As a consequence of the lockdown measures imposed by the Belgian government to fight against COVID-19, migrant live-in elderly carers had to choose between safeguarding their job — at the detriment of their personal freedom, their health and their working conditions — and safeguarding their freedom but losing their job — at the detriment of their economic survival and that of their families. This article explores this dilemma from an intersectionality perspective. In order to understand their experience in times of COVID-19 and their response to this dilemma, I analyse their position as women, as migrants, as elderly care workers, as family breadwinners and as ‘quasi-family members’ in the families of their employer — which correspond to five interlocking systems of oppression.

**KEYWORDS**

COVID-19, elderly care, female migrants, intersectionality

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1 | INTRODUCTION

Dana is a 55-year-old Romanian woman, who works as a live-in elderly carer in Brussels. After ten years as a caregiver first in Italy and then in France, she moved to Belgium four years ago, when a friend proposed her a better working opportunity. For the last year and a half, she has been working for the same employer, where she looks after an old lady, seriously impaired due her mobility problems and a cognitive degeneration linked to Alzheimer’s disease. Thanks to her job as a caregiver, she managed to provide her two daughters with secondary schooling and to help them buy the apartments where they currently live with their own families. With the money that she sends home she helps her husband who is unemployed and contributes to the bank mortgages of her daughters.

Before COVID-19 struck Belgium and the lockdown measures were announced by the Belgian government on 13 March, she used to live with the older woman six days per week and she used to spend her day off in the small apartment that she rents with other Romanian caregivers. During her day off, she used to go to the church and enjoy...
the apartment, talking in Romanian and cooking Romanian food together with her friends. She was planning to welcome her husband in June and eventually move to a daytime hourly job.

Since 9 March — a few days before the official lockdown started — she has lived permanently with the older woman. At the request of the employer family, concerned about the health of the elderly woman, Dana has not left the elderly person’s residence: she has lost her day off, which represented her only time of leisure and social activities, and the freedom to go out for a small walk or for grocery shopping during the day, as she used to do before. The only people she meets in person are the frail elderly lady and the lady’s daughter, who comes by once a week to bring supplies. With her family, confined to Romania, and with her friends all over Europe, she remains connected through the Internet.

Dana is one of the many invisibles of our era: invisible in normal times and even more invisible in COVID-19 times. To preserve and protect the safety of another invisible (the older lady confined to her private domicile), Dana had to choose between keeping her job — at the detriment of her personal freedom and her psychological, physical and mental health — and preserving her freedom but losing her job — jeopardizing her survival in a country other than her own and the survival of her family in her country of origin. As it is the case of other live-in elderly caregivers, she had to choose between freedom and money.

This article explores the dilemma faced by migrant live-in elderly carers in times of COVID-19, by focusing on five interlocking systems of oppression — or domains of power — which are likely to determine both their experiences (namely, their living and working conditions during the pandemic) and their choices (namely, their solutions to the dilemma). Drawing from intersectionality theory (Hill Collins, 2015; Hill Collins & Bilge, 2016), which highlights the centrality of interlocking systems of oppression in forging the identities and experiences of women, I use the term ‘identity locations’ to refer to the positioning of migrant live-in elderly carers within these systems of oppression (or domains of power). Specifically, I look at their ‘identity locations’ as women, as migrants, as elderly care workers, as family breadwinners and as ‘quasi-family members’ in their employing families, which are in turn related to larger domains of power (namely, gender, ethnicity/citizenship, labour market, care economy and interpersonal power relations, respectively).

I argue that the position of migrant live-in elderly carers at the intersection of these five interlocking systems of oppression transposes the dilemma to a purely symbolic level. Their economic survival and that of their families, as well as the ethical dimension associated with their work as caregivers, among other factors, resolves the dilemma by turning it into a non-dilemma, where the decision to keep the job and to accept the newly defined working conditions and the consequent loss of freedom becomes unavoidable.

2 | COVID-19 AND THE RECRUDESCENCE OF INEQUALITIES

What are the consequences of the unprecedented crisis generated by COVID-19 on our lives and on our society at large? This question, so vast and so simple, has become in the past few months the new mantra in politics, in the media, as well as in academia. While the attention of governments is currently focused on analysing the economic consequences of this crisis, in order to contain its effects and to ‘relaunch the economy’ after COVID-19, many voices have been raised to emphasize other aspects of this phenomenon, such as the social, psychological and emotional consequences that this pandemic has had, has and will have on our lives and livelihoods.

