

Chains of trust: Fear and informal care work in Slovenia

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Abstract

This article analyses the case of Slovenia, a post-socialist state with a notable history of state social interventions and institutionalised care. Nowadays, however, flexibilisation rules the labour market, and activation is the primary social policy measure, according to which benefits become conditioned upon inclusion into paid labour, and the state only intervenes in cases of severe poverty. In recent years, alongside changes in social policy, the state has introduced measures against illicit work, including work in private households. The demand for care work is growing, while it is increasingly being relegated to the private domain. Drawing on interviews with informal care workers, we delineate methodological concerns related to conducting qualitative research, arguing that the individualisation of care work has brought increased state control and, in consequence, fear among and marginalisation of care workers. Introducing the concept of chains of trust, the article concludes that the structural effect of the individualisation of care is seclusion behind the four walls of private households, where trust becomes the only currency.

KEYWORDS: care work, informal work, individualisation of care, Slovenia, trust

Introduction

The present article is concerned with the split between the public and private spheres in terms of how it affects care work, and caregiving as increasingly being relegated to the private domain. ‘The term carer is often used for members of a family who provide care, while caregiver often refers to the formal paid nurse or aide’ (Barrett et al. 2014: 2). We use the term caregiver to refer to both family members and paid carers, whereas we use the term care workers only in relation to paid caregivers. Caregiving is central to the reproduction of societies, states, and nations (Kofman 2012), and the role of women as reproducers of the nation (Yuval-Davis & Anthias 1989) in this is essential. Despite such

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a crucial role, care work remains invisible and “invisibilised” in a dichotomy of gendered relations (Díaz Gorfinkel 2015). Hidden from the public, immersed in private households, and out of the view of the state, care work retains its low social status, awards no social prestige to the carer, and is generally associated with a devaluation of the actors and the activity itself. This, however, is in stark opposition to the formal proclamations, especially of the nationalist ideology and state mythology that highlight the nurturing and caregiving role as the epitome of humanity, awarding it a formal – yet void – position on a pedestal of moral virtue (and social necessity).

This public-private split also affects relations between the state, the private household and the care workers, especially in cases when domestic care work is outsourced. We are witnessing a global economic restructuring and its multifaceted class-related, gendered, and racialised effects. Migrant women from developing countries are in demand in the global North not only because their willingness to work for low wages represents an affordable alternative for a ‘successful’ reconciliation of work and family also for the middle-class families (Kontos & Tibe Bonifacio 2015), but often due to stereotypes about their allegedly docile nature and traditional values. With equal opportunity policies of reconciliation of work and family, the state regulates private care relations in order to enable the development of the care market. There are differences in regulations depending on how the welfare state treats the role of the family and, accordingly, whether social policies are de- or re-familialistic (Greve 2012). Research also shows that almost all welfare regimes are currently developing care markets to a certain extent, even in the Nordic states (Ulmanen & Szebehely 2015).

This paper focuses on Slovenia, a former-socialist state with a notable history of public services and institutionalised care for the elderly and disabled as well as childcare, because it offers a case-study that is as much widely applicable as it is uniquely specific and, as such, analytically intriguing. Namely, in Slovenia, the care work deficit is not quenched by a migrant workforce (Hrženjak & Pajnik 2015) but has thus far been filled by the local population. However, it remains significantly ethnicised and feminised, which also renders Slovenia a case that confirms existing research in the field (cf. Hrženjak 2011b). The informal care market is also traditional for Slovenia, especially in border areas, where paid care work in private households developed in the early twentieth century (Orehovec 1997). The grey economy in care work thus has historical roots and remains a significant source of income for many daily migrant workers from Slovenia, who find jobs in Austria or Italy. In order to improve their financial situation, particularly the unemployed, students, and pensioners in Slovenia resort to working in private households, particularly since the demand for care work is growing. Faced with a growing demand for care, Slovenia has in recent years seen a significant shift towards undocumented care work in private households. The present article thus focuses on informal care workers, and analyses how the regulation of care work in private households has brought increased state control and, in consequence, fear among and marginalisation of care workers.

