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Content

Abstract

This dissertation examines the social reproductive experiences of Indian care workers participating in the Aurora Project in Flanders. Launched in response to labor shortages in elderly care homes, the project recruits migrant care workers from Kerala, India. Rooted in social reproduction theory, this study explores how the global care crisis and the international division of labor has given shape to the caring lives of the participants. The research focuses on two key questions: (1) What are the social reproductive experiences of Indian care workers involved in the Aurora Project? (2) How do urban arrival infrastructures, migration regimes, and working-time regimes influence these experiences? The study employs Thematic Analysis and interviews to delve into the complexities of the social reproductive experiences of the Indian care workers. The findings highlight the challenges faced by migrant care workers as they navigate the intersections of nationality, gender, and class in their caregiving roles. The dissertation contributes to a broader understanding of the care crisis and the limitations of labor migration as a solution.

1. INTRODUCTION

“without us, the world doesn’t move”.

At the annual Kunstenfestivaldesarts in Brussels in 2024, Territorio Domestico, a collective of migrant domestic workers based in Spain went into conversation with Silvia Federici about their struggles, their resistance, and specifically their joy.

Without them, the world indeed doesn’t move. A filled belly to get through the day, a clean house providing the space to rest and caring hands who get the children to school and the elderly to their seat at the kitchen table. Without care, the world doesn’t move. A small ‘How are you message?’, a conversation carried by (a wish for) understanding and laughter filling a room. Do these seemingly small gestures seem insignificant?

Because they are not insignificant. They are highly political, and so are all those who are carrying out the tasks, gestures and emotions. Under capitalism, care or ‘social reproduction’ has been rendered invisible or invaluable, whilst it is necessary in order to produce commodities. Instead, care work has been naturalized and pushed into a gendered private realm. Currently, the world is living through a crisis of care (Fraser, 2017). Since the 1980s, the process of globalization in combination with a series of neoliberal policies have led to a general disinvestment of social reproductive labor and care. In the Global North, this has taken the form of state divestment on social welfare, whilst in the Global South, structural development policies and liberalization have led to a crackdown on land and means of subsistence (Federici, 2002). Accordingly, care gaps in the Global North have increasingly become filled by migrant care workers (Federici, 2002).

Seemingly ideal from a neoliberal point of view, migrant care labor is not a quick fix to fill labor shortages. Whilst migrant care workers care in the Global North, their own care for their families and friends are replaced onto their parents, partners or less privileged care workers, which Hochschild has called a global care chain (Hochschild, 2000).

Flanders has been introduced to the Aurora Project, which fits right into the global care crisis. Whilst the elderly population in Flanders has been increasing, the ability for elderly care homes to offer adequate care has been decreasing. Most Flemish elderly care homes suffer from a structural labor shortage and some are even unable to meet legal norms around staff (Zorgnet Icuro (a)). Accordingly, three elderly care homes came together and created a structure to facilitate the recruitment of labor migrants in Kerela, India. Since 2022, three groups of Indian care workers have migrated to Belgium to work in elderly care homes (Chinta, 2024).

Following onto the global care chain, what does the care of the participants to the Aurora Project look like? What does the care of those who care look like? As stated by Federici, a global economy cannot be understood solely through looking at their productive components. Even more so, by looking at the care underlying all these productive components, a greater understanding of this global economy can be advanced. The circumstances under which we are able to care are structured by nationality, ethnicity, class and gender (Bhattacharya, 2017). As such, an understanding of the caring experiences of the participants in the Aurora Project will allow for a more expansive picture on the care crisis and the ability of labor migration to solve this.

This dissertation aims to map out the specific social reproductive, caring experiences of the participants in the Aurora Project. It also wishes to understand their specificity in relation to how these experiences are structured by their nationality, gender and class.

Firstly, the thesis opens with a theoretical part. A literature review will go over central concepts to this thesis. Social reproduction theory will be explained, after which the care crisis, a new international division of (care) labor and care chains will be detailed. This will be followed by a specific section on the social reproductive lives of migrant workers. Lastly, an extensive overview of the Aurora Project will be given which will help to situate the research context. This section will be followed by the problem statement and the research questions, which are the following:

(1) **What are the social reproductive experiences of Indian care workers part of the Aurora Project?**
(2) **How do soft urban arrival infrastructures, migration regime and working-time regime explain the social reproductive experiences of the Indian care workers?**

The next section ‘Methodology’ expands on the choice for Thematic Analysis, the use of interviews as research method and the ethics of the research project. Afterwards, the analysis of the data set will be given. Following, the result section will connect the analysis back to the literature review. A small section on the limitations of this research follows, after which the conclusion will conclude this dissertation.

2. LITERATURE REVIEW

Accordingly, this dissertation will begin its analysis through unpacking social reproduction theory. The theory will give an understanding of the importance of social reproduction, its position within the capitalist economy and how it intersects with other oppressive systems. This will give way to understanding 'the care crisis' and the new international division of care labor which has led to global care chains. Afterwards, it will be connected to academic literature on the social reproductive experiences of migrant labor. Lastly, an overview will be given of the Aurora Project, the context within which this research took place.

The following literature and analysis follows a feminist materialist perspective. Accordingly, social structures, relations and practices in its relation to capitalism, patriarchy, colonialism and imperialism (and their intersections) are centered. Materialist feminism understands society as being structured and reproduced by divisions based on class, gender, race and other categories. This foregrounds an analysis that focuses on the material social inequalities and practices rooted in their own historical and social context. Such practices are given shape by the different oppressive structures such as capitalism, patriarchy and colonialism. Feminist materialism does not deny the impact of subjectivity, language or cultural representation. Categories such as 'woman', 'white', 'heterosexuality' are cultural constructs who also have concrete, material realities and inequalities (Jackson, 2001). It allows to understand everyday existences 'without losing sight of structuring patterns of dominance and subordination' (Jackson, 2001, p.286). Whilst the dissertation centers around material realities, it does not wish to naturalize social reproductive and caring work as an inherent task for women.

2.1 Social Reproduction Theory

Social reproduction theory (SRT) is a feminist theory focused on the 'making of life' in capitalist society. It concerns many authors and theorists who bring their own focus yet is generally about the reproduction of capitalist society. This includes labor power, the means of production and the social relations as well as cultural forms holding it into place (Katz and Norton, 2017). More concretely, this includes 4 overlapping areas: (1) biological reproduction referring to the sexual, emotional and affective relations underpinning the reproduction of humanity, (2) the reproduction of labor power, which relates to the education and subsistence necessary for people to be able to produce commodities, such as food,

hygienic arrangements and accommodation, (3) the provision of caring needs such as health care and (4) the cultural and ideological reproduction necessary to maintain dominant social relations (Bakker, 2007; Bhattacharya, 2017).

SRT emerged in the 1970s through the works of Silvia Federici, Mariarosa Della Costa, Brigitte Galtier and Selma James who launched the Wages for Housework movement. They pointed to unpaid domestic labor as an invisible way in which women are exploited and linked it to the broader capitalist system. There can be no production, and consequently wealth accumulation, without a warm meal, a hot bath and a loving hug (Federici, 2002). This labor, which became referred to as social reproductive labor, is quintessential for society. The theory argues that productive and reproductive labor are part of a "differentiated totality". Both exist in relation to accumulation (Varela, 2021). Whilst they are interdependent, reproductive labor is made subordinate to productive labor (Dowling, 2021). Reproduction is minimized or even rendered invisible. Thus, capitalism has created an artificial divide between household work and factory work. Depending on the historical and social context, this divide will take on different shapes (Richardson, 2023).

SRT aims to 'interrogate the complex network of social processes and human relations' preceding the sphere of production (Bhattacharya, 2017, p.2). Through analysis of the social reproductive sphere, these invisible efforts are re-centered in their contribution to capital accumulation. An understanding of a global capitalist society is incomplete if it is solely seen as an economic system shaped by productive labor and capital (Bhattacharya, 2017).

2.1.1 Care Labor

Social reproductive labor and care labor are not mutually interchangeable terms. Care can be seen as an element of the social reproduction sphere (Dowling, 2021). Whereas social reproduction stems from an economic analysis, the concept of care includes more than solely economics. As Dowling articulates, care 'is an ethical social relationship based on both feelings of affection and a sense of service, both requiring and producing sympathetic attachments with bonds that tie us to others, whether weak or strong' (2021, p.38). To care for someone or something cannot be fully captured in monetary form. It has an inherent qualitative meaning. Whilst such affection can move one to carry out social reproductive labor, it is important to differentiate them. A capitalist, patriarchal and colonial system has pushed caring activities to

the shadows. To solely identify it in its form under such a system erases the affective, emotional essence of care (Dowling, 2021).

Nonetheless, care and caring labor are practiced under specific contingent circumstances that are structured through racial, gendered and economic social relations that will vary in locality and history (Dowling, 2021).

2.1.2 Gender, Race and Class

SRT aims to center all systems of oppression puts other systems in its analysis. As Bhattacharya stresses: "oppression is theorized as structurally relational to, and hence shaped by, commodity production rather than on the margins of analysis or as add-ons to a deeper and more vital economic process", 2017, p. 3). Gender, race, ethnicity and ability are all constitutive factors in the materialization of class struggle and cannot be used as a mere additional factor of analysis (Bhattacharya, 2017).

Focusing on the interaction and existence of the social reproductive sphere makes the diversity within, and hierarchy between a global workforce visible. It enables to de-center the white male industrial worker and expand our understanding of working-class experiences (Dowling, 2021). SRT allows to politicize gendered, unpaid reproductive labor and the places where it occurs. The household, the kitchen, the bed, the neighborhood and the family are not neutral institutions and serve an ideological function (Dowling, 2021). The economic dependency of many women to men, as well as gendered understandings of who does care work co-produces the invisibility and invalidation of social reproductive labor (Federici, 1999).

Furthermore, the different forms and shapes that women's caring experiences take on depends heavily on class, ethnicity, whether or not they are migrants and nationality (Dowling, 2021). How social reproduction is constitutive to commodity production and vice versa is socio-economically, geographically and historically contingent (Katz et al., 2017).

2.1.3 Elderly Care

As this research project is focused on paid care workers in elderly care homes, it is significant to reflect shortly on elderly care from a social reproductive lens.

Under the broad umbrella of social reproductive labor, which is in itself already devalued, elderly care is especially 'unproductive'. Child care serves useful in its investment in future

productive labor, whilst the elderly has already performed its productive duties (Federici, 2009). Bluntly put, keeping an elderly person alive does not accumulate any capital gains. Historically, elderly care has been made into the responsibility of kin or families. The Keynesian welfare state brought some assistance in the form of elderly care homes and state support. Yet, neoliberal policies motivated by individualism have led governments to promote policies in support of home-based care without providing any additional support whilst simultaneously divesting from public social services. Care homes have become 'Taylorized' through the commodification of care into numbers and targets: 5 minutes for washing, 10 minutes for pills and 15 minutes for eating. Increasingly, elderly care homes have been dealing with labor shortages (Federici, 2009). Showcased by the COVID-19 pandemic, the state of most elderly care homes in Europe and North America are in a bad state (Age Platform Europe, 2024).

