

# The gendered construction of a «caring Otherness»

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## 1. Introduction

Over the last decade, domestic service performed by migrant women in industrialised countries has been widely acknowledged as a very fruitful terrain for new elaborations on the issue of gender and ethnicity. In fact, the economic restructuring that is referred to as globalisation on the one hand, and on the other hand the restructuring of the Welfare states have converged to create an «international division of care work» which reveals the importance of the intersections between gender and other social relations such as racism/ethnicity, class, age, and so forth (C. Guillaumin, 1997; F. Anthias, N. Yuval-Davis, 1992). Several recent studies have shown how the articulation of immigration policies with social policies creates a certain gendered and racialised division of labour, in different European countries (H. Lutz, 2008; S. Marchetti, 2006; F. Scrinzi, 2008). However, recent developments of this scholarship have highlighted the necessity to broaden this analysis by investigating other social actors, institutions and sites which have a stake in the issue of migrant domestic labour. While most studies focus on the traditional forms of domestic service in the private sphere, Eleonore Kofman (2006) stresses the importance of incorporating into the analysis other agents of social reproduction besides the households, such as the market and the non-profit sector.

Sharing this perspective, this paper aims to sketch a preliminary analysis-which will be fully developed in a work-in-progress publication – of how the «international division of care» takes shape in the «care industry» i.e. bureaucratised care jobs in organisations providing home-based services for

the elderly. Considerable numbers of migrant women are employed in this sector throughout Europe. This «marketisation» of care provision needs to be located within the recent restructuring of the Welfare state in European countries. In several countries the state has tended to withdraw from social and sanitary services – that is, the services that should replace unpaid female work carried out in the family – leaving this field to the private sector and to non-profit organisations, such as associations which are partially financed by public money. At the same time, the demand for care services has grown, especially in relation to the needs of elderly people.

## 2. Methodology

This paper is based on a cross-national ethnographic study of Italy and the Netherlands. As for Italy, ethnographic fieldwork was carried out in 2004<sup>1</sup> in the city of Milan and was based on semi-structured interviews with fifteen migrant women, mostly South-Americans, working in non-profit cooperatives providing home-based services for the elderly, and with these cooperatives' managers. It was also based on participant observations concerning a vocational training course for care-givers, which was attended by unemployed people (mostly migrant women from South-American countries) in the city of Milan.

As for the Dutch case, several rounds of fieldwork have been conducted in the city of Rotterdam between 2007 and 2008.<sup>2</sup> During this time, fifteen in-depth interviews have been collected, together with conversations with gatekeepers, key informants and, in some cases, participant observation during women's gatherings. The research has focused on the case of Afro-Surinamese in order to investigate the impact of colonial legacies (Suriname

<sup>1</sup> The data used for the Italian case was collected for Francesca's Scrinzi doctoral research «Les migrant(e)s dans le service domestique en France et en Italie: construction sociale de la relation de service au croisement des rapports sociaux de sexe, de 'race' et de classe» («Migrant Women and Men in the Domestic service sector in France and Italy. The social construction of the service relation at the intersection of gender, 'race' and class»), URMIS/CNRS, University of Nice (France), viva held in December 2005.

<sup>2</sup> The Dutch case study is based on material collected by Sabrina Marchetti during her PhD project titled «Paid domestic labour and postcoloniality: Narratives of Eritrean and Afro-Surinamese migrant women» and carried out between 2006 and 2010 at the University of Utrecht, The Netherlands (S. Marchetti, 2010).

has been a Dutch colony until 1975) on the migratory experience of migrant domestic and care workers who arrived in the 1960s and 1970s. Although employment agencies were not the primary focus of the research, they emerged to have had a very important role in most of these women labour integration and in the construction of home-based care services as a racialised sector of employment in the country.

Although relevant difference exists between the two national contexts with regard to immigration policies, the Welfare state and the organisation of the care sector, we believe that a comparison between the case of Surinamese women employed in state-subsidised organisations in Rotterdam and of South American women working in non-profit cooperatives in Milan to be relevant for the above mentioned debate.

### 3. Care work and international migration in Italy and the Netherlands

As in other Southern European countries, Italian immigration policies have direct implications for the functioning of the domestic service sector. This interconnection is particularly obvious in Italy, where the mobilisation of migrant labour has been progressively institutionalised within the traditionally familialistic Welfare state (F. Scrinzi, 2008). This has not been the result of targeted policies, as Italian governments have not developed a coherent action in relation to migrant care and domestic workers. Rather, it can be seen as the response to the practice, initiated by Italian families, of hiring migrants in a context where the growing need for home-based care for the elderly is not met by public provision (V. Hooren, 2008). The demand expressed by Italian households is met by a supply of migrant labour which is available in the country: very few domestic workers migrate to Italy to be hired by a specific employer on the basis of previous arrangements. Instead, migrants start looking for a job and consider entering the domestic service sector only after their arrival (G. Sciortino, 2009). Indeed, many Italian women are now confronted with a «triple burden», having to combine waged work with caring for the children as well as for their parents and other elderly relatives. While a large number of migrant care-givers are employed in the live-in traditional household-based domestic service, a minority of migrants work in bureaucratised care jobs in