We begin with a discussion of Slovenia’s care system followed by a methodological examination of conducting qualitative research in the face of severe state control and a clamp-down on illicit forms of employment, which renders interviewers’ access to the

field almost impossible due to the subjects' fear of state sanctions. The concept of chains of trust is introduced, describing the multifaceted and complex circles of trust that need to be formed in order to enable the researchers' access to the private sphere.

The main section of the paper consists of three parts: 1) We start by analysing interviews with care workers, with a specific emphasis on barriers to communication due to their fear of state sanctions and consequent distrust towards researchers as outsiders. 2) We then conceptualise the chains of trust as strategies for overcoming distrust and building working alliance based on reciprocity and trust. 3) Critically evaluating the perpetuation of the public/private divide in the existing state policies, the results of our research are then situated in contemporary debates on commodification and marketisation of privacy. Further elucidating the concept of chains of trust, the article concludes that the structural effect of individualisation of care is seclusion behind the four walls of private households, where trust becomes the only currency.

Marginalisation of care work in Slovenia

Slovenia was affected by the 2008 global economic and financial crisis in many different ways. A substantial share of state budget was spent on covering the debt of banks, which caused a deficit that prompted a cut in expenses for education, social protection, employment, etc. The financial crisis also served for structural reforms that aimed at minimising the state's re-distributional role (Dragoš 2013). The major change that followed in many EU countries was the change from welfare to workfare. Social rights and benefits have become conditioned with work, and survival has become the sole responsibility of the individual (Leskošek & Dragoš 2014; cf. Bryerton 2016).

Flexibilisation rules the labour market and activation is the main social policy measure, according to which benefits become conditioned upon inclusion into paid labour, and the state only intervenes in cases of severe poverty (ibid., 50). Exhibiting a 'motivation' to find a job is the primary criteria for access to social benefits, rather than the social circumstances in which a person lives. In recent years, alongside the changes in social policy, the state introduced measures against illicit work, including work in private households. The most marginalised people, those excluded from the labour market and the long-term unemployed, are in a peculiar position: when they are not able to find a job, they only receive very small benefits or no benefits at all (Narat et al. 2016). The absence of regular employment options forces many people to engage in illicit work. Moreover, they are strongly penalised in cases of illicit work.

The more domestic and care workers in private households are afraid of being discovered by state inspection and thus either fined for engaging in illicit work or, if they are migrants, even deported, the more power is concentrated in the hands of employers. Irregular migrants hence live in constant fear of deportation, a situation that has been widely documented as providing fertile ground for the exploitation of such workers in slave-like relationships (Nakano Glenn 2010). Even in cases in which migrant domestic work is state-organised and regularised, the migrants often remain tied to one employer, who is considered to be their 'guardian'. Glenda Tibe Bonifacio (2015), for example, has noted such a situation for the live-in care workers in Canada. Its so-called *Live-In Caregi-*

ver Program is a unique pathway to permanent residence, a discriminatory governmental scheme that is highly susceptible to abuse and exploitation. Entry into Canada is deemed a privilege, and the employer of a care worker becomes the state's extension (i.e., the guardian of the migrant worker), through which state control over the foreigner worker can constantly be exerted. This situation breeds a neoliberal strategy of regulating migrant workers and a process of selection of desirable residents. In this process, the migrants subject themselves willingly to a relationship of servitude in the hope of 'promissory citizenship' (ibid., 146).

Official statistics show that almost 5 per cent of Slovenia's population are foreign citizens and most migrants (about 90 per cent of the total foreign-born population) came from Yugoslavia's successor states. Many non-EU migrants lost their jobs in times of recession (especially in the 2008-2011 period) and fewer can now obtain employment than in previous years. Over 70 per cent of migrants are men, most of whom came to Slovenia for work, especially in construction. Female migration is formally more frequently connected to family reunification provisions, which research has shown to be a highly relevant policy area with gendered effects (Pajnik & Bajt 2011). Thus women who are officially cast as followers or 'secondary migrants' in fact often find informal employment as care workers in private households.

