also reflect on other identities and the inequalities that stem from them and which have an impact on the women we studied, such as age, ethnicity, migration status and social class (Brettel 2000). We have thus tried to capture the complexity of the phenomena and relationships that are formed under the influence of migration and life in the new society.

We chose for our research a group of women with refugee experience from the former Yugoslavia, aged 50+, who have already been living in the Czech Republic for more than twenty years. They are the first generation of women to be taken by Czechoslovakia, later by the Czech Republic, as part of humanitarian programmes during the war in the former Yugoslavia. We asked ourselves the following questions: **how women with a refugee past reflect on their personal migration life trajectory, how, in narrative terms, they give relevance to their life during the war and the beginnings of their life in the new society, how they reflect their gender role and their gender identity and its changes during the migration process, and how they give relevance to their refugee experience at an older age, and above all in retirement age. We also asked ourselves how normative pressures affect the care and emotional work of women in the migration process.**

In this study, however, we present only some of the data gained, since its focal point is the question of ageing in migration, as mediated by the narratives of the women we interviewed.

## **Research methodology**

Given the applicational nature of our research project, we decided to use qualitative methodology, and we collected the data by means of in-depth, thematically-oriented interviews (Denzin 1989). We believe that this type of questioning has allowed us not only to explain the refugee experience of women as a former of social progress, but also to “localise” the concrete lived experience of gender, migration and ageing. The in-depth interviews were built around a guide list, which outlined the themes around which we conducted the interviews. The themes that interested us during the interviews were as follows: migration

history (the context of the departure/flight from former Yugoslavia, arrival in the Czech Republic and life in temporary stay facilities); work and employment (work history, coping with work at a more advanced age and the conditions of work at an older age); care (of children and transnational care of parents in the country of origin); preparation for retirement, strategy and experience of retirement age.

The data we gained during the interviews we then transcribed from the sound recording into written form (in the former of a complete transcription) but for the publication we edited them into formal written Czech. Three of the interviews were carried out in Serbo-Croat and then translated into Czech. We are aware that the research interview is a dynamic and formative process, into which not only the narrator but also the listener enters. The significances of the narrative are thus formed together with the various positions and interests of the listeners. As Erel argues (2007: 5): “The story of the flight from the home may take on various meanings, depending on whether it is told by a feminist migrant group, a social worker or a wider group as part of internet communication.” Most of the interviews in our research were collected by our colleague Goranka Oljača, who herself has experience of refugee history and whose specific positionality had a marked influence on the way she led the interviews – in terms of the data she accepted, but also what kinds of themes she avoided in the interviews. In our interpretations we also worked sensitively with the fact (in the sense of ethical work with data and its representation) that our research project would be of a socially-engaged nature and that its outcomes would be made available to the women we interviewed (who were invited to the closing conference and will obtain a copy of the published outcomes of the project). For our research we chose the purposive sampling method. Contact with the individual women took place using the snowball method. The sample we put together consisted of 37 women with a refugee history from the former Yugoslavia. The main criteria for inclusion in the sample was that the women had to have come to Czechoslovakia during the war in the former Yugoslavia, and today they had to be over 50. The women in our sample lived before the war on the territory of present-day Bosnia and Herzegovina, Serbia, Croatia and Montenegro. We also included in the research sample three women who had returned (for various reasons) to their country of origin. We believe their specific experience has allowed us to understand in a more complex way the life trajectories of those who remained in the Czech Republic.

Since we were working with the aid of qualitative research, during the application of which personal data (in the sense of Law 101/2005B of 1.1.2005) were expected to feature, we used informed agreement, which informed the participants in our research about the way in which data would be used (including anonymisation, archiving and other types of outcome). For this reason we **anonymised** in our study all the names of the women we interviewed. Some of the women we interviewed had already acquired Czech citizenship or applied for it, or they felt a deep affinity with the Czech Republic, and thus after 20 years in migration they no longer wanted to be described as migrants or foreigners. For this reason we refer to them in our study as **women with refugee experience**.

## Retirement age I: a foreigner once more

The experience of ageing in the case of women with a refugee experience is represented by the word retirement, whether the women are approaching retirement age or are already in it. While this is undoubtedly a stage of life that affects the majority population, the experiences of the women we interviewed show a number of specific, often surprising, features.

**1. The still-vivid emotional trauma of leaving.** The research revealed the fact that the traumas of leaving do not grow weaker after so many years in emigration, but these traumas return. The described dynamic of these experiences indicates that although the everyday struggle for a dignified life in the new country had shunted these emotional traumas into the background for a certain time, they return unexpectedly in a later phase of life, when, among other things, the children have already been taken care of. It is clear that the **absence of psychological help** at the time of arrival means that they did not have a chance to process these traumas, and for many it is still difficult for them to speak about them today. Not only that: the interviews indicated that these traumatic events may have had an impact on the process of their integration – they put off **applying for asylum** purely so that they did not have to talk to officials about the traumas of their departure.<sup>1</sup> The Czechoslovakia public also did not have

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<sup>1</sup> A total of 282 people returned to their mother country in 1996 (during what was known as voluntary repatriation) and in 1997 190 people. Pilar-Whalen (2007) describes the specifics of some decisions to leave: “Probably because an asylum application was not a necessary part of the reception procedures, and so people with temporary asylum were spared the interviews otherwise necessary for entering the

the opportunity to create a sufficient idea of the circumstances of the departure of the immigrants from their country of origin. It is worth giving here a more detailed and plastic **complex picture of the causes of departure**, as shown by our research, and which also has a number of important **gender** aspects. It was not just about fear of loss of life, whether in battle or as the result of attacks, but about a refusal to fight, the fear of having to kill. In our research this concerned not just the **sons** of our informants, but also their **husbands**. Among other things this helps us to realise why there are so many young men among the refugees in the current refugee wave. This reason was also, in the case of flight from the former Yugoslavia, present where whole families left. At the same time, however, the policy of refugee aid was conceived of in a traditional, and certainly understandable, way as an attempt to save above all women and children, for whom special buses were sent. The men became a special group remaining unwillingly in their country of origin. In addition to the dramatic and often life-threatening course of the transports, it was the women's fear for their sons and husbands, as well as for other relatives who had stayed behind, that represented an **emotional trauma that stays with them today**. The second phenomenon that has stayed with the women we surveyed throughout their life in migration has been, according to their testimonies, a **feeling of guilt** towards those who stayed at home, guilt that they had been privileged in some way. This is something they are reminded of even today on visits to their country of origin. The women sensitively reflected criticism from their compatriots who held it against them that they had left and were living abroad, while they had had to stay behind and suffer a hard life during civil war. They also come across this when dealing with officials in their home countries, since they have meanwhile become **foreigners for the authorities** in their homeland. Bojana says: *"When I go to Bosnia, they ask what I want, they say that they don't have any money for people who live over there. I'm not over there, but I'm not over here either! I'm a foreigner here, it doesn't matter what citizenship I have."*

**2. A Czech citizen but a foreigner.** The above-mentioned statement refers to the experience that the women we interviewed had with the Czech authorities, which they are now unexpectedly encountering in their present situation. Most

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asylum procedure. The idea that they would have to tell police officers about the events that preceded their departure from their country was what put off Bosnian refugees, in particular, from making asylum claims, above all because these events were among the blackest moments in their lives. It was for these reasons that many citizens of countries of the former Yugoslavia, highly traumatised and with very good reasons for asylum, decided not to apply to extend their stay."

of the women we interviewed had **gained Czech citizenship** over the more than twenty years they had lived in the Czech Republic, and from the legal point of view had fully equal rights as citizens. In interviews with them it could be seen that they subjectively felt that this significant change in their status would be reflected in their everyday life, above all in contact with state institutions. During interviews, however, the migrant women reflected on their great disappointment at being **once again classed as foreigners by institutions**. The women themselves saw their own experience as migrants as a stage in their lives that had already passed, and in terms of future life plans they were (or were planning to be) fully committed to staying in the Czech Republic, where they had their families, friends and work. The period when they applied for an old age pension became a significant time in that their migration status, which overlapped with their status as citizens, once again came to the fore.

**3. Interspace and transnational belonging.** It is important to be aware that identification with the new country is also significant on the **emotional** level. As Gordana says: *“Yes, here. I couldn’t start there again, it’s my native town, where I lived for 30 years, but I don’t know anyone there any more! The old people who stayed there are gradually dying off. I was there for a week not long ago, every day I went into town, my mother would send me into town for something. You’re walking down the street in your native town, and there’s no one to say hello to. That’s really stressful for me. I couldn’t go back there! There was always a hope that we might go back, but not any more! My children are finishing school here, I hope they’ll get married and have children. My future is where my children are!”* At the same time there was a feeling present in the narratives of life in some sort of **interspace** – I’m a foreigner both there and here – but at the same time, apparently paradoxically, the women we interviewed expressed subjective feelings of **transnational** belonging. On one hand they felt a sense of belonging to the Czech Republic, on the other hand to an idealised and sentimental idea of life in the former Yugoslavia – in a pre-war Yugoslavia where they were young, full of élan and lived happily surrounded by their nearest and dearest. They tended to be critical of life in the new states that had formed on the territory of the former Yugoslavia, and during the interviews they said that *“life there is not what it used to be.”* This subjective dual identity connected with migration does not disappear with age, maybe almost the other way round.



**4. An undignified level of old age pension.** The process of calculating the old age pension reveals the **work history** of the women, which also took place in part in the former Yugoslavia. When their pension is calculated they are drastically reminded of the fact that they have lived and worked for part of their life in one country and part in another, because they have not worked for enough years in either country in order to qualify for a decent pension. The overall undignified level of the pension after the low amounts from each country are added together is something that was for many women both surprising and shaming. The women we interviewed had **worked full time for all their productive lives**. They rightly stress that they “did not choose migration”, and that in many cases they worked – especially at the beginning of their migration – in less well-qualified jobs, such as cleaners and shop assistants. Returning to their original profession, or **requalification**, had taken them much effort, which was still not sufficiently appreciated by society, and not just in financial terms. They were sharply critical of the “good advice” of officials who had suggested that instead of retirement in poverty in the Czech Republic they should choose to “go home”, where they would “maybe be better”. Once again we see a reminder of migration from outside, particularly unkind in the context of ageing.

**5. The contrast between the legal (formal) concept of citizenship and the concept of social citizenship** (Yuval – Davis 1991: 5). Although some of the women we surveyed had obtained Czech citizenship, our data show and the interviews illustrate that it does not entirely guarantee them access to and participation in all public services (such as full right of entry into the pension system) and their rights and entitlements are doubted, especially in the institutional environment. (McMahon 2012). As Hradečná and Jelínková (2016) argue, the social rights of migrant women in retirement are recognised **selectively** on the basis of their residential status. Persons from EU countries have the same advantages and responsibilities as Czech citizens, but this practice is nothing exceptional in the EU. What is often criticised is the long-term **discriminatory practice** or disproportion between the obligation of citizens from non-EU countries to pay into the social system and their realistic possibility of their being able to draw from it in case of need. The conditions for the provision of a pension to a migrant woman (or man), or to Czech citizens with a migration history, differ **according to the country of origin**. The women interviewed by us are in an uncertain situation with regard to their pension.

**6. Discrimination on the basis of age.** Women with refugee experience have had to come to terms, particularly in the workplace, with discrimination not only because of their gender and ethnicity, but also because of their older age (Brettell 2000). This is commented on by Marija: *“I had an interview, did difficult tests, all sorts of things via a personnel agency. They had to record us on film all the time. I didn’t write how old I was. At all. But she said they didn’t take me because of my age. Since then I’ve not looked for that kind of job. The manageress of the personnel agency told me afterwards.”* We identified subjective feelings of age discrimination in the case of women who worked as **employees**, above all in the media and the sphere of banking services and economic consulting, where there is an expectation of a high degree of dedication to the job, flexibility and use of modern technologies – in other words competitive work environments with a focus on individual performance. The women themselves were convinced that work teams should be diverse in age, that *“they still have something to give”*, and they placed a heavy emphasis on the **significance of their work and life histories**. On the other hand they commented self-critically that they no longer had as much physical energy, and were thus less able to compete in this regard with their young, go-ahead and dynamic colleagues of both sexes. Women who **jointly owned companies** or who themselves worked for smaller companies, or for non-profit-making organisations, were in an entirely different situation. This type of work environment seems to be **age-sensitive**, since employers were able to get to know individual employees in more detail and in person, and to know their specific migration and life stories. On the other hand this type of employment requires the intensive participation of all members of the family **regardless of their age and state of health**. This is mentioned by Jelena, the joint owner of a family restaurant, who also employed three Czech employees in her restaurant and has been allotted (in the Czech Republic) a pension of 130 EUR a month. *“The whole time, until a late age, I worked from morning till night, in fact I still work hard today. I thought I’d be able to save something. Unfortunately it didn’t work out quite as I imagined. When you have a restaurant you have to work all the time, Nobody asks if you’re ill. Only today one of our staff had a minor accident, she couldn’t come in. I was in bed at home, I didn’t feel well, but I went into work, because I had to. When it’s a family business, you have to!”* Although in the majority population, too, age discrimination is, as is well known, more likely to be suffered by women, from the interviews it was apparent that in these cases migration history was still likely to enter the mix in addition.

**7. Threatened social status.** Given the above, it may seem redundant to mention this aspect, since an undignified pension and the existence of age discrimination already imply threatened social status. As with majority-society women of a similar age, older women with a refugee experience, especially if they are widowed or divorced, find themselves on **the edge of poverty** (Sokačová 2015). As Sýkorová and her team argue, the vulnerability of seniors in the Czech Republic is above all an issue of vulnerability concerning housing. Seniors frequently have insufficient resources to mobilise, and, if necessary, combine, in order to maintain an acceptable living standard (Sýkorová and team 2014). In our research we found that **married women** were in a better economic situation, being able to rely also on financial support from their (still working) husband, with whom they jointly shared household expenses. During interviews, however, these women, too, reflected considerably on their vulnerable economic and social situation, clearly articulating their fears as to what would happen if their husbands died or became seriously ill. In the case of the women we surveyed, however, the question of social status has a special dimension, since it represents a specific social group. The immigrants in our sample were by and large from the **middle class**, and the upper rather than lower middle class at that – an **educated and well-qualified** middle class that in the country of origin had been very well off materially (thanks to which they were able to “afford” emigration). This social status appeared to result in this group of immigrants having fewer problems – they were “independent people” who did not want much from the state and did not take much. They were entrepreneurial and invested in their children. The women in our survey also had, in most cases, high levels of qualifications, having worked in their countries of origin as doctors, lawyers, journalists and so on. The receiving country did not know how to make use of this potential, and at the start the language barrier played a natural role, so that women who were used to a certain social status were providing for or helping to provide for their families by working in unqualified jobs. As mentioned above, the fall in living standards and experience of discrimination is currently perceived by them as undignified largely because of the great effort that they put into being able to once again reach a professionally higher level in their new country. Because, however, the economic situation and their own disposition forced them to be active in terms of work, they enter into jobs that are **once again far below their qualifications**. They are thus still waging a **struggle for the social status** which they originally held, and to which they had with much effort worked their way up to,

and they once again find themselves in a position where they are on one hand grateful for any work, but on the other perceive the indignity of their situation after having spent their lives putting in an above-average performance both in the sphere of **reproductive work** – it is often thanks to them that their children have integrated so well not just into Czech society, but often into its elites – and on the **labour market**.

## Retirement age II: a hero again<sup>2</sup>

The previous chapter looked at the external circumstances affecting women with a refugee past in connection with their ageing. In this chapter we shall focus on the **strategies and thinking** of the women we interviewed, as retirement approaches or when already of retirement age. The title of the chapter expresses the dominant fundamental attitude of these women – not to be dependent on anyone and to take care of themselves for as long as possible. The central theme here is **care** – the migration history of care for others and a continuing willingness to provide care, and at the same time a particular lack of preparedness to accept care. A no less distinctive phenomenon is **activity** – one might say the activity ethic of these women – which is undoubtedly connected both with the determined nature of their work performances in migration, and with the morality of their social class. An integral part of this was reproduction work, which played a significant part of the integration of their families into Czech society, as we have indicated above. The following categories represent subjective cogitations, reflections on the existing situation and social strategies for its solution.

**1. Reproduction work and its consequences.** However important we consider it to draw attention to the dark side of the migration experience, in no case is it the fundamental finding of our research that the women surveyed are wretched victims. The central message of the overall analysis is, on the contrary, **a picture of exceptionally strong women**, a picture of **heroism** in the proper sense of the word, if we are not defining it in the old-fashioned sense of the heroism of warriors. It seems to be almost universally true that in an emigration situation, women become in some way the heads or at least **the centres of families**,

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<sup>2</sup> The concept of hero does not, of course, come from the women we surveyed, who would certainly not call themselves such, but the authors consider it a suitable expression for the remarkable performance of these women, which ensues from the analyses and is justified in the subsequent passages.

and not only where the family is fatherless. In the research they declare that they automatically took upon themselves responsibility both for the **material security** of the family, above all the children, in order to minimise their social marginalisation, and for the family's maintenance of a **dignified position**, which they tried to achieve by, for example, creating an elegant external impression. These efforts by the women to maintain a middle-class social status were present throughout the period of migration. The basic strategy that they chose was to **give up on their own professional ambitions**, and to **transfer these to their children**, in support of their education. According to the testimonies these strategies bore fruit in the form of a successful and educated second generation of migrant families. Nevertheless, as we have already mentioned, a number of the women we surveyed had gradually found a place in the more qualified professions, and the most effective path from the economic point of view appeared to be starting a family business. It is interesting that the women in the interviews, reacting to the undignified level of their pension, **thematise their performance**, and connected the low financial evaluation of their work with a failure to appreciate their reproductive work.

In this connection we were fairly surprised that the women declared that they definitely **did not want their children to look after them when they were old**. *“I don't think about my retirement. I say that when things were at their worst, we had to manage somehow, and now is someone supposed to help us, or what... I don't want someone to help me. Not even the children. If my health is what I'd like it to be. I don't think my children should help me, but I don't know how things will be. I'd like to manage everything myself, so no one has to help me”* (Selma). Above all this attitude goes against the **declared tradition** mentioned in the interviews whereby the family has to help itself and it is the duty of children to help their parents in their old age. Let us explain this peculiar attitude by means of the hypothesis that this is a **continuation of the women's migration strategy**. They invested their time in migration in the next generation – this, for them, is the generation that matters. The idea that their children might have to look after them seems to be connected with the idea that it might hold the children back in their successful take-off, and the women would then be weakening their previous “investment”. This rationale can be judged from the testimonies only indirectly, nevertheless at the given moment this group of women intend to continue in their heroic strategy, although the great majority will, given the woefully low level of their pension, have to scrimp drastically, and above all to work until they drop.

**2. Care of seniors.** The status of hero does not, however, relate only to their exceptional professional and personal performance for the benefit of their children. The women themselves stress the **tradition of extended family ties**, custom and the duty to help one another, and they try to take care of their parents as well as possible. However, we are aware from the testimonies themselves that in their countries of origin, where these women were frequently professionally active and successful, the wider family also helped them considerably, above all with child care, and as well-off women they also engaged paid help with household work (as well as with childcare). This, however, **changed fundamentally when they became immigrants**. The tradition of mutual aid in the extended family was here **reduced to the service provided by middle-aged women to the rest of the family**. From their testimonies, only some of them had received help with childcare from the grandmother, others instead taking care of their mothers and mothers-in-law, who had come with them and who felt lost and helpless in the new country. This tradition was articulated in the interviews as the strategy of “*sticking together*”, which was important for the women in **all the phases of migration** and inclusion into Czech society, when the women emphasised the importance of intensive family relationships for them and their families. The women we interviewed said that they were considering for this reason moving seniors to the Czech Republic, but that they were afraid that the move would be too physically and psychologically demanding for the seniors. They also stressed the language barrier that they would face when communicating with the majority population. As a result, some women were considering **a return to their country of origin**, although, as we have already mentioned in previous sections, they definitely do not idealise such a return. Two women had in fact returned (so far) temporarily to their country of origin, precisely so that they could care intensively for their sick parents and relatives. Only two women from our research had solved the issue of caring for their relatives by **taking them back with them** to the Czech Republic. Given the state of health of senior parents, who as migrants from a non-European country (above all Bosnia and Herzegovina) would not be assured of access to the state health insurance system, the parents who had moved to the Czech Republic were exclusively seniors with Croatian citizenship. Jasna says: “*We Balkan women consider it a matter of course that you look after your parents and your partner’s parents. My mother lived with us, it had to be that way, because she couldn’t stay on her own in Sarajevo. She couldn’t understand it, she couldn’t accept it. She suffered the whole time, it was depressing, it was*

*hard. Then she broke her hip, and after the operation she never recovered, she died here. At that moment my childhood finished, suddenly I grew old overnight. Before she died, my mother said she felt safe and well, that I had given her some energy and happiness. She was happy about her family. My parents-in-law were also from Sarajevo, then they found themselves in Belgrade and stayed there. My mother-in-law died 10 years ago, but my father-in-law is still with us, he's 90. I admire him – he's a bit deaf, so he can't learn Czech, but that doesn't bother him. He walks through the town with his head held high, he has his café here, we're here for him as he needs us. I've looked after all our parents a lot, and I want to be a daughter for my father-in-law until his last days, although I'm not his own daughter."*

**3. Transnational care.** Migration often brings with it the globalisation of kinship and family ties (Bryceson – Viurela 2002). As Deneva argues, in transnational families, too, we can observe the negotiation of commitments, cohesion and duty, and practical mechanisms and strategies, the aim of which is to reproduce the family in a multilevel environment (Deneva 2012). Although most of the women were definitely not financially well-off after coming to the Czech Republic, they tried also to **help their parents at home**, who were suffering hardship in war-torn Yugoslavia. As soon as it was possible, they tried to send at least some non-perishable food and tins to Yugoslavia, although the beginnings in the new country were not easy for them. After the war finished, they continue to provide help – mostly financial – not only to their parents but other relations who had stayed at home during the war, because the economic situation in Bosnia in particular is not good. They currently go to help them personally during their holidays, although they themselves are of pension age. **Transnational care of seniors** is for them a **moral commitment** (as the above-quoted Deneva also describes it) which is important to fulfil regardless of their own geographic location: *"I think it's normal – when someone has money, they have to help their parents"* (Jadranka). In the interviews we analysed, the informants marked as significant the fact that they had, over time, got used to being separated from their family in the country of origin and that the situation had become *"normal"* for them, and on the other hand they stressed that *emotional bonds "have no borders"* and that separation concerned only everyday matters. In the interviews, however, they talked about how sad they were that they could not be with their parents, above all at a time when the parents intensively needed (their) help.

This moral commitment is, however, **gender differentiated**, with women reflecting the **normative pressure in the country of their origin**, where there was an expectation that the daughter would “naturally” care for her old and infirm parents. The narrative category of a **feeling of guilt** thus appears again in connection with their permanent absence from their country of origin. From what socio-cultural context does this gendered conditioning of transnational care come? As Jones argues, these behavioural patterns and stereotypes developed in the patriarchal Balkan environment (and also in other central European societies) in combination with the norms of socialism and consumerism, and have remained significant in the changing society of the states of the former Yugoslavia. As in other socialist countries, Yugoslav women took an active part in manufacture and production, which ideally was meant to lead to economic independence and liberation, but in reaction led to the practice of the “double day”, in Czech labelled the double (or even triple) shift, whereby women worked not only in the workplace, but continued with their reproductive work in the environment of their home<sup>3</sup> (Jones 1994). This context was very similar to that which was experienced by Czech women during socialism (Havelková 1993). We believe this **specific experience of “balancing”** their lives by women during socialism was of significant help to them during migration, when they once again actively cared for their migrating families, while at the same time significantly entering the productive sphere and ensuring the household’s financial stability, building it up again from the start.

An important means of maintaining social relationships over a distance is **modern technology** (Lutz – Palenga-Möllenbeck 2009). For the women we surveyed this was, from the start of their migration, mostly the telephone, as a technology to which both they and their elderly parents were used. Other types of technology are currently used in cases where women communicate with their siblings and friends, who now commonly use the internet and social media.

