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Underpaid, Overworked, but Happy? Ambiguous Experiences and Processes of Vulnerabilisation in Domiciliary Elderly Care¹

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1. Introductory Remarks

In many European countries, the workforce in domiciliary care for the elderly is characterised by a high share of female, migrant, ethnic minority and middle-aged workers. Labour studies often refer to these and other categories of workers who face increased risks of inequality, discrimination, precarious employment and poverty as “vulnerable groups”. Indeed, this can be a useful label in order to be able to list and analyse social inequality. However, speaking about “vulnerable groups” may convey an unintended essentialist or deterministic conception of categories such as gender or ethnicity. Therefore, we regard it as

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¹ The title is taken from: A. Kuemmerling, *Care Workers in Germany: Underpaid, Overworked but Happy? Individual Perspectives and Agency in the German Elderly Care Sector*, Internal report for WP7 of the Walqing project, SSH-CT-2009-244597, 2012a. While it was originally used within the German context, we find that it accurately captures the main ambiguity in domiciliary care work that was found in all five countries investigated.

important to move the main focus away from groups and traits and otherwise adopt a multi-dimensional and process-oriented perspective on vulnerability. We suggest using the term “vulnerabilisation” in order to highlight this process-oriented perspective.

In this paper, we apply such a multi-dimensional and process-oriented perspective in investigating vulnerabilities in domiciliary care for the elderly. These services support elderly people who live in private households but need assistance with self-care (e.g. washing, dressing, eating, taking medication) or domestic tasks such as cleaning and cooking².

We argue that it is important to consider not only structural and externally observable characteristics of work in the sector, but to investigate individual experiences, agency and sense-making. As we will show, such a perspective offers some insight into vulnerability that would not be discovered otherwise. In domiciliary elderly care specifically, we identify a main ambiguity between disadvantageous working conditions on the one hand and high appreciation for the job by care workers themselves on the other hand. As such, we conclude that the experiences of meaningful work and close social relations with elderly clients prevent care workers from leaving the sector or advocate better working conditions in spite of low wages, precarious contracts and lack of recognition.

Building on a comparative international research project, we present findings from five EU countries: Denmark, Germany, Italy, Lithuania, and the United Kingdom. In doing so, we aim to single out typical key features of care work, discuss how these imply vulnerabilisation tendencies, reflect upon how trends in vulnerabilisation built into work are experienced by workers, and consider the implications of vulnerabilisation for different groups of employees. In order to contextualise this research focus, we begin by outlining the main theoretical and analytical approaches before turning to data and the results.

²D. Anxo, C. Fagan, *The Family, the State and Now the Market: the Organisation of Employment and Working Time in the Home Care Services for the Elderly*, in G. Bosch, S. Lehndorff (eds.), *Working in the Service Sector*, Routledge, London, 2005, 337.

2. Analytical Framework: the Actor-in-society and Vulnerability as a Process

The findings presented in this paper are embedded in two theoretical frameworks. First, we adopt an agency-based, interpretive approach that considers interactions between structure and agency. Second, we build on the concept of vulnerability and empirical evidence for it placing a strong focus on its dynamic aspects. Hence, we combine existing definitions of vulnerable employment as precarious work that places people at risk of continuous poverty and injustice resulting in an imbalance of power in the employer-worker relationship³ with an emphasis on individual agency. In the following, we outline these two approaches characterising both the empirical research conducted and the findings presented in this paper.

The empirical material used here prioritises an individual perspective on quality of work and life by focusing on how “the actor-in-society”⁴ experiences and constructs meaning in her or his work. Such an analytical framework implies an interpretive study of everyday working conditions where the aim is to connect action to its sense rather than behaviour to its determinants⁵. In other words, the aim of this research study is to reveal and understand how individuals – as social actors – make sense of their current work and life situation, and how their orientation and agency can be understood as a response to the specific social and cultural context in which they operate.

While we thus take employees’ experience as the empirical basis, we still link it to the broader and more structural conditions they are embedded in. Accordingly, we make use of an agency-focused approach that considers agency as interrelated with structure. Specifically in the case of elderly care, it is clear that structural and organisational, micro and meso processes are of vital importance as a context for agency. At the same

³ TUC Commission on Vulnerable Employment, *Hard Work, Hidden Lives, The Full Report of the Commission on Vulnerable Employment*, 2008, www.vulnerableworkers.org.uk (Last Accessed 29 July 2012). B. Barrett, M. Sargeant, *The Health, Safety and Well-being of Vulnerable Workers*, in M. Sargeant, B. Barrett (eds.), *Vulnerable Workers. Health, Safety and Well-being*, Gower, Surrey, 2011, 1-21.

⁴ A. Giddens, *Social Theory and Modern Sociology*, Stanford University Press, Stanford, 1987, 310. N. J. Smelser, R. Swedberg, *The Sociological Perspective on the Economy*, in N. J. Smelser, R. Swedberg (eds.), *The Handbook of Economic Sociology*, Princeton University Press, Princeton, 1994, 3-26.

⁵ C. Geertz, *Local Knowledge: Further Essays in Interpretive Anthropology*, Basic Books, New York, 1983, 244. S. Singh, *Marriage Money: the Social Shaping of Money in Marriage and Banking*, Studies in Society Series, Allen & Unwin, 1997.

time, taking agency seriously means that even within these shaping and limiting contexts, components of the life world are not a given, but interpreted and acted upon by the social actor. As we explain in the following, this focus on individual perspectives has some important implications for studying vulnerability.

Understanding individual perspectives and agency is significant for the study of the social and cultural dynamics involved in the construction of vulnerability and vulnerable groups for several reasons. First, organisational and managerial forms are not simply imposed from above, but are also influenced by workers' job crafting and orientation⁶. Work is not only a product of managerial decisions, but also a result of workers agency, albeit constrained by the options available.

Second, the social and economic consequences of specific work arrangements in terms of quality of work and quality of life are not the same for all social groups, and are influenced by their life situations, perspectives and capabilities. Indeed, differences in job orientation and life aspirations may result in different responses to and different experiences of the same work arrangements. Consequently, quality of work and quality of life acquire different meaning and value for different social groups⁷. For example, Valenduc *et al.* have shown that the career biographies of low-skilled front-line workers are characterised by discontinuity and "accidental" employment⁸. This contributes to their job orientation, which is focused on creating "stability" rather than "progression" or advancement.

Previous research on vulnerable work and vulnerable groups has documented the existence of poor working conditions as well as highlighted specific groups at risk. The groups that, according to these studies, occupy the most vulnerable positions in the labour market are women, migrants and employees from ethnic minority groups (i.e., non-

⁶ A. Wrzesniewski, J. Dutton, *Crafting a Job, Revisioning Employees as Active Crafters of their Work*, *Academy of Management Review*, No. 2, 2011, 179-201. E. E. Kossek, S. J. Lambert (eds.), *Work and Life Integration*, Lawrence Erlbaum Associates Publishers, Mahwah, New Jersey, 2005. S. P. Vallas, *Empowerment Redux: Structure, Agency and the Remaking of Managerial Authority*, *American Journal of Sociology* 111, No. 6, 2006, 1677-1717.