2.2 **A Global Care Crisis**

The emergence of migration of care workers should be understood a part of a global care crisis. The following section will give a socio-historical overview of the separation of productive and reproductive labor and how this has culminated into a new international division of (care) labor and global care chains.

2.2.1 A Socio-Historical Overview of Social Reproduction

Social reproductive labor is rendered invisible or insignificant compared to productive labor in capitalist economies. The intertwined spheres have been artificially separated from one another. The ways in which this has taken form has differed between place and time (Fraser, 2017)

Nancy Fraser has made an important overview of the organization of social reproduction & commodity production in the West since the 19th C. (Fraser, 2017). She discerns three historically specific regimes. The 19th C. is marked as the age of 'liberal competitive capitalism' (2017). The enforced dispossession of humans to their land and means of sustenance pushed them into wage work (Bhattacharya(a), 2017). Women, men and children were exploited under horrid circumstances doing factory work. This led to a crisis of social reproduction. Working classes as well as peasant communities were left on their own devices for care, cooking, hygiene and health. This was followed by some legislation aimed to protect

women and children, which pushed women into the private sphere as ‘Angel of House’ Importantly, dispossession in the West went hand in hand with imperial expropriation of colonized people to their land and ways of life (Fraser, 2017).

Twentieth century’s ‘state-managed capitalism’ brought some state forms of welfare. Western states assume some responsibility in ‘social welfare’. Public childcare, public education and public healthcare would (1) make sure the labor force was healthy and (2) would create a stable conditions to produce commodities. The ongoing unpaid care labor of housewives enabled these facilities to come into place. Yet, contrasting to common belief, female labor participation was already around 50% in industrialized countries. Depending on one's power & relative autonomy, women's lived realities varied (Dowling, 2021). In the core countries, state organized services of social reproduction benefits were not separate from racial and gender discrimination. In the US, for example, agricultural workers who were predominantly African Americans were excluded from it. Both in the US as in Europe, the state-managed model entrenched heteronormativity in organizing the male-breadwinner/female homemaker model (Fraser, 2017). Postcolonial states were grappling with decolonization in a Cold War context, leaving aspirations to for state supported social reproduction unfulfilled (Fraser, 2017).

Marked by globalization and neoliberal policies, Fraser labels the current organization between social reproduction and production as ‘financialized capitalism’. Since the 1980s, a general disinvestment from social welfare in the West has taken place. A feminization of the workforce occurred, as it has become almost impossible for a family to survive on a single wage alone (Fraser, 2017). Debt is central as it “is the instrument by which global financial institutions pressure states to slash social spending and enforce austerity” (2017, p.32). This has further intensified the previously discussed contradiction between economic production & social reproduction. Whilst public provision & social services are crashing down, many of the women who used to provide free reproductive labor are engaged in paid wage work, reducing their ability to provide the former on the same scale. At the same time, there are still gender inequities in unpaid care work. In Belgium for example, women still carry between 65 to 87% of the responsibility of unpaid care work (Ghysels, 2004). Instead of providing policies supportive of this labor participation and sharing care responsibilities, most industrialized states have introduced a neoliberal approach to welfare with decreased financial support and social services (Parreñas, 2016). This had created a care gap (Fraser, 2017).

Globalization has led to a collapse of social reproduction in postcolonial states, as liberalization led to a closure of state industries and structural adjustment programs have pushed extensive neoliberal reform. As such, people in the Global South have been driven away from land, jobs and their means of subsistence with little viable options in return (Federici, 2002).

Thus, Fraser states the world is experiencing a 'crisis of care' (2017). Postcolonial states are indebted to the IMF's structural adjustment programs, further reducing their ability to provide social welfare. Furthermore, the beforementioned 'care gap' in Western countries has led to a high demand for migrant care workers. As such, a new international division of (care) labor has proliferated, with migrant women doing the care work necessary to reproduce the labor force in the West (Federici, 2002). For Federici, this gives way to a new colonial order where new hierarchies between women on the lines of nationality, class and ethnicity comes into being (Federici, 1999).

2.2.2 Global Care Chains

This introduces the main focus of this dissertation. As is pointed out by Federici, globalization has, next to an increase in industrial employment, led to an expansion of female migration to the reproductive sector in the Global North (2002). Avoiding simplistic modernization perspectives that this emancipates women in the Global South, the impact of globalization cannot be solely understood by looking at commodity production. Understanding a globalized economy solely through productive components naturalizes the artificial divide between productive and reproductive labor allowing for the latter to be un(der)paid and invisible (Federici, 2002). Furthermore, the new international division of labor has led to an unequal distribution of care resources globally (Parreñas, 2016).

Care gaps in the Global North are not solved through migrant labor, merely displaced. Arlie Hochschild named it 'global care chains'. It refers to the personal connections based on the paid or unpaid social reproductive work between people globally. More specifically, it points to the transfer of caring responsibilities between women in a hierarchical manner. Western women unable to care for their parents, make use of elderly care homes within which migrant women work to take over. Consequently, the migration of the care worker in question will inhibit their own ability to uphold household and care work within their own families. These tasks will be transferred to another (less privileged) care worker, or a family member. The labor done by the one last in the care chain is least valued and often done for free (Hochschild, 2000).

Families of the migrant care workers deal with the care gap, whilst the care receiving countries reaping the benefits of cheap labor are still able to continue a neoliberal path (Yeates, 2012).

Whilst Hochschild's research is predominantly based on the experiences of migrant care workers who are mothers migrating alone, there are other, diverging experiences. Some migrant care workers are not parents, yet still have caring duties in their household. Others are able to bring their families with them which makes their social reproductive experiences different (Yeates, 2012). As aforementioned, the shapes social reproductive experiences take on will vary depending on nationality, class, gender and geography (Katz et al., 2017).

2.3 **Social Reproduction of Migrant Care Workers**

In line with the global care chain, the social reproductive experiences and arrangements of migrant workers are important fields of research. Compared to the large and important scholarship on their experiences and struggles as workers, little literature is yet present on this. Social reproduction and care are rendered useless and invisible in capitalism. Furthermore, the exploitation of social reproductive (care) work intersects with colonial, gendered systems structuring who can care, and in which circumstances. Whose care needs are important, ands whose care needs become invisible, non-existent? This is not to state that caring needs should stand in competition to one another. Yet, when looking at the current division of care resources, the ability to care (and in which circumstances) is highly dependent on the place one is born.

As such, this dissertation focuses on the social reproductive experiences of migrant care workers. As Agustin stresses: "to pay attention only to the jobs migrants do is to essentialize them as workers and deny the diversity of their hopes and experiences" (2003, p.391). Migration can enable one to financially support children, parents, partners and future plans. It does create a new context in which one cares and creates the ways in which to do so. This can be 'constrained by a range of structural factors including migration, welfare, gendered care and working-time regimes' (Kilkey et al., 2018). Which, in its turn, can differ as nationalities, countries of origin, skill levels, income, age, ethnicity do (Kilkey et al., 2018).

Kilkey and Merla created an analytical framework to encompass the institutional levels that structure social reproductive arrangements of migrant workers (2013). Firstly, care-giving

arrangements are both proximate as transnational – some care happens physically, other care from a far . The flows of care are both multidirectional as multigenerational. Following such arrangements require certain resources. Kilkey and Merla identify mobility (the ability to travel), appropriate housing (family reunification), education & knowledge (technology and language skills) and social relations (social network) as important resources (2013). Access to this depends on the institutional context, which is constituted by the migration regime (migrants rights, migrant law, family reunification), the welfare regime (qualitative/reduced), working-time regime (working hours/week) and gendered care regime (rights to give care, rights to receive care) (Kilkey et al., 2013).

Also identified as important in the social reproduction of migrants is social support and the forms in which it is present in migrants lives (Boccagni, 2013). It relates to the 'functional component of interpersonal relationships', which are necessary to deal with big changes (Boost and Oosterlynk, 2019, p. 5). Migrating to another country and trying to fit into a different society is an emotionally and psychologically challenging adjustment and brings many logistical and practical difficulties. A strong social network can be crucial in mitigating this. Boost and Oosterlynk identify 3 components under social support. Emotional support refers to 'intense, close, and lasting relationships based on trust and empathy' (2019, p. 5), which are an aid in processing changes and hardships. These friendship or kinship bonds can be present both transnationally as in person. Informational support refers to being able to obtain advice, suggestions and information about the cultural and practical functioning of the society of arrival. Lastly, instrumental support refers more broadly to material and concrete aid in everyday life such as the provision of goods and services (Boost and Oosterlynck, 2019).

The concept 'soft urban arrival infrastructures' is a helpful tool to build further on the resource of a social network. It refers to socio-spatial structures who provide social network and social capital for transnational migrants to cater to their specific needs. A part of social capital, social networks are constituted of social ties that possess some level of reciprocity and trustworthiness. Relevant to the strength of 'soft urban arrival infrastructures' is the extent through which they can provide social support (Boost and Oosterlynck, 2019).
It can be defined as the following:

“The local and extra-local social networks that affect migrants’ experiences at their place of arrival, by providing them with emotional, informational, and instrumental support in both every day and crisis situations” (2019, p. 6).

Whilst migration research has focused the classical arrival neighborhoods which often find themselves into the large cities, increasingly, migrants in Belgium settle in suburban or rural areas. Whilst migrants are even more in need of social networks and social support than others, those who arrive in suburban or rural areas through factors other than pre-existing social networks often struggle with the availability to a supportive local network. Also, in Boost and Oosterlynck’ research on ‘soft urban arrival infrastructures’ in Aalst, regardless of whether migrants had a strong social network or not, all have difficulties accessing public services due to rigid civil infrastructures (Boost and Oosterlynck, 2019).

2.4 **Aurora Project**

Before coming to the problem statement of this dissertation, the origin, organization, structure and context of the Aurora Project will be discussed. The respondents of this dissertation are all part of this project. The project is a clear example of the care crisis & the migration following from it mentioned above.

Flanders currently has an 85+ population of 220.000 people. By 2040, it will be 350.000 people. Simultaneously, the segment of the population of working age will decrease (Zorgnet Icuro(a), 2023). Whilst caring demands for the elderly will go up in the future, the ability to provide for them are going down with the current state policies. Elderly care has been under pressure for a while, with fifty % of the public care homes being unable to meet their set standard for employed staff and fifteen % cannot meet the legal norm of staff (Zorgnet Icuro(a), 2023). Three units of care homes, Exalta vzw, Curando vzw and Mintus came together around a shared struggle with labor shortages and created the Aurora Project (D., personal communication, July 24th 2024).

