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The (un)making of Dutch 'care girls': An ethnographic study on aspirations, internship experiences and labour market perspectives

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ABSTRACT

In this study, we focus on the role of Dutch Level 2 senior vocational training in care work in relation to the prospects and options it provides for students who follow this programme. Similar to the 'care girls' from previous studies our participants are young women from lower-class backgrounds who aspire to various jobs in the care sector, but are steered away from their original aspirations by their vocational training programme. The major difference between this research and previous studies is that we examine the Dutch institutional and broader structural context of care work. In the Netherlands, there is a lack of job opportunities for Level 2 graduates. This enables us to study the impact of limited job opportunities in the making of 'care girls'. We explore whether this situation results in the reproduction of inequalities (and if so, how), or whether it represents a window of opportunity through which these girls can escape from their initial cycle of disadvantage if their goal of becoming a 'care girl' does not materialise.

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Aged care; aspirations; gender; internship; The Netherlands

Introduction

It has been more than two decades since the influential studies of Inge Bates (1990, 1991; 1994) and Bev Skeggs (1997) on working-class girls being trained for care of the elderly were published. Elaborating on these studies, we present an ethnographic study on young Dutch working-class women following Level 2 senior vocational training in care. The major difference between our research and previous studies is that we look at the institutional and broader structural context of care work in the Netherlands. Taking ethnographic cases, we aim to explore the role that this distinct structure plays in the making (or not) of 'care girls'. One of our ethnographic cases is a 17-year-old Dutch girl fictively named Esther, who dreams of becoming a maternity nurse, because she 'absolutely loves babies'. For this, Esther needs a Dutch Level 3 vocational diploma instead

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of the Level 2 programme that she is currently following. Esther recently completed secondary school with a pre-vocational diploma that only gives access to a Level 2 course. She therefore decided to start a Level 2 vocational training programme in Health and Social Care. The other students in her class aim to access a range of care occupations through their Level 2 vocational courses. But the compulsory internships available to them in this programme are limited to care for the aged and institutional care. The Dutch vocational education system appears to be channelling Esther and her classmates in a different direction than the one they aspire to. So, what kind of prospects does this training actually provide?

Dutch vocational training in secondary education (VMBO) consists of four levels. VMBO pupils are assigned to one of these levels in their final year of primary school on the basis of ability tests and teachers' recommendations. Each VMBO level diploma gives access to a corresponding level in senior vocational education (MBO), which pupils follow from the age of sixteen. There are four levels in MBO, whereby Level 2 gives access to the minimum diploma required for the job market. In the Netherlands, all young people must obtain this minimum diploma in order to comply with the European objective to reduce the number of early school leavers (see Cabus and De Witte 2016; De Witte et al. 2013). Hence, senior vocational training programmes for pupils after the age of sixteen are compulsory and free of charge in the Netherlands until the minimum qualification has been obtained. If, however, students wish to pursue their studies at a higher level (MBO Level 3 and Level 4), they must pay tuition fees. Care is one of the most popular vocational training programmes. Out of 486,000 students enrolled in MBO, Levels 1 to 4, the largest group (160,000 students) is following a care training programme (CBS [Statistics Netherlands] 2016; Dutch Ministry of Education, Culture and Science 2019). Nine out of ten students following a training programme in care are female (CBS [Statistics Netherlands] 2016). A student's chance of finding a job in the care sector depends strongly upon which MBO level they have followed: Level 4 Care graduates are 'most likely' to enter the labour market (5 out of 5), Level 3 Care graduates have 'sufficient chance' (4 out of 5), while Level 2 Care graduates have the 'lowest chance' (1 out of 5) (CMMBO 2017; Dutch Ministry of Education, Culture and Science 2019). In the group we studied, the majority of the students enrolled in Level 2 Care aspire to jobs that require a higher level of training, such as 'taking care of babies'/maternity nurse (Level 3), 'working in the hospital'/nursery (Level 4) or beautician (Level 4); however, they are only able to move on to these levels if they acquire Level 2, which is therefore often viewed as a 'transition training' (see Meng and Sijbers 2017).