In Slovenia, the Prevention of Undeclared Work and Employment Act was adopted in 2014. It is aimed to prevent any forms of paid illicit work, including work performed in private households. As stipulated in the act, persons working in private households should declare so-called 'personal supplementary work' which entails any activities individuals carry out within a given household, i.e., household work, any similar work, and other minor works (Article 12). The income received for personal supplementary work must not exceed the sum of three average net salaries over a six-month period (Article 14). The worker is obliged to report this income to the tax office, while the person who hires home help must pay compulsory insurance and submit a voucher with the exact sum of money paid for the work performed in the household each month (Article 15). A significant problem occurs: for various reasons many of the care workers in private homes are not in a position to declare the work they perform, primarily because their income (either salary, pension or social benefits) is not sufficient for their survival as it is (Narat et al. 2016). They are therefore afraid of losing their income if they declare their additional illicit work, which is helping them make ends meet. As we argue here, the ever-present fear of being penalised for illicit work prevents many care workers from seeking support or organising and thus denies their agency.

Chains of trust

One of the consequences of these developments is a loss of trust, which is an essential part of social networks and social capital (Lin 1999).¹ The existing literature shows that migrants, in particular migrant women, find themselves in situations of being caught 'between a rock and a hard place', in constant fear of discovery. Their fear of being discovered, caught, and consequently penalised prevents them from active support-seeking through

¹ For a comprehensive overview of theoretical debates on trust and trust networks within sociology, see for instance Glanville (2016).

self-organisation (Slany et al. 2010). We contend that this is, in fact, also a problem for nationals, and not just for migrants. In Slovenia, the situation has become so severe that research of care work in private households has become almost impossible due to the fear in workers as potential respondents of being discovered to be engaged in illicit work by state inspectors. Fear and other emotions related to the anxiety of being discovered combined amount to a field of total secrecy. The issue of trust emerges as immensely important for anyone engaged in informal forms of work; therefore, it is expected that this situation will become pronouncedly more problematic for migrants, the poor, and other in precarious situations, who are faced with even less security in their socio-economic status but are simultaneously prone to tightened state control.

The question explored here is not only how the fear of being discovered as engaged in illicit work affects the respondents' trust in researchers and how researchers try to overcome these fears by establishing a trusting relationship (with potential interlocutors) but especially how fear is a direct reflection of the structural effects of the individualisation of care. The problem not only exists in the relationship between an interviewee and a researcher/interviewer but is much broader and more complex. It also reflects relationships between the private and the public, between the individual and the state that can result in fear and distrust. This is what we conceptualise as chains of trust. The term has been used in IT to denominate mobile agents that migrate within a heterogeneous network, crossing various security domains and executing autonomously in its destination. In order to execute, the agent needs a so-called home platform, which is a trusted environment. Assuring safety security mechanisms means that there must be a design to protect the communication support, platform, and agents themselves (Wangham et al. 2004). The chains of trust in our conceptual framework apply not only to one environment but also to a system of trustful environments including people, politics, policy, legislation, etc. A broken chain of trust hence affects agency and can generate fear.

Fear, therefore, affects also the access of researchers to the fieldwork. We here focus on the dimension of fieldwork access that has remained under-researched (cf. Knoblauch 2005). We argue that state regulation of care in private homes, which has always been over-controlling and restrictive, has systematically worsened the position of care workers, who have become reduced to fearful individuals without any agency. The already marginalised are now in a constant struggle for survival and fearful of penalties imposed upon them by the state that supposedly fights illicit work but in fact forces people into positions of illicit work and clandestine existence marked by a the constant fear of discovery and penalisation.

Methodology and research ethics

The present article is based on a qualitative research method of semi-structured interviews and fieldwork diaries that meticulously note participant observation (Apitzsch & Inowlocki 2000; Apitzsch & Siouti 2007). Personal narratives are highly relevant for the analysis of social phenomena, because they represent the complexity of social action and enable redefinitions and development of new assumptions. The 'snowball' method was used for further gaining access to potential interviewees. The method proved especially valuable

when researching intimate and sensitive topics that contribute to a person becoming vulnerable. Out of the total of 64 interviews that were conducted in the period between July and December 2015 with care workers, care recipients and care providers across Slovenia, we here focus on 13 interviews with care workers who narrate their clandestine work relations in private households.² As noted by existing research (e.g., Salazar Parrenas 2001; Lutz 2008; Slany et al. 2010), most workers engaged in domestic and care work are women, though our sample also comprises 28 per cent men.³