The project has created a structure to facilitate labor migration for care workers from Kerela, India to their own care homes (Zorgnet Icuro (b), 2022). In need of a training center for the Indian care workers, the 3 care homes found a partner in IVV Vincentius (D., personal communication, July 24, 2024). As stated by the project manager, each elderly care home unit has to pay 15.000 EUR per care worker recruited in India which covers accomodation, transport, training and a support person throughout the duration of the project (D., personal communication, July 24, 2024). The project started in 2019 and the first group of care workers

came to Belgium in January 2022. Currently, 3 groups of care workers have migrated to Belgium. The project commits itself firmly to center ethics in its workings. Through a 'reciprocity model' it promises to share expertise and work with a diversity model (Chinta, 2024).

So far, the Aurora project is not state sponsored. The care homes themselves do rely on state subsidies for their services. Curando vzw and Exalta vzw are non-profit organizations. The other home, Curando, is run by the local social services (OCMW), which among other things means that their board of directors consists of local politicians. The project coordinator does state that the decision to invest in labor migrants is an autonomous decision made by the elderly care homes. The incentive to recruit foreign care workers came from the employers, not the state (D., personal communication, July 24, 2024).

Most of the participants found the Aurora Project through online advertisements which guided them to the website of ODEPC, which stands for "Overseas Development and Employment Promotion Consultants. It is a recruitment agency of the government of Kerela, established in 1977. It functions as an intermediate body between foreign employers and prospective employees from the region and providing both training as guidance in the VISA procedures. The participants recognize it as trustworthy and safe compared to private agencies demanding high fees and little security (ODEPC(a), 2024).

The labor recruitment happens over a period of 2 years. In March a call is published on ODEPC. The candidates go through interviews with their prospective employer in Belgium and undergo a written exam and psychological assessment (Chinta, 2024; ODEPC(b), 2024). Those selected commence a 6-month long language training starts in Kochi, Kerela in July. The participants undergo an intense Dutch course as well as are informed about geriatric and psychiatric care in Belgium (Chinta, 2024). At the same time, the administrative procedure to migrate is started. For each participant, the project applies for a single permit to work and stay in Belgium, as well as for a VISA D to fly to Belgium. The flight is booked by ODPEC. All costs during this time are paid by the Aurora Project (Chinta, 2024).

In January, the care workers arrive in Belgium. They are welcomed by their SPOC, a single

point of contact which is connected to their employer. The SPOC aids in administrative tasks, as well as helps with settling into their accommodation. For the first year in Belgium, the employer provides accommodation for the care workers of which they do have to contribute 450 EUR. From February until December, the care workers undergo an intensive year where they work 80% of the time as a healthcare assistant, combined with studying to become a certified nurse in Belgium at IVV Vincentius. Belgium does not fully recognize the Indian bachelor's degrees obtained by the participants. NARIC, the Flemish National Academic Recognition Information Centre, demands that the Indian care workers complete a year of training at a Flemish educational institution (NARIC, 2024; D., personal communication, July 24th 2024). When all courses and internships are passed, the participants receive an HBO5 degree as nurse. This allows them to work in elderly care homes. As such, by the start of the new year, the participants are fully working as care workers in Flemish elderly care homes (Chinta, 2024).

3. PROBLEM STATEMENT

Social reproduction and care are rendered unproductive and invisible under capitalism. Whilst it is as necessary as productive labor to accumulate capital, it has been pushed to the private sphere and naturalized as ‘women’s work’ done through the magic potion of love. In recent years, the artificial divide between productive and reproductive labor has increasingly been shaped by neoliberal policies and globalization leading to a global care crisis. In the Global North, the increased participation of women in the paid workforce as well as the divestment of states in public care services has led to care gaps. Amongst others, this has come in the form of labor shortages in the care sector and an increased need for domestic workers. In the Global South, structural adjustment programs and the liberalization of state industries through globalization has led to a crisis in social reproduction. Consequently, a wave of care migration has been occurring in the last thirty years. Care workers from the Global South migrate to fill the care gaps in the Global North through which its labor force is reproduced (Fraser, 2017).

Accordingly, care gaps are not filled up but merely pushed onto different shoulders. Pointed out by Hochschild’s concept of ‘the global care chain’, the care responsibilities of migrant workers are transferred to their own families or other care workers (2000). The employers of migrant care workers benefit from their labor, as they don’t have to account for their social reproduction (Federici, 2002). Whilst this exists in many different configurations, depending on one’s nationality, country of destination, …, academic literature has identified working-time regimes, migration regimes and soft urban arrival infrastructures as structuring the social reproductive experiences of migrant (care) workers (Kilkey et al., 2014; Boost et al., 2019).

Migrant workers are not merely passive victims, nor emancipated through economic opportunity. Care work is important, valuable and necessary work. Yet, the decision to migrate is made in a world structured by unequal economic opportunities and should not be claimed as ‘economic emancipation’ for the migrants in question. Furthermore, it is questionable to which extent this is a sustainable solution to a care crisis (both in the Global North as Global South), which is fundementally caused by underlying capitalist organization of its productive and reproductive sphere (Federici, 2002).

The recruitment of Indian care workers through the Aurora Project to manage labor shortages in elderly care homes in Flanders is a concrete example of the care crisis and the new international division of care labor. A fairly new phenomenon in Belgium, there is little academic literature present on this topic. More generally, research on the social reproduction of migrant care workers demands further expansion as experiences differ depending on many different factors. Furthermore "About whose care, do we care?"

This dissertation focuses on the social reproductive experiences of Indian care workers in Flemish elderly care homes. It aims to add to the literature by centering the social reproductive (caring) experiences of the Indian care workers in attempt go against the ways through which this spere is made invisible (and does insignificant). Furthermore, it wishes to understand these experiences in their particularity within broader structures of capitalism, colonialism and patriarchal systems. As such, this dissertation aims to attain differential perspective on the care crisis beyond labor shortages in elderly care homes. A critical perspective on the new international division of labor is followed by showcasing how care gaps are not filled, but rather displaced. Understanding a globalized economy demands an understanding of the social reproductive sphere as well (Federici, 2002).

Concretely, this dissertation aims to respond to the following research questions:

RQ1: What are the social reproductive experiences of Indian care workers part of the Aurora Project?

As social reproductive and caring experiences are structured by class, ethnicity, whether or not they are migrants and nationality (Dowling, 2021), it is relevant to understand the specific, contingent experiences of the Indian care workers in the Aurora Project.

Aforementioned, social reproduction consists of a large field of research concerned with the reproduction of capitalist society, labor power and the social & cultural relations holding it into place. This research focuses specifically on 1) biological reproduction referring to the sexual, emotional and affective relations underpinning the reproduction of humanity (2) the reproduction of labor power, which relates to the education and subsistence necessary for people to be able to produce commodities, such as food, hygienic arrangements and

accommodation, (3) the provision of caring needs such as health care (Bakker, 2007). This first research question aims to describe the experiences of the interlocutors.

More concretely, it aims to come to an understanding of the practical forms of reproduction (housing, domestic tasks, ability to move, family reunification) as well as caring experiences (mental health, (transnational) caregiving, friends, …) of the participants to the Aurora Project. Are they able to find adequate housing? Do they have a network to rely on? How are their experiences to parent from afar or without their own networks? A description of these experiences will give way to come to an understanding to these factors shaping them. This research question is descriptive and exploratory in nature.

This research question will be answered in an inductive manner. Concretely, this means that it aims to answer itself with the content of the entire data set. What "Social reproductive experiences" look like in the lives of the respondents can take many forms. As such, the identification of themes able to map these experiences will occur through the researcher & what is deemed prevalent and relevant. The identification of themes is thus also more semantic, which means that they originate in the explicit meaning of the dataset (Braun & Clarke, 2006). Under the section 'data analysis', a more concrete explanation will be given on how this will be done.

After such description, the second research aims to interpret these experiences more, leading to the following question:

RQ2: How do soft urban arrival infrastructures, migration regime and working-time regime explain the social reproductive experiences of the Indian care workers?

This research question aims to understand the social reproductive experiences discerned in the first research question. As found in literature, many different factors possibly structure these experiences. Institutionally, the migration regime of the country of destination or the working-time regime can have an impact. More personally, the care-giving arrangements (transnational or proximate), housing, education & knowledge and social relations are important. Racism and discrimination can also play a role. Lastly, soft urban arrival infrastructures which point to the social support of migrants can be useful in coming to an understanding as well.

This research question is aiming to understand and interpret the experiences described by RQ1. It can be seen as an explanatory question, who aims to at most offer a certain degree of interpretation. This demands a more focused and guided identification of themes to make an attempt at interpreting these experiences. As such, the identification of themes is driven partly by concepts identified in the literature. Concretely, this refers to the presence of 'working-regimes, 'migration-regimes' and 'soft urban arrival infrastructures'. As such, the TA for the second research question takes on a more latent theme identification as it explicitly looks for conceptualizations and meanings that can give way to interpretation (Braun & Clarke, 2006). Yet, the data analysis can still give way to more inductive themes emerging from the interviews with the respondents.

As aforementioned, this research comes from a feminist materialist epistemology. Concretely, this means that the material social structures, relations and practices in its relation to capitalism, patriarchy, colonialism and imperialism (and their intersections) are centered. Society is structured and reproduced by divisions based on class, gender, race and other categories. The material experiences and realities of the interlocutors in this dissertation are grounded and given shape by their gender, nationality, age and ethnicity. Importantly, the researcher & their positionality are also shaped by similar yet differential structures. As such, the meaning and experiences captured in this dissertation should not be seen as universal or objective knowledge, rather as a knowledge that was produced in a specific social context.

4. METHODOLOGY

In this section, an overview will be given on the research methodology of choice, the way in which data has been collected and selection and ethical considerations present throughout the research process.

Firstly, a small overview on how the research focus came to be will be given. Through a family member contact was made with S., one of the participants to the Aurora Project. As stated by Smith, research is not a mere academic activity to pass time, but a practice that both occurs in a social & political context as well as carries a certain responsibility (2012). Interested, but not familiar with the lived reality of S. and wondering if she thought a research around the Aurora project would be interesting, a first conversation occurred. Here-in, we discussed her life and the project. Together, we established a specific research focus in relation to the project. Thambinathan and Kinsella discuss the importance of self-determination in aiming to decolonize qualitative research processes (2021). Whilst the scope of this research project did not allow for a participative research design, it aimed to be collaborative by letting S. guide and co-decide on the research focus. Importantly, the incentive to research the Aurora project came from me, not S., other participants or the project itself. The focus of this dissertation shifted to the social reproductive (caring) experiences of Indian care workers in the Aurora Project, as this was identified by S. as a rather unacknowledged issue.