A large body of research on 'care girls' (Bates 1990, 1991; Jonker 2006; Skeggs 1997; Somerville 2006) has shown that one of the ways in which such programmes succeed in (re)producing 'care girls' is through offering placements, which are, however, limited. These limited job opportunities offer options and

hope to girls faced with stagnation and unemployment (Bates 1990). Keskiner (2017) also showed in another study that working in their desired field helps students to develop work-related skills and social networks for their future labour market transitions. Since 2015 however, the unemployment rate of young individuals with lower education (ISCED 3) is much higher across Europe compared to individuals with medium or higher-level education (Hvinden et al. 2019). This is also true for the Netherlands, where job opportunities are almost not available to MBO Level 2 students, as they are mostly occupied by graduates of MBO Levels 3 and 4. As is the case in other care studies, the respondents of our study of MBO Level 2 also had to do internships in elderly care in order to receive their diploma. The research questions guiding this article are first: what is the possible value of the work experience gained as part of Level 2 MBO, when the graduates of this training programme have little chance of finding a job in their desired field? Secondly, does this study programme still manage to produce care workers who seek opportunities beyond the possibilities the training provides?

Literature review and theoretical approach

Canonical studies on care work have extensively used social reproduction theories and Bourdieu's concepts of forms of capital, dispositions, field and habitus to explain the reproduction of social inequalities in the making of 'care girls'. Bourdieu (1985) proposed four generic forms of capital: cultural, economic, social and symbolic, in which capital comprises the material and non-material resources with which individuals are endowed for their struggle in different fields. Field is defined as 'historically constituted areas of activity with their specific institution and their own laws of functioning' (Bourdieu 1990a, 87). In these fields, people develop a habitus, a set of dispositions, internal to the individual, that both reflects external social structures and shapes how the individual perceives the world and acts in it (Bourdieu 1990b). In this article, we elaborate on the influential studies of Bates (1990, 1991; 1994) and Skeggs (1997). In various Bates (1990, 1991; 1994) explored a group of 16 to 18-year-old girls training for jobs in the field of institutional care, and noted the role of youth training schemes in maintaining social class and gender inequalities. These studies are crucial in documenting the dramatic adjustments in young people's attitudes towards work. These 'care girls' eventually came to regard their initial hard work as a 'job that is right for me', and they also became 'the right person for the job' (Bates 1991). Skeggs (1997) also examined the experiences of a group of young women who enrolled in care courses because the schooling system had failed them and the labour market provided limited options. Skeggs's (1997) study problematises the moral dimension of care work and how 'care girls' are required/expected to possess (and acquire) gendered 'emotional dispositions' such as being caring and loving. Both studies point out the

role of training institutions in selecting students based on such existing traits, but also in inculcating the girls with such dispositions. In a cross-project analysis of a variety of vocational learning sites, Colley et al. (2003) adapted Bourdieu's term 'habitus' to develop the concept of 'vocational habitus' as a way of expressing a dominant aspect of the vocational culture: the combination of idealised and realised dispositions to which students must orient themselves in order to become 'the right person for the job'.

In her seminal work on 'care girls', Bates (1990) discovered that these young women come from lower class families where they had lived under demanding emotional and physical conditions (which was crucial for their screening into care roles), yet possessed little or no aspirations to become care workers. The vocational training schemes, as a structure, channel both the dispositions and the agency of young women into wanting to become care workers through various mechanisms, such as 'screening' for the skills and dispositions they had acquired at home, exposing them to employment in the care sector, physically segregating care work students during training, and by transmitting skills that are 'non-transmittable' to other sorts of work (Bates 1990, 103). Another crucial aspect is 'exposure to labour market' (Bates 1990, 106). This makes young women understand how tough it is to find a job in the care sector and impresses them with the need to start looking for placements at the end of the first year, chasing interviews and positions. As Bates (1990) nicely puts it, the prospect of finding a job functions like a 'light at the end of the tunnel' (Bates 1990, 109). Hence, within this reproductive process, the presence of opportunities (albeit limited) and the possibility of finding a job as a care assistant function to keep the girls going and motivate them to take on a variety of skills and dispositions, even if they are emotional or demanding.

