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Master´s Thesis

Becoming a Burden:
Eldercare under the Effects of Commercial Strategies of Profit Agencies

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Declaration

I declare I have composed the thesis myself and only with the usage of literature that is acknowledged.

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1. Introduction

When more than a decade ago, Arlie Hochschild asked: "Are we okay with the fact that baby may say his first word to the childcare worker, and grandma her last word to the nursing home aide?" (Hochscild 2003: 3), the process of marketization of care was still in the beginning. Another decade later, marketization of care reached a level when Hochschild had to ask what it looks like when we decide to "pay others to live our lives for us" (Hochschild 2012). By asking that question, she addressed a new trend of commercialization of family and intimate activities that were once conducted at home by relatives for free. With the arriving and settling processes of de-institutialization, privatization and marketization, and care arrangements, people across the world have experienced substantial modifications. Everyday organization of caring transforms with respect to changing societal and demographic conditions in the society, while the most evident changes arise as the caring activities penetrate the market.

The aim of this thesis is to show how marketization initiates and develops within elderly care, more specifically in the context of a new emerging actor on the market – private profit agencies providing elderly care. Although these might represent a negligible part within elderly care providing subjects, they will presumably play a major role with respect to changing welfare regimes and care arrangements going hand in hand with ongoing process of outsourcing of care. The process within which care is delegated on non-family actors was also the object of specific research I have taken part in, focusing on depersonalization of caring relations within eldercare (see Souralová et al. 2017). Framed in the context of formal care and based on former research, I identified burdenization as the key strategy of marketization of elderly care within commerce sphere. Features of this strategy are further analyzed based on interviews conducted among private elderly care agencies, which were complemented by analysis of agencies´ websites.

However, employing burdenization strategy is not considered the only result of the conjunction of care and market. Throughout the thesis its effects are studied to show how rhetoric of making elderly care a burden leads to delegating care on subjects other than family relatives, which further results in to depersonalization of caring relations arising from several-level mediation of care and objectification of seniors. Based on the research, it is shown that when care becomes a marketable article, profit agencies turn the spotlight on families, while

the seniors are shadowed. In other words, the attention of care business*women* is paid to family who is given a dominant position when negotiating paid service of care for their elderly relatives. At the same time, it is the family who is offered an opportunity to redeem itself out of this responsibility, being fully supported by the marketing strategies of profit agencies. Elderly care thus becomes a common service on the market that is offered to buy and recently quite easy to sell.

In the Czech Republic, paying for care is not yet widely employed as there is still dominant presumption that care should be conducted in home and by family relatives (Jeřábek 2009). This can be partially explained by high level of intergenerational solidarity (Možný et al. 2004). Nevertheless, with respect to changing care arrangements and under the pressures sandwich generation faces, there is a presumption that the demand for paid care will arise. This need will be highlighted even as the process of aging of population resonates in the Czech Republic and illuminates danger of disproportion of care-recipients and care-providers (Dudová 2015). In other words, the concern about who will provide care in the future touches our society the same as any other and the same we do experience marketization of care as well. For that reason, I study the Czech context to reveal its specificity regarding care arrangements in this thesis.

Throughout this thesis, I firstly describe the social relevance of this topic to show why a new theme of paid elderly care is discussed in the first place. Secondly, I pursue how elderly care is being outsourced from the intimate and family sphere to the public and commercial one to become paid care. I then move my attention to specify the Czech context to outline what stays behind changes in care arrangements in the Czech society. Following the methodology, private agencies providing care are described in term of their basic characteristics and spectrum of services provided. Next, the process of marketization of elderly care is identified along with targeting the real clients of these agencies. Afterwards, the rhetoric of making home elderly care a burden is analyzed and several aspects of strategy of burdenization are identified. Furthermore, the causes and effects of burdenization of elderly care arrangements are discussed to study the impact of burdenization on (de)familization of care. Last but not least, I also discuss the paid care system in broader aspect to evaluate its benefits and rigours.

2. Elderly care from the perspective of society

When it comes to discussing elderly care, one cannot avoid the term "ageing". No matter how customized this term might seem (or is), there is a direct link between these two phenomena and this demographic change cannot stay un-noticed. Ageing refers to a general term being used world-wide. Medical branches focus on physical and mental aspects of ageing; economic fields study retirements, saving money for pensions. Social optics is different again - it studies demographic transitions with respect to social changes as well as new challenges resulting from these changes. The aim of this chapter is to look closer on what stands behind the shortage of care-givers and the surplus of care-receivers from the perspective of what is going on at the whole-society level. The attention is paid to how the process of aging is highlighted by ongoing changes in life-styles of population when time demands of employment together with better opportunities for migration make elderly care harder to provide.

2.1. Social relevance: Ageing and the need of care

Increasing share of elderly people within the overall population is one of the features of ageing population and it is recorded worldwide (Hrozenská, Dvořáčková 2013:15). Moreover, what stays behind increased need for elderly care is the presumption that such a state will grow gradually. When discussing demographic scenarios of Europe, Davoudi, Wishardt and Strange (2010) predict that "by 2030 the number of people aged over 60 is some 40% higher than at the turn of the century". In addition, decreasing death and birth rates together with increasing life expectancy mean our society might face a significant disproportion between potential care-providers and care-recipients. "Based on demographic trends we can suppose that the number of persons dependent on care will keep rising while number of those who could possibly provide care will decrease" (Dudová 2015: 9). For that reason, population ageing emphasizes one main concern: Who will provide care?

With respect to changing demographic trends and prolonging employment commitments it seems that family relatives would not be able to fulfil this role on a regular basis. "The ageing of the population, changes in family structure, and the entry of increasing numbers of women into the labour market all affect the ability of a family to cope with the ageing of a relative" (Brodsky, Resnizky, Citron 2011: 1). Obviously, there are several factors that make providing care by family members difficult. Firstly, these are overwhelming

demands for working-age people to be employed and keep their jobs. As Agneta Stark (2005: 32) points out, "time demands of their employment make it harder or even disable men and women to provide informal unpaid care". Secondly, we need to consider responsibility for raising children. Even if Brodsky, Resnizky, and Citron (2011: 1) with a sort of exaggeration suggest that "due to rising life expectancy and dropping birth rates, the average married couple may have more parents than children", the true is that for now these working-age generation people move within a triangle of caring for children, caring for elderly and being employed. These people who are labeled as "sandwich generation" need to cope with looking after their children, being fully employed, raising money and then caring about their parents gets into that circle. Obviously, under such an amount of responsibilities, they dedicate more time to particular activities and less to others. Apparently, they need to work to be economically self-sufficient and to be able to provide their family financially, they have a legal duty to take care about their children, but caring for their elderly relatives is rather a matter of goodwill. What is more, that willingness to provide sort of extra service will always depend on such conditions as for example spent time which seems to be a crucial factor in providing informal home care. "The time contributed by informal caregivers to provide care reflects a cost in the form of forgone income or forgone leisure because care is mostly provided out of obligation" (Chiwaula et al. 2016: 1). As such, time seems to be a crucial aspect influencing the decision whether family members provide home care or not.

Thirdly, the shortage of family care givers is caused by increased and easier mobility options. Improving conditions and opportunities for migration make caring within families harder. Either it is international or intranational migration, more frequent movements of family relatives interrupt physical cohesion and regular every-day or even every-week visiting gets complicated. As Dudová (2015: 13) points out: "Migration and rising geographical mobility lead to increasing distances between family members´ households which further complicates providing care within families". Moreover, the need for a family relative to be present in their households arises as elderly people tend to end up living alone because their partners typically die sooner (mostly these are women who live longer and without a partner). The need for a friend or any kind of human contact is even more expressive, creating thus a sort of expectation that family will take part. That need however hits the everyday reality of those, who are supposed to provide that social contacts or care, as I have discussed above.

Consequently we can observe a sort of transformation of care, respectively "a move of elderly care from family to other institutions" (Jeřábek 2009:246). By that process, not only family´s responsibilities are substituted by other institutions, they are also transferred from the environment of love to the market one. Linda McDowell puts that modification under the roof of new neoliberal corporate system saying that "capitalism has transformed citizens into consumers" (McDowell 2004:146). Care becomes a paid service that can be bought on the market, where several actors can complete or substitute the role of family, as we will see in the next chapter. This part will also show how for several reasons one of these actors seems to favor the new challenge of who will take care. In the next sections then the focus will be given on how this specific actor works with elderly care in the market ambience. A behavior which has its origins in where it comes from (*the market*) and what the nature of its services are (*commercial*), ends in developing a rhetoric that uses above mentioned obstacles to depict a picture of elderly care being a burden for those who are still supposed to provide it.

2.2. Outsourcing elderly care: Elderly care in hands of non-family care-providers

As we have seen above, the process during which the proportion of elderly people keeps getting larger with respect to the overall population means a significant concern. This is so mainly because the economically active and potentially caring population is not able to grow as quickly as the ageing one does and therefore a sort of care gap grows. In other words, potential care-receivers outnumber potential care-givers in the society. These demographic figures actually pose a challenge of not only who will take care, but also how to take care of elderly people. Ageing of population inevitably results in changes of caring arrangements while there is a rising demand for long-term care (Kristiansen et al. 2015). However, as Peetoom (et al. 2016:19) predicted last year, "institualionalisation will only be possible for severely limited elderly people with very complex care demands". Therefore we can observe a sort of dilemma in provision of care: more people will need expert care in retirement houses and medical institutions; however there will presumably be a shortage of those.

On the one hand, limited institutionalisation options might mean a severe problem with respect to rising amount of ageing and impaired people. On the other hand however, shortage of institutions offering residential form of help could possibly foster home-based services. Taking care in homes of elderly undoubtedly has much more positives than being accommodated in retirement houses. By the same token, informal models of care might be

beneficial even more in the sense they help to postpone the need for institutionalization. According to Brodsky, Resnizky and Citron (2011: 2) there is a presumption that "extensive informal help enables many elderly to remain in the community, thereby postponing or averting institutionalization". However with respect to many societal changes described above, this model of family caring might not be working anymore.

Consequently, a whole-society problem arises as "elderly people will have to live independently for a longer period and consequently more tasks will be transferred to the social environment" (Peetoom et al. 2016: 19.). That is the core problem of whole ageing/caring issue. The responsibility for providing elderly care lies on the society level, where family care givers either want to or need to withdraw from that activity and so many other subjects may enter this gap. As Kemper (1992: 444) summarizes: "availability of informal care apparently affects the decision to rely on formal care...". There is thus quite a simple pattern arising: no space for family care means an opportunity for other actors to step in. And who are they? Elderly care is typically organized within four organizations: besides family it is market, public sector and voluntary organizations (Stark 2005). Nevertheless, using this categorization we include only approved forms of care-giving while not taking into consideration the grey market. Paid care can be also sold by subjects other than profit agencies. From everyday examples we can mention friendly assistances in form of asking neighbours to check on our elderly mother from time to time. Another story is illegal migrant care-giving as a common informal and paid model of providing both child and eldercare. However, as the latter is not a typical feature for Czech Republic, this model is not further analyzed.

If we then think about what should be a part of elderly care, there are probably two main areas. Older people need *medical* care, as their state often requires expert help, and they need *social* contact, as they tend to live alone. Should we now look on how different subjects fulfil these aspects to see not only to what extent they are able to stand in for family. The purpose of introducing other subjects providing elderly care is not solely descriptive. Later we will see that profit agencies use other elderly care providers to define their own spectrum of services which is often built on delimiting themselves against some of the below mentioned actors.

Firstly, there are **charities and voluntary organizations**. These typically focus on collective activities which take place in some social halls or organization´s seat. Activities held by these communities often focus on social integration of elderly people. Their primary goal is to ensure social contact, what their services lack on the other hand, is a medical support. On the top of that, they are not able to provide regular territorial help in homes of elderly people and as such their services are to a certain extent designated for active elderly who can visit such organisations and are self-sufficient.

Secondly, there are **medical organizations**, state or private, whose focus is quite clear - they provide basic medical treatments in homes of their clients. Their advantage lies in expertness of service they provide which plays a significant role as they work with people who often suffer from some elderly disease. What they often miss on the other hand is a friendlier social contact with their clients which means they have not the capacity to work as family relatives.

