'The Good Live-in Care Worker': Subject Formation and Ethnicisation in Austrian Live-in Care[1]

Veronika Prieler[2]
Department for the Theory of Society and Social Analyses, Johannes Kepler University Linz, Austria/Department of Anthropology, University of Amsterdam, the Netherlands

'The Good Live-in Care Worker': Subject Formation and Ethnicisation in Austrian Live-in Care. This paper investigates subject formation processes in Austrian live-in care. Proceeding from a Foucauldian understanding of subjectivity as a product of powerful discourses and techniques and based on an intersectional discourse analysis of interviews with different actors involved in this arrangement, it shows how the ideal live-in care worker combines professional and language skills with characteristics such as an intrinsic motivation, emotional competences, and adaptability. Ethnicity-related discourses play an important role in this context, be it with regard to highly valued qualities or as a justification for control and/or support, and thus serve as a means to reproduce power relations.

Introduction

In Austria, as in many Western European countries, migrant live-in care has become an established pillar of the long-term care system over the last two decades. Mostly women from Central and Eastern European countries care for older adults and enable them to continue living in their own homes. In the context of a familialistic welfare state under neoliberal restructuring, this arrangement appears to be a perfect solution for rising care demands. What exactly makes a good live-in care worker, however, is not clearly defined. Households expect competent and adaptable carers. Brokering agencies advertise live-in workers as quasi-members of the family, highlighting their dedication and flexibility as well as their cultural and social similarity to the

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people they care for. Care workers themselves emphasise their physical and psychological resilience. Within all these (self-)constructions of the 'good live-in care worker', ethnicisation processes take place, for instance with regard to migrants' special caring capacities or conflicts attributed to supposed differences in mentality. The paper examines the different discourses and techniques that come to bear in the processes of subject formation in Austrian live-in care and the role ethnicity plays in this context. It shows how the construction of desired subjectivities is shaped by intersecting care, gender, and migration regimes but also by the mutual dependencies inherent in live-in care, how subjectivities are negotiated on an everyday level, and how they (re-)establish power relations but also open up room for manoeuvre.

After an overview of the Austrian live-in care system, I present my reference to the Foucauldian understanding of subject formation and the intersectional Critical Discourse Analysis on which my results are based. The following section first summarises central findings of previous studies, before examining which qualities are ascribed to good live-ins and which role ethnicisation processes play in this context. The conclusion links the results back to the socio-political context and shows how power relations come into play in the (self-)formation of the 'good live-in care worker'.

Austrian live-in care and its socio-political context

Austria legalised live-in care as a self-employed profession in 2007. Further regulation and standardisation steps, most recently the introduction of a quality certificate for brokering agencies, led to a further formalisation of the care model, for instance with regard to tasks that carers are allowed to perform or mandatory contracts with defined minimum standards. Currently, almost 62,000 care workers (WKO 2020: 11) provide housework, assistance for everyday life, company, and (medical) care for older people in their households. Care recipients are on average 84 years old; many of them have significant physical nursing care needs or suffer from dementia. More than three quarters of the carers come from Romania or Slovakia, around 6 per cent each from Croatia and Hungary. Almost 95 per cent of them are women and over two thirds are between 40 and 59 years old[3]. Typically, two carers work in one household, alternating in rotas of two to four weeks. Like all self-employed, they are covered by social insurance, but receive unemployment benefits and sick pay only in case of supplementary self-insurance. As working time regulations do not apply to them and they are not entitled to minimum wage or paid vacation, live-in carers often have to be available (almost) around the clock while earning comparatively little. Thus, despite the legalisation,

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[3] Correspondence with the Austrian Economic Chamber on 23 April 2020.

working conditions are precarious and carers' social participation as well as their opportunity for self-care restricted (Aulenbacher et al. 2020a; Bachinger 2014; Bahna – Sekulová 2019; Melegh et al. 2018; Steiner et al. 2019; Weicht – Österle 2016).

The more than 800 agencies (WKO 2020: 11) currently registered in Austria not only recruit and place care workers but offer a wide range of services to households and carers including administrative tasks, organising transportation, or collecting payment. Many also conduct home visits to check care recipients' state of health, advise care workers and relatives, and mediate in case of conflicts. In contrast to care workers' legal status as self-employed entrepreneurs and their right and responsibility to individually agree with care recipients or their relatives on the terms of the care arrangement, in reality, agencies play a pivotal role in negotiating the working conditions (e.g., carers' remuneration, length of rotas) and care workers often strongly depend on them (Aulenbacher et al. 2021a; Österle – Bauer 2016).