Applying a similar theoretical framework, we first focus on a vocational training programme as a 'field', which is also embedded in the larger field of vocational studies in the Netherlands. Following Colley et al. (2003), we look into whether this vocational care training at MBO Level 2 provides a similar 'vocational habitus', where the resources of young working-class women are recognised and their social class status is reproduced, leading to the creation of 'care girls'. We will study the symbolic and cultural capital that these girls possess prior to entering the study together with their motivation to study. Our question in relation to the Dutch context is: what happens if this training does not offer much in the way of real possibilities, and is instead an 'endurance test' that either gives access to another training course (which requires additional financial resources) or entrance into the labour market in an area not directly related to their studies? In this case, do girls studying care adopt a willingness to take on the skills and dispositions of a care worker when future opportunities in this sector are not made part of the structure? We question whether these conditions result in similar social reproduction mechanisms (and if so, how), or whether they represent a window of opportunity through which these girls can escape from their initial cycle of disadvantage if their goal of becoming a 'care girl' does not materialise.

The study

This article is based on an ethnographic study of the aspirations and school and work careers of 'white' Dutch working-class female students (15–20 years old) in MBO colleges in the Netherlands. It is part of a larger research project on reducing early school leaving in Europe funded by the European Commission. The two-year long ethnography was conducted by the first author during her Ph.D. work (Stam 2018). The fieldwork was conducted in the Randstad School, a pseudonym for an MBO college that provides numerous post-16 senior vocational education and adult education training programmes. In this study, we focus on young women who attended school-based MBO Level 2 vocational training in Health and Social Care, which has traditionally attracted female students. The majority of the students in this Level 2 Care course were working-class female students of immigrant or refugee origin. Although, the students in our study are all from 'white' Dutch working-class families, race is not a pertinent feature in this article.

Internships are mandatory for MBO students in the Netherlands, so that they can acquire job-related skills, but the only internships that are available to students following MBO Level 2 Health and Social Care are in care for the elderly, as all other options are reserved for higher levels in vocational education. In this case, these internships were prearranged by the Randstad School. Data collection took place both in the Randstad School and at the internship workplaces and was divided into two phases. The first phase involved participant observation (Hammersley and Atkinson 2007) in the Level 2 Health and Social Care vocational training programme at the Randstad School during the school year 2014–2015, and biographic interviews with the sixteen Dutch working-class female students. The second phase took place one year later and included follow-up interviews with the same students, and participant observation at their internship workplaces (eight in total). In addition, formal and informal interviews were held with their classmates, teachers and fellow employees at the internship sites in both places. During the data collection phases we took a constructivist-interpretivist approach (Denzin and Lincoln 1994) to ethnography in educational settings in order to gain an in-depth understanding of the research participants' lived experience, taking their point of view as a starting point. The data were recorded, transcribed and translated from Dutch to English. Following the grounded theory principles, the data were first 'open coded' (Strauss and Corbin 1998) by identifying frequently occurring observations, recurrent topics and primary aspects of the stories.

The findings section below presents three ethnographic cases that contain rich material on the role of internship experiences and aspiration development, and which are representative of different types of outcomes. Although we only have space in this article for these three cases, our thinking has been shaped in the light of data and analysis across the project.

Findings

In the introduction, we briefly mentioned one of our cases, 17-year-old Esther who aspired to become a maternity nurse because she ‘loves babies’. In this section, we will introduce two more cases, Ellen and Stephanie and their aspirations in care work. To better understand their aspirations, we will first examine the symbolic and cultural capital that led these young women to enter vocational training Level 2 in care work. In the second part, we will go into the ‘fields’ exploring aspects of the girls’ experience of their training and internship. We aim to understand how their experiences influenced the development of their aspirations to become care workers and their possibilities to pursue these aspirations. We will also look at whether they adopted a ‘vocational habitus’ leading to the reproduction and creation of ‘care girls’.

