



MoLab Inventory of Mobilities and Socioeconomic Changes, March 2022

Migrant care labour agencies as actors of social control: case studies from China

Chaoguo Xing¹ and Biao Xiang²

Abstract

Labour agencies specializing in domestic care work in urban China monitor care workers' mobility and impose control on them during the COVID-19 pandemic. Some also extend surveillance to their clients, namely the families whom the care workers work for. Agencies do so in order to minimize disruptions to the work routine. These commercial intermediaries play a central role in "securitizing" mobility.

Theme

Securitizing Mobilities

Keywords

domestic care work, labour agency, securitization of mobility

To be quoted as:

Xing, Chaoguo and Biao Xiang. 2022. Migrant care labour agencies as actors of social control: case studies from China. *MoLab Inventory of Mobilities and Socioeconomic Changes*. Department 'Anthropology of Economic Experimentation'. Halle/Saale: Max Planck Institute for Social Anthropology.

Doi: 10.48509/MoLab.5418

¹ Chaoguo Xing, University of Science and Technology Beijing, China. xingchaoguo@163.com

² Biao Xiang, Max Planck Institute for Social Anthropology, Halle/Saale, Germany. xiang@eth.mpg.de

Domestic care workers in urban China are mobile. First, the overwhelming majority of the workers are migrants from the countryside. Most of them are women, have a relatively low-level of education, and tend to be older than the general workforce. Second, except for long-term live-in care workers, many move from household-to-household for work. They may move every few hours, every day, or, in the case of postpartum doulas, every month. Their frequent mobility and intimate contact with a large number of people have made them a subject of public concern during the COVID-19 pandemic.

In this entry, we look at how labour agencies specializing in domestic care work assume a central role in monitoring migrants' mobility and imposing social control. We first outline the government policies which assign the agencies responsibilities of social control. We then illustrate, by presenting an abridged version of an agency's emergency plan, how these intermediaries "securitize" migrants' mobility—that is, how they make mobility safe to migrants and others with minimum disruption to the work routine.³ We then provide a letter from another agency to its associated care workers which shows how the agency, in order to prevent infection among care workers, extends surveillance to its clients. We conclude that, in the sector of domestic care, labour agencies as commercial intermediaries may be more "effective" than government agencies or employers in securitizing mobility.

Care labour agencies' central position

Care labour agencies play a central role in the domestic care sector. Potential care givers contact the agencies for work, while client families contact them for workers. Typically, the agency arranges for a single tripartite contract to be signed by the agency, the client, and the care worker. The contract is a case labour dispatchment: that is, the agency provides the service to the client, and that service is carried out by the worker. The client pays the agency, and the agency takes a commission of between ten and 40 percent before passing the wages on to the care worker. Alternatively, the care worker and the client sign a bilateral contract. In this case, the contract requires that both the care worker and the client family pay the agency a deposit and a commission. The deposits are to prevent the client or the worker from violating the contract. If the contract is violated, the agency decides how the deposits should be used to compensate one party or another. If the contract is completed without dispute, the agency refunds both deposits. In some cases, no contract is signed between the care worker and the agency, or between the worker and the employer (client). This is particularly common for postpartum doulas, who change employers frequently through the agency.

The diversification of care work, which makes contractual relations complicated, strengthens the agencies' positions. For instance, in cases when hospitalized patients (including birth-giving mothers) hire care workers, only agencies who have special agreements with the hospital can dispatch their care workers to the ward. The agencies are responsible for sending supervisors to the hospital to oversee the care workers.

Although agencies almost never offer formal employment to care workers, the relations between the worker and the agency are multifaceted and complicated. Agencies normally purchase accident

³ Xiang, Biao. 2022. The securitization of mobility. *MoLab Inventory of Mobilities and Socioeconomic Changes*. Department 'Anthropology of Economic Experimentation'. Halle/Saale: Max Planck Institute for Social Anthropology.

insurance and provide training as compulsory services which the workers are charged for. Agencies also provide accommodation which workers can choose to rent.