Thirdly, there are **retirement houses**. These institutions benefit both from medical support and ensuring social contact for their clients. However, their biggest disadvantage is the non-home (and expensive) environment which seems to be a crucial aspect for elderly people who do not like changes and higher costs. "Most of the elderly prefer care at home rather than in a nursing home, and some see care at home as potentially less costly than nursing home care" (Kemper 1992: 421, see Brodsky, Resnizky, Citron 2011). Institutionalization of elderly care is simply not favoured any more for its often unpleasant surrounding and higher costs.

Obviously, the fourth subject - **private agencies** with their services setting - seem to be a perfect match as they usually combine all requirements - they visit clients in their homes, they ensure social contact and they typically employ some medical experts to help with this kind of services (out of the studied sample majority of agencies had nurses or medical assistants at their disposal). That combination of (medical) experts and care-givers together with ensuring home environment actually might be the reason why they seem to be the perfect option as a completion (or substitution) of family care.

As Kubalčíková and Havlíková (2016) summarize then: "Besides deinstitutionalization, there is thus another trend progressively reshaping the traditional models of social care provided to older adults, and that is marketization." Although the extent to which marketization has already settled within the elderly care social services might vary across states, it is already all-surrounding and it does happen in Czech republic as well. Of course, there are many aspects connected with paid elderly care, which will be the object of the next chapters; however, firstly the attention will be given on the specificity of the Czech context to answer these questions: What implications does ageing have for the Czech society? How has been the caring model changing throughout the time? Who does take care in the Czech society?

2.3. Ageing in the Czech Republic: Demographic changes and specificity of care-giving

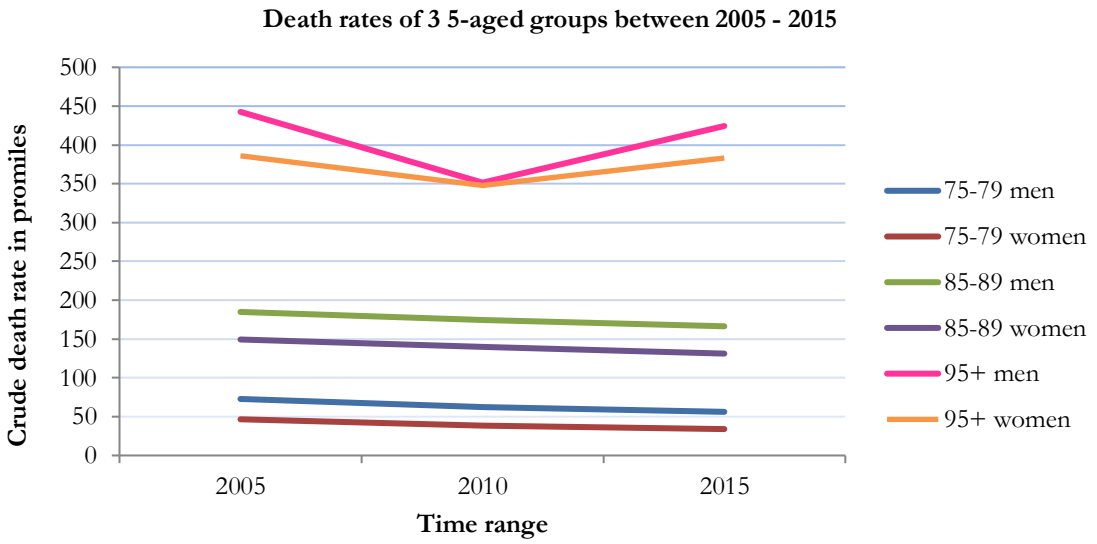
Ageing of population is present in all parts of the world (Hrozenská, Dvořáčková 2013) but it is highly varied by local aspects of particular states. The same variety shapes efforts of how to define old age. We can perceive biological age (Pacovský 1994) defined by the real years being alive, social age (Stuart Hamilton 1999) which reflects the socially expected age of an individual. However, as experts show, these levels overlap each other as physical does not need to reflect the social one and vice versa (Sýkorová 2007, Gruss 2009). Probably the most blurred line is between the third and fourth age as there are many approaches to how to define the age boundaries (Petrová Kafková 2013). Again we can perceive a sort of disproportion between biological and social/cultural determinants. The typical boundary that differs the fourth age from the third one is 75 years (Hrozenská, Dvořáčková 2013). In the Czech society people tend to perceive ageing as determined primarily by the physical condition, age, losing of mental health and losing autonomy (Vohralíková, Rabušic 2004) thus referring to biological frame. However, these boundaries are primarily socially constructed (Vohralíková, Rabušic 2004). With respect to the need of elderly care which also seems to be a crucial determinant of the boundary third/fourth age, we can follow that "on the one hand, there is an image of relatively young old man who is actively and fully participating in all spheres of the society. On the other hand, there is a picture of and old man of a high age, dependent on the help of others, with limited autonomy and therefore with limited possibility to decide about his own life" (Petrová Kafková 2013: 33). Following the socio-cultural condition of age, there are two main socio-demographic changes that are typically responsible for increasing share of elderly people with respect to the whole population. These are

decreasing birth rates and death rates and they have been determining factors in the Czech Republic as well (Vohralíková, Rabušic 2004). Following the demographical revolution, current demographical trends are characterized by decreasing birth rates and death rates, increasing life expectancy and by enlarging the group of the very old people - over 80 years (Hrozenská, Dvořáčková 2013: 15). Below brief summary of the development of all characteristics follows.

The Czech Statistical Office defines birth rate as a number of live births per 1 000 of population. During last years, this figure have dropped from initial 173, 153 live births in 2010 to 110, 764 live births in 2015 (CSU 2016: 140). With decreasing number of birth rate there is an inevitable decrease in potential care-givers, in other words those who could possibly provide care for elderly people in the future. This problem emerges even more with respect to another demographic change - the decrease in death rates.

Crude death rate is defined as the share of deaths per 1 000 of population of a given year (CSU 2016). Even if the total death rate of Czech Republic does not decrease (and in fact even increases mildly), if we compare the last decade´s figures for groups of people older than 75 years, we can see they have been falling continuously both for men and women (see the Graph 1). Except for population aged 95 and more, all other age groups moving within the range of third-age population (75 years and older) have been experiencing a continual decrease in the number of deaths as can be seen below.

Graph 1: Death rates of 5-aged groups between 2005 - 2015



Source: Czech Statistical Office. 2015. Development of Population in the Czech Republic, Death Rate

This trend is again emphasized by another demographic feature - life expectancy, therefore a number of years that can be potentially lived by a x-aged person with respect to actual demographic trends. In the Czech context life expectancy is increasing rather for older than younger population as CSU data from 2015 show: "Life expectancy for men at the age of 80 has increased by 22 % and for women by 17%, for 65 years old men it has increased only by 11 % and for women by 10%. Life expectancy for the new born has increased by 4 % for men and by 3 % for women (CSU 2015: 43). This trend has been continual during the last decade when life expectancy of all age groups except for older than 95 years old has been increasing. While it is not very surprising that the life expectancy is not rising for the oldest of the old groups, it is important to be aware of the fact that **people over 80 years old keep living longer** which inevitably leads to the fact that bigger share of population will be need to be taken care of in the future.

In other words, ageing of population might be one circumstance; ageing of elderly represents a more serious one. According to population projection of CSU, people older than 80 years will comprise 14 % of the Czech population by 2060 (Petrová Kafková 2013). Petrová Kafková goes on by showing that Czech population perceives ageing as a negative effect (see Vidovićova 2008) which might result in so called "demographical panics" arising from concerns about the future un-prosperous development of the society (see Petrová Kafková 2013, Vidovićova 2008). In that respect it is interesting to compare theories of 2013 with a research made by European Commission back in 2009.

In 2009 a survey conducted by Directorate General Communication called "Intergenerational solidarity" proved to show "gradual ageing process". This research lies on the presumption that intergenerational solidarity is a core part of how the social systems will react to that ageing process. According to that survey, most EU citizens were likely to disagree that *older people are a burden on society* (85%). However, out of all member states, Czech Republic was *the least likely* to disagree with that statement. In other words, in the Czech Republic, there were the most people who agreed that older **people are a burden on society**. These results might seem surprising with respects to so far conducted researches on intergenerational solidarity in the Czech Republic, which has always been regarded as high (Možný et al. 2004, Vohralíková and Rabušic 2004, Sýkorová 2007). The satisfying level of intergenerational solidarity is moreover several years later confirmed by researches conducted

within the Czech society. In 2010 research called Životní dráhy (Life Paths) made with 4 000 respondents showed that 78 % of men and 82 % of women agreed that children must take care of their elderly parents. In 2009 Hynek Jeřábek came to the conclusion that majority of Czech population (80 %) had some experiences with family care-giving while 30 % of that population did or had provided care on a daily basis. Although these numbers do not seem too negative, they are far from the ideal. In 2010 Petrová Kafková summarized that since the 1990s the intergenerational solidarity had been slightly decreasing in both directions - of parents towards their children and of children for their parents. This could be in the past partially explained by the fact that intergenerational solidarity in Czech society resulted rather from the state of current need than from the fact that people are family relatives (Sýkorová 2007). However, with respect to both rising number of elderly people who are in need of caring and to the shortage of family-care givers nowadays this explanation does not work anymore. Another explanation can be offered here: the demanding nature of informal care has overwhelmed the potential solidarity and family relationships. This is also supported by Le Bihan, Martin and Knijn (2013:15, my emphasis) who conducted a research in six European countries and conclude that "intergenerational relationships prove more satisfying if only *part of the full burden of care* for frail elderly parents falls on the shoulders of adult children".

Later we will see what it means if we talk about a burden of care. Right now it is also necessary to have a look at the context of paid elderly care in the Czech Republic to see what could be the potential background of these changes.

2.4. Specificity of care-giving in the Czech Society

Taken from the further history, during the 1950s and 1960s, the Czech society had been experiencing a time of de-familization and institutialization (Dudová 2015) as there was a presumption that family was not able to fulfil the role of care giver. In 1970s there was a shift toward informal models of care which escalated in 1976 by implementing a financial benefit for people who provided care for a family relative (ibid). Since the Czech Republic is a post-communist country, the processes of de-institutialization and marketization have been coming slowly, but in the 1980s and with respect to demographical changes the already settled social forms of elderly care could not be working any more (Kubalčíková, Havlíková 2016).

In last two decades, media has had a tendency to emphasize the positives of home care for elderly people. By praising home environment and degrading residential forms of elderly care they provoked de-institutialization of elderly care (Dudová 2015). In the public sector, the reliability of family for caring for their older relatives is richly grown not only because of the presupposed better quality of home elderly care but for economic factors as well. Home care is much cheaper than institutional forms of caring. The positives of keeping elderly relatives at home are nevertheless confirmed by sociologists as well. For example Hrozenská and Dvořáčková (2013) ascribe a significant role of family and home environment for well-being of elderly people, stating that family has a huge impact of how older people bear ageing.

Thirty years after financial benefits for informal care-givers were approved, the nature of care benefits changed. In 2006 there was "a breakdown in the development of social politics" when the financial benefit started to be given directly to the person in a need of caring (Dudová 2015: 32, see Kubalčíková, Havlíková 2016). Hand in hand with principles of postmodernism and free choices, elderly people were supposed to decide how they would like to be taken care of and both de-institutionalization and marketization went to meet these needs. There was however one major impact: instead of helping the overcrowded retirement houses and facilitating using other public institutions, elderly people were rather put into the position of clients: "By implementing extra money for caring, elderly people are given resources that might be used for buying services and they thus become clients" (Dudová 2015:166). The need for other institutions providing care started to be more obvious as the demanding character of home care started to be depicted as unbearable.

With respect to already discussed difficulty of home caring Czech (mostly) women suffer from care inconvenience and according to research made by Dudová (2015) they typically combine both informal and formal forms of caring for their elderly relatives. Home-based (sometimes referred to as *territorial*) elderly services seem to be an admissible form of profit assistance (Le Bahil, Martin, Knijn 2013) - they do not necessarily mean failing in the moral aspect of reciprocity of care as they ensure staying in home surrounding and they help informal family givers to cope with burden caused by everyday caring. Combination both types of services thus seem to be the golden mean. As Dudová summarizes it for the Czech society: "Without a net of territorial services... caring represents an enormous burden for the middle-aged women (and men)..." (Dudová 2015:156).

Above we have seen the procedure of outsourcing of elderly care on the market ambience. The emphasis was given on the whole-society perspective as it is the society within which all processes of ageing, outsourcing and marketization are happening. In the next section, the attention is given on what is the result of these processes - the profit elderly care and characteristics it carries with itself.