Esther (17): ‘I haven’t done all of this for nothing’

Esther lives with her parents and older brother in a small town near the city where the Randstad School is located. Her father works in an office and her mother works in maternity care, assisting maternity nurses. Esther’s dream is not only to assist maternity nurses like her mother, but to become a maternity nurse herself. In the Netherlands working in maternity care requires an MBO Level 3 diploma. Esther recently graduated from high school with a vocational diploma that only gives access to MBO entry Level 2 training programmes. She enrolled in a Level 2 vocational training in Health and Social Care. During her training, Esther did a mandatory internship at an elderly care institution. She found providing personal care to be particularly stressful:

“I need to wash old people ... their private parts too ... so if you don’t want to do this, it’s very difficult. After the first time I did this, I called my mother, crying. [...] But I need to do this, I need to be strong. [...] They told me that if I want to become a maternity nurse, I have to finish this [MBO Level 2 including this internship] first.”

Ellen (19): ‘I came this close to dropping out’

Ellen’s mother works in a nursing home and has an MBO Level 3 diploma. Her father does not have any qualifications and works full time in a factory. Officially, Ellen lives alone with her two-year-old daughter because it is financially beneficial, but her boyfriend is practically always with them. Her boyfriend accumulated large debts and is currently under the supervision of an administrator, working as a mechanic to pay off his debts. Ellen tried various things before starting at the Randstad School as she was still developing her career aspirations:

“I actually wanted to become a lot of things. For a long time, I wanted to become a preschool teacher, but I found out that you need to have a higher education degree [bachelor’s degree] for that and no that is just not me, so I let that go. Then, I wanted to become a hairdresser, but I didn’t want to do that anymore either. [...] It’s more like when you’re finished with high school at the age of 15-16, you really don’t know yet what you want to become, because it’s way too early to know this.”

After graduating from high school Ellen went to the hairdressing school, an MBO Level 2 training. She told us, ‘You just had to choose so quickly and I thought, I will do this, because it seemed like fun. But it wasn’t at all. So, I gave up.’ Ellen ended up working in a neighbourhood supermarket, but when she unexpectedly got pregnant and took maternity leave the supermarket did not extend her contract. Ellen decided to focus on her baby, and this inspired a desire to work at a day care centre. The following semester Ellen signed up for the Randstad School’s MBO Level 2 Care training.

Stephanie (18): ‘I’m clearly the only one wanting this’

Stephanie is the only girl in our study who actually aspired to a job in elderly care from the start of her training. Stephanie had a very challenging home situation. A few years before we met her, her mother was diagnosed with cancer and had been in and out of hospital since then. Stephanie looks after her younger twin brothers when her mother is in hospital. Their father is unknown and last year the children’s stepfather left after Stephanie reported him to the police for sexually abusing her. Because of this and her mother’s illness the household is under the supervision of the Child Protection Services. After taking a year off to recuperate, Stephanie started the MBO Level 2 Care training with great enthusiasm. Having taken care of others for most of her life, Stephanie has known for a long time that she wants to work in elderly care. Although she realises that this may be a strange aspiration for a girl of her age, as she is ‘clearly the only one wanting this’ in her class, she has wanted to work with the elderly for as long as she can remember:

“When I was young, don’t remember how old I was, but young, I had a friend and together with her we visited her grandmother in a home for old people. I had never been to a place like this before in my life. I didn’t know something like this existed. But you know, it was so much fun meeting all these ‘oldies’ [...]. Really, I had so much fun. I asked the staff if I could work there too. They smiled at me and said I could come back when I was 16. [...] So, I did.”

When Stephanie turned sixteen, approximately six years after her first visit, she returned to this place. Unfortunately, it had been closed down due to austerity measures. Stephanie nevertheless finished her vocational high school and took a gap year before starting MBO Level 2 Care training.