⁷ K. Rowlingson, *Fate, Hope and Insecurity: Future Orientation and Forward Planning*, Policy Studies Institute, London, 2000, 43. P. Hohnen, T. Hjort, "Citizens as Consumers": a Discussion of New Emergent Forms of Marginalisation in the Nordic Welfare States, *European Journal of Social Security* 11, No. 3, 2009, 271-291.

⁸ G. Valenduc, P. Vendramin, B.-J. Krings, L. Nierling, *Occupational Case Studies – Synthesis Report and Comparative Analysis*. Final report of WP 11, December 2007, HIVA, Leuven.

EU nationals), and people with disabilities⁹. Ethnic minority groups and migrants appear to be particularly overrepresented at the bottom levels¹⁰. Other categories of employees who may be at risk are young employees, old employees as well as other groups in low-skilled employment. However, this research tends to categorise “bad jobs” and “vulnerable groups” at a general level. In order to gain knowledge on synergies between specific types of work organisation and how these may influence work and life for different groups of employees, it is necessary to be more precise about the processes involved. We need to investigate how organisational changes and structural inequalities may influence quality of work and life of employees, and to bear in mind that there may be differences between the categories of employees.

Within social policy research, “vulnerability”, viewed as a dynamic concept, has increasingly become the key concept in identifying social marginalisation. “Vulnerability” refers to a potentially problematic social situation in the intermediate zone between “normal” and “excluded”¹¹. Micheli furthermore uses the concept of “critical normality”, indicating a position in which occupants are at risk of being negatively affected by external changes¹². The term “downdrift” identifies processes transforming the position from that of critical normality to social exclusion or poverty. Since we are concerned with identifying work-related vulnerability, we focus on vulnerability understood as work-related processes characterised by uncertainty or weakness “which expose a person (or a family) to suffering particularly negative or damaging consequences if a problematic situation arises”¹³.

We argue that these processes take place on several levels, and that these levels interlink in producing vulnerabilities. In the case of elderly care, the macro level of social policies, the meso level of work organisation, and the micro level of agency and sense-making interact in shaping care workers’ vulnerabilities. In order to highlight this process-oriented understanding of vulnerability, we suggest using the term “vulnerabilisation”. Processes of vulnerabilisation include objective conditions as well as individual

⁹ G. Valenduc *et al.*, *op. cit.*

¹⁰ *Ibid.*

¹¹ G. A. Micheli, *Downdrift: Provoking Agents and Symptom-Formation Factors in the Process of Impoverishment*, in E. Mingione (ed.), *Urban Poverty and the Underclass: a Reader*, Blackwell Publishers, Oxford, 2008, 41-63.

¹² *Ibid.*

¹³ C. Ranci, *Social Vulnerability in Europe*, in C. Ranci (ed.), *Social Vulnerability in Europe: the New Configuration of Social Risk*, Palgrave Macmillan, Basingstoke, 2010, 3-24, 16.

resources and capacities. Consequently, vulnerability is considered a multidimensional concept involving not only precarious work and labour market related risks, but also welfare related risks (e.g. changing access to welfare provision) and social participation¹⁴. In other words, we may find processes that vulnerabilise workers at the macro level, the meso level and the micro level, and the interrelations of these levels. Additionally, different groups of the workforce who are known to be at risk of vulnerability may face and handle these processes of vulnerabilisation in different ways.

In this article we will look at vulnerabilisation in domiciliary elderly care on the basis of qualitative empirical research. In the next section, we describe the data that provides the basis for our findings.

3. Data Material, Research Methods and the Walqing Project

The article considers data from the European research project “Walqing”¹⁵. The project was carried out by 12 European research institutions, was funded by the 7th framework programme of the European Commission, and ran from 2009 to 2012. Walqing investigated growing jobs in Europe which have been characterised by problematic working conditions, precarious employment, low wages, and a lack of social integration.

The project was based on mixed methods. It began with quantitative data analyses of employment growth and quality of work and life in the EU. Based on these results, five sub-sectors were selected for in-depth qualitative investigation: commercial office cleaning, contract catering, “green” construction, waste collection, and domiciliary elderly care. In these subsectors the project provided a total of 22 sector reports, 55 organisational case studies and more than 400 individual interviews.

In the current contribution, we focus on the analysis of vulnerabilisation in one of these sub-sectors, namely domiciliary elderly care. This sub-sector was investigated in five of the eleven countries involved in the

¹⁴ A. Appadurai, *The Capacity to Aspire: Culture and the Terms of Recognition*, in V. Rao, M. Walton (eds.), *Culture and Public Action*, Stanford Social Sciences, Stanford, California, 2004, 59-84. A. Sen, *Development as Freedom*, Alfred A. Knopf, New York, 1999, 366. R. Sennett, *The Corrosion of Character: the Personal Consequences of Work in the new Capitalism*, Norton, New York, 1998, 176. K. Rowlingson, *op. cit.*, C. Ranci, *op. cit.*

¹⁵ See previous description. For details of the Work and Life Quality in New and Growing Jobs (Walqing) project see www.walqing.eu. (Last accessed 29 July 2012).

Walqing project: Denmark, Germany, Italy, Lithuania, and the United Kingdom. The research carried out on elderly care in these countries comprised of 11 case studies and 88 individual interviews. While the case studies shed light on structural conditions and changes, and on how elderly care is organised, the individual interviews revealed how workers experience these conditions, and are used to analyse how prevailing structures and workplace realities create vulnerabilities. The interviews were semi-structured, open-ended and qualitative. They were conducted with workers employed at the organisations where the case studies were carried out.

The cases were selected in various ways. In Denmark, case studies and employee interviews were carried out in the public as well as in the private sector, resulting in one “traditional” and one “innovative” case. In Germany, cases were taken both from West and East Germany, including non-profit and private, large and small organisations. The Italian cases considered private and public dimensions as well as regional variety. In Lithuania, case studies were carried out in two different organisations offering care services: a public agency and a non-governmental organisation. Finally, in the UK, case studies and employee interviews were undertaken with the public, private and third sector in order to obtain accounts from the range of domiciliary care providing organisations available in that country.

4. Findings: Key Features of Domiciliary Care Work and Processes of Vulnerabilisation

In the following sections we present the findings of our empirical research by identifying key characteristics of care work and discussing in what ways they contribute to workers’ vulnerabilisation. The presentation of findings follows the theoretical idea that macro, meso and micro level work together in producing and shaping vulnerabilities. We present seven partly interrelated findings.

We start by (1) outlining frameworks and trends on the level of policies and regulation and (2) discussing the dominant care work characteristic of time pressure. We then proceed to the issue of (3) precarious contracts and wages before turning to (4) the physical and emotional demands that characterise work in domiciliary elderly care. Next, we present (5) a core finding of the research, which we refer to as the central ambiguity of care work, followed by a discussion of (6) the implications of domiciliary elderly care being undertaken in the private home of clients. Finally, we

look at (7) the implications of the sector being female-dominated for both female and male workers.

The results take the following format. First, we present characteristics of domiciliary elderly care that we identify as typical key features of the work. Second, we ask how these key features contribute to the vulnerabilisation of workers and what kinds of vulnerabilities they shape. Third, where relevant, we discuss how different vulnerable groups are concerned by these features in specific ways.

