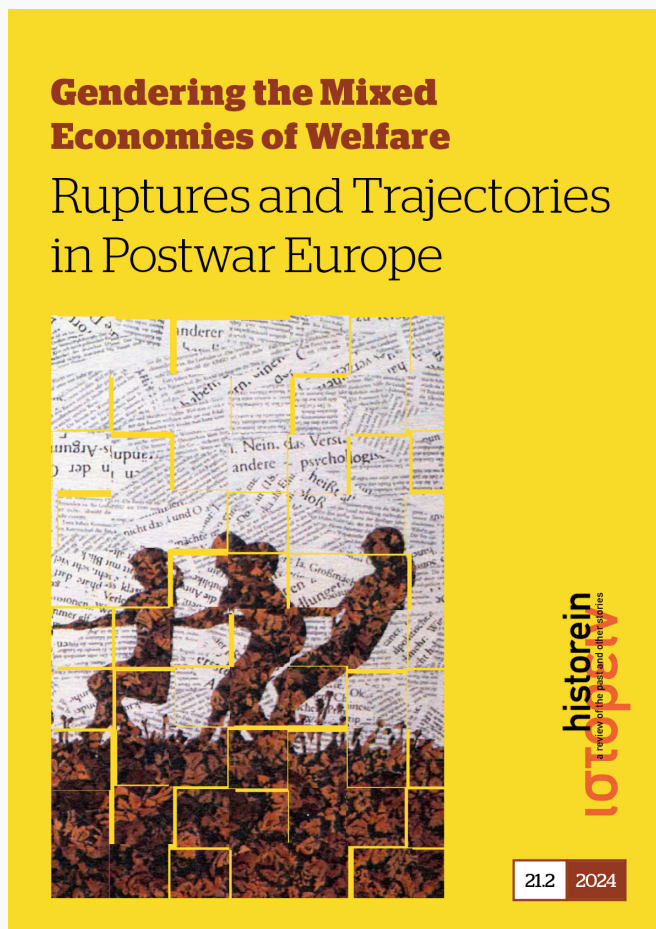


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Gendering the Mixed Economies of Welfare: Ruptures and Trajectories in Postwar Europe



### Did the Maids Return? The Long History of Devaluing Care Work and the Mixed Economy of Welfare

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## **Gendering the Mixed Economies of Welfare**

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# Did the Maids Return? The Long History of Devaluing Care Work and the Mixed Economy of Welfare\*

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For several years now, sociologists and anthropologists studying paid domestic care work in Germany and elsewhere in Europe have been arguing that the servant culture of the nineteenth century has returned. They focus on two specific forms of care work: that done as informal or illegal employment, mostly by migrants.<sup>1</sup> The studies stress some analogies with the past, such as the poor pay of most domestic care workers, their lack of basic labour rights and their dependency on their employer's good will.

To historians, such a reference to the past is most intriguing. Might it just be a well-chosen rhetorical strategy to draw attention to the devaluation of paid domestic care work? It would certainly be justified, but there might be more to it. Does the diachronic comparison have actual explanatory value? Taking this question seriously, this article looks to the servant of the past to shed new light on the emergence of an informal labour market for care work.

Domestic care work comprises a huge range of activities, but this article focuses on long-term care for disabled and older people. Speaking of an informal labour market means that while goods and services produced and offered are mostly licit, standards and regulations are circumvented by employers and employees. The latter do so because they are members of vulnerable groups and would otherwise have no chance of ensuring their livelihoods.<sup>2</sup>

While sociologists and anthropologists point to the retrenchment of welfare-state policies and the marketisation of care during the 1980s and 1990s,<sup>3</sup> which they assert led individuals to hire low-paid informal carers, this article suggests a different approach that stresses the importance of the domestication of care. Exploring the servant culture of the past is an invitation to look beyond the welfare state and reconsider the role of families of older and disabled people as an element of the mixed economy of welfare. The concept of a mixed economy of care allows us to broaden the focus on organisations and institutions to include the actions and attitudes of those in need of welfare assistance.<sup>4</sup>

Doing so brings relationships and negotiations between those who provide care and those who are in need of care to the fore. The article argues that the interplay between various actors of the mixed economy of welfare must be examined if we are to understand

the emergence of the informal care market. Why did families employ informal carers, mostly women, to take care of their older relatives? What conceptions of privacy and domesticity underlie the ideological framing of home care for older people? How did the families of older and disabled people contribute to the gendering of welfare policies?