The question of access to the field, meaning coming into contact with domestic and care workers in private households, proved to be the most pressing. This is due to the obstacles we encountered in our efforts, firstly to find them and secondly to interview them. Care workers in private households, especially those engaged in informal types of work relations with their employers, were difficult to reach because this research area is inextricably connected to the most intimate sphere of people's lives. The expected ethical concerns related to protecting the respondents and the data were therefore awarded our full attention. Special care was given to establishing trusting relationships by following the model of a so-called working alliance, which was developed as a good practice for researching migration and integration processes via a biographical narrative interview method (see Apitzsch & Siouti 2007; Pajnik & Bajt 2009). In interview transcriptions and fieldwork diaries, all the names were anonymised, either as pseudonyms or acronyms (Mitchell 1993). We assured that personal information would not be disclosed, especially since some of the interviewed care workers were extremely apprehensive about disclosure of their personal information.

There were many obstacles in gaining trust, an especially notable one being the use of a voice recorder. For some participants, the voice recorder provokes uncomfortable feelings, they are less self-assured or even more afraid that they will provide "wrong answers", or apprehensive due to fear that researchers might be looking for evidence to turn them over to the tax inspection authorities. This was especially pronounced in cases of undocumented work, even though all of our migrant interviewees have legal status in Slovenia, holding some sort of work permit and residence permit. We did not, despite many efforts, manage to interview care workers with undocumented status, even though we, in fact, did manage to get in touch with them. Some potential interviewees simply did not want to cooperate because they feared negative consequences (e.g., being deported).

In some cases, we met with individuals many times before asking for an interview. We were particularly careful not to endanger women who could suffer adverse consequences

² Data was gathered within the research project *Care Work among the Individualization, Globalization and Socialization*, funded by the Slovenian Research Agency (2014-2017) and led by Dr Majda Hrženjak. Every effort was made to interview people with a great variety of different experiences of care, i.e., childcare, care of the elderly, care for the disabled, and domestic work (i.e., housework, cleaning). Our sample is also purposefully varied in terms of employment type and workers' status, therefore encompassing differing forms of work relationships, i.e., paid/unpaid work, employment in public or private institutions, part-time or full-time employment, hourly wage workers, students, volunteer work, and undocumented work. Our respondents thus have varied socio-economic and educational backgrounds, they come from different geopolitical contexts, and they live and work in different social situations.

³ It is, however, here imperative to note that we did put extra effort into securing male interviewees.

for having been seen talking to us. Concerns related to issues of trust and anonymity were especially pronounced in smaller towns, where the smaller number of people makes one more visible and thus exposed, although migrant women were afraid of disclosure even in the capital city. They were convinced that their situation is unique, and anybody could recognise them if they provide any more detailed information about themselves and their situation. Those that decided to participate were hence visibly selective in what information they disclosed. Most often they replied in concise statements, sometimes just with a ‘yes’ or ‘no’, thus rendering the narrative interview method inefficient.

Our active fieldwork approach confirmed the importance of trusted informants, since some of the interviewees noted that they agreed to the interview solely because they trusted the person who initiated the contact with the interviewer. Our informants’ relationship with interviewees thus played a significant part in establishing the necessary trust. To summarise, it is possible to list several layers of trust and fear in these complex relationships:

- between the interviewer and the interviewee,
- between the interviewee and the person who introduced the interviewer to the interviewee,
- between the interviewer and the person who introduced the interviewer to the interviewee,
- between the care worker and the employer (who could be the same as a client, although in many cases there are different family relationships, e.g., adult children who wish to hire a care worker for their parents or sometimes parents who need additional help with care work for their children),
- between the care worker and the client (the elderly, the disabled, children, etc.),
- between the care worker and other people in the care worker’s environment (either where the care worker lives or works).

