Commodified care relations: Elderly people with disabilities and migrant care workers in Turkey

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About ETHOS

ETHOS - Towards a European THeory Of juStice and fairness is a European Commission Horizon 2020 research project that seeks to provide building blocks for the development of an empirically informed European theory of justice and fairness. The project seeks to do so by:

a) refining and deepening knowledge on the European foundations of justice - both historically based and contemporarily envisaged;
b) enhancing awareness of mechanisms that impede the realisation of justice ideals as they are lived in contemporary Europe;
c) advancing the understanding of the process of drawing and re-drawing of the boundaries of justice (fault lines); and
d) providing guidance to politicians, policy makers, activists and other stakeholders on how to design and implement policies to reverse inequalities and prevent injustice.

ETHOS does not only understand justice as an abstract moral ideal that is universal and worth striving for but also as a re-enacted and re-constructed 'lived' experience. This experience is embedded in legal, political, moral, social, economic and cultural institutions that claim to be geared toward giving members of society their due.

In the ETHOS project, justice is studied as an interdependent relationship between the ideal of justice and its manifestation – as set out in the complex institutions of contemporary European societies. The relationship between the normative and practical, the formal and informal, is acknowledged and critically assessed through a multi-disciplinary approach.

To enhance the formulation of an empirically based theory of justice and fairness, ETHOS will explore the normative (ideal) underpinnings of justice and its practical realisation in four heuristically defined domains of justice - social justice, economic justice, political justice, and civil and symbolic justice. These domains are revealed in several spheres:

a) philosophical and political tradition;
b) legal framework;
c) daily (bureaucratic) practice;
d) current public debates; and
e) the accounts of vulnerable populations in six European countries (Austria, Hungary, the Netherlands, Portugal, Turkey and the UK).

The question of drawing boundaries and redrawing the fault-lines of justice permeates the entire investigation.

Utrecht University in the Netherlands coordinates the project, and works together with five other research institutions. These are based in Austria (European Training and Research Centre for Human Rights and Democracy), Hungary (Central European University), Portugal (Centre for Social Studies), Turkey (Boğaziçi University), and the UK (University of Bristol). The research project lasts from January 2017 to December 2019.

EXECUTIVE SUMMARY

This ethnographic study on commodified care relations in Turkey deals with the case of migrant care workers and elderly people most of whom have chronic illnesses and disabilities due to old age. It aims to understand commodified care relations in households in a familialistic welfare context where care of dependents in the family is perceived as a family matter. We approached five families who had a migrant care worker in the household working with a care receiver who was prepared to participate. The cases include both documented and undocumented migrant live-in care workers. In Turkey, it is assumed that care workers will also perform other household service work, and, commodified care within the household should be understood to include household chores and meeting the physical and emotional care needs of the care receivers.

For many elderly people, chronic illness and old age result in increasingly complex and intense care needs. Without the support of live-in care workers many elderly people would have difficulties remaining at home or leaving the house. An emerging theme from the fieldwork is *gratitude* to the care worker who typically also provides intimate care services like shaving, bathing, and help with the toilet. For care workers, a good caring relationship involves *attentiveness* to their care needs of the care receiver. Being an eye or an arm to the care receiver in need emerges in the narratives of the care workers.

While a care worker in the house means, for the care user, greater independence from their family members, the care worker is *treated as* a 'family member'. In some cases, the care worker calls the care receiver 'mom' and the care receiver refers to the care worker as my daughter, my lifetime friend, etc. In this respect, while commodified care provides care receivers with independence from total reliance on family care, which could become a burden for both parties, the relationship between the care worker and the care receiver does have familial characteristics. The language of being 'part of the family' is controversial and needs a critical analysis. In our fieldwork, it often refers to feeling secure and safe for both parties: care receiver and care worker within the boundaries of a home environment. Sharing the home space on equal terms, eating meals together, and sitting at the same table is seen as an illustration of a good commodified care relationship.

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ABBREVIATIONS

TNSA	Türkiye Nüfus ve Sağlık Araştırması
TurkStat	Turkish Statistical Institute

1. INTRODUCTION

D5.3 explores the accommodation of justice claims in the lives of adult physically disabled care users including older people and people who are paid to provide care in private households with attention to the role of gender and, where appropriate and possible, ethnicity. While there is a significant cross-national social policy literature on care provisions and arrangements and on the position of (migrant) care workers, very few studies have focused on the interaction between physically disabled adults and their care workers. Politically, both categories seem to represent different interests, care provision facilitating independence on the one hand and serving as the basis for redistributive and recognition claims on the other. There are several possible conflicts of interests between care workers and care users. These include: living and working conditions, hours, rates of pay, holiday etc.; differences around recognition as disabled adults, as ethnic minorities, as women; differences around immigration status and citizenship and how this plays out in commodified caring relationships. These differences can become both obfuscated and heightened when the person providing commodified care is also a family member paid under cash for care schemes, or when the professional care worker is tied to strict time schedules by the home care agency she is employed by. Furthermore, as with other service sector work, the employment relationship may be 'triangular' in that the user of the service is not the employer, and the person paying for the service may have different ideas about the nature of the work and the relationship than the service user.

Employment in private households is often informal or has an informal element – additional hours and services may not be included in the contract for example. It is usually subject to particular exemptions from labour market standards and regulations – e.g. exemption from restrictions on working hours, minimum wage or health and safety protections. Workers may not be legally and/or socially constructed as employees, but as 'helpers', 'fictive kin' and 'au pairs' (Grootegoed et al., 2009). They may also be 'real' kin under cash for care schemes. It is a relationship whose commodification can produce unease, care work is 'emotionally priceless and economically worthless' as Zelizer (1994) puts it. Conversely it may also be highly professionalised and, for example, nurses too may work for private employers or home care agencies.

This study on the commodified care relations in Turkey deals with the case of migrant care workers (from Central Asian and Caucuses and the Black Sea) and elderly people with disabilities due to old age and chronic illness. We approached five families who had a migrant care worker in the household working with a care receiver who was prepared to participate. It aims to understand commodified care relations in households in a familialistic welfare context where care of dependents in the family is perceived as a family matter.

2. NATIONAL CONTEXT

Turkey's welfare regime has been characterized as a familialist Mediterranean welfare regime (Akkan, 2018; Bugra and Keyder, 2006; Candaş and Silier, 2014). One characteristic of this system is a scarcity of social care services, with informal care as the main element. The relationship between state and family institutionalizes a residual social policy approach in which the 'family as the care provider' is taken as the normative framework. The Turkish state has not seen care as a public responsibility,

unless the family loses its capacity to provide care for a dependent, or a dependent becomes *kimsesiz* (someone without a family or a relative to take care of them — because of poverty, for instance). When a dependent is *kimsesiz,* the state replaces the family and assumes the role of care provider. Thus one of the first welfare provisions introduced in 1976 was a means-tested social assistance scheme that provided a monthly allowance to the elderly and disabled who had no legally responsible relative. Care services that address the general public have never been institutionalized (Candaş and Silier, 2014) and in Turkey, as in other Mediterranean countries, the familialist welfare regime is supported by a legal framework that assigns the family financial responsibility for descendants and ascendants.