4.1. Policies and Regulation: Frameworks and Trends on the Macro Level

We begin by positioning the countries investigated within their policy contexts, and by describing new and ongoing trends in the field of policy and regulation. Some of these can be found at a cross-country level, while others are more state-specific. The five countries investigated represent different care regimes in Europe. Drawing on the work of Simonazzi, the following table provides an overview of care regimes in Europe and positions the countries involved in the research within this typology¹⁶:

Table No. 1 – Elderly Care Regimes in the Investigated Countries

Country groups	Northern Europe	Continental Europe	Mediterranean Europe	Central-Eastern Europe
Countries investigated	Denmark United Kingdom	Germany	Italy	Lithuania
Basic characteristics of care regime in country group	State responsibility for dependency financed through general taxation	Dependency covered through insurance or universal cover	Family based and principle of social assistance	Families legally or implicitly bound to care

Source: A. Simonazzi, Care Regimes and National Employment Models, Cambridge Journal of Economics 33, No. 2, 2008, 211-232. P. Hohnen, Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Law

¹⁶ A. Simonazzi, *Care Regimes and National Employment Models, Cambridge Journal of Economics* 33, No. 2, 2008, 211-232.

Wage Jobs, Synthesis report on employees' experience and work trajectories for work package 7 of the Walqing project (preliminary version), SSH-CT-2009-244597, 2012a.

In addition to this basic classification, there are some important specifications and trends which shape the context in which care work is being provided. Domiciliary elderly care in Denmark is publicly financed. Care is traditionally provided by municipalities and only recently have private providers arrived in the care market. While the outsourcing of care provision thus has been limited so far in Denmark, in the United Kingdom there has been a far more prominent trend towards public sector outsourcing in recent decades. As such, domiciliary care in the UK is provided through public, private and third sector organisations as well as through private individual arrangements. In Germany, long-term care is only part-covered by insurance and, as such, relies on family involvement to a high extent. In Italy, too, the main care provider has traditionally been the family, in particular, women. While the availability of publicly funded home care services is very low, there is a tendency towards outsourcing from local authorities to private care organisations by means of a “contracting-out” model. In Lithuania, the unpaid provision of care is dominant, and the prevailing attitude is that care is a family duty. Domiciliary care in Lithuania is provided through public and third sector organisations, the first one being dominant. Access to such services is far from universal and based on a strict evaluation of needs as well as the economic situation of municipalities. On the whole, we can observe two widespread tendencies in European care that shape the working lives of employees: standardisation and privatisation.

In Denmark, Germany and the UK, domiciliary elderly care has become standardised to a large extent. For example, care tasks and the time allocated to these tasks are being increasingly regulated. For workers, this leads to time pressure (see section 4.2). Apart from exposing workers to constant stress, time pressure also results in some workers extending their working hours into their leisure time. Workers thus try to solve structural problems through individual efforts.

Privatisation is another dominant trend, which we find in most countries, though with differences in intensity and pace. The research conducted points out the vulnerabilising effects of privatisation. We find that private care providers are, as a rule, more reluctant to offer permanent contracts. What this implies for individual lives will be of interest in section 4.3.

Indeed, in our research, we found publicly employed care workers were in general more satisfied than privately employed ones.¹⁷ Policies and regulations, we conclude, build frames within which care work is undertaken, and decisions made on the macro level can have a very concrete influence on work organisation and everyday work and life. We will repeatedly come back to this thought in the following sections. On the whole, we identify regulation to make an ambivalent impact. On the one hand, a low degree of regulation, as is prevalent in Lithuania and Italy, is linked to a lack of protection and support of workers. On the other hand, regulation can have adverse outcomes such as providing employees with less autonomy, there being mismatches between rules and practice, and increasing time pressure. The latter problem, resulting from rigid, top-down time allocations to tasks, will be looked at in the next section. Thus, in the next step we move from the macro level of policies to the meso and micro level of organisations and individual workers' perceptions and agency.

4.2. Three Minutes for Making Breakfast: Downsizing and Time Pressure

In the qualitative interviews, care workers in all countries were invited to talk in detail about their everyday working lives. In all countries investigated, carers report considerable time pressure:

You get 16 minutes for the morning wash and in that time I have to prepare the bathroom, bring the customer to the bathroom, undress him, wash him, dress him again, brush his teeth [...]. Then I'm paid another three minutes to make breakfast. How's that supposed to work?

Care service manager, Germany¹⁸

¹⁷ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, Synthesis report on employees' experience and work trajectories for work package 7 of the Walqing project (preliminary version), SSH-CT-2009-244597, 2012a.

¹⁸ Quoted in A. Kuemmerling, *High Autonomy, High Workload – Working in a Small Private Company: PRIVATECARE – an Elderly Care Case Study from Germany*, Internal report for WP6 of the Walqing project, SSH-CT-2009-244597, 2012b, 15.

So it's not like you can sit down and talk to the citizen. 12 minutes – what is that when you need to prepare breakfast, lunch and do the dishes
Care helper, Denmark¹⁹

Increased time pressure is in part due to the regulation of time allocated to tasks, as mentioned in the previous section, as well as downsizing tendencies. As Hohnen summarises on the basis of a comparative analysis, employees' critique regarding the issue of time can be differentiated into two types of problems²⁰. One refers to a general feeling of having insufficient time for doing work properly; the other regards the problems linked to repeated or continual decreases in the amount of the time allocated which results in a continuous decrease in the care work delivered and the kind of care tasks that can be provided.

The first aspect is illustratively captured in the quotations above. Other ways in which it is described in workers' narratives include the choices they have to make between tasks because they cannot be undertaken in the scheduled time slot, or having to replace colleagues during vacation time and trying to continue caring both for one's own as well as one's colleagues' clients. Further cases in point are not being able to have even small conversations with the client, regularly getting behind schedule, or having to extend working hours into what was supposed to be leisure time because time calculations both for care tasks and transportation between work sites were unrealistic. Moreover, this kind of time pressure can be linked to the commonness of unforeseen events in domiciliary care as well as to care workers feeling obliged to their clients, their own work ethos and personal quality standards:

I have one [citizen] and she is really nice...and she just needed me to sit down and talk to her, but I didn't have the time. I did it anyway and got late for the next one...but it irritates me that I had to look at the watch all the time and all the time say: well, I really have to go now"
Care helper, Denmark²¹

¹⁹ Quoted in J. Z. Ajslev, J. Møller, P. Hohnen, *Between Precarious Employment, Paced Work and Customer Orientation: PRIVATECARE – an Elderly Care Case Study from Denmark*, Internal report for WP6 of the Walqing project, SSH-CT-2009-244597, 2011, 17 ff.

²⁰ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

²¹ Quoted in J. Z. Ajslev, J. Møller, P. Hohnen, *op. cit.*, 16.

The second aspect concerns the continuous cuts in time and support that clients receive, as in this example from Lithuania:

For instance, she must clean the room where the customer lives, but the hall is not her area anymore; or if she has the task to cook, she must wash the dishes, but not the kitchen floor.

Care worker, Lithuania²²

In particular, these changes lead to the problem of having to explain changes to the client every time an adaptation occurs. Confronted with this difficulty, some carer workers decide to do extra work in order to avoid other stressful situations:

If you start arguing with that elderly man, the conflict arises; in order to avoid this – you simply sweep the floor [of the hall]

Care worker, Lithuania²³

In this situation, workers thus have the problematic choice between putting a strain on the relationship with their client and investing additional emotional labour, or doing the extra work implying that they will have to work faster or stay after working hours²⁴.