The Chinese government has recognized the central role of care labour agencies. The 2012 “Interim Measures for the Management of Domestic Care Industry”⁴, for instance, stipulate that labour agencies must “create files for all domestic care workers, process and mediate complaints from clients and care workers, and establish a system to ensure service quality.”⁵

During the pandemic, the government has assigned domestic care labour agencies even more responsibilities. For example, an official document in Shanghai requires domestic care labour agencies to “assume the main responsibility of epidemic prevention and control [in the sector]. The company legal person, or a designated person, takes full responsibility, specifying emergency plans and establishing a reporting system.”⁶ Agencies are tasked with preparing protective materials for workers, informing workers about the latest government regulations, and compiling full records of domestic care workers’ travel histories and health.⁷ Similarly, in Beijing, the municipal government requires agencies to update information on domestic workers and clients, and to prepare workers to follow guidelines in the residential communities they are working in. Furthermore, agencies have been asked to prevent workers who had worked or lived in high-risk streets (as classified by local authorities) from leaving Beijing.⁸

Total mobilization: An agency’s emergency plan

Quality Care Ltd. (not its real name) is one of the largest domestic care labour agencies in Beijing. On 30 January 2020, the agency issued an internal document to spell out its emergency plan for dealing with COVID-19. The agency was in total mobilization mode. Each department was given special tasks. Staff were charged not only with collecting information about care workers, but also about clients. Instead of locking down or cancelling work, the focus was on ensuring that workers were occupied and that the team would therefore remain “stable”. The plan constrained care workers’ mobility into a model of “two points (work and dorm), one line (direct commuting between work and dorm without detour)”. In other words, total mobilization was called for, not to enforce a total shutdown, but to maintain the status quo.

⁴ Ministry of Commerce. 2012. Interim Measures for the Management of Domestic Care Industry. 18 December 2012, effective from 1 February 2013. Available online at: <http://www.scio.gov.cn/ztk/xwfb/2014/gxbjhcjxfscyhhbzdqkfbh/xgzc30323/Document/1361399/1361399.htm>. Last accessed 16 October 2021.

⁵ Ibid. Article 10.

⁶ Shanghai Domestic Work Industry Association, under the instructions of the Municipal Commission of Commerce, and the Municipal Health Centre. 2021. Guidelines for Prevention and Control of Epidemics in the Domestic Work Industry. 31 January 2021. Available online at: <https://sww.sh.gov.cn/zcjdgnmygl/20210201/5b0bfa3d840c4d2ca5bf9981325f94dc.html>. Last accessed 16 October 2021.

⁷ Ibid.

⁸ Beijing Municipal Bureau of Commerce. 2020. Guidelines for Operating Services in the Domestic Care Sector under Level-3 Emergency Response in the COVID-19 Epidemic. 23 July 2020. Available online at: http://sw.beijing.gov.cn/zt/swfwyqfk/202007/t20200723_1957561.html. Last accessed 16 October 2021; On the same day (23 July 2020), Beijing Municipal Bureau of Commerce issued 12 more guidelines for different businesses regarding pandemic control. All the businesses were related to social contact or mobility, including hairdressers, photo studios, logistics businesses, supermarkets, and repair services. All the guidelines identified the employer, or the labour agency, as the party primarily responsible for imposing close monitoring. In the case of the delivery business, government guidelines obliged the platform company to “ensure the traceability of delivery workers’ travel through the order dispatchment system, the vehicle positioning system, or apps on the rider’s end” See: Beijing Municipal Bureau of Commerce. 2020. Guidelines on epidemic prevention and control in the courier and delivery industries under Level-3 Emergency Response in the COVID-19 Epidemic. 23 July 2020. Available online at: http://sw.beijing.gov.cn/zt/swfwyqfk/202007/t20200723_1957563.html. Last accessed 16 October 2021.

Emergency plans for preventing and controlling the COVID-19 pandemic

Quality Care Ltd.

In order to prevent and control COVID-19, based on the PRC Emergency Response Law, the RPC Infectious Disease Prevention and Control Law, and the State Council Regulations on Rapid Responses to Public Health Emergencies, we put in place the following plans.

Part I: General Principles

1. Prioritize prevention: Strengthen monitoring, ensure the stability and safety of our workforce in all cooperative institutions [hospitals where the clients are giving birth or receiving medical care].
2. Strictly implement state laws.
3. Specify each staff member's responsibilities: Sites of care [hospitals] and functional departments [in the Agency] share responsibilities, and the former shoulder the primary responsibility for preventing infection among care workers.
4. Graded management: Differentiate care workers' risk exposure, and form an early warning system.
5. Rapid response: Establish a rapid response mechanism, strengthen the reserve of human, material and financial resources for emergency use, and enhance the capacity of emergency coordination.