4.1 **Data Analysis**

The qualitative methodology Thematic Analysis (TA) has been chosen to answer the research questions of this thesis. A flexible toolkit, TA is not bound to a specific epistemology or theoretical framework and can be adapted to fit many research. It is not aiming to fully explain a phenomenon, nor build a coherent theory (Braun & Clarke, 2006). Its method allows to identify, organize, describe and offer insight into shared meanings and experiences. Also, it can lend itself to a partial interpretation of a certain phenomenon and offer a starting point for explanation. It is thus more descriptive and at most in nature (Braun & Clarke, 2006).

The choice for a methodology with procedures coming to a limited, descriptive and at most interpretative knowledge about social reality is a conscious choice. As mentioned before, this

research sees social reality as constructed and recognizes the limitations of research to fully capture and understand it. The short period of research (8 months), as well as the limited sample (12 participants) are not sufficient for building a theory nor making substantiated claims about social reality. Additionally, the limitations of the researcher (which are elaborated on in the section positionality) don't fully allow to propose a consistent body of knowledge. This further explains why the use of Grounded Theory (GT) was not applicable for this thesis project, as GT is a theory-building methodology (Braun & Clarke, 2006). As such, the exploratory nature of TA is well suited for this research project in establishing a body of knowledge that invites further research on the social reproductive experiences (and what shapes them) of Indian care workers in Flanders.

Thematic Analysis puts a focus on themes that are directly connected to the research questions. Literature plays a significant role in identifying both the research questions as the themes identified in the data set. Importantly, the themes can also be developed inductively by the researcher. This research process identified themes through an ongoing interaction between the data set and existing literature. Similarly to the establishment of the research questions through participation with an interlocutor, the themes (both inductively as deductively developed) came to be throughout the research process (Braun & Clarke, 2006).

Following the perspective of Braun & Clarke, a theme is constituted by its relation to the research questions and the extent to which it is able to represent a pattern in the data (2006). In qualitative research, there is no straight-forward way to measure this representation. One theme can only be mentioned with a few small sentences in the data set, others can be present very heavily in the data set. What is determined as a theme is thus subjected to the judgement of the researcher (Braun et al., 2006). For the first research question, an inductive approach is utilized. For the second research question, a combination of using themes identified in literature as well as identifying emerging themes in the data set is used. For the second research question, some additional research on Belgian laws was done to further an understanding of migration policies.

TA as described by Braun & Clarke generally consists of 6 phases which interact between one another. In short, the process includes an intense engagement with the data set, creation of preliminary codes, re-engaging with the data-set, establishing themes and revising the themes

for internal validity. Finally, an analysis is written around the identified themes (Braun et al., 2006).

A short critical reflection before continuing. A fully inductive research process would've allowed interlocutors to shape the knowledge more. The context of this research made a fully participative research structure not possible. The duration of the research is only 8 months, which inhibited the researcher to construct a deep trusting relation with the interlocutors. Also, some of the interlocutors were only available and interested in 1 interview. A participatory research design would ask a larger engagement of the interlocutors in time and energy. The support of theoretical concepts in identifying themes suited the context of this research project more, even though a more participatory research design would have possibly allowed for a more representative body of knowledge.

4.2 **Data collection and selection**

Interviews were utilized as research method. They allowed to explore the experiences of the respondents (Islam et al., 2021). As this dissertation aims to describe the social reproductive experiences and situate them, the interview proved as most appropriate method to do so. Whilst some research focus has been established through existing literature, the interviews followed a semi-structured approach to allow both interlocutors as researcher room to shape the interview (Islam et al., 2021). The research of Boost and Oosterlynk (2018) on the soft urban arrival infrastructures as well as research on the social reproductive lives of migrant care workers in Italy (Boccagni, 2013) also employed interviews as a research method. It consists of introductory, transition, key and concluding questions. Such a questionnaire is used as backbone, yet also leaves enough room for the interlocutors to navigate and decide on the direction (Bernard, 2006). This fits the diverse research goal best, as it both allows respondents to reflect openly about their experiences, as well as make room to ask more guided questions inspired by literature. Some parts of the research is quite personal or sensitive. In particular questions related to transnational parenthood were for some respondents difficult topics. A semi-structured interview allow the interlocutors to decide themselves what they shared and didn't share. This is also motivated by the principle of giving self-determination to the research respondents in shaping the research (Thambinathan and Kinsella, 2021).

The data was collected between January and July of 2024. The sample strategy of this research follows a non-random approach. The research population consists of all Indian care workers participating in the Aurora project. Currently, the research population consists of around fifty people. Through S., the aforementioned contact person, contacts were made via a snowball method. In total, eleven participants agreed for an interview. Ten of the eleven participants are women, one is a man. They are between the ages of 28 and 37. Within the sample, seven participants belong to the first group who arrived in Belgium in January 2022 and four arrived in January 2023. All but one are married, and seven have children. Seven members live in Bruges, two in Ghent and two in Ruiselede. Additionally, one interview was held with the project manager of the Aurora Project for additional information on its structure, financing and connections to the state.

The research respondents were given freedom in the location and technology of the interview. For all interlocutors, the circumstances of their family lives and work shaped the technicalities of the interview. For some, an online interview was most comfortable as well as allowed in its anonymous setting (just audio, no camera to share more. Others agreed to have the interview in the comfort of their home. Two respondents preferred to have the interview on their lunch break at work as it suited their personal agendas better. One respondent agreed on a more neutral meeting place in a café. Two times, an interview was done in pairs of two. Both times, this came out of practical considerations as well as emotional safety. The respondents interviewed together knew each other well which provided an open atmosphere. They also lived close to one another. Eight of the respondents were comfortable with audio recordings, three preferred not to be recorded. The recorded interviews are transcribed, the other interviews were noted down.

The data collection continued until no new insights are reached. The data collection also occurred in multiple stages, to make room for beforementioned flexibility and adaptation. The first interview with S., allowed to find the research focus. The interviews and data analysis moved simultaneously during the research process. The input of the participants allowed to shape and change the research focus and questions, in interaction with the literature

4.3 **Ethics**

4.3.1 Positionality

As stressed by Braun & Clarke, the researcher utilizing Thematic Analysis should be very clear from the start about their epistemological, theoretical and personal starting points (2006). In the section Applied Methods & Thematic Analysis, the epistemological as well as theoretical aspects have been discussed. This section will expand more on my positionality as researcher and how this was present and mitigated during the research process.

As TA is a flexible method, it is even more important for researchers to be transparent about their own value system. This dissertation is following critical perspectives on labor migration of care workers and the global division of care labor. The care crisis intertwined with globalization has led a global division of care labor, where the social reproductive labor is cyclically being pushed onto the less powerful shoulders. This is not to state the Indian care workers are passive 'victims' of this system. It does mean that this research follows the point that this migration cannot merely be understood as an economic opportunity and emancipation as well as it cannot be, as stated by Federici, 'considered the solution to the problem of the daily production and reproduction of life and labor, and even less as a path to women's solidarity and liberation' (2002).

As mentioned before, this dissertation underscores a belief that social reality is co-constructed by your position, experiences and beliefs. My positionality as a person, next to being a researcher, inevitably shapes the research results. I am a white women, born in Flanders and studying a masters at university. I speak Flemish, English and French. This had an impact on the data collection. All my respondents spoke fluent English and one even preferred to have the interview in Flemish. Whilst the language didn't interfere with explicit comprehension of one another, it did limit a certain profoundness, as well as trust. One of the respondents reflected on how speaking with another person who speaks Malayalam contains an immediate understanding that cannot be translated (A., personal communication, 2th of May 2024). Language is connected to culture, to similar experiences and belief systems. Other respondents also often pointed to a difference in culture when making sense of their experiences to me. My access to the research participants was mitigated by a family member. This brought some comfort and ease during the interviews, as this created a point of reference and trust.

As a researcher, but also in my identity next to it, I have certain forms of power that I aimed to be mindful of during the research process. Firstly, EU directives note on research with migrants (2020) points to the importance of being aware of the legal status of the research participants (2020). The research should also be relevant to the researched group, as is a tendency to over research these groups. The research objectives also didn't interfere with their legal status in a direct way, as this is dependent on their employers. The research is indirectly related to their occupational experiences, yet didn't engage with employers and should normally not result in any issues.

Lastly, this dissertation aimed to be decolonial in its research through following measures. An attitude of 'critical reflexivity' was maintained throughout the process (Thambinathan and Kinsella, 2021). This refers to a mindfulness around power differences and ways to resist it. Setting the research focus in discussion with one research respondent was one way of doing this. Also, an attempt was made to give as much agency to the participants as possible through allowing flexible interview structures and not pressing to much on sensitive issues (Thambinathan and Kinsella, 2021). Nonetheless, this dissertation could have been more decolonial in set-up. As mentioned before, whilst some agency was given to respondents in shaping the research structure, the limited time frame as well as availability of the respondents inhibited a more participative research design. More fundamentally, this research project didn't truly engage with 'other ways of knowing'. For example, 'care' or 'social networks' are quite Western concepts capturing experiences that might be named or given meaning differently in the knowledge system of the respondents (2021).

4.3.2 Data Management

The data analysis will comply with GDPR rules. This firstly entails that participants will be informed about the uses of their information. If they consent to audio recordings, written or recorded verbal consent is necessary to adhere to GDPR rules. The data (audio recordings and transcripts) will be saved on the UGent Microsoft drive with a protected password and will only be shared with the research participant in question. In relation to the content of the data, each respondent had the possibility to read, adapt or remove information they had given during the interview. The interview transcriptions and notes can be found in the appendix.

5. ANALYSIS

5.1 **RQ1: What are the social reproductive experiences of Indian care workers part of the Aurora Project?**

The goal of this research question is to describe the social reproductive and caring experiences of the participants of the Aurora Project. Concretely, this refers to domestic labor (food, accommodation) and the caring experiences related to feelings of affection and service. The themes that emerged from the dataset are all inductively identified by the researcher based on their re-occurrence as well as relevance to the research participants.

A small re-iteration of the project structure will be given to make sense of these experiences. After selection, the participants follow a language training for six months in Kochi, India. After succeeding this training, they arrive in Belgium and combine a year of classes at nursing institution IVV Vincentius with working in the elderly care home that employs them. After a year, the participants are recognized graduated nurses in Flanders and start to work full time.

5.1.1 Social Reproductive experiences

5.1.1.1 Housing

Amongst all interlocutors housing is a prevalently discussed topic.

The first group of care workers involved in the Aurora project (2022) all mentioned the experience of sharing one big dormitory during the initial language course in India. The COVID-19 pandemic was at its peak and the participants couldn't leave the building of their accommodation and training sessions. One participant specifically stressed how difficult it was to have little privacy as well as no possibility to leave. The second and third group (2023, 2024) mentioned that they had smaller dormitories. Only one person specifically recalls it being difficult to share a space, stating:

"It was difficult for us. We are all adults. We all have families. We need privacy." (S., personal communication, 28th of January 2024).