The women organised their **visits to their country of origin** according to whether the women themselves worked, in other words depending on when and for how long they were able to take **holiday**, which according to their testimonies they did not use for their own recreation. As we said in the previous sections, some women were, as a result of being older, in a vulnerable position

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<sup>3</sup> In other words the emancipation of socialist women on the labour market did not lead automatically to their emancipation in the private sphere, with men failing to become significantly involved in the running of the household and care of the family.



on the labour market, and so it was not easy for them to organise their “caring” visits to their parents. In their current “retirement age” situation they find themselves under **double pressure**: pressure to protect their own vulnerable position at work due to their greater age (and thus ensure themselves a more financially secure old age) and the pressure of the normative commitments to transnational care of seniors.

**4. Frugality strategy.** Women who were about to retire spoke in the interviews about retirement exclusively as a **period of frugality**, when they would have to live on limited financial resources. For us, however, it was interesting that they found it very hard to estimate the final level of their pension, and the officially-established amount (on average around 167 EUR) thus shocked them. The strategy “*I managed alone then, I’ll have to manage in the future too*” was, of course, present in all the interviews.

The second group consisted of women who were expecting a low pension and who had been preparing for that situation **systematically and long-term**. Their strategies for “coping” financially with the fall in their monthly income were various – saving, lowering their housing costs by moving into smaller flats, renting out rooms or flats to tourists, or various forms of additional pension insurance (which in some cases, however, were not enough). Razija works in a specialised health care profession: “*I earn well and I pay all my social contributions. My idea was that once I received a pension, I’d be able to pay my food and rent with it. And that I’d have to pay for everything else myself and save up for it. I’m getting ready for retirement, I’m changing my electrical appliances, and when you’re retired you don’t need as much as a working person*”.

**5. Work in retirement.** Women who were already retired **tried to actively resolve** their economic situation in various ways. Some women were considering, or had already started, working as hired home help (cleaning), their first work when they came to the Czech Republic. The second strategy was to continue with their current employment. Milica works as a cashier. “*I’m 65, and so I’m not completely healthy. My eyes, my hips, my thyroid. But because I have a pension of 210 EUR, I have to carry on working for as long as I can last out. I don’t want to sit at home, I’d be the first to say that, but it’s one thing when you’re doing it as your own decision, and another thing when you have to.*” In both these cases, however, **they have to stay active on the labour market** at a time when other people are already drawing a pension, and yet their real

chances on the labour market are highly problematic. They thus often find work in precarious jobs (Sokačová – Formánková 2015).

Work, however, did not just mean significant financial support during retirement, but for some women it fulfilled the function of **emotional support**. It maintained the feeling that they were “still useful” to society, in other words it maintained **the continuity of their own biography**, which until then had been built exclusively around care and work. Vesna says: *“The hardest thing would be if I didn’t work. To be retired and not working. I’d feel as if I were sitting at home waiting for death. But I do work, I have a goal, I’m happy, I’m cheerful, I want to live.”* Milica talked in a similar way: *“To start with, when I came back (note: to the Czech Republic) life was normal. In time, though, I got into a depressing situation. I wasn’t used to doing nothing. I couldn’t sit at home, I used to walk around the city a lot, wander, and I didn’t do anything. That’s the worst possible thing, when you’re not working, you don’t have a goal. You don’t have anything that lets you say, I’ve done that and that, I’m useful. I didn’t have it. I started to look for work and ask around if there was anywhere I could work. Thanks to someone who helped me, I got work in a supermarket. I work when they need me, and my day’s full. The work is like a medicine for me, because I come home tired, lie down, rest and look forward to the next day. I’ll be back among people again. As well as working we have a laugh and talk about all kinds of things. I come home happy and satisfied”.*

Women who were already retired tried, as they put it, to “do something”, which healed them emotionally to deal with the change in lifestyle and to develop **new social relationships and interests**. Dubravka says: *“When you retire, you don’t know what to do with yourself, it’s terrible. You have to find some sort of activity, so the days don’t seem like years. I’m very active, the only thing is I don’t have to get up early, like I did when I went to work. I go to tai-chi and there’s a lot of women there. Then I go to German and English, so I have a very short day, And I’m especially fond of serials. Everyone has to find something, so that the day isn’t as long... Pensioners have to have their life, too, not just sit there. The worst is when people don’t know what to do with themselves.”*

The above-mentioned strategies show that the women we interviewed intend, in their current phase of life, to **continue** with their previous (intensive) migration performance both on the labour market and in the area of family care, and thus from our point of view continue with their heroic performance. The ageing process, however, makes it more and more difficult to harmonise these

two areas, and it brings increased vulnerability. **Further development** is open, since our research took place at a time when the women we surveyed were right at the beginning of retirement age. It is to be expected that with increasing vulnerability, the effects of the imperfect social system on their lives will be more dramatic, and it will be interesting from a research point of view to see how the tradition of family solidarity and mutual care, strongly thematised in our interviews, will develop.

## Conclusions

The complex picture of ageing among the women in migration surveyed by us clearly shows the shortcomings of social policy towards migrant men and women and the gaps in the institutional provision for this group of citizens in their old age. Although we currently see the globalisation of economies and the interconnection of capital markets with the aim of profit for certain companies and states, on the other hand it can be seen that **national social policies do not reckon with the mobility of citizens and their transnational lives and social rights**. What we see here, instead, is the territorialisation of social rights, which also puts migrant men and women at a disadvantage. As a result the women we interviewed are in a situation whereby, despite the fact that they spent their whole lives looking after their families and working, they are not properly provided for in their old age. As Hradečná and Jelínková (2016) recommend, it would be advisable for measures to be taken to remove the long-lasting discriminatory practice or **disproportion** between the obligation of citizens from non-European countries to **contribute** to the social system and the real possibilities of **drawing** on it in case of need. In addition it is important to approve system changes and partial changes in the area of **pension insurance**, seen by Hradečná and Jelínková in the fiction of the affidavit on including the period of insurance or establishing the opportunity to pay the additional necessary insurance, or to subtract the requested time from the length of stay on the territory of the Czech Republic and at the same time to alter the pension calculation so that the level of their pension is calculated in an established way from the average wage, etc. Such measures would not lead to migrant women or persons with a migrant background being given an advantage, but to the **equalisation of their unequal position** (Hradečná – Jelínková 2016).

The problem of ageing in migration is not just an institutional concern, however. The qualitative research that we carried out allows a view of a wide

range of subjectively-articulated phenomena connected with this life situation. The stories captured show that **just as leaving never ends, neither does arrival**. It is in the period of preparation for retirement that migration history often returns, in an unpleasant way. Local people continue to touch upon the fact that the immigrant is from elsewhere, but this is even more concerning in the case of authorities, where according to the interviews, officials in many cases continue **to deal with clients as if they were foreigners, although they have long been Czech citizens**. This then has to be considered a lack of basic professionalism, and in human terms, boorishness. Entering retirement age is demonstrably a critical period that brings with it the risk of falling below the **poverty** level and a new struggle to maintain the social status achieved in migration, as well as new **clashes with multiple types of discrimination**. Looked at intersectionally, these clashes are connected with gender, **age, ethnicity (or the label of foreigner) and social status**. The narratives reflect age discrimination on the labour market, with which Czech women aged over 50 are also familiar (in other words ageism), although a number of the women had, during their time in the Czech Republic, progressed professionally and had something to offer.

This new stage of life in emigration thus creates pressure for **new survival strategies** from the purely economic point of view. Their economic situation and their own character force the women we surveyed to be economically active, but the discrimination they encounter in reality means they enter jobs that are far below their qualifications. They are still therefore waging a **battle for the social status** from which they originally came, and which they laboriously regained in emigration. Once again they find themselves in a position where on one hand they are thankful for any work, but on the other they perceive the indignity of their position, having put in an above-average performance all their lives, both in the area of **reproductive work** – thanks to which their children have integrated well not only into Czech society, but often also into its elites – and **on the labour market**.

From the broader human perspective they are dealing with an even more serious dilemma, connected with the above-mentioned **traditional moral commitment** to care for their families in their far-off native country. In the new situation it is more difficult for them to organise “caring” visits to their parents, and they thus find themselves under a **double pressure**: they are trying to safeguard their **own vulnerable position at work** (and thus also make their own retirement more economically secure) given their greater age, and at the same time to meet the normative commitments (traditionally expected from

women) regarding **transnational care of seniors**. The research has shown that only the complex investigation of identity and social position from the point of view of gender, the “foreigner” label and ageing gives us an insight into the difficult social situation of women who have behind them a performance that is, without exaggeration, heroic. The women we surveyed still continue to maintain the position of **independent, active** women, sacrificing themselves for others and at the same time rejecting the help of those close to them, but without seeing themselves as sacrificing, let alone as victims. They see their position as their own free choice, which is evidently a very important part of their migration identity. However, the interviews with them took place at a time when they were on the threshold of retirement age and the ageing process, and so the question remains open of how their own strategies and the strategies of their families will change in connection with their expected growing social vulnerability.

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# ON THE PATH TO REGULARITY: EXPLORING THE INDIVIDUAL COSTS OF REGULARIZATION AMONG UKRAINIAN AGEING DOMESTIC AND CARE WORKERS IN ITALY<sup>1</sup>

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*Abstract: This study focuses on the paths to regularization of Ukrainian migrants in Italy. Qualitative in its method and relying on in-depth semi-structured interviews, it uncovers in depth the fragmentation of status and rights that the process of regularization often brings, focusing specifically on the individual costs of “becoming regular.” The study subsequently looks at the emerging compensating mechanisms and networks that are developed by migrants in place of institutional dead-ends. Legality and regularity in migration – often presented in policy and public debates as a black and white matter – are in practice a complex and lengthy process for migrating individuals. The study makes its contribution by examining how individual migrants often individually shoulder costs linked to regularization, utilizing a combination of formal and informal means to achieve it. Most importantly, the study’s contribution highlights the role of age, gender and type of employment on the paths to regularity; by looking at the experiences of ageing women providing care and domestic work in private homes in Bologna I explore how age and individual relations with their families back at home and at work affect the meaning of regularization for this category of migrants and influence their prospects of ageing.*

Keywords: *domestic work; care labour; ageing; regularisation; Ukraine*

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## **Introduction: striking a balance between fear and need in the EU**

The 2004 and 2007 expansions of the EU triggered new waves of moral panics regarding immigration and gave rise to more elaborate forms of hierarchies that would regulate the spatial and social mobility of its citizens, particularly access to labour, welfare and voting rights. While physical internal state border controls have been disappearing, new forms of classifications, permissions, nationality- and occupation-based provisions pushed the frontiers of exclusion and inclusion inside the national labour markets and welfares, creating more tangible barriers for particular groups of EU citizens and, even more so, for 3<sup>rd</sup> country nationals.

EU nation states have moved away from closed national borders into a complicated pattern of openings and closures in the spheres of labour markets and social benefits based on the age, nationality and occupational background of a migrant, thus redefining the very nature of the relationship between the state, citizens and non-citizen/ mobile labour force (De Genova 2013). The economic meltdown of the last eight years and the austerity measures that have frequently accompanied it have increased the precariousness of local jobs; to some small degree it has intensified the competition between immigrants and local workers, but has mostly resulted in biased anti-immigrant sentiments, stereotyping and ousting of migrant labour into the most substandard, precarious and low-paid sectors (Anderson 2000, 2010).

These powerful transformations have led to a certain crisis of discipline in migration studies, as scholars are grappling with the nature of these changes, defining them as proliferation of borders (Mezzadra – Neilson 2013), fragmented citizenship (Deneva 2013), differential inclusion (De Genova 2013), contractual or contribution-based citizenship (Sommers 2008). All of these analytical frameworks grapple with the same idea – how the state redraws inclusion and exclusion of particular groups of people and individuals into labour markets and welfare, maximizing its benefit and individualizing the cost. Regulating migration by the ethnic, gender, social and professional profile of migrants, as well as their ability to generate a certain (usually quite high) level of income (as in the case of the UK points-based system) becomes one of the main ways of maximizing profits for employers and the state. The principle of categorization of migrants justifies the different treatment of human beings based on their perceived value for the EU labour markets: an approach which in

many ways has become not only a normative vision for policy makers but a form of “common sense” in thinking about migration (Tani 2006).

The division into highly skilled professionals, international students, and temporary, seasonal or circular (low-skilled workers) reflects the utilitarian approach to human individuals and furthermore justifies the differential provisions for migrants, such as prospects for long-term residence, renewal of contracts, reunification of the families, prospects for studying and career advance, and access to social benefits. The EU’s acknowledged priority for high-skilled labour, which found its reflection in the EU Blue Card Directive, also primarily reflects Europe’s reinforcement of the principle of “cataloguing” migrants by their skills, nationality and income. This principle has not only widened the gap between the “good” (high-skilled and prosperous migrants) and “poor” (and unwanted migrants) (De Somer 2012, De Genova 2013) but effectively legitimized intensification of control over various labour flows.

The flip side of such a position, however, is the implication that the EU does not need low-skilled migration. Nevertheless, there is much evidence that the EU continues to rely heavily on immigrant labour in many so-called low-skilled sectors, particularly all forms of care, catering, construction, food processing and agriculture. In this list, a wide spectrum of services, broadly defined as “domestic personnel” and “residential care activities” are among the industries experiencing the largest growth in foreign-born employment in OECD countries in 2007–2012 (OECD 2013). It is no accident that these jobs are most often performed by foreign born and immigrant women; located at the overlap of migration, employment and gendered regimes, these jobs signal the emergence of immigrant work sectors as the most underpaid, flexible and precarious (Shuttes – Anderson 2000). In its turn, the EU’s focus on high-road mobility and the construction of the aforementioned sectors as unskilled signals the state’s “reluctant reliance on immigrant labour” (Van Hooren 2011), its subtle production of irregularity of migrants through establishing policing and exclusionary migration regimes (Squire 2011, De Genova 2011).

The move from controlling the borders to controlling various sites of migrants’ engagement with the state (e.g. labour market or access to welfare) leads to what De Genova describes as “large scale recruitment of illegalized migrants as legally vulnerable, precarious and thus tractable labour” (2011), a *de facto* economic incorporation of irregular immigrant labour into the states’ economies by means of bureaucratic procedures of relaxing or enforcing certain policing practices (Burawoy 1976).

Responding to these differentiated opportunities, migrants choose situational practices that allow them to circumvent the limitations of status and enter into a partial relationship with the state, often based on their own contribution to the labour market and welfare. Such strategies, conceptualized by some authors as “acts of citizenship” (Isin – Nielsen 2008), render migrants as perfect subjects of neoliberal citizenship, i.e. “self-made” (we)men claiming their rights with the receiving states on the basis of their contributions to it (Deneva 2013). In each of these frameworks, regularity does not stand alone as a regulatory regime, but overlaps with labour regimes and, in the case of my research, very prominently with the care regimes.

In my analysis two definitions of regimes are equally helpful; I refer to William’s definition of regime as a sum of policies, practices and outcomes which lead to a particular configuration of opportunities and limitations for migrants (Williams 2012) but also to Lutz and Palenga-Möllnbeck’s (2011) ‘gendered regime’ as cultural scripts in which actions and responsibilities are seen as feminine or masculine. Williams observes that nation-states exist in a dynamic relationship of such interconnected domains as family, nation and work. Immigrant domestic care labour fits in a particularly timely way into the shifting nature of all three of these domains, i.e. the changing nature of work (as in the rising rates of women’s participation in labour markets), families (changes in the family structures linked to ageing and decrease of fertility rates) and nations (increasing role of multi-level governance, shifting dimensions of inclusion and exclusion mechanisms). Keeping in mind the gendered cultural scripts, on the other hand, allows for more nuanced discussions of power relations in the work place, and migrants’ active agency and governmentality in taking up their niche in emerging structural opportunities. In order to understand the emerging forms of migrant labour one needs to unfold the specificities of the national migration regimes, employment and care policy legacies, as well as ethnicised and gendered discourses (Williams 2012: 369). Therefore, I now turn to a brief overview of the migration, labour and care regimes that structure the experience of Ukrainian women employed in domestic and care work in Italy.

### **Intersection of migration and labour regimes in the case of Ukrainian domestic and care workers in Italy**

**Ukrainian labour mobility.** Statistics on contemporary labour migration from Ukraine display a conspicuous uncertainty of estimates: from 1.5–2 million

indicated by some Ukrainian large-scale sociological surveys (Libanova et al. 2008, Malynovska 2006) to 5 million, i.e. 20 per cent of the working population of Ukraine (Kyzyma 2006, Hofmann – Reichel 2011). Emigration intensity and its demographic characteristics are mostly defined by the gendered occupational sectors in the receiving countries; while more men migrate to Russia and Czech Republic to perform construction work, more women migrate to Southern Europe to engage in domestic and care work. Though male migrants dominate Ukrainian migration, the number of migrating women is reportedly higher in the western regions of Ukraine, where women comprise 60–70% of those working abroad (Volodko 2011, Zhurzhenko 2008). The flows to such countries as Italy and Greece are particularly feminized: over 80% of all migrants are women in both cases (Istat 2011, Volodko 2011). Employment in the domestic sector among Ukrainian migrants accounts for the lowest per cent of written contracts (just over 16%). Respectively, the countries that hire a great number of Ukrainian domestic workers share the lowest percentage of written contracts (Russia, Poland, Italy) (Vakhitova – Coupé 2013).

In terms of work sector the division of Ukrainian migrants abroad is as follows: 50–55% of migrants are involved in construction, 15–20% provide domestic and care services, 8–9% are in agriculture and a similar percentage is engaged in trading activities and only about 5% in industry (Malynovska 2010, Vakhitova – Coupé 2013). Russia is the preferred destination country (almost 50%), followed by Italy and the Czech Republic (13–14%), while 7–8% of Ukrainians migrate to Poland, 2–4% to Spain, Portugal, and Hungary and 8–9% to other countries (estimations from Malynovska 2010).

**Italian domestic and care work context.** Ukrainian migration to Italy is considered to be new; i.e. it has no history prior to the post-independence wave. Thus, Italy has 170,000 officially registered migrants and twice as many according to unofficial estimates; around 80% of all registered migrants are women, the average age of Ukrainian women in Italy is over 40 (Marchetti et al. 2013), the majority of whom are working in the domestic and geriatric care sector. The majority of the migrants arrive in Italy on short-term tourist visas issued by another Schengen state and, making use of the EU borderless territory, make their way to Italy. Here, as will be discussed in greater detail in the results section, many women find work as live-in domestics, overstay their visa and spend several years in pursuit of legalization.

Various forms of informality punctuated the histories of most of my respondents in both my previous large scale research for my PhD thesis

(Fedyuk 2011) and in this project, which made them invisible to other than anonymous, in-depth interview methods of surveying. However, before I turn to discussing interview materials, I shall first turn to a more detailed discussion of migratory, welfare and labour regimes in Italy.

The group of policies that set the basis of the present-day immigration regime in Italy dates back to the end of the 1990s – early 2000s. Drafted by the right-wing government in power at the time and being rather harsh on immigration in general, it was challenged by many social actors (including the Catholic Church, trade unions, employers' associations and individual employers) exactly on the basis of the importance of the role of the domestic workers and carers in Italian families (van Hooren 2010, 2011). This resulted in adaptation of the regulations to allow for annual regularization of immigrant workers, in particular domestic and care givers. The annual waves of regularization were organized around national and general immigrant quotas until 2005, when domestic workers were singled out in addition to national and other occupational quotas, receiving 15,000 places, compared to 16,000 places for all other occupations. Domestic workers'/ carers' quotas grew at an amazing pace ever after. In 2008, due to the perceived effect of the economic crisis, Berlusconi's government abolished any other occupational quotas for migrants, at the same time raising domestic workers' quotas to a record number of 105,400 places (van Hooren 2010). This is particularly indicative of the fact that despite the economic recession Italy, which has in the past 30 years seen an increase in the demand for care (especially geriatric care), has maintained a steady demand in this sphere irrespective of the crisis.

There are thus three distinct ways in which Italy has opened the doors to domestic and care workers while maintaining a fairly high anti-immigrant sentiment in general: (1) regularization for domestic workers already present in the country illegally or working in this sector irregularly (i.e. without proper work permits), (2) special entrance and work permit quotas for care and domestic workers (vs. national quotas for migrants for other occupations), and (3) allowing Romanians and Bulgarians, as new EU accession citizens, to take up work in the care sector without any restrictions, as opposed to labour market limitations in other occupations (van Hooren 2010, Marchetti et al. 2013).

This outstanding effort to maintain the supply of immigrant care labour was in sharp contrast not only to the generally anti-immigrant governments and the increase in negative sentiments among the public (especially in

relation to particular nationals, such as Romanians). It further went along with the 20 years of persistent failure of the Italian state to reform its welfare in the areas of long-term care and particularly care for elderly and disabled people (Da Roit and Le Bihan 2010). This particular combination of care and immigration regimes marked the transformation of the Italian “family” care model into the “migrant-in-the-family” model of care (Van Hooren 2010, Bettio et al. 2006, Van Hooren 2011) and positions migrants as providers of welfare (Marchetti 2013).

## **Aims and methodology**

Several conceptual frameworks attempted a more nuanced understanding of the new practices of exclusion and inclusion of migrants through rapidly changing ideas of borders, forms of access to national labour markets, social benefits and political rights in the EU and Schengen zone (for instance De Genova 2013, Squire 2011). In public debates and policy-making legal/regularized migrants are often presented as welcome and wanted, while illegal ones as unwanted and often criminal. In practice, however, the lengthy process of regularization and the lack of communication between various state institutions involved create a vast number of semi-regular states of liminal legality (Menjivar 2006) among migrants. Many spent years suspended in processes of applying, re-applying and (re-) validating their status. All of these shades of regularity affect migrants’ paths to employment, spatial mobility, social services, health services opportunities and, to a great extent, affect people’s professional opportunities, migratory decisions and trajectories, family rights and personal lives.

The contribution that this paper aims to make by examining the individual migrants’ costs on the paths to regularity specifically among ageing Ukrainian women is to contextualize these experiences as gendered and shaped by a particular position of domestic and care workers as the context of often informal employment in the privacy of homes. Age, as a regime of gendered social expectations in Ukraine and Italy, was another important factor affecting women’s experiences, goals and expectations. Thus, while De Genova’s (2011) conceptualization of differential inclusion and Menjivar’s (2006) liminal legality bring to the fore the ways in which nation-states are present in the individual experience of migration, my material brings gendered regimes of employment and age into this picture.

Investigating specifically the paths to regularization in a highly gendered–segregated sector, domestic and care-work, the paper achieves several objectives:

- Challenges the assumption that “legality” or “regularity” of migrants’ status is a clear-cut categorical state; rather it is a complex and lengthy process for migrating individuals that can take years and can result in various partial statuses.
- Discusses how fragmentation of migrants’ status affects their access to work, social security, and mobility and leads to individualized costs, often expressed in monetary value, or leads to (self-)exploitation among migrants.
- Questions the value of regularity status in the light of the long-term effects the paths to regularizing have on the prospects of adequate care and protection of ageing migrants.
- Explores how specificity of employment in care affects migrants’ strategies on the way to regularization and after.

In relation to these objectives nine women and one man between the age of 33 and 70 were interviewed in Bologna. Six out of nine women worked in geriatric care, one (the youngest woman) worked as a baby-sitter and two were self-employed (one was running a cleaning agency and the other a women’s clothes shop). The interviewed man was out of work (for details on respondents see Annex 2). The respondents had spent between four and 15 years in Italy and had various regularity statuses. Five respondents were respondents during my PhD dissertation field-work in 2007–2008, which allowed me to better see their trajectories, shifts in plans and aspirations. The other five were recruited through respondent-driven sampling. Most of the respondents had more than one round of interviews, each lasting from one to three hours and aiming at in-depth discussion of individual trajectories, as well as motivations for choosing certain paths and individual evaluation of the choices made.

The collected data presented a large amount of highly detailed and personalized narratives, in which migrants’ opinions were equally important to their accounts of their migratory histories. The samples by no means aimed to be representative; rather through great focus on detail and the personal judgement of the narrating individuals it aimed to capture mechanisms of making sense of the project of regularization in the context of a gendered employment sector and migration flows. Including a man in the sample allowed me to gain an idea both about whether men narrate their migration stories differently



and whether a man's narrative about women's migration differs from that of women themselves. The material from this interview is not present in the paper explicitly but implicitly; it did not in any significant way alter my findings, but rather allowed me to fine-tune my further interviews and inquiries.