3. Elderly care from the perspective of sociology

3.1. Paid elderly care: features and dilemmas

In this section the emphasis is given on features of paid care in the world context to see what aspects are connected with this activity and how it is handled from the perspective of sociology. In her essay called "*Some problems and possibilities of caring*" Rosie Cox (2010: 1) writes "care not only exists within intimate relationships but is also located within global-scale hierarchies of gender, class and race/ethnicity" while following another author´s observation that "care is not only personal; it is an issue of public and political concern whose social dynamics operate at local, national and transnational levels" (Williams 2001: 487). When it comes to paid care, it can be sometimes hard to put it within these boundaries as it poses characteristics of both poles of all characteristics. However, there are some general features paid care can be described with.

Firstly, there is a tendency to define care within two basic dimensions - informal and formal. Informal care is provided by family or friends living outside the household of disabled elderly or sharing the residence with them, on the contrary, formal care is provided by paid caregivers and it comes from the market (see Kemper 1992). In that context, paid care is seen strictly as a formal care model which is however misleading to the extent that informal care-givers do not necessarily have to be unpaid. If we take the example of migrant workers, these are fitting both poles - they are informal workers, but they are paid. By the same token, with present externalisation of care activities outside households, formal and paid care-givers from profit agencies can become a part of families and their homes and can create a grey market as they may have side agreements with families and work also if they are not at work under the agency. The distinction of formal/informal does not thus equal the paid/unpaid one as many other forms of care emerge and they combine both aspects. In that sense, notion of semi-formal models of care arises (Le Bihan, Martin and Knijn 2013).

In the context of paid care however, from the perspective of recipients care is a service which has to be paid for, from the perspective of paid care-providers it is a job and they are paid for doing it. Gallo and Scrinzi (2015) call caring an employment sector with more than 50 millions of employees. However, the nature of paid care is not as black and white as it seems. There is quite a resonant dilemma about what the nature of paid care is with respect to one question - where is the place for love. In 1983 Hilary Graham called caring "a labour of love" to show that caring is activity coming from love but it is a job at the same time, while these two aspects are not separable from each other. By the same token, Hochschild (1983) illuminated the hardship of emotional basis of providing care by stating that expressing emotions often equals a hard work. By labelling care a "labour love" or "emotional labour" these authors point at the fact that caring is a specific activity but also that it is activity of a demanding character, although coming from the depth of the heart. This could partially explain both the outsourcing of care described above but also another tendency - to leave caring to migrants.

Secondly, paid care experiences "migranization" (Kilkey et al. 2010:380). What is very typical for western countries and at the same time untypical for the Czech context is hiring immigrant (mostly) women to provide care in homes of local residents. Care provided by foreign women is very well-known in the sphere of childcare. In that respect we can differentiate countries as the USA or the United Kingdom which are rather receiving countries when it comes to foreign care givers. On the other hand, Czech Republic is one of the countries which "send" au-pairs to take care about children in above countries. The same as there are typical receiving and sending countries when it comes to children care, there is this distinction in the case of elderly care as well. Spain, Ireland, USA countries hire migrant women to provide elderly care in order to compensate the shortage of family care-givers in their homelands (De La Cuesta-Benjumena, Roe 2014, Walsh, Shutes 2013). At the same time this is a trend that does not function in the Czech context. Although Czech Republic definitely struggles with a shortage of family givers, hiring migrants usually is not a way how to fight it. The same as the Czech Republic functions rather as sending than receiving county with respect to childcare, it is also rather a sending than receiving country when it comes to migrant care workers (see a research on Czech care-givers in Austria and Germany by see Ezzeddine and Kuchyňková 2015).

Thirdly, this migranization is also highly feminized, although recently new researches have been conducted with attention paid to male care-workers (Gallo and Scrinzi 2016) to show how "migrant men´s employment as care/domestic workers challenges the conventional association of these jobs with female labour..." (Gallo, Scrinzi 2015: 368 - 369). Dominant presence of women in the sector of care is nevertheless more general, it does not refer only to migrants. Feminization of care is quite surprising according to Hochschild (2003: 8) who comments that "for all the migrations in this gender-revolutionary century, care still remains largely in women´s hands". On the other hand, according to McDowell´s (2004) critique of care ethics, gender division of labour is directly ascribed to home unpaid work. The truth is that in the informal sectors, most of the care-givers (two thirds according to Brodsky, Resnizky, Citron 2011) are women. Mostly these are wives, sisters of other female family relatives (Dudová 2015, Stark 2005). These care givers and mostly women then experience more than just care-giving, they are also "victims" of all aspects connected with that activity, as for example financial and symbolic degradation, as will be discussed later on.

Fourth, caring in general moves on the boundary of private and public sphere. On the one hand, if being conducted within a family, caring might be a solely private intimate activity. On the other hand, care is also connected with care policies and with market mechanisms and thus becomes a public agenda. In practice, neither fully private nor fully public caring is ideal (Le Bihan, Martin and Knijn 2013). Fully private caring often leads to care-givers burdens, that arise not only from emotional and physical difficulties, but also from the fact that these are typically sandwich generation people who need to cope with time managements as well. However, outsourcing of care to market subjects only benefits participation of the labour market, not family life (Le Bihan, Martin and Knijn 2013: 15). The same approach is taken by Hochschild (2012) who claims that care is supposed to be an intimate internal activity that should be prevented from commercialization. For some reason anyway, commercialization of this initially family activity does happen leading thus to marketization of care. One of the reasons might be burdens that are connected with providing care.

There is quite a typical pattern when following the transformation of care from family to the market. In a family a need to provide care of and elderly relative springs up. As family adapts a notion of home caring to be their social duty (Jeřábek 2009), they accept this role and become home care-providers. After some time typically one member of that family becomes a primary care-giver while typically these are females having close relationship with the senior

(Dudová 2015). Since caring is a demanding activity both physical and psychological burdens are highlighted not only from the perspective of the main care-giver but also from the view of the whole family that is a part of the situation as well. Home care is suddenly perceived only as an unpaid and invisible work (Dudová 2015) that brings much inconvenience. These felt burdens function at different perspectives and arise from particular features connected with care - they are felt both by informal and formal care-givers, by elderly people themselves, by their families. In the next section we get to know what kind of burdens are connected with elderly care, later on it is shown that some of them are used by profit agencies as a part of marketing strategies.

3.2. Research on care burdens: Where is the attention?

Talking about burdens with connection to elderly care might seem a little bit cruel, but it *does* happen and it functions at different levels and perspectives. From the perspective of those in need of caring, the biggest obstacle is represented by the financial costs of care. Of course, it does not mean that money are the main thing elderly people miss. They typically suffer from shortage of family contact and from loneliness. However, these are side effects of non-caring, while the focus here is on burdens coming from providing care. From the perspective of care-givers, the burdens lie in the difficulty of providing care and its time management with their own lives. Actually, this duration and severity of care-providing is exactly the kind of burden that private agencies seem to emphasize and work with, as we will see later on.

3.2.1 Economic burdens of caring

3.2.1.1. Financial burdens for elderly people

Financial costs and difficulties connected with ensuring care services typically represent a burden not only for state budget, but especially for the elderly and/or their family relatives. Elderly people are proven to be the most vulnerable group when it comes to the financial affordability of care (Krůtilová 2016). With their leave for pension they do not only lose social contacts but also financial means. Institutional care is characterized by higher cost and so the elderly often want to remain in their homes as long as possible. However, with higher age diseases come and these further require more expensive treatments which often turns out to be devastating for elderly people when it comes to affordability of care: "In

combination with other characteristics such as age and presence of chronic illness, cost sharing might cause financial barriers to consume care" (Krůtilová 2016: 1962). Elderly poverty is a whole-society problem that is illuminated even more as other financial expenditures arise, while women typically suffer from poverty more than men (Hrozenská, Dvořáčková 2013). This is also alerting with respect to the fact that women have higher life expectancies and therefore live longer and they typically need these care services longer. According to Krůtilová (2016) Czech Republic represents one of the countries where there are a lot of elderly who are in a need of care however they also happen to belong to the poorest group of people. For that reason, a model of family taking care of financial expenditures of care service, that is reflected by majority of agencies owners as truly working, can be explained.

3.2.1.2. Financial burden for family of an elderly person

Financial aspects of care might be crucial not only for the elderly themselves but fort their families as well. Kemper (1992) suggests that among families providing informal elderly care there is unequally distributed long- term cost that differs according to how disabled their relatives are and how long they have to care for them. The extent to which the care is needed to be provided also projects into how the coordination of employment and informal caring is possible or not. Sometimes people might even need to shorten their working time or leave the job completely (Sayoud Solárová 2010) which further leads into being pressed for money. As such, informal caring might represent an economic burden for the family care-givers as they not only spend less time in their jobs and thus make less money but their financial expenditures for care might arise as well. As Nortey (et al. 2017) shows in his research of Ghanian family care-givers, they reported a high level of *care-giving burden* with respect to financial costs. The authors also suggest a future trans-generational problem that might have its root in current situation: "support/caregiving for elderly populations imposes economic burden on families, potentially influencing the economic position of families with attendant implications for future family support for such vulnerable populations" (Nortey et al. 2017: 8) which indirectly follows the theory of intergenerational transmission of poverty (see Filadelfiová 2007).

3.2.2. Burdens of formal care-givers

Besides the burdens that caring for elderly people might cause to their relatives, there also some that are common with the ones suffered by formal workers as well. Obviously, as the majority of care-givers are women (which was confirmed by all the interviewed owners of the agencies), they also suffer from physical inconvenience resulting from regular carrying of people. The same as informal care-givers they also need to cope with a sort of symbolic degradation. They conduct this activity not for free (financially), but this job is typically undervalued at two levels. One, formal-givers do not earn much. Second, this position is not perceived as an expert one and thus not valued symbolically enough by the public sector. Last but not least, formal givers have their formal burdens resulting from providing paid elderly care, however, they also have their own personal burdens they face at home. Some of them also might take care of their own elderly relatives after doing that the whole day before.

It is quite a paradox though that agencies work with burdens of family relatives and display them as them as unbearable in order to put them on shoulders of formal care-givers, their employees. Of course, one might suggest that formal care-givers conduct this activity not in their free time as informal providers do, because it is their employment. And it is really true that the profit agencies do work with burdens of care mostly with respect to the loss of free time and difficult management with own employment the informal care-givers have to face.

3.2.3. Burdens for informal care-givers

"Caring for others can be a source of pleasure and fulfilment, but it can also be undervalued and denied, a source of degradation and exploitation" writes Rosie Cox (2010: 113) in her introduction to *Some problems and possibilities of caring*. Kramer (2002: 6–7) characterizes informal care givers as "...subjects who, being required to engage with the physical or psychological needs of others, experience changes in their accustomed roles, social relations and self-perceptions". Changing in the roles of newly caring family relatives might arise from new time managements required for re-distributing all duties that are needed to be done. Many researches have been conducted to show there are structural inequalities, financial and symbolic underestimation connected with providing informal care (Cox 2010, Dudová 2015, Peetoom et al. 2016, Zarit et al. 1980).

Firstly, informal care-givers typically deal with zero financial valuation. When family members provide care for their elderly relative, they do it for free. Framed in the critique of neoliberalism and its emphasis on competing in the market, McDowell (2004: 146, my emphasis) states that "mutual dependence, self-sacrifice and care for others are *unvalued* notions". Low status of care workers is not mirrored only with respect to financial degradation, but also in more abstract level.

Secondly, symbolic degradation of care is another factor of providing informal care. As Cox (2010: 116) notes: „care" is too often understood only as a small range of acts which are themselves already denigrated and the value of the care that is given and received can easily be overlooked. Insufficient appreciation is something that many family care-givers experience. This can be actually caused by the society´s attitude to providing care when caring is seen as something that is done automatically. This expectation is connected with reciprocity of care and mutual giving and receiving within families (Tomini 2016), when people who were once being taken care of by their parents are now supposed to care about them when they need it. However, there are two paradoxes connected with that kind of understanding. Firstly, when perceived as a natural activity, it is not valued, but caring is actually most noticed and criticized when it is not done. Dudová (2015) describes providing care as an activity that is seen the most when it is not being conducted. Moreover, Cox (2010) connects that stigma with gender stereotypes. She shows that caring is stereotypically perceived as everyday women´ role and "not doing" this job leads to uncomfortable experiences. Secondly then, one might ask - if care is perceived as a supposed activity conducted by family, how does it come that there is such a shortage of family care givers in the society? This is explained mostly by demographic changes described above and presumably also by the stressful character of providing care that is proven by many researches.