Regarding the tense interplay of gender, care, employment, and migration regimes (Bachinger 2014; Leiblfinger – Prieler 2018), live-in care is an interesting case. Promoted as a quasi-familial, feminised care arrangement, it helps to fill the gaps in Austria's long-term care system without structural changes or a renegotiation of private and public or gender-related responsibilities (Bachinger 2015; Weicht 2010) and corresponds to neoliberal marketisation and reorganisation of care (Aulenbacher et al. 2020b; Schwiter et al. 2014). Furthermore, it reflects the change towards activation and social investment that can be observed in many welfare states since the 1990s. Instead of social rights and public service provision, activation policies emphasise individual responsibility, the privatisation of public institutions, and investments in 'human capital'. Through a mixture of different measures along the 'carrot and stick' principle (*Fördern und Fordern* – 'support and demand'), supposedly passive welfare state beneficiaries are to become flexible and self-reliant market citizens, ready to adapt to new situations and changing demands of the economy. Activation policies call on all individuals, regardless of, e.g., their gender, nationality, or age, to show proactivity and mobility by participating in the labour or service market and act in an entrepreneurial manner (Bröckling 2007; Lessenich 2008). Self-employed migrant care workers as mobile and flexible entrepreneurs perfectly correspond to this ideal. But older people who opt for a live-in arrangement and thus act as consumers on welfare markets can also live up to the ideal of an active, independent, and self-determined life (Denninger et al. 2014; Prieler 2020).

Besides reflecting welfare state changes, live-in care is an expression of the increasing transnationalisation of care and work. Driven by economic inequalities within Europe and based on the liberalisation of migration regimes

in the wake of the enlargements of the European Union from 2004 on, transnational circular migration became a common way of realising (better) earning opportunities for many Central and Eastern European citizens (e.g., Bahna – Sekulová 2019). At the same time, Austria's migration policies as well as the political and social climate remained ambivalent and characterised by utility and security calculations. Migration is seen both as a threat to Austrian culture and labour market and as an economic necessity. The resulting ethnic labour market segregation makes it difficult for migrants to find jobs other than in sectors with precarious working conditions such as care work, construction, or agriculture (Bachinger 2014; Horvath 2014). This enables Austria to reduce the costs of its social reproduction at the expense of (commuting migrants from) Central and Eastern European countries (Österle 2016; see also Hochschild 2001).

Theory and methodology

As a paradigmatic example of the interplay between the marketisation and transnationalisation of care and work as well as the activation turn in social policy, live-in care provides an ideal case for studying current subject formation processes. In doing so, the paper draws on a Foucauldian perspective on subjectivity as a product of discourses as well as knowledge and power relations which discourses not only express but also (re-)produce (Foucault 1978, 2002). Subject formation consists of two dimensions: on the one hand, discourses shape what is understood to be 'true' or 'false' and thereby determine what can or cannot be thought, experienced, said, and done. In doing so, they create certain subjectivities, i.e. desired or accepted ways of being, while limiting others. These norms and ideal images are not stable or without frictions, but controversial and subject to constant negotiation and redefinition, which reflects the multiple actors, interests, and contexts as well as underlying power relations that shape processes of subject formation. Discursively produced and mediated subjectivities on the other hand do not simply work top-down but must be embodied by individuals through their self-interpretations and practices to become 'real'. Discourses thus become effective by shaping individuals' expectations of themselves and others and thereby influencing their social practices (Bührmann – Schneider 2008; Tuider 2015). The desired subjectivities (re-)produce and legitimise structural inequalities and power relations and thus shape the organisation of live-in care in practice and the room for manoeuvre available to those involved (Pelzelmayer 2018; Schwiter et al. 2018).

Subject formation through normative requirements and their appropriation by individuals ties in with Foucault's reflections on governmentality (Foucault 2010; see also, e.g., Bröckling et al. 2011). Foucault distinguishes between

technologies of dominance and technologies of the self. While technologies of dominance aim at repressively directing individuals' behaviour, technologies of the self signify those techniques by which individuals adapt and transform their own thinking and being to attain a certain behaviour and identity. With regard to the analysis of subject formation in the field of live-in care, this means not only asking how different actors imagine the ideal live-in carer and how care workers themselves appropriate or reject these ideals, but also how techniques that exert coercion interact with processes of self-regulation and self-modification.