Analysing ‘choosing’ care

Many of the young women in our study came from challenging home situations (like Skeggs 1997) and had already experienced caring for other people (similar to Bates 1990). This was the case for Stephanie, who had taken care of her sick mother, and Ellen, who was taking care of her child. In addition, they often had female family members working in the care sector, such as the mothers of Esther and Ellen. Aspects of gendered socialisation within the context of the working-class families of the young women in our study were clearly present. Gender was

crucial, and had already filtered out students well before they applied for the training (see also Colley 2006). Hence, their symbolic [family working in the care sector] – and cultural [feminine experience of caring] capital are similar to those of the ‘care girls’ in the studies of Bates (1990, 1991; 1994) and Skeggs (1997) as both their care work aspirations and enrolment in vocational training for the care sector are easily traceable to their backgrounds and home situations. Nevertheless, we should not underestimate the role played by the education system in channelling them into such pathways, which has already been pointed out by various studies (Bates 1990, 1991; 1994; Jonker 2006; Niemeyer and Colley 2015; Russell, Simmons, and Thompson 2011). In general, most of the students in our study had already picked certain sector-related subjects at secondary school and they tended to stay within the sector they had chosen there (Dutch Ministry of Education, Culture and Science 2019). In this way, both the educational structures and their family backgrounds channelled the dispositions and the agency of young women towards care training. In another study, Stam (2017) indicated that many of the Dutch students in secondary schools ‘choose’ the care sector because they don’t like mathematics, and this is the only sector that does not require them to study that subject. Furthermore, as care-related subjects are very popular among young women, some of our respondents had ‘picked’ this subject to be in the same class as most of their female friends (Stam 2018). Regardless of their pathway, at the start of their vocational care training at the Randstad School most of the young women in our study were full of aspirations and enthusiasm and hoped to continue to the next level to pursue their aspirations. This is in contrast to the findings of previous studies on ‘care girls’, due to the differences in the Dutch institutional and broader structural context. In previous studies, vocational training in care work was seen as ‘the fall-back strategy’ (Bates 1991), ‘choice by default’ (Skeggs 1997) and ‘choice coercion’ (Jonker 2006) as the students following these programmes had already tried and failed to pursue their initial aspirations. In the Dutch context, students often start off with Level 2 vocational training. The girls in our study therefore tended to see this programme as a pre-study or a rite of passage, not as a finish line.

Pursing care aspirations

In the first year of MBO Level 2 Care, students must learn vocational skills during a compulsory eight-week internship in elderly care. Internships at this level are arranged by the school. The advantage is that students are assured of an internship place, in contrast to those in higher MBO levels or other programmes (see also ECHO 2011; JOB 2016). Failure to find an internship often means being unable to complete your course and obtain a minimum diploma, hence becoming an early school leaver (Cabus and De Witte 2016). Students were eager to start their prearranged, compulsory internship in elderly care as they could not complete their course without it. In this second part of the findings, we analyse

the students' options to pursue their care aspirations within the Dutch structure. We focus on their internship experiences and how they went about looking for the next step in their career.

Esther: aspiring to be a maternity nurse

Esther's first internship was at a newly-built nursing home in a residential area in her home town. The nursing home is located in a modern five-floor building that provides 24-hour intensive care, nursing and supervision for people with physical or mental limitations. Esther was assigned to the third floor for people with dementia. Although the nursing home is for people of all ages, most of its residents are elderly. During her eight-week internship, Esther worked for four days a week and attended the Randstad School on Fridays. For this she received a small monthly internship payment. The nursing home has morning, evening and night shifts, but as Esther was under the age of 18, she was not allowed to work the night shifts. She therefore alternated morning and evening shifts on a weekly basis. She had to complete three practical components: basic cleaning, personal care and organising activities, all of which could be done during her internship at the nursing home. Her daily routine was as follows: at 7:00 am there was a brief update meeting in the staff room where she met her colleagues for that day and received a list of the patients she would be working with. Next, she woke up the elderly residents, got them out of bed, washed them and brought them to the dining room. Then, she returned to the bedrooms to change the bedlinen, make beds and do some basic cleaning. She then went to the dining room, waited for the residents to finish their breakfast, and cleaned the dining room together with her colleagues before taking a break. After the break she did a morning activity with the residents, usually either a walk in the gardens, a game or a chat. She commented, 'This is the last, but not the least activity I do here. When I have the afternoon shift, it's the same routine, but then I put the elderly people to bed, instead of waking them up.' This means that Esther had to wash elderly people on a daily basis, which she found 'absolutely horrible':

"Of course, I don't let them know that I hate this [washing them]. I just pretend I like it. But really, it's horrible, so horrible. [...] Yes, I knew beforehand that we had to do this [washing elderly people]. We practiced this on [lifelike] dolls a lot, but now at my internship, doing this for real, I find this so difficult to do. I did not expect that. I expected it to be really bad, but like this ... no!"