As an article that appeared in the Belgian press highlights (Blogie, 2020), visions diverge greatly when it comes to identifying the predominant social reactions triggered by the COVID-19 crisis. On the one hand, there are those who, mainly referring to the health dimension of the crisis, highlight the ‘social justice’ of the virus. The fact that everyone — including doctors and politicians, who symbolize the true powerful in our society — has been indiscriminately affected by the virus would demonstrate the equalizing power of the pandemic. On the other hand, other analyses, mainly referring to the economic, social, family and psychological dimensions, highlight the
intensification of existing inequalities and of social hierarchies, and the resurgence of class divisions, in a Marxist structuralist interpretation.

From a purely health perspective, although certain categories at the top rungs of the socioeconomic ladder, such as medical doctors, are among the highest risk categories as a result of their position on the front line of the emergency, the first available data show that vulnerable populations have suffered higher rates of infections, proving that even the health equality in the face of the pandemic is an illusion (Fassin, 2020). Leaving aside the inevitable preponderance of the health dimension over any other, what is the most striking in this chaotic and unprecedented situation is the dramatic intensification of existing inequalities and the resurgence of structural inequalities that had supposedly vanished. In a broader perspective and including other dimensions of our livelihoods, the crisis has proved to disproportionately affect two segments of the population: the most vulnerable, in terms of economic, social and cultural capital — that is, lower classes (Adams-Prassl, Boneva, Golin, & Rauch, 2020; Major & Machin, 2020) — and women, regardless of their socioeconomic position (Alon, Doepke, Olmstead-Rumsey, & Tertilt, 2020; European Institute for Gender Equality [EIGE], 2020; European Trade Union Committee for Education [ETUCE], 2020; Institut Wallon de l'évaluation, de la prospective et de la statistique [IWEPSE], 2020).

Concerning the latter, as it has repeatedly been stressed, the COVID-19 crisis has and will have an impact on various aspects of gender equality, including the economic hardship falling on women whose economic position is precarious, which is the case of many single-parent households; the sharpening of domestic violence; the hazardous situation of workers on the front line, the majority of whom are women; and the increased burden of unpaid care and housework responsibilities during the lockdown period.1 Trapped in a sort of reverting vortex, some women saw the resurgence of those inequalities that had supposedly become obsolete — or at least hidden — for many.

As emphasized by feminist scholars, despite the progress made by European women in terms of equal opportunities and gender equality, their equality remains intrinsically precarious (Evans, 2017). This risk of relapse affects not only women’s performances in the labour market, but also — and especially — the division of labour within households. In the context of this crisis, the closure of schools and childcare facilities and the imposition of a system of teleworking have disproportionately affected working women, who ‘resumed’ the greatest part of housework and caring responsibilities, regardless of their ability to telework and/or to reduce their working hours. Rather than representing for working women a real backlash in the labour market, the crisis has had the effect of bringing back to the fore the traditional dichotomy that assigns men the economic function and women the private sphere (Anderson, 2000; Gerhard, Knijn, & Weckwerth, 2005; Lutz, 2011). In other words, the crisis has reopened the debate, well known to the feminist literature, on the division between productive and reproductive work and the essentialization of gender roles around these criteria, which visibly still represents a crucial node of gender relations.

However, although this crisis has had consequences in terms of unequal gender relations even for the most privileged segments of the population, it has not affected all women in the same way. As the literature based on intersectionality has long stressed, the identities of women are heterogeneous and distinct, and depend on the ways in which interlocking systems of oppression intersect and act upon them in a matrix of domination (Carastathis, 2014; Hill Collins, 2015). Women’s experiences are profoundly shaped by these systems of oppression and depend on their position as actors at their intersection. Their ‘identity locations’ — that is, their position within these systems of oppression — are not fixed and static, nor mutually exclusive, but they represent the place at the intersection of which women’s experiences and choices are distinctively negotiated.

Looking specifically at the situation of migrant live-in elderly carers, at least five interlocked systems of oppression can be recognized which act simultaneously in shaping their work and livelihood, as well as their agency and their responses in times of COVID-19.2 Their position as women, as migrants, as care workers, as family breadwinners and as ‘quasi-family members’ in the employer’s family, represent specific ‘identity locations’ which are likely to affect their experiences and their choices. Specifically, it is their position at the intersection of these systems of oppression, which correspond to different ‘identity locations’, which make their situation unique and determine their work and living conditions in times of COVID-19. This article digs into these five ‘identity locations’ and in the way in which they interact in determining their response, when faced with the dilemma between freedom and money.
The material used for this article draws from two main sources. First, it draws from the material collected in the framework of ongoing research on the undeclared work in the home elderly care sector in Brussels. In the framework of this research, whose fieldwork had to be interrupted as a result of the COVID-19 lockdown measures, I had collected qualitative data in the form of 26 in-depth interviews, one focus group and fieldwork notes on migrant women working as elderly carers in Belgium, without a regular contract. The second source derives from the exchanges I had during the lockdown period with the migrant elderly carers I had previously interviewed. Thanks to the strong relationship that I had built with some of them, and in preparation for a longitudinal study that will be pursued in the following years, I had the chance to regularly exchange with them, mainly by text messages (Whatsapp or SMS), during the lockdown period. The direct quotations, as well as the empirical situations that I describe in this article and the resulting reflections are issued from these exchanges and are based on their experiences.