Empirically, this paper is based on an intersectionally informed (Tuider 2015) Critical Discourse Analysis (Jäger 2015) of more than 40 interviews with representatives of brokering agencies, care recipients and their relatives, care workers, and representatives of interest groups[4]. Following a theme-specific coding of the data material, detailed analyses of particularly meaningful interview passages were carried out guided by the following questions: How do different actors in the field imagine the 'good live-in carer'? Which qualities and skills do they emphasise? How and in which contexts do respondents refer to care workers' ethnic or national background, how does this intersect with categories such as gender, and which functions does it fulfil? Are there differences in the way the countries of origin are addressed? Which technologies of dominance or of the self come into play in the construction of desired subjectivities? In order to not only show what is taken for granted and true, but also what is excluded, concealed, or cannot be said, the analysis paid special attention to the omissions and contradictions in the discourses about good live-in workers and asked about underlying power relations (Jäger 2015; Tuider 2015).

Previous empirical findings

Studies on live-in care in Austria and countries such as, e.g., Germany or Switzerland emphasise the relevance and functionality of gender, ethnicity, and age in the construction of live-in care workers: ideal carers show a special motivation and ability for care, characterised by a loving devotion to older people, availability around the clock, and willingness to perform every task demanded. These characteristics are attributed to women (Leiblfinger 2020) and especially to women from Eastern European countries (Bachinger 2015; Chau 2019; Krawietz 2014; Lutz 2011; Pelzelmayer 2016; Schwiter et al. 2014; Weicht 2010). Often, the feminisation and ethnicisation of care workers intersect with age-related discourses: due to their life experience, motherliness,

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[4] All interviews were conducted between May 2018 and March 2019 by the Austrian members of the *Decent Care Work?* project.

calmness, and sense of duty, older women – as long as their age does not impede their health and performance – supposedly are particularly suited for live-in care work (Krawietz 2014). In addition, processes of familialisation play a crucial role. Care workers are constructed as quasi-members of the family (Bachinger 2015; Weicht 2010) and their similarity to care recipients is highlighted, e.g., in terms of appearance and fashion style (Aulenbacher et al. 2020a). By referring to these features, in combination with the emphasis on care workers' good and verified language skills, brokering agencies endeavour in their advertisements to downplay the potential problems that may arise when an initially unknown person enters the household, everyday life, and private and even intimate sphere of a person in need of care for two weeks or longer (Prieler 2020). In case the promised compatibility fails to materialise, agencies offer the immediate replacement of care workers who thereby become an interchangeable commodity (Aulenbacher – Leiblfinger 2019; Bachinger 2015; Pelzelmayer 2018). Besides this commodification of care workers, activation policies shape the construction of live-ins, as is manifest in the discursive accentuation of their independence and personal responsibility (Prieler 2020; Schwiter et al. 2014). The good live-in care worker thus perfectly fits the neoliberal ideal of the mobile and 'entrepreneurial self' (Bröckling 2007) symbolising 'the necessary flexibilisation of the world of work, orientation towards the needs of consumers, innovative strength or the individual responsibility to succeed in a difficult job market, which has to be strengthened again' (Österle 2016: 266, author's own translation).

With regard to the complex and diverse techniques that come into play in the (self-)construction of good live-in workers, studies from different world regions are instructive. They show how social policy, migration, and employment regulations as well as agencies' recruitment and matching strategies shape subject formation processes and that they are concerned with questions of cultural and ethnic closeness or otherness (e.g., Abrantes 2014; Deshingkar 2019; Findlay et al. 2013; Hoang 2017; Lan 2018; Liang 2011; Polanco 2017; Rodriguez – Schwenken 2013; Strüver 2013).