The questions at hand will be explored in four steps. First, sociologists' and anthropologists' findings and interpretations of the "return of the maids" will be outlined, with particular attention to how they use history to understand a present-day phenomenon. Second, the article explores the history of servants, focusing on their role in the long-term care of older and disabled people. It then outlines the changes in professional home care, and concludes by shedding light on the emergence of a shadow market of migrants offering their services to care for older people at home.

The following is centred on (West) Germany, although similar and different developments in other countries will be discussed to widen the scope. While the emergence of the informal care market is usually explained by the economic and financial crisis starting in the 1970s and 1980s, the article argues that we have to study the domestication of care, which started after the Second World War, in order to fully understand the phenomenon.

### *Sociology and the argument of the return of the maids*

Inspired by international research on gender and labour, sociologist Helma Lutz was one of the first scholars to work on migrant domestic workers in Germany. However, Lutz contributed the idea of comparing the informal domestic care labour market with the historical example of servant culture in the late nineteenth and early twentieth centuries. In the process, she discussed findings from women's history that shed light on the situation of maids as an occupational group that was significantly affected by social inequality.

For this German sociologist, speaking of maids was more than mere rhetoric. She asserted that there was continuity in the devaluation and gendering of care by observing similarities between the servant culture of the past and the informal market for domestic work of today. Women were the majority of domestic employees, and in both time periods their labour was barely regulated by contract or law. This situation is all the more striking as the labour conditions for other occupations had changed as a result of social security programmes and work safety regulations, even at the end of the nineteenth century. But as the domestic sphere was seen as private, the state intervened little and domestic labour remained unregulated. Another point of similarity was the fact that servants were seen as "others": the maids serving late nineteenth- and early twentieth-century bourgeois households came from other regions of Germany, and class difference also played into the construction of otherness. The German informal care market at the end of the twentieth century was supplied by intra-European migration, mostly from southeastern Europe to

western Europe. Elsewhere in Europe, non-European migrants from countries such as the Philippines, Tunisia and Morocco play an important role in care work performed by migrants.<sup>5</sup>

Lutz was not alone in connecting the servants of the past with the informal migrant care work market of the present. Italian scholars, in particular the historian Raffaella Sarti, have stressed the *longue durée* perspective and the insights that come from looking far back into the past. The Italian case proves to be all the more interesting as domestic workers are more numerous today than ever in the history of the country. As early as the 1990s, Sarti stated that one to two percent of households had employed a so-called “*badante*”, a domestic care worker, that were almost exclusively migrant women or men. The connection between migration and domestic work had started in the 1960s, when it became a favoured way to migrate to Italy from non-European countries. Among the first arrivals were people from Eritrea, a former Italian colony. Labour migration to Italy became stronger in the 1980s, when other European countries were closing their borders because of the economic recession. At the same time, the demand for domestic workers was growing as increasing numbers of older and disabled people needed help.<sup>6</sup> Unlike Lutz and others, Sarti demonstrated that a significant proportion (20–30 percent) of these workers in Italy were male, going so far as to speak of the remasculinisation of paid domestic care work.<sup>7</sup>

This glimpse into recent history leads us to wonder what we might learn by looking back on the long history of domestic workers.

### *Care for older and disabled people, and the maids of the past*

There were 1.3 million servants working in the German Empire in 1882. In the first half of the twentieth century, they comprised the largest group of women in the labour force. In 1925, 10.5 percent of women worked as domestic help, a figure that declined to 8.4 percent in 1950 (674,099 in absolute numbers). The occupation was usually chosen by young women from households where the head of the household had lower educational qualifications;<sup>8</sup> interest declined because there were other, more attractive occupations. Consequently, the occupation has been in sharp decline since the industrialisation, although some scholars have traced the trend back to pre-industrial times.<sup>9</sup> In 1907, there were already 60,000 fewer domestic workers in Germany than in 1882. Mareike Witkowski shows that the maids did not disappear in the 1960s, they merely became housecleaners: as the numbers of maids dropped, the number of housecleaners working for an hourly wage increased significantly.<sup>10</sup> Developments in German are very similar to developments in other countries.<sup>11</sup>

The fact that fewer women chose to serve as a housemaid was closely related to the emergence of the welfare state. While workers in industry and other occupations, even those working on farms, came to be covered by social security programmes and protected

by labour rights, the conditions of maids scarcely changed, even into the 1920s.