Last but not least though, family care givers suffer from emotional and physical burdens resulting from conducting that activity on a regular basis. In the Czech context Dudová (2015) and Jeřábek (2013) both prove that caring burden is present for family care-workers and it is visible both at the physical and psychological level. According to their researches women who provided care suffered not only from health problems resulting from carrying and picking up the elderly people, but also from mental problems caused by the impossible management of all family and employment commitments. Ducharme (2006 cited according to Sayoud Solárová, K. 2012) characterizes several stressful factors of informal

caring that the care-providers have to face while there are two categories: primary factors are those caused by the process of caring, these are for example time consuming character of care, the nature of caring itself, the feeling of being "imprisoned" in that duty; secondary factors causing stress are the consequences of caring: loss of social contact, loneliness, even neglecting own family. These factors not only cause that caring is not conducted regularly and on a long term basis, but more importantly that it is perceived as an emotional and physical burden. Brodsky, Resnizky and Citron (2011) come to the conclusion that caring for impaired elderly even *undermine the quality* of life, as well as the physical and mental health, of the family caregiver. Nevertheless, it is also important to mention that informal caring does not necessarily have to bring only negative effects. The impacts of home caring on care providers are very individual and for some people caring can bring joyful moments with their parents and be a source of fulfilment. However, above mentioned stressful factors of informal caring are regularly used by profit eldercare agencies as a strategy how to depict a picture of elderly as a burden which can be eased by transforming the responsibility to care on these agencies. How does strategy of burdenization develops in the commerce ambient of the agencies will be the object of the next chapters.

4. Methodology

This thesis relies on the data from qualitative research based on interviews with owners of private agencies providing paid elderly care. Since the last year I have been working on a specific research called "Care for Sale", more concretely I have been studying one new actor on the care market - the private agencies. Based on conducted interviews I have studied some specific features of these agencies with respect to how elderly care becomes a paid service which leads into de-personalization of caring. The results of this specific research will be published in Munipress during this year (Souralová et al. 2017). A part of the analysis is used in this thesis to create the context of given problematic.

During the first phase the emphasis was given on choosing of suitable units for the research. The was one main criteria - the agencies had to be commercial ones, they had to provide home-based care of their clients and had to be strictly private agencies, not state retirement houses nor medical organizations. In other words, I was looking for the ones who were rather focused on providing wider spectrum of services with emphasis on ensuring social contact. In addition to that, the units were characterized geographically a little bit - Prague agencies were excluded from the sample as they typically are based on quite different nature of services (for example they tend to employ migrant works unlike agencies in other cities). After the criteria were set, I contacted the owners of chosen agencies by telephone to set up interviews. All of the owners were women who run a private agency aimed at providing care in home of clients. One of the agencies functioned as a mediator agency which connected care-givers and clients but the care givers were not its employees. The owners I have spoken with were also fully active in promoting their services as they often put effort in describing their services as ideal possibly using the interviews as making a good PR for the agency.

Overall I conducted ten semi-structural interviews. Half of these interviews were recorded with the consent of the owners while the other half was conducted via email correspondence. The reason for this step was a time busyness of the owners who refused to meet face to face because of time pressure but asked to send my questions via email. In order to preserve anonymity an online questionnaire with open questions was created and sent to these owners. However, some of them wrote email with confirmation of fulfilling the sheet and were willing to complete their answers based on my further questions. Below I include a brief structure of the interviews to show what the main areas of interest were.

The structure of interview:

1. *Basic information about the origin of a given agency.*
2. *The spectrum of services that are being offered.*
    a. *What kind of services does your agency offer?*
    b. *Who are these services for?*
3. *The employee structure.*
    a. *Who are your employees? How do you choose them?*
    b. *Do you have any gender preference?*
    c. *Do your employees have to undergo some kind of training? What is their education?*
4. *Communication and process of setting up the cooperation.*
    a. *How does the typical beginning of cooperation looks like?*
    b. *Are you rather addressed by elderly people themselves or their relatives?*
    c. *What are the requirements that you usually meet? Do they differ based on who does order the care service?*
    d. *Do client rather use short-term or long-term caring?*
    e. *Do the care-givers communicate both with the family and the elderly person?*
5. *The need of agency services*
    a. *What do you feel is the main reason why clients order care service?*
    b. *Do you feel agencies providing care are needed more than before? Why?*
    c. *Do you think that families care less about their elderly relatives? Why?*
    d. *Based on your experience, does it ever happen that caring service substitute family caring?*
    e. *Are you ever being asked to give advice how to care about elderly people without conducting it?*
    f. *Do you think families deserve to be alternated in providing care because it is a demanding activity?*

Majority of these agencies also use their websites as a means of propagation of services and communication with potential clients. These sites include a lot of precious data as the rhetoric of targeting clients is present in here in significant scale, which is further used in my analysis of who are the real clients of these agencies. For that reason, I used these agencies´ websites as a secondary source of data as well. Brief analysis of these websites was the initial phase of my research. During that period I was studying the content of these websites with respect to several areas:

— How agencies address their potential clients – what slogans and citations they use to make the first impression.
— How they define their target clients (typically in the section „Who is this service for“)
— How do agencies define the purpose of their services in one sentence (for example „The basic principal is to help…“).

For the purpose of this thesis I worked with websites of those agencies I was also doing interviews with. Based on that supplemental research I found out that the way agencies address their potential clients uncovers these clients do not necessarily have to be only elderly people. Besides that, studying these internet sites of given agencies not only served as a basis for preparing the structure of interview but also as a source of supplementary questions which requested further clarification from the owners (for example to see how they reason higher prices).

Since the thesis is written in English, both data from websites and from the owners are labelled under one nickname of a particular agency. Otherwise (if the thesis was written in Czech) I would assign two nicknames for one agency – one for websites data and one for those gained directly from the interview with the owner in order to prevent identification of agency and its owner based on looking up websites extracts on the internet. The other reason for using English was to soften the impact of words as "burden" with connection to describing care for the Czech population. As a matter of fact, there was also one linguistic reason based on the fact that "burden" is hard to use in other forms than the basic one in Czech.

Throughout the thesis different names are used for actors and subjects that are mentioned on a regular basis in order to make the text more fluent. Private for-profit agencies providing paid elderly care are referred to as *the agencies/private agencies/ profit agencies*. The agencies´ owners with whom the interviews were conducted are named simply as "the owners". "Elderly people" are used to generally name the population of older people (for example in relation to aging or intergenerational solidarity), but they also refer to elderly people being taken care of by the agencies who are represent an often regarded group in this thesis. In order to not to suffocate the thesis with the term "elderly people" which is not easy to substitute in this topic, the term "seniors" is sometimes used, although it does not fully match its meaning in paid elderly care context.

5. Private agencies providing paid elderly care

5.1. Basic characteristics and spectrum of services

During last two decades a new actor providing elderly care has been emerging. Hand in hand with processes of de-institutialization and marketization of care, profit agencies providing formal care started to be established at the end of 20th and the beginning of 21st century in the Czech Republic. Framed in the notion that "services should go to users and not users to services" (Kubalčíková, Havlíková 2016: 182) private agencies come with a type of services that seem to perfectly fulfil these expectations or rather "fill the gaps in the offer of residential care for older adults" (ibid.) Since these agencies arise as a reaction to shortage of social care delivering systems and based on the fact that currant social-demographic conditions facilitate their usage, they are presumably going to make up a significant part of the Czech Republic´s care arrangements systems. In this section we are going to focus on why this could be like that.

Private agencies providing elderly care are for-profit organizations which offer formal territorial care in homes of their clients. They are commercial subjects which mean their services must be ordered and paid. Their owners define agencies´ goal as helping people who are not able to take care of themselves, either it is because of their age or some physical indisposition. The range of their services is quite wide as it may refer to:

- helping with basic hygiene, putting clothes on
- doing shopping
- cooking, basic cleaning service
- accompanying (going to doctors, offices)
- ensuring social contact

Probably the most emphasized part of services is this last one. Ensuring a social contact is without a doubt a type of service which private agencies emphasize they offer unlike others. The aim of this "service" is to keep elderly people integrated in the society. The basic presumption here is that elderly people tend to be alone not only physically by living on their own but also socially by not having enough friends or relatives with whom they could be in touch. The solution agencies offer is to provide a care-giver who not only focuses on practical help with cleaning and cooking, but who also talks to people and spend time with them. From

the perspective of the agencies, *to spend time* with the elderly people is a precious service they are able to offer.

Emphasizing of what profit agencies can provide unlike other actors providing elderly care is a common strategy of publicizing of their services. The intention might be solely descriptive one – to show what they do and do not do. Nevertheless more often these distinctions are highlighted by agencies owners to show what their advantages are in order to promote their agencies and sell their services.

Firstly, a significant part is formed by retirement houses. These provide regular and permanent care for older people directly. The basic difference between private agencies and retirement houses is the fact that old people come into rest houses to be taken care for while agency care-workers come to their clients´ homes. The emphasis on home environment is obvious when comparing the advantages and disadvantages of these two institutions, while private agencies tend to favour maintaining the home setting as one of the principles and sense of home-care. Emphasizing the possibility to visit seniors in their homes seems to be perceived as an important positive aspect of their services as they typically highlight this attribute on their websites:

> The principal is to grow old in calm and comfort manner. The goal is to help our clients stay in their homes as long as possible. (Currant Websites)
>
> The social care work enables people to stay at home environment as long as possible, live with dignity ... and use their own skills and possibilities. (Grape Websites)
>
> The purpose of this agency is to enable clients to remain in their homes and support their self-sufficiency, self-reliance and social inclusion in order to live respectful and well-rounded life. (Cherry Websites)

Secondly, there are medical organizations, private or state. These provide expert caring based on knowledge of medicine. Older people ask for this type of care on the basis of their doctor´s recommendation. These services function as home medical care. In other words, all medical acts that do not have to be carried out in a hospital and can be easily done at home represent services which these subjects offer. More concretely, this medical caring comprises serving medicaments, re-bandaging injuries, giving injections and many other. As the character of these services suggests, these acts are carried out by nurses of medical assistants only. It is often said that the disadvantage of these institution is too formal and de-personalized attitude towards their clients but on the other hand their hold a triumph in form of being able to

provide expert care, which again turns out to be a shortage of private agencies. To the question about whether they see it as disadvantage of private agencies that they don´t provide medical care the owner of Apple replied:

> Yes, maybe it is a minus for me that ... we don´t provide medical care, that we only provide *caring* care. We only look after people, we don´t provide medical treatment. ... If someone comes, they want us to nurse their parents, for example because they suffer from diabetes and someone needs to give them medications, we don´t do that.

On the other hand however, this agency was a quite an exception in the way that they only focused on the social aspect of care as they excluded all medical assistance as well as helping with hygiene from the range of their services. The employee structure is typically varied. Almost all other agencies employ nurses or medical assistants to help them in cases medical care is requested. Some of them thus help with only particular activities while the other are employed to provide every day care, whether social or medical.

Last but not least, there also voluntary organizations, charities and church communities. These function as a sort of integrator as their main actions lies in organizing social events where older people meet, talk or play. From that point of view they share ensuring social contact for elderly people with private agencies. Profit agencies however do not have a tendency to compare their services with this type of actor which could be possibly explained by the fact they do not really provide care but rather a spectrum of leisure activities. As such, they are not a true competitor on the market for the profit agencies.

Above we have seen there is a plenty of actors providing paid or unpaid elderly care. One whole thesis would cover the topic of similarities and differences of these organizations but it is not the aim of this one. On the other hand, it is important to know which other types of institutions coexist besides private agencies providing elderly care to see the specificity of this new player on the care market. This can be also observed in the way profit agencies define themselves against the other types of elderly care delivers. Delimiting the nature of their services against the ones offered by other subjects is at the same time a strategy using which the agencies confirm their commercial nature. Actually, the specificity of private agencies with respect to commercialization of care is the topic for the next chapter.

5.2. Marketization of elderly care

"Marketization" can be conceptualized, in accordance with Anttonen and Meagher (2013), as a simultaneous presence of two factors: the market principles (above all, competition and consumer choice), on the one hand, and private, particularly for-profit, providers of social care services on the other hand (cited according to Kubalčíková, Havlíková 2016). In this thesis I follow that line of characteristics. Private agencies providing elderly care fulfil both these factors. They are commerce profit agencies who select and target their clients, describe services and use strategies to promote them to be not only competitive but also to make profit.