3 | CARE WORK, THE FEMININE AND THE AMBIGUITY OF THE CARE RELATIONSHIP

As long stressed by the scholarship, domestic and care work are different from any other employment relationship, for a variety of reasons (Anderson, 2000; Cox, 2006; Devetter, Jany-Catrice, & Ribault, 2009; Gerhard et al., 2005; Lutz, 2008, 2011). This has important consequences on the working conditions and lives of elderly carers.

On the one hand, the private nature of the work — that is, the fact that it is performed in the private home of the care receiver — has direct consequences for caregivers, including the lack of control over their working conditions (Devetter et al., 2009; Rollins, 1985). As the work is not subject to inspections or control by third parties, not only are care workers potentially at risk of abuse, be that physical, verbal or psychological, but they are also subject to poor working conditions, such as low salaries, physical and emotional hardship and long working hours, among others. The latter element is especially problematic for live-in caregivers: even when working hours are contractually defined, live-in elderly carers are practically required to work on a system of uninterrupted availability, resulting in a lack of separation between leisure and working time. Linked to this element is the fact that for live-in caregivers the work itself implies a lack of separation between ‘home’ and ‘work’, with a dangerously skewed predominance of the latter. Since their living environment is a type of home with diminished characteristics — a ‘quasi-home’, which is never completely felt as home — the result is that the caregiver always feels ‘on duty’, without having the opportunity to completely disconnect from work.

On the other hand, the work itself is endowed with specificities which make it essentially different from other employment relationships and which have enormous consequences for caregivers. First, even when remunerated, care work involves tasks which are traditionally part of the realm of the reproductive labour. The demarcation line between productive and reproductive labour remains blurred and contributes to the difficulties in recognizing it as ‘real work’ (Anderson, 2000; Cox, 2006; Devetter et al., 2009). Furthermore, because of its association with the reproductive function of the family, it is traditionally associated with feminine attributes and expected to be assumed by female members of the family (Anderson, 2000; Lutz, 2011). The main consequences of the naturalization and essentialization of care work as feminine are the lack of valorization of care work, the persistence of marked gender stereotypes and the persistence of employers’ expectations in the form of love and abnegation from the caregiver, which correspond to what a female family member would supposedly do.

Other elements that are found to be problematic for caregivers include the ambiguous employment relationship at the basis of care work, which continuously oscillates between a real employment relationship and a family relationship (Cox, 2006; Rollins, 1985) and the emotional labour required from caregivers (Anderson, 2001; Hochschchild & Ehrenreich, 2002) — the two elements being closely linked. Given the emotional bonds that are established between the caregiver and the care receiver and the ambiguity of the employment relationship, the worker is no longer considered as a worker, but rather as ‘a member of the family’, as employers tend to define
The fact that the main qualities (or ‘soft skills’) which are usually requested and appreciated in elderly carers are the ability to establish emotional ties, empathy, humanity, as well as a sort of vocation, testifies to the importance of the emotional dimension in care work (Anderson, 2000).

These features of care work assume a crucial importance for live-in elderly carers, who are neither treated as workers, nor as members of the family. Their status as ‘quasi-family members’ is such that they are required to do hard physical and mental labour (very long hours, 24 h availability, nurse-like competencies, among others), but also self-denial, sacrifice and love, just as one would expect from a family member. The fact that the employer may coincide with the person who receives care further complicates the picture and makes the relationship between the different parties highly ambiguous. Both elements — the emotional ties between caregiver and care receiver and the position of live-in caregivers as ‘quasi-family members’ — have crucial consequences on the lives and choices of live-in elderly carers in times of COVID-19.

4 MIGRATION, FEMALE BREADWINNER AND CARE RESPONSIBILITIES

As mentioned in the previous section, the very nature of care work, including the gendered construction of the ideals and values associated with it and the emotional labour that shapes their position as ‘quasi-family members’, are all crucial locations at the core of the identity formation and the experiences of live-in elderly carers. Looking at the situation of live-in elderly carers under the prism of migration and family relationship allows other important elements to be identified that are likely to affect their livelihoods and their specific responses to the COVID-19 crisis.

As the literature on domestic and care work and on global care chains has long emphasized, the position of domestic and care workers cannot be reduced to their employment situation, but is defined and continuously reshaped by other factors, such as their administrative status and work permits, which are in turn determined by the migration regime specific to each country; their transnational lives and that of their families; as well as their family situation and caring responsibilities in the host country and in the sending country (Anderson & Shutes, 2014; Hochschild & Ehrenreich, 2002; Lutz, 2011; Parreñas, 2001, 2014; Yeates, 2004).