Although Turkey is a country with a young population, it is not unaffected by the ageing trend in the rest of Europe. In 2015, the percentage of the population over the age of 65 was 18.9 percent in the EU-28 and in Turkey the percentage was 8.2 (TurkStat, 2017a), projected to rise to 10.2 percent by 2023 (TurkStat, 2013). Given the size of the population of Turkey, ageing does indeed constitute a pressure on the familialist context and intergenerational and gender relations have the capacity to create tension, as multiple dynamics will come into play (Duben, 2013). In Turkey, extended families, the mechanism that has traditionally maintained elderly care within the home, are disappearing. Between 1978 and 2013, the percentage of extended families decreased from 34 to 12.4 (TNSA, 2013). It is projected that this will fall further to 6 percent by 2023. By this year it is estimated that nuclear families will constitute 74 percent of families and dispersed families will reach 20 percent (TNSA, 2013). The disappearance of extended families is a major political and policy problem that needs urgent attention (Akkan, 2018; Özbay, 2015).

In Turkey, care policies targeting disabled and elderly are comprised of cash transfers and institutional services. While cash for care schemes is a new policy initiative (introduced in 2007), institutional care is not but has always been a residual element of the welfare mix of care. Recently, home-based care services have been prioritised by the municipalities and new institutional models are developing but for now at a very symbolic level. The cash for care scheme, introduced in 2007, is a means-tested (disability threshold and household income) cash benefit provided to the care provider. The eligibility threshold for cash for care scheme requires a minimum disability extent of 50%. There is also a means test that takes total household income divided among all adult household members. To be eligible this must be lower than 2/3 of the minimum wage. While the medical report is provided by the Ministry of Health, the household income threshold is decided by the Ministry of Family and Social Policy. The care provider who receives the cash benefit is a family member or a relative who lives in the same household and provides 24-hour care to the disabled person. Extended family members who live in the same household may also receive *cash for care* if they provide care to the disabled. When the cash for care scheme was launched in 2007, the numbers of entitled care providers reached 30.638 within that year. Since then, the increase in the number of entitled care providers has been dramatic reaching 513.276 in 2018.

Table 1: Number of care-takers receiving cash for care

2018	513.276
2017	499.737
2016	481.141
2015	508.481
2014	450.031
2013	427.434
2012	398.335
2011	347.756
2010	284.595
2009	210.320
2008	120.000
2007	30.638

Source: 'Statistical Information on the Disabled Citizens', Ministry of Family, Labour and Social Services, General Directorate of Disabled and Elderly, January 2019.

The state provides institutional care services for the disabled through public institutional care and rehabilitation centres. Under a new law enacted in 2006, private entities have the right to establish rehabilitation and care centres. Within a public-private partnership model, the state pays a monthly amount equivalent to double the minimum wage per individual disabled resident. Today, there are 231 private rehabilitation and care centres (in 2007 the number was 10).

Table 2: Number and type of institutions providing care to disabled people

Year	Public Care and Rehabilitation Centres	Community Based Centres (Umut Evi)	Daily Care Centres	Private Care and Rehabilitation Centres
2018	97	146	7	231
2017	97	138	6	196
2016	93	128	6	161
2015	87	111	5	156
2014	85	84	5	149
2013	81	48	6	147
2012	80	17	7	148
2011	77	7	7	100
2010	69	3	7	77
2009	61	1	10	44
2008	56	1	15	20
2007	47	-	17	10

Source: 'Statistical Information on the Disabled Citizens', Ministry of Family, Labour and Social Services, General Directorate of Disabled and Elderly, January 2019.

Elderly care policy has always been residualist, with the state taking responsibility for elderly care only in the absence of the family. Today, there are 146 public nursing homes with a capacity of 14.967 and 40 community-based nursing homes with a capacity of 158. The latter is fairly a new initiative and the capacity has been set at a symbolic level. There are a small group of nursing homes run by the Municipalities (22), non-governmental organizations (29) and the Non-Muslim Minority Foundations (5). After the 2006 law, nursing homes run by the private sector grew rapidly and their number reached 226 indicating a privatization trend in the area of elderly care.

Table 3: Type and number of residential provisions for elderly care

	Number	Capacity
Public nursing homes	146	14.967
Community based elderly care	40	158
Residential care under other Ministries	2	570
Other public residential care including municipality nursing homes	23	3468
Private nursing homes	226	14.208
Total	435	33.304

Source: 'Statistical Information on the Disabled Citizens', Ministry of Family, Labour and Social Services, General Directorate of Disabled and Elderly, January 2019.

In recent years, a new institutional concept has been developed and daytime care services and home-based care services for the elderly were formalised. The Ministry of Family and Social Policy defines the role of these centres as suitable in cases where household members and other informal support mechanisms (relatives or neighbours) are not sufficient to provide care for the elderly. There are attempts to develop new institutional models for care services for the elderly, but their number and capacity are very symbolic. On the other hand, Municipalities in big cities like Istanbul, Ankara, and Izmir are becoming more active in providing home-based care services for dependents whether they are elderly, disabled, or sick. Istanbul and Ankara Municipalities were pioneers in starting home-based care services for the elderly. However, there are no collected data available to indicate the extent of such services.

The first eligibility threshold for elderly institutional care is proof a person is independent enough to maintain daily activities. The regulation state that elderly people over sixty years of age who can live their life independently (i.e. who are not disabled, bedridden, suffering from serious illness or mental disability) are eligible to stay in nursing homes. The second requirement is that they must not have relatives legally obliged to provide care for them. If they have financial means (such as a pension), then she/he is allowed to stay in a nursing home in exchange for a symbolic monthly payment. In the case of economic deprivation (no income or pension), the person is allowed to stay free of charge. At the moment there is no public- private partnership with nursing homes for the elderly like those in disabled care.

Institutional care for the elderly serves only a small group of the population. The number of the elderly population (65+) is 6.651.503 in Turkey (TurkStat, 2017a). The total capacity of institutional care services including nursing homes run by private entities is 33.304. This represents a capacity to provide care to 0,6% of the elderly population. However, cash for care schemes are not designed to cover the elderly who can maintain their daily activities but are still in need of care given

their 50% disability threshold. Although disabled and elderly people are prioritized in care policies the capacity of institutional care services is not sufficient to meet their care needs.

2.1. MIGRANT CARE WORKERS IN TURKEY

Since the 90s Turkey has transformed from a country of emigration into a country of immigration. The country has emerged as a destination for labour migration in the region, as the informal sector offers opportunities for irregular (undocumented) migrants who predominantly work in agriculture, construction, textile industries, the domestic work, street vending, and in sex work.[1]

Starting from the 90s the migration of women domestic workers from the former socialist countries of south-eastern Europe, Caucuses, and Central Asia, such as Bulgaria, Moldova and Ukraine, Georgia, Azerbaijan, Armenia, Turkmenistan and Uzbekistan emerged as a phenomenon in Turkey. The migration flow from the region is also encouraged by a demand for domestic workers in big cities like Istanbul, Ankara, and Izmir due to the emergence of professional women mainly working in the service sector (Oglak, 2012). While the overall female employment rate in Turkey is, at 31.2 percent, below the OECD average, the employment rate for women with higher education has risen to 71.6 percent (TurkStat, 2017b). Increasingly, the care needs of women in higher socio-economic groups are being met by private care institutions and migrant care workers. Migrant workers, most of whom are from Moldavia, Romania, Ukraine, Georgia, Turkmenistan and Uzbekistan, are generally employed to take care of the elderly, the disabled, the sick and children. Local women, on the other hand, are more often employed to do housework (Akalın, 2007).