The point we are making here is that regulations such as the definition of exact times for tasks in elderly care are felt clearly in everyday work situations. At the same time, individuals act towards these regulations and their consequences at work-place level. These actions vulnerabilise them when they risk conflicts with their clients, but also when they decide it is still easier to do extra work. They are under stress, face conflicts between their internal quality standards and external restrictions, have longer workdays when they get behind schedule and sometimes consciously prolong their workdays into their leisure time.

Another structural tendency we have mentioned is the increase of privatisation in the sector. We find that privatisation is linked to fixed-term contracts becoming more common. Fixed-term contracts are one of

²² Quoted in R. Naujaniene, *Elderly Care at Home in Lithuania: Individual Perspectives and Agency of Care Workers in Lithuania*, Internal report for WP7 of the Walqing project, SSH-CT-2009-244597, 2012, 4.

²³ *Ibid.*, 4.

²⁴ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

several problems in the area of working conditions that we discuss in the following section.

4.3. Working Hours and Part-time Wages: Between Zero-hour Contracts and 80-hour Weeks

Working conditions in elderly care are generally characterised by a high prevalence of part-time contracts and by working times that are concentrated within mornings and evenings. Wages, as a rule, are low, and naturally they get even lower when they are part-time based. Linked to the macro-level trend towards privatisation, further aspects of precarious employment appear to spread. Precariousness, albeit to varying degrees, characterises care work in all investigated countries.

Talking about “low wages” in elderly care does not only refer to low wages in the sense of inadequacy or unfairness. Rather, and in many cases, particularly in Lithuania and Italy, it is about veritable poverty. Many care workers consider themselves as poor, although are reluctant to talk about it²⁵. Nevertheless, in the interview material there are some instances that allow insights into the extent of financial precariousness care workers face. For example, Naujaniene, in summarizing all 13 interviews with workers conducted in the Lithuanian context, states that not one of them reported having enough money²⁶. Workers’ quotes from Italy, Denmark and the UK provide further details:

At the end of the month I get 300 Euros of net salary. I don’t get anywhere with that amount. But I always say better 300 Euros than nothing. We always need to rely on social welfare and fortunately in this city we have it.

Personal assistant, Italy²⁷

I have asked if I can get some extra work. It is difficult for me to make ends meet with only one salary.

Care worker, single mother, Denmark²⁸

²⁵ A. Kuemmerling, *Care Workers in Germany: Underpaid, Overworked but Happy? Individual Perspectives and Agency in the German Elderly Care Sector*, *op. cit.* R. Naujaniene, *op. cit.*

²⁶ R. Naujaniene, *op. cit.*, 21.

²⁷ Quoted in G. Bizzotto, C. Villosio, *Workers in the Home Elderly Care Sector in Italy: a Dead-end Employment Opportunity?* Internal report for WP7 of the Walqing project, SSH-CT-2009-244597, 2012, 19.

I need to work more...because I need to pay bills. And I'm not bringing in enough money at the moment to [meet] my basic needs.
Care worker, UK²⁹

In the UK, a consequence of cases like the one quoted here is that out of financial need workers violate working time directives and extend their working hours up to 80 hours per week³⁰. Taken together, the evidence for low pay, so low that it locates carers at poverty risk or actual poverty, is experienced and resolved at the individual level, but its reasons are situated at the structural level. For one thing, the low remuneration for care work, which can be observed as cross-cutting sectors as well as countries, has to be understood in the context of the “historical undervaluation” of care work based on its similarities to unpaid work done by women and an underrating of skills connected to what is perceived to be “natural” female skills³¹. For another, care work was frequently organised as part-time work by employers in all investigated countries, for managerial and organisational reasons. Moreover, an increased use of fixed-term contracts which only guarantee few or even zero hours can be observed, particularly in private companies³².

The lack of a secured amount of working hours leads to constant unpredictability and considerable variations in actual wages. Even with the less precarious contracts, where care is organised as “normal” part-time work with a fixed amount of hours, wages are low. In cases where the hourly wage is above the minimum wage and job security is comparatively high, as in one German organisation studied, actual wages can be low

²⁸ Quoted in P. Hohnen, *Meaningful and Unrecognized. Perceptions of Work in Danish Domiciliary Elderly Care Work*, Internal report for WP7 of the Walqing project, SSH-CT-2009-244597, 11.

²⁹ Quoted in C. McClelland, D. Holman, *Individual Perspectives and Agency Amongst Domiciliary Elderly Care Workers in the UK*, Internal report for WP7 of the Walqing project, SSH-CT-2009-244597, 2012, 18.

³⁰ *Ibid.*, *op.cit.*, 21.

³¹ C. Briar, A. Junor, *Inequality and Low Paid Women Workers. Care, Skill and Value in Social and Community Work*, Paper presented at the Gender, Work and Organisation Conference, Keele, UK, June 2012.

³² P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

when they are part-time because these allegedly fit better in the organisations' needs – and so pensions will be, too³³.

To conclude, low pay in its specific shape in domiciliary elderly care – cross-cutting national particularities – is a specifically obvious illustration of how structural contexts such as the undervaluation of work perceived as “female” and the privatisation- and organisation-driven tendency to offer zero-hour and part-time contracts, locate individuals in contexts of vulnerability. Solutions are looked for at the individual level, for example by raising working hours up to bizarre and illegal amounts. Hence, even regardless of biographies and social background, structural, societal and organisational characteristics of care work contribute to vulnerabilise workers.

While wages are low, the demands in care work are diverse and high. In the next part, we will take a look at the general demands in the job and at how – and for whom in particular – these contribute to workers' vulnerability.

4.4. Carrying, Lifting, Feeling: Physical and Emotional Demands of Care Work

Skills required and work tasks carried out in domiciliary elderly care are numerous and diverse. They include specialist skills, communicative, emotional and physical labour as well as an ability to organise and improvise³⁴. Strains and demands are just as manifold. Krajic *et al.* differentiate three categories of strains: those which result from the character of the work (physical and emotional demands), those which are due to organisational frameworks of work, and those which are located in the societal environment (scarcity of resources, lack of valuation)³⁵. Among specific strains that have been identified there are the increasing

³³ A. Kuemmerling, *Making a Living? Work and Working in a Non-profit Organisation: WELFARE CARE – an Elderly Care Case Study from Germany*, Internal report for WP6 of the Walqing project, SSH-CT-2009-244597, 2012c.

³⁴ M. Krenn, *Mobile Pflege und Betreuung als interaktive Arbeit: Anforderungen und Belastungen*, Qualitative Studie im Auftrag des Forschungsinstituts des Wiener Roten Kreuzes, unter Mitarbeit von U. Papouschek, FORBA-Forschungsbericht, Vienna, 2003, No. 3. A. Büssing, J. Glaser, *Interaktionsarbeit: Konzept und Methoden der Erfassung im Krankenhaus*, *Zeitschrift für Arbeitswissenschaft*, Themenheft: Personenbezogene Dienstleistung – Arbeit der Zukunft, No. 53, 1999. C. Briar, A. Junor, *op. cit.*

³⁵ K. Krajic, P. Nowak, E. Rappold, *Pflegenotstand in der mobilen Pflege? Diagnosen und Lösungsmöglichkeiten*, Endbericht, Ludwig Boltzmann Institut für Medizin- und Gesundheitssoziologie, Wien, 2005.

demands of documenting work, high responsibilities and the need to make decisions³⁶. Building on the empirical research presented here, we should add and highlight another demand: a strong and increasing tension between strict and scarce time resources on the one hand and a working reality characterised by high unpredictability and the need to flexibly adapt to upcoming situations on the other³⁷.