Concerning family and caring responsibilities, the existence of a family in the country of origin and the intensity of the caring responsibilities ‘left behind’ (the presence, for instance, of young children and/or frail elderly parents), as well as the economic responsibilities linked to the maintenance of the family, are all elements that affect the livelihood and the choices of elderly carers (Fresnoza-Flot, 2013; Hondagneu-Sotelo & Avila, 1997; Kabeer, 2013; Parreñas, 2001, 2005). The fact that domestic and care workers are often the main family breadwinners has different consequences. On the one hand, it may have an emancipatory power and contribute to a redefinition of gender roles within their families. On the other hand, it means that various members of the family (husband, younger or older children, parents, but also other kinship relationships) will depend on the income of the elderly carer and on her ability to adapt to adverse circumstances.

These economic and caring responsibilities have gendered meanings for elderly carers. As they have to assume the economic function within their family at the same time as maintaining their caring responsibilities, they bear a double burden. To use the traditional distinctions between productive/reproductive labour, public/private sphere and the gendered constructions associated with it, not only do they incarnate both masculine and feminine attributes, but they do so in a complex matrix. In their migration journey they first undergo a process of emancipation from the caring responsibilities linked to their own families, and then they reassume these same responsibilities, in a double form: they financially (and emotionally) support their families left behind, while taking care of the members of another family in the host country, as part of their job. As the scholarship has stressed, this has important social, psychological and emotional consequences, for both elderly carers themselves and their families abroad (Fresnoza-Flot, 2013; Graham et al., 2012; Hochschild & Ehrenreich, 2002; Parreñas, 2005).
A last element to be taken into account with regard to their position as migrants is the impact of their migration status, which include the conditions of entry, stay and work permits enforced in the country of destination (Anderson, 2011; Anderson & Shutes, 2014; Shutes, 2012). The migration status is likely to influence not only their professional and migratory career, but also their living conditions, including their access to health, leisure, loans and educational opportunities, among others. As scholars highlighted, among all the possible migration statuses, it is undocumented workers who are more susceptible to be found in live-in jobs, for a series of reasons (Ambrosini, 2015).

First, by reason of the poor reputation and the low value accorded to care work, and especially to live-in types of arrangements, live-in care work is often the first and only entry point of the most vulnerable segments of the migrant population into the economy (Lutz, 2011). As undocumented migrants are less likely to find better paid jobs and/or to negotiate better working conditions, they are more likely to accept live-in jobs, which are discarded by locals and other migrants (Ambrosini, 2015; Schutes, 2012). Second, live-in care work may be considered an advantage for migrants because it allows them to save money on food and accommodation, and because at the same time it represents a sort of protection. This latter point may be a crucial element of the migratory strategy of undocumented workers, as the house of the employer becomes a sort of shelter, which protects against the risk of being caught by the authorities (Ambrosini, 2015).

5 | BEING A MIGRANT WOMAN WORKING AS A LIVE-IN CAREGIVER IN TIMES OF COVID-19

In order to understand the impact of COVID-19 on the lives and work of migrant live-in caregivers in Brussels and their choices during the lockdown period, I explore their position as women, as migrants, as care workers, as breadwinners of their families and as ‘quasi-family members’ in the host families for which they work. By looking at the intersection of these ‘identity locations’, I focus on how their situation affected their choices and how they resolve the dilemma between staying — at the detriment of their freedom and health — and leaving — at the detriment of their survival and that of their families.

5.1 | Being a woman

As mentioned in the introduction, the exacerbation of the inequalities between men and women during the lockdown period of the COVID-19 crisis has been especially visible in the domestic sphere. Not only have women suffered the harshest consequences in terms of domestic violence, but they also had to assume a disproportionate increase of domestic and care responsibilities compared to their male counterparts, with a parallel reduction in the number of hours allocated to paid work and an increase in the physical and mental charge — which in turn will have repercussions on their professional career (Alon et al., 2020; EIGE, 2020).