Interviewing respondents with complex or partial regularity status allowed me to access respondents otherwise "invisible" to authorities and various forms of surveying. Specifically the interviews focused on (a) tracing professional trajectories before and during migration, (c) accounting for personal experience of overcoming employment difficulties, (d) tracing the role of semi-formal strategies and networks that lead to employment, (e) accounting for the effects of various partial regularity statuses on personal lives and mobility. Interviews were analysed by identifying repeating themes around such key stepping stones towards regularity as initial arrival in Italy, the process of acquiring and switching jobs, negotiation rights in the work place and access to health and social services.

## Findings

### *Italy: an ageing care-worker*

When the interviews are summarized, a certain collective profile emerges out of the similarities of my respondents' trajectories. It can be presented in the following highlights:

- Entering Italy on a tourist visa and overstaying.
- Staying 2–5 years in irregular employment, reluctant to change the original employer in the hope that the latter will regularize them (agreeing on less money, more work, harsher conditions).
- Women are more likely to become regularized than men, as men work on construction sites and in less regular jobs that do not lead to establishing a close connection to the employer.
- After regularizing their status for the first time, all respondents had to renew residence permits every one to three years for at least five years: the bureaucratic drag of the seemingly clear procedure often delayed renewal of the papers, forcing respondents to postpone their visits home or switching to a better job.
- Preferring to stay with employers who can secure renewal of the documents, even in cases of underpayment, failure to pay social security benefits or provide lawful free time.

- Due to the personalized nature of care work most respondents preferred not to solve any issues with tax or social security payments via legal means, but through negotiation or avoiding conflict.
- Due to the nature of care work respondents suggested that they had little or no opportunity to leave the person in care to attend hospitals or health checks even if they were entitled to access to the health service in Italy. In Ukraine, they relied on informal paid services that allow them to obtain services on the spot but at a rapidly growing price.
- No bilateral agreements exist between Ukraine and Italy concerning pensions; a care-giver is eligible for a pension payment in Italy after 15 years of regularized work, which in the case of Ukrainian migrants has two major problems: (1) many migrants spend several years in irregular employment, which are “lost years” from the social benefits perspective, (2) due to the particular demographic profile of Ukrainian care-givers in Italy (i.e. over 40) many quit due to age and the hardships of the profession before they reach the required 15 years of regularized occupation.

I will now turn to discuss these points in the context of the findings I registered in my interviews.

The interviews made it clear how various temporary work statuses consistently resulted in migrants’ putting on hold their professional advancement, family life and spatial mobility. Additionally, years spent in waiting for full legalization of statuses left most respondents with “white spots” in their careers which negatively affected further professional opportunities, access to social benefits and obscured the possibility of their return to Ukraine. However, an important element in all interviews was the comparing of the migrant’s present situation with their perceived opportunities in Ukraine. In relation to this, gender and age played a crucial role, as most respondents considered themselves ‘unemployable’ in Ukraine at their age, and saw themselves as limited to unpaid labour at home. I will now turn to discussion of the main points in these findings by detailing them through my interview materials.

Specifically, I focus on discussing (a) the costs of initial entry to Italy, (b) access to employment, (c) negotiations of rights in employment with varying legality statuses, (d) access to health services at various stages of migration. All of these areas came up as thematic fields in the interviews and in my analysis all speak of the individual costs of the paths to regularization and informal strategies that often pave these paths. Significantly, the findings speak of the

complex power relations that exist in the private domestic and care sector, where migrants enter multidirectional power struggles, not only as the objects of power regulations but active agents structuring relationships with their employees and clients (see section 4.4). Looking at the experience of crossing borders, consequent attempts at regularization of status and employment trajectories clearly demonstrated that while they all managed to cross the physical borders of Italy, multiple internal borders continue to define everyday aspects of their lives, especially in connection to access to the labour market, social benefits and spatial mobility.

### *The cost of initial migration*

For many of my respondents, initial migration was linked with extremely substantial expenses due to (a) a fairly desperate economic situation at the moment of their departure, (b) lack of transparent mechanisms for obtaining travel documents or permissions for work and lack of access to knowledge about the existing opportunities, (c) the often fraudulent activities of intermediaries. In Italy all of my respondents identified the following expenses linked to their initial migration: (a) travel expenses, (b) visa expenses (identified by and paid to intermediaries), (c) the price of the job (that had to be bought from the previous employee or from an intermediary), (d) rapidly growing debt on the money that was borrowed in order to pay the travel and visa expenses.

None of my respondents entered Italy on a proper work visa; the majority entered on a Schengen travel visa to some country in the EU via more or less official intermediary companies. In relation to travel expenses, several of my respondents made more than one trip before they could enter the destination country; several travelled with fake or doubtful visas, and a few respondents were detained and returned to Ukraine at least once:

*...In fact, I've left Ukraine twice: once we had a proper visa but they found some wrong stamp in my passport, so I was turned back from the German border with a deportation stamp. The second time I went by myself, through Moscow, then Barcelona, and then France. I paid 800 USD the first time [which was not given back]. The second time I threatened them [the visa issuing agency]... Since I had the protocol from the German border I said I would take this paper to the police. They gave me a new visa for free, but I paid 450 Euro for the trip. (Katia, 52)*

*...I also changed my passport three times...of course, for all of this I had no money... at first I had a German visa, but was returned from the border, the second time*

*I had a Spanish or Portuguese visa...I don't remember...but I didn't go because my husband then got stabbed and he was in the hospital. The agency said "fine, pay the money for the visa and don't go, fine with us." So I paid but I didn't go...I had to start all over again, the third time...it was a Greek visa. (Lilia, 39)*

These experiences of initiating migration under such desperate conditions often became traumatic for my respondents and in many ways determined their further trajectories rooted in insecurity and pressure. Moreover, they lead to dependencies on substandard employment for prolonged periods of debt repayment. Many resolved to migrate as a "last resort" when other means of securing income were exhausted. The idea of migration possibilities, vague rumours and imagined ideas about the conditions of work and salaries made many into docile objects of entrepreneurial schemes by the "travel" agencies, willing to pay any price for the mere possibility of migration. Often being in a desperate financial situation, my respondents borrowed money at particularly high rates, thus creating long-lasting dependencies:

*...I first came to Greece...back in 1994...our [Ukrainian] women were already there, some for 3–7 months, they could speak some Greek. And I couldn't learn a word... I was depressed, thinking that I have debts and that if something happens to me my children will have to pay back the debts, but how??? I only prayed to God to pay back those debts. (Veronica, 60)*

*...You know, it was a horrible time [2000]...Everyone was leaving for abroad, and not only that, it was a real dead-end, no money at all. No money to pay for electricity, gas...Catastrophe! No one was helping me, so I decided to borrow money at a rate. From some strangers [here: non-family], at a 10 % monthly rate. One month passed after I borrowed 500 USD – 50 more to pay.... And I have accumulated pretty big sum, because first I thought I would go to Portugal but God helped me, and instead I went to Italy... I was very worried, waited for 2–3 months – no reply from an agency, and the debts were growing...it took me around 8 months of work in Italy to just pay back the debts. (Ljuba, 55)*

Similarly, in another interview where my respondent initiated her trip 3 times, each time paying a fee for a false visa and then being sent back from the border, she did not manage to recover the money for either the visa or the trip. My interviewee recalls that she borrowed 2,500 Euro at a 10% rate per month (i.e. 120% yearly rate) for the trip. However, it was 6 months (after she

borrowed the money) before she accomplished the trip successfully, during which time she stayed at home waiting for the documents and unable to pay back the debt:

*...I worked to pay off those debts for 3 and half years. No one knew how much money I owed. I never told my children. No one knew, only me and God. (Hanna, 70)*

Investment in the first trip opens up the issue of the individual cost of both entering visa regimes and overcoming distances. Many of my respondents were stranded from a few months to a few years in paying back the expenses linked to relocation and obtaining a job. This is an important obstacle for considering circularity – a pattern that has been particularly celebrated by EU policy makers (see Triandafillidou 2011) – even in those cases when there is suitable employment and a legal status. The costs of such a move seem to weigh heavily both on migrants' economic situation (especially considering the state of chronic unemployment and under-payments that precede the decision to migrate and on migrants' emotional state). Thus, most of the accounts of initial travel to Italy remained a traumatic experience for my respondents, linked to periods of extreme dependencies (on intermediaries, border officials, and in three cases from Italy, criminal networks), insecurity and lack of control over the situation.

### ***Access to the labour market***

In an informal system, described to me by some of my respondents as “common only for Ukrainian migrants” a successful job reference for an employer would be a paid service, even if exchanged between friends or relations:

*...In 2002 I paid 600 Euro for that job...well, she [my friend] cheated me a bit. She said she wouldn't take any money but when my first month of work was over she borrowed some money from me and never gave it back. When I asked her about this she responded: “What did you think, I found you a job just like that, for free?” (Katia, 52)*

*...I was coming here [to Italy] to join my relative, but wherever you go, you need to pay for the jobs. I paid her 300 USD. Back then [2000], in Naples that was the price... I worked only 3 months there and then escaped from there...because there I was not even allowed to go out...after three months I was going crazy... I called another friend and I asked her to do something, to take me out of there...*

*ok...so I went to Bologna where she found me a job, and there I had to pay 500 Lira. (Oksana, 56)*

Paying for jobs effectively stands as an obstacle to mobility in migration; it prolongs migrants' debts, often makes a change of job a risky, expensive enterprise or leads to months of work without actual income. Thus, in one of the interviews, Ljuba (55) in a complex narrative of the string of jobs she took after her arrival 12 years ago, describes her periods of work as 3, then 11, then 2, and then 3 months of consecutive employment periods in different families before she managed to secure a 3-year long job at an employer who also helped her to legalize her status. While with each new job she had an increase in salary (mostly due to the fact that she was moving from Naples up north), in each case she had to pay amounts ranging between 200–350 USD for a new job.

These cases of selling and buying jobs among migrants are interesting for my analysis on several levels. On the one hand, it shows the vulnerability of migrants to intermediaries not only in the process of migration and post-migration access to employment. The fact that the intermediaries are in fact other migrants, with similar status but better networks, reveals migrants not as only passive objects of regulations but in an entrepreneurial way capitalizing on the very existence of migratory and employment regimes that create individuals with vulnerable status. Finally, these cases are also an important entry point into the debate on how the ethnic networks in migration not only create opportunities but can often limit and serve as regulatory mechanisms of migrating individuals (Uribe 2014, Castles – Miller 2009, Rodriguez 2004). I argue that, with migration, many of my respondents entered not only a different employment status and career paths, but committed to an entirely different mode of moral economy, which prioritized income generation, as a way of supporting family and bringing closer family reunification (Fedyuk 2011). The next section will demonstrate in detail the role played by gendered moral codes in structuring power relations in the work places of Ukrainian domestic and care workers.

### ***Rights vs. informal agreements***

In Italy, where the nature of care and domestic work implies a more personalized connection to the employer, the methods of solving such issues as working hours, the scope of tasks, days off, the level of payment and the arrangement of social benefits varied greatly from respondent to respondent. While the interviewees seemed to be equally informed about their basic rights and

payments (e.g. minimum salary, per diem in the case of live-in workers, yearly premium and contract termination payments), only one of my respondents (a younger woman) resolved to take actual legal action against the employer. The rest of the respondents were prone to self-exploitation in various forms, making their non-confrontational behaviour a symbolic investment in a good relationship with the employer, or a necessary rite of passage in the beginning of the migration.

In the following somewhat more elaborate example, Ljuba (55) narrates the history of her undocumented stay in Italy. After three years she was promised a signed contract by her employer, which would allow her to go home. However, when the documents were ready her employer prohibited Ljuba from leaving:

*...‘You, Ljuba,’ – she told me, ‘won’t go home now. My mother has a terminal disease, the doctor said she won’t live long, so you need to stay.’ But how long? No one knew. So I agreed. And stayed... There is law in Italy, but if you tried to follow the law, you would end up without a job, so you compromise with your employer, even if it’s against the law...anyway, what is this “law”? It’s nothing.*

Similarly, after another employer of Ljuba’s retained 30 per cent of her 13<sup>th</sup> salary payment for three years, she confronted him with this, but as the employer refused to pay Ljuba, she simply stepped back:

*...What could I do, go to court with him? I always say, thank God I have a job, whatever he [employer] gave me is fine. I always compromise, those of our women who try to prove something, there are they are sitting in the park on a bench [unemployed]. I always compromise and they [employers] like people like me.*

In another striking testimony of self-justification of the mistreatment, Veronica speaks of the sum of 6,000–8,000 Euro which her employer retained over the course of her work by not paying the 13<sup>th</sup> salary, even though she had an official employment contract:

*I have never asked for anything. Look, I have worked in Naples for three and a half years in one family... I was working legally, I had a contract. They didn’t pay me once, neither my 13<sup>th</sup> salary, nor “contract termination” payment. All in all there was 6,000–8,000 Euro that I lost. I never said a word. I told my employer once: “you haven’t paid me.” She said that that they have given me presents and therefore*

*won't pay me money. I could have gone to the lawyer, the law was on my side, and they would have had to pay me. My daughter said: "We'll go to the lawyer without your permission." I told her: "Listen, they go to church every Sunday, they say they are Christians. Legally I had to receive this money, they kept the record, wrote down that they have paid it, but they didn't, so I leave it on their consciousness." I came to a foreign country, it was my own country that robbed me, deprived me of a job [possibility to have a job]. [In Italy] I am not working in this family, I am helping them. I will not go to court with anyone, I am a Christian... If they give me something [payment] – good, if not, also good... Now, where I work now, we have agreed on a salary and I know that by the law I need to have a day off and an afternoon off per week. They let me out only for 2 afternoons, so I work extra half a day. I don't demand, I tell myself: "thank you, God, I have 1000 Euro... for Ukraine it's a lot of money." Our people sometimes go to court, I cannot do that, it's not in my nature... there are so many people out of work these days, and compared to Ukraine I have an excellent salary so I never discuss money issues.*

In both testimonies above, the mechanism of comparing the lack of opportunities in Ukraine and the prospect of losing employment in Italy became a strong self-disciplining principle that allows the interviewees to get over the injustices even though they have a legal status that can protect them from such injustices. Furthermore, both respondents give both law and money a symbolic, if not metaphysical relevance; thus, Veronica portrays her work as “help” and her act of abandoning 6000 Euro as an act of Christian kindness, while Ljuba relies on compromise and consensus, asking an essential question: “what is this ‘law’, anyway?” This informal approach to work, symbolic investments and docile perspective comes up in another interview excerpt, where my respondent reflects on the nature of her work as a domestic live-in care-giver:

*...Before me, 7 Filipino workers went through this house. After me, no one will be able to pick up this job. Because we [Ukrainian women] are stupid like that. A Filipino woman is paid to do this and that, and she will do it, but nothing else. And when we are hired to look after an old man, we look after him, but in the meanwhile, “I’ll cook as well” or “I will clean the flat, since I am here”, or “I will iron the laundry.” You know? Like as if we are at home. And an Italian employer will never hire a woman whom he has to pay separately for looking after an old man, for cooking and then for ironing. He will only hire a woman like us. This is how we bring down prices for everyone, because we are too desperate. (Iryna, 55)*



Another widespread strategy among domestic workers is informal employment during time off work, and the use of occasionally-arising opportunities to earn extra money. In fact, the majority of my respondents in Italy, even those who have permission to stay and work, would practise extra unregistered work along with their main official employment. Ideally, a geriatric-care job would be coupled with some hours of cleaning or ironing in other people's homes, undertaken during time off. Depending on the individual arrangement, a domestic live-in worker would have a free day on Sunday and a free afternoon on Thursday, with an additional possible break of 1–2 hours every day. These hours would often be used for additional jobs, as some of my respondents stated that they work for as many as six extra families in addition to their full time live-in employment. The tolerance of the main employer for these extra activities was considered a particularly valuable asset, even to the degree that women unhappy with a low salary would keep working for such employers “because they allow me to earn on the side”. Moreover, women who had no such jobs often expressed regret that they “waste” their time during their breaks (for a more detailed discussion see Fedjuk 2011, chapter 7).

### ***Social benefits: balance between paying and using***

Pensions remained the issue of greatest insecurity among all the respondents in Italy. Among other factors that complicated the pension issue for my respondents in Italy were (a) the minimum necessary number of years of legal employment (and consequently paid taxes and contributions), which was problematic because many respondents had considerable periods of unregistered employment, (b) practical arrangements for receiving payments without holding residence in the country of migration, and lack of bilateral agreements between the migration country and Ukraine about pension payments, (c) constantly changing rules and regulations, which left my respondents with a feeling that this issue was completely out of their control. In relation to Ukraine, two main problems linked to pensions were that (a) the level of pensions was very little, especially in comparison to the migrants' current earnings and (b) those who started their migration earlier in their lives lacked any employment status in Ukraine. Those of my respondents who were too young to work in the USSR and consequently never worked in independent Ukraine were doubly disadvantaged; they remained unsure about their pension entitlements in the receiving country and had few prospects beyond a minimum pension in Ukraine.

*...Pension [in IT]? What pension [ironically]?! For a pension you need 15 years of legal work, all taxes and contributions paid, and around the age of 67–68 they will pay this pension. So, what kind of pension is that? What, you expect me to push a walker here in front of me in Italy? Maybe I'll die by the age of 68. I pay all the taxes and pension contributions, but I am afraid [that I will not receive the pension]. Some people say: "don't pay". But how? If I need to renew my residence permit, and I want to have a permanent residence here. Maybe one day, really I would be able to work 3 months here, 3 months staying at home, if I have that permanent residence. (Ljuba, 55, 12 years in Italy)*

As the interview above shows, there is a reasonable mistrust among the respondents of social security benefits and their entitlement to them. Pension and other social contributions are often seen as a way of securing legal status in the country of migration rather than as an investment in one's future. The question of the pension system seems to me one of the most urgent issues of social support to be solved, as it is creating a strata of the population whose members will have no entitlement to pension support in any of the countries and therefore will be increasingly dependent on their families. Already now, several respondents in Italy who are approaching retirement age but see no prospects of either receiving a pension in Italy or supporting the standard of living created by the remittances on their Ukrainian pensions, remark that they will stay in Italy and work "as long as health permits."

My respondents in Italy had highly contrasting opinions and a wide range of practices that tapped into the health systems of both countries. Some respondents had very positive experiences with the Italian health system, others relied completely on the paid Ukrainian services. Those who preferred the Italian system argued that the health system was more humane and provided a very functional system of discounts, which made it incomparably cheaper than using the Ukrainian system, where all medications came at full price and services had to be unofficially paid for in an envelope. Many indicated that the very nature of their employment in the domestic and care sector did not leave them time to enjoy the free health system in Italy:

*...I pay all my taxes so I have my doctor here [in Italy]. But I don't go to see a doctor here. Whenever I have a problem, I wait till my vacation, and then do all the check-ups in Ukraine. Because here, even to have a blood test, you need to go there, leave your old granny [the person for whom Ljuba cares], which means you need*

*to call her children first, ask them to come, and they never have time. So I prefer not to bother them. And in Ukraine, you pay and they will do the full check-up. Or if you have some acquaintances [doctors] or if you don't some of your family might, so they call the doctor and everything is taken care of. ... Last time I had a whole treatment, I paid and they took such good care of me [laughs]. Though I am laughing because I had money to pay. But what about those who don't? (Ljuba, 55)*

The informality and the preferential treatment that was enjoyed in Ukraine, for those who could afford to pay for the services, was often quoted as the main advantage of the system. Some interviewees, however, reflected on this practice as morally problematic even for the users, as they could not but compare themselves to those who did not have enough income to secure privileged services.

*...Last summer I had surgery. [...] I was praying so hard and it all went very smoothly. Of course, I had to help, I came to the hospital prepared. I work in geriatric care here, I know things and technologies that our poor hospitals have never seen or heard of. I brought everything with me – clean sheets, shirts, pampers, panty liners for bleeding...everything. And of course I paid for all the medication, bandages, food while in hospital, everything. Then I immediately gave 30 Euro to the doctor, to the nurse, so that after the surgery the doctor himself checked if everything was fine... I know that some people prefer to go to the doctors here in Italy, but here you need to pay 30 Euro just for a blood test! What is 30 Euro here? It's nothing! And in Ukraine, ok, I had to pay more, but still, I was treated like a queen! It hurt me though to see some women in my ward who had no money and no one to come take care of them. I had my daughter-in-law coming with home-cooked fresh food every day... When I was leaving, I gave some money to the nurse to take better care and to change sheets and shirts for this one old lady, who was there in the ward all alone with not a soul visiting her. (Oksana, 56)*

This highlights the important point, raised in some of the existing literature, that migrants tend to deplete the Ukrainian health system. Vakhitova and Coupé (2013) remark that “migrants use social security and health care systems financed from the Ukrainian budget without paying taxes and social contributions in Ukraine” (2012). While patterns of using the health services varied greatly, all those respondents who made use of it in Ukraine indicated that they were paying for every medication and operation (officially), as well as gratitude payments to doctors and nurses. This also held true for the members

of their household; whenever there were health problems in my respondents' families they indicated that all other channels of expenditures would be cut down and remittances would be directed in order to get the best, paid treatment. Thus, respondents in my study contributed to the commercialization of medical services in Ukraine and – through their readiness to make gratitude payments – to the flourishing of medical profession individuals, often observing the inflation of prices that their capacity to pay has brought to local medicine and feeling haunted by the fact that they will not have a foreign income to make up the difference some day.

## **Conclusions**

This study has examined the paths to regularization among ageing Ukrainian domestic and care workers in Italy and revealed the great complexity of the meaning of regularity in migrants' narratives. Responding to differentiated opportunities, migrants choose situational practices which allow them to circumvent the limitations of status and enter into partial relationship with the state, often based on their own contribution to the labour market and welfare. Such strategies, which can be seen as "acts of citizenship" (Isin – Nielsen 2008) render migrants as convenient subjects of neoliberal citizenship, i.e. "self-made" (we)men claiming their rights with the receiving states on the basis of their contributions to it (Deneva 2013). My interviews confirm this last view particularly strongly through the symbolic approach to regularity: obtaining various forms of long-term residence permit was often seen by my respondents as the ultimate goal of their stay in the country, justifying their work under unsatisfactory living and work conditions and family separation. Often respondents did not identify the specific goals that obtaining such documents would guarantee them or the prospects it would open, except for a general sense of "securing a future." As in the case of regular status, the payment of formal welfare contributions was often invested with a vague and symbolic meaning of serving as an insurance against expulsion from the country. Even without a clear and comprehensive idea of how to claim benefits, or whether they can be claimed at all, most of my respondents continued to pay the former as a way of (a) proving good will in case of future openings for legalization, (b) staying "legal" in their own consciousness or (c) as a way to claim their "usefulness" if they needed to defend their case in the event of deportation, etc. The value of legal status thus transcends its original form of a "right" that is given for free to all those who comply with regulations

and norms, and turns into both social capital and an item worthy of monetary investment (Ong 2006).

The fragmentation of migrants' citizenship often leads to their further falling through the rights and benefits system available in both Ukraine and Italy. This is particularly visible in case of failure to secure and receive pensions or transfer individual occupational skills into meaningful employment from one country to another. These obstacles aggravate the personal price of migration, often turning it into "lost years" in terms of occupational trajectories or social benefits. Thus, migrants are often left to themselves to finance their old age, periods of unemployment and health problems, and none of my respondents expressed an expectation that either the Italian or Ukrainian state would provide secure retirement for them. Here, the situation is particularly aggravated for ageing care-givers; their highly professional acquired skills would not be able to generate them paid income in Ukraine, where care services are provided mostly by the family and where most families cannot afford to pay adequately to hire external help. At the same time, most of my respondents had lost their jobs prior to migration and could not see themselves being successful on the Ukrainian labour market upon their return.