Results: The (self-)formation of good live-in care workers

Intrinsic and financial motivations
Throughout all interviews, respondents describe the good live-in care worker as someone who, above all, shows the 'right' motivation, that is enjoying working with older adults and identifying with the work. Some interviewees attribute these characteristics to a certain ethnicity, as the quote from an agency representative shows: 'Slovaks are really suitable for this job, they just help with their heart, they like to do it. The social professions in our country really

are, WERE[5] always strong' (T51: 1598-1600). Unsurprisingly, such statements often are made by agencies that broker care workers of the respective nationality or ethnicity, or by care workers who come from that country. The reference to ethnicity or nationality thus can serve as a means to stand out from the rest. As an example of how care workers should *not* be, many respondents cite carers who allegedly only follow financial motives: '[L]ike the one who says to me, "I only need the money so that I can pay off the debt from the house at home." [...] I see that it is a difficult job and that it should be paid properly, no question about it. Really, I am absolutely for it. But if that is the only motivation for someone to do the work, then they are not in the right job' (T29: 1132-1139; see also Chau 2019). Despite this and similar criticism, most interviewees also show awareness and understanding of the fact that economic differences between migrants' countries of origin and receiving countries such as Austria and the resulting prospect of a job or higher income are essential driving forces for live-in care.

Care workers take up the discourse of the 'right motivation' and distance themselves from the image of the 'greedy' migrant worker. At the same time, however, they underscore that everyone works to earn money and thus present themselves as workers like everyone else – workers, however, who are excluded from 'normal' working conditions and income rates including weekend and holiday surcharges or inflation adjustments although the costs of living as well as social security contributions are increasing constantly. Carers also place a stronger emphasis on the burdens of transnational life and migration than agencies and households. The latter – albeit to different extent – are aware of this but address issues such as long rotas primarily in terms of a danger to care quality because of a decline in concentration, or as an opportunity to save on travel expenses. Live-ins, by contrast, describe the long absence from partners, children and friends, the changeover between different languages, long and exhausting journeys, and running two households simultaneously as high physical, mental, and emotional costs of live-in care (see also, e.g., Melegh et al. 2018). '[T]he impression is often that the carers from these countries only come to Austria for the income, because they earn more. That is true [...]. But I don't know any carer who would endure this job just for the money. So, all carers do like this work in some way or another and also want to do it not just because of the money' (T51: 713-719). According to this former live-in worker, some carers find 'new purpose' in life (T51: 1251) through this work after a period of child-rearing, get to know another country and language, and enjoy the variety that comes with regular rotation (see also Bahna – Sekulová 2019). Pointing to economic *and* intrinsic motivations, care

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[5] Intonations by interview partners were transcribed in capitals.

workers reject the notion of simply being victims of circumstances. Instead, they present themselves as active subjects who use circular care migration as a strategy to achieve a better life, thus combining 'a narrative of coping with material constraints with a self-realization narrative, by which taking a LIMC [live-in migrant care, V.P.] job becomes consistent with values of solidarity or choosing a "job with meaning"' (Bruquetas-Callejo 2020: 115; see also Melegh et al. 2018; Németh – Váradi 2018; Österle – Bauer 2016). Depicting live-in care as strenuous work, they also present the good live-in carer as someone who is able to endure extraordinary burdens. '[I]t's not just household and shopping and cooking, but one's mind and psyche is simply with a strange person all day long. One must adopt their way of life, if they are to function together in the household, and ultimately adapt to the sick person. And that is very difficult' (T55: 1202-1207).

The ambivalent discourse about the 'right' motivation corresponds to previous studies that show how migrant care workers are constructed as both heroic and untrustworthy at once (Kovacheva et al. 2019; Timonen – Lolich 2019). On the one hand, they enable good care in a system that generally makes this very difficult through harsh working conditions which in turn can only be endured by 'someone saintly or heroic' (Timonen – Lolich 2019: 735) or with 'superhuman endurance' (Chee 2020: 369). Good live-ins thus 'acutely instantiate the kind of human subjectivity called forth by neoliberalism – a "resilient subject"' (Chee 2020: 366). On the other hand, care workers' commitment and authenticity are suspected of being purely economically motivated. For instance, several respondents suspect care workers who prefer to look after clients living alone of evading control of their work and person. This reproduces the negative image of the 'devious' (T63: 639) carer who takes advantage of the intimacy and relative seclusion of the live-in arrangement (Timonen – Lolich 2019) and thus legitimises control by agencies or relatives.