Well-managed propagation is a common part of almost every institution which sells its services. Agencies focused on providing care are not a case apart. In the following part I study the ways of promotion of these agencies´ services, strategies of selling them and last but not least choosing their target clients.

To begin with, it is a typical feature of almost all agencies to have a price list presented on their websites. This is nothing uncommon and one might suggest that presenting prices does not have to always mean a good marketing move. However, much more illustrating is a way of reasoning connected with a pricing, more concretely the tendency to defend certain costs. These are calculated for one hour of working and are supplemented with additional charges for one-time service, night services or any other extra work. During the interviews the owners tended to provide reasons and explanations to a question why one-term service is more expensive than the long term one:

> One-term care service is more expensive for the reason that the person calls me on Friday morning that they need that and that on Saturday or Sunday or Monday and this is why it is immediate care and therefore it is more expensive because I have to find the care-giver who will visit the people and help them much faster. (Apple)

> The short-term caring is a little bit more expensive, but the difference is quite small, some twenty crowns for example. We do not want to take money from people but it is like that everywhere … if you want to catch a train you take taxi and so you are there immediately, but you have to pay more. (Pear)

These extracts show how care is being commoditized to such extent that it is treated as any other paid service sold on the market. Following simple market principles "if you want more, you have to pay" business mechanisms are illuminated while the reason for why the services is needed goes aside. On the one hand the agencies claim they do not care about

money of clients, on the other hand, if they do not have them, they are not willing to provide any special care of them, as can be seen in the second extract. By comparing care of human to taxi ride they confirm the attitude they take towards elderly care - it is an issue to buy and sell as any other material commodity or common service.

Next, as there are a lot of alternatives in the field of paid elderly care, these agencies need to present themselves as the best option not only for elderly themselves but for their families as well. By doing that, they not only confirm their "market soul" but they also - knowingly or unknowingly - turn of their course from who they are supposed to target their services at.

Firstly we need to take a look at strategies via which they make their services special. Several years ago, profit agencies made up only 3 % of all subjects providing elderly care (Kubalčíková, Havlíková 2016). This number not only suggests that what used to be a small part is presumably going to rise, but rather that profit agencies are the latest actor on the field of elderly care. As such, they had to create the spectrum of their serviced based on what lacked in elderly care offer list which results in emphasizing different ranges of services they are able to provide unlike the others:

> We focused our services and provide them on evenings and weekends, and mostly during national holidays when most subjects do not provide these services. (Blueberry)

> What can differentiate us is that we are an agency that looks after clients 24 hour a day when it comes to children and elderly people. And if the care-givers is there even after 10 p.m. clients must pay a taxi for her or let her sleep there. (Apple)

> We provide our serves in a way that supports the natural net of family and friendship net of our clients in the most maximal degree. (Orange)

As we can see, profit agencies work on a same principal as any other commercial agency or institution by following basic market principles - supply, demand, choice and competition (Kubalčíková, Havlíková 2016). They provide a certain range of services based on demands of their clients and their choices of services. Furthermore, they tend to accentuate what they do the best or are able to provide unlike than the other actor in the market. In other words, they try to combine advantages of already existing services and eliminate their disadvantages in order to prepare an ideal mix of services that not only would be the most suitable for their clients but which would be easy to sell as well.

To sum it up, the agencies provide a kind of service that can be obtained almost whenever after former agreement. What is more, they provide care that is supposed to be indistinguishable from the "real family care" and which further helps to eliminate negative effects on family relations. Nevertheless, as we will see further on, two problems arise here. *Firstly*, although the agencies might have an initial tendency to coexist with family and provide care in harmony with their natural functioning, in some cases, this initial intention diverges from coexisting towards substituting. *Secondly*, by pointing at possible *negative effects* agencies grow a presumption there might even exist some and by using their services families avoid problems in their relationships with older relatives. In the next sections, these two deflections are discussed.

5.3. Invisible elderly, highlighted family

In this section the emphasis is given on treating care with respect who has the "right" to communicate about it and decide whether to buy it or not. Even though it might seem crystal clear that elderly people are the real clients of the agencies, this presumption is challenged.

The first suggestions grow with focusing on agencies´ websites which have one main goal - to present the aim of the agency, its purpose. These website are typically literally saturated with different emotional appeals, quotations and arguments why buying the service of care is needed. Therefore, they are not only effective in the sense they provide basic information or a price list for example, they also intend to cause effects in the sense of having impact on visitors´ feelings. They typically combine several types of quite typical features as for example a photo of an elderly person smiling happily because there is a care-giver beside. Another one can be quite symbolic gestures as for example holding hands or a helping hand. This presentation is then typically accompanied by a slogan or a quote that should not only summarize who this help is for but also to tug visitors´ heartstrings. Some of the agencies also use quotes of famous people as for example Tangerine agency by using Hubert Humphrey´s words:

> The way we look after our children at dawn of their lives and the way we take care of elderly people at dusk is the measuring scale f quality of our society. (Tangerine Websites)

> We are here to help you. (Apricot Websites)

> Our goal was set up to help families who turn out to be in a difficult situation - in moments, when their relatives get sick or for any reason suddenly request care. (Nectarine Websites)

> The care-givers help not only the elderly people who they take care of but also to their families because the family knows that when they are not around, their relative is being taken care of. (Blueberry)

These quotations show that the agencies not only care about emphasizing helping as the core of their services. The main point here is that by posting these kinds of arguments according to which they intend to help not only the elderly one but their relatives and families as well they reveal they have families in their filed glasses too. Therefore a significant question arises: Who is the care service for? A little test might help here: Take a look at the second quote above and think about who does "YOU" refers to. Is it the elderly person or their family? It might be that unclear for agencies themselves the same as for us. However, we need to build on the presumption that agencies develop these services and therefore they know who they aim to sell it to. Since I started with theory of family being the main client of agencies, I should now develop other features which potentially confirm this presumption.

Firstly, majority of the agencies uses internet website as a means of communication with their clients. Even though it is not true that elderly people cannot use internet, we can presume that they typically do not have a regular access. Moreover, if we talk about elderly people in need of care-givers who must be helped with everyday activities, we are typically not referring to those elderly who live an active life and go in hand with everyday invention or even using of internet on a daily basis. Building on this knowledge, if the agencies choose a mean of representation they also define their target group to a certain scale. Therefore, if agencies present their services exclusively on the websites, they typically present it to children (or even grandchildren) of these elderly people who thus become their clients at least on the same level as the elderly ones do.

Of course, some of the agencies rely on "older forms" of advertising as well - for example leaving leaflets in post boxes or giving recommendations. In my sample, only one of the owners (and one of the agencies) used this type of advertisement. She reflected that via this mean of propagation the connection of agency and elderly people happens without a mediator and is more transparent though.

> It is like that the older the agency is the more often it happens that people address me that they have seen an advert.. or I go and give leaflets to post boxes so people have from the first hands. Then there are people who tell me ´you know, my colleague had your care-giver for her senior, grandmother, could you arrange the service for mine as well, we live there and there…´. People talk between themselves, or they saw me on the internet, or had a leaflet in the post office.

On this extract we can see that the owner herself is aware of the fact that "older" methods of propagation rather get the notion of provided services to their clients and they have it from the first hand, without any mediation. Of course, significant role in propagation is here played by the fact that this particular agency has been established a longer period of time ago. Nevertheless, this also suggests that even thought it has undergone some process of development; they do not rely on online representation and show that conservative methods of propagation might not only work as well, but also be very effective and more transparent for their clients.

Nevertheless, most of the agencies really sell their services via internet and it thus becomes a primary source of looking up for a paid care service. This factor nevertheless seems to be a crucial one with respect to who "wins" the initial contact with the agency. The praxis of agencies suggests that elderly people themselves typically are not the ones who experience this kind of priority. They are not the ones who address the agency first and on the other side the agency usually firstly speaks with their relatives.

The commonality of this process is declared by the owners themselves.

> In most of the cases we are addressed by the family members, hardly ever it is the care-recipient himself.. (Blueberry)

> If I look at our statistics, these are mostly children of the elderly people who contact us, that is how I would put it. (Apple)

> "Well… it is true that we communicate with the adults, like the children of the old people, more because they call us or they send an email first and usually then we talk with them because it is easier … because the old people often do not want to make phone calls or solve it and they leave to their children (Pear)

As we can see, family relatives tend to take control over the initial process of choosing of the care service as they a) buy it in the elderly-unmapped environment b) usually have the primary contact with the agency. Of course, sometimes the request to take responsibility for taking control over the communication and negotiation might come from the side of the elderly people themselves as they do not want to start the process or they own. The question we need to ask is why it is so. The answer might seem quite clear: agencies mostly offer their

services on the internet and so the elderly people do not necessarily have to have the opportunity to access it and if they have, they still rather ask someone from their relatives to take care of it. In other words, as care becomes an article that can be bought on the market, elderly people are deprived of autonomous looking for a care-giver. One of the reasons for preferred negotiating with children of elderly people from the perspective of agencies is easier communication with younger generation. Sometimes, it is that easier because the elderly person does seem to be able objectively evaluate their physical conditions.

Giving preference to communication with family members is not the only example of overlooking elderly clients within the praxis of agencies. By the same token, highlighting the needs of family is seen also in reactions of owners to particular questions. For example, to a question "what requests of your *clients* do you meet the most often" the owners tend to reply:

> The *family needs* someone to watch the elderly person to take care of him because they are employed and so on. (Apple)

At the same time, what family might need or want seems to be a basis of the whole marketing of these market actors, which is presented not only on websites of the agencies but also confirmed by the owners themselves:

> The basic principle is to support the family which takes care about elderly people. (Tangerine Websites)

> The long-term care is used by clients who need the caring service regularly for example in times when the family is working. One-term care is used in moments when family wants to go for a vacation and they want to be sure that their relative will not come to any harm. (Blueberry)

On the last extract the automatic exchange of clients can be identified. Although the owner tries to differentiate between the "client" and "the family" she only does that at the naming level because the attention is again given on what the "family wants" (to go for vacation and be sure). Feelings of family members are there taken into consideration in order to please them, which however also equals buying service by these families.

Above we have seen that in the process of negotiation with the agency elderly people are invisible to a certain scale even though they are supposed to be the centre of attention of this service. They are bypassed not only in the initial communication about care service that takes place primarily between the agency and the family but also by highlighting the family needs to the detriment of elderly clients themselves. Families seem to be the target client

group of the profit agencies as they carefully care about the need of family members. In the next sections we will see the agencies not only please families´ feelings in terms of providing comfort for them but also massage them in order to make profit themselves.

5.4. Strategy of burdenization: Rhetoric of making elderly care a burden

Above we have seen how elderly care is outsourced from the intimate ambience towards the market one not only due to demographic and societal changes, but also because of the position elderly people hold since they become clients. And these clients started to be attractive for a certain type of actor on the market. Based on the presumption that private agencies appear to be the golden mean as they combine both expert and human aspects of care, they will probably be needed even more with respect to prolonging the length of life and other societal changes. Although they made up some 3 % of all actors providing care in the past years (Kubalčíková, Havlíková 2016), as already mentioned, they are also an actor with very specific features. One of these features is the way of marketization of elderly care which happens within their functioning. The key strategy seems to be burdenization of care itself.

Although it might seem inadequate to talk about elderly care as a burden, it happens at some level, however it is important to set up the "right" perspectives. The purpose is not to claim that agencies make elderly people a burden for the society, nor for their families. Rather, they depict *caring* (the activity itself) as a burden for those, who are *supposed* to conduct it. Those who are expected to do it are the family members. Family relatives are typically perceived by the society as the ones who should provide the home care for elderly and also the ones who provide the best form of caring (see Jeřábek 2013, Hrozenská, Dvořáčková 2013, Petrová Kafková 2013). Therefore the agencies have not only picked family as their target clients as was shown above, but they also work with their feelings, emotions and their everyday concerns. In doing so, they use a spectrum of reasoning that help to clarify conditions of the family because of which the family needs this kind of help. The agencies choose an approach which combines a totally understanding attitude towards families´ "drops" in caring together with emphasizing the demanding nature of care itself. By massaging the family relative´s emotions they not only make them even more aware of the exhausting character of care but they also grow a notion there is an opportunity how to get rid of the burden of care, offering thus not only a possibility for families not to care but also an

opportunity for themselves to make profit. Below we are going to see how they develop the strategy of burdenization of activity of caring using several partial strategies.