These patterns of uncertain regularity often lead to mobility obstructions, tremendous complications in family communications and reunifications, and obstacles in the personal lives of individuals. The case of ageing female migrants in Italy, despite the elaborate care-chains that to some extent make up for the absence of mothers and grandmothers from the households, has led to a major national blaming discourse directed against migrating women in Ukraine (Vianello 2013, Fedjuk 2012, Solari 2006, Volodko 2011). Some reflection of this discourse can be seen in the terms like "ATM mothers" and "euro-orphans" used by a broad range of the Ukrainian media to reflect perceived corruption of values and morality in families, particularly with female migrants.

In focusing on the paths to regularity and individual costs for migrants associated with achieving regularity I challenge the discourses blaming migrants for violating regularity statuses, but rather shift the focus on to the regularity regimes as a set of policies and outcomes that classify people, fragment workers' rights and create a vulnerable and cheap work force. However, looking deeper into power relations in the work places allows me to step away from a portrayal of migrants as victims of the migratory regimes, and, while acknowledging the obstacles and dependencies created by their status, to see Ukrainian care-workers as engaging in complex multi-dimensional power relations, moral

economies concerning the ethics of care (Romero et al. 2014). Finally, I have indicated that the prospects of my respondents should not be seen as connected solely to their success in the regularizing process; more than anything, their prospects for dignified retirement, adequate health services and care are linked to their position as ageing women, lack of employment opportunities and social status in Ukraine. As my research hints, with very few options in Ukraine, women often choose to stay in challenging and exhausting employment, literally “as long as health permits.”

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## Annex 1.

<b>Categories</b>	<b>Italy</b> (data for 2011)
<b>Numbers</b>	218,099 residence permit holders
<b>Percent of total migrant population:</b>	6% (5 <sup>th</sup> largest migrant group)
<b>Average age</b>	mean age 42
<b>Gender composition:</b>	20% men, 80% women
<b>Dominant labour market sectors</b>	– social and family services – approx 70%
	– commerce
	– construction (for men)
	– agriculture
<b>National legal framework (in relation to migration)</b>	– work permits are central to residence permits
	– from 2000 – planned flow system or on call system
	– 2002 and 2009 – amnesties for all migrants who have work contracts
	– in 2010 Ukrainians appear for the first time as having a national quota in the regularization process
<b>Historical reference</b>	Ukraine and Italy have no historical connection in the migration area. Some authors suggest that Ukrainians started arriving in Naples due to its connections with Odessa port, others, suggest that Ukrainian women followed in the tracks of Polish care-workers who started doing domestic work in Italy after 1989 (Vianello 2009).

## Annex 2.

Respondents profiles (anonymized)						
Name*	Age	Family status	How long in Italy	Regularity status	Education / job history in Ukraine	Work in Italy
Oksana	56	Married in Ukraine, 3 children (all married), 4 grandchildren	15 years	Permanent residence	Vocational school (food and catering). All her life worked in her field (until 1996)	Geriatric care (live-in worker), cleaning houses
Hanna	70	Married in Ukraine, 2 children, grandchildren, and 3 great-grandchildren	7 years	Irregular	Vocational training, (book-keeper). Worked as head of storage of a small alcohol production line. Retired due to reaching retirement age in 1997	Geriatric care (domestic live-in worker)
Katia	52	Widow, 2 adult sons (one of whom is special needs)	10 years	Entrepreneurial license	Education level unknown. Worked for 10 years as a worker in a coalmine. Later 15 years as an engineer and a head of a brigade in the same mine	Owens her private cleaning company, provides cleaning services for pools, offices, enterprises
Iryna	55	Married in Ukraine, adult daughter, 2 grandchildren	12 years	Permanent residence	University degree in engineering. For 19 years worked as a master technician in a plant	Geriatric care (live-in worker), cleaning houses

Vasyl	50	Married in Ukraine, 4 children,	4 years	Irregular	University degree. Priest of UGCC	Unemployed
Zhanna	47	Separated from her husband, 3 adult children	7 years	Romanian passport	University degree, economist. 12 years of work experience in a construction company, (book-keeper)	Geriatric care (domestic live-in worker)
Vira	33	Was married to an Englishman, but separated 2 years ago. Keeps no contact with him.	7 years	Long-term residence permit	Education unknown. Work experience – none	Baby-sitter, cleaning
Lilia	39	Separated, has 20-year old daughter	8 years	Entrepreneurial license	Vocational training (geodesist). Work experience – none	Owens a clothes shop
Veronica	60	Widow, has 2 adult married sons	5 years	Long-term residence	Vocational training school. For 8 years worked in a factory, later in a laundry	Geriatric care (domestic live-in worker)
Ljuba	55	Widow, 2 children and 3 grandchildren	12 years	Long-term residence	Vocational training school (cook). Never worked in her field. Worked periodically as a hospital nurse	Geriatric care (domestic live-in worker)

\* All names have been changed to maintain anonymity.

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# THE INTERGENERATIONAL RELATIONS OF POLISH MEDICAL MIGRANTS IN THE UK: LIFE BETWEEN PARADIGMS

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**Abstract:** *The paper aims at analysing the effects induced by the migration of Polish people since 2004 on their families back in Poland. The emphasis is laid on intergenerational relations in the context of transnational families of the migrants. It asks how transnational families organise their lives and resources without spouses and fathers (mothers) in the country of origin, how they cope with their ageing parents and in-laws and whether they manage to maintain intimacy.*

*The analysed group consists of health professionals who left for the United Kingdom in the period soon after the accession of Poland to the European Union.*

*The paper first presents major theories of intergenerational relations, both in general and in reference to migrant families. Secondly, some information on the migration of Polish health professionals is given, as well as characteristics of the sample. Thirdly, the identified effects of migration within the migrants' intergenerational relations is scrutinised.*

**Keywords:** *migration; intergenerational relations; solidarity; conflict; ambivalence; reciprocity; support*

## Introduction

The general opinion prevailing in society is that the Polish value the family a lot (CBOS 1989, 2004; European Values Survey 1990, 1999, World Values Survey 1997, Centrum Myśli Jana Pawła II 2007). This has been confirmed by a number of studies, which show that for years the family has been seen as

a haven from political and economic forces. Moreover, it has been considered a source of support for family members and an arena for exchange between its members. Needless to say, the relations between generations may be complex and complicated, since they perform various social roles, often conflicting with one another. Histories of families and individuals differ considerably—some families are stable, some individuals divorce and stay single or re-marry. Families also evolve over time, some becoming more detached, others closer, not only geographically, but also in terms of mental, emotional and psychological proximity. Surely, one of the major aspects of closeness/detachment is related to the geographical mobility of individuals. Although from the early 21<sup>st</sup> century the Polish became increasingly mobile, the perception of family as the haven did not change much. Residence and mobility patterns have altered, becoming dense as many families spread across borders and their members reside in various countries. Some members stay behind in the country of origin, including spouses, children, and, in all probability, parents and parents-in-law. However, the family members try to find space for exchange of resources and the maintenance of intergenerational relations, which are important in various dimensions. They are important for individuals, families and society at large (Antonucci et al. 2007: 690).

Traditionally, in the literature, family has been analysed as a unit of social organisation. With the growing sociocultural changes affecting families, their functions and structure are becoming increasingly interesting for researchers, who are examining the elements leading to alteration in family relations. In fact, changing family demographics and family structures have multiple implications for parenting, socialization and social support, to name the most crucial (Antonucci et al. 2007: 684). Migration, or rather immigration, is an important area where the impact of sociocultural change has been witnessed, mainly in family relations and intergenerational relations within immigrant and non-migrant families (see Kwak 2003). Some scholars, like Rhacel Parrenas (2005), argue bluntly that migration endangers families, especially in the context where both mothers and fathers migrate to sustain their families economically. Moreover Anja Steinbach (2013: 1125) notes that while there are many studies analysing the relationships between parents and their grown-up children in modern societies, little attention has been paid to different family structures, even less to the area of intergenerational relations in immigrant families.

The paper aims to analyse intergenerational relations and the effects induced by the migration of Polish health professionals on their transnational

families. The main question is what these relations are like, how individuals manage them and resources, if they maintain intimacy within the growing distance of their physical location. Intergenerational relations are undoubtedly complex, but migration makes them even more complicated. Health care personnel were selected as this is one of the most mobile professional groups across the world (see Connell 2010). Moreover, Polish health professionals are high-skilled, fairly diversified and usually from a wealthy background, often being sons and daughters of doctors. All of the above make their case very special.

### **Migrants and the intergenerational relations framework<sup>1</sup>**

As mentioned above, analysing intergenerational relations is a complicated matter. Intergenerational relations are altering due to sociocultural change, and the same processes also affect migrants and their transnational families. Family relations are a space where exchange takes place, where migrants and non-migrants, of various ages and belonging to different generations, enter into transactions. Social networks connect individuals across time and space, binding individuals. The common and obvious forms of exchange relate to the transfer of emotions, care, time and money, even though various analyses focus on selected aspects of such exchange and on various aspect of this exchange.

Toni C. Antonucci, James S. Jackson and Simon Biggs (2007: 680–681) take as their starting point the Convoy Model (see Kahn – Antonucci 1980), looking at the individual as part of a dynamic network, which moves across time, space and the course of life embracing the individual with multiple life experiences. The individual changes, as many elements influence his or her life, including personal determinants (age, personality, gender etc.) and situational ones (role expectations, demands etc.) that have an impact on the support he or she experiences. People form convoys which ideally provide secure cushions for learning and experiencing the surrounding environment and the world. On the other hand, the above authors argue that the existing multidimensional construct of solidarity is a useful one for the analysis of intergenerational relations. The former (solidarity) is based on six modes or dimensions, such as structure solidarity (e.g. organising intergenerational relations that are verified by number of contacts and type of proximity of family members), association (e.g. frequency and patterns of interaction in typical activities,

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<sup>1</sup> Ślęzak (2012).

social contact), affect (e.g. feelings and reciprocity), consensus (e.g. degree of common approach and approval of values, attitudes and beliefs), functions (e.g. degree of aid and exchange of resources) and norms (e.g. commitment to perform familial roles and to meet familial obligations) (see Silverstein – Bengtson 1997; Katz – Lowenstein 2010: 34). Hence, according to the solidarity paradigm, the older generations help their children and grandchildren. On the other hand children and grandchildren engage in reciprocal support to a lesser degree. The behaviour of the older is seen as an investment in the reproductive success of the young. Nonetheless the financial investment and inheritance is also seen as a by-product of the elders' savings for retirement (see Heath 2013). However, migrations, both immigration and internal migrations, are factors contributing towards family disruption. Migration has a complex impact on support networks, identity, socialisation and wellbeing, mainly emotional, of family members and as flows do not seem to be as obvious (Antonucci et al. 2007: 683).

It is nevertheless beyond doubt that the young and the older tend to bind with regard to emotional ties of various degrees and the nature of personal experience within the intergenerational relations (Szendlak 2011: 252–253). Some scholars highlight benevolence (kindness) and readiness to provide support for various generations (Sztompka 2002: 197), whereas others argue that family members are stressed by the strain of meeting the needs of the elderly, as well as changes such as demography and mobility (Antonucci et al. 2007: 685). Tomasz Szendlak (2010: 254) constructs a typology of basic intergenerational relations, which might be seen as relevant for addressing the behaviour of migrants and non-migrants. The possible relations may be dense (children engage significantly in relationships in all their aspects), sociable (affectual and associational solidarity, but with deficits of economic and direct aid), obligatory (economic and direct support, but with deficits in emotional proximity, agreement on values, norms) and separated (detached e.g. relations with absent parents, for example fathers who have abandoned their families). Certainly, the situation of migrant, transnational families is very complex and may encounter many problems within the analysed area, yet some manage to deal with this obstacle by caring from a distance and through the formation of various transnational connections, such as ICT, remittances and monetary support (Senyurekli – Detzner 2008: 458). However, many migrants, especially women, experience feelings of guilt or internal conflict for not caring and being there for their relatives enough. Conflicts are observed, in all families, in the



behaviour of many; grandparents, parents, children. They often report strife in their relationship, even though parents of various ages are more positive than their children when it comes to their relationships with the younger generation. Some further considerations in the solidarity-conflict perspective argue that conflict appears to come out of excessive solidarity. Moreover, it is regarded as an element inevitable for human life, not only damaging relations between generations but also, on the contrary, enriching ties and resolving problems (Katz – Lowenstein 2010: 38–39). The concept of conflict is also beneficial, as it helps to identify visible areas of inequality in intergenerational relations, and to see whether they develop further into a conflict or not (Senyurekli – Detzner 2008: 459). However, there can be no doubt that the two, solidarity and conflict, are insufficient for the analysis of the scope of intergenerational relations. Hence the emergence of ambivalence, which is proposed as an alternative paradigm with which to analyse intergenerational relations. This paradigm reflects dilemmas that individuals face in their contemporary lives. Individuals born in traditional societies with traditionally-preserved roles and rituals are thrown into multidimensional realities, which are filled with many intersecting spaces, roles and rituals to be organised or potential areas of contradiction between migrants and non-migrants set in the same family structures. Many individuals in modern developed societies come across dilemmas such as the ambiguity of competing meanings and the ambivalence of conflicting feelings, which lead to experience of stress (Katz – Lowenstein 2010: 40; Senyurekli – Detzner 2008: 459). The paradigm presented below presumes the irreconcilable nature of dilemmas and it provides a framework avoiding normative assumptions. According to K. Luescher and K. Pillemer (1998) two dimensions are relevant here. On the objective level, contradictions emerge at the structural level, e.g. referring to status, roles and norms that are reinforced and reproduced by the way people behave. On the subjective level, contradictions are seen at the psychological level. Parents and their children share a certain similarity, reinforced by intimacy, mutual learning and potential for being close. However, similarity does not only work as an element bringing proximity, but may lead to a distance.

Some scholars (see Connidis – McMullin 2002) perceive ambivalence as a brokering concept, lying in between solidarity and conflicts (e.g. divorce). Thus, individuals face ambivalence that does not allow them to negotiate their relationships. For example working women carers face strong social pressures due to competing demands on their time management and responsibilities for

family, work and care. This emerges from tensions between autonomy and dependence which occur in intergenerational relations (Katz – Lowenstein 2010: 39–42).

Drawing on the above, the literature lists types of intergenerational behaviour observed in transnational families of migrants, e.g. L. Baldassar, C. Vellekoop and R. Wilding (2007: 78–100). The specific forms of migrants' behaviour is given below:

- Economic support – relates to material support between generations – giving and lending money, i.e. money transfers, assistance in work search and inheritance promises that migrants fully participate in;
- Emotional and moral support – covers activities involving listening, talking, giving advice, help in putting their lives in perspective – in other words “being there for each other” which is reinforced during face-to-face contact but also through the use of the internet, VOIP platforms, telephone calls etc.;
- Shared accommodation, which is not very much wanted by adult children, but happens at particular moments in the life cycle, e.g. adult children returning home after divorce, separation or when frail elderly parents require care. Migrants participate in this model during their visits or returns;
- Practical support – activity that takes place mainly between mothers and daughters, centred mainly on domestic duties (shopping, laundry, sewing etc.) and childcare, which occurs mainly during visits and in the form of what is known as distance care, taking care of households or documents, support for children left at home;
- Personal care for old people – nursing family members in need may be complicated in the case of migrants who participate in these activities only during visits, but they may, however, contribute financially or invite their parent to relocate to their new country of residence.

L. H. Ganong and M. Coleman (2010: 131) list several rationales that explain intergenerational transfers, which may be valuable for understanding the complex situation of the migrants. These rationales are based upon family obligations, altruism related to kinship ties, reciprocity towards parents and parents-in-law, gratitude towards the family elders, moral duty, emotional attachments and intergenerational solidarity. They seem to link all the above, addressing exchanges between family members in the form of reciprocal familial norms, affection and perception of intergenerational solidarity. Furthermore,

some, like J. Heath (2013: 34–60), would structure intergenerational relations with the use of the prisoner's dilemma. The above tool helps to explain the interchanges between individuals (generations), which takes the form of indirect reciprocity. Individuals spend long periods of their lifetime in dependency, at the beginning and the end of their lives, somewhat expecting that they will benefit in future from this exchange, (i.e. from the future generations).

The presented paradigms and models that will be used for the groups analysed address the situation of both migrants and non-migrants. The paradigms are set in the context of families and represented generations. Nonetheless it is worth recalling that the family as such is changing, and is no longer as stable as it was. Migrations, both internal and international, are one element in this evolution, which in fact triggers the complexity of the family relations. Moreover, structural changes in the global economy e.g. the decreasing cost of travel and communications and the development of new technologies increases human mobility. As a result, families and individuals live in various places, perception of their time differs and their existence is multi-sited (Collyer 2011). This type of life can increase the complexity of intergenerational relations, with individuals possibly facing more and more ambivalence, conflicts and problems, but on the other hand relations may be distant in terms of geography yet full of emotional proximity.

## **Migration of Polish health professionals following EU integration**

Polish mobility is not a new phenomenon that emerged with May 1, 2004. The Polish had been mobile for centuries (Stola 2007), yet EU accession in 2004 marked a major change in their mobility patterns. The former communist states of Central and Eastern Europe became member states, some in time coming to enjoy the status of Eurozone countries. This change was also expected and experienced by their citizens. Now, after more than 10 years of EU membership, several emerging patterns and phenomena can be observed, both in the social and economic spheres. This paper will raise intergenerational and transnationality issues, as many migrants leave their families behind in the country of their origin.

Migrating health professionals are regarded as very special group in the migration literature (Connell 2010). Their mobility is by no means a new phenomenon, in fact it is widely known that they are one of the most mobile professional groups in the world. On the other hand many controversies related

to their migration tend to pop up in the political discussion, such as the brain drain, brain waste or the loss of funds invested in their education by the sending country.

### *Characteristics of selected health professional migrants in the UK*

For the purpose of this study a survey of health professionals was conducted in 2011 and 2012. As many as 20 professionals engaging in various sub-disciplines of the medical professions were met and interviewed. These were semi-structured interviews in which selected professionals, who had previously agreed to be interviewed, shared their experiences, reflections and plans related to their migration to the UK. The group was selected based on an initial contact with health professionals' recruiters and doctors already residing in the UK, and then the snowballing principle was used. The two rounds of interviews were conducted amongst the Polish medical professionals in the UK, i.e. in Plymouth, London and Glasgow, complemented by additional interviews with some migrants returning to Poland, in Kraków, Gliwice and Wrocław. Last year an attempt to follow up the group was made, but was abandoned, as one of doctors had passed away and contact had been lost with three of them. It should be also emphasised that the topic of family and the relationships within families turned out to be a very sensitive area. Some respondents were rather reluctant to discuss issues related to their immediate families (partners and children), while others treated the interviews as an opportunity to consider, analyse and share their observations and reflections with an interviewer who in this context was an outsider.

Finally, both males and females taking part in the survey presented different migration forms and stages, from the emigration decision and planning stage, through temporary labour migration to circular migration. Also some doctors have already returned to Poland after some time spent as migrant health workers in the UK. Based on analysis of the interviews conducted within the study, a number of commonalities and patterns can be observed. These are listed and briefly characterised below.

First, in the sample there were two main groups, those who have migrated for good with their spouses and adolescent children, and those who chose a transnational life as temporal or circular migrants, with their families and children left at home in Poland.

Second, various motives for migration were stated. It is interesting to see that the majority embark on migration in order to be certain of earning more

money, to have an easier life and out of a need to experience life in a different country. The possibility to see and practise their skills in a different environment, and to enjoy, as a medical professional, a different working culture where patients' wellbeing is of key importance, were also stressed. Finally, the most senior doctors, in particular, argued that they had left in order to live and enjoy life, as there would be more time for rest rather than having to work all the time to sustain their family. Some saw it as an escape from overwork.

Third, within the analysed group there existed a clear gender gap, the majority of doctors being male, whereas most of the women were qualified as either nurses, dentists or pharmacists. This pattern in fact reflects a certain professional segregation in professional specialisation that may be observed in Poland. There was also no balance between male and female in the sample, and from this perspective the selection of the sample does represent the perception of the gender divide that exists in the medical professions in Poland. Additionally, the majority of female doctors were accompanying their husbands and partners, since the males were the leaders in migration decisions. On the other hand it must be noted that there were cases of female doctors being accompanied by partners or lovers, or travelling every other weekend to Poland to see their husbands and growing or adult children.

Fourth, almost half of them had had several migration experiences before their migration to the UK following EU integration. Also, half of the sample was forced to return to Poland, usually due to family obligations or a spouse's wish to return. There was even a case referred to as a notorious migrant, a lady who in the 1980s worked in Tunisia, in the 1990s in Malta and for the past 7 years in the UK, with short spells of work in Poland.

Fifth, the circular or temporal migrants regarded their migration as a way of maximising their utility and thus maximising their resources and human capital. They were also very skilled in, among other things, finding extremely low-fare plane tickets. Some of them presented strong organisation skills, and excelled in planning a rota. Thus they could spend as much as 3–4 months in Poland in a given year, which is much more than a regular vacation period. Their visits were regular and were as frequent as every fortnight, as a result of favourable employment conditions which gave them access to an additional 30 days of study leave which was used for time spent in Poland.

Sixth, some of the respondents expressed loneliness and homesickness for Poland. One of the doctors living in the UK on her own made it very clear that some time ago it was difficult for her, but that she was now used to life abroad.

Employment as a dentist in the UK gave her and her family a highly stable financial situation. She also noticed that relations at work were based on partnership. She visited her family as often as possible, sometimes twice a month, and she enjoyed the time spent there. She and her husband cherished their time together, knowing that it was something precious so they should not argue.

Seventh, all of those interviewed enjoyed the benefits of living in the UK, especially access to transport and tourist services. Rather than looking for opportunities to integrate with the British, they enjoyed travelling around the UK and across the world, which had become possible thanks to their stable financial situation.

Finally, whether temporal, circular or quasi-emigrants, they did not plan their future too much. They appreciated the very favourable conditions that they lived in, and the fact that they could enjoy their work for reasonable remuneration. If the favourable conditions prevailed, they would wish to stay as long as possible. They said that they did not know what the future would bring. Since their retirement and pension was a very distant matter they were not making plans, but still expected to probably spend it in Poland.

Last but not least, since the sample may be regarded as not completely representative of the health professional population, the conclusions will refer to the experiences and reflections expressed by the respondents and only those identified effects will be discussed. These conclusions may also be seen as the basis for further study.

### ***Theoretical explanation of the migration of the Polish health professionals***

Based on interviews and chats with the health professionals, an attempt to explain their migration was made. There are various theoretical perspectives that might explain the Polish health professionals' migration, starting from international wage differential or an obvious reason to escape from low salaries and to a certain point almost poverty. Certainly, many migrating individuals estimate the potential costs and benefits and assign certain values to them. Yet these decisions are rarely left out of the social context, mainly outside the family and the household of potential migrants. The migration decisions of health professionals relate to assigning responsibilities to individuals as well as weighing the risks associated with migration to the UK, and leaving the rest of the family in Poland. Moreover, the health professionals who decide to move to the UK work in high-skilled sectors where they can enjoy treatment similar to local health personnel, in terms of pay, stability, career advancement possibilities

and other job characteristics. However, Poland and its economy, like other new member states and their economies during the system transformation, was penetrated in a manner similar to neo-colonial economies. The migration of health professionals is seen thus as their response to a demand for labour within the health care system, expressed by the UK economy. In addition, doctors and other medical professionals are active members of various professional networks, where useful information regarding migration is exchanged, discussed and benefited from. Abroad, they create certain social networks, usually with people of the same nationality from their immediate medical working environment. Such networks serve as a replacement, sometimes stable, sometimes temporary, for the community left in Poland. Institutionally, there is no black market associated with their migration; their recruitment procedures are carried out by specialised recruitment agencies of Polish and UK origin. Hence it is fair to say that all of the above serve as justification for the cumulative causation theory. Their positions in the UK are not stigmatised, but migration changes the positions of migrants' families in the local communities and versatile attitude changes are experienced. However, the multidimensional framework serves as a perfect theoretical perspective explaining the migration of the Polish health professionals. Thus, decisions are made at home. The professionals opt for a professional web of networks, which seem to be extended from the local and national ones. On the other hand the macrostructures of the regulatory framework and cultural aspects attract migration flows into the UK (Arango 2011, Massey – Arango et al. 2001, Greco 2010).