Professional and language skills
Besides the 'right' motivation, professional and language skills play an important role in the construction of the good live-in care worker. Households expect high competences and agencies promise to place highly qualified and proficient carers. In addition, care workers should independently and on their own initiative work on their German language skills, be open to expert advice, and complete advanced training – in other words, work hard to become good live-ins and thus live up to the neoliberal ideal of self-optimisation. In practice, however, there often are problems because of insufficient skills or lacking information regarding rights and obligations that come with self-employment. While several respondents – be they representatives of agencies or carers' organisations, relatives or care workers themselves – link this to care workers'

ethnicity/nationality and especially to Romanian carers (see also Aulenbacher et al. 2020b), a few interviewees criticise statements such as 'Slovaks provide good care and Romanians are a mess' (T04: 1754-1755) as a reproduction of prejudices. In any case, agencies carefully check applicants' caring and language competences using formalised (e.g., standardised tests, verification of certificates) but also informal procedures such as unannounced phone calls in German (see also Aulenbacher et al. 2021b; Kovacheva et al. 2019; Krawietz 2014; Prieler 2020). Stories about applicants who provide false information, e.g., pretending to have better language skills than they actually have by letting someone else do the phone call, or cancel a care relationship shortly after the start because they overestimated their abilities serve as legitimation for the extensive control mechanisms.

Yet care workers are not only portrayed as untrustworthy but also as 'helpless' (T25: 548) or 'quite overwhelmed' (T88: 102). Sometimes, both aspects overlap, as in the justification for one agency's unannounced home visits: 'So [the carers] know that […] each rota [...] someone comes. She doesn't know when, what day or time' (T63: 698-700). 'If she is doing something at that very moment, then [the quality controller] watches or waits or can control it even better' (T63: 711-713). 'So this way, we try to maintain the quality. And if something is noticed, action is taken accordingly. Either the nurse[6] is trained, should she be making mistakes, and then tested again afterwards. Or, if the nurse needs something, we are always available for questions' (T63: 701-705). As in this particular case, all interviewed agencies point out their availability for professional and administrative support, some also provide information material in carers' mother tongues or native-speaking contact persons who in some cases have experience as live-in carers themselves (see also Prieler 2020). But bilingual staff can also be 'a double-edged sword. Because [clients] immediately have the feeling, "Aha, here comes another one of them", and the neutrality is gone [...] just this aspect that she [the quality controller] talks in her mother tongue IN the presence of the client, even if she has translated afterwards' (T60: 573-586). While agencies and care workers see native-speaking contact persons or two alternating carers who share the same language as an advantage in terms of easier communication and as a means for (mutual) empowerment, it often causes 'suspicion' (T60: 586) on the part of care recipients. The question of language, as shown below, also points to power struggles over the everyday organisation of live-in arrangements and who determines the rules.

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[6] Despite the sharp legal distinction between personal care workers and nursing specialists with regard to qualification and permitted activities, in practice, live-ins are often referred to as 'nurses'.

Empathy and emotional labour

Pursuing intrinsic motivations, good live-in care workers carry out their work with a loving, caring, attentive, and empathic attitude, as all respondents agree (see also Bachinger 2015; Krawietz 2014). '[W]hen they see that the client is really SICK or has a fever, that they don't sleep at night because they are simply worried, just like with their own children back home […]. Because this work is only done by those who have this social competence and empathy' (T55: 887-892) – qualities that some respondents attribute especially to women (from certain countries). What is required, is 'emotional labour' (Hochschild 1983), i.e. the use and display of emotions in a way that corresponds to the expectations and rules of the respective care arrangement. Among other things, this relates to the balancing of closeness and distance, which plays a particularly important role in live-in care: as care workers and recipients live in the same household, being together, often almost around the clock, sometimes for years, the boundaries between working sphere and private sphere are blurred. This can cause irritation, insecurity, and even fear in both care recipient and carer and creates mutual dependencies (see also Aulenbacher et al. 2021b; Bauer – Österle 2013; Schwiter et al. 2018; van Holten et al. 2019), a circumstance that is reinforced by the fact that care workers and recipients both hold a relatively marginalised and disempowered position, the former in socio-economic terms and due to their migration status and ethnicity, the latter due to declining health and a diminished ability to shape their own lives independently (Timonen – Lolich 2019; Weicht 2015).

Many interviews contain examples of how care workers use emotions as a means to deal with difficult situations or make the strenuous work more bearable. For instance, some carers use humour and make jokes with those in care or make a conscious effort to become friends with care recipients or their relatives. Others reframe their work by imagining that the care recipients are their own parents, or strategically take up their household's reframing of the arrangement as family by calling care recipients 'granny' or 'grandpa' or take on different roles (see also Németh – Váradi 2018): 'And at that time my role with the client, [...] was simply to be her daughter. Because her relationship with the son didn't work out and she had always wanted a daughter […] So, that was my clear task. And she has participated in my life in exactly the same way, as in, "Yes, go and do your advanced training, yes, do something!" And so she really gave me time to take breaks' (T04: 112-119). The examples show how emotional labour can constitute a specific technology of the self, whereby care workers transform their own thought and action to embody and display desired characteristics. By doing so, they actively co-construct a good live-in self but also (try to) expand their room for manoeuvre and gain influence on living and working conditions (see also Fedyuk 2020; Németh – Váradi 2018).