non-profit cooperatives providing home-based services for the elderly. The estimations on the number of declared and undeclared employees suggest that in 2006 there were between 700,000 and 1 million domestic workers of foreign nationality in Italy, of whom the majority were migrants (P. Spano, 2006). In 2002, women constituted 81.8% of all declared domestic workers (INPS, 2004). In 2007 more than half of the declared domestic workers of foreign nationality were Eastern Europeans; the rest came from the Philippines, and several South American and African countries. It is estimated that in 1999 almost 100,000 care-givers were employed in bureaucratised jobs in Italy; between 40,000 and 60,000 of these worked in the non-profit sector, while the rest of them was employed in public services (P. Toniolo Piva, 2003). Over the last thirty years, the increase of jobs associated with care for the elderly and the children seems to be largely associated with the development of the non-profit sector (Fondation Européenne pour l'amélioration des conditions de vie et de travail 2001). Most clients of these cooperatives benefit from care allowances paid by the State.

In the Netherlands, from the early 20th century on, the provision of domiciliary medical, post-partum and elderly care is provided by a very diverse ensemble of semi-private organisations, at the local or national level. In the overall, these organisations count today about 180,000 employees and are dealing, every year, with 2 millions of cases. On the basis of the General law for special illness costs (*Algemene wet bijzondere ziektekosten*), every person who is covered by the national health insurance can apply for the provision of domiciliary services, when necessary. The proportion of the costs which will be covered by the insurance and what will be instead paid by the care-receiver is decided upon consideration of every individual case. In any case, it is a private organisation which will handle the provision of the service, allocating a care-worker to each patient for an adequate number of hours every week. The assistance thus provided usually consists of a daily visit to support elderly assist with personal care, medications, house cleaning, food preparation, shopping and so forth. Only for the most serious case a 24 hours watch is provided.

It is of particular interest to compare the situation in Italy of the last decade with what happened in the Netherlands during the 1970s. At that time, Dutch society was put under pressure by the taking place,

contemporaneously, of a mass arrival of people from its former colony Suriname and of a care-crisis due to the rapid aging of the population and the emancipation of national women from household commitments.<sup>3</sup> This situation can be seen as having some similarities to what has more recently happened in Italy, with the increase on migrants' arrival, on one side, and the lack of elderly care provision on the other.

In the 1970s, thus, a specific home based care service targeting the elderly started to expand in the major Dutch cities and this represented an important employment opportunity for some migrant women. In the fourth paragraph, more insights will be offered on the mechanisms that took place at the level of representation while this sector was becoming a privileged niche of employment for Afro-Surinamese women.

#### 4. The gendered construction of a «caring Otherness» in Italy

The interviews and observations carried out in Italy indicate that notions of ethnicity and gender are embedded and reproduced in recruitment and training practices. More particularly, the training activities are based on essentialistic gendered assumptions about the «South American traditional culture» and on an idealised view of family relations in South-American countries. With regard to recruitment practices, the cooperatives' managers have to deal with the clients' preferred choice of non-migrant and female care-givers, and sometimes with their hostility towards Black or male workers sent by the cooperative. The managers whom I interviewed valued the presence of male care-givers as supporting a professional image of the job, detaching it from the association with unpaid feminine domestic work. To some extent, the managers disregarded and countered the clients' racist demands. If the cooperative's elderly clients asked to be cared by a White employee, the managers could avoid allocating them a Black care-giver. However they would reject this kind of requests if they were made by family members of the people cared-for, such as their children.

The social construction of care-giving jobs as non skilled relies on the dualism between cleaning and other material tasks on the one hand, and

<sup>3</sup> For more details on the migratory flow from Suriname to the Netherlands see J. Lucassen and R. Penninx (1994), and S. Marchetti (2010).

care and emotional work on the other. For example, empirical studies (B. Anderson, 2000) have shown that private employers of migrant domestic workers emphasise the cleaning tasks accomplished by their employees, while obscuring their emotional and care work. The interviews indicate that migrant care-givers also manipulate such dualism in order to construct and sustain a definition of their job as professional and skilled. More particularly, they tend to put forward the centrality of the emotional and care dimensions to the job.