### **Polish health professional migrants from an intergenerational perspective<sup>2</sup>**

The health professionals migrating to the UK form three main transnational family patterns:

- they migrate with their spouses and children, while their parents and in-laws are left behind in Poland;
- only their spouse accompanies them to the UK, while children, parents and in-laws stay in Poland;

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<sup>2</sup> For the purpose of this study a survey amongst health professionals (20) was conducted. As many as 20 professionals engaging in various sub-disciplines of medical professions were met and interviewed. Unfortunately contact with some was lost, some migrated further (Australia), one doctor died, and it was impossible to do a follow-up in the same group in 2015.

- their whole family – spouse, children, parents and siblings – remain in Poland, while they try to visit Poland and catch up with their kin as often as possible.

The research findings are grouped in such a way as to show various aspects related to intergenerational relations, starting from the way migration binds the family rather than disrupting it, via exchanges that take place or care practices that occur. Finally, some space is devoted to intimacy and what it looks like in a transnational and modern context. Not much space is given to the gender dimension, since female health professionals were either wives accompanying their husbands (doctors), were single with no children of their own (anaesthetists/qualified nurse) or had grown-up children (dentist/anaesthetist), and hence their practices related to their parents and in-laws only and did not focus on them much.

### ***Binding the family***

There are two main areas in which migrants engage in intergenerational relations – with their children and with their parents and parents-in-law (in-laws). Certainly, it is possible to observe emotional attachment, a feeling of a duty of care towards children and spouses, as well as reciprocity, based on previous experiences and care received from parents. In all other cases, it was argued that there existed a clear division of duties for male and other roles. Mothers and grandparents focused on norms and family history, while fathers engaged in financial providing for families while abroad. When they returned home they focused on care and spending time with their family. When fathers decided to return to Poland for good, underage children found their return disturbing, as the level of interference and parental control increased. Many men interviewed admitted an increase in the amount and quality of time spent with the family in comparison to time when living in Poland, when they had been preoccupied with their multi-employment status.

*...One of the main reasons to migrate was to spend more time together as a family. I regretted that as a doctor (in Poland) I could not see my child growing up. My daughter suddenly turned from 2 to 8. This period of her life had passed and is lost. The same thing happened with my older daughter as well.... The reason for this situation – to be blunt – it was work. I worked the whole day in hospital or in my practice, then on call... As a result I did not see my children much... It was my wife who spent more time caring for our daughters. (orthopaedic surgeon J)*



### *New forms of family bonds due to migration*

The situation of families changed, both for those residing in the UK and transnational families. New forms of spending time emerged, which were attributed to the UK experiences. They resulted from shorter working time, better financial situation and more spare time, which in turn could be dedicated to children, spouses, and to communication with parents and in-laws.

*...the way in which we spent our time changed a lot. Basically we took over local patterns, we spend a lot of time outside the home, e.g. eating out, our life is more relaxed now. I would not be able to afford it on the salaries earned in Poland. (dentist J)*

*First, if I carefully consider my situation, I work less and earn more, the standard of living is higher, there is more time for fun... (anaesthetist B)*

*...The assumption behind our migration to the UK was to be present more in the lives of our children. To have more time and to spend it with them. And indeed, this means every moment that is shared virtually every weekend, because we have almost every weekend off. (anaesthetist)*

### *Exchanges*

Based on the existing research, exchange of time would occur more frequently than exchange of money. Indeed, financial transfers were not frequently listed, since the parents of the health professionals were pensioners<sup>3</sup> and if their health allowed they were still professionally active e.g. doctors, entrepreneurs etc. This confirmed the findings of M. Albertini, M. Kohli and C. Vogel (2007) on the lack of symmetry in exchanges between generations.

*...My mum is 73, my mother –in-law is 74 and as a doctor she still works, her husband is 80 and he is in great shape – he still drives.... would they need financial support? No, not for the time being and I do not think that they would want any. But the only form of support is the fact that they live in our house, where we lived for 6 years... We did not want to sell it... of course if repairs or renovations need to take place, we pay for it... (orthopaedic surgeon J)*

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<sup>3</sup> It should be noted that parents and parents-in-law were recipients of either retirement or disability pensions. These are not very generous, but allow parents to get by. On the other hand their children cannot really expect much of the inter-vive transfers, yet some other forms of bequest might be in place. The welfare regime is a blend of the liberal and continental one, i.e. the family engages in care, with the state trying to liberate itself from provision of social services and to push them on to the market or to the family.

Financial (economic) support does not seem to be the main issue in the case of most families – parents do not require such aid, but rather interest and attention, all aspects related to emotional support.

*Our parents do not need much support from us, no financial support. Moreover, they are in great shape and it makes us very happy, my dad is in sensational form, I would say fit. He is extremely active and Mum is also very active... We see each other quite often because we have Skype – we installed a webcam, and so seeing each other in this respect is no problem. The contact is every day. You know the phone is also not a problem. And besides, we go quite often for this part of England, poorly connected with the rest of Europe... (pharmacist)*

There are even cases of parents residing abroad who do not expect any support other than interest and communication.

*My parents have lived in Germany for a number of years, now they are pensioners. For now, they do not require any special care, they are self-sufficient. They understand that my sister and I live abroad, that there is no one living next door. And there is no one who could take over at least some of the care or care supervision. But they also live in a wealthy country in which solutions specifically for this age group are well-covered and therefore they do not require such support. (surgeon W)*

There is a certain shift when it comes to intergenerational relations, as children grow up and parents grow older and may require some personal care support.

*...I understand that children grow up, children are probably more occupied by their issues, do not want to spend as much time with us, on the other hand parents are older and weaker, there is more need for caring, providing care. These changes are taking place over time. (pharmacist)*

### **Care practices**

As parents and in-laws grow older, help with care is required. Sometimes migrants themselves participate in personal care for their elderly parents or grandparents, by choosing to travel or to organise care in a different way. In some cases they took time off from work in the UK and travelled to Poland.

*...But when my father was sick in the hospital it was no problem for me to go there and take care of him. There were no obstacles, they even told me that I have to go and not to worry about work but to spend some time with my father there... (pharmacist)*

An important role is played here by siblings living in Poland. They usually take over more responsibilities related to care and develop a denser relationship with their parents, in the case of healthy older persons. Moreover, migrants seem to delay their final decisions on how to organise or engage in care if there is a need. Also the migrants' siblings and good intra-family relations play a vital role here:

*...We haven't thought about how to organise care in the event of our parents getting worse or becoming sick. This issue has not been decided yet, but we are aware of it and we fear that this time will come. We are fortunate that I have an older sister (1 year older) living nearby and there is a possibility that she would take care of my mother. On the other hand my wife's brother, who is a cardiologist, lives almost in their parents' neighbourhood... (orthopaedic surgeon J)*

*... My husband has siblings to help care for his mother (she broke her leg in two places and will be in a cast for 12 weeks). (pharmacist)*

On the other hand in the context of relaxed (or loose) intergenerational relations they do not pay much thought to their participation in care provision, as in the case of the doctor whose parents live in Germany.

*Did I ever wonder how to organise the care of my parents if they need support? Neither myself nor my sister live nearby. If it is necessary, I will not go there to take care of them, but I will pay for it if they require constant care... (surgeon W)*

### ***Intimacy***

Intimacy is an area which is very important. On one hand physical distance is growing, so there is a fear of disruption of relationships and intimacy. However, new communication technologies, including social networks like Facebook, were used to maintain and assure communication with parents, spouses and children. There was of course face-to-face communication while visiting Poland, but most communication was carried out via modern technologies. The latter were said to be of great benefit in comparison with the pre-Internet era. This

presented a case of emotional and moral support, and a way of linking families together, making sure that intimacy does not disappear.

*Well, we are here (in the UK) they are there (in Poland). We meet almost every day via Skype. We have bought little cameras, so we can see each other. This is a fantastic possibility, we can discuss everything with the use of Skype, with no time or money constraints... (pharmacist)*

However, relations with parents and parents-in-laws are slightly more complex. There is no doubt that migrants shared positive sentiments, gratitude and emotions towards their parents and in-laws. Still, it is difficult to state, based on the interviews, how symmetrical this reciprocity is, whether these exchanges are alike, how they are perceived by parents and in-laws. There is a suspicion of strong emotional attachment, feelings of gratitude, a need for reciprocity and potential guilt that was not mentioned explicitly.

*...Now it is so much easier to be in touch with parents and the family.. When I lived in Tunisia (1980s) it was quite difficult to keep in touch with the family. It was almost impossible to call Poland from there. The main source of communication was correspondence as we sent letters... When we came back after two years and then moved to Malta it was much easier to keep in touch... And now, since moving here in 2004, I have been using all the available modern technologies. So I speak to my daughter and in-laws living in Poland more frequently and it is easier to stay in touch. We use all the possible and accessible means of communication in comparison to previous migration periods. (anaesthetist B)*

Of the sample, only in one case was it recognised that a daily contact hardly existed, but this resembled their relationships back in Poland. Their relationships with parents were not easy, and they continued to be so. However, due to their good financial situation in the UK they were able to support their parents more than back in Poland.

*I wonder how to assess this type of contact that we have. We are in contact mainly via phone, it was the same in Poland. Of course we meet less frequently, but this was expected...I support her (my mum) in economic terms, more than I could have done when I had lived in Poland. In case of emergency I would fly over to see her and organise care for her. I cannot see any other differences. (qualified nurse)*

In the majority of cases, members of generations can count on one another. Even when they were abroad with no direct, physical proximity, migrants admitted that contacts were strong (e.g. visits, phone calls, Skype etc.). Thus emotional proximity was assured. However, the proximity of residence and daily face-to-face communication was replaced by Internet-based regular contact. This surely represents an incidence of practical support, where parents deal with certain issues such as documents, administrative issues, taking care of their children's households and pets.

*...My parents and in-laws live in Poland and they are in good shape. They still manage to care for themselves. This is not like Poland in the 1970s and 1980s, when you would write a letter and then wait three months for it to arrive. Now there is Skype and we communicate almost on a daily basis. Every day we usually chat for an hour or so, you can also see the person that you are calling. From the UK you can call somebody for 1p per minute, which is not possible in Poland, but we can still use Skype. We have ongoing communication, and if anything happens, you can board a plane and it takes you two hours to get to Poland... We usually go to Poland to see our parents two or three times a year, and in addition we travel separately, either my wife or myself. Also my mum visits us, but the in-laws are not very mobile and they have a dog to take care of. Yes, my mum actually visits us as much as two to three times a year. (orthopaedic surgeon J)*

In some cases parents and in-laws visit their children in the UK. However, sometimes there are other obligations back in Poland that do not allow them to come as often. In other cases they do not seem to be very mobile and prefer their children to come and visit them in Poland.

*Parents come to visit anyway. However, my parents were not very eager to come because we left them a dog. So they used to come separately, first my dad came alone, afterwards my mother. But then, my mother always says she does not really want to leave Dad, because he is 82. They came here once and saw how we live, they were happy and that was enough for them. Now they really want us to come. (pharmacist)*

## Conclusions

The theoretical considerations given above serve as a guiding framework for analyses. The statements of the health professionals interviewed show various aspects of the intergenerational relationships of transnational migrant families.

There is a dominance of emotional and moral support linked with intimacy. In fact all of the above occur, but they have changed with access to and development of modern technologies in comparison to times before the Internet era. Moreover, practical support as also occurs where parents and in-laws make sure that their children's issues are dealt with in a timely and organised fashion, e.g. caring for dogs, living in their children's houses etc. The majority of older family members are still in good shape and do not require immediate personal care. Yet if cases of need emerge, the family living in Poland aids.

There are hardly any records of economic support. Migrants' parents and/or in-laws have reasonably favourable life conditions and pensions. These allow us to conclude that the most frequent relations are sociable, as the elderly parents are in good shape and do not require twenty-four hour care, or still continue to be professionally active. As their status is good they do not need any financial support from their children. The interest and time spent, even via the Internet or during visits, is more important. Some enjoy the benefits of having children living abroad and travelling there. However, economic exchange takes place mainly within the transnational nuclear families (towards wives and children) more rarely towards parents (pensioners). There is a clear exchange of time and emotions e.g. short visits, daily Skype/mobile phone conversations. Values, beliefs and traditions continue to be shared.

On the whole it may be concluded that there is a shift from dense to social relations exemplified by the respondents' observations that their relationships with parents and in-laws have changed, in spite of regular Internet contact and visits to Poland. There is a high degree of dense relations occurring, as migrants engage significantly in relationships covering all aspects of intergenerational solidarity, trying to remain intimate with their families. Proximity and intimacy in an emotional (affectual) sense does not disappear, it is still very strong and visible. Obligatory relations were not observed, none of the respondents mentioned them explicitly. In separated (detached) relations within a distant family not much intergenerational solidarity is seen.

Some further analyses of the migration of health professionals might suggest that solidarity within their families is rather elusive. More analysis

related to conflict is needed, but the health professionals interviewed regarded their own family conflict as a very private matter that they did not wish to discuss. They did not express negative opinions, but found it rather shameful and preferred to hide it as failure. Moreover, hidden dilemmas emerged, which were not expressed explicitly but can be read between the lines. A number of contradictions on the structural level emerged. These included changes to patterns of spending time, obligatory and pending responsibilities towards parents and in-laws, pressures placed on siblings residing in Poland, or new roles related to being a successful consultant surgeon in the UK, or a citizen of the world, not to mention the control freak of the family residing at home, out of the man's sight. These were not shared by the rest of the family, especially underage children, parents and parents-in-law and ex-spouses. These may serve as examples of structural ambivalence. On the subjective level there will be some contradictions at the psychological level of a certain similarity, reinforced by intimacy and mutual learning. When interviewed individuals lived close to each other all those elements were easily identified, but geographical distance led to changes in proximity, at times causing a certain psychological distance, in spite of attempts to keep emotional closeness.

Hence it is fair to bring in the ambivalence model of I. A. Connidis and J. McMullin (2002), which in the context of migration and stretched families works fairly well. "Abandoned" transnational wives are often left at home with children whereas husbands work abroad. Women obviously face ambivalence, as they face manifold hindrances and pressures. Women prefer to stay in the home country mainly due to their work and the support of their parents and in-laws. There are social pressures and responsibilities related to childcare and the wellbeing of their families and husbands, and women are left all alone with these pressures. They are afraid and show concern for their families, or for husbands who might feel lonely abroad or engage with other women. A feeling of being trapped in a situation of having too many duties and worries causes the emergence of a feeling of struggling. On the other hand men suffer ambivalence as well, as there is a strong social pressure to provide for families, aid wives, manage children and their lives. At the same time they realise that their life is wealthier, full of opportunities, but it is detached; it is located between two interaction systems. Ambivalence is present in their lives due to competing demands, but further research is also needed, as in the case of conflict.

To conclude, the cases of transnational intergenerational relations presented differ. Migration brings a number of changes to patterns of behaviour, such as

care, attention, communication, the way in which spare time is spent, and the work-life balance, to name the most obvious. Furthermore, various types of transnational support are recorded, ranging from emotional support, practical support, to less frequent personal care or financial support. Interestingly the most frequent are ascertained as the result of changes in the modern world., e.g. there is more emotional proximity thanks to modern technologies, even if there is not as much physical proximity, yet intimacy seems to be there. Exchanges and transfers of time dominate (see Albertini – Kohli – Vogel 2007), yet transfers of money, especially to the transnational family, are never considered to be a remittance, but are seen as part of husbands' male duties, which might be creating pressures and bringing in ambivalent feelings. Moreover, parents and in-laws are not really supported financially, but they expect to share time, company and emotions, even if these are given via the Internet. Affectual, associational and functional solidarity is observed. Normative solidarity is noted, whether in terms of one's involvement or the involvement of other persons, such as wives, husbands or siblings. However, ambivalence is noted here as often siblings are expected to take over care, and daily, face-to-face contact. There is a feeling of abandonment of frail, elderly parents, who might expect gratitude and reciprocity. These are provided mainly online. There are also some doubts regarding consensual and structural solidarity, as spouses and parents (in-laws) notice changes e.g. in behaviour, views on life, ideas, values and expectations. Some of the above might be leading to conflicts, or at least to ambivalence. There is a strong incidence of both conflict and dilemmas (ambivalence), but also solidarity, although these are changing. Finally, it is worth noting that every case of migration-based intergenerational relations is highly individual, depending upon emotions and perceptions, but these are often recorded indirectly, between the lines, between models, between time, gratitude and guilt.

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## CARE NEEDS OF ELDERLY MIGRANTS IN AUSTRIA

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*Abstract: In Austria, migrants who arrived in the 1960s and 70s (“guest workers”) were often supported very little in terms of language classes, education and other integration measures, as they were expected (and often themselves expected) to return to their country of origin eventually. In fact, most “guest workers” and their families became permanent residents. Now, the ageing of this generation of unexpected residents poses myriad challenges to the Austrian health care system. Although these challenges were foreseeable, care providers and state institutions have been reluctant to respond or are only lately beginning to respond to migrants’ needs, in particular the need of language translation services and culturally sensitive approaches.*

*This paper provides an empirical perspective on these challenges from ex-Yugoslav, Turkish and Philippine elderly migrants’ point of view. For them, three topics interlink: On the individual level, they often face difficult access to a health care system that is not reflective of migrants’ needs; at the level of the older generation – their own parents and in-laws –, responding to care obligations for relatives still residing in the country of origin conflicts with the regulations of migration regimes; and at the level of the younger generation – their children –, there are many open questions and tensions around care expectations which the younger generation may be unwilling or unable to fulfil. The paper is based on a research project funded by the Austrian Ministry of Foreign Affairs and Integration, which aimed to analyse care needs and expectations of elderly migrants from the origin countries of ex-Yugoslavia, Turkey, and the Philippines. Methodologically, the study is based on analysis of literature and a quantitative estimate of migrants in elderly care for the next 10 years. Furthermore, 30 interviews with Austrian experts in federal administration, care providers, professional networks, relevant NGOs, as well as academic experts were conducted. Finally, the study aimed to explore*

*migrants' perspectives through 8 focus groups with overall 74 participants organized in the cities of Linz and Vienna.*

Keywords: *ageing; elderly migrants; care needs; culturally sensitive care; migrants' health*

## **Introduction**

Making use of EU funding from the European Integration Funds, in autumn 2013, the Austrian Ministry of European Issues, Foreign Affairs and Integration contracted a study on the care needs of elderly migrants to the International Centre for Migration Policy Development in Vienna<sup>1</sup>. The study aimed both to take stock of existing data and to identify data gaps. A further goal was to gain an overview of the perceptions both of professionals in this field and migrants on the needs linked to the ageing of resident migrants in Austria. This empirical perspective was gained through semi-structured interviews with experts, and focus groups with elderly migrants of Turkish, ex-Yugoslavian and Philippine background in the cities of Vienna and Linz.

In this paper, we aim to summarise the study while also providing additional information on the Austrian context. We first provide an overview of the history of labour migration in Austria, as it pertains to the migrants' groups studied in BEMIG, and then give some insight into the demography of elderly migrants in Austria. We furthermore discuss the structure of the Austrian care system in order to provide an understanding of the system faced by elderly migrants in Austria. We then go on to discuss empirical findings, first from the expert interviews and secondly from the focus groups with elderly migrants.

The study can be accessed in full from the webpage of ICMPD's Research Department (<http://research.icmpd.org/>).

## **Labour migration history in Austria**

After the end of World War II, Austria was a latecomer in the recruitment of labour migrants. Whereas the UK and France started to recruit workers in

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<sup>1</sup> Betreuungs- und Pflegebedarf älterer MigrantInnen: Bedarfsabschätzung und Herausforderungen (BEMIG).

their former colonies in the 1950s, and Germany recruited in Spain, Italy and Turkey from the early 1960s, Austria signed the first recruitment agreements with Spain, the former Yugoslavia and Turkey in the late 1960s. First, economic recovery had not been as speedy as in Germany (indeed, until the 1970s many Austrians, mainly from the Southern provinces Carinthia and Styria themselves migrated to work in Germany and Switzerland) – and secondly Austria had received large number of “Volksdeutsche” (“Ethnic Germans”), originating in the former Czechoslovakia, in the 1950s, and they filled the open positions in industry and trade (Perchinig 2010: 20). Unlike Germany, where the electrical industry and car manufacturing offered solid income and career perspectives, Austria did not recruit for its heavy industry. The electrical industry and the steel industry were mainly state-owned and did not recruit foreign labour, as recruitment was linked to political patronage. Austria instead recruited for positions in the building sector, cleaning, the textile industry, trade and tourism. These jobs were not only low-paying, but also did not offer the prospect of career development. Labour migrants from the former Yugoslavia and Turkey thus tended to concentrate at the bottom of the job hierarchy and within the two lowest deciles of the income distribution (Perchinig 2010: 28).

Austria’s recruitment policies followed the idea of “job rotation”. It was envisaged that labour migrants would stay for a year or two and then return to their country of origin and be replaced by new personnel. In fact, employers were reluctant to dismiss trained staff after such a short time, and also most workers extended their stay. When recruitment was halted after the oil crisis and immigration was restricted, family reunification surged for fear of further restrictions. Temporarily-recruited labour migrants became permanently-resident immigrants. Migration politics did not react to this change, however, and upheld the illusion of temporary migration – an illusion shared with many migrants themselves, who often also believed in their return and frequently invested their savings in houses and apartments in their country of origin while living in low-standard housing in Austria (Perchinig 2010: 15).

Many immigrants recruited in the 1970s and 1980s have now reached the age of retirement. Nevertheless, according to a study in 2006, only one third were convinced that they wanted to stay in Austria, the others wanting to return or to commute between Austria and the country of origin. Most migrants interviewed tried to postpone the decision to return, and thus were also reluctant to mentally prepare for ageing (Reinprecht 2006: 133).

In the BEMIG project, we aimed to analyse this group further, starting with an analysis of available demographic information.

### Demography of elderly migrants in Austria

Who are Austria’s elderly migrants? According to “Statistik Austria”, the Austrian federal statistical service, there were approximately 275,000 foreign-born persons aged 60+ living in Austria as of January 1, 2014. The vast majority originate from a European country: Slightly more than a quarter of them were born in a state that was a member state of the European Union before 2004, almost one third in one of the countries that have acceded to the EU since 2004, and approximately one third in other European countries, including Turkey.

**Table 1: Foreign-born aged 60+ by region of birth, 2014**

	2014	%
EU member states before 2004	76,559	27.85
EU member states since 2004	88,277	32.12
EEA, Switzerland	3,066	1.12
European Third Countries (incl. Turkey)	87,035	31.66
Asia (without Turkey, Cyprus)	13,228	4.81
Others, unknown	6,706	2.44
TOTAL	274,871	100

Source: Statistik Austria, Stat-Cube database, authors’ calculations.

Within this group, five large groups of origin can be discerned: Persons born in Germany are by far the largest group (approx. 55,000 persons), followed by persons born in Serbia and Montenegro (approx. 37,500). Migrants born on the territory of the Czech and the Slovak Republic form the third largest group (approx. 26,000) followed by approx. 24,000 persons born in Bosnia and Herzegovina and approx. 17,500 persons born in Turkey.

This distribution reflects the complex history of Austria as a destination country for labour migrants and refugees. While migrants aged 60+ born in Serbia and Montenegro and Turkey came to Austria through “guest worker” recruitment in the 1970s and 1980s, the majority of persons born on the territory of the Czech and Slovak Republics are “ethnic Germans”, who fled or were

expelled from the former Czechoslovakia after World War II. Approximately half of this group now is over 75 years of age. A small proportion of the elderly migrants from Bosnia and Hercegovina are “guest workers” from the 1970s and 1980s, but the majority fled to Austria during the course of the Balkan wars in the 1990s.