Part II: Organization and Management

1. Decision-making and management body: Establish a core working team. Ensure 24-hour communication without interruption.
2. Emergency command system: The core working team is led directly by the CEO, and the leaders of each department take charge of related work without breaks throughout the day.
3. Responsibilities of each department:
 - On-site supervisors in hospitals provide seamless management 24 hours a day, seven days a week. Ensure that no personnel leave their posts. Ensure that standby personnel are psychologically stable, are occupied by work activities, and take proper rest.
 - Customer Service Department: Contact all care workers and those who are accompanying the clients [e.g. family members] individually to trace their health over the last 14 days.
 - Training Department: Conduct online training for all care workers on COVID-19 prevention.
 - Dormitory Management Department: Seven-day, 24-hour seamless differentiated management, separate care workers, take care workers' temperature on a daily basis, disinfect the rooms, distribute medical protective materials, store medicine.

For those who have returned from other places to Beijing, trace their places of origin, and where they travelled through; keep the stub of their transportation ticket for record; put them in separate, disinfected accommodation in isolation for 14 days.

For those who have been in Beijing [since the outbreak of COVID-19], constrain their movements to a “two points, one line” pattern between work and rest; [require workers to] stay in as much as possible. If it is necessary to go out, the workers should report and register, and are provided with protective materials.

- After-Sales Service Department: Answer inquiries; coordinate duties among staff.
- Finance Department: Release funds immediately to meet relevant needs.
- Administrative Office: Procure and stockpile materials, dispatch emergency vehicles, print information materials for disease prevention and control.

Extending surveillance: A public letter

Sunshine (not its real name) is another large agency in Beijing specializing in childcare, especially in providing postpartum doulas. In this letter to care workers, the CEO urged them to follow the prescribed preventive measures, otherwise their wages would be cut. Furthermore, the letter asked workers to remind clients about health and safety measures, and to collect information about the clients to report to the agency. The extension of surveillance by commercial intermediaries exceeds government expectations.

A Public Letter from Sunshine Agency to domestic care workers

Hello, dear sisters!

I have been very honoured to meet you all through the Sunshine Agency. I would like to express my gratitude for your work. When you read this letter, it is the season of Chinese New Year, which is supposed to be a time of family reunion, [but] you are still working at your respective jobs to provide excellent care to many families in Beijing.

This year is different from previous years. The whole nation is standing together for Wuhan and for China because of this exceptional epidemic. I would like to talk to you about the virus, and what you should do.

...

Daily work precautions (you must carry out the following activities; they are linked to your wages during this exceptional period):

1. The safety of the child: Do not hold the child at night! Fill in the *Mother and Baby Handbook*⁹ carefully. The mother must sign it every day.
2. If there is a conflict with the client's philosophy of childcare, write it down in the *Handbook* signed by the mother every day.
3. Wear masks.
4. Wash your hands frequently.
5. Keep your smartphone on “roaming” at all times [so the company can reach you]. This will not cost you money.
6. Take your temperature and report it to your supervisor [at the company] every day.

⁹ The *Mother and Baby Handbook* is provided by the agency to all care workers. The workers are obliged to fill in any *Handbook* relevant information on a daily basis. This includes information on the daily development of the baby, including the amount of milk drunk, the amount of urine discharged, and changes in bodyweight. The mother has to review the information, and to sign off that she agrees with the record. The care workers are to return the *Handbook* to the agency when the contract ends.

7. Avoid all contact with the outside world: Do not leave the house.
8. Tell your family that they must avoid contact with outsiders, must wash their hands more frequently, and must wear masks.
9. Try not to let outsiders see the mother and the baby to ensure the isolation of the family.
10. Observe the client's family situation [in order to assess risks]:
Does the father go to work? Are there [cases of infection] at the father's workplace? Are there other people in the family? If yes, what are they doing? What do the family members go out for? How do they buy food? Is there any epidemic in the neighbourhood?
11. Be alert to other situations, and report to your supervisor [at the company] any time, as well as at the daily [online] meeting!
12. Do not talk to your clients about your own situation carelessly to avoid unnecessary troubles!
When the circumstances are appropriate, please be sure to explain clearly to your clients that: the current epidemic is serious, and we must do everything possible to protect one another and to guarantee the safety of the mother and baby. Try to get the client's understanding and support [through such explanations]!
Dear aunties¹⁰, this letter may seem rather stressful to read, but it is entirely for the sake of all of us, making sure that we can work normally now and in the future. We have to do our work properly and protect ourselves! So please do understand and follow the guidelines thoroughly!

¹⁰ "Aunty" is the most common colloquial term for domestic care workers, regardless of the care worker's actual age. An 80-year-old grandmother may refer to an 18-year-old domestic worker as "aunty".