Working conditions did not improve during the Nazi period, either. Some maids had high hopes when the Nazi party came to power, because of the ideology of the “people’s community” (*Volksgemeinschaft*), which promised to tear down class barriers. Legally, little changed in the position of domestic helpers, and since workers were in demand in all sectors by the mid-1930s, more and more domestic workers left service for other industries.

Improvements to working conditions – regulated working hours, better pay and social security coverage – were partly opposed by maids themselves. While maids’ organisations close to the labour and trade union movement fought for more rights, religious groups rejected demands that would have turned maids into employees. In their papers and pamphlets, they spread the idea that maids not only serve others, but ultimately God as well. They treated the activity as one specifically for women, that therefore did not need to be learned. Much like the work of nurses in nursing, the work of women in private households was considered a religious calling. As the paper *Unser Haus* (Our house), a weekly publication of Protestant house helpers’ organisations, put it in 1927, “What joy it is when one is called to contribute to the happiness of a family! With every look, with every way of giving oneself, with every cheerful mood, with every good word, one may do a bit of pastoral care, organise a real service, help to build up the family into a real home community ... Here one feels like a co-worker of God in the great household of all His people.”<sup>12</sup> The framing as “service to God” shows some resemblance to the Christian idea of a “labour of love” that drove the nursing profession until the 1960s.<sup>13</sup>

It is an early trace of how closely the history of maids is connected to the history of professional care. If one digs deeper, it becomes evident that servants provided an early kind of home-care service. Well-off people who were ill, disabled or getting older, who could afford having servants, had an alternative to the care provided by their own family members or having to enter an institution.

Taking care of older and disabled people was as much a part of the servant’s life as was the raising children or keeping the houses of bourgeois families. While the latter are better known thanks to novels and movies depicting servant culture, there are sources that reveal elderly care and nursing services. Some maids talked about it in their memoirs. One vividly narrated example can be found in *Memoirs of a Cook* by Helene Gasser, who lived from 1834 to 1908 and worked as a parlour maid and cook for a family in Austria. She cared for her employer’s mother, who had dementia in old age and left Munich to live with her daughter’s family in Vienna. In addition, she cared for her predecessor, who was allowed to spend her retirement years in the employer’s home. This was exceptional, as most maids had no safety net, so when they could no longer earn their living due to age they lived in poverty and often had to enter almshouses.<sup>14</sup> Glasser’s care duties for her employer’s mother and their elderly maid are central in her memoirs. Her care for sick and

disabled persons, whom others did not know how to touch or to talk to, shaped her identity.<sup>15</sup>

The records make no secret of the overwork, but she always emphasises the devotion with which she pursued the care. Furthermore, caring for the older bourgeois woman and the aging cook brought her special prestige. She relays this, for example, by stating that the master of the house considered the family had housemates, not servants. A paragraph of her memoirs in which she speaks of how she received a memorable honour from the Vienna Housewives' Association is particularly striking: "Then the president introduced me to the maids as exemplary of how one should be against one's secondary servants: 'Now she nurses them day and night, in spite of their service work, in the last illness.' There might have been about 200 people present. Everyone then shouted 'Bravo!'"<sup>16</sup>

Other accounts read quite differently, as nursing and caring for the elderly is an extraordinary burden in an already punishing profession. This is the case with an autobiography written by a Hamburg housemaid and cook born in 1868, which was published in 1910. She worked for various families, but among her worst experiences was one job early in her working life. She served an elderly couple who lived with their daughter-in-law and granddaughters. The man was paralysed and needed much attention, which was mainly provided by a male servant. The writer's daily routine was also burdened, as she had to prepare meals and coffee on demand for the paralysed man, who had an irregular sleep cycle. She had to get up to serve him after long days of work, even in the middle of the night. She had to take over the night watch one night when the male servant went out: "The first time goose bumps ran over me at the thought of being alone with the madman at night; that he was paralysed was a comfort to me. What a Hamburg cook does not have to do! But what one does for the sake of peace!"<sup>17</sup>

Accounts from maids' memoirs and autobiographies tend to describe their accomplishments as well as the hardships they endured. The texts have to be read as framed portrayals of themselves.<sup>18</sup> Regardless, the sources do illuminate the fact that servants provided care for older and sick people, even those who suffered from severe illnesses. It becomes clear that these examples are not exceptional individual cases when one considers servants' associations magazines.