As our own research confirms and emphasises, care workers are very concerned about potential damage to their health and question whether they will be able to continue working in elderly care until retirement age. Lifting patients, carrying heavy groceries, doing cleaning and having to bend when walking with patients; these are every-day demands of the work which put workers' musculoskeletal system at risk. The physical dimension of work is emphasised particularly in countries where care work is less regulated, like in Italy and Lithuania³⁸.

At the same time, the effectiveness of regulations and technologies aiming to relieve or restrict physical strain in care work is limited. A case in point is a directive implemented by local authorities in Lithuania allowing care workers to lift no more than five kilograms. Due to time limits and reductions made in the frequency of visits, requiring workers to buy groceries that will be enough for several days, care workers find the limit ridiculous, as it is simply not applicable in the reality of their working life³⁹. Meanwhile, the case of Germany shows that while lifting equipment is supposed to relieve the strain of moving or lifting clients, some care workers do not have access to these devices or cannot use them because clients refuse⁴⁰.

In addition to the physical demands, work in elderly care is emotionally exhausting. Workers feel to a high extent emotionally responsible for their

³⁶ M. Krenn, *op. cit.* E. Seidl, *Defizite im Gesundheitswesen aus der Perspektive der Pflege*, in O. Meggeneder (ed.), *Unter-, Über- und Fehlversorgung*, Mabuse, Frankfurt/Main, 2003, 33-52. K. Krajic *et al.*, *op. cit.*

³⁷ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.* A. Kuemmerling, *Care Workers in Germany: Underpaid, Overworked but Happy? Individual Perspectives and Agency in the German Elderly Care Sector*, *op. cit.*, 19. M. Krenn, *op. cit.* M. Brater, A. Maurus, *Das schlanke Heim. Lean Management in der stationären Altenpflege*, Vincentz Network, Hannover, 1999.

³⁸ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

³⁹ R. Naujaniene, *op. cit.*

⁴⁰ A. Kuemmerling, *Care Workers in Germany: Underpaid, Overworked but Happy? Individual Perspectives and Agency in the German Elderly Care Sector*, *op. cit.*

clients, having to cheer them up, listen and talk to them⁴¹. They thus provide emotional labour, which can be highly demanding. Additionally, they are confronted with disease and death, feeling a tension between closeness to the clients and the necessity to draw boundaries and keep a distance in order to protect themselves⁴². Workers in all five countries reported that they felt physically tired and emotionally exhausted after a work day⁴³.

The demands for care work concern all workers. They are built into the work as it is currently understood and organised. Nevertheless, physical demands are also a feature of care work where vulnerable groups come into the picture. The average age of care workers in the countries investigated is high, above 40 years. This is reflected in care workers' concerns about their possibilities, as older workers, in the labour market. The physical demand of care work, especially in those contexts where it is less structured and formalised, like in Italy, poses potentially serious problems for workers as they age.

After just 10 years of care work a care-giver has some limitation in her activities due to musculoskeletal injuries, which can reduce her ability to work and lead to layoff and unemployment.

Trade union secretary of the care sector, Italy⁴⁴

No one has worked here until they're 65, and [there's] only one who made it to 63. They all go before then

Care worker, Germany⁴⁵

Moreover, according to the empirical findings, older care workers also have fewer career aspirations than younger ones, with those in the UK, for instance, sometimes choosing to accept their current status and to continue in it for as long as possible because they feel "too old" to do

⁴¹ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

⁴² *Ibid.*, *op. cit.*

⁴³ *Ibid.*, *op. cit.*

⁴⁴ Quoted in G. Bizzotto, C. Villosio, *Once There Were Wives and Daughters, Now There are Badanti: Working in Home Elderly Care in Italy is still an Informal, Unqualified and Unrecognised Occupation*, Walqing social partnership series 2011.14, A report for WP5 of the WALQING project, SSH-CT-2009-244597, Moncalieri, September 2011b, 12, www.walqing.eu (Last accessed 29 July 2012).

⁴⁵ Quoted in A. Kuemmerling, *Care Workers in Germany: Underpaid, Overworked but Happy? Individual Perspectives and Agency in the German Elderly Care Sector*, *op. cit.*, 15.

anything else. Many of these care workers who are not able to stay in the job until the ordinary retirement age find themselves forced to choose an early retirement with a lower pension.

As becomes obvious from these examples, the physical and emotional strain linked to care work poses a serious health risk for workers and influences their aspirations and future perspectives. Working realities and pension systems do not appear to be well-concerted with regard to care workers. Having the option to choose early retirement, as in Germany, implies the reduction of pensions. This adds to a situation in which, in many countries, women, who often have had interrupted careers, doing unpaid care work, working part-time and earning lower wages than men, have comparatively low pensions anyway. The situation is further complicated by the lack of alternative positions inside as well as outside care for the typical care workers and their skills.

In summary, the physical demands, perceived as a typical feature of domiciliary care, are not always successfully restricted by regulation, as we have seen. With elderly care having a comparatively old workforce, many workers belong to the group of middle-aged or older workers, and it is these workers in particular who are both worried and are also most at risk with regard to work-related health problems and the need to stop working. Their vulnerabilisation may be prolonged when it comes to pensions, which are likely to be low especially for women. Moreover, we find that it is particularly elderly workers who are less likely to try and change their working situation, but rather adapt to the prevailing conditions as long as they can.

Meanwhile, the high demands in elderly care work are accompanied by a general lack of recognition, which we will discuss in the following. From there, we proceed to a core finding of our research, demonstrating the importance of looking not only at externally visible characteristics of work but also at workers' own interpretations. We find that workers find meaning and satisfaction in their jobs – despite the precariousness and demands that have been illustrated. We refer to this as the central ambiguity of care work and will discuss it in the next section, reflecting upon its paradoxical outcomes for vulnerability.

4.5. “Then I think about how happy I am that I have chosen this kind of work”: The Central Ambiguity of Care Work

While demands are high, recognition for care work is perceived as low. Workers interpret the low wages they are confronted with as a lack of

societal recognition for their work⁴⁶. Material and symbolic dimensions of recognition are interlinked, or in other words: the lack of recognition is reflected in low material remuneration as well as symbolic undervaluation. Care workers perceive symbolic recognition as lacking from society as a whole as well as from their personal surroundings. Being, at the same time, very aware of the demands and the value of their work which they themselves perceive as high, the inconsistencies between demands and significance on the one hand, and wages and recognition on the other hand, leave workers with an irresolvable and permanent contradiction. The following quotes by carers highlight this contradiction:

I don't think it is appreciated what we do. And it's not by the citizens I mean it. It is the whole understanding of it, in terms of wages in particular. What we do is of great value!
Care helper, Denmark⁴⁷

I earn a pittance, just 6 Euros per hour. But the responsibilities we have in our job are huge. We need to have one hundred eyes [to look after the elderly people]
Personal assistant, Italy⁴⁸

Even old people who we go to say we're worth our weight in gold. Without us, they wouldn't live at home and we don't get paid enough for what we do
Care worker, UK⁴⁹

How do workers cope with this contradiction? On the one hand, we find a tendency towards resignation by care workers, with many of them having no expectations of future improvements either with regard to wages or general social recognition⁵⁰. On the other hand, workers

⁴⁶ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

⁴⁷ Quoted in P. Hohnen, *Meaningful and Unrecognized. Perceptions of Work in Danish Domiciliary Elderly Care Work*, *op. cit.*, 10.