One of the greatest difficulties encountered by (tele)working women is related to the lack of separation between ‘work’ and ‘home’, which corresponds to the lack of a clear demarcation between professional and domestic spheres. As already pointed out by the scholarship, although it allows work and caring responsibilities to be combined, the system of teleworking may have clear disadvantages for women, who may end up trapped in their home and be disproportionately located in the peripheral labour market (Haddon & Lewis, 1994). The imposition of a teleworking system upon adults with caring responsibilities had the result of blurring the boundaries between all life domains: when all activities (work, leisure, family, etc.) are realized in the same environment the result is a mental charge, experienced as a feeling of being always ‘on duty’. Ironically, what working mothers (and fathers, to a certain extent) experienced during the lockdown is part of the ‘usual business’ for live-in caregivers.
Similarly to other women, also live-in caregivers experienced an intensification of caring responsibilities, which in their case were distributed between their own families and the families who employ them. On one side, some of them had to intensify the financial support to their families, because of health and/or financial problems, which in some cases were engendered by the pandemic in their countries. Also, to counteract the fears and anxieties linked to the pandemic, and in order to provide an emotional and symbolic support to their families at a distance, they intensified the contacts with the different members of the family, through the use of technology (emails, chats, video). On the other side, their care duties and responsibilities increased dramatically in the framework of their jobs as caregivers. Starting from the announcement of the lockdown measures by the government, and to compensate for the potential health risk of having multiple external actors intervening in the care of the older person, live-in caregivers were required to cover the whole care needs of the older person.

When asked whether she had received any support from the employing family or from external people, Maria replies:

_Noooon! Ici n’est pas famille! Mais ni les autres, où existe famille, ne sont pas soutien._ [Nooo! Here there is no family! But even the others, where the family exists, did not receive any support.] (Maria)

Maria takes care of an older woman who does not have any relatives. As the other caregiver who was taking over during Maria’s day off was dismissed, since the beginning of the lockdown the responsibility for the care of the elderly woman has fallen entirely on Maria, who is now alone to cover her duties as a caregiver while at the same time replacing the support of the family. According to Maria, live-in caregivers are left with the full responsibility for the elderly people, regardless of the existence or not of a family behind. Indeed, she reports that also the other elderly caregivers with whom she remained in contact are facing the same situation, despite the presence of a family who could potentially take over the responsibilities linked to the care of the older persons.

The growth of both productive and reproductive labour, which in the case of live-in caregivers accumulate within the same employment relationship, as well as at their family level, results in a significant increase of the care burden. While other working women had to learn to combine their external professional responsibilities with the care of their own families, live-in elderly carers had to take over the whole caring responsibility of another family, while ensuring the care of their own families at a distance (Hochschild & Ehrenreich, 2002).

5.2 | Being a migrant

The migrant status of live-in elderly carers affected their life and their response to the COVID-19 crisis in many respects. First of all, the situation of lockdown, including the closure of borders and the reduction on the freedom of movement inside and outside the country, meant that migrants had to live the COVID-19 crisis within the host country, without any possibility to travel or to draw near their own families. This equally affected all migrants, irrespectively of their country of origin. Moreover, the interruption of the economic activities not considered ‘essential’ (that is, a certain number of activities, with the exception of mainly health and medical jobs and scientific research, food processing industry and grocery shops, but also chemical and building industry, among others) disproportionatately hit the migrant population, whose presence in the labour market is more precarious. This had dramatic consequences for many working migrants, who lost their jobs and incomes without the system of a safety net behind them (social protection, social networks, etc.). The loss of income had tremendous consequences for their survival in the host country, but also in terms of sending of remittances and for repaying the indebtedness engendered by migration.
The situation of migrant caregivers followed two separate paths. On one side, the majority of domestic and care workers working on an hourly basis lost their jobs and were faced with the above-mentioned obstacles, without means of support and without the possibility to move closer to their families. In some cases, the possibility of survival entirely depended on the goodwill of the employers, as it is the case for Kristina, a young Filipino domestic and care worker:

*I am doing fine, healthy and safe, I thank the lord I have a kind employer, even if I’m not working she still giving me salary.* (Kristina)

Kristina, who had lost her primary job as a live-in elderly carer because of the death of the older woman she was looking after, had maintained her secondary job as a domestic worker in another family, where she used to clean once per week to complete her weekly salary. When the COVID-19 emergency struck the country, she had not found another full-time employment. During the lockdown period, her only means of living depended on the generosity of her employer, thanks to whom she managed to go through her living expenses.

On the other side, live-in elderly carers experienced other difficulties: while they were given the possibility to save their jobs — in return for the intensification of their efforts (working extra hours, performing health tasks which were not allowed in normal times, renouncing their time off, etc.) — they were locked down with a family other than their own. Therefore, live-in elderly carers had to bear both the practical disadvantages of the lockdown (not being able to go out, being always ‘on duty’, among others) and the emotional and psychological burden of being confined in the private home of strangers, rather than their own families. Being confined to other people’s intimate space, without being able to take care of your own confined family abroad, certainly contributed to amplify the distress of migrant elderly carers.