Journals of organisations close to trade unions, like the monthly of the Association for the Interests of Domestic Workers, repeatedly reported on maids who cared for disabled and older people for decades. Some of them had been promised that they would be provided for in the ailing employer's will upon their death, but the journal stories often showed these promises to be empty, leaving servants with meagre sums or items of little value.<sup>19</sup> These reports had an unquestionably political message. The association aimed to mobilise servants to demand adequate salaries and social security coverage instead of relying on the good will and charity of their employers. The hierarchy of servants on one side and the bourgeois employers on the other was seen as an arena of class conflict.<sup>20</sup>

Nevertheless, these articles prove that servants commonly provided long-term care to better-off disabled and older people.

Getting assistance from servants to manage the tasks of daily life allowed bourgeois disabled and older people to maintain their way of life. After all, having a maid or a servant was crucial to the self-conception of the bourgeoisie.<sup>21</sup> Having servants to help with private and intimate matters allowed members of the bourgeoisie to stay in their own home in case of sickness and disability. If they went to hospitals or other care institutions, they would have to bend to the rules and routines of medical staff like doctors and nurses. Staying home with servants made it possible for them to stay in control, leaving them, or at least their family members, in charge. Reading the memoirs of maids, the extent to which they went to meet the particular needs and high demands of older and disabled people (and their relatives) is striking. The aforementioned maid from Hamburg complained that the paralysed employer, who slept into the day, stayed up all night and rang the bell several times nightly to get freshly brewed coffee or something to eat. When she asked his wife if the bell could be silenced at least in the middle of the night, the wife rejected her request with words the cook recalled in her autobiography as follows: “When the Master rings, he will also have wishes and these shall be obeyed at all times.”<sup>22</sup>

Stories of servants devoting themselves to the needs of older and disabled people can also be found in Gasser’s memoirs when she gives a detailed description of the effort she made to adapt to the needs of her employer’s mother with dementia. When the older woman started wandering at night, Gasser was ordered to sleep in the adjacent room to keep an eye on her, but to avoid being noticed. One night the older woman heard her sneeze, so she had to hide behind a jib door,<sup>23</sup> a discretely inset door leading to hidden passageways and stairs that enabled servants to perform their duties as unobtrusively as possible. The scene Gasser described, hiding behind a jib door so that the older woman would not realise that she was being supervised because of her condition, gives new meaning to the maid as an ubiquitous and invisible servitor.

Studying the servants of the past makes one thing very clear: this is a largely overlooked part of the history of care. It is an early form of home care that allowed the transfer of family work, including emotional work, to employees. It took place under conditions of great social inequality, which framed the care relationship and enabled bourgeois families to shape care to fit their own ideas. However, after the Second World War, when the economic boom created a high demand for female labour, servant culture finally came to an end. In the second half of the twentieth century, the structures of professional health and nursing care underwent profound change.

### *Care work in transition and the domestication of long-term care*

Up through the 1960s, long-term care policies for older people basically amounted to promoting the construction of residential and nursing homes. This was especially so after the Second World War, when it became part of the reconstruction strategy. Older people were supposed to move to residential care facilities and free their homes up for families, who struggled to find housing after the damage and destruction of buildings by wartime air raids in many German cities. A government document from 1954 reveals another approach, however: the Interior Ministry charged an expert with informing the government on home-care programmes in other countries, especially Britain, which was seen as a pioneer.<sup>24</sup>

Until well into the 1980s, it was mainly rest homes and partially in-patient facilities that offered professional long-term care. Most of them were still in public or non-profit ownership in the 1950s and 1960s.<sup>25</sup> The vast majority of older people in need of assistance lived at home, cared for by relatives, although little is known about how many people or families were concerned. The few home-care providers that existed only offered support by the hour, often only for temporary emergencies. Home care from the 1950s to 1970s was almost exclusively in the hands of welfare organisations, and church-affiliated organisations in particular saw this as their task. So-called community care was a legacy of religious sisters and deaconesses.<sup>26</sup>

The promotion of home-care services was fuelled by criticism of residential care facilities. In the first decades after the war, many gerontologists started to raise questions about the significant proportion of older people living in institutions. The debate was part of a broader discussion about institutions as places within democracies where people were deprived of basic rights, namely participation and autonomy. The British sociologist Peter Townsend was among the most prominent campaigners for community care programmes and critics of residential care,<sup>27</sup> which he saw as a cornerstone of the “structured dependency of the elderly”.<sup>28</sup> His research was well known beyond Britain.