There is a lack of reliable statistics and data on migration flows and irregular immigrants in Turkey.[2] Despite the shortages of the official statistics on immigration, many reports prepared by the NGOs and academia working with the immigrant population provide knowledge of the difficulties faced by undocumented migrants in Turkey. Undocumented migrants mostly arrive in Turkey with tourist visas or with a visa without a work permit, and both become undocumented once their visas expire.[3] The abuse of visa-free entrance and/ or of overstaying the period of legal stay is common (Rittersberger-Tılıç, 2015).

The Ministry of Labour and Social Security is responsible for dealing with labour migration and is also responsible for overseeing work permits. In 2010, the Coordination Board for the Fight against Illegal Migration was established under the supervision of the General Directorate of Migration Management of the Ministry of the Interior. At the same time under a law introduced in 2011, irregular migrants are no longer considered criminals, but are instead subjected to monetary fines. In April 2013, the new Law for Foreigners and International Protection was introduced. This new law deals with the management of legal and irregular migration and the movement of asylum

[1] Shadow Report on Turkey to the UN Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families, 11-12 April 2016 http://tbinternet.ohchr.org/Treaties/CMW/Shared%20Documents/TUR/INT_CMW_NGO_TUR_23327_E.pdf.

[2] Ibid.

[3] Ibid.

seekers/refugees. It also addresses immigrant integration policymaking, introduces fines for illegal entrance and residence and requires air carriers to be responsible for returning unauthorized migrants if they were responsible for their entrance into Turkey (Rittersberger-Tılıç, 2015). The new management of migration is also supported by regularization procedures and amnesties introduced to promote the integration of foreign domestic care workers (mainly from the former Soviet Union) into the formal labour market (Rittersberger-Tılıç, 2015). The new law restricts the length of stay on a tourist visa to 90 days. Employers who are willing to maintain the employment relationship with migrant care workers have to pay the state an insurance premium which is set at just over half the minimum wage and they must pay over the minimum wage for the work itself (Rittersberger-Tılıç, 2015). In this way the state attempts to include migrant domestic and care workers within the formal labour market.

Nevertheless, there continue to be problems for migrants in this and other sectors. According to the Shadow Report[4] on Turkey to the UN Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families problems include:

- Undocumented migrant workers can rarely seek vindication for workplace violations creating a power imbalance between employer and employee;

- There is no recognized mechanism to facilitate labour related complaints and while there are provisions under the Turkish legal system to address labour rights, they are usually dependent on the (migrant) worker's ability to pay for a lawyer;

- There is no healthcare coverage for undocumented migrants, including for emergency care. Since most migrant workers work without contracts, unregistered and irregular, they are excluded from the social security system that is the gateway to health insurance and pension rights.

The emergence of migrant care workers as a phenomenon is both part of Turkey's care and migration regimes. Attention to their position provides an opportunity to understand care arrangements within the boundaries of a particular care regime.

3. METHODOLOGY

The cases described in this report include both documented and undocumented migrant care workers (live-in) and elderly persons some of whom have chronic illnesses and disabilities due to old age. All households visited were in Ankara.

[4] Ibid.

Ethnography	Care user	Care worker	Employer
1	married couple aged 70	52-year-old woman from Georgia	
2	96-year-old woman	27-year-old woman from Kyrgyzstan	
3	86-year-old woman	34-year-old woman from Uzbekistan	care user's daughter aged 52, living in the same building as her mother
4	95-year-old man	56-year-old woman from Georgia	care user's son aged 56, living in the same building as his father
5	a couple, an 88-year-old woman and a 92-year-old man	47-year-old woman from Kyrgyzstan	

The majority of care users cannot be left in the house unaccompanied since they have difficulties with daily tasks such as eating, getting in and out of bed, going to toilet and moving around the house. This means care users must accompany them almost all the time. Most are not able to leave home alone. On the care worker's rest day, usually a family member takes care of the care receiver.

The care workers have been living in with the families visited for about a year or more. They had previously been working as teachers, nurses, chefs or sales representatives in their country of origin. Apart from one case, they all had work permits and their social security premiums were paid for by the family. They are all full-time care workers and have Sundays off. More information is provided on the care providers and care receivers in the ethnography section.

Access to families was not easy and we relied on personal contacts from friends and family. It was not easy to persuade care receivers and their families to provide access for a study that would require a researcher spending a week in their homes. Given the time limitation building trust with families was a major challenge. Moreover, some questions could not be comprehended completely as the participants were not familiar with certain. No ethical dilemmas were faced in the fieldwork as the ethical issues were considered beforehand and care receivers with mental issues were not included in the sample. The researcher took all possible measures not to disturb the daily life of the families who kindly agreed to participate. Regarding the analysis, it is hard to reflect on to what extent sampling through personal contacts had impact in understanding the negative and positive aspects of the care relationship. However, said it should be noted that although the families were reached through personal contacts, they were not known to the researcher, thereby offering some distance to the analysis.

The names of the research participants were kept confidential. Pseudonyms are used in this working paper.

4. ETHNOGRAPHIC STUDY

For many elderly people, old age brings increasingly complex and intense care needs. Without care workers' support, many elderly people would have difficulties remaining at home and getting around. Family members hire immigrant care workers who are mostly live –in and are engaged in the care work of the elderly members of the family for long hours. As the literature (Akalın, 2007) demonstrates, immigrant care workers are preferred to domestic workers in the caring of the elderly and disabled. They are thought to be more professional in their work, but also they are prepared to work for long hours and provide care of any type without any complaints. In all cases we studied, care workers have their own room in the house with a two-door wardrobe, a bed, and a dressing table in the room which they can arrange as they like. All care workers sleep in their own rooms except for Case One, where the care worker has her own room but sleeps with the care user in case she needs water, medicine or to go to the toilet during the night. The care workers use the same bathroom as the care users despite the fact that some houses have two or more bathrooms. In this regard the care worker has free access to the physical space of the home. However, the space belongs to the care user and the care worker's usage of the space depends on the daily requests of the care user. The kitchen can be an important space for the care worker as it can become a space that belongs to them and they do not use their own room during daytime.

Care users' guests including their relatives, friends and neighbours often come to their houses to eat lunch or dinner or have a coffee. The care providers join in and sometimes participate in the conversation, but they do not have any of their own guests. Often their relatives and close friends are living in their country of origin. Since they are working in the home for the whole week, going out may be more attractive and rather than entertaining their guests in the house, which is after all their place of work they usually seem to prefer to go out. While in Case One the care provider's daughter came and stayed at the care receiver's home for a week, this is not common practice and depends on the closeness of the relationship between the care provider and care receiver's family.