⁴⁸ Quoted in G. Bizzotto, C. Villosio *Once There Were Wives and Daughters, Now There are Badanti: Working in Home Elderly Care in Italy is still an Informal, Unqualified and Unrecognised Occupation*, *op. cit.*, 10.

⁴⁹ Quoted in C. McClelland, D. Holman, *Individual Perspectives and Agency Amongst Domiciliary Elderly Care Workers in the UK*, *op. cit.*, 8.

⁵⁰ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

somewhat compensate for this lack of recognition by attributing considerable meaning to their work themselves.

The central ambiguity of elderly care work, prevalent in all five countries, takes the following shape. Despite the unfavourable combination of high physical and emotional demands, worries about negative health outcomes, low pay, a tendency towards part-time or precarious contracts, and the contradiction between the perceived value of the work and its recognition, workers in all countries investigated liked their jobs. Almost all care workers interviewed expressed a high degree of satisfaction with their work and were surprisingly positive about the value, usefulness and significance of it⁵¹. They reported being proud of their work, receiving acknowledgement and gratitude from clients, enjoying the contact with clients, and feeling that what they did was meaningful.

It is striking how these perceptions of work exist in parallel to the aspects of frustration, unfairness and strain discussed above. The overall pattern is not that some carers are more or less satisfied, but that almost all are unsatisfied and satisfied at the same time. The following quotes illustrate how rewards and the meaning of care work are presented by carers:

I like the work...because I feel good, when I arrive at Mrs. Jensen to see if she has remembered her pills. You can see it immediately how happy she is to see you...then I think about how happy I am that I have chosen this kind of work...

Care helper, Denmark⁵²

You get so much back, sometimes, it is just the smile...

Care worker, Germany⁵³

Yeah, you get satisfaction out of it I think...getting them sorted out and stuff, and making their lives better.

Care worker, UK⁵⁴

⁵¹ *Ibid.*, *op. cit.*

⁵² Quoted in P. Hohnen, *Meaningful and Unrecognized. Perceptions of Work in Danish Domiciliary Elderly Care Work*, *op. cit.*, 9.

⁵³ Quoted in A. Kuemmerling, *Care Workers in Germany: Underpaid, Overworked but Happy? Individual Perspectives and Agency in the German Elderly Care Sector*, *op. cit.*, 13.

⁵⁴ Quoted in C. McClelland, D. Holman, *Caring for the Right Reasons and Surviving against the Odds in the Third Sector. COOPERATIVE COMMUNITY CARE – a Third Sector Elderly Care Case Study from the UK*, Internal report for WP6 of the Walqing project, SSH-CT-2009-244597, 2011, 18.

Perhaps most impressively, the ambiguity between unfavourable working conditions and the intrinsic benefits of the job is illustrated in the following quote by a German care assistant:

There's a real state of emergency in care work now. We need lots more people even though I would no longer advise anyone to go into care work. I wouldn't do it again. Or maybe I would. I don't know. I love this job. You need to be born to this job. I like working with people.
Care assistant, Germany⁵⁵

How does this ambiguity, involving considerable satisfaction with work in spite of – or rather parallel to – unfavourable working conditions (in many respects), contribute to vulnerabilising workers? It can be argued that it is precisely the meaning derived from work regardless of all prevailing problems that makes workers vulnerable, namely in the sense that they are more willing to accept bad working conditions if they are “compensated” for it by other means. Following this argument, workers in elderly care will be less likely to complain, to organise, to leave or to make demands. This is also indicated by their tendency to feel resigned, as mentioned above. In this sense, paradoxically, workers are made additionally vulnerable in that they have some motivation to stay in a vulnerabilising job.

The idea of care work as a “vocation”, something often referred to by carers throughout the countries investigated, and the emotional labour involved in the social relationships that are part of carers' work, can indeed work as an obstacle for them to move on to potentially better careers, as in the following example:

I would like to continue my university course, but I have too many things to do [...] I take care of an old lady of 98 years. I'm sorry if I have to put her aside to study. When I'm substituted by someone else she misses me
Personal assistant, Italy⁵⁶

⁵⁵ Quoted in A. Kuemmerling, *Trying to Expand the Services without Exploiting the Employees – Does it Work? BIGPRIVATECARE – an Elderly Care Case Study From Germany*, Internal report for WP6 of the Walqing project, SSH-CT-2009-244597, 2012d.

⁵⁶ Quoted in G. Bizzotto, C. Villosio, *Once There Were Wives and Daughters, Now There are Badanti: Working in Home Elderly Care in Italy is still an Informal, Unqualified and Unrecognised Occupation*, *op. cit.*, 21.

Another case in point is that the meaning derived from work and the emotional labour involved in it, implying feeling responsible for clients, may hamper workers from striving for better working conditions. On an individual level, and in accordance with the high relevance of the relationship to the client and the moral and emotional obligation linked to their work by carers themselves, workers have difficulties to advocate improvements: they are afraid that by getting organised they would risk their clients' wellbeing.

For instance, in the German context, Kuemmerling states that the “carers cannot imagine demonstrating or going on strike for their own interests, knowing that no one is caring for their patients”⁵⁷.

Likewise, an Italian employee explains:

I wonder what power we have. What types of action can unions pursue? We can strike but strike harms vulnerable people, thus we strike reluctantly. On the other hand social services of the municipality look unfavourably on strike action and thus may decide to choose another cooperative to run the service, or may decide to use only personal assistants [unskilled care workers] for elderly home care

Social care operator, Italy⁵⁸

The above quotations highlight the lack of influence and “voice” that many care workers' stories explicitly or implicitly convey.⁵⁹ This does not mean that care workers are not aware of the adverse working conditions they are facing, but they find it difficult to voice their opinions. This is, as the quotes above suggest, related to the fact that they are afraid that doing this will harm their clients. It can be concluded thus that the responsibility workers perceive for their clients as a central feature of their job aggravates their vulnerability by building a barrier towards expressing their demands. This, then, is another example for the ways in which characteristics of work contribute to producing vulnerability.

⁵⁷ A. Kuemmerling, *Care Workers in Germany: Underpaid, Overworked but Happy? Individual Perspectives and Agency in the German Elderly Care Sector*, *op. cit.*, 22.

⁵⁸ Quoted in G. Bizzotto, C. Villosio, *Once There Were Wives and Daughters, Now There are Badanti: Working in Home Elderly Care in Italy is still an Informal, Unqualified and Unrecognised Occupation*, *op. cit.*, 16.