Most field researchers agree that fieldwork takes time and one of the reasons is building this necessary trust, the other being in taking the time to reflect and then to further work on the gathered data analysis. As Kleinman and Copp (1993: 10–13) note, fieldworkers enter the field as more than researchers. In this specific relationship, the question of the field researcher’s emotions should also be taken into consideration. This is especially pronounced in cases in which more time is requested to build this trust between the field worker and the interviewee. The emotions could influence various levels: on the one hand, the actual relationship between the fieldworker and the interviewee and, in contrast, it is the question of whether the fieldworker’s feelings somehow affect their research.

Moreover, in some cases, especially when the emotions are negative, it is imperative to share them within the informal research network and tackle these feelings appropriately. Specifically, there are situations in which the fieldworker takes on the burden of the individual interviewee or when these problems become a part of the researcher’s life. It is self-evident that the researchers should control the research process, but ‘qualitative

researchers know that the success of our work depends on participants' (Kleinman & Copp 1993: 2–3).

Secrecy in private households: Data from fieldwork diaries

Our primary source of analysis is the researchers' field notes. The analysis focuses on various levels of trust and fear that we have been able to observe among actors involved or that was shown or discussed during the process of interviewing. The level of fear and trust between the interviewee and the person who introduced the interviewer to the interviewee has been proven as extremely important in all circumstances in which the stakes are high; therefore, people do not want to talk to unknown persons. A high level of fear and the importance of a gradual process of gaining trust are readily observable in the field notes:

The contact was very difficult to establish because the lady was very restrained. Of course, this was because of the special status of performing care work. Despite concerns, I got the contact from a person the interviewee highly respects and trusts. I spoke with Aldina on the phone twice beforehand and tried to convince her to meet with me. She told me that she was afraid, because when talking to her on the phone I still don't know how she looks. But when meeting in person, I could recognise her or even report her to the Financial Administration Office. After repeated assurance of anonymity and promises on my part, she agreed to meet with me. She told me immediately that she met with me solely because of the intermediary whom she trusts and respects very much and because he said he knows me personally and because he vouched for me (care worker Aldina, 43, field diary, 15.9.2015).⁴

It is also possible to observe how strongly fear affects the functioning and everyday life of care workers and how important is the level of trust between the person who introduces the interviewer to the interviewee. All of these factors affect the potential interviewees and their perception and trust towards the interviewer. Care workers are afraid of state inspectors and being discovered as being engaged in illicit work. Any third party, therefore, represents a risk that the secrecy perpetuated within the circle of trust between the family and the care worker could be broken, destroyed. Always on the lookout for a possible breach of confidence or the possibility of an inspection, care workers, therefore, tend to also devise special strategies as safety net scenarios:

I got her contact through her niece. Her niece is a very good friend of my friend, whom Ema also knows, and she has established the initial contact between us regarding the interview. She is a middle-aged woman who lives in a village. She is very afraid that someone would report her or send inspectors to her place of work. She told me she had very bad experiences from previous jobs. She had worked as a salesperson for more than 27 years. Currently, she is unemployed. She did try to get a job in Slovenia, but

⁴ All the interviews and field notes were anonymised. Collected data were transcribed and coded.

unsuccessfully. She then figured out that the work is better paid in Austria and got her first client, followed by others.⁵ She also said that she couldn't transfer her clients to another person because she 'doesn't trust anyone more than herself' – in a sense that she couldn't guarantee for any other person how the work will actually be carried out, and whether another person would really not spread information around, etc. It is exactly due to fear that she has no connection to other ladies who are also performing similar type of work in Austria, so that she wouldn't raise any suspicion (care worker Ema, 49, field diary, 28.9.2015).

Trust between the interviewer and the interviewee is always necessary to gain. However, especially in the cases involving migrants, it was apparent that 'merely' the recommendation of the person who introduced the interviewer to the interviewee will not be sufficient. It was clear that their fear is too high due to their bad experiences in the past. Thus, significant effort had to be invested by the interviewer to gain their trust and to convince them to cooperate in such a conversation. Below are some examples:

The contact has been very difficult to establish because Julija is one of the 'new migrants'.⁶ She had a tremendous fear that anyone could recognise who she is from what she's been telling me. She talked to me exclusively on account of a credible intermediary and trust that I was able to establish during a telephone conversation that we had before the interview. Her condition was that the interview is conducted by me personally (care worker Julija, 43, field diary, 15.12.2015).