Firstly, they use a strategy constructed upon **highlighting the stress experienced by sandwich generation**. In facilitating this notion the agencies pursue a philosophy that family must deal with double portion of care duties (of children and the elderly) leading to accumulation of stress and relinquishing some of them. This is typically perceived as a result of unsuccessful effort to keep balance between these two responsibilities that are hard to combine for a longer period of time. In other words, incredible amount of responsibilities - for children, for elderly parents, and minimum of free time intensified by geographical distances or insufficient infrastructure is one of the ways the owners apologize the family´s drop-outs in family.

> What is the daughter supposed to do? She has her own family and has to go to work. Of course she is then glad that there are agencies providing elderly care with care-givers who will take care of her mum. She just cannot do everything. (Apple)

> Well it is all matter of the situation that every person is at. Because if you are a one-child living with your mother the whole life it is not so strange to take care of her when she is old. But if it is a family and the mother has two children at home and she has to take one to a dance class and the other to football training it is hard for her to manage also the mother who can live a little bit further moreover, so she is glad someone takes care of course. (Cherry)

The owner of Apple agency here reflects the everyday concerns of sandwich generation people. By offering the service of elderly care she tries to provide a possibility to decrease the pressure felt by this person. It is just that torn responsibility and effort to keep the balance between child care and elderly care that lies on the shoulder of working-age people the most. Although the intergenerational solidarity is still on a good level in the Czech Republic, the responsibility to care is not taken as an automatic approach as a result of the demanding character of this activity. Although every family´s situation is very individual, we can observe a sort of ambivalence resulting from a conflict that is delimited by duties (to work and earn money) and by competing relationships (own partner, children, grandchildren) but also the need to consume own free time (Přidalová 2007). These inner conflicts are what agencies work with when selling their services and they do in a specific form. Some of them highlight the pressure sandwich generations face while they can make it even more distinct by promoting that family deserves to have a rest from all activities that arise from the fact that the family care-givers are a part of sandwich generation.

Secondly, one of the strategies how to sell the services and justify that somebody buys it is to emphasize that **family deserves** to have a rest. Besides the arguments that they help with elderly care in order to keep family relatives in their employment and give them possibility to spend time with their children there is this one that operates with giving the family a time to rest that they deserve. This presumption is built on the notion the family care-givers have too many responsibilities (probably arising from the fact they also need to take care of their children) and thus they need to have a break sometimes:

> The family deserves to have a rest from the caring, because it can be very difficult and the family also sometimes needs to „turn off" and have a moment for themselves and to know that their elderly relative will be taken care of. (Blueberry)

> Our care-givers help the families by taking the responsibility for caring about their parents away from them. (Orange)

> The purpose of the service is to provide the family members a time to have rest, to go for a vacation, to relax, but also to keep themselves in the working process. (Apricot Websites)

In other words, according to the market philosophy of the agencies, families should buy a caring service for their elderly relatives in order they could have a rest, go on a vacation. By reasoning like this, agencies create a picture of elderly care as a stressful and exhausting activity that is need to be stopped for a while to have a break. Despite of explicitly saying that, agencies thus make elderly care a burden that no one wants to hold for a longer time. This is by the way slightly proven by the fact that long-term paid care is used much more often than the one-time one, what was agreed by majority of the owners.

Since providing home care might be very difficult to exhausting, temporary substituting of the family care givers might bring its fruits. As the agencies owners argue, family members might gain some time for having a rest, go for a vacation or anything they want. However, switching the family and the paid care like that might lead to a situation when family care is switched off rather than taking turns with the agency and it does not function as a temporary model any more. Moreover, "taking turns" is a slogan that agencies explicitly use to define the purpose of services offered:

> We are trying to help people providing elderly care by alternating with them. They might have a lot of things to do in their jobs or many concerns or activities with children for example. The time is like that and we want to relieve them of this (caring). (Orange)

> You know, nowadays the time is really rushing and if you have many activities to cope with, you immediately know if there is something other you have to take care about... those are the women who are able to take care of the children and their parents as well ... if I was in their shoes I would be glad if someone would help... and if the do not want to let someone strange be with their old parents all the time they are at least glad if they can have a break from time to time, for example when it is needed the most. (Cherry)

These extracts depict the **strategy of taking turns** which exposes two fundamental findings. First, the presence of a care-giver is supposed to relieve the family care givers from the burden of caring. By labelling home caring as an activity that is needed to be stopped for a while to *have a rest* or that leads in the phase when care-givers needs to be *substituted*, agencies again depict elderly care as burden lying on the shoulders of those who carry it. No doubt that home caring is an exhausting activity. However, with respects to the presence of profit agencies on the market it is necessary to ask whether emphasizing the picture of burden of informal caring is not a strategy how to transform informal home caring into profitable paid elderly care. And we can imagine such a situation on a basic model from everyday life. Imagine you go shopping with your friend and after you are finished you need to carry the bag. You know it is hard but you would probably be able to carry it. However your mate keeps persuading you the bag is too heavy to make it on your own and on the top of that he offers a help. Firstly, you take turns but in the end you do not offer to carry it again just because you see he does not require it as he offered the help and he is so understanding. In other words, you relinquish carrying the burden as somebody else offered to carry it instead of you.

Here we get to the second point. By implementing the strategy of taking turns the goal is given: formal and informal care givers for example create a schedule when for some parts of days the care is provided by one of them while for the rest by the another one. The initial plan is thus keep both the actors being active care providers. This is also how the model is presented by the agencies owners. Their services are supposed to fit in the family frame, they are meant to help but not to substitute the family role. However, it has its own reason to talk about the strategy of taking turn as about *an initial plan.* The owners themselves reflect that the original strategy of using agencies as a helper might change with time and lapse into complete displacement of informal care by the formal one:

> Unfortunately, we experience such cases. The family know that the member of family, elderly relative, is being taken care of and they do not feel the need to be a part of it anymore. And communication with them is then very complicated. (Blueberry)

> Sometimes, in cases of some person, the change is quite welcomed. It is for example that they have either bad relationships in family or they are … let´s say permanently angry that they suffer from some pain… then it sometimes happens that if the family sort of checks us and knows that our care-giver is able to help them the same or even more, they leave it up to us. (Pear)

In such cases the agencies are witnesses of weakening communication between the family and the elderly relative when paid care givers fulfil the role of a communication mediator. Moreover, by setting such a model, family care is completely substituted by the paid care. The initial vision of taking turns is crushed and family and relatives are displaced in such intensity, that the roles might be turned inside out. However, who remains inside is the paid care-giver and family stands out taking turns with the agency from time to time. Clients who are being taken care of on a long-term basis and their families visit them at weekends or during holiday are typical cases as for example the owner of the agency Blueberry reflects:

> We provide the long-term care more often, usually for the more serious cases, when their children (of the elderly people) do not know how could they help. And they also have their own job, right. (...). But the truth is, if they come on Saturday, the care-giver does not have to come, they can do it themselves. (Blueberry)

In the argumentation of the owners, the purpose of care is defined as a form of assistance for families, meaning family care-givers are alteranted for a while to have a rest. This type of rhetoric however highlights the question who is the elderly care actually for. Who is the real client of the agencies is not easy to define and it is confusing in trying to expose what agencies enable and what impacts their services might have on the intergenerational relations, on providing care, on the lives of elderly people in general. Although they help the elderly people in their everyday life, they also erase the family´s duty of care, as they put it, and as such they provide family with an opportunity how to redeem itself out of this duty. By providing an option how to buy out of something, they make that *something* a burden.

That is also the core feature of burdenization of care. The aim is not to claim the agencies rip the family and the elderly apart. Instead, using a market strategy of burdenization of care they grow a notion of care being a burden. However, they do not ever name elderly care a burden, what they name are the reasons why they offer paid care in homes. Nevertheless, by naming these reasons it is much more visible that in the background they make care a burden. The owners of agencies define their services as a form of help for families who are supposed to provide a home care of their elderly relatives but are not able to conduct it.

Above we have seen that the difficulty of family providing of care is something the agencies work with. No matter how generous their potential might be, it is also needed to understand that their understanding of the families´ difficult situation does not necessarily have to come from the depth of their hearts. From the perspectives of the agencies the tough role of families seems to be completely easy to understand. However, based on where they stand, they simple have to justify such a state as it is highly favorable for them. We can perceive their forgiving and understandable attitude towards shortage of family care as a well-developed marketing strategy, when this time (of ageing population and sandwich generation) is mostly beneficial for the agencies as they remake these social conditions into an opportunity for a profit. They put themselves in the position of helpers who help those who are supposed to care about elderly relatives. This is also seen in how the owners reacted to a question whether they feel that paid elderly care is needed more than ever. In their answers we can identify how they are aware of how situation looks like "nowadays" and what is means for the agency, while one of the owners even used words like "life expectancy" to describe what causes higher need of the agencies:

> Yes, I feel that nowadays agencies providing elderly care are needed more than even because more-generation living is not a trend anymore so families do not take care of the elderly and also the life expectancy is rising so the amount of elderly people who need the care is rising. (Blueberry)

> Definitely, because in this time when there is less time for the family - because the time is really rushing - and there are the agencies, I think people are really glad they have a possibility to ask the agency for help, for example before they get home or so. (…) I see it from the perspective that nowadays there much more people employed so they cannot afford to be home, or they are businessmen who cannot take care of the person, so they have someone to take care of the person. (…) Because the husband and wife go to work and do not have anybody, (…) who could possibly care about the person, so they address agencies. I think it is more because they have nobody who would take care. However, they are also thinking about whether it would be need ten or two time a month. They consider what is enough. (Apple)

What these extracts show is that the owners are not only aware of the "nowadays situation" but that they are also able to make it beneficial for their business. Here it might seem we are moving on a thin ice, but as we have seen above, even though profit agencies could possibly define their services as a form of assistance, they often tend to substitute the family role in providing care completely, even though it may not be their intention.

5.5. Depersonalization of care

Above we have seen how the agencies define their services and how they describe their purposes. Based on the agencies owners´ declaration it was discovered that elderly people themselves do not necessarily have to be the only goal clients of these agencies. Within the process of looking for a caring service, its communication and realization itself, it is the family that gets in the spotlight while seniors are shadowed. On the other side, from the perspective of the supplier, agency owners or managers are those who mediate the service of care which will be conducted by other care-givers in reality. The consequence of the model in which elderly persons have family relatives as their mediators and agencies on the other hand assign care-givers, is depersonalization of care. It is a sort of paradox that the initial plan to buy a caring service grows on the vision of ensuring a care-giver for an elderly person. This care-giver is supposed to help with everyday (and sometimes very intimate) activities and to ensure some social contact as well. However, before these two persons meet, two other actors step into their potential relationship

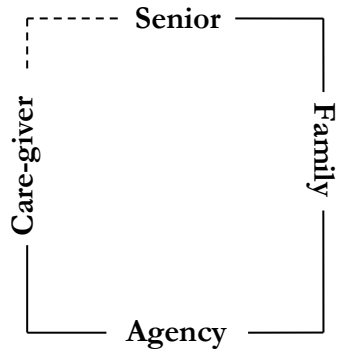
To begin with, based on the interviews with the owners of the agencies it is apparent that family relatives of elderly people are the ones who negotiate the arrangement of caring service. Family of the elderly person thus typically functions as a mediator - they find an agency, contact it, and afterwards make the communication between the agency, the care-givers and the elderly person smoother. All the owners confirmed that the majority of the overall communication is managed by the elderly person´s family who not only looks up for the right service, arrange it but often also take care about the financial coverage. Of course, the intensity with which the families take part on this process varies from case to case. Dominance of family does not necessarily refer to any dictatorial attitude, but as is shown in one of the interview, it has a slow but continual progress. To a question who has the "last word" in setting up the nature of care the owner of Apple agency replied:

> In cases like that, I do it like... Someone call, either the elderly person or his daughter and I tell the daughter how it works here, I tell it to the elderly person too and then I leave it to their decision. I do not order anything when I don´t know how their situation looks like... Sometimes it happens that the old person does not say everything because "he is healthy and his relatives just want to give him somebody to take care or get lunches" ... but then he steps up two stairs and says "I can´t". Therefore if I should say it.. it is rather the daughter, who needs somebody to take care of the elderly relative. But there are also those old people who say I need... I can´t handle it myself, the young ones are in work...