The experience of Elena, a Spanish elderly carer, exemplifies the inner torment of the separation from her loved ones in a country other than her own. Immediately after the outbreak of the pandemic she was ready to leave Belgium to join her family in Spain:

*Je n’ai pu repartir ni en mars et encore le 30 juin c’est annulé par Ryanair. Donc je suis ici en Belgique. On verra fin mai quand c’est possible. Et c’est dure parfois surtout étant seule ... I couldn’t leave in March and again the 30 June it has been cancelled by Ryanair. So, I’m here in Belgium. We will see when it will be possible. It is hard sometimes, especially because I am alone ...* (Elena)

In addition to the increased amount of work and of care responsibilities that they have experienced as women and as care workers, migrant live-in elderly carers have suffered from a sense of displacement. This sense of displacement is not only the result of the geographical and physical distance from their countries and their families, but also to the unprecedented situation of experiencing the COVID-19 lockdown — and the enormous emotional charge associated with it — being lonely and isolated (from their loved ones) and at the same time nearby and wanted (by non-family members).

If the isolation and the lack of social activities imposed by the lockdown measures represent a burden that hit the entire population, regardless of their socioeconomic level or their origin, it had the harshest consequences for migrants. First, contrary to the majority of the population, they were physically isolated with respect to their families and their countries, which, as mentioned above, constitutes a source of emotional distress. Second, they suffered from the sudden isolation from the social networks they have built in Belgium, which represent for many migrants a crucial element for the construction of community ties and of their sense of belonging. If some of them managed to maintain some of the activities with the community, mainly through the use of technology, other live-in caregivers entirely lost the connexion with their community. As it emerges from the words of Dana, this double isolation is likely to have important psychological and mental health consequences and to contribute to serious forms of anxiety and distress.
Jespère que ça ira ... mais nous avons peur ... [I hope everything will be fine ... but we are scared ...]  
( Dana)

5.3  |  Being an elderly carer

Despite the lack of a global and long-term vision on the effects of COVID-19, the data on the infection rates registered in all countries affected by the pandemic suggest that elderly people, as well as the professionals who take care of them (home carers, domiciliary nurses, health and care personnel in rest homes, etc.) are among the most affected by COVID-19, in every respect. If the elderly population has been heavily impacted because of its health vulnerability to the virus, health and care workers have been greatly affected, because of the high risk of contamination given by their front-line position at close contact with the most vulnerable population. Thus, elderly caregivers have suffered specific consequences, including from a health point of view. As attested by numerous articles that appeared in the Belgian press during the first two months of the lockdown, the lack of adequate equipment (masks, hand sanitizer and screening tests, among others) for home carers and the personnel working in rest homes has been a crucial factor in the spread of the virus and the deterioration of their working conditions.

However, while the working conditions of ‘official’ care workers in times of COVID-19 have been relatively visible in the media, the situation of the most invisible among care workers — that is, migrant live-in carers, sometimes with an irregular administrative status — have been completely hidden from the public view. The story of Carmen highlights the situation that some of the live-in caregivers had to face in terms of their own health conditions.

Ça c’est bien passé, je étais contaminée après le carnaval, mais tout était bien passé sans complications. Après je suis restée avec une certaine distance avec la Dame, son fils a pris en charge jusque j’étais bien. Je suis bien, et la famille que je travaille aussi. [It went well, I was infected after the carnival period, but everything went well, without complications. Afterwards, I kept a certain distance from the lady and his son took over until I felt better. Now I feel fine and the family for which I work is fine too.] ( Carmen)

Carmen, a Brazilian undocumented migrant who works as a live-in caregiver, did not have access to public health services. After being hit by the COVID-19 virus, she spent the quarantine and the convalescence period in the home with the older person, where her work was partially replaced by the son of the older lady. The experience of Carmen not only confirms the crucial role that these women play within the family and the essentiality of their work in times of COVID-19, but it also says a lot about the particular situation of live-in elderly carers with regards to their own access to health services and with regards to their working conditions.

In addition to the health consequences, elderly carers suffered from a deterioration in their working conditions in other respects. Contrary to most sectors of the economy, forced to stop or to drastically reduce their activities, care workers had to guarantee the continuity of their services and even intensify their efforts, because of the vital nature of their work during the pandemic. However, the intensity of the activities of care during the lockdown period depended on multiple factors, including the wish of the care receivers and their families (whether or not the family was ready to take over the caring responsibilities, thus dismissing the worker) and the professional status of care workers (whether they worked on an hourly basis or as live-in carers, for instance). This means that while some workers — mainly elderly carers working on an hourly basis for more than one employer — lost their job or drastically reduced their work and their income, others — mainly live-in elderly carers — had to consistently increase their work commitment.

The situation of live-in elderly carers is unique in this respect. As mentioned in the introduction, they had to choose between losing their jobs or losing their freedom. Those who have chosen the loss, albeit temporary, of their personal freedoms have been locked up in the home of the care receiver for several months so far. Maria, talking
about her own situation and that of her friends, who are also live-in elderly carers, describes the situation by saying that they are all 'stuck' in the house of the older person.