The contact was very difficult to establish because Tara is one of the new migrants. She was very afraid that anyone could recognise her based on what she told me. She met with me solely because of a convincing intermediary and because of the trust that I established during our telephone conversation. She refused to answer a few of the questions (among other she didn't want to state her country of origin) (care worker Tara, over 40, Asia, field diary, 7.12.2015).

I got the contact through a person that she has known for many years, and they have great respect for each other. I got deep confidence from her, for she commented amidst the interview that 'I never told this to anybody.' I think part of the reason for me gaining her trust was surely due to my reply to her when she said 'you probably already know a lot about me - they told you' which was that I don't because 'I did not want anybody telling me anything, I wanted to hear it all directly from you' (care worker Sonja, 67, field diary, 20.8.2015).

⁵ Rather than care recipient or care receiver we here adopt the word client, which was used by the interviewed care workers.

⁶ For the purposes of the research, we considered the so-called new migrants to be persons who have migrated to Slovenia in recent years.

The critical layer of fear and trust that needs to be recognised is also the one between the care worker and other people in the care workers' environment (either where the care worker lives or works). In the above-described case of the care worker from Slovenia who performs care work in Austria every day, she is very afraid that people in her village would find out what she is doing. According to her, nobody knows where she works or what she is doing for a living. When asked about her cooperation with other care workers in Austria, she said that she does not trust anyone. All of this indicates their extreme social isolation that results from living in constant fear and distrust.

Trust in private households: Interviews with care workers

Fear and trust bring about a specific dimension between the employer and the care worker. The employers have to deal with inviting an unknown person into their or their relatives' home, meaning that they have to tackle many different fears, such as: will this person really help with the most intimate parts of home and body, will this person be able to do things properly, will this person steal any valuable items, etc. Thus, usually, the care worker would be able to enter someone's home only after a recommendation of another person whom they already know and trust. For example, as already noted above, a care worker from Slovenia, who performs care work in Austria, noted that she had gotten her first client through her husband's acquaintance with a person in Austria who needed help. All subsequent clients she got on the basis of recommendations. She was initially offered only a temporary trial-based position, and new employers needed approximately a month to trust her enough to hire her on a permanent basis:

I'm all alone in almost all cases, I have the house keys, I come, do my work, leave. I lock up and leave. If something comes up, they text me or write me a note, if there's anything different than usual. Otherwise, this is it. But it takes some time before I get the keys; they need some time to trust you, to even see what you do. Because from the beginning each said to me: 'This is only temporary' ... It's tricky, but then they see what you do, how you act, and they start trusting you and we become as a big family.

Q: How much, roughly, since it probably depends on each individual client, but how long is the time of probation work, if we can call it so? I mean the time to gain trust?

A: Yes, about a month at least. That is to say, you go to one client about four to five times for them to see. Having in mind that from the beginning I was not left alone in their home, they accompanied me, they were in the house. At that time, I also went on Saturdays and Sundays so they could tell me what they want and how I'm to do my work. Now, I only work during the week. ... In the beginning, they're always a little reluctant, as I said in the beginning, as long as they don't trust you, but then it's all very homey (care worker Ema, 49, 28.9.2015).

Such word-of-mouth recommendations are extremely relevant in the grey market since they help to reduce the level of fear and aide with making the first step towards trust.

This creation of the chains of trust scenario is apparent in other interviews as well:

This is through acquaintances. I worked for you, you recommended me to another family, that family then recommends me to the third. So that it rotates. These recommendations, actually (care worker Aldina, 43, 15.9.2015).

Q: How did it come to this, you beginning to do this work?

A: We knew each other, and then the lady asked me: 'Would you clean my flat?' And I said I would. And that's how I started cleaning. And then, it was through a circle of friends (care worker Julija, 43, 15.12.2015).