Data also shows that the dualism between cleaning and caring tasks, and between material and emotional work, is mobilised in the case of conflicts between different categories of migrant care-workers, such as between live-in care-givers and care-givers employed by the cooperatives. Some families employ a live-in care-giver and also pay a cooperative. In such cases, tensions can arise between the two migrant care-givers as live-in workers tend to be seen by those working in the non-profit sector as «stealing» jobs, by filling a demand for low-paid non-skilled care work, often based in the informal economy. Moving from the traditional household-based domestic service sector to bureaucratised jobs in the non-profit sector constitutes in fact a form of professional and social mobility for migrant women. Workers in these jobs appreciate the lack of close personal relationships, the isolation and long working hours which characterise the live-in sector, the opportunity to work in a team and the forms of tutoring and supervision which are offered by some cooperatives. Most of the care-givers employed by the cooperatives hold a formal qualification. These advantages compensate for the poor working conditions and the fact that care-givers have to move from one client's place to another several times during the working day. Time spent on public transport is not paid.

## 5. The gendered construction of a «caring Otherness» in the Netherlands

In the Netherlands, the presence of black women workers in the care sector is overwhelming. The stories collected talk about many Afro-Surinamese women, aged fifties or older, all doing the same job: «a troop» of black women cleaning, feeding, and washing old and sick Dutch people. This situation has been created through the fundamental contribution, at

different levels, of home-based care employment agencies which were especially active between the 1970s and 1980s. Their influence can be seen at two levels: the recruitment practices; and the differentiation between co-workers. The intertwine of these two levels show how the production of racialised self-representations is functional to the employment.

During the 1970s, Dutch agencies' managers were literally encouraging Afro-Surinamese women to «take advantage» of their background, promoting an essentialist image of Surinamese women as particularly gifted in the care of the elderly. Others, like Ms. Moelen, herself coming from the Caribbean, opened new home-based care agency, in order to satisfy the increasing request of black migrant women for doing these jobs. These agencies were, in a sense, able to maximise their resources by emphasising what, in their views, were the cultural/ethnic aspect of what Surinamese «had to offer» to Dutch society. In other words, the formation of home-based care as a labour niche for Afro-Surinamese women was due to the fixation of these migrants' marketable skills, which derived from specific gendered and racialised representations.

In this context thus agencies performed a mediation, not only at the economic level, but also at the cultural level, in the encounter between demand and supply. First of all, they started to value, for the entrance in the job sector, a type of education which was rather common among Afro-Surinamese women such as studies related to sanitation, infancy or housekeeping. Secondly, representations emphasising «respect» for elderly people as a racialised characteristic of Surinamese society, by way of an essentialist move, started to widely circulate. It is in this light that one may read Afro-Surinamese care-givers' accounts of what typifies their way to perform this job; what makes unique the way they do it.

Drawing on the opinions of the interviewees that have worked with Dutch and other foreigner women in a peer situation, it is important to acknowledge the existence of many recurrent images which revolved around the representation of black women as more suitable for nurturing, caring and nursing than others. This comparison was generally framed in terms of an essentialist self-representation of the «innate» attributes characterising Afro-Surinamese women in comparison with Dutch colleagues.

These differences are related to the typically Surinamese features which we already mentioned. The first one refers again indeed to the «respectful» attitude of Surinamese which is seen as a major difference with the Dutch. Second comes the question of cleanliness as Afro-Surinamese care-givers complain of the dirtiness of their Dutch colleagues. This accusation is very interesting as far as there one can see Surinamese women's attempts to dismantle the superiority of their white colleagues and rehabilitate their own background in racialised terms. Finally, interviewees stressed their own emotional involvement in the care giving, in contrast with the cold and money-interested attitude of the Dutch. For Afro-Surinamese interviewees, the focus is on the relationship with the patients, as a continuous practice of overcoming difficult situations to gain the trust of the care-receivers.

## 6. Conclusion

This paper is preliminary to a wider comparative analysis of interviews and observations from the Italian and Dutch case, in order to discuss the racialised and gendered notions which are embedded in recruitment and training practices, across time and location. The paper has discussed migrant care-givers' strategies for coping with the demeaning nature of their job and for reaffirming it as a professional and skilled activity; and the conflicts and negotiations concerning issues of professional status and skill between different care workers.

Both the Italian and the Dutch case studies suggest firstly that gendered and racialised notions are embedded within recruitment practices in bureaucratised care work; secondly, they show how migrants manipulate gendered and racialised notions to define their job as a professional skilled activity; finally, they indicate that these same notions are activated in the context of conflicts over professional status and skill between different care workers. In doing so, the comparison between the two cases contributes to investigating the gendered dimension of the process of racialisation by demonstrating how, in the two different national and historical contexts, this was associated with the construction of a «caring Otherness», the representation of specific groups of migrant women as «naturally» apt for care work, and the racialisation of skills.



In conclusion, the paper provides a historically located and comparative study of the changes occurring in the Netherlands and Italy, at different times in the last decades. In the aim indeed to identify the crucial features of gendered processes of racialisation taking place in the care sector, the parallelism between what is happening in Italy in recent years and what has appended in the Netherlands about thirty years ago, offers an interesting material for analysis and further elaboration.

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