**Table 2: Foreign-born over-60-year-olds, major age groups and countries of origin**

Country of birth	60–74	75+	total
EU member states before 2004	49,369	27,190	76,559
of which:			
Germany	38,297	17,343	55,640
Italy	3,547	3,547	7,094
EU member states since 2004	56,023	32,254	88,277
of which			
Croatia	8,548	3,562	12,110
Poland	10,011	2,823	12,834
Czech Republic	14,100	12,160	26,260
Romania	5,722	4,278	10,000
Slovenia	6,114	3,614	9,728
Hungary	6,715	3,675	10,390
Non EU European Economic Area (EEA)	2,044	1,022	3,066
Other European Countries (incl. Turkey)	72,425	14,610	87,035
of which:			
Bosnia and Herzegovina	21,120	2,648	23,768
Serbia, Montenegro	29,577	7,990	37,567
Turkey	15,452	2,042	17,494
Africa	2,456	385	2,841

America	2,656	819	3,475
Asia (without Turkey, Cyprus)	11,012	2,216	13,228
of which			
China	1,180	242	1,422
Iran	2,374	753	3,127
Philippines	1,818	138	1,956
Oceania	172	27	199
Unknown	121	70	191
<b>TOTAL</b>	<b>196,278</b>	<b>78,593</b>	<b>274,871</b>

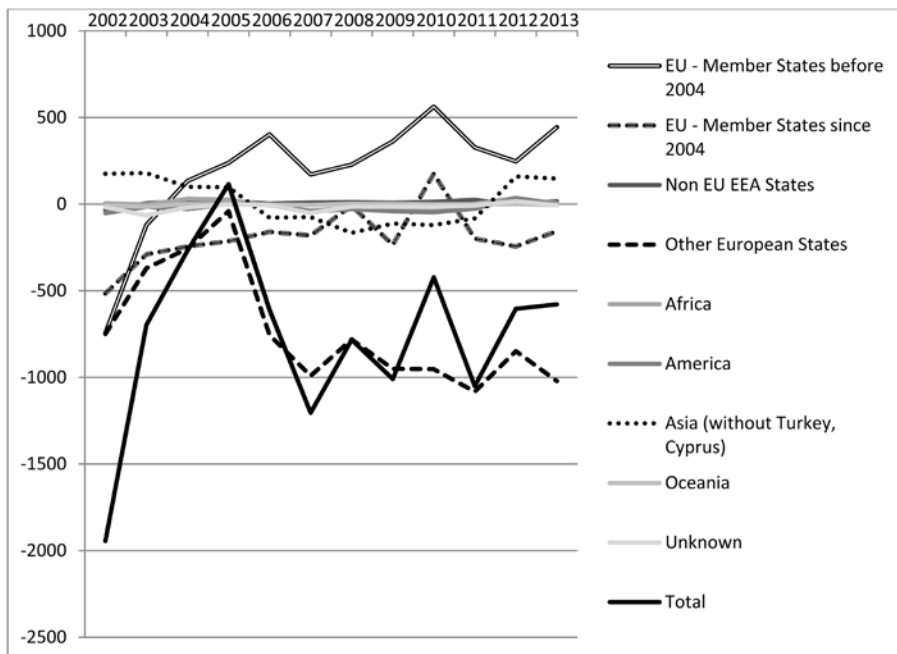
Source: Statistik Austria, Stat-Cube database, authors’ calculations.

Currently, both emigration and immigration by persons aged 60+ is low. In relative terms (net migration in years  $x$ /total population in year  $x+1$ ), there has been nearly no influence of migration movements of persons aged 60+ on the stocks of migrants aged 60+ in most years since 2003 (-2% to + 1.8%). The ageing of the migrant population thus is the result of demographic ageing, and not of immigration: virtually anyone living in Austria at the age of 60 will most likely also die in Austria. There are no statistical signs of “immigration into the care system”, as discussed in the Austrian media recently.

The publicly available demographic projections of Statistik Austria do not allow a breakdown of age cohorts by country of birth, but only give a broad overview by birth in Austria and birth abroad. According to these data, in 2020 approx. 15.4% of the population aged 60–79 and approximately 11.10% of the population 80+ will have been born abroad, and by 2025 these shares will increase slightly to 15.92% and 11.99% respectively. The total number of foreign-born aged 60–79 will increase between 2014 and 2020 by 19.6% and by a further 13.6% between 2020 and 2025. The increase in the age group 80+ will amount to 18.5% between 2014 and 2020 and to approx. one third between 2020–2025. Thus, the group of elderly migrants is becoming ever more relevant.



Diagram 1: Gross migration of population 60+ by region of origin, 2003–2014



Source: Statistik Austria, Stat-Cube database, authors' calculations.

## The Austrian care system: Structure and uptake

For historical reasons, the Austrian system of elderly care is characterised by a huge variety of service providers, ranging from private companies to aid organisations affiliated to the churches or political parties, and municipal or provincial institutions. The governance of home care and residential facilities, like the training of care professionals, is regulated, planned and funded by the nine regional governments, while the management of long-term care allowance payments (“Pflegegeld”), a flat rate contribution to the costs of care, is administered by the federal government.

This long-term care allowance is the most substantial subsidy for care paid out to individuals. It is paid out on application to all citizens and (most) legal residents in need of care, when this is proven by a medical case analysis organised by the regional governments. The long-term care allowance, intended

to give patients choice and to prolong the time span they are able to spend in their own home, has led to a shift away from residential care, with only 16% of beneficiaries of the care allowance living in residential care facilities in 2010 (Hofmarcher – Quentin 2013, quoted in Schuhmann et al. 2015: 2). Patients are free to decide on how to spend the care allowance, and thus informal and family care still covers the majority of care needs, despite the growth of institutional provision, particularly in mobile care (Rodrigues et al. 2012). A further prevalent type of care is 24-hours care, provided by live-in care workers. This sector has become a kind of replacement for residential care for the middle classes which can afford the fees and can offer the care worker a room in their homes. As migrants only rarely make use of this option, it will not be discussed further here.

Aside from these private arrangements based on the long-term care allowance, institutional care provisions can be divided roughly into three categories:

- a) Mobile care, ranging from support for household work to simple medical interventions (changing dressings, injections etc.)
- b) Residential care
- c) Semi-mobile care, ranging from day centres for the elderly to part-time residential care

As mentioned, both mobile and residential care is implemented by a variety of organisations. In each of the nine provinces different governance frameworks and institutional landscapes have developed. Despite these differences, a few major providers play a dominant role, in particular the Red Cross associations, Caritas (linked to the Catholic Church), Diakonie Austria (linked to the Protestant Church), Volkshilfe (close to the Social Democratic Party) and Hilfswerk Österreich (close to the Conservative Party). In most provinces, the regional government and the municipalities also act as providers of residential care facilities for the elderly.

The system of care allowance funds both mobile and residential care. In mobile care, the recipient receives the care allowance directly and has to pay individually for the care provisions provided. In residential care, both pension or other income and the care allowances are paid to the care provider until the cost of care is covered. The client receives 20% of his/her pension plus Euro 45.20 monthly as pocket money (plus the remains of his/her pension if it is higher than the cost of care). If the costs cannot be covered by the retirement pension

and care allowance, the difference is covered by the regional government, which is entitled to claim the patient's property to cover the costs. With effect from July 1, 2014, the duty of children to cover the costs of care for their parents has been abolished<sup>2</sup>.

The care allowance is an income-related benefit paid out monthly. As of January 1, 2014, there were seven levels, defined by the required hours needed for care. For patient's with severe disabilities surcharges are paid.

As the care allowance is related to different levels of need of care, data on care allowance uptake can be used to estimate mobile and residential care usage. According to figures published by the Ministry of Labour and Social Affairs, 454,843 persons were receiving care allowance payments as of August 1, 2014. The table below illustrates the distribution by gender and level of care allowance paid out.

**Table 4: Care allowance users by level of care allowance and gender (2014)**

	Care need (hrs/month)	Women	Men	Total	%	Allowance/month
Level 1	at least 65	71,305	34,301	105,606	23.22	EUR 154.20
Level 2	at least 95	83,353	46,714	130,067	28.60	EUR 284.30
Level 3	at least 120	50,721	28,308	79,029	17.38	EUR 442.90
Level 4	at least 160	41,099	22,968	64,067	14.09	EUR 664.30
Level 5	at least 180	31,992	15,358	47,350	10.41	EUR 902.30
Level 6	at least 180 + need for permanent surveillance	11,584	7,523	19,107	4.20	EUR 1,260.00
Level 7	at least 180 + immobility	6,210	3,407	9,617	2.11	EUR 1,655.80
<b>Total</b>		<b>296,264</b>	<b>158,579</b>	<b>454,843</b>	<b>100.00</b>	

Source: BMASK 2014: 150.

<sup>2</sup> The funding system has a clear disincentive against residential care: Since in most cases the pension payment and care allowance are not sufficient to cover the cost of care, the regional government will often claim the property of the patient's bestowals. In this case, asset transfers within the three years preceding the take up of residential care are void. Thus in most cases both patients, who want to stay at home as long as possible, and children, who are the future heirs of the property of their parents, will try to organise family care or mobile care for as long as possible to prevent the patient's property to be claimed by the regional government.

The latest available figures on the usage of the care allowance by type of care refer to data from 2010 (BMASK 2012). According to this evaluation, 53% of all recipients used no institutionalised care at all, but had organised care informally within the family, while 29% made use of institutionalised mobile and 16% of institutionalised residential care provisions. 24-hour care was used by 2% of the recipients of care allowance. According to a study of the Fonds Soziales Wien (FSW 2014), users of institutionalised mobile care usually receive care allowance at the levels 1–3, whereas the majority of patients in residential care homes receive care allowance at levels 4 upward.

As the table shows, about two thirds of care allowance beneficiaries (65.14%) are women. More than half of care allowance beneficiaries receive care allowance at levels 1 and 2, and approx. one third (31.46%) at levels 3 and 4. Care allowance at levels 5–7 is paid to approx. one sixth of the recipients.

Care allowance is not only paid to elderly persons, but to all persons in need of care. Nevertheless, the vast majority of recipients are aged 60+ (women: 87.16 % men: 71.49 %). Within this group, care allowance uptake is much higher in the age group 80+ than in the age group 60–79 (59.77 % vs. 9.32%). On average, persons aged 80+ receive care allowance at levels 4–9, whereas the majority of persons aged 60–79 receive care allowance at the levels 1 to 3.

It is difficult to draw any conclusions on uptake patterns of elderly migrants from these data. There are no data available on the usage of care allowance for different types of care provisions by nationality or place of birth. According to experts interviewed for the study, these data are not collected due to data protection considerations and the fact that care providers do not see them as necessary for care provision, and are reluctant to ask clients about sensitive data.

## **Empirical results**

The empirical study aimed to identify major challenges linked to the ageing of migrants from the perspective of care providers and professionals in the field, and of migrants themselves. It was based in part on 30 semi-structured interviews with experts from care providers, care administration at the state and local level, and NGOs working in the field of integration, which aimed to identify the perspectives of the respective social fields.

The perspective of migrants was explored by eight focus group discussions with migrants from the former Yugoslavia, Turkey and the Philippines, comprising approx. 50 attendants. The discussions were organised with the support of

partner organizations from the health sector and migrant counselling organisations. All group discussions were held in the first language of the participants (for Philippine immigrants in English), and were recorded and transcribed or summarised. Both the expert interview protocols and the group discussion protocols were analysed using the MAXQDA software package.

## **Migrant ageing: Main challenges from experts' point of view**

### *Information and outreach to clients*

Most experts interviewed agreed that migration was of growing importance in their institutions. Initially, migration issues had been linked mainly with recruitment, as the share of migrants among staff had started to grow massively in the last 10 to 15 years. Meanwhile, the growth of migrants among clients has also started to attract a growing amount of attention.

Public outreach to migrants was identified as a major issue for the future by most interviewees. Most care providers mentioned that they had multilingual printed material available, but only a few also had their web pages translated into the migrants' main languages. According to several interviewees, existing outreach practices were only seldom based on a thorough analysis of migrants' communicative needs, going beyond the written material. Elderly migrants most often approach their relatives and friends as a first source of information, and, due to past negative experiences with the authorities, shy away from contacting the public administration. Thus in order to reach elderly migrants, who often are neither familiar with the Austrian care system nor fluent in German and are unlikely to make use of the internet, face-to-face communication and the presentation of information at meetings of migrants' associations are crucial. According to several interviewees, personal communication is the key to reaching migrants as potential clients.

### *Legal and economic barriers to access*

As most elderly migrants in Austria are hold a long-term residence permit or have been naturalised, and thus also have access to public care payments, legal obstacles to accessing care provisions for the elderly were rarely mentioned by experts. Since, however, public care payments usually are not sufficient to pay all the costs related to mobile care, and elderly migrants often live on a minimum pension, several experts stated that in practice access to mobile care is often severely limited. This is particularly relevant for semi-mobile arrangements,

such as for instance day care centres, which offer day care for clients and thus prevent them from having to move to a stationary home for the elderly, but charge relatively high costs for care. In connection with the complex application procedure for the reimbursement of costs, and the lack of information about support for low income clients, often available only in German, potential clients shy away from making use of mobile services.

Several experts also pointed to a problematic element of the Austrian care subsidy model: Care subsidies are paid out to the client, who is able to decide how to use them. In many families care subsidies for an elderly family member are considered to be part of the household income, and thus there is reluctance to use mobile care providers. In family contexts characterised by a strong moral obligation to take care of elderly family members, which is the case in many migrant families, there is a tendency to perceive the hiring of external care services as a “failure of the family”, which results in pressure on (female) spouses and children to engage in intra-family care arrangements, even at the price of quitting their job.

### ***Challenges in mobile care***

Mobile care arrangements may range from household support to support with personal hygiene and medical support. Being delivered in the home of the patients, they imply the crossing of the boundary of the private space of the client. Not only is a stranger allowed into the flat, but s/he also takes over household tasks that go to the heart of personal autonomy (cooking, cleaning, shopping), and thus clearly communicates a loss of autonomy to the client. If the client also needs support with personal hygiene, the boundaries of the body are also at stake, as a stranger intrudes into the intimate sphere.

Several experts stated that this structural challenge of mobile care for the elderly – negotiating the place of a stranger in one’s private and intimate realm – is further complicated in the context of care for elderly migrants, if the care worker is not familiar with the language and culture of their clients. The development of a positive care relationship needs to involve trust-building both with the client and with family members. Both require the intercultural training of staff, particularly in the case of Muslim families, where family obligations to provide care for the elderly are strong, extra-family care has a bad image, and everyday life is governed more strongly by religious rules than in other cases.

A further aspect related to care quality mentioned by experts is continuity of staff. The schedules of mobile care providers usually foresee 4–8 care workers

per patient, who alternate in visiting the clients. The funding schemes for mobile care moreover demand a scheduling of mobile care teams based on the principle of minimal travel time between the homes of the clients. As such a frequent change of care workers is experienced as stressful, most institutions follow the model of “primary care”, where one care manager is available as a continuous contact person, and there is as much continuity in the team as possible, although the high staff turnover in mobile care challenges this approach in practice. In this respect, most interview partners complained about the growing time pressure on mobile care, which de facto reduced mobile care to functional care, neglecting the need for a good personal relationship between clients and care workers.

### *Language Matching*

For related reasons, language matching between clients and care workers is seen as a major challenge by most interview partners. Most elderly migrants are not fluent in German, and prefer to talk in their first language with their care workers. Most interview partners agreed that the ability to communicate in the first language of the clients not only eases communication, but also furthers trust and good personal relations. Furthermore, several interviewees noted that a growing number of clients suffer from dementia, which negatively impacts their capability to communicate in German.

According to the experts interviewed, in practice there are only limited capacities for language matching, since mobile care teams are set up based on a scheme of minimal cost, as already mentioned above. There is no right to first language care in the Austrian health care system overall, and quality regulations do not define language matching as a quality criterion. Thus, there is no funding for the organisation of mobile care teams according to this principle. All interview partners agreed on the need to change quality definitions of care with respect to language matching, but also were extremely sceptical of reaching this goal, as care budgets had been cut due to austerity measures in social funding, and politicians in charge of care policies supposedly were not interested in migrants’ needs.

### *Gender matching*

Experts see the gender matching of care workers and clients as a particularly sensitive issue with regard to caregiving for elderly migrants. According to expert interview partners, most mobile care providers try to avoid matching male care workers with female clients, which is an absolute taboo for Muslim clients. Since the workforce is predominantly female, these cases are rare, but

female care workers often have to care for male clients. This setting is accepted hesitantly by male clients; traditionally-oriented male clients, in particular, do not accept it well, according to experts. Most interview partners stated that they try to inform their clients if a care worker from the other gender is on duty. If clients refuse the visit, they try to find a solution on a case-by-case basis.

Several experts suggested broadening the notion of care quality to include the question of gender matching; gender matches not accepted by the client should not be understood as a failure of the client to accept care, but as a failure of the organisation to provide quality care.

### *Religious issues*

Religious issues in the field of mobile care are focused on two aspects: religiously determined dietary laws, and staff awareness of religious rules relevant for everyday life. Whereas in Vienna, at least, most providers of “meals on wheels” offer meals without pork and vegetarian meals, there are no “meals on wheels” providers offering “halal” or “kosher” meals; these meals have to be provided by the families concerned. In many cases, however, care workers prepare food at the home of the clients and they need the necessary training, which is not foreseen in most cases.

Several interviewees voiced concerns about the lack of training of care workers in everyday religious rules. According to experts, nurses are often not aware of the importance of regular prayers for Muslim clients, and interrupt them when praying; it was not known that wearing street shoes in an apartment is deemed a gross discourtesy, that a commode should never be placed in the direction of Mecca, etc.

In this context, the adherence to Ramadan rules, particularly the drinking ban during the day, was mentioned as a severe challenge, as from a medical perspective adherence to the drinking ban could be dangerous and negatively affect the effects of medication. These issues demand a sensitive dialogue with the clients and, if necessary, the involvement of a Hodja or another religious leader to convince the client that medical reasons mean s/he does not have to comply with Ramadan rules.

According to several interviewees, religious issues gain importance in old age, so clients also pay more attention to the observance of religious rules. Care workers who are not adequately trained may perceive this insistence on religious rules as “troublesome” or rebelliousness, a potential conflict which should be eased by better intercultural training for nurses.



## Challenges in residential care

Recent years have seen a significant change in the role of residential care. Whereas in the 1990s a large number of residents in residential care homes were still relatively mobile, all stakeholders in the field of care today agree on the principle of privileging mobile support over residential care for as long as possible. According to the interview partners, this development has led to a major change in the age composition of inhabitants of residential care facilities, who today tend to be in their eighties, and are much more in need of intensive care than average residents were in the 1990s. This shift towards mobile care has also reduced the demand for residential care.

In effect, residential care homes today have to reach out for residents, several interview partners mentioned, and in order to gain more clients, they are starting to recognise migrants as potential new target groups.

In this respect, the image of residential care among migrants is of specific concern. In general, residential care homes suffer from a bad image fuelled by cases of mistreatment of patients, although quality control measures have improved the situation, several interview partners stated. Migrants distrust residential care even more than the autochthonous population, as they judge them based on the quality and image of residential care homes in their countries of origin. Furthermore, strong family values prevent families from making use of residential care facilities, since arranging residential care for a parent is often seen as a massive moral failure on the part of the family. Several interview partners reported that residential care providers had thus started contacting migrants' organisations to make their offers known.

Although residential care providers reported very low percentages of migrant clients (3–10%), they mentioned challenges similar to those for mobile care, in particular language matching, language issues linked to dementia, and the inclusion of family members in care activities.

### *Language matching*

Language matching is an issue linked to both the composition of staff and of residents. Many migrant residents are not fluent in German and prefer to communicate with the nurses in their first languages, which is not possible in most cases, many interview partners stated. Where the languages spoken by staff match those of the clients, the providers try to include the issue in staff planning. Compared to mobile care arrangements, stationary arrangements

make it easier to match the languages spoken by staff and by clients, as the number of staff is higher and both staff and clients live in the same building.

As well as language matching between clients and nurses, language matching between residents is also an issue. According to several interview partners working in residential care, regular contact with peers speaking the same first language is of great relevance for patients suffering from dementia, as in phase II of dementia people lose the ability to communicate in languages learned later in life. Without regular communication in their first language, these patients withdraw from communication with the outside world, and dementia progresses faster. According to one expert, only a few nursing homes for the elderly in Vienna have already realised the link between dementia and first language communication, and try to organise activities for their residents suffering from dementia in settings allowing communication with peers from the same area.

Regarding first language communication, most respondents pinpointed the need to value the language skills of employees as an important resource for granting care quality for migrants. Although it is rarely possible to extensively cover all the first languages of the residents, language matching ought to be an issue in staff recruitment. The possibility for patients to interact in their preferred language with inmates and visitors should be defined as an element of quality in care. At the moment, providers seek case-by-case solutions, but there is a need for a more systematic approach.

### ***Gender matching***

Much as in the mobile sector, the issue of gender matching was also addressed by interview partners as a relevant aspect in residential care, although the greater number of employees meant the issue could be solved more easily. Moreover, due to the female dominance of the nursing profession there have hardly ever been situations where a male nurse had to assist a female patient in personal hygiene. These settings are avoided as far as possible with regard to Muslim patients, the interviewees confirmed.

### ***Religious and cultural aspects***

According to the majority of interviewees, integrative concepts granting patients the right to follow their religious and cultural traditions within a residential facility open to people with different religions and cultural backgrounds are better able to link care quality with cultural sensitivity than facilities catering only to a specific group. Religious services for all major religions are offered in public

residential homes for the elderly, and religious dietary requirements may be easily followed. The role of religion in everyday life is the choice of the individual, and no problems were reported with regard to these issues. In practice, however, there are only a very few migrant residents, particularly only a very few Muslim residents, living in residential homes in Vienna and Linz, so the issue may gain more prominence in the future when the number of migrant clients rises.

## **Migrants' views of care: Results of the focus group discussions**

### ***Unmet needs of migrants in the Austrian elderly care system: Getting the information right***

The following sections are based on the interpretation of focus groups with elderly migrants from Turkey, ex-Yugoslavia and the Philippines, held in Linz and Vienna. In this section we analyse our participants' statements through focusing on how three important requirements are not being met in order for migrants to navigate and access elderly care in Austria. First of all, information policies are not proactive, and information is often only in German, while at the same time information about the current care system and what to expect there is strongly lacking amongst migrants. Secondly, and relatedly, first language speakers and/or translators are either not at all or only barely represented in institutions. Thirdly, and again linked to language, acceptance of cultural diversity is a topic that has barely started to register with providers; migrants fear racism and non-acceptance because of their "otherness": their own customs, care needs and wishes, and their language. In these three major ways, the needs of migrants in the elderly care sector are not met and this contributes to migrants not accessing the system.

Regarding difficult access to information, three issues meet in a problematic way: migrants' scepticism towards state institutions; taboo-like and fatalistic attitudes that surround care outside of the family; and a politics of health care information that sees it as migrants' own responsibility to be informed, rather than the other way around.

How can one access public information about care? As already described, the elderly care system is extremely complex and there are many considerations to take into account before deciding which offer might be the appropriate one in a given situation. Information about these various possibilities is scattered and cannot be easily accessed. This does not mean that there is no effort at all in terms of providing information. Care providers, both in the form of large

state institutions as well as the individual providers themselves, offer online and offline information about their services, often in the form of folders that are also put on the respective website as documents. Some, but not all institutions, have translated these brochures into the most common languages in Austria, but they are not specific to the questions elderly migrants may have.

The general problem of access is not specific to migrants, but is a problem for the population in general: Information is scattered, demanding a high degree of search activity from the user, and a middle class educational background to understand the information provided. How do elderly migrants deviate from this implicitly assumed norm? For many participants in our focus groups, problems had already accumulated over the years. Many of them were poor, meaning that they received near or below the minimum retirement pension. Many migrants of this generation have, like our participants, only learned very limited German, since they worked in manual labour, while women who often did not enter the workforce never found an opportunity to learn it at all. After years of hard work, these elderly migrants have often aged faster than the average population and have already acquired severe health problems. Poor migrants in need of care thus find themselves being sent from service to service, never able to explain themselves properly, since the system does not seem built for them and the language is not theirs.