As in other countries, gerontologists and expert organisations in West Germany also started to claim the expansion of the infrastructure of home care in the 1960s, in order to save older people from having to move into a home. In 1962 the German Foundation for the Care of Older People (Kuratorium Deutsche Altershilfe) was founded, which served partly as a think tank and partly as a funder of welfare programmes. It promoted home-care infrastructure, such as the first meals-on-wheels service.

The idea of ageing in one’s own home found its way into the 1961 Social Welfare Act (Bundessozialhilfegesetz). With this law, the West German parliament thoroughly restructured the existing social assistance programmes. It offered means-dependent provisions for older people whose income and savings were insufficient to pay for their care needs. One of the most innovative paragraphs (par. 75) indicated that local authorities should take action to enable older people to live at home and participate in social life,<sup>29</sup> although the paragraph was never a mandatory provision and had little impact. Despite the

fact that the idea that home care was preferable to residential care was gaining traction among politicians, experts and older people, such services did not significantly expand until the 1980s.

One of the main reasons was that the aforementioned religious welfare organisations faced severe recruitment difficulties since the 1960s. The district nurse, assigned to look after needy families and individuals in a given neighbourhood, became an obsolete model. Fewer women were joining religious orders, which meant working round the clock with little or no pay. The booming postwar economy offered more appealing alternatives, even to young, less-educated women without means. The challenge religious organisations faced in recruiting to their ranks contributed to the feeble growth in the supply of outpatient social services for older people.<sup>30</sup>

Older meanings of care as a service of love and a vocation were less and less sustainable, and so were the working conditions derived from such a conception: low pay and nearly unlimited working hours.<sup>31</sup> In the early 1950s, 70- to 80-hour work weeks were not unusual. It reflects on the nurse's attitude that the demands for better pay and shorter working hours came less from nurses themselves than from outside the occupation, namely from union leaders, local authorities and providers. The leadership of the Public Services, Transport and Traffic Union (Gewerkschaft Öffentliche Dienste, Transport und Verkehr, ÖTV), one of the largest trade unions advocating for those employed in the health care sector as well as other industries, put pressure on nurses to at least fight to reduce their working hours to 56 hours a week.<sup>32</sup>

The replacement of religious nurses by secular ones accelerated in the 1960s. This development led to a surge in professionalisation.<sup>33</sup> Those who decided to train as nurses acquired not only health-care skills but also knowledge of care planning and administrative organisation, which increased in importance with the expansion of the welfare-state bureaucracy. This professionalisation was reflected in the expansion of nursing schools and the restructuring and expansion of curricula. Welfare organisations started to open schools in order to hire more staff. At the end of the 1950s, they also started to offer short-term training in geriatric and nursing care, lasting only a few weeks in order to appeal to women who were looking for opportunities to return to the labour market after staying home to raise their children.<sup>34</sup> At the end of the 1960s, the federal state governments introduced the requirement that state-recognised geriatric nurses had to complete a two-year training course (since 2003 there has been a standardised three-year training course throughout Germany).<sup>35</sup>

With increasing professionalisation, home-care structures also continued to expand. In the late 1970s, faced with demographic ageing, the government took action to improve home-care infrastructure so that older people could stay at home even if they needed daily help. Among those actions was the establishment of social welfare centres, intended to

replace and revitalise the older tradition of religious district nurses, and subsidised by the federal government and various state governments.<sup>36</sup> These centres were maintained exclusively by public agencies and non-profit organisations, and could not keep up with the growing demand for home care. The gap was filled by private home-care services in the 1980s. Early providers of private home-care services often came from the caring professions. Many of them had already become acquainted with the field of home care as employees of social welfare centres before becoming self-employed, while others used it as an opportunity to leave the exhausting workplace of residential home or hospital.<sup>37</sup>

The professionalisation and domestication of care were closely related. Without certified professionals in charge, private home-care services could not bill health insurance providers for their services. The privatisation boom in home care for older people was only possible because a pool of well-trained (geriatric) nurses was available. Nurses and geriatric care workers who left schools with a lot of enthusiasm were often soon disillusioned by the realities in rest homes, leading to high dropout rates. Rest home employees faced many problems at work that led them to reconsider their career choice, and self-employment was an alternative to leaving the occupation.<sup>38</sup> This means that the domestication of care was embedded in two different but connected developments: the fight for autonomy for older people and the improvement of working conditions in nursing and geriatric care.