4.1. ETHNOGRAPHY ONE: MIGRANT CARE WORKER LINDA AND CARE USERS RAGIP AND AYÇA

Care worker Linda is from Kutaisi, Georgia. She is 52 years old with three children and two grandchildren. She is a university graduate and previously worked as a physics teacher. After the death of her husband from a long-term illness she found her salary was not enough to cover her children's school expenses and therefore came to Turkey to work as a care worker in 2006. She worked for an elderly man for three years, before going to work for an elderly couple for six years. After their death two years ago she started to work for this family whom she found through acquaintances in her previous job. Before the legal system became stricter on work permits she had been an undocumented care worker and for six years had to leave the country every three months to renew her visitor's visa. In 2012, she received her work permit and she is now working with social security benefits.

The house is an old Ankara apartment flat located in a three-storey apartment block built in the 1950s. These flats are spacious with three bedrooms, and a living room and a long balcony facing the street. The flat has a large library where care user Ragıp spends most of his days reading. Ragıp is 83 and from Trabzon, a city in Black Sea Region of Turkey. He is a retired mechanical engineer, and has four children together with his wife, Ayça who is the same age as him. He is interested in the history of Islam and says that engaging in an intellectual activity keeps him fresh and alive. In the living room, there is a hospital bed and medical equipment and this is where Ayca sleeps and spends her days. There are two sofa-beds in the room. Linda sleeps in this room too in case Ayca needs anything during the night. There are always fresh flowers in vases which Ayca and Linda take care of. This room also has a large balcony, but they do not prefer to hang around there as the balcony is facing a noisy street.

Linda is live-in care worker and deals with everything in the house. She prepares all the meals and spends lots of time in the kitchen. The kitchen is rather small but Linda says that it is spacious enough for her to do the cooking and other kitchen work. Ayca suffers from diabetes and Linda prepares meals and snacks mindful of her insulin balance. Ragıp says that

> if we did not have our "kızımız" (girl with daughter-like implications) we could do anything. She cooks our meals, gives us water (in Turkish giving water refers to a caring act), washes our clothes, she even gives me a bath when I am ill, she gives a bath to my wife. She takes care of us a like as if we were three years old.

Ayca could not eat her meals on her own and Linda helps her to eat. When Linda feeds Ayca, she plays games as if she were playing with a child, in this way motivating her to eat. At one point she turns to the interviewer and says, 'Look Simla, she is my beloved Ayca. "My dear, please eat"'. Linda patiently waits for her to finish eating. Sometimes Ayca says she loves the meal, sometimes she says she did not like it. In this case Linda wants to know why she did not like it: 'Do you want more salt? Is it too hot?' Ayca is also compassionate towards Linda, observing 'You have fed me but you have not eaten your meal. Is there any food left for you?' During the meal, the food spreads all over Ayca. Linda cleans it up. She says she doesn't mind cleaning it. After the meal, she takes Ayca to the bathroom to wash her mouth. Linda and Ragıp eat their meals together after Linda feeds Ayca, sitting in the kitchen and chatting. The exception is breakfast when Linda sits with Ayca and helps her take her medicines. Apart from preparing the meals, feeding Ayca, and washing the dishes, Linda also does the laundry, and cleans and tidies the house. According to Ragıp Linda is the best at cleaning. She cleans the deepest parts of the house.

The couple's son who is 65 years old does the household shopping every Friday after taking Ragıp to the mosque for Friday prayers, using the list Linda prepares. This is the one time that Ragıp leaves the house. He likes staying at home in where he feels very comfortable reading books about religion and history. When Linda is not doing the chores, she deals with Ayca's personal care. She bathes her, combs her hair and cuts her nails. She approaches Ayca as a mother approaches her child, with compassion. She often asks her if she is alright. After she gives her a bath, she says to Ayca, 'You look beautiful now'. She also does different activities with Ayca, looking at old photos of her youth and her family members to strengthen her memory for example. Linda points to people and asks Ayca for their names. It can take her a while to remember and if the answer is wrong, Linda encourages her to give a correct answer by saying that 'Think again my beautiful Ayca, you can remember the

names.' After that, Ayca thinks a little more and answers the question. Linda and Ayca have a lot of fun during this activity. Ayca is interested in literature and her son has published a book of poetry. Linda reads the whole book to Ayca. Linda reads her favourite three poems to Ayca every day. At the end of such activities, Ayca and Linda are hugging, and then Linda kisses Ayca and goes to take care of Ragıp or other things at home.

The days that Ayca and Ragıp's relatives are very busy for Linda as she prepares the food and cleans the house and she cannot do an activity with Ayca. Ayca is very upset about this and begins to complain asking, 'Why are guests coming to the house? When they will come? Are we going to do activities together after they go back?' It may be that Ayca prefers spending time with Linda than she does with her own relatives. During the day, Linda checks that the older people are comfortable with the temperature of the house. Depending on their answers, she adjusts the heating or finds them sweaters, etc. As Ragıp has hearing issues, he cannot hear the call to prayer from the mosques. Linda lets him know that it is time for praying.

Linda says that she is very happy with the couple as her employers. They are very fine people; their children are fine. She says she sees them as like family members. She says that they treat her well, in a compassionate way and call her. 'Mymy daughter', or 'Mmy dear' all the time. Ragıp says that Linda is the commander of the house and takes care of them with compassion like her children. Ragıp is a talkative man, and he had long conversations with the researcher and Linda also joined them and listened to him. When Linda goes to Georgia every three months, she finds another care worker to replace her for 20 days. Linda has been working there for two years and she has strong bond with the couple. However, she says that she misses her children a lot.

4.2. ETHNOGRAPHY TWO: MIGRANT CARE WORKER REMZIYE AND CARE USER DIDAR

The care worker Remziye is from Bishkek, Kyrgyzstan. She is a 27 year-old woman, divorced with one son. She has been working as a care worker for seven months in Turkey. Before she came to Turkey, she worked as a chef in in Kyrgyzstan and Russia. She also looked after her grandmother for a few years. Remziye's aunt, who is also a care worker in Turkey, found Remziye her current job through acquaintances in Ankara. She feels lucky since she found a job just three days after arriving in Turkey. She has a work permit and her social security premiums are paid for by the care users' daughter. The care user Didar is from Giresun, Turkey. She is 96 years old and a retired bank officer. She is a widow with a very large extended family who often visit her and come together for dinners at her place. She loves these family reunions. Apart from her old age, Didar had a stroke and yellow spot disease (a kind of blindness).

Remziye spends lots of time in the kitchen cooking and preparing snacks. The kitchen is spacious, always clean and tidy and full of luxurious kitchen equipment. There is a dinner table in the middle that seats four people. She keeps her earphones on as she talks to her child or sisters in Kyrgyzstan, keeping out one earphone so that she can hear Didar who is sitting in the living room, in case she calls her or ask for anything. 'Remziye is my eye when I am watching TV, my hand when I am cooking and my arm when I am walking', Didar says. She says that Remziye's left arm belongs to her, because she grasps it for support as she moves from room to room.