These common experiences, reiterated throughout the focus groups, have also shaped our participants' attitudes toward state institutions, including those state institutions responsible for providing elderly care. (Despite the fact that elderly care is often sub-contracted to NGOs and Catholic Church agencies, participants in the focus group often stereotyped all providers as "the state".) Especially amongst women and in the Turkish focus groups, there was a strong fear of "interacting with the state"; because they could not speak the language properly and were thus not able to explain their situation adequately, there was a fear of "losing out" in interacting with state agencies. One female participant in a Bosnian/Serbian/Croatian group said: "I am afraid of losing what I have, if I interact with a state agency." Another woman stated:

*I have experienced things. When you go somewhere, to get information and when they sense that you cannot speak German that well... Often, often, often, it is dependent on the person sitting there whether you get it or do not get it. Whether she will give you the information or not. Or she just says, no, you do not have a right, a claim. Simply, she cannot be bothered to look, or to work, or she does*

*not want to be bothered with an explanation, or to show that she is listening to you, that she understands what you want.*

However, not only attitudes towards the state overall are at stake in accessing information; there is also the more specific question of what is thought about care institutions. Most participants in our focus groups had a very limited knowledge of elderly care services in Austria. Most participants were only aware of in-patient care, stereotyped as “homes for the elderly”. At the same time, this type of care was met with great distrust and fear. An exception to this was the Filipino group, as most participants were employed in the care sector and were thus knowledgeable about the system.

Care in a nursing home – usually referred to as a “home” – was perceived as the worst scenario amongst most focus group participants, across all groups. As in the Austrian majority population, care at home, and by family members, was seen as the ideal. Care in a “home” was connoted emotionally and morally with feelings of fear of mistreatment and being let down by relatives. There was talk of parents being “deported” to “homes” by their uncaring children; people in homes are those who were “thrown away” by their families; “homes” are only for poor or extremely sick people. One woman in a Turkish focus group (Linz) summarised: “A care home is a place where people are rounded up!”

Thus, for some participants there seemed to be almost a taboo surrounding the topic, which has implications for information-seeking behaviour. Some participants spoke of attempts to talk about elderly care options with their parents that failed, either because of their parents’ or other relatives’ strong feelings about it. One example of this was a participant from the ex-Yugoslavian women’s group (Vienna), who also did not perceive care in a “home” as appropriate. To the assembled relatives in the family home in their country of origin, her brother had suggested accessing in-patient elderly care for their mother. The participant recalled: “And everyone jumped up: Are you not ashamed to put your mother into an elderly home? She does not deserve this.” Another participant in the Turkish women’s group (Vienna) critically reported a recent experience in her job as a counsellor to other migrants:

*I was talking about this with a family only today. The daughter wanted to talk to me about care institutions and already in the first phase of the conversation, the mother complained and was offended. She said: “You don’t want me and you want to stick me in a care institution.”*

This participant was critical of this attitude: it should at least be OK to access information. Both examples show the strong moral assessments and feelings that are associated with the topic of care: guilt, duty, “punishment”, being offended, feeling hurt, feeling rejected, etc.

Another attitude prevalent amongst participants was a certain fatalism and a lack of proactive searching for information. This is a general phenomenon for health care topics – difficult health situations are an unwelcome topic that few like to think about if they are not acute. In the focus groups, it did become apparent that the lack of information about options beyond the fearsome “home for the elderly” exacerbated this issue. Because “homes” were associated with such strong fears, they were only seen as the very last option, in case of emergency. “Only if we have an emergency situation, will we become active,” a female Turkish participant expressed the sentiment of many others across the focus groups. Care outside of the family is seen as the very last resort.

All of these attitudes contribute towards an aversion towards looking for information with regard to the elderly care system. It is somewhat of a vicious cycle – since there is a lack of information about the broad spectrum of care (aside from “homes”), migrants do not perceive institutional care as a viable option, and thus do not look for information. Such a cycle can only be broken by first-language, culturally-appropriate, sensitive and proactive information. Experts interviewed for our study and focus group participants all agree that brochures are not enough to process the complex information of the care system, and to cut through the broader social issues involved. Counselling services are needed, places where trust can be built and fears are understood. However, while there are plenty of counselling services available for German speakers, these services are barely available in other languages. Non-German speakers often have to resort to going to small NGOs catering to migrants, whose main focus is usually not on the topic of care.

Thus, migrants’ needs are intentionally or unintentionally ignored and an informed, middle class, German-speaking subject is implicitly assumed. These issues are now starting to be addressed with small pilot projects that have proactive/outreach approaches, but broader, mainstream strategies towards inclusion of migrants are still utterly lacking.

### ***Migrants’ needs in care service: language issues***

Moving on from the question of information, how are migrants’ needs addressed within care services themselves? Among the most obvious gaps is the question

of languages offered by care providers. While most care providers and other experts interviewed agreed on the fundamental importance of first-language competence of professional caregivers, if the clients do not speak German, the reality does not match this assessment in the slightest. As mentioned above in the analysis of experts' interviews, attempts to match the first language of clients with that of the care worker are still very limited in extent. There is no right to first-language care in the Austrian health care system overall; for care institutions, language matching is not part of quality assurance.

The importance of first-language care for migrants cannot be overstated. It was the primary concern throughout all focus groups. Even for those participants who spoke German well, there was a fear of not being able to communicate personal issues with subtlety. One participant put it this way: "I have worked here myself, I have a pension here, I can make myself understood, but the mother tongue is something else. It would be important, because then I can say anything and be sure that everything will be understood."

Furthermore, second languages learned later in life can deteriorate or be completely lost in old age, especially in the case of dementia. One participant in a Bosnian/Serbian/Croatian group was worried:

*As long as we are working, we speak German well enough. Later on you don't use the language any more and you talk less. When you talk less, your capability in (the language) diminishes.*

The issue of first language care also strongly related to the fears and stereotypes of being cared for in a "home". The fears of being mistreated and helpless in a closed institution multiply because of the language barrier. Lacking German, one would not even be able to make a complaint. "This is what we are afraid of, that we do not know the language and we cannot communicate our problems," one female participant in the Bosnian/Serbian/Croatian group stated.

The concerns regarding mobile care were similar: in order to take the fear-some step of letting a stranger into the house, one at least wants to be able to communicate with them. Implicitly and sometime explicitly, focus group participants assumed that a first language speaker would be a person of trust in a care institution, one who did not ignore the "foreigner", took concerns seriously and sorted out misunderstandings. As with the provision of information, there is a clear connection between first-language care and trust in the institution.

A less dramatic, but still important concern with regard to language was the question of social contacts. Many participants voiced a desire to be able to make new contacts in a care institution, to talk about life experiences: “The problem is, I won’t be able to have dialogues, to make friendships.” In one women’s group, there was even enthusiasm for the idea of being able to meet lots of other women in a similar situation at the end of life: “Old people want to talk and tell stories a lot, so a day-care institution would be good!” a Turkish participant offered. However, this enthusiasm was quickly overshadowed by the question of whether speaking a non-German language would even be welcome in such an institution.

### ***Migrants’ needs in care service: Cultural sensitivity***

Another participant shared the story of her mother, who had suffered a stroke shortly after having fled from ex-Yugoslavia to Austria. She thus had to go to hospital without any knowledge of German. In these unknown surroundings, her mother’s traumatic experiences during the war resurfaced, and she believed she was in a prisoners’ exchange. The participant said:

*And this she remembered well, the exchange. (...) So, she should be exchanged, and she is waiting, she is waiting for her turn. All the others are Chinese. That was a horrible thing, to explain to her that she is in Austria, what can I (tell) you. (...) At least she (could) recognise us, everything else was real suffering.*

This participant’s story illustrates the importance of care in a first language, in order to understand what a patient/client is going through. Together with participants’ concern about talking in a non-German language in a care institution, it also highlights how the issue can even go beyond language, as a certain cultural and historical knowledge can be required to provide appropriate care to an elderly migrant.

Focus group discussion often cumulated in this third unmet need: Participants wanted care providers to be sensitive and welcoming of cultural diversity. This started with obvious points often also iterated by experts, such as having a choice between a male or female care worker, especially in intimate care; culturally/religiously appropriate meals; or religious needs such as prayer rooms. Beyond such perhaps more easily ticked off lists, there was a strong wish for cultural, ethnic, religious and language acceptance. One participant summarised it in the following way:



*It would be important to me that the staff also respect and accept culture, rituals, eating habits. Because people who accept another culture – it feels good when you know that they are people like that.*

Such a broad understanding of culturally-appropriate care is thoroughly lacking throughout the Austrian elderly care landscape. Some providers interviewed, who favour a strong needs-based approach in their in-patient care, were also realising that this was where they needed to grow as an institution in order to fulfil their high standards of care for migrants as well. But even these providers were only starting to think about how they might go about realising such care and to start to respond to migrants' needs in elderly care.

### ***Care for the family abroad***

In the previous section, attitudes towards care “homes” have already been described: for focus group participants, “homes” were the worst option, while care at home by family members was the ideal. Especially in the women's focus groups, participants talked at length about the care arrangements they had made for their own parents, in many cases without any institutional support. Many participants had parents or in-laws who were living in the country of origin, which poses a moral and an organisational difficulty. Participants had found different solutions to this problem, which we will now describe: trying to get their parents to come to Austria; having care provided in the country of origin; and shuttling back and forth in order to provide care.

(1) A self-evident solution to having a relative in need of care in another country is to try and bring that relative to one's own place of residence. However, in most cases this idea failed for policy, organisational and/or emotional reasons. Some participants said that they could never remove their parents or in-laws from their usual surroundings, as this would make them deeply unhappy. Another participant in the Turkish women's group (Vienna) said that she and her eight siblings wanted to bring their mother to Vienna from Turkey. This participant's own flat would have been too small to house her. In terms of rooms, it would have been possible for the mother to stay with a brother, but the idea finally failed as the daughter-in-law in question “did not want it”.

But the biggest obstacles are still the relevant policies: participants reported having trouble in fulfilling the relevant requirements, such as proving a certain income for their parents and health insurance. Thus, relocating an elderly relative to Austria is possible in theory, but difficult in practice.

(2) Failing the option of bringing relatives to Austria, there were three options reported by focus group participants wishing to care for them from afar. One was that other family members took care of parents/in-laws – surely one of the easiest solutions. A number of participants reported sending money to the respective care-taker in order to contribute something. Another participant in the Turkish women’s group reported that it might also be possible to engage neighbours as care workers, as was the case for her mother:

*I recommended that she go into a home. But she has very good neighbours. Her neighbours are very helpful and they support her with anything. My mother gives them the money for the shopping and the neighbours go shopping for her and also cook for my mother.*

A third option was to arrange mobile care. Although not as widespread as in Austria, this was an option for one participant’s mother. She reported that her siblings had put together the money to arrange for a care worker and meals on wheels. However, she reported that this only worked less than ideally: “Mother was not happy with this (and) always complained.” She did not eat the food.

(3) A third option, which for obvious practical reasons seemed to be prevalent mainly among participants from the ex-Yugoslavian group, was to shuttle back and forth between the country of origin and Austria, sometimes even to go back for longer periods of time to take care of a relative. One participant in the ex-Yugoslavian women’s group said that after her father, living in the country of origin, had suffered a stroke, she had cared for him there, with some help (mainly of a financial nature) from her brother: “We kept up the idea that one should help one’s parents, me and my brother”. Since she was on parental leave anyway and not working, she lived with her parents “down there” for a while. After this period, she shuttled back and forth every second week-end. “We did as much as we could, my brother and I,” she emphasized her self-sacrificing attitude.

In the Turkish women’s group, following through with this idealism worked out less well. One participant reported that she had relocated back to Turkey for a few months in order to support her mother who needed care. This participant does not have family herself and lives on welfare (“Notstandshilfe”). When she travelled to live with her mother, her problems multiplied. She lost her claim to welfare but still had to pay her rent in Austria. Her mother had been afraid of going into a “home” because of a fear of violence there and a fear of losing her social contacts. Her mother had a very low income and she had not been able

to find anyone to take care of her reliably on such little money. This participant was herself very worried about what would happen in the future, should she one day need care herself, as she did not have any children to take care of her.

## **Expectations and changing family structures**

In this last empirical section we show why, despite all the challenges and despite migrants' own doubts and fears about institutional care, the state care system will be important in the future, also for elderly migrants in Austria. For most elderly migrants in our focus groups, care in the family is seen as the ideal care arrangement, an attitude similar to that of the majority population. Even more than in the majority population, there are sometimes very high expectations of the younger generation and the duties they are expected to fulfil. Throughout the focus group discussions, major lines of discord did occur, however, pointing towards a change in values and attitudes in the 2nd and 3rd generation, having largely to do with changing gender roles of women. Tracing the lines of discussion in the focus groups sheds a light on the major fault lines in these discourses.

(1) During the focus groups, the topic of expectations towards children was usually started when participants spoke of their own experiences in caring for parents or in-laws. As was discussed in the previous section, most participants tried very hard to take care of their relatives personally, within the family. Many spoke of the family's "duty" towards older relatives in this regard, which was a motive across all focus groups. Fulfilment of this "duty" was a strong moral norm, and certainly created high expectations of many participants towards the younger generation. One participant in a women's Bosnian/Serbian/Croatian group in Vienna expressed her expectations in the following way:

*Our tradition in the Balkans is that the family lives together and that we are very connected. And we expect, me, all of us, (...) we made everything possible for our children and now we expect of our children, when we are old, that they take care of us.*

Similar discussions took place in the Turkish groups, where one female participant said: "Of course everybody wants their own children to take on the care." Another said: "Surely my five grandchildren will take care of me." Some female participants also explained that people become more sensitive and emotional in old age and want to be treated with care, looking for closeness with one's children.

In the Filipino group, the discussion was slightly different. At first, participants emphasised that they did not want to burden their children, but then one participant did say: “If you really love someone”, you also do the care work – a very high expectation of children. Another said: “I experienced this myself: Working full-time, taking children from a to b, getting them to kindergarten...”, but another replied to her loudly: “Yes, and we survived it, too!” The previous participant laughed at first, but then she agreed: “We want to experience this, too”, implying the self-sacrificing devotion and sense of duty expected of the children.

A similar attitude was prevalent in the discussion of the men’s group in Linz, where one participant first expressed understanding for children who did not always conform to the “attitudes” of the “first generation” any more. He himself had learned that one must “always take care of one’s parents”, as he said. The “second generation” children, however, have in his view taken on the attitudes of the Austrian population that there are, after all, good care services available. Thus, parents do not need to be cared for personally any more.

While this participant laid out this narrative in a distanced way, another instantly reacted with strong emotions. If this were the case, he would disown his children and give his belongings to the care home. “I have taken care of my children so far, and even now although they are grown up. And when I am old, I am supposed to be cared for in a home, and not by my son?!” This notion outraged him.

A participant in a women’s Bosnian/Serbian/Croatian group (Linz) expressed her expectations quite clearly: “I cannot imagine going to a home for the elderly. I believe in Allah and rely on my children. I have also cared for my parents-in-law and hope that my children will do the same for me.”

(2) These narratives on the one hand express quite clear expectations: Children have a duty to take care of parents(-in-law). Since people had performed care work themselves, there was an analogous expectation of children. But there were also some sparks of doubt and quiet criticism within these parts of the discussion, some suggestions that things were not as they used to be. At this point in the focus groups, a certain perception of social change entered the discussion.

There were also those participants who did not want to “burden” their children. To this participant’s story, another replied: “Actually, children don’t want to take on the care work at all, but we just don’t look into our options as much as we should.” Another participant also wanted to avoid troubling her children based on her own experience:

*I am registered in a (care home), I know the care facilities. I have a child, but I cannot expect this of my child, because I know how difficult it is to take care of infirm people at home.*

Another male participant in the Bosnian/Serbian/Croatian group said that everyone is used to the family taking care, based on experience in the country of origin. But he was critical: “The family has a duty to take care of infirm (relatives). But the reason for this is partly because there is no other option.”

Starting to discuss social change, many participants offered the idea that there is a big difference in expectations of care between “nowadays” and “back then”, and between the country of origin and Austria. Women were usually not working in a job. In many focus groups, people pointed out “how little time” their children had – both overall and for their parents. This kind of talk also implies unspoken ideas about gender and care, since although there was always talk of “the children” who had no time, it became clear further down the discussion that it was really the female children that were implied. Women in the family are responsible for care work, but since many of them are now working in a job, this brings great change.

This change of “not having time” for parents and other relatives is further exacerbated by the changes in household structure. Participants told stories of how care used to be arranged in extended family households and thus did not form such a big burden on one single person. Filipino participants also emphasised that there were always helpers employed in the family household who would help with care work. Now, the distance between multiple small family households also enters the equation. A number of participants shared their experience of having to travel across the city to take care of relatives, in addition to doing their job and caring for their own children. A participant in a women’s Turkish group thought it would be easier to have the parents in her own apartment, but it was just too small:

*The apartments (in Vienna) are small and are just about sufficient for your own family. But if the parent who is in need of care lives elsewhere, how often can you visit them or support them. After all, you have your own family on the other side with your husband and children.*

This perception of social change was accompanied by a perception of change in the children themselves. Throughout all focus groups, there were

discussions of how children did not conform to old norms and moral expectations any more – a fairly universal theme for first generation immigrants, perhaps. As one participant put it: “The children are not what they used to be, either.” How was this “difference” portrayed? For instance, one participant in the women’s Turkish group in Linz said, she did not want to go into a “home”, but she did not trust her children to take care of her either, as they did not live close to her. A participant in the women’s Bosnian/Serbian/Croatian group in Vienna shared a story about her son:

*I was sick for two months myself, but it is no use to me whatsoever that my son is close by. He does not even want to buy my medication for me. Children are completely different nowadays. They don’t have humanity like we do.*

Another agreed:

*They also don’t have any feelings. For some things. When he sees, that someone is sick, he should get up. But he waits until you tell him to. And then, when you tell him to go shopping, he will do it or he will quickly walk away and say: we’ll do that later.*

These narratives are about certain ways of behaving around respected persons, which the parents know from their own upbringing, but the children apparently do not any more. This theme recurred throughout all focus groups. A participant in the men’s Turkish focus group (Vienna) summarized: “We all have the same problem, that our children do not think like us anymore.”

(3) For some participants, weighing all these different factors brought ambivalence and a sensation of being overwhelmed. Some were unsure what to expect of their children and were torn between not wanting to burden children and the strong desire to be cared for by them. Two examples show this most clearly.

In the women’s Bosnian-Croatian-Serbian group, a participant expressed her wishes in the following way: “The question of what would I decide for myself tomorrow is clear for me without a doubt: a home for the elderly. Why? First of all, I would not want... It is absolutely clear, that the children cannot... They say, ‘Mama, but no’.” In this narrative, the participant on the one hand says clearly that she would be willing to go into a care facility. On the other hand, she imagines her children contradicting her and saying “no, Mum”. She further elaborates that it is most important for her that nobody has a “bad conscience”, least of all her children. This shows a great wish for harmony in family relations.

A female participant was similarly ambivalent:

*It would be okay for me to go into a care home. But if my children were here (now), they would surely be offended and say: “Mama, what are you saying. I am there for you.”*

This imaginary dialogue shows a strong wish for the children to take on care work of their own accord, without there being any conflict.

Part of the ambivalence, furthermore, seems to lie in the difficulty of even addressing the topic. Participants mostly did not actually know their children’s stance and were perhaps afraid to ask, hence the imagined dialogues. One participant said that her husband was completely ignoring the topic. She herself assumed that their children would not do care work at all. But she could not discuss the topic of ageing with her husband, because he would instantly “block” the topic when she addressed it. She also mentioned only speaking very limited German herself, so she is worried about her future care.

(4) The reaction of ignoring the topic was also particularly strong with those participants who either had no children, or no children living close by. Since so many expectations of care focus on the children’s role, these participants seemed to be at a loss. In two focus groups, such participants remained silent throughout the discussion and only told their story when prompted by the facilitator. In the Bosnian/Serbian/Croatian group (Linz) there were two single women without children who said they would be on their own if they needed care. One of them said she was hoping that her nieces would take care of her. Another answered only hypothetically and evasively:

*I hope and trust in God that this will never be the case. I would ask my neighbours, or I don’t know, what would you do?*

In another group, there was also a single participant without children who lived off welfare and was in great financial trouble. She was afraid of what would happen should she need care, and had no scenarios for this. She also assumed that she would not be able to afford institutional care anyway.

In summary, the focus groups showed that care in the family, by one’s own children, was the ideal for many participants, similar to the Austrian majority population. A motive that was perhaps stronger than in the majority population was the notion of duty of the children towards their elders. The focus groups at the same time also portrayed the strong social change that was going on in the

second generation, the participants' children. Compared to the situation these migrants knew, their children seemed "different". They have less time, the women are working, and the families live apart in smaller households. The reactions in the focus groups to all these hard-to-accept and hard-to-understand changes can thus be summarised as being of four types: (1) One group that, at least within the discussion of the focus group, refused to change their high expectations of their children; (2) A group that was already certain that children would not do care work, anyway; (3) Another group that was ambivalent; (4) and a few participants who were simply overwhelmed by the topic and thus tried to push it out of their minds. The respective attitudes seemed to be mostly connected to whether participants recognised that social change was taking place and that their children were in a different position than they had been. While the first group was not interested in the Austrian elderly care system, groups 2–4, for different reasons, developed a strong interest throughout the discussion. Be it out of "compassion" for the children, a simple acknowledgment of the children's situation, or out of a lack of alternatives, these migrants need the elderly care system to welcome them.

## **Conclusions**

Both the expert interviews and the focus group pointed to four main areas in need of reform:

- a) Information on the Austrian care system targets a middle-class audience with well-honed communication capacities, and does not reach migrants. There is a need for a more proactive and targeted strategy for communication with migrant communities, including outreach events organised together with migrants' associations and held in the mother tongue of major Austrian migrant groups. Special care should furthermore be taken to reach vulnerable groups such as (single) women. Even more than among the majority population in Austria, care outside of the family has a bad image among migrant families, who tend to judge it based on information about care providers in their country of origin. It is therefore necessary to provide face-to-face first language counselling in order to mitigate fears concerning institutional care services.
- b) Language competency of staff in the first language of migrants is a crucial issue both in mobile and residential care arrangements. Language matching between clients and care workers needs to be defined as a criterion for care quality, and should be fostered wherever possible. Language matching is



particularly pertinent in cases of dementia, as dementia may lead to a loss of communicative ability in languages learned later in life. Both providers of mobile and residential care should be encouraged to take into account the communicative needs of patients both in the planning of activities with residents and in staff planning.

- c) Both mobile and residential care arrangements need to train staff in intercultural awareness and develop plans for inclusive and culturally-sensitive care. In order to do so, it is necessary to collect further data on the usage of care facilities by migrants and on access thresholds. The communicative element of care has to be taken seriously in order to develop a sustainable relationship between clients, care workers and clients' families. Strong family obligations to support the elderly should not be seen as a barrier, but as a potential to improve care quality.
- d) The lack of coordination between the provincial governments and the different care providers should be overcome by a coordination platform providing exchange of practices and common training with regard to ageing of migrants in order to better prepare the Austrian care system for the growing number of migrant clients.

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**Adéla Souralová: *New Perspectives on Mutual Dependency in Care-Giving***

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Although there has recently been a boom in research on care work and on migrants' children, Adéla Souralová's book *New Perspectives on Mutual Dependency in Care-Giving* is surely of particular note, being the first academic study to bring these two distinct fields of research together. As the title of her book implies, Souralová's ambition here is to present information that will "encourage scholars to re-think the current conceptual frameworks built upon the experiences of immigrant domestic workers and middle-class families" (p. 2). This she intends to do by including the *perspective of the children* in her research, something that has so far been neglected in care work research (methodological innovation) and by taking the *concept of mutual dependency* as a starting point for the analysis of all the relationships involved, focusing on the more intimate and local aspect of care-giving (theoretical innovation).

Personally I find the "shift towards the children's perspective" one of the most interesting and original contributions of Souralová's work. Clearly, by acknowledging children's agency as a mode of understanding and gaining new knowledge regarding delegated childcare, Souralová is able to bring to the fore the emotional and intimate (rather than economic) aspects of care work, which would otherwise remain hidden. However, since Souralová's findings are based on data collected amongst

Vietnamese families and their Czech nannies, I have to pose the question "How can this book, with its focus on local Czech Vietnamese, offer a new perspective on general care work research or reveal a side of the Asian immigrant experience that has so far remained hidden (p. 2)?"