Oui, nous sommes bloquée en permanence dans la maison avec les personnes âgées qui nous soignons.

[Yes, we are stuck permanently in the house with the elderly people who we take care.] (Maria)

Far from being a simple redistribution of time and tasks, this new working arrangement heavily affects their livelihoods. Not only have they had to deal with the profound stress and anxiety generated by this health emergency situation — and have had to do so in a situation of isolation and at distance from their loved ones — but they have also suffered a considerable deterioration of their working conditions. Longer hours, heavy tasks without any external support, especially in the case of heavy physical and mental dependencies on the side of older people, no time off, permanent availability, isolation, no social contact, no access to basic services, are just a few examples of what they recall when they describe their work during the lockdown.

5.4 | Being a breadwinner

As the literatures on global care chains and on transnational motherhood have emphasized, many of the women who emigrate for economic reasons and go to fulfil the shortages of reproductive labour in western societies, are also mothers with caring responsibilities in their countries of origin (Anderson & Shutes, 2014; Fresnoza-Flot, 2013; Hochschild & Ehrenreich, 2002; Lutz, 2011; Parreñas, 2001, 2014; Yeates, 2004). Whether or not their migration contributes to changing gender roles within their families and how roles are renegotiated within couples are not without contradictions. However, because they assume the economic function within their family, thus becoming the primary family breadwinners, while at the same time maintaining their caring responsibilities, they bear a double burden, as both economic and care providers.

The situation of live-in elderly carers as family breadwinners places them in a special position, which is likely to have a crucial impact on their professional and life choices during the crisis. Not only have they had to bear the costs to cover for the indebtedness relative to their migration, in addition to their living costs in the host countries, but they have to ensure the continuity of the remittances. Therefore, the existence of family and care obligations abroad, as well as their role as main family breadwinners, generated an additional pressure on them.

I can’t go out because I taking care of old people. My family is doing well, it’s hard but they are fine, but I heard that some of the girls is jobless, it’s hard for their families. (Marilise)

Marilise, from the Philippines, used to work as a live-out caregiver for an older man affected by Alzheimer’s, where she used to spend eight hours per day, while at the same time working as a cleaner and a babysitter in two other families. While Marilise feels safe, because she managed to maintain at least her primary job with the older man, by transforming it into a live-in job during the lockdown period, she is worried about the economic hardship of her friends. The words of Marilise point to the link between the situation of migrant elderly carers and that of their families. The economic hardship — namely, the loss of the job that some of them experienced — is not only an issue for the survival of elderly carers themselves, but it has dramatic repercussions on their families. When she talks about her friends losing their job, she immediately recalls the economic distress that might fall on their families. As their role as family breadwinners is so anchored in their migration process and family obligations guide their migration-related choices, the situation they live during the COVID-19 lockdown is assessed through the lens of this role and the survival of their families becomes the prevailing issue over their own survival (Fresnoza-Flot, 2013).
If live-in elderly carers could maintain their role as family breadwinners by accepting to be entirely confined with the older person they take care of, some of them were nevertheless financially hit by the COVID-19 crisis. On the one hand, some had to bear extra costs, linked to their health condition or that of their families, this reducing the possibility to maintain their remittances at previous levels. On the other hand, some of them had to renounce to other economic activities, such as other part-time jobs. This is the case of many among the Filipino caregivers that I have interviewed, who chose to maintain the live-in — more remunerative — job and to renounce their other part-time jobs in other families, with a subsequent loss of income.

5.5 | Being a 'quasi-family member'

The ambiguous position of caregivers as ‘quasi-family members’, which is particularly visible in the case of live-in care arrangements, has direct consequences on caregivers. This 'identity location', which is embedded in a larger system of domination that refers to interpersonal power relations, shapes the identity and the experiences of elderly carers, in many respects.

First, the ambiguity of the employment relationship, oscillating from work to family relations, as well as the emotional labour implied in care work, are built on a series of expectations, ideals and stereotypes which associate care work to the ‘natural’ responsibility of female family members. Care workers, and especially live-in caregivers, are expected to take care of the older person in a family-like way, that is 'with love'. Not only do they have to show qualities such as empathy, a positive and joyful attitude, and patience, but they are expected to develop close emotional ties with the person they take care of. Although the dilemma over the possibility to ‘commodify’ love cannot be resolved (Anderson, 2001), the expectations linked to care work and the status of workers in an intermediate position between work and family represent a source of pressure that acts upon care worker.