After arriving in Belgium, the employers are obliged to provide accommodation for their new employees with a maximum contribution of 450 EUR for the participants. The accommodation has to consist of a single room per employee, whilst the kitchen and bathroom can be shared (D., personal communication, July 24th 2024). Experience are diverse. One respondent shared common areas with 11 other participants (A., personal communication, 2nd of May 2024). This complicated her daily life, as simple tasks such as cooking or doing laundry demanded a schedule amongst all inhabitants. Multiple respondents had housing shared with one other person. All of them had positive experiences. A single housemate functioned as support in domestic tasks as well as an emotional intimacy. The location of their housing in relation to their workplace as well as their school was often mentioned. One respondent mentions her first accommodation was very far away from her workplace, having to bike an hour before getting there. Also, she recalls living with four people in a two-bedroom apartment, contradictory to the claim that an individual room is necessary per participant (B., personal communication, 4th of April 2024). She eventually moved to another place. All participants who do not work nor live in Ghent mentioned that the commute to go to school was very heavy.

A generally repeated theme throughout all the interviews, is the difficulty and resulting stress in finding a house after their first year in Belgium. All respondents mention that they faced a lot of rejection. Most of them recall having more than 10 unsuccessful visits for houses. In hindsight, almost all of them mention an intermediate person (a social worker, a private contact) who helped to get a house. Also, in varying degrees of explicitness, most mention discrimination in relation to their nationality or skin color as an explanation. Another reason was their low wages at the time of searching. The participants have to move out by December, yet only become certified nurses by February. During the period of searching a house, their wages are too low as most landlords demand wages that can cover three times the rent. Most respondents needed an official document of their employer stating that they would stay employed and would gain a higher wage in the near future. For G., finding a house was so difficult and hopeless that she considered moving back to India and dropping out of the project (personal communication, 13th of March 2024). Finding a house and successfully settling in is for all respondents an big relief.

Some also mention how living alone has been complicated and disorienting. Most of the respondents lived together with family in India, both their partners and children as their parents or parents-in-law. Living alone creates feelings of isolation and loneliness amongst many participants. One participant described feeling incredibly disoriented in the apartment:

"When I came here, it was like a closed environment. Even if I look back to the street, I cannot find anyone. And that made me like, oh my God, where am I? (A., personal communication, 2nd of May 2024).

5.1.1.2 Domestic Tasks

Half of the respondents reflected about being so busy that they had little time to cook or clean. In the first year, the participants are going to their work, preparing assignments for school, going to school, doing the commutes and also maintaining digital contact with family. This combination of tasks gave little time for practical tasks that are necessary to sustain oneself.

One respondent shortly narrated a typical day in his life that year. He would get up at 5AM to go to school as he didn't live close. Only around 8PM, he got home after which he still wanted to call his family, need to cook for himself, clean his house and clothes. He mentioned only having 6 days off a month (F., personal communication, 3d of April 2024).

After graduating, domestic tasks are still challenging for some participants as their work is taxing. One participant mentioned she struggles with properly cooking for herself due to the hard working schedule. Whilst she values eating well, she has been increasingly unable to do so. When coming home from work, or having a free day, she prioritizes the contact with the family. The domestic tasks like cleaning her house, washing her clothes and going for groceries are also making it difficult for her rest (A., personal communication, 2nd of May 2024).

Those who lived together in a large house with multiple other people in the first year mentioned the difficulty of completing domestic tasks when sharing tools with multiple people. One participant, who shared her kitchen, washing machine and bathroom with eleven other participants recalled needing a lot of organization and management to sort it out, yet

still sometimes not being able to do so (A., personal communication, 2nd of May 2024). On the other side, some participants experienced support in a housemate as they could share tasks.

5.1.1.3 Family Reunification

Family reunification is a central theme in the stories of the respondents. First of all, many of them point to the possibility of family reunification as a motivation to participate in the Aurora Project. Almost half of the participants have previous experience in labor migration both in other provinces in India as in Saudi Arabia or Dubai. These places grant a higher wage yet don't allow for migrant care workers to bring their families over.

All respondents with a spouse or children mention high levels of stress around the procedure. Especially in the first group (2022), there was very little information provided by employers, leaving many confused. It was also mentioned by one participant that she felt blindsided by the long duration of the procedure (G., personal communication, 2024). The participants of the second group (2023) mentioned that they got an informative course on family reunification at school. The first group also got such a course, but only when most had already applied for the procedure. Some participants mention that their SPOC informed them a little on the procedure.

Half of the participants mention making use of an Indian agency to help them out with the application. All of them paid for this themselves.

The reason why it takes so long is identified by most as an issue with their wages. The first year, they don't gain enough to apply and also don't yet have adequate housing. When they are recognized as nurse in Belgium after completing the course, they start to work fulltime and gain more. Yet, it still takes a few months before one can apply as several pay checks are necessary for the procedure (S., personal communication, 4th of April).

5.1.2 Caregiving experiences

5.1.2.1 Family

Most identify their motivation to participate within their family. For many, providing the opportunity for their children to get a good education in Belgium, as well as with a higher standard of living is important. A central topic within all interviews is the ways through which the respondents experience(d) taking care of their families, as well as their families taking care of them. In the first two years of the project, they are physically away from their families. Firstly, they have the language training in Kochi, afterwards the first year of combined work & training. When they start to work and finally apply for family reunification, it takes up to 8 months before their families arrive. The first two years, caregiving exists predominantly in a digital realm.

There is a time difference of 4 hours and a half between Belgium and Kerela, India. As such, most respondents reflect on calling their spouses, children or parents very early in the morning, or between classes. It is part of their daily routines. For example, one respondent calls her mother every day. The call is a part of her daily routine (A., personal communication, 4th of April). All respondents are intensely connected digitally with their families, yet it is still difficult. To care through a phone is not the same as caring in real life, or as G. stated "I cannot give a hug through the phone" (personal communication, 13th of March 2024). There is an affection that is lost. Another participant struggled with not being there to take care of her children in real life the care of her children (B., personal communication, 4th of April 2024). All participants who had children mentioned that their family (partners, parents or parents-in-law) took care of their children, exemplifying the so called global care chain.

In general, the importance of family is omnipresent within the interviews. Many recall their own childhoods as lived in full, lively houses where their cousins and grandparents were actively present in their daily lives. Specifically, one respondent stated that the experience of an empty house was novel to her in Belgium. In Kerela, there is always someone in the house, stating, 'when there is family, there is fullness. If no, it is empty" (B., personal communication, 1st of April 2024). Furthermore, a full house also gives way to support systems to raise children. G. mentioned missing her 'village' in raising her children (personal communication, 13th of March 2024), but also participants without children express missing a

network to help out with domestic tasks (A., personal communication, 2nd of May 2024).

Some participants also talked about their parents. For one participant, having contact with her parents multiple times a day was crucial for her wellbeing (A., personal communication, 12th of April 2024). Others similarly reflect on the importance of their parents, also in relation to their own parenthood. As their parents often took care of their children whilst they were already in Belgium, their absence once family reunification is completed is felt. Not alone in her worry, B. expressed worry in raising her son alone without the guidance of her own parents (personal communication, 1st of April 2024). On the other side of the coin are the grandparents themselves. Several participants mentioned how their own parents miss them and their children.

Whilst no participant had a parent in need of care at the moment of the interviews, numerous interlocutors expressed a worry around this. Most have family in Kerela who are able to take on part of the caring responsibilities for their parents. On the other hand, some expressed a felt responsibility in caring for their elders, with A. stating ‘we give priority to them and we take care of them’ (personal communication, 12th of April 2024). Making use of elderly care homes to carry the care for their elders are generally looked down upon. Specifically those who are the eldest son, or married to an eldest son felt a high responsibility in taking care of the parents. In contrast with the other accounts, one respondent reflected critically about the high care burden for women in her family. Her mother took care of her parents-in-law and got little help from her siblings. S. expressed a lot of frustration about this and implied that she saw her migration as a way to escape this (personal communication, 4th of April 2024).

Lastly, interlocutors communicate an immense relief around the arrival of their families. It is what most of them worked towards. One respondent specifically mentions feeling proud for ‘surviving’ the first two years and succeeding in getting her family to Belgium. Their partners are able to help at home, as the combination of paid labor with the social reproductive work is taxing for many. As such, the arrival of their partners is also discussed in relation to this. One respondent explicitly stated that she, next to the emotional and physical support, looked forward to her husband arriving so that he could take care of her after her work, prepare some food and make sure the dishes are done (A., personal communication, 2nd of May 2024). Those whose partners had already arrived in Belgium, described their internal organization

and planning to divide tasks, who picks up the children from school, who does the cooking, and so on. One interlocutor discussed the complexities of balancing his working schedule with the one of his wife, who is also working as a care worker in the project (F., personal communication, 3d of April 2024). It also brings new challenges, as the respondents have to find adequate schools for their children and their partners need to find jobs.

5.1.2.2 Friends

Almost all participants point to the importance of other participants in their daily lives. In the language course during the first 6 months, they are all living and learning together. Some respondent reflected back on it with joy, experiencing warm, fun moments together in between the teaching moments. For others, sharing the accommodation was quite difficult. Aforementioned, sharing accommodation continues for many during the first year in Belgium. While also challenging (as discussed under 'housing' and 'domestic tasks'), many also mention the support this provided. One respondent, who lived with 11 other respondents recalls that when she felt lonely, it only took crossing the corridor and knocking on the door of her neighbour to find a listening ear (A., personal communication, 2nd of May 2024). Most of the respondents lived together with another respondent. Two respondents, who previously lived together, explicitly mentioned cooking together, going for groceries, going for small trips with one another during the weekend and missing this after moving out.

Whilst school is identified by most as quite tedious, as it demands energy and long commutes, many also enjoyed seeing one another. During breaks, it allowed to discuss, talk, get a drink together or planning a trip together. One respondent reflected that she would have not been able to function without these collective moments as it helped her ease into a new country whilst still having moments together with people she knew. Otherwise, 'If I would have started in Belgium fully as a nurse, I would have definitely left Belgium after three or six months' (S., personal communication, 4th of April 2024).

After moving to a place of their own, respondents who live close to one another or work in the same elderly care home continue supporting one another strongly. Two respondents coincidentally found a place of their own in the same apartment building and another participant of the project is also living there with her family. As such, both respondents

reflected on sharing childcare with one another, helping one another cook or clean and having emotional support with one another (S., personal communication, 28th of January 2024). A. and S. who used to live together, still continue to help each other emotionally and practically. When one has a late shift, the other will often cook for the both of them and vice versa (personal communication, 1st of May 2024).

Interlocutors who live further from other participants or don't work at the same workplace reflect about missing such a strong network around them after moving to a new place. Simultaneously, school and the collective moments fall away as well. Participants of the project mostly have different employers and have different working schedules.. It further contributes to feelings of isolation and lacking a strong network.