After eight weeks of what Esther referred to as 'a huge struggle', she managed to complete all the practical components of her internship, and when she completed her lessons at school she received her MBO Level 2 diploma, which is equivalent to the mandatory minimum qualification. Esther now wanted to continue to the next level. 'I have not done all of this for nothing!' she told us.

After graduating from MBO Level 2, Esther was one of the lucky few to be admitted to the Level 3 training programme, in which she could specialise in aged care. At the Randstad School only one in ten students on average are admitted to Level 3 because to qualify you have to finish the training in time, without repeating exams or having a record of truancy. Esther started her Level 3 internship at a kindergarten, working with babies as she had always wanted. However, this was a disappointment:

“Babies really need to be taken care of the whole day; feeding them, changing diapers and then they sleep. To be honest, it is quite boring!”

Esther decided to ask her internship supervisor if she could change. After eight weeks, she was allowed to go to the toddler’s department, which she enjoyed.

“Toddlers are awesome! They are so funny and cute. And the best thing of all, you can really communicate with them. Absolutely amazing!”

Esther liked this internship so much that she wanted to pursue kindergarten care as her future profession. Unfortunately, she was less successful at her MBO Level 3 classes. She failed her school assignments over and over again. Esther felt that Level 3 was too ambitious for her and did not complete the training. As she had already obtained the required minimum qualification [MBO Level 2 diploma], Esther is not an early school leaver, nor was she considered as being ‘at-risk’. She is, however, unable to fulfil her ambition of working with toddlers as this would require a Level 3 diploma.

Ellen: aspiring to work in a day care centre

Ellen soon found out that there are no internships in day care centres at this level of education. Instead, she was assigned to an elderly care institution, a small aged care facility in a residential area near the school. Although she had to cycle 45 minutes to her internship, she started off in good spirits, working in the palliative department for elderly people with a life-limiting or terminal illness. Despite the intense conditions her first week felt good. She had the afternoon shift and mainly did activities with the elderly to get to know them better:

“A man turned 100 and I organized his birthday party. That was so much fun. He told me stories about his past and everything. Really nice you know. [...] So I thought, maybe it’s not that bad after all? For now, so far so good [big smile].”

The next week, Ellen started on the other practical training components, such as basic cleaning and personal care, including bathing people. Her initial response was optimistic: ‘That won’t be a problem. I’m a mommy, so I’m used to pee and shit’. But the reality was different:

"It's quite filthy and the smell, it smells very different when it is from your own child. [...] I started to feel so guilty that I was not able to do this. I even doubted if I was a good mother at all. I am very unhappy here [internship]."

At the end of the week, Ellen called in sick and stayed at home for months. In order to keep her free scholarship, she attended school one day each month and then called in sick again. She did this for almost a year. At some point Ellen realised that she needed to complete her course. She told us, 'If I can't succeed at this, I really won't achieve anything'. The next semester she returned to her previous internship at the end-of-life residence and was allowed to work in the same department. Once more she had to do basic cleaning and personal care tasks, including washing old people, which she continued to find 'terrible'. But Ellen knew she had to finish this time, even though she realised that she no longer wanted to work in the care sector, stating 'That's not really my thing.' With great difficulty and many interruptions, Ellen completed MBO Level 2 training in elderly care after three years and obtained a basic qualification, but stated that 'I came this close to dropping out.' She is currently working as a cleaner in the nursing home where her mother works while taking care of her daughter. Unfortunately, her current job has nothing to do with what she was trained for.