Didar is sensitive to the cleanness and tidiness of the house and Remziye is sensitive to this. Didar also likes to chat, reminiscing with Remziye about places that she has visited and about her relatives. Remziye knows Didar's relatives well. Remziye is very attentive to Didar's medicinal needs, following her medicine schedule closely and checking her blood pressure regularly. Every day they go for a walk around the compound. Didar says, 'Remziye is my mother-in-law, she intervenes everything' and they laugh. Didar does not want to leave the cooking to Remziye but her eyesight gives her little choice. This means that the kitchen is the place that conflict is most likely to occur according to them, but it is easily resolved. Every day Remziye asks what kind of meal they should cook, and follows the menu that Didar decides.

The living room television is always on in the daytime, so whatever they are doing (eating, reading newspapers, chatting, etc.) there is always a programme that they can watch together. When they are watching TV, Remziye describes what is going on to Didar who cannot see. Remziye speaks good Turkish but she has problems with writing long and complex sentences. Thus, she tries to improve her Turkish language as much as possible. In her spare time, she practises Turkish using telephone applications. Didar explains different Turkish phrases so that Remziye can improve her Turkish language. There is an exchange of knowledge in their relationship.

When the drinking water is delivered to the house,[5] Remziye pays for it with money from Didar's purse. She carefully explains to Didar how much money she has given, what is left, and where she has put back her purse. Anything to do with money is handled by Remziye in a very transparent and careful way. Remziye takes the Sundays off. She never comes home without bringing something. She bought pastry and dairies last Sunday. She bought a blouse for Didar's birthday.

4.3. Ethnography Three: Migrant care worker Meryem, care user Gül, and employer Fahriye

The care worker Meryem is from Samarkand, Uzbekistan. She is 39 years old, married, with three children. She was an elementary school teacher in Uzbekistan but the money she earned was not enough to look after her three children and she came to Turkey in 2014 where her first job was caring for a baby and two adolescents in the same house. She did not like this job and says that providing care for children is extremely difficult and elderly care is much easier. She is a documented care worker and she has social security benefits. She also has a residence permit that was issued with help of the care receiver's son-in-law.

The care user, Gül is from Isparta, Turkey. She is a widow, aged 86 years old with three children. Her husband died in 2011 after a long term illness. Her daughter, Fahriye, previously provided care for her mother but as Gül got older and her chronic disease became more serious, they decided to work with a professional care worker. Over the past ten years they have had to change care workers for various reasons including bad treatment. From time to time, Fahriye took over caring for her mother. They found Meryem through an agency and feel lucky that they have her, they are

[5] In Ankara drinking water is bought from outside as tap water is not suitable for drinking.

very happy with her. Fahriye is the employer. She is 52 years old, married with two sons. She is a housewife and spends most of her time on household chores.

Meryem and Gül live alone in the apartment, but the apartment is in the same block as Fahriye who lives on the upper floor with her family. Gül cannot visit her since she has problems climbing up the stairs. But Fahriye visits her mother every day at 4pm. Meryem opens the door and goes to the kitchen to make coffee for them both. When Fahriye arrives, Gül who is silent during all day begins to smile and talk with her often about relatives and household chores. Sometimes they gossip about neighbours and friends and Meryem joins them. Fahriye emphasizes that Meryem is like a sister to her. She tells Meryem everything related to her private life, even the problems she has with her husband that she cannot tell her own brothers. Thus, in this case, the intimate relationship between the care worker and the employer is precious.

Because of her old age and chronic disease, Gül generally does not talk much during the day and Meryem does her best to encourage her to talk. She asks questions like: 'Did your older granddaughter find a job?' or 'Today, the weather is warmer than yesterday, isn't it?'. In this way Meryem provides both physical and emotional support to Gül. She cooks meals for her, she gives her medicines on time and she helps her shower and personal cleaning. Gül finds it difficult to walk because of her leg problems and Meryem accompanies her when she goes to the toilet or when she moves from one room to another. They also go outside for a walk and meet with neighbours three times a week. They take a walk for thirty minutes and then they sit on the benches in the park with their neighbours. Meryem also gives emotional support to her by trying to talk with her compassionately. They hug each other often. In other words, there is a close physical contact between them.

As well as the personal care of Gül, Meryem does everything in the house. She cleans, cooks the meals, tidies and irons. She also goes shopping at least once a week. The employer, Fahriye, prepares the shopping list and gives the money to her and Meryem goes to the market that is located very near where they live. Every day, when Gül wakes up from her noon sleep, Meryem steeps the tea and makes Gül's favourite toast with a cheese coming from Isparta. While they are drinking tea together in the living room or on the balcony located at the kitchen, Meryem reads a book to Gül. She uses her voice very clearly and tries to explain the events to make them easily understandable. Despite this, Gül often interrupts her by asking questions about the people and events. These questions are sometimes very elaborate and long, but Meryem always answers patiently. Since Meryem is not used to cooking Turkish meals, Fahriye teaches her. Fahriye writes down the recipes and other necessary tips and Meryem sticks these notes to the fridge as a reminder.

During the researcher's observation days, Meryem cleaned the fridge to make space for tomato paste and pickle. Then Fahriye and Meryem use up the summer tomatoes by preparing tomato paste for winter. This was a very enjoyable activity as they had a fun conversation while preparing the tomatoes. One of Meryem's most favourite things is welcoming guests. Like other care workers in the fieldwork. Meryem thinks that this is closely related to her cultural background. She loves crowded houses where everybody talking to each other, eating together and laughing. She says that sometimes she is bored because she is at home all day, so she is very happy to have guests around. She likes Gul's neighbours and relatives very much. The house has a big living room where they host guests for dinners and have long conversations over the dinner table. Meryem says that

she accepts Gül's relatives as her own relatives. Similarly, Gül talks of Meryem as if she is her own daughter. She calls her 'My daughter' and Meryem calls Gül 'Mother'. They are like a family. Meryem has a sister in Ankara who is also a care worker and she spends time with her on Sundays but Meryem does not invite her to Gül's house since her house is very far away.

Fahriye explains that they have had problems with previous care workers. Before her father died, for example, a care worker was looking after both her father and mother. Her father had Alzheimer's disease and she said the care worker took advantage of his illness, encouraging him to give her money every time she did something for him. When she took him a meal he gave her money, when she gave him his medicines, he gave her money, even though she had a regular monthly salary. Fahriye realized the situation and warned the care worker about this, but she said, the care worker retorted that it was normal, that he gave her the money as a gift and she accepted it. She did not see it as a big deal. Consequently, Fahriye fired her and found a new care worker. Fahriye did not speak of these things openly since she starts to cry when she remembers them. She and Gül feel very lucky to have come across Meryem after 10 years of bad experience with different carers. They compare Meryem with the previous care workers and they say that Meryem is one of the family members.