While the emergence of an informal care market during the 1990s was in line with the former, it had an ambivalent impact on the conditions of care workers.

### *The emergence of an informal care market in the 1990s*

It is difficult to date the beginning of the informal care market in Germany. As a clandestine phenomenon, it left few traces, making it hard to detect. In the late 1990s, the first scholars started to explore the situation of migrants working informally in private households. In 1999, Jörg Alt, a Jesuit priest who had worked with asylum seekers and refugees, published a pioneering study on undocumented migrant workers. His social work experience was pivotal in conducting the interviews because he had knowledge of undocumented migrant networks and meeting points.<sup>39</sup> Some of his interviewees between 1995 and 1998 told him about their lives as informal care workers, in accounts spanning several years, thus proving the existence of an informal care market since the early 1990s. Besides the people involved, only a few experts were aware of it until 2001, when a raid by the Frankfurt district attorney made it known to a wider public. The raid led to searches in 300 private homes in the State of Hesse.<sup>40</sup> As a result, 200 undocumented migrants who had been employed in private households were taken into custody and sent back to their home countries.

Among the families targeted by the Frankfurt district attorney was the TV presenter Frank Lehmann. He and his wife had employed a woman called Hildegard from Slovakia,

who was much cheaper than a 24-hour professional care team. He used his media connections to broadcast his justifications of his actions. Lehmann notably stated that they wanted to spare the older father-in-law from having to move into a residential care facility. He quite openly admitted that he had profited from “the prosperity gap between Germany and Eastern Europe”, and rather patronisingly stated that the women were “happy as kings” with their pay, which was “1,500 Marks cash on the barrel”. It is clear that he was ultimately pleased with himself. Lehmann and other family members stressed that employing undocumented migrants was merely an act of self-defence.<sup>41</sup>

Politicians met their justifications with understanding. Members of various political parties showed sympathy for families and individuals who had had hired migrants illegally to work as home-care workers.<sup>42</sup> In the following years, the government lowered the barriers for migrants who come to Germany as care workers.<sup>43</sup> As many Eastern European countries entered the European Union, their citizens have been free to move to Germany and be care workers. Nevertheless, to this day many of the employment contracts with migrants working in home care are in a legal grey area because regulations regarding rest periods, maximum working hours and work safety are not respected. According to estimates, 300,000 migrants from Eastern Europe are employed as home-care workers, meaning that one in twelve persons in need of care relies on migrant labour.<sup>44</sup>

Scholars interested in the causes of the emergence of the informal care market point to the introduction of cash benefits for long-term care. They based their arguments on multi-country comparisons that show a high rate of privately employed foreign carers in countries where people in need of care receive cash benefits instead of benefits in kind. The prerequisite is that there are no requirements for recipients to prove how the money is used. This is the case in Germany, and similarly in Italy, where a “migrant in the family” model has dominated elder care since the early 1980s. This contrasts with England, where those in need of care and their relatives receive vouchers and cash benefits whose use must be demonstrated. The number of privately employed foreign carers is comparatively low there.<sup>45</sup>

The introduction of cash benefits was part of the long-term care insurance programme (Pflegeversicherung), which came into effect in 1995. The law restructured long-term care policies in Germany. Many scholars see the law as having opened the door to the marketisation of care and welfare policies. They stress the fact that the state reduced its role in providing care services, and in doing so shifted its position relative to the market and to the non-government sector. However, the sources tell another story. In fact, politicians who promoted the introduction of cash benefits argued in favour of supporting the family members who provided care for older people. It was a demand from the disability rights movement, which saw it as a means to strengthen the position of disabled people by giving them autonomy in making their own care arrangements. There was no intention to

boost the care market by introducing cash benefits, and in the early 1990s, when the law was discussed, no one had an informal care market based on migrant labour in mind.