But as emotional labour is always embedded in power relations, it can render care work even more strenuous (see also Aulenbacher et al. 2021b; Bauer – Österle 2013). For instance, care workers are expected to not take statements from care recipients such as 'You Croatians always steal' (T10: 856), or actions such as being touched on the buttocks, too seriously. The request for a specific emotional reaction, in this case serenity, can thus serve to conceal racist and sexist structures and reinforce the demand for obedience.

Flexibility and adaptability
In order to re-establish routines challenged by the fact that with the live-in arrangement an initially unknown person enters care recipients' daily life (van Holten et al. 2019) and to uphold the high quality of live-in care, which, according to the interview partners, consists in enabling self-determination and autonomy of care recipients by an exclusive orientation of carers towards their needs and wishes, the good live-in care worker should also show commitment, flexibility, and adaptability. '[She] really has to open up to the client. Because every person is different [...] she comes into a household, she lives there, but, then again, she is just a guest who works there' (T29: 984-991). The desired adaptability relates to different dimensions of work and life in the shared household: to wishes and expectations of care recipients (and often also their relatives) regarding meals, their daily rhythms and rituals, their preferred leisure activities, equipment and management of the household, or the usage of the living space (including carers' areas). In addition, good live-in workers should be flexible in terms of tasks that are not stipulated in the contract as well as with regard to time and duration of breaks and to what extent they are available to the care recipients during the breaks. One agency representative summarises: '[G]ood [carers] have no demands on a customer. [...] [Others] say, "But I want to take my break from 2 to 4 pm." […] [T]hat is not possible in a care relationship, fixed times. […] I'll take a break when it is possible. I have my two hours a day[7], of course, but I have to comply with the client and not when the friends go for coffee. […] I can't say to a customer who needs something in this moment or has to be washed, "Well, I'm going out now, and you stay lying there." [...] [E]veryone right in this job has no demands but says, "Yes, okay, he [the client] is poor, I take care of the patient and I am flexible"' (T63: 391-413). Appealing to live-ins' flexibility and adaptiveness means that they are supposed to prioritise the needs and wishes of those in care over their own and thus implies a high level of heteronomy (Aulenbacher et al. 2020a).

When it comes to flexibility and adaptability, some respondents also refer to care workers' ethnicity. For instance, one agency representative describes

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[7] Regulations concerning working hours and break time do not apply to self-employed care workers. In practice, a two-hour break per day is considered the valid standard (Aulenbacher et al. 2021a).

Slovaks as particularly customer-oriented and modest: 'Also undemanding in what they would like to have. A room, a bed. Also in terms of food; very few who only want salmon and soup, or ham. But basically, they are relatively pleasant' (T94: 479-482). This discourse corresponds to findings on transnational labour brokerage which highlight the crucial role of the ethnicisation of qualities such as modesty, flexibility, and willingness to work hard and obey the rules in the construction of ideal migrant workers (e.g., Abrantes 2014; Findlay et al. 2013; Kovacheva et al. 2019; Polanco 2017). Some interviewees also criticise increasing demands on income and working conditions and accuse in particular Slovak care workers of being 'overly presumptuous' (T29: 1040) these days, i.e. no longer available around the clock. Referring to economic improvements in Slovakia, which take the pressure off Slovak carers to accept inadequate conditions (Bahna – Sekulová 2019), this criticism implicitly accepts or even approves transnational inequalities as a prerequisite for maximum flexibility.

Care workers themselves also emphasise the importance of adapting to the needs and wishes of care recipients as the latter deserve understanding and consideration. 'You have to respect everything, and everything works. The dishes they [want to] have; what the woman says that she wants, I do. That's just how it is' (T53: 68-70). However, in the face of care recipients' illnesses, especially dementia, high-quality care in the view of many carers consists not only of personal adjustment. Instead of meticulously fulfilling all wishes, sometimes it is necessary to be strict, refuse requests or look for creative solutions such as, e.g., buying several identical looking bed sheets in order to be able to change and wash them against the will of the person being looked after. Some live-ins also stress that, based on their experience, they intuitively anticipate care recipients' needs: 'Nobody has to tell me, "You have to do this or that." [...] I have children, a family and I know what people need' (T23: 417-419). By highlighting their expert status – which in this quote includes reproducing the feminisation and implicit devaluation of care work as something every women/mother knows how to do (Krawietz 2014; Leiblfinger 2020) – and rejecting instructions as unnecessary, they present themselves as independent and not in a subordinate position to care recipients.