One participant who did not yet have her partner in Belgium got an injury to her spinal cord leaving her incapable to work, walk and even leave her house. She didn't have a great relation with her colleagues and her friends from the Aurora project all lived far away from her. She could only get her surgery in Belgium 6 months after getting the injury and she was alone in her apartment. 'No one is taking care of me here', so she decided to get the surgery in India. There, she was able to recover with the support of her parents and family. Two months after her surgery, she came back to Belgium yet was still not ready to go to work at the time of the interview. She shared not understanding how her colleagues or neighbours didn't help her. Where she grew up, coming to help is a given when someone is in need. She said: "I'm very afraid to ask help if I ask any help and they said no, I am very.. I feel sad. So I didn't ask any help' (A., personal communication, 12th of April, 2024). Another participant similarly expressed stress around the possibility of a physical injury as she felt no one would be there to take care of her (A., personal communication, 2nd of May 2024).

One participant in particular mentioned how she needs to plan a visit to her friends every month in a neighbouring city to have an intimacy with people feeling like family (A., personal communication, 12th of April 2024). Most respondents do discuss having online contact with one another. Yet, one interlocutor mentioned how she sometimes feels that family has priority for most. She recalled having a conversation with a friend that was interrupted by her friend's partner calling.

In varying degrees most respondents have little contact with their friends who they had

previous to migrating. Some respondents call around once a month. Others state, with a regret, that they don't have time nor energy to keep these contacts alive.

Establishing friendships in Belgium is discussed by some interlocutors. Their experiences vary. Some respondents discuss having a close relation with their work colleagues with some being able to receive help or do activities together. Others state feeling a distance between them and their colleagues. Two participants shared they struggle to make contact with people in Belgium as they feel cultural difference. One participant shared that her experiences in Belgium have made her more introverted, making it difficult to connect to new people. Two respondents live in a small village, that has a strong volunteering network in church. These people have helped them with moving. Another participant has found friends and a strong network in the church community in her city.

5.1.3 Physical and Mental health

Throughout the previous sections, it was already mentioned that many respondents' report struggling in combining their work and school with domestic tasks, finding housing, organizing family reunification and take care of their families (transnationally) and their friends. The upcoming section will detail further on the mental and physical health of the interlocutors in relation to this.

All respondents reflect, in varying degrees about the first year being incredibly stressful and difficult. Especially the respondents of the first group (2022) had a rough time. One respondent labelled it the most difficult year of her life. Whilst the project seemed to have decreased the workload slightly for the second group, they still talked about how difficult it was. This is specifically about the combination of everything. Simultaneously getting used to a new workplace, still learning the language, going to school, commuting to school and work, doing household tasks and staying in contact with family. Specifically, respondents reflect about it in relation to being very tired and stressed. One interlocutor shared that his roommate left the project after a few months, without telling anyone. When he came back from work, his roommate and his items were gone. Through his teachers, he found out his roommate had returned to India. It had a big impact on F. (personal communication, 3d of April 2024).

An important factor bringing stress to this first year is the responsibility to prepare for the

family reunification. One respondent reflected that she didn't find the time to care for herself as she was just focused on bringing over her husband and child (S., personal communication, 4th of April 2024). The seemingly never-ending search and rejections for a house brought immense stress to many respondents. Also, graduating is a necessary condition to being employed as a nurse, which grants a wage high enough to facilitate the family reunification. The procedure itself of family reunification demands a lot of documents for which the participants didn't always get a lot of help. As such, many participants report symptoms of burn-out as well as being highly stressed. Whilst the first group did not really discuss moments of leisure, the second group did reflect on having time to do small trips together which gave them a lot of relaxation.

Almost all respondents also shared feelings of loneliness. Firstly, their loneliness and feelings of isolation are related to missing their families and network. Some of the respondents had no previous experience with living alone. As aforementioned, most of the interlocutors are used to living with multiple people and continuously being surrounded by people. Interlocutors describe feeling homesick. Multiple respondents refer to sitting at home, alone, and thinking about their families. Those who parent reflected about missing their children. One interlocutor communicated that she didn't want to discuss it because it would make her to emotional (S., personal communication, 1st of May 2024).

For some, the loneliness created by the absence of their loved ones is also further exacerbated by the absence of similar connections in Belgium. A few respondents reflect about feeling isolated in their new city. Especially the absence of meaningful contacts at work are difficult for some interlocutors. Someone mentions continuously being left out of small moments of leisure at work, such as drinking a coffee or taking a break together. Furthermore, she describes it as feeling like an alien from another planet (A., personal communication, 2nd of May 2024). Other respondents, who have better contacts at work didn't not communicate feeling isolated that strongly. Another element is feeling disconnected from their neighbors and feeling as if everyone lives on their own island, in their own worlds.

Two interlocutors specifically mentioned feeling depressed. Both of them felt little to no room to discuss this with the project itself. One person from the project came once to discuss their experiences with them. Yet, S. felt little room to discuss her mental health struggles with questions solely related to her work or school (personal communication, 1st of May 2024).

For those who have their housing, and whose families have joined, much relief is present. Some respondents reflect a feeling of proudness for surviving these two years.

5.2 **RQ2: How do soft urban arrival infrastructures, migration regime and working-time regime explain the social reproductive experiences of the Indian care workers?**

This research question aims to understand the social reproductive experiences discerned in the previous section. As found in literature, many different factors possibly structure these experiences. In interaction with the data, the following three concepts stemming from literature were useful in understanding these experiences: migration regime, working-time regime and soft urban arrival infrastructures. Additionally, the theme 'culture' also emerged from the literature as relevant. As such, this research questions is answered both deductively as inductively. It aims to come to explanatory knowledge.

The concepts of migration-regime and working-time regime allows this section of the analysis wishes to politicize the particular, contingent experiences of the interlocutors by connecting them to broader structures of capitalism, colonialism and patriarchal systems through looking at the particularity of being a migrant in Belgium, as well as a care worker.

5.2.1 Migration Regimes

Mentioned by Kilkey and Merla as a intervening factor in the social reproductive and caring experiences of migrants are migration regimes. They define it as 'immigration policies – rules for entrance into a country (quotas and special arrangements), settlement and naturalization rights, as well as employment, social, political and civil rights (2013, p.215). Concretely, this can refer to conditions for labor market access, their entitlement to social benefits and services, the overarching approach to migrants in receiving countries, norms around family reunification, … (Kilkey et al., 2013).

The project manager of the Aurora Project mentioned during her interview being aware that the project is heavy on the participants but that it is difficult to change it due to the institutional legal framework of Belgium. Based on the reflections of the participants in the

interview and additional research on the Belgian legal framework regarding residency permits, family reunification and educational certificates this will be further explored.

In general, the migration regime of Belgium has a big impact on the social reproductive experiences of the participants.

5.2.1.1 NARIC

Flanders does not completely recognize the Indian nursing degree that the participants of the Aurora Project hold. NARIC or the National Academic Recognition Information Centre is the Flemish institution that recognizes foreign degrees, as well as informs training institutions about how to accommodate those with a foreign degree (NARIC, 2024). The project manager clarified that NARIC decided that the Indian nursing degree needed additional schooling in a Flemish training institution before it could be recognized and transformed to the level of a Flemish nursing degree (personal communication, 24th of July 2024).

As such, the first year of training (that the participants have to combine with working) is necessary in order for the participants to be working (and renumerated) as paid nurses in Flanders. The duration of this training period is a year, as the Aurora Project wanted to minimize it as much as possible (D., personal communication, 24th of July 2024). The longer the training period, the longer before one can work as a graduated nurse. Consequently, a certificate of graduation impacts the wage, which in its turn impacts the search for a house and family reunification. As such, the stress and highly demanding first year that participants have to push through comes from a differential view on academic degrees.

5.2.1.2 Residency Permit

In order to attain a VISA as a labor migrant in Belgium, certain conditions have to be met. The administrative costs for the procedure, which is 144 per person, have to be covered. One also has to have a valid passport, proof to have sufficient financial resources and an employer, an empty criminal record, a medical record and a health care in Belgium (IBZ,2024). The procedure is started abroad through the employer, which is thus Mintus, Curando or Exalta in the case of the participants. Once arrived in Belgium, the statute is changed to a work VISA. This is demanded in combination with a residency card. The

employer has to request this in the region of residence. Once accepted, the person in question receives a document with which they can apply for a card of residence A. This card has a temporary validity, often a year. After this period, the combined VISA can be requested again by the employer, which allows the employee to prolong their card of residence (Vreemdelingenrecht, 2024).

The procedure functions accordingly for five years. Once completed, the person in question can apply for an unlimited residency card. This can only occur if following conditions are met: a valid passport, proof of financial resources, employment and proof of health insurance. Within 4 months, the department determines a positive or negative response to the request. In the first case, the employee receives a card of residence A (limited stay) or residence B (unlimited stay) with unlimited access to the labor market (IBZ, 2024).

As such, the participants of the Aurora Project are highly dependent on their employers for both their working permit as well as their residency permits in Belgium. They could find another employer willing to go through the administrative procedures yet it is questionable to which extent the participants in the project have time for this. One interlocutor explicitly mentioned the five-year mark after which she would have more liberty to follow her dreams (A., personal communication, 2nd of May 2024). Other participants similarly mentioned that they felt hesitant to discuss their mental health struggles with their employers with future participants in mind. If their employers are aware how difficult it has been, they might want to stop recruiting in Kerela, which would hamper the opportunities of other care workers. It illustrates how dependent the participants are to the choices their employers make.

5.2.1.3 Family Reunification

A demand for family reunification has to be done in a Belgian embassy or consulate general in the country of residence. For the participants in the Aurora Project, this refers to the Belgian embassy in New Delhi or the Consulate General in Mumbai (FPS, 2024). For each family member applying, a passport and travel document has to be shown. Because the family member in Belgium has a card of residence A, the procedure can take up to 9 months (highly qualified employees) (IBZ, 2024).

The conditions for family reunification are the following. The procedure itself costs 206

euros. The applicants have to possess a passport. The family member has to have a valid card of residence for more than 12 months in Belgium. This is not the case when the marital bond was present before the application and when the partnership shares a minor child. Proof of marriage has to be given. The applicants should be older 12 years old. The family member who is already in the country should have a wage above 2.089,55 netto/month. The Department can make exceptions to this rule if they rule the financial resources present sufficient to not require social services. The applicants need to have accomodation and health insurance (Vreemdelingenrecht, 2024). The conditions for family reunification with children are a little more expansive. It needs a certificate of birth and proof that the person for whom you apply for reunification falls under your guardianship (Vreemdelingenrecht, 2024).

The participants of the Aurora Project can only start their procedure of application once they start to work as certified nurses. If all goes well, this is a year after they have arrived to Belgium. Also, their documents have to be in order as well as the documents of their families. Many participants are working towards family reunification and getting their children and partners to Belgium. As such, completing the conditions for the family reunification (finding a house, graduating and earning a higher wage, filling in all documents) have a large impact on the social reproductive experiences of the respondents. Many respondents reflect about the stress it gave and gives them.