Consequently, the introduction of cash benefits cannot be explained as merely a trade-off between the state and the market as providers of welfare. Those in need of care and their families play a pivotal role, and explanations pointing to their financial constraints fail to take account of their agency. After all, employing a migrant care worker is attractive for a variety of reasons. In the light of what we have learnt from the history of servants, it seems important to look more deeply into the attitudes people in need of care and their families have towards migrant home-care arrangements. In Italy, for instance, a survey conducted in the early 2000s showed there was a division of labour between families and migrant carers: while the migrant care worker handled the tasks of daily caregiving, the family was still involved by coordinating those tasks.<sup>46</sup>

The same can be observed in German families. It is striking that relatives are rather present in migrant home-care workers' accounts. In an interview in the late 1990s, one female care worker recounted how the nephew of the older person she cared for 24 hours a day would come over and watch her charge when she was out shopping. The older woman would forget, and call her nephew to complain that she had been left alone, prompting him to come over and rebuke the care worker.<sup>47</sup> Other sources tell similar stories, like those of granddaughters who beg the Eastern European care worker to stay, because the grandmother was dying and should not be left alone. In an autobiographical account published in 2007, a son of an older disabled man gives insights in the attitudes behind hiring migrants. The author, a journalist, was used to writing for a wide audience. After the death of the older man's wife, the author described how he and his sister decided against a nursing home and opted instead to hire a woman from Poland named Teresa.<sup>48</sup> He describes the situation at length, from welcoming her when she arrived at his father's house to how they kept in close touch with Teresa, thus staying constantly in the loop about their father's health and activities. The son was well aware of the fact that it was illegal to hire an undeclared migrant care worker, but he felt reassured by the outcome, especially the feeling that his father was once again enjoying life.

I try to do what's best for my father, spare him the nursing home that would have killed him – I know him, it would have killed him in a few weeks, in a few months. Why should he have gone on living there, without his wife, without his house? And for what? But my sister and I have managed to keep him alive. Because he can stay at home. Because he has Teresa. And that's criminal. It is criminal that I gave my father the chance to live?<sup>49</sup>

The quotation indicates that the author sees his sister and himself as benefactors in the father's life, while the domestic worker, Teresa, is reduced to being merely a means to make the last years of the older man's life worth living.

Relatives delegate their family duties, and managing an informal carer has become a

kind of family work, often carried out by sons or other male relatives. The informal character accommodated the desire for familiarity and privacy, unlike the engagement of formal care services, so the idea of care within the family could be maintained. Another aspect that appeals to the employers of migrant carers is control over care activities. Relatives can more easily assert their ideas of how care should be provided and have to bow less to outsiders.

One may identify a subtle parallel to the servants of the past, embedded in the nature of the care relationship and their role within their respective employer's family.

### *Conclusion*

Welfare state development scholars tend to look to the state and the market to explain change in the late twentieth and early twenty-first centuries. Explanations for the emergence of an informal care market are a case in point. Scholars have stressed the fact that the state reduced its responsibility in providing services and offered cash instead, which it partly spent on the formal care market but also on informal care markets. Hence, the phenomenon is framed as a trade-off between the state and market within the mixed economy of welfare.

The decision of people needing care and their relatives to hire undocumented migrant care workers is thought to be based on financial and economic considerations. But studying the past and servants who provided long-term care shifts our perspective and allows us to refocus on families as agents of care within the mixed economy of welfare. Employing a migrant care worker appeals to relatives of people needing care for reasons other than financial and economic. Managing informal care became a way of being a family. Some sociologists interested in migrant care workers and their relations with employers have stressed that the arrangements were negotiated between women, between those who delegate care work and those who assume those care duties.<sup>50</sup> However, managing a care worker is also a family duty that many men feel is appropriate for them to take on. They care about their parents, and taking care of them means hiring and giving instructions to informal care workers.

Finally, people in need of care, their families and migrant home-care workers are closely connected. This makes it hard to think in terms of sectors, a concept that suggests distinct spheres and hard boundaries, because these sectoral boundaries are blurred in situations where undeclared migrant care workers were hired by individuals. As important as it is to acknowledge how much the boundaries between families and the market have eroded, it is also vital to not lose sight of families as actors. The emergence of the informal migrant care market is as much a part of the history of economisation as it is part of the contemporary history of the family.

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