Gül, her daughters, and grandchildren are planning to go on a summer vacation in Isparta. They are from Isparta and they have a summer house there. Meryem also will go with them and do the same things she did in Ankara. However, Gül is a little hesitant about the summer holiday since she assumes that she will not feel comfortable at the summer house. On the other hand, Meryem wants to go to Isparta very much and often tries to convince Gül saying to her, 'Do not worry, Mom, I will care for you, I promise that I will make you feel comfortable, trust me.'

4.4. Ethnography Four: Migrant care worker Anya and care user Hamdi

Anya is from Telavi, Georgia. She is 58 years old and is a nurse who had been working in an hospital in Georgia. Then, she retired and engaged in subsistence farming for some time. She also looked after her husband's mother. The care-user, Hamdi, is 96 years old. He is from Ankara, and is a retired civil servant with three children. His wife died of kidney disease seven years ago. Hamdi misses her very much and talks about her most of the time. He remembers how they met, how their love began and how they overcame the difficulties they faced in life. He does not have serious illness but he had a traffic accident three years ago and since then has had difficulty walking. He either uses a walker or take assistance from a person. His son, Ali, aged 45, is the employer. He is a physical education teacher with two children. He lives in the same apartment as his father. For three months after the accident, Ali looked after his father (during the summer holiday). Then, he decided to find a care worker as he had to return to work. Ali's involvement in his father's care work is an interesting case in a context where care is perceived as a woman's task. However, he would not like his wife to care for his father due to the conservative nature of gender relations in Turkey.

Hamdi lives in an old-fashioned Ankara house which is located in three- storey apartment. Hamdi's son Ali lives with his family in another flat in the same apartment block. Hamdi's granddaughters visit him every other day. Hamdi's flat has a big balcony with its entrance in the kitchen looking on to a quiet street and most days Hamdi sits on the balcony while Anya cooks the meal in the kitchen and they talk to each other. Hamdi is very fond of food. When he wakes up, he

gives a shopping list and money to Anya and she shops and prepares the food according to this list every day.

Hamdi cannot walk without a walker and if he wants to go toilet or move to another room he calls out to Anya, and she brings this to him and helps him to walk. Anya provides personal care for Hamdi like shaving and does the household chores. They sleep in separate rooms but during the night Hamdi can call out to her for help to go the toilet. Thus, Anya sets two different alarms in order to get up at night.

Hamdi and Anya eat dinner together. After the meal, Anya washes the dishes and, having finished the work for that day, she goes to living room and sits next to Hamdi. They sit on the same couch, and watch TV together. Hamdi generally prefers to watch newscasts or political debates. Even though Anya does not like to watch these kinds of programmes, she still joins Hamdi by making comments about political programmes, government or news about the world. If they do not watch TV, they listen to Turkish songs on the radio. Hamdi really likes folk songs. Anya sometimes gets bored of these songs since she finds this music tiresome and too slow. She begins to grumble, 'Hamdi, that is enough. Let's change the song. How about pop music?' Hamdi disagrees and talks about the importance and the beauty of these songs. After a while, Hamdi finds a song that Anya likes and they listen to it together. Even though they have their own personal interests when it comes to TV shows and radio programmes, they keep up with each other somehow.

Hamdi and Anya get along well. Sometimes conflicts arise between them, usually because he insists on calling his son during the day. His son works and Anya does not think he should call him too often and Hamdi gets angry about this. Then his son comes home and makes peace between them. Hamdi often says that they are like brothers, that 'There is nothing wrong between us.' They had problems with the previous care worker, just minor things but they undermined the relationship between Hamdi and the care worker. Ali is rather pleased with the care that Anya provides. But Anya misses her children and country a lot and her age means she tires easily from working. She wants to retire and is planning to return to her country in September. Hamdi and Ali are very worried about finding a new care worker. Hamdi often tried to convince Anya to stay when the researcher was there.

4.5. Ethnography Five: Migrant care worker Ayda and care users Şinasi and Leman

Ayda is from Kyrgyzstan. She is 49 years old, divorced with two children. She previously worked as a cook and salesperson in her country. When she arrived in Turkey, she found a job through a private agency. She worked as a care worker for an elderly woman for a few years before she met Şinasi and Leman. They have three children and a grandson. One of their sons is living in Budapest, Hungary. Leman is 88 years old. She has never held a job in the labour market. She often visits her children and spends time with her grandson. She likes travelling and painting. Şinasi is 92 years old and he is retired. He is interested in the history of modern Turkey and spends his leisure time reading books and newspapers. They live in a large and well-decorated house located in a (gated) compound. They have two living rooms, spending most of their time in the smaller room where they watch TV, read, and drink tea. They use the larger room, with its antique dinner table and fancy credenza for hosting guests.

Ayda gets up early to prepare breakfast before Şinasi and Leman wake up. They usually have their breakfast together on the balcony. . Şinasi is interested in politics and he always talks about Turkish political issues with Leman and Ayda. After breakfast, Leman and Şinasi usually read while Ayda washes up.

Most of the time, Ayda and Leman cook together in the kitchen. Leman teaches Ayda about Turkish cuisine and how to cook a proper Turkish meal. Ayda takes notes as Leman tells her about the ingredients and techniques. When Ayda prepares the meal on her own, she always checks her notes to make sure she is doing it in the right way. They have a nice way of sharing the kitchen. One day when the researcher was there, Leman and Şinasi were chatting with her while Ayda was preparing a meal. Suddenly, a noise came from the kitchen: Ayda had broken a plate. Leman Hanım told Ayda, 'Nno problem, everything is okay.' Ayda turned to the researcher and said: 'Mmy mother is always like that. She is never angry with me about this kind of thing.' After this event, Ayda mentions similar incidents and she adds that, 'They always treat me kindly, whatever happens in the house.'

Leman and Şinasi had experienced problems with the previous care workers. Once, they went abroad to visit their son and the care worker stayed on her own in their house. Şinasi noticed that the phone bill was very high at the end of the month and they realized that she had made a number of international calls. They were upset by this incident and they sacked her. Şinasi and Leman think that Ayda is trustworthy, and they are happy to leave Ayda alone in the house when they go on holiday. They are grateful that they have met Ayda and for her part, Ayda also feels very relaxed in her relationship with Şinasi and Leman.

Ayda spends a lot of her leisure time in her own room. She studies Turkish language using an app on her mobile phone and reads books. This was the only family where the researcher saw the care worker spending time in her own room during the day. In other families, workers always had some work or an activity to do, and even if they had finished, they sat with the care users in the same room. However, if Ayda does not have any work related to Leman and Şinasi's personal care, and if all the household chores are done, she goes to her room and rests for a while. Maybe this is due to the fact that care users do not have disabilities, other than slowing down of old age.

They eat separately except for breakfast. Ayda eats her meal after Şinasi and Leman finish their lunch and after she has washed the dishes. When they have guests such as their daughter and grandson, Ayda does not come to the living room and never sits with them. She just comes to the room to serve drinks and foods. This may be related to the socioeconomic level of the family which is higher compared to other cases. Nevertheless, both parties stress that they feel like a family. Ayda is quite happy to work in a home environment rather than an office. She said that: 'They and their extended family treat me like a daughter, like a family, and that's what I want'.