5.2.1.4 Racism and Discrimination

Experiences of feeling left out, feeling different or blatant racism was indicated by several participants as impactful on their social reproductive experiences.

Firstly, in their search for a house, multiple participants point to discrimination to explain their difficulties in finding a place:

“I make many calls and they say no one is allowing me to see the house because you are from outside the country” (S., personal communication, 28th of January 2024)

“The Belgium people first, they are given priority” (A., personal communication, 12th of April 2024).

Another respondent reflected about landlords not wanting any ‘Indian people’ in their homes. Two respondents went to their employers with these experiences. One employer helped to file a complaint, the other expressed empathy but that ‘people don’t change’.

Four respondents described feeling excluded in their workplace specifically because they were not Belgian. When B. arrived on her first day, her employers were highly unprepared creating chaos. In this turmoil, she heard someone say that ‘they come from India and don’t speak the language’ (personal communication, 4th of April 2024). For the other three who mentioned feeling left out, it was more implicit. They describe how they feel left out in the team through the type of tasks they got. Or, that their colleagues don’t fully trust their capacities as nurses because they come ‘from the outside’. They also do reflect on how this got better after a while. Yet, A. explicitly sees this an explanatory factor to why many of her friends in the project struggle mentally, stating that they experienced no acceptance within their team and feeling alienated from the other colleagues (personal communication, 2nd of May 2024).

Lastly, S. experienced a racist encounter in her neighborhood that she is reminded of daily when walking by the house. A friend had seen a Facebook post giving away free furniture close to S. home. After her friend responded, S. went to pick up the furniture but was met by a closed door. Thirty minutes later, her friend called to tell her to leave. She learned that the people had decided to keep the furniture because they didn’t want to give it to an Indian person (personal communication, 1st of May 2024). S. also shared another story of aggressively being told to open her bag in the supermarket, whilst other clients didn’t have to do so (personal communication, 1st of May 2024).

These stories of discrimination and racism in varying forms have a large impact on the mental health of the interlocutors as well as structurally inhibit them from practical necessities such as a house, food and furniture.

5.2.2 Working-time regime

As stated in Kilkey and Merla, the concept of 'working-time regime' is about 'the set of legal, voluntary and customary regulations which influence working-time practice' (p.215) or in other words refers to how much time individuals or families have for caring practices (2013). Re-occurring in the interviews are participants' reflections on not having sufficient time for domestic tasks, calling friends, taking care of family (transnationally).

In relation to the reflections made by the respondents during the interviews, this is will be explored more broadly in relation to the project structure. The participants of the Aurora Project must complete a year of school before they can work as nurses. Also, the location of the workplace has a big structuring impact on their experiences. As such, school and location will be included in the analysis in interpreting and understanding their social reproductive experiences.

5.2.2.1 Work

The participants of the Aurora Project are specifically recruited to fill labor shortages in the Flemish elderly care sector. These shortages are not gone. The tiredness and feelings of burn-out described in the previous section can be attributed to the physically demanding tasks of being a care worker in an elderly care home. For example, one respondent reflected about not being able to say no when her head nurse asks her to fill in for a colleague out of solidarity to her other colleagues. Also, several participants are working on the dementia department which is physically more taxing as the inhabitant's require more support.

The work is organized in shifts that continuously change. Concretely, this refers to the morning shifts, lunch shifts, so-called 'split' shifts (where a care worker has a 4 hour break) and evening shifts. These shifts variate between the care workers in a team, resulting in an ever-changing shift schedule. This has, as reflected throughout the interviews, an impact on their ability to sustain friendships. Many respondents reflected that since school fell away and working full time they are unable to meet their friends of the project because their schedules are not matching up. On a more personal level, respondents also mentioned that their changing schedules demand a high organization between them and their partners for the childcare and domestic tasks.

One respondent reflected that the social security of her work allowed her to get some extra free days off for her wedding, which wouldn't be possible in her previous workspaces (S., personal communication, 4th of April 2024).

5.2.2.2 School

Aforementioned under 'migration regimes', during the first year, participants in the Aurora Project have to combine school with working as to attain a Flemish diploma. Going to school, sharing a lunch break gives the group an opportunity to see one another and have social contacts. On the other hand, it also demands a lot of time and energy to prepare the tasks and exams and commute to school. It was especially intensive in combination with working and learning a new language, leaving some interlocutors stressed and burned-out.

The training period could be longer, which would make the work load for the participant less intensive. Yet, this would also imply that (1) they would graduate later, which would (2) relay gaining a higher wage which means that (3) finding a house as well as (4) applying for family reunification is also delayed.

5.2.2.3 Location

The location where the participants of the Aurora Project end up have a large impact on the social reproductive and caring experiences of the participants. Depending on the location of their employers, the interlocutors ended up in Bruges, Ghent or Ruiselede.

Their first accommodation is also arranged by the employer. For some participants this location was very far from their work as well as their school, leaving them with an increased commuting time. Especially respondents who did not live in Ghent felt the impact of long commutes on their ability to cook, clean, have contact with their families and rest.

Also, the distance between participants makes it difficult for them to see one another. Some respondents lived close to other participants, enabling them to support one another emotionally and logistically. Those who lived far away from other participants mentioned

specifically how difficult it is to be far removed from other participants and reported feelings of isolation and loneliness.

5.2.3 Culture

Many respondents point to cultural differences as important factor in their social reproductive and caring experiences

Firstly, they mention cultural differences in how people care. For example, for A., asking for help is something she feels very uncomfortable with. In India, it is a given that someone around you will come to help, without asking for it. Similarly, there are less strict rules about visiting people – "in India, we can visit every family. And there is no appointment" – whilst in Belgium she feels people live more isolated and within the family (A., personal communication, 12th of April 2024). Similarly, multiple respondents reflect on how growing up in a full house, surrounded by many family members is very different from living by oneself. This came back a lot in reflections made about feelings of loneliness and homesickness, but also in relation to domestic and caring tasks, such as help with childcare. Also, the way in which transnational care occurs, especially to their own parents is in strong correlation to the importance of taking care of your parents. As A. says, "In India, the free day is like, we are going to our mothers. We are going back home" (personal communication, 2nd of May 2024).

A difference in culture is also pointed to by some respondents in relation to the difficulty of connecting to people in Belgium.

5.2.4 Soft Urban Arrival Infrastructures

In the literature, soft urban arrival infrastructures refer to "the local and extra-local social networks that affect migrants' experience at their place of arrival by providing them with emotional, informational, and instrumental support in both every day and crisis situations" (Boost et al., 2019, p.6). Migration and getting used to a different context is a challenging adjustment and creates specific needs which a strong social network might be able to mitigate. Specifically, this refers to emotional, instrumental and informational support. Whereas before, migrants settled into large cities, increasingly they settle into smaller cities

or towns.

Social support is a central feature that impacts social reproductive and caring experiences and is also an often repeated element in the interviews. As the participants in the Aurora project migrate depending on their employer, most end up in smaller cities, making the 'soft urban arrival infrastructure' a relevant concept to come to an understanding of its impact on the social reproductive experiences of the interlocutors.

Before going over the 3 specific forms of support, it is useful to re-clarify the role of the SPOC in the Aurora Project. All employers who engage in the project are obliged to have a Single Point of Contact for the participants. This is a person that they can assist them in settling into Belgium, in finding a house, with finding a phone operator and helping with insurance. Every employer is free in the ways in which they organize this SPOC within their organization. The SPOC is often already working in the HR department of the care home (D., personal communication, 24th of July 2024).

5.2.4.1 Instrumental Support

The figure of the SPOC has a very strong impact on the social reproductive experiences of the respondents. This figure was mentioned specifically in relation to finding housing, furniture, assisting in arranging insurance and important documents and family reunification. Based on the reflections made by the respondents, the absence or presence (and approachability) of this figure is highly impactful.

Amongst the first group (2022), most respondents point to their SPOC being unavailable as one of the reasons further complicating their search for a house and other logistical tasks. B., the only respondent of the first group working for Curando, did not have a SPOC. This made it even more complicated to look for a house. Eventually, she started to approach the director at her workplace who was only helpful to a small extent as he was not well informed on her situation. The other respondents of the first group work for Mintus and did have a SPOC. Yet, this figure was only available during office hours, which coincided with their own working or school hours. Also, almost all respondents referred to being quite unfriendly. As such, both practically as emotionally, it was difficult to approach her. The SPOC did help eventually by joining their housing visits. This is very important, as her presence gave them

legitimacy. As stated by F., the SPOC stressed they ‘really had jobs’ and gave him a letter advocating for his financial stability (personal communication, 3d of April 2024). For other practical difficulties such as installing Wi-Fi or insurance, the SPOC was not very helpful. This increased confusion as well as stress for the respondents.

The respondents who couldn’t rely on their SPOC report getting help from their colleagues in finding a house. Also, those who have supportive colleagues also got their support in moving. One respondent got to use a van of a colleague, others reflect on receiving furniture. Also, some share childcare tasks with their colleagues. Those with less supportive colleagues struggled more with moving, with S. reflecting about a friend who moved by herself and S. with only her bike as a mean of transport (personal communication, 4d of April 2024).

There are 4 people who had a good relation with their SPOC. B. in particular shared how she felt very supported by her SPOC, who was there for all housing visits, filed a complaint against a housing agency rejecting her based on ethnic discrimination, helped her with filling out paper work, with moving and even launched a Facebook call for furniture (personal communication, 1st of April 2024). The other three respondents had a decent SPOC, who was available when needed. Interestingly, all three did share intentions of being independent and not bothering the SPOC to much with their struggles as they felt the SPOC was already dealing with a lot of other things.

Next to the SPOC and colleagues, the other participants of the Aurora Project are of great logistical help to one another. Most reflect about sharing domestic tasks with one another whilst living together, helping out with moving and sharing childcare if they live close by. This depends on whether or not other participants are living (and working) close to them or not.

Three participants also discussed having close connections to local networks which aided them significantly in their logistical challenges. Two respondents, who live in a small town, mentioned that there are many volunteers connected to the church community who have helped them with moving, finding furniture and are available to call when they would miss their bus (and the town is not well connected). A. discussed how she knows the importance of having a support system. As such, she started to engage in her local church community and made an effort to sustain friendships. Eventually, she got her apartment through this church

community as well as got furniture and help with moving (personal communication, 2nd of May 2024).

5.2.4.2 Emotional Support

Most respondents mentioned their families and partners as important support when feeling mentally unwell. This further shows the importance of their ability to call them and connect to them.

Only one person mentioned her SPOC as being supportive and a person of trust. Her SPOC regularly reaches out to her to ask her own she is doing. Another interlocutor mentions feeling a need for a person of trust in the Aurora Project that they can go to for mental health related reasons. For her, only having a contact person in the workplace is complicated as it makes it more difficult to open up about her struggles. An independent person, specifically one who also speaks Malayalam would be more confidential.