From that point of view it might seem that elderly people are treated as children. Everybody listens to their opinion but the owners of agencies expect the family relatives to know better. Agencies thus have the tendency to accept the family´s authority and be blind to the elderly voice. The family relatives are often asked to evaluate the current state of their parents and decide not only whether the older ones need the care or not, but also whether they are about to provide it or leave to the paid care givers. In other words, family members are sometimes given a position of importance they do not really deserve with respect to the shortage of shared moments with their relatives. It is not however true and it was not even the aim to claim that the agencies strictly follow only family´s decisions. Rather, the agencies tend to take family´s position into more serious consideration that the one of the elderly or impaired persons. Likewise, this extract also shows not only that family really is an important actor in the communications with the agency, but also confirms the range of importance the agency ascribes to it.

As a result, it is the agency who together with the family leads the negotiating process while sidelining the senior and the care-giver. What we can observe is a process when if an elderly people want to use a service of care of a private agency, they get into contact with two people at minimum. At the beginning it is a manager who has the responsibility for communication with new clients, only afterwards (after some period of administration, phone calls and negotiation about the character of caring) the care-givers themselves become the part of that process. As a result, the relationship between the elderly person and the care-givers is set up by all the actors expect for those who are going to be a part of it. The vicious square of elderly care drawn within the commerce sphere is shown below on Picture 1:

Picture 1: Mediation of Care



The care square can be understood in two ways: 1) the process begins when a senior needs to arrange a paid service and asks some of their relatives to order it. The family contacts an agency and this agency choose a care-giver and assign her to this elderly person; 2) agency communicates both with family of the senior and arranges a care-giver for them but it is hardly in direct contact with that elderly person. All the communication is mediated, sometimes on more levels. Both these processes might work in different types of agencies and both show a certain level of depersonalization of care, while the first one mentioned seems to be doubled by the fact that both agency and the family step up into the presupposed private relationship between the care-giver and the senior. Two other remarks need to be made regarding depersonalization of care. One, depersonalization does not have to necessarily be a side product, it is a basic principle of provided service and sometimes it equals professional behavior (Souralová et al. 2017). Second, depersonalization is not automatically negative - it is just a different form which can make out decisions easier to make by making them instead of us: "we are witnesses of interesting paradox when the variability on the market gives us a opportunity of choice of subjects to address in order to get rid of the burden of choosing" (Souralová et al. 2017: 121).

To sum up, both the agency and the family grow the depersonalized character of caring together as they talk about the care-recipients without them while agencies definitely grow this objectification by giving families such a space to dominate throughout the whole process. In the whole process then, until the paid care-giver and the care-recipient meet, the elderly people are almost invisible. In other words, marketization and commodification of care in that process lead to objectification of elderly people.

5.6. Between the depersonalization and burdenization of care

In the context of paid elderly care and on the ways profit agencies supply their services strategies of burdenization and process of depersonalization of care were identified. The question that remains to answer is how these two processes relate to each other. The strategy of burdenization reveals the tools agencies use to promote their services, to make the families buy them. On the grounds of depersonalization of care, personal and private character of care is challenged as many actors step up into its arrangement.

The relation between burdenization and depersonalization is grown only if the family decided to order the service of care as both of these processes can be understood as attributes of paid elderly care. As long as care is conducted by the family members, the activity is still personal as it preserves its intimate character. Who is a part of that relationship are only a family and the senior. Just as the care is being taken away from the family´s responsibility and transferred to the market environment, certain processes that were not present during home family caring come to the surface.

If the senior or the family or both decide to rely on a formal model of care, the scale to which they are under effects of burdenization and depersonalization changes. In other words, if the family decides to translate the responsibility for caring on an agency, it means they not only succumb to the strategies of burdenization, but also that the care provided to the senior would be depersonalized. This can be seen of a following extract, where the owner of Apple to a question whether she thinks people order formal care in order to escape from their duty to care replied:

> Yes, it happens, it happens here. Because like I said, the time is really rushing and even a hand of a stranger is need. It is common all over the world but I feel that we still defend ourselves against but I would say we do it for no reason, because we do not realize that if someone helps me and I am satisfied… If I am not satisfied, then let´s say goodbye, but if I am (I must trust the agency a little bit of course), then I think it is a form of help with respect to nowadays situation. (Apple)

On this extract several things can be observed. Firstly, a **competing tendency** to sell the agency as a new and unknown actor appears. The necessity to persuade the public to use services of these agencies is natural. What is however interesting is that the owner does not try to have impact on the notion of quality of services offered but rather emphasizes the commonality of using paid services in the world.

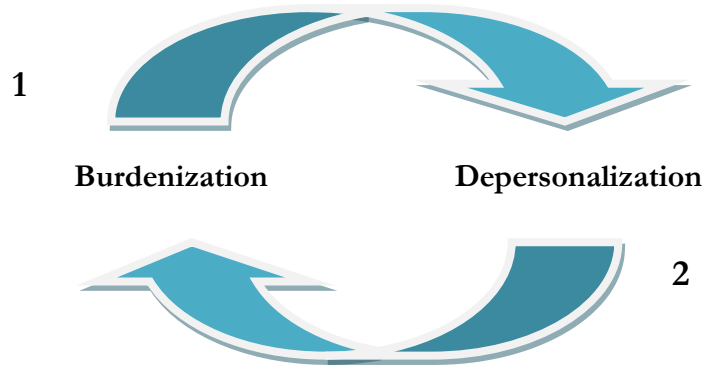
Secondly, again we can observe the **objectification** of seniors. The emphasis is given on the need of help for the family and on the other hand neglecting the perspective of the care-recipient. Two levels can be observed here. First, the emphasis is given of getting the help and being satisfied with it. However those, who are meant to be satisfied and helped in the first place, are the families, not the elderly.

Thirdly, a strategy of **burdenization** is present in the form of making caring an activity from which people need to escape and have a rest while the strategy of highlighting the pressure and need to have a rest is used. Most importantly then, this relieved burden and satisfaction can be even achieved by "a hand of stranger" which proves the tendency of **depersonalization** of care. Who does meet the stranger´s hand is actually mainly the elderly

care-recipient. The objectification of elderly care-recipients is thus completed as the family´s or relative´s needs are fulfilled primarily - no matter how does it refer or influence the elderly people in a need of help.

In other words, as strategies or burdenization are used, families are motivated/pushed to abandon their responsibilities for home caring and transfer them on agencies. Since these profit agencies communicate using family as a mediator and assign care-givers to seniors, the service of care becomes depersonalized as it is mediated at two levels: family chooses agency, agency picks up a care-giver. In short, in the surrounding of profit agencies home elderly care becomes a burden and is further depersonalized as it is negotiated by two other actors. Burdenization of care thus provokes depersonalization of care as shown in the Picture 2 below as the process number 1.

Picture 2: The Relationship between Burdenization and Depersonalization



The process can however function the other way round as well. Depersonalization can arise from 3 aspects: a) economic nature of caring relationships interrupts the intimate character, b) mediation of service c) unclear role of client (Souralová et al. 2017). In the process number 1 on the scheme, when burdenization causes depersonalization, the latter equals mediating the care service and dominance of economic character of care which is a result of successful strategy of burdenization. However, if we understand depersonalization of caring relationships as arising from the unclear definition of who is the client of profit agencies, the situation is different. By favoring family, the agencies choose a target group of clients. On the top of that, they also choose and gain *the group* on which they *can apply* their

strategy of burdenization. In that matter, depersonalization in form of ambiguity of who is the target group of clients and following preference of family makes the process of burdenization easier (process number 2 on the scheme above). In other words, if we perceive depersonalization as the beginning process when the role of client is unclear, agencies pick up family as their target group and strategy of burdenization is easier to apply.

The relationship between burdenization and depersonalization is thus mutual. Both of these processes (or final states) can be understood as side effects of the other, while at the same time they are basic principles employed by profit agencies providing paid elderly care. In the following sections I discuss the impacts these principles have on the role of family in providing care together with a broader vision on paid care arrangements.

6. Under the influence of marketization and burdenization

6.1. De-familization of care or prevention of burnout?

The question that remains to ask is how this new care arrangement affects the role of family in the elderly care. Under the roof of substantial shifts in care systems, growth of individualization and feminization and emergence of market caring actors, one important question arises: Does marketization of care and strategy of burdenization the agencies chose lead to de-familization of care?

The role of family within the agencies´ surroundings is ambivalent. On the one hand, a tendency to favour the family needs over the elderly person´s ones is declared. The preference given to what *family wants* is presented not only in ways agencies promote their services. It can be visible also in the fact that the agencies communicate with the family relatives more. More importantly however, it is seen in how agencies try to soothe family members´ everyday concerns and pressures they face by taking the burden of elderly care away from them. By doing this, the agencies however do not support the family cohesion. By above mentioned strategies they do not care about the family as a whole, they care about certain individuals within the family (often other than the elderly), more concretely they care about the ones from whom they may take the responsibility for caring about the member of their family away.

By the same token, even on one hand they favour family needs, on the other they also tend to picture the family caring as a burden which the family members should give up. Agencies do not work with burdens like symbolic degradation or zero financial valuation, although these are the most common stigmas connected with informal caring from the perspective of family care-givers themselves. The other way round, most of these are not named as burdens by the agencies. Instead, the attention is given to physical and emotional inconveniences family members have to face when providing informal care. The agencies focus on depicting the elderly home care itself a burden that the family relatives do not want to handle any more. As such they show their goal is not only to relieve the common burdens felt by informal care-givers, but also to burdenize the home elderly caring to such extent that the families give it up themselves. Of course then, burdens perceived by these informal care-givers go to meet this rhetoric and make the impact of agencies´ strategy of burdenization even more effective. However, by taking this approach the agencies rather interrupt than support the family cohesion. Generally said, paid services and publicly subsidised services generally promoted a trend towards de-familialisation and lower level of care-giving by integrating dependent persons in care services/institutions (Le Bihan, Martin and Knijn 2013). On the other hand though, as there is a plurality of care arrangements, the line between familiased and de-familialised, public and private, gendered and de-gendered is often hard to define (ibid.).

Profit agencies are thus moving somewhere in between - they are not fully formal or informal as they provide formal care in homes of their clients while this care does not have to necessarily be expert which is usually seen as aspect of formal care. They also move on the boundary of private and public sphere, as they come from the public sector but get into the private (or even initimate) spheres of elderly people and their families. As such they fulfil the connotations of *semi-formal care arrangement* (Pfau-Effinger, Flaquer and Jensen 2009). Since there is such an ambiguity in defining the spectrum of where the profit agencies move and function, it also cannot be simply stated whether they promote de-familialisation of care. If they function as a completion of family care they might have a role of family glue by helping up with the hardest activities that cause the family disruptions. This is also reflected by the agencies owners who often reflect that the help they offer is supposed to be a form of assistance which aims at easing the demanding character of care itself. This could be completely true if the agencies stopped here and would not continue by depicting the caring as a burden having such an effect that family drops out that activity in a larger extent. To sum

up, we can say that agencies promote de-familialisation based on the level to which they burdenize the caring in the eyes of family relatives, who are supposed to conduct it.

6.2. Between the right and wrong: Role of agency and family in the background of burdenized elderly care

Burdenization of home caring for the perspective of informal care-givers is a strategy that agencies use on regular basis and which has its effects. On the other hand dropping of the responsibility for caring from the position of families cannot be uncritically perceived as agencies fault. Although profit agencies providing elderly care fulfill and follow certain mechanisms and strategies which typically define commercial organizations moving on the market, they are not the reason why they are needed.

On the one hand, transmitting the part of responsibility for caring to agencies can have its positives and does not have to be necessarily the worst option. With respect to the demanding character of home elderly care and informal care-givers burden that do really exist, help in the form of care assistance can prevent the syndrome of burnout that family members can reach (Sayoud Solárová 2010). With respect to social demographic and societal changes which make family caring more demanding, such assistance can be helpful.

On the other hand by solely existing and appealing to families to have a rest from caring, agencies actively support the demand which they later use for their profit as well. By developed marketing moves they appeal on family needs and evoke feelings which further lead to changes in the care arrangements for elderly people. There are of course tendencies to humanize the provided care from the perspective of agencies. For example to the question whether she recommends a long-term or short-term form of care to their clients the owner of Apple agency replied:

> I am the type of person that does not want earn money on this agency and take money from people, that's why I offer to start with the short-term a then after the three months if they are ready and wan to continue, we change it. It seems more serious to me than to immediately tell them that I want the money because these cannot be returned.