Stephanie: aspiring to take care of the elderly

Stephanie's compulsory internship was at a domiciliary care agency where she visited older peoples' homes to help them with household tasks, personal care and other activities so that they could maintain their independence and quality of life. Her day began at the office of the Domiciliary Care Agency located in the city centre. There she received a list of that day's clients (predominantly elderly people) and the tasks they had requested. In the first few weeks interns are accompanied by an experienced employee. After that, the interns visit clients alone, but with an experienced employee working in the vicinity. In general, domiciliary care internships are perceived as being difficult because students must be able to start working independently quickly. On a typical day Stephanie visited two clients, one in the morning and one in the afternoon. This gave her enough time to travel to and from her clients' homes. Most of Stephanie's clients were also receiving medical support from a district nurse:

"I visit old people at their homes. I drink tea with them. We sometimes take a letter to the mailbox together. Or we run other errands. Everything we do we do it together. Sometimes I do some cleaning for them. It just depends what they ask from you."

An important difference in the daily tasks of the internships compared to the others is that Stephanie does not have to wash the elderly people, which is a rare exception:

“No, I don’t have to wash them. We do everything with clothes on [wink, wink]. [. . .]. The people really like it when you visit them. Sometimes you’re the only visit they get that day. Isn’t that sad? They are so grateful.”

After successfully finishing her internship and school assignments, Stephanie graduated from MBO Level 2 in Care. With her Level 2 diploma, Stephanie returned to the domiciliary care agency to see if she could work there. Unfortunately, there were no jobs for Level 2 graduates as the company considers that the work they can do is too limited. The agency told her that she would be more than welcome to come back if she had an MBO Level 3 diploma. However, as we have seen with Esther, this is not so easy for her or many other MBO Level 2 graduates. First of all, obtaining an MBO Level 3 diploma after completing MBO level 2 means at least two more years of full-time study, during which students cannot work full time. Second, there are financial restrictions for both the educational institutions and students, since students at senior vocational colleges who are over the compulsory school age must pay tuition fees. Student loans are available, but must be repaid. This was therefore not a desirable pathway for Stephanie. Even though she was the only respondent whose aspirations matched her internships experience, there were no jobs for her.

Analysis of pursuing care aspirations within the Dutch structures

While it is understandable that the young women in our study exercised their agency by ‘choosing’ care training, their experiences in the ‘fields’ of vocational training and internship were greatly restrained by the institutional structures. In Dutch post-16 senior vocational education, internship experience is a mandatory part of the curriculum as it helps to prepare young people for the labour market. In theory, this structure aims to turn general vocational education programmes into more specialised training programmes that are attuned to students’ preferences and allow them to put their aspirations into practice (see also Onstenk and Janmaat 2006). The expectation is that internships will help young people to develop the right disposition for their work and accumulate forms of capital, such as networks and social capital that could smooth their transition to the labour market (Keskiner 2017). Even though the Level 2 Care programme is intended to prepare students for various jobs in the care sector, internships were mainly limited to care for the elderly and institutional care. In this Dutch institutional structure, Level 2 Care training does not seem to aim to train ‘care girls’ or select future employees from among them. It values the traits they had already developed and uses their skills and most importantly their ‘free labour’. The fact that this programme does not offer future prospects makes it easier for the girls to distance themselves from work involving care for the elderly, especially as

they had no aspirations to do this kind of work in the first place. The accounts of the young women in our study show that even those who managed to complete their training and internships successfully distanced themselves from the experience of undertaking elderly care. This is indicated by their use of words such as 'filthy' or 'dirty' and could be related to the fact that they had come—sometimes for the first time in their lives—into contact with bodily waste, illness, loneliness, dependence, despair and the death of people who were strangers to them. These experiences were similar to those found by Bates (1990) and Skeggs (1997). The way in which the Dutch girls constructed their internship experiences would probably have been viewed as the 'bleeding, whining Minnies' (Bates 1990).