The support found with colleagues varies amongst interlocutors. For some, they can share their worries and come together. Others feel a distance to their colleagues. Some even mention becoming more introverted as they feel a barrier in engaging to people: “I became introverted because no one is interested to talk more because I have a language problem’ (A., personal communication, 12th of April 2024).

The participants find support in each other, as they are living through the same situation. Those who don’t live close to one another also mention missing this specifically, whilst the interlocutors who live together, or live close to one another don’t. One respondent did mention that she experiences a lot of competition between the participants surrounding their workplace, whether or not they have a good SPOC or colleagues.

5.2.4.3 Informational Support

The respondents get information predominantly from their SPOC. When they don’t have a good SPOC, they mention feeling very confused and stressed about a lack of information. The respondents also get one class at school around family reunification. Most respondents mention making use of an Indian agency helping them out with the procedure for family

reunification. Some respondents mention other participants as their informants. Some also got help from colleagues and those with a local network from these people.

6. DISCUSSION

This dissertation started from the current global care crisis, and how this has resulted in a new international division of care labour and global care chains. The Aurora Project, a new emerging Flemish labour recruitment project is a concrete example of this new international division of care labour. Developed around migrant care workers who mothered, and were unable to bring their families with them, the global care chain can also take different forms.

The care workers part of the Aurora Project are not all parents, nor are they unable to let their families join them in Belgium as family reunification is an option. The social reproductive and caring experiences of the interlocutors were predominantly related to finding housing, (transnational) caregiving to children and parents, feelings of loneliness, struggles to fulfil domestic tasks in the first year and the (lack of) a strong social network. All in all, most respondents reflected on hard times in relation to these themes. The combination of starting to work, completing school tasks, maintaining contact with family online, managing household tasks and navigating a new country without loved ones whilst preparing for their arrival by finding a house & working fulltime was for many incredibly difficult and hard. Many respondents call it one of the hardest years of their lives.

The second research question gave way to further understanding and situating these experiences. The following interesting elements emerged, which can be linked back to previous literature discussed in the thesis.

Firstly, the social reproductive (caring) experiences of the participants in the Aurora Project are highly shaped by their work, which became visible in the theme ‘working-time regime’. Following social reproduction theory, this is not surprising. Whilst the participants are doing paid social reproductive work, there is still a visible division between their paid work and their unpaid social reproductive work reminiscent of the discussed division and hierarchy between productive and social reproductive labour. The Aurora Project has organized itself predominantly around the ‘productive’, paid labour of its respondents, whilst their social reproductive, caring labour and experiences seem to be less significant and important. A. captured it as following:

“They gave us, they brought us here, they gave us a job, they are paying every month. That’s their part they have done. But they will never ask you – what have you cooked today?” (personal communication, 2nd of May 2024).

Importantly, the employers do accommodate certain forms of aid for the participants in their social reproductive experiences. The first year, they provide accommodation for their employees. Also, the presence of the SPOC, the single point of contact, has a big structuring impact. Respondents who had a good SPOC felt more secure in their search for a house, organizing their lives in Belgium (insurances, Wi-Fi, …) and moving. Those who didn’t have a SPOC, or one from whom they didn’t feel an engagement, the corresponding challenges carried with them high levels of stress and insecurity. Importantly, the search for a house is a crucial step for the participants to apply for family reunification. All respondents were in need of an intermediate contact person to get housing. As such, those with a good SPOC didn’t have to reach out to colleagues or other contacts to help them with this. Concluding, some accommodations are present with the employers for the participants, yet the quality and strength of these accommodations vary highly between employers.

Additionally, other important parts of their social reproductive and caring experiences are largely impacted by their work. Simple but impactful, the location of the workplaces structure the place of residence for the participants. Looking into the soft urban arrival infrastructures of the participants showed how impactful location is on the social reproductive (caring) experiences. Most respondents discuss finding much emotional , logistical and instrumental support with each other. Those who live close by (as they have the same employer) are able to support one another with childcare, domestic tasks and emotional support. Those more alone in their location, even when this is in larger cities, report feeling quite isolated, missing support and being more dependent on their SPOC or more contingent support like colleagues or informal contacts. Also, the physically demanding nature of their work, as well as the inconsistency of their work schedules has an impact on their ability to complete domestic tasks or contact their families/provide childcare. Also, it inhibits their ability to see one another, as everyone has different tasks.

As such, the employer (including location and quality of SPOC) has a large impact on the social reproductive experiences of the participants in the Aurora Project. Whilst some accommodations are present from the employer, many elements of their social reproductive experiences are not recognized. This refers to simple elements, like the transnational contact with their families, but also the difficulty in finding a social network in Belgium, the mental health of the respondents, the family reunification procedure and help with settling in their families (school/job). As the participants of the Aurora project are dependent on their employers for five years in relation to their residency card, these experiences call into question the responsibility of the employer in regard to these issues.

This brings the discussion to another structural impact emerging from the data set. The participants’ status as migrant has, amongst other things, a large impact on the structure of

the Aurora Project, and consequently on their social reproductive experiences. Firstly, as Belgium does not recognize their Indian nursing degree to the same level as a Belgian one, the participants are obliged to follow an extra year of schooling, already combined with working. This combination led to high levels of stress for many respondents. Whilst the training could be spread out over two years, this would further relay the start of the family reunification procedure and the search for housing. Already an issue, searching a house is difficult with their low wages (when they search whilst still studying). Additionally, the family reunification requires a certain wage that the care workers only attain after graduation. The migration regime of Belgium structurally impacts the social reproductive (caring) experiences of the participants.

Furthermore, the respondents also discuss experiences of discrimination that also impact their experiences. Practically, in their searches for a house, most reflect about experiencing discrimination in relation to their ethnicity by being rejected multiple times by landlords. Two respondents shared an experience where a free gift on Facebook was pulled back when the person realized they were Indian. At the workplace, some participants share a distance between them and their colleagues related to 'being from the outside', which has a huge impact on their mental wellbeing.

Differences in culture have also an impact on the participants. Coming from a collective way of living, the experience of living alone, far away from their families is for many difficult. Also, several participants point to differences in culture as reason to why it is not evident to make new connections in Belgium.

Importantly, the experiences of the interlocutors should not propel a conclusion that they are victims. Most interlocutors expressed a high resilience and agency in participating in the Project, motivated by their own aspirations and those of their families. On the other side of the coin, their stories push against a narrative where their migration is framed as a form of economic emancipation and a simple solution to care gaps in Belgium.

Answering the two research questions connects well into the knowledge discussed in the literature review. Centering the social reproductive (caring) experiences of the participants in the Aurora Project further showcases the dynamics of the new international division of labour and the care crisis. As established in the literature, the migration of the participants in the Aurora Project stems from an artificially produced division between productive and reproductive labour under capitalism. This division has brought forth care gaps in the Global

North and has further eroded the social reproductive abilities in the Global South. As such, a high need for social reproductive labour in the Global North brings forth migration from the Global South.

By mapping out the social reproductive experiences of the participants in the Aurora Project, it showcases how care gaps are merely replaced onto other shoulders. Mitigated by the Belgium migration regime, as well as their employers, the high levels of stress, loneliness and struggles in finding housing, a social network as well as applying for family reunification put a critical and important sidenote to the neoliberal solution to the care crisis in Belgium.

7. LIMITATIONS

This dissertation succeeded in its research goals.

Yet, the research goal in itself was limited and restricted. The research questions were answered and able to come to some knowledge about the social reproductive experiences of the Indian care workers in the Aurora Project. This knowledge remains descriptive in nature as well as explores certain explanatory elements. In relation to the sample size, as well as the availabilities of the research participants, this made sense.

Further research on their social reproductive experiences could both be more expansive as well as specific. Firstly, a sample of 11 interlocutors is rather limited to make valid claims about social reality. Interviewing more participants of the Aurora Project could provide a more expansive set of information. Secondly, as no research had yet been done around this group of people specifically, the dissertation stays quite broad. Several topics of interest emerged for which the scope of the dissertation didn't allow to go deeper, such as gender roles within their caring arrangements, as well as racism or discrimination.

Importantly, remittances, an important theme in migration research, was not discussed in the dissertation. Firstly, it was not identified within the literature review due to skewed reading that focused more on social reproduction theory rather than migration studies. During the interviews, the topic of remittances was not mentioned by respondents, possibly because money is a taboo topic to share about. Yet, remittances are also an important part of social reproductive experiences.

Lastly, the research didn't participate with other forms of knowing surrounding care or social reproduction. The main theoretical framework foundational to the conceptual framework & interviewing process lies in Marxism & Western theoretical thinking. The scope of this research didn't allow to aim for an 'epistemological equity', identified by Thambinathan et al. as an important tenet in decolonizing research (2021).

8. CONCLUSION

This dissertation aimed to contribute to the existing body of literature surrounding a global care crisis and the different shapes it has taken on. The Aurora Project served as an interesting and important context. Specifically, inspired by the global care chain concept, the dissertation focused on the social reproductive experiences of the Indian care workers, as well as wished to come to an understanding to what structures these experiences.

By mapping out these experiences and understanding them in their particularity (as Indian migrant care workers), a differential perspective on the care crisis beyond labor shortages in the Global North is given. Understanding a globalized economy demands an understanding of the social reproductive sphere as well (Federici, 2002).

Through the use of Thematic Analysis on a dataset of eleven interviews, several themes emerged that enabled the dissertation to provide answers to the two main research questions.

Answering the first research question, the social reproductive (caring) experiences of the participants to the Aurora Project were the following. The social reproductive and caring experiences of the interlocutors were predominantly related to finding housing, (transnational) caregiving to children and parents, feelings of loneliness, struggles to fulfil domestic tasks in the first year and the (lack of) a strong social network. The combination of starting to work, completing school tasks, maintaining contact with family online, managing household tasks and navigating a new country without loved ones whilst preparing for their arrival by finding a house & working fulltime was for many incredibly difficult and hard. Many respondents call it one of the hardest years of their lives.

These experiences are mitigated by their employer, the Belgian migration regime, the strength of their social network and cultural differences. Accordingly, the quality of the SPOC impacts the participant' experiences in relation to finding a house as well as having access to important information. The location of their workplace, and thus their residency, indirectly impacts the access to a social network, as the participants living close to one another are able to provide emotional and instrumental care. The migration regime in Belgium also has a large impact. Their degrees are not recognized as equal to a Belgian one, making a year of schooling necessary. Also, the participants are dependent on their employer for five years in relation to their residency card. Interconnected to their work, the family reunification procedure can only be started after graduation, as their wages are to low before. Most respondents experienced

forms of discrimination, above all in their searches for a house. Lastly, cultural differences make it difficult to built up a new social network.

To conclude, the research findings add to more expansive understanding on the global care crisis and proposes a critical reflection on labour migration as a solution to it. Whilst labour migration might function as a quick fix for labour shortages in elderly care homes in Flanders, the challenging experiences of the respondents reject this ideal by showing how the care gap is replaced onto different people.

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