Second, the ambiguous status of ‘quasi-family members’ contributes to construct and reinforce dependencies and power relations (Rollins, 1985). Their intermediate position in the intimate space of the family transforms the dynamics of power and the role of the elderly caregiver within the family. While still obliged to ensure good quality and professional work, the live-in caregiver becomes a member of the family without really being one: she acquires all the family obligations linked to it, but without being fully entitled to family rights. The combination of the emotional tie between the caregiver and the care receiver, as well as the ambiguous position of caregivers as ‘someone of the family’ creates a logic of dependency of the caregiver from the employer (Anderson, 2001; Cox, 2006; Parreñas, 2014).

These dependencies and power relations are found to be strong drivers with respect to the choices of elderly caregivers during the COVID-19 crisis. As a result of the emotional ties they have established with the care receiver, they feel responsible for her/his wellbeing, as if the person were actually someone of their own family.

Je faire avec plaisir, parce que Madame chez qui je travaille est seule, en plus est aveugle. [I do it with pleasure, because the lady I take care of is lonely and she is also blind.] (Maria)

Despite the exceptional harshness of her job since the lockdown measures were implemented, according to Maria, caring for the elderly person is not a burden, but rather a ‘pleasure’. Although some defining elements of the employment relationship, such as the salary, are maintained, the work as such goes beyond the employment relationship, and results in a form of self-denial and love. Furthermore, the rhetoric of the employers, who repeatedly emphasize the membership of the caregiver as part of the family (in terms of obligations, rather than rights), generates a strong dependency on the side of the elderly carer, who feels grateful and obliged to compensate by offering extra services. I argue that this ambiguity of the employment relationship, and the dependencies that it generates, are important drivers in shaping their choices in times of COVID-19 and that their choice to stay with the older person is not only economically driven, but becomes a sort of moral responsibility.
A REAL DILEMMA?

The position of migrant live-in elderly carers is at the intersection of multiple systems of oppression that make for the distinctiveness of their experiences. In this article, I have analysed five ‘identity locations’ that define their experiences as women, as migrants, as live-in elderly carers, as family breadwinners and as ‘quasi-family members’. Looking at these five ‘identity locations’ simultaneously helps understanding their individual experience and responses to this specific pandemic crisis. The solution to the dilemma to which live-in elderly carers were faced at the beginning of the lockdown period — whether they should keep their job and temporarily renounce their freedom, or whether they should renounce the employment — is to be understood in the light of these five intersecting ‘identity locations’.

I argue that their position at the intersection of these five systems of oppression shapes their response in a very distinct way and makes it a non-dilemma. Based on the elements highlighted in this article and in the light of the complex matrix of interlocking systems of oppression, it emerges that the choice of money over freedom becomes inevitable. On the one hand, their ‘identity locations’ as migrants, as women and as family breadwinners — which are inscribed in the domains of power linked to ethnicity/citizenship, gender and the care economy — tip the balance in favour of a choice guided by the economic need. Although this choice has dramatic consequences from the point of view of their personal freedoms, but also from the point of view of their working conditions and the possible negative consequences on their physical and mental health, their position as migrants with family obligations abroad does not leave them a real choice. As their survival — and most importantly the survival of their families — relies on their economic contribution, freedom is not a conceivable option.

On the other hand, their ‘identity locations’ as women, but also as elderly carers and as ‘quasi-family members’ — which are inscribed in the systems of oppressions linked to gender, to the labour market and to interpersonal power relations — are equally important drivers of their choices. It is by looking at these locations that the dilemma between freedom and money stops to be a mere economic dilemma, to become an ethical one. The ethic of the family, which is incarnated in the acceptance and the assimilation of their caring responsibilities as women, as breadwinners, as care workers and as quasi-members of the employers’ family, does not offer them other options but that of assuming the full charge of responsibility of the person they take care of. Being at the intersection of multiple systems of oppression where their caring role is constructed and continuously reaffirmed, the possibility of choosing freedom over money could not be conceived. The choice of money becomes a choice of ethic and self-denial.

DECLARATION OF CONFLICTING INTERESTS

The author declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

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ENDNOTES

1 For a mapping of English online articles that appeared in relation to COVID-19 and gender equality, refer to the UNESCO repertoire, available at: https://eige.europa.eu/topics/health/covid-19-and-gender-equality

2 Without neglecting the importance of the debate on the misappropriation of intersectionality by western scholars and the displacement from the gender/class/race triad to a variety of other categories, adapted to the European context (Davis, 2019), in this article I position my analysis in this stream. Therefore, I use an intersectional approach for the analysis of the ‘identity locations’ which are specifically relevant to migrant elderly carers in the context of Belgium.

3 I report here the original texts, without any correction. As the extracts refer to text messages written by non-French native speakers, some mistakes may jeopardize the comprehension of the messages, if extracted from their context. In the translation into English that I provide in brackets, I adjust the sentences so that the meaning is easier to understand.
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