To answer these questions we need to have a closer look at some of the more original findings presented by Souralová in the seven chapters of her book.

In chapter 3 Souralová explores the first step in care work, which is the decision of her respondents to become a nanny. By taking the care-giving histories of these women as a basis of their decision making, as opposed to looking just at their structural position (all the women in the sample were dependent on welfare) she comes to the conclusion that there is more behind their decision to take this specific job than financial distress or the fact that they have sufficient free time (p. 54). She explicitly says that "these nannies need (Vietnamese) children more than they need the money they are paid for taking care of them" (p. 37). This statement might sound a bit exaggerated, since Souralová herself says that the importance of economic incentives for becoming a nanny among the women in her sample varies and that "in some cases being a nanny is an indispensable contribution to the family budget" (p. 41). However, the point is that she clearly shows that money (which in this case is very well-deserved, as the nannies often work 60 to 70 hours per week for pay that is below the minimum wage) is clearly not the only factor that "pushes" these women to become nannies, but that there are other just as important, sometimes more important factors that should be

taken into account, and that these factors may be described purely by taking the life histories of these women into account. This, above all, allows us to cast light not only on the main motivations of these women for becoming a nanny, but also on what “being a nanny” means to them.

The meaning of care giving and the depth of the child-nanny relationship is further revealed in chapter 5, where Souralová points to the connection between care-giving and kinning and describes how the Czech nannies actually become grandmothers and “Vietnamese” children grandchildren (p. 88). She looks at performative actions that respondents marked as tie-establishing, and presents some highly illuminating narratives by children that shed light on the way in which the mutual responsibility between child and nanny is established (p. 91) or how shared memories strengthen the already-established relationships. (pp. 91–99). She describes not only kinning activities between child and nannies, but also “family-building” activities, such as celebration of important days of the year, or transitional moments in children’s lives, such as the first day at school, that are usually attended by the nannies, who from this point of view are seen as a part of the family.

What I find one of the most valuable contributions of this chapter is the analysis of how children view their biological grandparents in Vietnam in comparison with their nanny in the Czech Republic. Souralová’s findings suggest that children who have formed a close relationship with their nannies find themselves in a complicated situation. It is commonly accepted that children of migrants face many difficulties in growing up “between two

cultures” (Larke N. Huang: *An Integrative View of Identity Formation: A model for Asian Americans*. Pp. 43–59 in E. P. Salett, and D.R. Koslow, eds.: *Race, Ethnicity and Self-Identity in multicultural perspective*. National Multicultural Institute, Washington, D. C. 1994). According to Souralová, when the child has a native nanny (Czech nanny) these difficulties are even bigger, because they above all have to negotiate between two sets of kinship conceptions – biogenetic (biological Vietnamese grandparents) and performative (Czech “constructed” nannies). The role of the Czech nanny in the child’s life seems, though, to be ambivalent.

The motivations of the Vietnamese parents (mothers) to hire nannies are examined in chapter two. Souralová claims that delegated child care is only partially the result of post migratory changes that often lead to work intensification. In hiring nannies, Vietnamese families are reproducing a model that is common in Vietnam, where it is normal for a woman to start work after only 4 months of maternity leave. In this situation it is most often the grandmother or other family member who looks after the children, something that is not replicable in the new migratory context, as grandparents are usually “left behind”. Nannies therefore fulfil the ideal of relatives in family life and supplant the mother and the grandmother (p. 15).

One of the more interesting insights of this chapter implicates that the reasoning behind hiring a Czech (as opposed to an “ethnic” nanny) is not based on personal preferences but rather on the structure of the opportunities. If it was only up to them, Vietnamese parents would prefer to hire a Vietnamese nanny who could teach their

children Vietnamese, which the children risk losing (as is actually happening) after they start at Czech schools and make Czech friends. This is not, however, possible while there are no Vietnamese nannies available in the Czech Republic. (It will be interesting to see if this changes in the future, once Vietnamese parents become grandparents, assuming that they do not decide to return to Vietnam.) Hiring a Czech nanny is not primarily an integrational strategy, as it might be interpreted as being, but rather a necessity deriving from the situation. The fact that children do actually integrate easily because their Czech nannies not only practise Czech with them, but also enable them to experience Czech lifestyle and culture by engaging them in activities such as mushroom picking, birthday celebrations and pig-killings, is in this case just a side effect with a mostly positive outcome (if we omit the risk of “losing” the Vietnamese language).

Views and ideals about what it means to be a good mother and care provider vary, and are in many ways constitutive to different social and cultural groups. Souralová points to this phenomenon in chapter 4, where she examines the different conceptualizations of motherhood and childcare of the Czech nannies and Vietnamese mothers, which in many regards are so different as to seem incompatible. Thus Vietnamese mothers in her sample think of good mothering as equivalent to creating opportunities for their children by securing them economically. This is not consistent with the views of the nannies, whose perception of good mothering are connected to the idea of a nurturing relationship that manifests itself in the constant presence of the mother. Although Souralová’s findings

are very interesting, her analysis is based on assumptions that the “work ethic in the western part of Europe is based on ideas of self-realization, in opposition to the work ethic of the Vietnamese, who work hard because they want to save money for their children” (p. 15). According to Souralová, staying at home with children is something rarely seen in Vietnam, and a woman with small children does not go work because of her own career, but because according to Vietnamese standards of ideal motherhood, providing for children “economically” is more important than providing for them “emotionally”. The reason for these different views on mothering strategies and how they are implemented is thus outlined as being mostly based on cultural differences (an individualist mentality as opposed to a collectivist mentality) rather than the economic situation of the families. Since research suggests that women’s work activity in Europe has lately become an economic necessity and that only a few families can maintain their living standards on one income (Alena Křížková, Hana Maříková, Hana Hašková, and Lenka Formánková. *Pracovní dráhy žen v České republice*. SLON, Praha 2011), is it not probable that the class and economic situation of the families plays a very important role in the case of Vietnamese families also?

From this point of view it would be interesting to know how the Vietnamese mothers (and fathers) would behave if they were sufficiently financially secure. Would they still work these long hours, or would they choose to stay at home more often? Would they spend more weekends with their children, or would they still give the children to their nannies to be looked

after? And would these mothers stay at home if the state support were higher? Can they actually benefit from state support? Does this affect their choices? Or is the idea of staying at home with children simply socially unacceptable under any circumstances? Soralová purposely did not speak to fathers. This, however, does not mean that questions about the role of the second parent (the father) could not have been asked. The answers to these questions would at least show us if the decision to stay at home was really only the woman's choice, the choice of both parents, or a choice against the father's wishes.

Chapter 6, which focuses on the connection between kinning and home-bonding, is from my point of view the most interesting part of the book. In this chapter Soralová uses three different case studies to describe how the process of "kinning" influences feelings of "belonging". Her conclusion is that the children she spoke to have a "dual notion of homeland – a place based on genetics, blood and family on one hand in the case of Vietnam and, on the other hand, a place of social relationships in the case of the Czech Republic (p. 121)". However, although Vietnam is seen as a homeland, the Czech Republic is where the children are planning to spend their future lives (p. 123).

Soralová further states that the children she talked to experience tension between the two kinds of kinship and that these tensions have an impact on their feelings of belonging. She states that the young people she talked to are not reconciled to their dual identity, but are "haunted" by a desire for a single, steady rock that makes their feelings of belonging less complicated (p. 112). Although her findings correspond

with the work of researchers who present children of migrants as "stuck between two cultures" (Fog-Olwig 2013), it should be noticed that research conducted on children with Vietnamese roots in the U.S. presents a much more diverse picture of this topic. For example, Kibria, to whom Soralová also often refers, describes the ethnic identity of these children and their feelings of belonging and home bonding as "changing over time", and says that the period when the children are confused and don't know where they belong is just a period in their life (Nazli Kibria: *Becoming Asian American. Second Generation Chinese and Korean American Identities*. The Johnson University Press, Baltimore 2002). Hung Cam Thai, who studied ethnic identity among second-generation Asian Americans, has also convincingly showed that her research participants experienced, during childhood and adolescence, feelings of not belonging to either their "old" or "new" social world, but that they overcome these as they reach adulthood (Hung Cam Thai: *Formation of Ethnic Identity among Second-Generation Vietnamese Americans*. Pp. 53–85 in P. G. Min: *The Second Generation – Ethnic Identity among Asian Americans*. AlltaMira Press, Walnut Creek 2002).

Another finding of Soralová's that raises some questions is that where she marks visits to Vietnam as a "turning point" in the identity of her respondents. She says that the children she talked to became more aware of their ethnic roots at the moment when they visited their biological families for the first time. I do not doubt that the children she talked to expressed themselves in this way; what I am asking is whether this experience is not more connected to the child's age

(phase of life) rather than (only) the visit to Vietnam. The idea that a 10-year-old child visiting Vietnam for the first time in his/her life experiences this turning point does not correspond with the findings of the already-mentioned Hung Cam Thai, who discovered that the children she talked to started to be more interested in their cultural heritage on reaching adulthood. By accepting their ethnic and racial identities at this period in their life, they became more confident about themselves and more proud of their ethnic and racial backgrounds (Thai 2002).

One of the critical issues that have been discussed in research on care work relations is that of exploitation. Souralová's work questions the scholarship that understands care work as work performed by poor (exploited) migrant/black women from the global south or Eastern Europe in families of rich or middle class western (privileged) families. As she shows us, all the women in her sample belong to the social middle class regardless of whether they are care giver or care receiver, and sometimes the Vietnamese families (care receiver) even come from a poorer background than the Czech nannies (care giver). The reason why the mothers decide to hire a nanny is not because they are so rich that they can afford it, but rather because they cannot afford to stay at home. Also, the nannies are not taking the jobs because they have to, but because they want to and because they gain more than "only financial satisfaction" from it.

Souralová further convincingly shows that the relationships that are established between the children and their nannies are based on emotional exchange, and that to understand their profundity, the inclusion

of the children's perspective is invaluable and needed. Without the emotional aspect and the bonding quality of these relationships, it would, for example, be difficult to grasp why the nannies look after the children although the wages they receive are far from ideal. For the Vietnamese families, the nannies supplement not only practical needs but also social ties and feelings of belonging to a bigger kinship group, by becoming a real grandmother to their children. As she says: "The relationships in the families are not bound by simply economic transitions, but also by pure and sincere kinship ties" (p. 97). To me the in-depth analysis of all these kinds of dependencies (emotional, generational, and socio-cultural) presented by Souralová is one of the biggest assets of her work, as it convincingly shows how complex are the relationships between employee, employers and children.

To return to the question of whether her findings bring new perspectives on care work and Asian migrants, I should say that her work definitively brings new and interesting insights into many aspects of delegated care-giving where migrant families are involved, although it may not really challenge the body of care work research since it represents a very specific case study tied to experiences of Vietnamese hiring Czech nannies in Czech Republic. On the other hand there is absolutely no doubt that Souralová's book is a much-needed contribution to Czech research on Vietnamese migrants, as it brings much valuable information on Vietnamese families and children in the Czech environment, and even on the children of Vietnamese migrants as such.

*Andrea Svobodová*

**Miroslava Hlinčíková –  
Martina Sekulová: *Integrácia  
ľudí s medzinárodnou  
ochranou na Slovensku:  
Hľadanie východísk*  
[*Integration of People with  
International Protection in  
Slovakia: Seeking Solutions*].**

Bratislava: Inštitút pre verejné  
otázky 2015, 181 pp.

This new book, published by Inštitút pre verejné otázky (Institute For Public Affairs) and entitled *Integrácia ľudí s medzinárodnou ochranou na Slovensku: Hľadanie východísk* (Integration of People with International Protection in Slovakia: Seeking Solutions) explores the basic question of how to integrate people with international protection in such a way that it creates a win-win policy for both the refugees and the majority society. The book has several parts. The first consists of short fictional pieces by Slovak authors based on true stories taken from refugees' diaries. The second part has nine chapters covering various aspects of integration, followed by a summary, bibliography, glossary and annexes.

The first part of the book – short fictional pieces by Slovak authors – has an interesting effect, helping readers to understand the refugees' feelings. There are four stories. The first is about a family and their different views of the process of integration in Slovakia. The second is about a female refugee, Aisha, who becomes an essential impulse for one Slovak actor and his integration into Slovak society. The third is a rather cynical guide for refugees in Slovakia, while the last is the diary of a twelve-year-old boy.

The second, theoretical part contains analysis based on qualitative research into several different topics. The authors questioned various actors – refugees (or people granted supplementary protection), responsible public organizations, experts (in the fields of law, social work, psychology, social policy) and NGOs (also called service organizations). The qualitative research took place between September 2014 and June 2015 in Slovakia. Refugees were asked to write a diary, with eight families writing their own stories at least once a week. In October 2014 they all wrote about their arrival in Slovakia, in November 2014 everybody was asked to write about relations with other people in Slovakia. During the last four months they reflected reality using their own preferences. The diaries were then coded and analysed using an analytical program. The research was completed by participatory observation and unstructured interviews in the families (Ken Plummer: *Documents of Life 2: An Invitation to a Critical Humanism*. Sage, London 2001; Robert A. Fothergill: *Private Chronicles: A Study of English Diaries*. Oxford University Press, London 1974). The other group of actors consisted of experts – 12 people from the Migration Office of the Ministry of the Interior and from service organizations (NGOs). The research was based on semi-structured interviews. The text is completed with the actors' statements from the research.

At the end of each chapter there are several important suggestions regarding how to change, strengthen or complete a policy. This part is extremely useful and ought to be instructional for the responsible bodies and (not only) Slovak policy-makers.



The book is divided into 9 chapters. The first chapter covers research methods and the importance of the integration of refugees, accompanied by basic data. The second chapter describes the role of NGOs in the integration procedures (Zuzana Prouzová et al.: *Efektivita služeb poskytovaných nestátními neziskovými organizacemi v oblasti integrace cizinců*. CVNS, Brno 2008; Zdeněk Uherek et al.: *Analyza státního integračního programu pro azylanty*. Etnologický ústav AV ČR, Praha 2012). The third chapter covers the most problematic aspect of refugee integration policy in Slovakia – housing<sup>1</sup>. As noted several times in the study, housing is a basic precondition for further integration (work, social and cultural integration, etc.) and one where Slovakia seems to fail<sup>2</sup>. The Migration Office offers flats in areas with high unemployment, which means people are unable to find appropriate work. The fourth chapter analyses the issue of employment and its opportunities as well as problems. It is clear that the most

important factor of successful integration is employment<sup>3</sup>, followed by social security, health care<sup>4</sup>, Slovak language learning and education, cultural and social Integration as well as cross-cutting challenges. It is apparent that there are many common problems with the situation in the Czech Republic. Clients (refugees) often complain about the language difficulties, but language learning is also a very important precondition for successful integration. There are also several examples of good practice in Slovakia. The authors make especial mention of the psychological services, which seem to be of great help to people who come to Slovakia with different traumas from their home countries. However, service organizations do not have enough resources to provide appropriate social, psychological as well as legal services. The NGOs are reasonably professionalized, but if more asylum seekers enter the country, they will need more support from the state – capacity building, practice sharing, conferences and workshops.

It is obvious that there are two different approaches towards two different groups: refugees (people granted international protection) and people with subsidiary protection. The authors find that people with subsidiary protection are in a much

<sup>1</sup> Housing for asylum seekers/ refugees is a Europe-wide problem, e.g.: How to guarantee adequate reception conditions of asylum seekers? A homeless service providers' perspective. [http://www.feantsa.org/spip.php?action=acceder\\_document&arg=2916&cle=03ed6df750e552ecb30acad1c22e9251f87ab987&file=pdf%2Fhow\\_to\\_guarantee\\_adequate\\_reception\\_conditions\\_of\\_asylum\\_seekers.pdf](http://www.feantsa.org/spip.php?action=acceder_document&arg=2916&cle=03ed6df750e552ecb30acad1c22e9251f87ab987&file=pdf%2Fhow_to_guarantee_adequate_reception_conditions_of_asylum_seekers.pdf)) or: [http://www.feantsa.org/spip.php?action=acceder\\_document&arg=1639&cle=fa8ee83e4700d1f20d1dbecde0984b53dcf3b70&file=pdf%2Fhomelessness\\_amongst\\_immigrants\\_in\\_the\\_eu\\_a\\_homeless\\_service\\_providers\\_perspective-3.pdf](http://www.feantsa.org/spip.php?action=acceder_document&arg=1639&cle=fa8ee83e4700d1f20d1dbecde0984b53dcf3b70&file=pdf%2Fhomelessness_amongst_immigrants_in_the_eu_a_homeless_service_providers_perspective-3.pdf)

<sup>2</sup> e.g.: [http://www.unhcr-centraleurope.org/assets/files/content/where\\_we\\_work/\\_pdf\\_en/slovakia/UNHCR-Homelessness-SVK-EN.pdf](http://www.unhcr-centraleurope.org/assets/files/content/where_we_work/_pdf_en/slovakia/UNHCR-Homelessness-SVK-EN.pdf)

<sup>3</sup> e.g. Good Practice Guide on Integration of Refugees in the European Union: <http://www.ecre.org/component/downloads/downloads/190.html>

<sup>4</sup> Migrant Access to Social Security and Healthcare in the Slovak Republic: Policies and Practice: [http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/european\\_migration\\_network/reports/docs/emn-studies/illegally-resident/23a.slovak\\_republic\\_un\\_report\\_social\\_security\\_en\\_version\\_feb\\_2014.pdf](http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/european_migration_network/reports/docs/emn-studies/illegally-resident/23a.slovak_republic_un_report_social_security_en_version_feb_2014.pdf)

worse situation than refugees. The problem derives from the temporary nature of their residence period of 1 year. They have worse access to housing, work, insurance as well as schooling for their children (e. g., places in kindergartens or scholarships at universities). Moreover, the difference between the initial situations of the two group is fairly small, and the reasons why some obtain refugee status but others subsidiary protection remain unclear.

The work seeks to contribute to the discussion of integration procedure in Slovakia. The integration should be seen from the actors' own viewpoints, always keeping the people with international protection at the centre of interest. We should always bear in mind the crucial difference between migrants and refugees. Refugees are often struggling with psychological problems, family separation and traumatic experiences. The receiving country should therefore have appropriate mechanisms for offering a complex and corresponding integration policy. Unfortunately, Slovak institutions show a fairly low level of interest in refugees' integration issues. There is much bureaucracy, and inter-sectoral struggle between ministries is also a problem. The period for which the state provides aid is too short. A period of 6 months is too short for people to orient themselves in the new society, learn a new language and become independent. They

often remain dependent on aid, unable to find work or private rental accommodation. The biggest problems are discontinuity of integration measures and lack of professionalism in the provided services. The project approach means there is also discontinuity in the organizations providing services.

In 2015 the "refugee crisis" became a general topic in Slovakia<sup>5</sup>. As the authors say, it is quite predictable that the numbers of asylum seekers in Slovakia will grow. This should also bring the agenda to the centre of policy-makers' interest.

The research in *Integrácia ľudí s medzinárodnou ochranou na Slovensku: Hľadanie východísk* offers deep insights into the integration of people with international protection in Slovakia. It has an original methodological approach combining qualitative research based on interviews and diaries, primary and secondary sources (e.g. Slovak legislation, strategies and conceptions, books and research studies) and original production – four stories from four Slovak writers, with the objective of drawing the reader into the situation of a person with international protection living in Slovakia. The research is well composed and offers an interesting and useful view on Slovak integration policies for a wide range of readers – experts, academics and the public.

*Anna Dumont*

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<sup>5</sup> e.g. <http://blogs.lse.ac.uk/europpblog/2016/01/21/slovakias-general-election-the-impact-of-the-refugee-crisis-is-likely-to-push-robert-fico-back-to-power/>

## Emerging Immigration Scholars Conference

University of California  
Los Angeles, USA,  
February 26<sup>th</sup>–27<sup>th</sup> 2016

On February 26<sup>th</sup> and 27<sup>th</sup> a conference took place at the University of California in Los Angeles, organized by the University of California Los Angeles Center for the Study of International Migration. While the conference mainly concerned migration, multiculturalism and immigration into the United States, there were also other interesting topics. Many participants were post-doctoral fellows, fresh holders of doctorate degrees, who had finished their fieldwork as well as their dissertation thesis and wanted to publish their thesis. Each session was led by “older local” professors from the University of California Los Angeles, San Diego, Irvine and Berkeley, while the presenters were from all over the United States. There were no presenters from any other countries.

The conference in fact took the form of a workshop. All contributions were sent to all participants some days before in the form of articles (some still works in progress), so that participants were prepared for discussion and almost all had questions for their colleagues. Presenters thus expected feedback after they finished their presentations, constructive criticism that made their paper stronger. Professors were not excluded from discussion – first, they also replied to participants with notes and advice, and, secondly, there were meetings called “authors meet critics sessions” for two recently published books by professors. There were critical sessions of this kind on “The Cross-Border Connection: Immigrants,

Emigrants, and their Homelands,” by Roger Waldinger (University of California Los Angeles) about immigrants’ cross-border ties, and “American Identity and the Politics of Multiculturalism,” by David Sears (University of California Los Angeles) and Jack Citrin (University of California Berkeley).

The conference was divided into two days, with eight sessions and twenty-four papers presented. Two sessions were simultaneously conducted in two different rooms, so that visitors could choose which one to attend. The presentations featured qualitative as well as quantitative methodology, and were made mostly by sociologists, but also by political scientists, anthropologists and academics from other fields. Immigration policy was a favourite topic, and participants mainly dealt with the immigration policy of the United States (less so that of other countries) and the behaviour of organizations in the country of immigration towards immigrants (some contributors were interested in agricultural labour). However, some researchers focused their attention on almost unknown areas such as the persisting apartheid in the Republic of South Africa after the breakdown of apartheid laws. Something that almost all the contributions had in common was the connection between state policy and human behaviour – both young and experienced academics strongly emphasised the belief that policy may directly affect human behavior and legalized state policy “equipment”, such as citizenship, as an adored status for migrants which they have to achieve. Research into the connection between the state and migrants’ behaviour was a very important point of view.

One of the most remarkable presentations was that by Konrad Kalicki, a post-doctoral researcher from Harvard University, on foreign labour admission in Japan and Taiwan. These countries have positive admission policies for ethnic fellows from poorer countries, and Kalicki shows how Japan and Taiwan deal with security and simultaneously with the need for foreign labour, i.e. how ethnic fellows are more acceptable because of imagined similarities, and how the legitimization of roots tourism (etc.) to Japan and Taiwan “overshadows” labour migration. Another interesting contribution came from Caitlin Fouratt, a post-doctoral researcher from California State University Long Beach, who talked about transnational parenting among Nicaraguan migrants. She argued that being absent (i.e. separated from children as the result of working in a foreign country) is complicated for Nicaraguan mothers, but their remittances as a “currency of care” are more consistent than remittances from men. However, fathers also provide transnational care with responsibility. In the “authors meet critics session” there were prominent differences in the inter-generational points of view on methodology and theory. The publication “American Identity and the Politics of Multiculturalism” by David Sears and Jack Citrin was criticised by Zoltan Hajnal

(University of California San Diego) and Andreas Wimmer (Columbia University) for using a descriptive and simplifying scheme and having limitations with regard to urgent questions. As a publication supporting multiculturalism, its conclusions are also more positive than realistic.

This small and well-organized conference with a fee of 75 dollars for presenters was a valuable meeting for young researchers. The preference for a small conference should be attributed to several professors from the University of California who themselves declared that big conferences in the United States like ASA (American Sociological Association) Annual Meetings were “less attractive” because of the high number of researchers. There was, however, one crucial shortcoming. Only two or three students from bachelor’s or master’s degree programs (plus me as a visiting graduate researcher) attended the conference. Indeed, this was the highest number of non-presenters possible, because the small rooms and shortage of chairs meant it was hard to accommodate more visitors. However, attendees included professors widely known as famous social scientists, such as Andreas Wimmer from Columbia University and Roger Waldinger, Marjorie Faulstich Orellana, Carola Suárez Orozco, Roger Brubaker and David Sears, all from the University of California Los Angeles.

*Luděk Jirka*

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