Regarding their availability, most interviewed care workers underscore to be on call around the clock and not even leave the household in their free time. By doing so, they signal flexibility out of real concern for those being looked after and distinguish themselves from live-ins who, for instance, are not available to the care recipients during their break but rather, 'when they are in their room, they shut themselves off and want to have their peace' (T23: 369-370). Being available or even present around the clock, however, not only reflects individual care workers' own choice. It is just as much a result of the fact that

in many live-in arrangements, substitution for care workers, e.g., by relatives or additional professional care services, simply does not exist and that the income does not enable participation in social life in Austria (Aulenbacher et al. 2021a; Chau et al. 2018; Schwiter et al. 2014). Availability, thus, is also an outcome of structural constraints preventing alternative behaviour. This illustrates the gross limitation of the 'freedom' of choice and action which live-in carers as self-employed supposedly have and which the neoliberal governing of subjects through self-regulation is based on.

The emphasis on independence, flexibility, and adaptiveness embodied by live-in workers mirrors the neoliberal ideal of the mobile, active, and agile self (Chee 2020; see also Bröckling 2007; Lessenich 2008). Instead of questioning (lacking) regulations that produce precarious working conditions, it shifts the responsibility for good care and working conditions to the individual care worker. Or, as a family member puts it when asked about good working conditions: 'You can't really say that, because if someone needs assistance, [the carer] has to get by even in a less well-ordered situation. [...] Otherwise I shouldn't choose this job if I cannot cope with every […] situation' (T32: 312-321).

Power struggles, disciplining, and support

Despite the expected and lived flexibility and adjustment of care workers, care work and life in a shared household in many cases lead to conflicts which are often attributed to supposed differences in mentality or culture concerning, e.g., cleaning or cooking. These conflicts not only reflect the constant need for negotiations within a working relationship that cannot be fully formalised and standardised (Bauer – Österle 2013). They are also an expression of power struggles carried out on an everyday level and related to food, the usage of rooms, language, etc. (see also Bahna – Sekulová 2019; Fedyuk 2020; Németh – Váradi 2018; van Holten et al. 2019). A representative of an agency describes: 'Most of the time, it is not about cooking or eating, but there are interpersonal problems and things that have already been stirred up, but then you just take something up [as an argument]. […] You must not forget that someone is with [the care recipient] 24 hours a day, usually they need [...] physical assistance, care right down to the genital area and that is not something you talk about too quickly. […] It is [connected] to a feeling of shame and also helplessness [...]. That's why you cling to the cooking a little more' (T94: 360-362, 387-394). Instead of addressing emotions such as insecurity, fear, or shame that are related to the own vulnerability, households identify carers' 'otherness' as the cause of problems. As a result, care recipients themselves do not appear weak or needy but independent, which corresponds to the ideal of the autonomous seniors put forward by activation policies (see also

Denninger et al. 2014) and helps maintain hierarchies even in a situation where one is, to a certain extent, "at the mercy" (T92: 85) of a stranger.

The example of struggles over food shows that the 'success' of live-in care heavily depends on the (unwritten) rules of the respective arrangement and who defines them. Within these complex power relations and negotiation processes, agencies play a crucial role. Most of them consider themselves to be mediating actors who, in case of a conflict, try to stay neutral and, e.g., call on everyone involved to compromise. If no solution can be found, they offer households a replacement of the carer (see also Aulenbacher – Leiblfinger 2019; Prieler 2020). At some agencies, care workers can choose to change the household, too – but usually less easily. Agencies, for instance, point out that they stop brokering live-ins who are 'simply mercurial' (T62: 513) and change households frequently. With one agency, this is the case after the second or third change sought for by the care worker, while the same agency reports of a household that had replaced carers 18 times within a single year. This illustrates that the needs, expectations, and behaviour of care workers and recipients are measured with different standards and how carers are disciplined if they fail to self-regulate and act in such a way that meets the household's requirements.