⁵⁹ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

In this context, migrants and ethnic minorities appear to be particularly vulnerable. Insufficient language skills are considered as a problem by migrants and ethnic minorities, both in terms of being reluctant to “speak up” for themselves because they are afraid of not being able to express themselves clearly, and because the lack of language skills “traps” them in a low skilled position by preventing them from pursuing further education⁶⁰.

Another way in which care work produces vulnerabilities, which some vulnerable groups are specifically exposed to, is the feature of care work being done in the home of the client. We will discuss this general characteristic of care work in the next section and will then continue to look at its specific relevance for migrants and ethnic minorities.

4.6. Working in the Homes of Clients

As a rule, employees in domiciliary elderly care work on their own and in the private homes of the elderly to care for, being alone with him or her. This crucial feature of domiciliary care work gives it a distinctive character. It has been previously described that this feature of care work results in a number of problems. It tends to render both the work and the risks linked to it as invisible, to stand in the way of the recognition of work by employers, and to hamper employees’ direct participation in the organisation⁶¹. Additionally, we find that it implies that workers’ relationships with their clients may decide their quality of work and can be a source of vulnerability⁶². In the Lithuanian context, Naujaniene arrives at the following clear conclusion:

From the interviews with care workers it became evident that the relationship with customers becomes crucial for care workers. If these relationships are defined as ‘good’, working conditions are also seen as good. And, on the contrary, ‘bad’ relations relate [...] to displeasure at work⁶³.

⁶⁰ *Ibid.*

⁶¹ M. Krenn, *op. cit.*, 1, 30 ff.

⁶² P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

⁶³ R. Naujaniene, *op. cit.*, 6.

Therefore, it becomes an important factor in care work to maintain a good relationship with clients. However, clients generally have considerable “bargaining power” in this relationship that may substantially influence carers’ work situation in several ways⁶⁴. Cases in point are clients refusing the use of lifting devices because they do not trust them⁶⁵, clients rejecting ethnic minorities, and clients not allowing the carer to arrive before a certain time thus making carers adapt their lunch breaks and finishing times⁶⁶. The comparative analysis further indicates that clients have most power in the least regulated care systems, as in Lithuania and Italy. There, we find instances of carers being accused of having stolen as “no-one is defending them”, or being exposed to bad treatment, personal offences and threats⁶⁷. But even in strongly regulated contexts, workers are sometimes confronted with clients’ moods and mistreatment, manifested as violence and harassment⁶⁸.

Being exposed to bad treatment by the clients is thus a generic feature of domiciliary care work undertaken alone in clients’ private homes. It does, however, put certain groups in society at particular risk. Generally, migrant and ethnic minority workers are potentially disadvantaged at work with the main problem being their exposure to racism that is directed from the customers.⁶⁹ They are thus specifically vulnerable with regard to racist offense as well as rejection. Migrant and ethnic minority care workers in Italy, the UK and Denmark reported issues of discrimination

⁶⁴ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

⁶⁵ A. Kuemmerling, *Care Workers in Germany: Underpaid, Overworked but Happy? Individual Perspectives and Agency in the German Elderly Care Sector*, *op. cit.*, 14.

⁶⁶ G. Bizzotto, C. Villosio, *Once There Were Wives and Daughters, Now There are Badanti: Working in Home Elderly Care in Italy is still an Informal, Unqualified and Unrecognised Occupation*, *op. cit.*, 16.

⁶⁷ R. Naujaniene, *op. cit.*, 21.

⁶⁸ P. Hohnen, *Meaningful and Unrecognized. Perceptions of Work in Danish Domiciliary Elderly Care Work*, *op. cit.*, p. 18. It should be noted that incidences of violence and abuse are a major concern with regard to clients as well. See, for example: M. Cohen, S. H. Levin, R. Gagin, G. Friedman, *Elder Abuse: Disparities Between Older People's Disclosure of Abuse, Evident Signs of Abuse, and High Risk of Abuse*, in *Journal of the American Geriatrics Society* 55, No. 8, 2007, 1224–1230; C. Cooper, A. Selwood, M. Blanchard, Z. Walker, R. Blizard, G. Livingston, *Abuse of People with Dementia by Family Carers: Representative Cross Sectional Survey*, in *BMJ*, 2009, v. 338, b155, <http://www.bmj.com/content/338/bmj.b155.full>. (Last accessed 29 July 2012).

⁶⁹ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

or racism at the workplace. Several stories revealed incidents of physical violent attacks as well as abusive language:

He told me that I should learn to speak properly on the phone...then he called me black pig and then I say 'same to you' and then he hit me with a stick and when I tried to take it he hit me with his fist and I grabbed his arm...that is something that goes with the job [...]
Care helper, Denmark⁷⁰

Like we've got one customer, she's not nice... well in the beginning she wasn't nice to me, but maybe now, because since I stopped going there. But in the beginning I was asking myself, is it because I'm black?
Care worker, UK⁷¹

McClelland and Holman state that although such situations were partially resolved by relocating affected care workers to other clients, these initiatives did not remove the risk of future problems⁷². Clearly, the importance of the relationship to the client can work in two directions: it can contribute to satisfaction and perceived meaningfulness of work and it can expose workers to serious risks, with migrants and ethnic minorities being specifically vulnerable in the context of this generally vulnerabilising character of domestic care work.

Interestingly, men, too, face rejection by clients and are, in this, sense, a vulnerable group in care work. However, the relevance of gender in this generally female-dominated sector is more complicated than this. In the next and final section of the presentation of findings, we will look at the implications of care being a "female" sector. As we will see, this characteristic leads to well-known adverse outcomes for women, while having ambivalent effects with regard to the male workforce.

⁷⁰ Quoted in P. Hohnen, *Meaningful and Unrecognized. Perceptions of Work in Danish Domiciliary Elderly Care Work*, *op. cit.*, 18.

⁷¹ Quoted in C. McClelland, D. Holman, *Caring for the Right Reasons and Surviving against the Odds in the Third Sector*, *op. cit.*, 13.

⁷² C. McClelland, D. Holman, *Individual Perspectives and Agency Amongst Domiciliary Elderly Care Workers in the UK*, *op. cit.*

4.7. *Ambivalent Implications of the Sector's "Femininity"*

The fact that care work is traditionally as well as ideologically perceived as “female” work is highly relevant to many of the vulnerabilities the sector is producing. The prevalence of part-time work as well as low wages can be explained by women’s socially attributed responsibility to take over unpaid care work and work in part-time jobs. Furthermore, female-dominated sectors, and care specifically because of its connotation with being “naturally female” work (which in other contexts remains unpaid), are characterised by an undervaluation of skills and, as one consequence, low wages⁷³.

As their narrations on their biographical career trajectories reveal, women often appear to choose care work because it presents an option to reconcile work and life responsibilities in spite of the often atypical working hours. However, this concern for the family also involves extensive household and family responsibilities, with female care workers often having to resolve balancing paid work with family and household commitments that might include a hefty responsibility for completing domestic and private care tasks in addition to their professional care work⁷⁴. In this sense, women, particularly working mothers, can be said to face a “double care burden”, consisting of care work done as paid job and care work done unpaid in the “private” sphere.