Sunday is Ayda's free day. After preparing breakfast and finishing the daily household chores, she usually goes to the city center (Kızılay) to meet her friends who also work as care workers and does some shopping. Şinasi drives her there saying that 'She is like my daughter and therefore I have to take her by car for her safety.' Ayda returns home at dinner time and if she is late even by a few minutes, Şinasi and Leman get worried and call her to ensure that everything is okay and she is safe.

5. REFLECTIONS AND COMPARISONS

In our fieldwork, care users demonstrated considerable *gratitude (minnettarlık)* to the care worker. A good caring relationship for the care workers involves *attentiveness* to their care needs of the care receiver. The care worker is very careful with their medicine schedules, blood pressure checking, preparation of the right diabetes meal, etc. Being an eye or an arm to the care receiver in need emerges in the narratives of the care workers. Meryem says:

> I must be very careful with the medicine giving and its timing. My mom (*she refers to the care receiver as her mom*) has blood pressure issues. Therefore, I give her medicine in the morning and in the evening at certain times. If she gets up quickly she becomes dizzy, and I get up quickly and support her so that she doesn't fall. It is important to me that she doesn't get ill, otherwise it is difficult for both of us.

While a care worker in the house means, for the care user, greater independence from their family members, the care worker is *treated as a 'family member'.* In some cases, the care worker calls the care receiver 'Mom', and the care receiver refers to the care worker as *kızım* 'My daughter', or *hayat arkadaşım*, 'My lifetime friend'.

Didar says her 'daughter' is dealing with everything, intervening her life too much. She wanted to stay in a nursing home but her family did not let her stay there and told her not to mention this anymore. In Turkish society staying in a nursing home is stigmatised. She says she is happy to have a care worker at home:

> It is a good thing that you are not dependent on other people in the family. Maybe my care worker is a good person and that is why I feel that way. There is no way that I could live on my own at the moment, this is a need. If I have another stroke, I was told that doctors could not save me.

The work of live-in immigrant care workers in Turkey includes the provision of other services in the house. They provide services like cooking meals, washing up, cleaning, doing washing and ironing, etc. They meet the care receivers' physical care needs like taking medicines at the right time, conducting physical activities (taking a walk, moving from one room to another, etc.), bathing, taking the care receiver to the toilet, shaving etc. Care workers also spend a lot of time and energy providing emotional support to care users and it is this that manifests itself in their narratives of being a family member. Chatting with them, treating them with compassion, calling them dad or mom is part of this emotional support. In this respect, while commodified care provides independence from the family care thereby avoiding a burden for both parties, the relationship between the care worker and the care receiver has family attributes.

Being part of the family is a controversial concept in a commodified care relation that needs a critical analysis. In our fieldwork, it often refers to feeling secure and safe for both parties: care receiver and care worker within the boundaries of a home environment. The care users we spoke to consider immigrant care workers well able to respond to their needs. For their part care workers believed their wages as adequate and decent. They believe that they have a meaningful work, helping people to stay in their own homes healthy and safe and living as independently as possible from other family members and all of them said that they are have good job satisfaction even though they

sometimes feel tired and exhausted. They are also grateful to find their employers, remarking on the increasing unemployment rate among immigrant care workers. Likewise, care users also frequently express their content about the care user that they work with. Thus, in these cases the relationship between care worker and care user can be seen as fair.

Home based care tends to be preferred by the care receivers since it is convenient for them. Most of the immigrant care workers also prefer to work in the private home as it means they can dedicate themselves to just one person, they are more in control of their own time, and they do not have to deal with transportation problems or pay rent. As Remziye put it: 'I have one person that I must care for. I do not have to feel any rush since I can organize my own time'. Or Ayda, 'I definitely prefer to work at private home especially in a city with such traffic problems. I go to city centre during my rest days but it takes almost one and half hour because of terrifying traffic.' However, there are some exceptions. One of the care workers said she would prefer to work in a formal workplace because it would more strictly separate her free time and work time. Another emphasized that working in the private home setting sometimes can be risky particularly because you cannot get help from any official body.

This is a controversial issue as home can also provide security and safety for the immigrant care workers. Being a woman migrant without access to solidarity networks can have its own difficulties in the labour market in Turkey. We find that, if the immigrant care worker finds a decent job in a house, where she is employed with social security and has good relations with the employer and care user, she can also engage herself in a solidaristic relationship in a foreign society through commodified care work. She can receive support from family members and their networks when she needs it. While she is attentive to the care needs of the care user, the family is attentive to her needs in general. Meryem thinks that it is better to work in a home than in a work place, she feels secure in the home, she feels like it is her family. They give support to her if she needs it in her daily life. Meryem says:

> My employer's son is good to me. He helps me a lot. My father fell ill in Kyrgyzstan, I had to go there. I lost him. In that process their son Dogan helped me lot. He bought my plane ticket, they took me to the airport. When I returned they met me at the airport.

Sharing the home space on equal terms is also manifestation of the good relations. 'Eating meals together, sitting at the same table' is an illustration of this relationship. Meryem says:

> From the first day, I love this family, they met me, they told me that we will eat together, we will sit at the same table. I told them that I will eat separately, they did not accept it. They told me that there is no such thing in their family, we sit around the same table and eat together. Then I got used to the family, they became like my own family.

Contrary to popular belief in Turkey that care is a family matter, our research participants reveal that care is be not purely a family responsibility. The interviewed employers (Fahriye- Gül's daughter and Ali-Hamdi's son) stressed that they tried to care for their elderly parents at some point in their lives; however, it turned out to be difficult as the elder parent's health conditions deteriorated. They felt helpless most of time and that they needed some additional professional care. The family members are already busy with their own lives, and they do not have enough time to provide care to the elderly. One of the care users, Leyla, said that:

> our children are dealing with many issues in their own lives; they work full-time and at the same time they try to manage their household chores; they have their own family, their own issues, thus, they have neither time nor motivation to care for us full-time.

They also told us that they get in quarrels more often. Care receivers feel more comfortable with care workers who are not part of the family, whom they did not meet before as they can demand their needs more comfortably. They say that compared to family members, they are less likely to quarrel with the care workers. Fahriye who is Gül's (care receiver) daughter and the employer of a care worker, provided care for her mother for a short period of time before they hired the care worker and argued about the organization of the housework and medicine taking. Therefore, despite its own conflicts, commodified care relations can enable care workers and care receivers to reciprocally manage conflicts. What has been repeated and observed in the daily relations of the commodified care is that once trust and respect is built between the two sides, the closeness between them avoids the conflicts of a family intimacy. Engagement in a commodified relationship in the intimate space of home has its difficulties, and treating each other like a family member provides the necessary closeness to overcome those difficulties. Hence both sides know that this is not a real family relationship. It may be claimed that there is a professional relationship, but referred as a family relationship between care user and care worker. Ayda asserted that 'They and their family treat me like her daughter, like family, that's what I want'. All care users think that their care workers are trustworthy and felt very comfortable about leaving the worker on her own in the house. The employers were confident about leaving their parents alone with the care workers.