Against this background, care workers' interest groups, but also some agency representatives, express harsh criticism. '"Keep your mouth shut", that is the basic rule of agencies in relation to care workers, "Otherwise you will be replaced"' (T04: 782-783). Because of information deficits, poor language skills, the fear of being replaced, but also their mentality, many care workers – despite their legal status as self-employed – are not able to negotiate breaks, the scope of tasks, contracts, etc. with care recipients and agencies and therefore are vulnerable to precarious working conditions, dependencies, and exploitation. '[I]f you know the mentality, then you know that the carers [...] are not that agile, and they are always in good faith and also a little naïve and just trust which is nice, but it's also very open to abuse' (T51: 1095-1103). One representative of a care workers' interest group adds, 'We all learned in socialism, "Be good and do what everyone does." So, culture plays a huge role. And then we come to the West, "Wow", and the agency is my boss[8], and I have to do everything he says, and I always have to be good, and that also creates this powerlessness' (T04: 190-195). Apart from this specific socialisation that many care workers share, respondents identify inexperienced care workers, those with a poor knowledge of German, or those in financial distress, which in several interviews is ascribed primarily to Romanian care workers, as especially prone to accept any working conditions, however inadequate, and

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[8] Although they are self-employed, care workers in the interviews often describe their relationship with agencies as an employer-employee relationship.

subordinate themselves to all expectations. 'Slovak women are more self-confident because they have been on the market for a longer time, they were already active, very long before legalisation [...] but with Romanians, we really notice that this is learned, learned powerlessness' (T04: 217-223; see also Aulenbacher et al. 2020b).

In order to overcome the dependency on agencies, care workers' organisations offer administrative, legal and social support and carers empower themselves by exchanging information in usually country/language-specific Facebook groups (for similar developments in Germany see, e.g., Bomert 2020; Schirilla 2019, for Switzerland, e.g., Chau et al. 2018; Steiner 2021). But also on an individual level, carers do in fact use the prevailing mechanisms of live-in care and the possibilities of agency brokerage to their own benefit: although they are aware that a change on their part, in contrast to that demanded by households, can easily result in not being placed at all any more, almost all of the live-ins we interviewed had already undergone one or more new household placements of their own accord. Even if this does not alter structural inequalities and constraints, it shows once more that care workers are no passive objects but use their highly valued flexibility not only to ensure good care, but also to improve their working and living situations.

Conclusion

Drawing on a Foucauldian perspective on subjectivity as a result of powerful discourses and technologies, this paper analysed subject formation processes in Austrian live-in care. It shows how the construction of the 'good live-in care worker' combines professional and language skills with personal characteristics such as an intrinsic motivation, emotional competences, and adaptability. The different qualities reflect the socio-political context of Austrian live-in care as well as the multiple actors, interests, and contexts that shape processes of subject formation. Thus, the good live-in care worker mirrors the needs of a marketised, but still highly feminised, home-centred and familialistic care regime as well as the neoliberal ideal of the flexible, self-reliant subject. Care workers themselves adopt these discourses and construct themselves as involved, hard-working, and independent subjects. Underscoring not only the high quality of the live-in care they provide but also their status as competent but underpaid workers, they place a stronger emphasis on the burdens and precarity of live-in care work and thus on the lacking quality with regard to working conditions. Within these processes, ethnicity-related discourses play an important role: as a marketing strategy, agencies present care workers from countries in which they are recruiting as particularly suitable. But carers' foreign ethnicity/nationality is also frequently addressed as a problem: ethnicised images of greedy, non-trustworthy, but also helpless and naïve carers

justify mechanisms of control and/or support. Disciplining techniques such as agencies' practice of replacing carers (or the threat thereof) push the latter to transform their self and behaviour in such a way as to correspond to households' expectations and thus serve as a means to reproduce power relations. However, care workers are no passive victims but use and try to expand their room for manoeuvre, be it by purposefully deploying emotions, forming networks, or by resorting to the practice of changing households on their own initiative.

Veronika Prieler is a postdoctoral researcher within the research project 'Relocating Care within Europe: Moving the elderly to places where care is more affordable' at the Department of Anthropology at the University of Amsterdam. Previously, she was a member of the research project 'Decent Care Work? Transnational Home Care Arrangements' and finished her PhD in Sociology on processes of subject formation in Austrian live-in care. Her research interests include social policy, care, and migration.

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