Although this procedure might follow some marketing potential as well, in this extract the owner reveals a tendency to persuade the public that the agency does not want to make money in the first place. Nevertheless, as we have seen above, transferring elderly care into

business remains a fact in the ambience of profit agencies. As family is exposed to the marketing strategies of the agencies, they immediately start to massage their emotions by elaborated slogans and quotes using which they mirror the activity the family is supposed to conduct as a burden from which they need to have a rest. With respect to their commerce focus agencies thus provide not only a way how to get care (for the elderly) but also a way how to redeem out of the duty of care (for the family). By providing that option, the agencies might not really want to force families to drop their responsibilities for caring, nevertheless by offering such a spectrum of services with specific ways of their promotion, they motivate family members to give up caring for elderly relatives and consequently they make profit.

As we can see, market and private subjects have obviously started to represent a significant part of our everyday lives, which touches also the activity of caring. We are witnesses of marketization of intimate life (Hochschild 2003) when many intimate activities are delegated to the market where "strongly competing providing care markets come into existence" (Dudová 2015: 28). In that ambience the labour of love becomes a paid service. As the intimate and private relationships are interfered by economic transactions and pursuit of money, the family essence is interrupted. Glenn (2000) even suggests defamilization of care might be perceived as an intended strategy aiming at freeing family out of the duty to care with respect to pressures family members face when providing care.

Thinking about the role of family in ensuring the care for their elderly relatives is therefore marked by a dilemma when the model of family care and model or freeing the family from caring stand against each other (Jeřábek 2009). As a result, families face a question whether to accept the responsibility for caring or transfer it on other actors. This question is very hard for them to answer. Based on qualitative research in six European countries Le Bihan, Martin and Knijn (2013) found out that to be able to provide care about elderly relatives and to have a paid work at the same time, combination of many care arrangements has to be involved creating thus a mosaic of various care providers. Since this mosaic is so rich in number of contributors, it is clear that family does not occupy much extensive space. The less frequent inclusion of family can be partially explained by the burdens that family members feel when providing home elderly care and also by less support from the state. This can involve low benefits for home care or absence of "break for care" as an alternative to baby break/maternity leave.

To conclude, on the one hand, profit agencies do not cause the fact they are needed. With no intention to trivialize the impact of demanding character of caring, these are families themselves who make the decision to transfer the private activity of caring on strange subjects. On the other hand, outsourcing of care towards market sphere is supported even by the fact that commerce agencies exist and address potential clients. Therefore, commercial actors providing elderly care cannot be perceived solely as passive fulfillers of caring gaps in the society, but rather as active promoters of depicting elderly care as a burden for family care-givers.

7. Conclusion

Combination of demographic transitions, changing lifestyles and pursuit of de-institutialization has lead to recent changes in caring arrangements. Tendency to outsourcing care have touched not only services focused on caring of home as cleaning or repairing (see Souralová et al. 2017), but also childcare and eldercare. Marketization of our private lives has led to emergence of new commercial actors whose goals are to take our responsibilities away from us (after we drop them) and manage our emotions and feelings (Hochschild 2003, 2012). As a result, families have started to lose their priority position in providing homecare for their elderly relatives and consequently other models need to be implemented. The aim of this thesis was to research a newly emerging subject - profit private agencies providing elderly care - in terms of provided services, means of communication, and strategies of marketization. Based on the areas studied, several aspects of profit care-providing agencies have been identified.

Firstly, in the environment of private agencies elderly care is highly commercialized. This is proven not only by the character of agencies itself - they are private agencies providing paid care, not voluntary charities, but also by the commercial aspects of their services. On their websites, a price list is never absent and every extra service is counterbalanced by higher cost. Likewise, agencies tend to rely on emotional appeals and slogans whose aim is to make the best possible impression on potential clients.

Secondly, those clients are hard to define. Although the content of services they offer is targeted at elderly people, the symbolic and also practical contribution enriches families as well. If help to families was a side effect, it would not be strange. Nevertheless, agencies appear to choose families as their target group on purpose. Proofs for that statement are found within slogans agencies use to define the purpose of their services while needs of families tend to be highlighted. Generally, there are two purposes demarcated in the direction of provided services. On the one hand, agencies promote an opportunity for seniors to remain in their home surroundings where they feel most comfortable (and by the same token, they also point at disadvantages of other actors providing elderly care, making thus great PR for themselves). On the other hand, they also define the goal of their services as help for family by providing it time for relax and vacation; in other words, an opportunity to redeem themselves out of the duty to care. There are then two paradoxes connected with the agencies´ goal to please families. One, they put family´s comfort on the same level as the help for elderly;

although, they are supposed to provide primarily elderly care. Second, the primary goal is supposed to be an effort to keep seniors at home where they know it and from where their natural net of relationships arises. However, by providing a care-giver to take care of them, agencies also make the contact with family relatives less frequent.

Thirdly, elderly people are often objectified when provided paid elderly care. This tendency can be perceived as a side-effect of assigning dominant position during communication to family relatives. Agencies not only focus of family needs and tend to sideline the ones of elderly people; they also favour the communication with family who is given a primary place during initiating, negotiating and ensuring the care service. Family relatives of senior gain this position as a result of three aspects: a) agencies present themselves on the internet where elderly people in need of care typically do not find them, b) agencies prefer communication with younger generations as it is smoother, and objective evaluation of senior´s medical condition is expected from them, c) agencies seem to pick up the family relatives group as it fulfils the attributes on which agencies´ strategies of burdenization can be applied.

Next, private agencies use several marketizing strategies that are applied on emotions and feelings of family relatives of seniors. Firstly, agencies tend to illuminate the fact the most of their clients (family relatives according to given rhetoric) are sandwich generation people who suffer from pressure arising from uneasy distribution of all duties they need to cope with. Secondly, it was shown that agencies try to persuade families they deserve to have a rest as a result of facing all above mentioned problems. Thirdly, agencies promote their services as an alternation to family caring in order to provide families time to rest, while this alternation sometimes ends up in complete substitution of family by a caregiver from the agency. By all previously mentioned particular strategies, agencies depict a picture of elderly care itself a burden that the family relatives are not able to carry for a longer period of time and luckily they have agencies to take the responsibility on their shoulders. Overall, the agencies make homecare a burden in the eyes of family relatives who are supposed to provide, which can be understood as a marketing strategy to make profit.

Lastly, the elderly experiences depersonalization of caring relationships. That fact arises from several conditions. From the simplest point of view, paid caregivers from the agency is a stranger for seniors and this label is not easy to clear away quickly. However,

before the final state when two strangers meet, other two actors step up into their presupposed intimate relationship. These are a family of elderly person and an agency as a whole. Both of these two actors function as mediators while the agency fosters the depersonalization even more as they negotiate primarily with families of seniors. As the communication and ordering of a caregiver move along a one-way square, the senior is represented by family, and the family communicates with the agency which then picks up a caregiver. Moreover, the character of care is quite intimate as many physical activities as well as sensitive feelings take part. By making these private issues a concern of more people than is necessarily needed, the intimacy is broken and relationship between a senior and a caregiver is depersonalized. In other words, what does studying the paid elderly care points at is how care nowadays penetrates into all spheres of the society. Nowadays, care is not only socialized by the enormous amount of institutions that manage it (Jeřábek 2013), but also depersonalized by the number of actors who step into negotiate it.

Throughout this thesis, paid care provided by profit agencies was put to research. The aim, however, was not to judge whether paid care is the right or wrong model of care. Rather, the emphasis was given on revealing a marketizing tendency of burdenization of elderly care that occurs within these agencies and on providing proofs for its presence. The main results can be summarized as followed: profit agencies providing elderly care aim their services at family relatives of seniors at the same level as at elderly themselves at minimum, while the group they chose to communicate with appears to meet the imaginary requirements of agencies. These can be understood as certain conditions that are suitable for agencies´ marketizing strategies to work with. As family relatives of elderly people typically move within **a triangle of features,** they perfectly match the needs of agencies who try to apply the strategy of burdenization of elderly care in eyes of family providers. **Being a part of the sandwich generation, which deserves rest in a form of being alternated in providing care** equals **being a perfect target for commercial profit agencies.** With no doubt it can be confirmed that profit agencies do use marketizing strategies in form of burdenization of care, while this strategy works better as their target group of clients meets the above mentioned features. By choosing effective slogans, adapting and understanding attitude towards uneasy situation of family relatives, and by encouraging these relatives it is okay *not to care*, they not only help the families and the seniors, but also profit themselves.

The duality of impact of agencies´ practice suggests there is no basis for criticism of their services. Although market mechanisms were identified within their practice, the fact that also needs to be taken into consideration is the contribution of their services. The positive lies in mix of care arrangements they enable and that helps to improve the quality of elderly care. This is also proven by the research conducted among six European services made by Le Bihan, Martin and Knijn (2013:184) who conclude: "as policy measures have increasingly moved towards the provision of services, norm and practices have been shifting towards a mixed-care regime… family care supplemented by professional services (daycare centers and home help) which allow the person to live at home is seen as the ideal solution in situations of low to medium dependency…". The only problematic result here is the "ideal solution". Mixed form of care arrangements cannot be seen as unproblematic as the role of family care-givers inevitably changes with the amount of actors that take part on elderly care. As we have seen above, the agencies, on one hand, help families in the sense they alternate with them in needed times; on the other hand, a tendency towards complete substitution of family care was observed as well. As for the role of profit agencies in the model of mixed care arrangements, they can be seen as a contribution for home caring in the physical aspect as they enable the senior stay at home. As for their impact on the family cohesion and keeping families a part of elderly care, their contribution is challenged.

In conclusion, the same as all other subjects providing elderly care, profit agencies hold their positives and negatives. One fact is that they grow their services on market principles, the other one is that help for seniors and their families cannot be denied. For that reason, several more research studies would need to be done in order to get the perspectives from all actors who create a care square in order to objectively assess the role of agencies within family home-based elderly care.

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9. Name index

10. Abstract

With the increasing processes of de-institutionalization, privatization, and marketization, care arrangements across the world have experienced substantial changes. These changes have affected elderly care as well, and they presumably will keep influencing new care arrangements arising from the ongoing process of aging of population. In that thesis, the focus is given on the Czech context where the uncertainty about who will provide care resonates as the number of potential elderly care-recipients outnumbers potential care-givers. Even though family caring is still perceived as the ideal model of care, due to changing lifestyles of working age population that model presumably will not be working any more. Recently, new forms of care arrangements have emerged in effort to improve the quality of elderly care. Private for-profit agencies have so far represented only a small proportion of elderly care providers, nevertheless they already seem be the perfect match, particularly for the spectrum of services they offer. However, with respect to their commercial nature, the result character of care is impacted. Based on 10 semi-structural interviews and analysis of websites, the functioning of these agencies is put to research. The aim of this thesis is to expose what impacts commercial strategies used by profit agencies have on both caring relations and the nature of caring itself, and for which purposes they are used.

Key words: elderly care - marketization - burden - family - paid care - profit agencies

Extent: 147 642 signs

11. Anotace

S pokračujícím procesem de-institucializace, privatizace a marketizace, modely péče v celém světě podstupuje znatelné změny. Tyto změny se dotkly i péče o seniory, přičemž lze předpokládat, že se budou dotýkat uspořádání péče tím spíše, jak pokračuje proces stárnutí populace. V této práci je pozornost zaměřena na český kontext, kde rezonuje nejistota kolem otázky, kdo bude poskytovat péči, jelikož počet potenciálních příjemců péče převyšuje počet potenciálně pečujících. Ačkoliv je rodinná péče stále považována za ideální model pečování, vzhledem k měnícím se životním stylům pracující populace tento model zřejmě nebude v budoucnosti fungovat. V poslední době se vynořují a zavádějí nové modely péče se snahou zlepšit kvalitu péče o seniory. Soukromé agentury poskytující péči o seniory zatím představují pouze malou část těchto subjektů, nicméně se už nyní zdají být onou „zlatou cestou", a to především díky perfektní kombinaci služeb, které nabízejí. Komerční povaha jejich služeb však také nevyhnutelně ovlivňuje samotný charakter péče. Fungování těchto agentur proto bylo středem výzkumu, v rámci kterého bylo na základě 10 polo-strukturovaných rozhovorů a analýzy webových stránek cílem odhalit vlivy, které komerční strategie používané těmito agenturami mají na vztahy mezi pečujícími, na podobu péče samotné, a také to, za jakými účely jsou používány.

Klíčová slova: péče o seniory - marketizace - břímě - rodina - placená péče - soukromé agentury

Rozsah: 147 642 znaků

12. List of Graphs and Pictures

List of Graphs

List of Pictures