We did not observe any kind of discrimination towards immigrant care workers, and care workers stressed that they are usually treated with respect and dignity by the people that they work with as well as by the Turkish public. Therefore, discrimination based on ethical/racial background or religion is not an apparent issue, at least in our fieldwork. Ragıp, who is a religious person spending most of his day engaging in Islamic books that fascinated him, remarked that: 'She is the commander of this house. She is clothing me, feeding me… She is Christian but no matter, I do not care. She is the best person; she is the best care worker. She is like my own daughter'.

Both care workers and care users are quite open about the things that are essential for making a good care worker. According to interviewees, a good care worker is patient, charitable, and attentive to the needs of the care user. Being willing to take the time to talk with and listen to care users' needs was also mentioned by several of our participants as was the importance of good interaction, sensibility and compassion. Both care workers and care receivers heavily stressed the importance of loving this work if one is to provide good care. As Lina, a care worker put it:

> You should be in love with your job. Sometimes, you can find yourself in difficult situations, having to do tasks that you just want to get done. At these points, you must have a passion for your work, and you must show some kind of devotion, otherwise, you cannot do this job.

Having some understanding of Turkish culture was felt by some to be very important. Immigrant care workers usually come from neighbouring countries with cultural affinities so this does not create problems. However, language is a potential issue affecting the quality of the relationship as it is crucial for the care worker to understand what the care user actually needs. However, all the care

workers we interviewed spoke some Turkish, and they were eager to learn more, often working to improve their writing skills.

> I have had some difficulties at the beginning because my Turkish was very poor when I came to Turkey. However, Didar taught me the language in a very short time. We watch Turkish news and series from the television together and discuss about the new phrases that I should learn.
>
> Remziye, care worker

Some of the care users felt that immigrants were better at caring tasks since they are more patient and enduring. A few respondents also mentioned that they think that immigrant care workers are much more committed to their job because they come to Turkey to pursue a better life and the route to achieving a better life is through working hard in one's job.

The majority of respondents asserted that the government should be responsible for provision of elderly care and that this is crucial for providing equal standards of care for elder people. 'I believe that government should contribute the payment and regulate the standard of care for providing consistent minimum level', one care user, Leyla, said. She also mentioned the importance of institutional care. In contrast, her daughter observed the problematic sides of institutional care facilities. It should be noted that for most families, hiring live-in care workers is a significant financial burden. Some of them spend all their monthly pension on the care worker and other household expenses are met by their children. 'I have worked for 28 years, I am payed 3000TL monthly and give most of it to the care worker' Didar said.

Equality is crucial especially for care workers. They are working in someone else's home, they are not citizens of the country where they work, and their family and friends are far away. Equality can be expressed in eating together or joining a chat about the things happening in Turkey. Being recognized as having an important role within the household emerges as a factor of equality for the care workers. For instance, once the relatives of the care receiver brought presents to the care receiver on Mothers' Day and this made her really happy. Care workers also underlined heavily in the interviews the importance of the right to have social security, pension, and health services.

Conflicts are generally about the control of daily activities, rather than about time. In some cases, care users want to control over the household chores like cooking, cleaning, washing the dishes and ironing. For instance, although Didar has visual disorder, there were several times when she wanted to cook and her care worker disagreed because she was worried that Didar could hurt herself.

6. CONCLUSION

The ethnographic study on the commodified care relations in the familialistic context of Turkey manifests several issues of justices/injustices that pertains to redistribution and recognition. From the care receivers' side, unmet care needs and the burden of the care needs on families emerge as redistibutive injustice issues. For many care receivers hiring a migrant care worker has financial burdens as they live on a pension. Therefore, redistribution of care responsibilities is an important

part of the discussion. Working conditions in private households, and social security issues are considered as very important justice issues by care workers.

It is not only redistribution that matters, but also recognition both in terms of the care workers' position and the care needs of the care receivers. Our fieldwork demonstrates that although both parts are aware that this is a professional relationship, being aware of the difficulties that commodified care in a private setting brings, treating each other as a family members gives a certain status for the care worker but also to the care receiver that is recognized in the private space. Calling each other mom, dad, my daughter, etc. helps the partners in the commodified relation to negotiate potential conflicts and inequalities that could emerge within the boundaries of commodified care work. Giving each other familialistic status within this relationship is a matter of capabilities as the care worker finds a space to provide good care but also organizes her time in the house and as the care receiver deals with the presence of a stranger in the house who is involved in the most intimate aspects of the care work. This needs further elaboration which could be supported by further ethnographic studies.

BIBLIOGRAPHY

Akalın, Ayşe. 2007. Hired as a Caregiver, Demanded as Housewife: Becoming a Migrant Domestic Worker in Turkey, *European Journal of Women's Studies* 14(3): 209-225.

Akkan, Başak. 2018. Politics of Care in Turkey: Sacred Familialism in a Changing Political Context, *Social Politics* 25(1): 72-91.

Bugra, Ayşe, and Çaglar Keyder. 2006. The Turkish welfare regime in transformation. *Journal of European Social Policy* 16 (3): 211–228.

Candaş, Ayşen, and Yıldız Silier. 2014. Quietly reverting public matters into private troubles: Gendered and class-based consequences of care policies in Turkey. *Social Politics* 21 (1): 103-123.

Duben, Alan. 2013. Generations of Istanbul families, the elderly, and the social economy of welfare. *New Perspectives on Turkey* 48: 5–54.

Grootegoed, Ellen, Trudie Knijn and Barbara Da Roit. 2010. Relatives as paid care-givers: How family carers experience payments for care. *Ageing & Society* 30 (3): 467-489.

Ministry of Family and Social Policies, General Directorate of Disabled and Elderly, 'Statistical Information on the Disabled Citizens', July 2017.

Ministry of Family and Social Policies, General Directorate of Disabled and Elderly, 'Statistical Information on the Disabled Citizens', April 2017.

Oglak, S. 2012. Migrant Long-term care workers in Turkey. *Turkey and the ROWM Network.* King's College London: UK.

Özbay, Ferhunde. 2015. *Dünden Bugüne Aile Kent ve Nüfus*. İstanbul: İletişim Yayınları.

Rittersberger-Tılıç, Helga. 2015. Managing Irregular Labour Migrants in Turkey *Journal of Migrant Studies* 1(1): 80-107.

TurkStat. 2017a. "Statistics on elderly 2016", *Monthly Statistical Bulletins,* March 16, http://www.tuik.gov.tr/PreHaberBultenleri.do?id=24644.

TurkStat. 2017b. "Women in Statistics, 2016", *Monthly Statistical Bulletins*, March 7, http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=24643.

TurkStat. 2013. "Population projections 2013-2075" *Monthly Statistical Bulletins,* February 14, http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=15844.

TNSA. 2013. *Hacettepe University, Population Studies Institute Turkey demographic and health survey* Ankara: Hacettepe University, http://www.hips.hacettepe.edu.tr/eng/tdhs13/report/furtheranalysis_presentation/family_structure.pdf.

Zelizer, Viviana. 1994. *Pricing the Priceless Child: The Changing Social Value of Children.* Princeton: Princeton University Press.