Meanwhile, the very few male care workers in the sector are perceived as “extraordinary” workers and sometimes face rejection from clients, both males and females⁷⁵. In some cases, social stigma and doubts about skills are attached to being a male care worker in what is thought of as “women’s work”:

Like I say, the girls [female care workers] are like, are alright. And they’ve no qualms about working with me now, you know, because... they used to think ‘Oh well, we’ll see... when he’s

⁷³ C. Briar, Celia, A. Junor, *op. cit.*

⁷⁴ P. Hohnen, *Capacities and Vulnerabilities in Precarious Work. The Perspective of Employees in European Low Wage Jobs*, *op. cit.*

⁷⁵ However, even if less often reported, women can meet gender-related rejection as well. In this case the problems are usually caused by wives who have cared for their partners themselves for years and are no longer able to, feeling jealous towards the care worker. A. Kuemmerling, *Trying to Expand the Services without Exploiting the Employees – Does it Work?*, *op. cit.*

messed up'...It's mainly a woman what does this job like, you know.
Male care worker, UK⁷⁶

What is indicated here are gendered constructions of care work, and of genders being constructed as “naturally” skilled or non-skilled for care provision. However, men also appear to get career opportunities that women do not have. Thus, even in female-dominated sectors, we can observe the well-known discriminations of women. There was comparatively much evidence for unequal opportunities in the German cases. As Kuemmerling reports, care managers were disproportionately male in spite of the overall majority of care workers being women. At the same time there is evidence from at least one German case study that promotion selection does not follow objective criteria. That the selection criteria used are to some extent arbitrary or biased becomes clear in the following statement made by a male qualified carer:

And as a man you have promotion aspects, that's clear. I can say for myself that I was lucky to get a chance. And men, in percentage terms, are dominant at management level. That's just the way it is. I don't know why. It just is.
Male qualified elderly carer, Germany⁷⁷

On the other hand, women with respective qualifications and high aspirations are rather discouraged in this organisation. This was, however, not the case in the UK case studies, where males were given neutral roles and had less horizontal and upward mobility than females. In the UK case studies, there is also evidence to suggest that those women with children tend to achieve more favourable fixed-shift patterns than their childless colleagues.

To resume, it can be argued that work in the sector is perceived as “women's work” and that this plays a part for the low level of social recognition⁷⁸. Not least, this is reflected in low material remuneration. As we have seen, the presence of men in the sector is ambivalent: men are on the one hand constructed as less capable carers and tend to be rejected by

⁷⁶ Quoted in C. McClelland, D. Holman, *Individual Perspectives and Agency Amongst Domiciliary Elderly Care Workers in the UK*, *op. cit.*, 17.

⁷⁷ Quoted in A. Kuemmerling, *Trying to Expand the Services without Exploiting the Employees – Does it Work?*, *op. cit.*, 14.

⁷⁸ C. Briar, A. Junor, *op. cit.*

clients, and on the other appear to find better career options and are thus overrepresented in higher positions, at least in some countries and cases. Hohnen concludes:

Male employees are another vulnerable group – although in a different sense. Although they too experience resistance from the elderly, they are also respected and are sometimes strategically used in difficult homes. Male workers therefore seem to some extent to occupy both positions – both highly valued and discriminated against⁷⁹.

However, this ambivalent position of men, implying some gender-related vulnerability, does not change the general vulnerability of women, who are the main workforce in this sector and face particular difficulties with regard to child care and inequality with regard to career perspectives.

5. Conclusion

Vulnerability is not simply a static trait of particular groups of society. As we have argued and have aimed to illustrate, vulnerability is rather produced in a process of vulnerabilisation of workers. This tendency for vulnerabilisation can be inscribed in the work itself, as in the macro level of policies or in the meso level of work organisation. And it can be negotiated, worsened or balanced in its interactions with the micro level on which individuals with their life stories and social backgrounds face vulnerabilising working conditions and organisations, make sense of them and act upon them.

Summarizing, the main ideas we have been following in this article are that vulnerability is not a static trait but a dynamic process, that macro, meso and micro level can be involved but are also interlinked in this process of vulnerabilisation, that vulnerabilisation can be embedded in typical characteristics of the work itself, and that vulnerabilising characteristics of work may have specific consequences for different social groups and actors in society.

In the course of this article, we have outlined dominant trends on the macro level of policies and regulations, and argued that these are reflected

⁷⁹ P. Hohnen, *Meaningful and Unrecognized. Perceptions of Work in Danish Domiciliary Elderly Care Work*, *op. cit.*, 18.

at the level of organisations and individual working-life. One trend identified was towards standardisation, resulting in rigid time allocations for tasks. This vulnerabilises workers not only in producing stressful everyday work, but also in forcing them to risk conflicts with their clients or extend their working days into their leisure time. Another case in point is the macro trend towards privatisation, which, as we have found, is linked to an increase of precarious work contracts. This process shapes vulnerabilities in that it is linked to high unpredictability with regard to the monthly income. Furthermore, it is connected to the paradoxical parallel existence of zero-hour contracts that guarantee no working hours at all, and workers being prepared to work up to 80 hours per week in order to make ends meet.

A key finding of our research is what we call the central ambiguity of care work. This refers to the fact that although care work is characterised by high demands combined with low material and symbolic recognition, the majority of workers in all five countries investigated reported liking their jobs, seeing them as highly relevant, meaningful and rewarding. Paradoxically, the inclination to like the job in spite of disadvantageous working conditions can contribute to workers' vulnerability when it stops them leaving the job for better career opportunities or to take part in strike initiatives out of worry that this will harm their clients. This point makes particularly obvious why it is important to look not only at the external or objective characteristics of a job, but also at how it is perceived and experienced at the individual level. Without researching workers' perspectives, the ambiguity between working conditions perceived as bad and workers being "happy" with their jobs, a word used in several of the interviews, would go unnoticed.

As for the high physical demands of care work, we have seen that these are a characteristic of the job that puts certain groups of the work-force at particular risk of vulnerability: namely older workers. Meanwhile, we have argued that migrants and ethnic minorities are specifically at risk of vulnerabilisation in the frame of another crucial feature of care work: working on one's own in the private home of the client.

Finally, we have discussed the characteristic of work in the sector being perceived as "female". Here, general societal attitudes and social constructions of gender play a part in that they are responsible for the widespread link of female work to low wages and low recognition of work. We have shown how men in the sector occupy an ambivalent position in that they may be subject to rejection by clients or doubts exist regarding their care skills by colleagues, while at the same time, at least in

some contexts, having better career perspectives than women – just like in the labour market in general.

Vulnerabilities, we conclude, do not simply “exist”, but they are produced in complex webs of policy conditions, societal attitudes, structural inequalities, organisational practices, individual life-stories, and personal experiences. Being produced and shaped by interrelated social realities, however, they may be actively addressed through efforts towards changing these realities.

ADAPT is a non-profit organisation founded in 2000 by Prof. Marco Biagi with the aim of promoting studies and research in the field of labour law and industrial relations from an international and comparative perspective. Our purpose is to encourage and implement a new approach to academic research, by establishing ongoing relationships with other universities and advanced studies institutes, and promoting academic and scientific exchange programmes with enterprises, institutions, foundations and associations. In collaboration with the Marco Biagi Centre for International and Comparative Studies, ADAPT set up the International School of Higher Education in Labour and Industrial Relations, a centre of excellence which is accredited at an international level for research, study and postgraduate programmes in the area of industrial and labour relations. Further information at www.adapt.it.

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