The above observations have proven especially relevant in cases where the employer needs help with care work for a person with the diagnosis of dementia. In such examples, an especially high risk and fear exist on the side of the care worker in terms of how to prove which activities were factually performed, what type of work was done. Also, the fear in cases involving clients with dementia is more complex since it is not only the question of what was done, but also if the care worker came at all or what about if the client dies, etc. One care worker for this purpose introduced a special log book, left in the flat for the whole period of her work – in which she would write when she came, what work she did, when she left etc.:

In fact, I have a notebook in which I write: I arrived at nine and five minutes, I left at three and six minutes, at nine and a half she had breakfast and coffee and biscuits, and lunch, which is all written down.

Q: And this notebook you show to the relatives?

A: It stays with them, I don't take it home because if something happens – I was told about this at one of the lectures, about a woman who died; the caretaker went away at half past twelve, she gave the woman her lunch and said goodbye, expecting relatives to come at one o'clock. She died at the table between twelve thirty and one o'clock. When found, she was still warm, and it was luck that she wrote all about what she ate, what she had and when she went away, because that's how you know exactly, well OK, not to the very minute exactly.

Q: It does not matter to the minute, it is important to know that for example at 12 she was still there.

A: Still there, yes, that she prepared this food to eat and all that. Since then, I write things down (care worker Rita, 52, 31.8.2015).

Once the multiple levels of fear have been overcome and once trust is finally established, there is still a significant relationship that has to be dealt with: between the care worker and the client (elderly, handicapped, children, etc.). Existing research (e.g., Tappert & Dobner 2015) has noted how the discourse of care workers as 'one of the family' is often prevalent and what it entails for the work relations. On the one hand, care workers are deemed as trusted family members, supposedly treated with amicability and trust. On the other hand, such blurred boundaries tend to result in heightened pressure over care

workers to work longer hours and never being able to refuse their employers, since their work is seen as love and their care as attachment. Long-term psychological effects are also noteworthy in this regard. The confirmation of employers' trust is extremely difficult to attain; when it is reached, this can be recognised as a winning situation, but it has its traps as well: namely, the position of being irreplaceable is created, one that easily leads to a great burden for care workers.

Commodification and the marketisation of privacy

Critically evaluating the perpetuation of the public/private divide in the existing state policies, the results of our research should be situated in contemporary debates on commodification and marketisation of privacy. Our concept of chains of trust shows that the structural effects of individualisation of care lead to seclusion within the four walls of private households, where trust becomes the only currency. The commodification of care work has been widely researched in recent years (e.g., Ungerson 1997; Claassen 2011), which has shown how market-based care undermines the caring motives essential to care. Moreover, since care is to be balanced against other activities, such as labour market employment, the problem of gender inequality arises (Claassen 2011). Commodification has plunged the individual (both as a potential carer or a recipient of care) back into the private sphere of the family and individual(ised) responsibility (Mahon & Robinson 2011). Namely, commodification assumes that autonomous individuals on the market independently choose their own solutions for reproductive labour⁷. Commodification leads to the re-privatisation and re-familisation of care, while public care services assume the commodification of women's work (their work becomes paid, commodified), yet the service itself becomes a public good to the user and is not commodified.

In other words, the market has penetrated the private sphere. What is most problematic, in our view, is that this has not affected only the informal level of inter-personal relations and reproductive work but it has become state policy. A number of state-induced initiatives exist that aim for market development, long-term care being one such primary example in Slovenia. As such, it affects the most marginalised social groups the most, e.g., unemployed women, the elderly, ethnic minorities, and migrants. In order to improve their financial situation, it is thus the unemployed, students and pensioners who frequently have to resort to work in private households. Since the demand for care work is growing, the individualisation of care work has, as a consequence, brought increased state control over informal care workers. As argued here, their marginalisation, precariousness and fear can best be explained by the concept of chains of trust, because the structural effects of the individualisation of care have brought forth a significant seclusion within the four walls of private households. In such situations of total secrecy and constant fear of state

⁷ Reproductive labour is defined as work that is necessary to ensure the daily maintenance and ongoing reproduction of the labour force (Duffy 2005: 70). Hrženjak claims that care work is 'not only a matter of certain life periods and crisis situations, but rather a comprehension of all the (reproductive) work needed for the daily restoration and function of families and individuals. It is about the recognition of vulnerability as one of the basic characteristics of human existence and the fact that mutual interdependence goes hand in hand with individual autonomy. Care is hence an integral part of everyday life and the basis of social reproduction' (Hrženjak 2011a: 7).

repercussions, trust becomes a notable currency, while care workers' agency diminishes. This leads to a situation where little can be done to change the situation, since fear has crippling effects for both the affected individual as well as more widely for the care regime and state policy.

Conclusion

The present article analysed the case of Slovenia, a post-socialist country with a notable history of state social interventions and institutionalised care for the elderly, disabled and childcare. Stemming from the split between public and private sphere, understood in terms of how it affects care work and caregiving as increasingly being relegated to the private domain, we noted how flexibilisation has come to rule the labour market. With activation becoming the main social policy measure, where benefits become conditioned upon inclusion into paid labour, and the state only intervenes in cases of severe poverty, the article illustrated how in Slovenia, in recent years, along the changes in social policy the state also introduced measures against illicit work, including work in private households. The most marginalised people, those excluded from the labour market and long-term unemployed, were shown to be in a peculiar position; they only receive very few benefits or none at all and are harshly penalised in cases of illicit work. In order to improve their financial situation, particularly the unemployed, students and pensioners nevertheless resort to working in private households, particularly since the demand for care work is growing.

Drawing on interviews with informal care workers in private households, the article described methodological concerns related to conducting qualitative research. We noted unprecedented levels of distrust and reluctance on the part of potential interviewees to participate in our research. This, we observed, was more than the expected fieldwork obstacle which, as researchers experienced in interviewing so-called at-risk and highly marginalised populations (e.g., sex workers, victims of violence, undocumented migrant workers, clandestine care workers, the erased, asylum seekers, stateless, etc.), we have thus far always been able to overcome by building strong working alliances and observing the highest ethical research and academic standards. Here, however, we had to concede that many care workers in private households whose employment is illicit are simply too afraid to talk to any outsiders. This is especially the case for migrant women, whose formal status in Slovenia is more precarious.

This article, therefore, claims that the individualisation of care work has brought increased state control and in consequence fear among and marginalisation of care workers in Slovenia. Elaborating on the concept of chains of trust, we concluded that the structural effects of individualisation of care are clearly observable in the seclusion behind the four walls of private households. In situations of constant fear, primarily related to the fact that care work frequently happens within the so-called grey economy, trust becomes the only currency. As shown in our fieldwork materials, the interviewees are afraid of having their illicit work arrangements reported to the inspectors and the consequent fines and penalties that might ensue. The fear is overarching. Meanwhile, trust is entangled in multi-level and complex inter-personal relationships that we have described as chains of trust.

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Povzetek

Članek analizira primer Slovenije, post-socialistične države s pomembno zgodovino državnih skrbstvenih intervencij in institucionalizirane oskrbe. Danes na trgu dela prevladuje imperativ fleksibilizacije, t. i. aktivacija pa je glavni ukrep socialnih politik, kjer se pravice pogojuje z vključitvijo v plačano delo, država pa intervenira le v primeru hude revščine. V zadnjih letih je država ob spremembah v socialni politiki uvedla ukrepe proti neformalnim oblikam dela, vključno z delom v zasebnih gospodinjstvih. Tudi v Sloveniji v skladu z globalnimi trendi povpraševanje po skrbstvenem delu narašča, čedalje bolj pa se ga prepušča zasebni sferi. Na podlagi intervjujev z neformalnimi delavkami in delavci, članek raziskuje metodološka vprašanja, ki so relevantna za izvajanje kvalitativnih raziskav. Ob tem trdimo, da je individualizacija skrbstvenega dela prinesla večji državni nadzor in posledično strah in marginalizacijo skrbstvenih delavk. Uvedba koncepta verig zaupanja v članku zaključuje, da je strukturni učinek individualizacije skrbi ujetost med štiri stene zasebnih gospodinjstev, kjer zaupanje postane edina vrednota.

KLJUČNE BESEDE: skrb, neformalno delo, individualizacija skrbi, Slovenija, zaupanje

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