One of the ways in which such programmes are able to create 'care girls' is by providing jobs, albeit in limited numbers. These jobs offer possibilities and hope in the face of stagnation and unemployment, yet they were not available for the Dutch girls. The young women in our study were forced to re-direct their aspirations towards treating their internships like a 'rite of passage' to prove to themselves and their teachers that 'they can even do this hard work' and complete their training. This involved a great deal of great effort and personal frustration with regard to their hopes of being able to achieve their aspirations afterwards. Many young women lost their motivation and some of our respondents dropped out of the training. Some of these drop-outs, such as Ellen, felt forced to return to their studies and complete their internship in order to obtain a minimum qualification.

Discussion: no light at the end of the tunnel

The young, working-class women in our research who studied 'care' at Level 2 vocational schools in the Netherlands shared many commonalities with respondents in the influential studies of Inge Bates (1990, 1991; 1994) and Bev Skeggs (1997) on 'care girls'. They all came from lower-class families and had been subjected to challenging home situations. They all had similar forms of emotional and cultural capital regarding care work, which led them to aspire to careers in care-related work, such as working in nurseries or in a hospital. Most of them did not aspire to work in elderly care, which was also the case in previous studies on 'care girls'. In the Level 2 vocational training programme that we studied, the students were introduced to elderly care through a mandatory internship placement. We took three in-depth cases to explore these young women's experiences, and ideas of shaping habitus, within the institutional and broader structural context of the Netherlands.

The first major difference between our study and classical studies is the lack of job opportunities offered by Level 2 care programmes, i.e., the lack of what Bates (1990) refers to as the 'light at the end of the tunnel'. This structural condition enabled us to study the impact of potential job openings upon the making of

'care girls'. In that sense the internship environment in this Dutch care programme offers an institutional structure, a 'field'. However, this does not engender a habitus which recognises and values the previous 'caring' capitals of the young women. Nor does the internship environment entail a 'vocational habitus' that fosters the development of new 'caring' capitals. Our study shows that the structural feature of 'not providing a place or a future in care work' is a crucial component of a field in care work in our Dutch case study. This way it creates a different 'vocational habitus' which can 'discontinue' (re)production of working-class young women into 'care girls'. We found that even when we exclude those who drop out at the beginning of their study due to the demanding nature of the internship (which was also observed in previous studies, where such girls were referred to as 'bleeding, whining Minnies' by Bates' respondents [Bates 1990]), those who did complete the programme successfully still had a rather instrumental and alienated approach to the kind of work they had performed during their Level 2 Care study. Instead of finding gratification in care work and its emotional components, the young women in our study who actually managed to get their diplomas, such as Ellen and Esther, distanced themselves from care work, describing it as 'filthy' and something that had to be endured for the sake of their future prospects. In contrast to 'care girls' in previous studies, who felt the need to value the emotional and skilful components of such care work, the girls in our study saw it as an endurance test that they had to undergo. Even Stephanie, who seemed to be the only girl 'wanting to become a "care girl"', hints at the fact that she did not have to undertake the 'dirty work of care' within her internship. Yet neither she nor the other girls in the study were able to find a job in the care sector with their Level 2 diploma. This not only obstructed them from 'becoming care girls', but actively drove them out of it altogether, even when some did have aspirations. In this way, the 'fields' of care work and the Level 2 programme in our case study contributed more to the unmaking of these 'care girls' than its making. The field of care study is embedded in a larger institutional structure, namely the Dutch education system which expects and even pushes young people to gain a Level 2 diploma, either to be able to find a job or to move forward in their studies. In order to attain this diploma, they are obliged to complete an internship as part of a Level 2 study programme. But this internship experience in elderly care, a sector in which these young women have expressed no prior interest or ever considered as a possible future, is highly demanding and puts them at risk of dropping out without a diploma, as we have seen in the cases of Ellen and other young women in our study. Moreover, this credentialist element leads to students following training programmes that do not give them usable occupational skills that could help them make the transition to the labour market. Considering that most of these young people come from lower class families with limited resources, the chances that they will access further training and continue their studies to attain a Level 3 or Level 4 diplomas in care or any other subject, is quite unlikely. They therefore end up trying to find jobs that have no connection to their

studies within their own limited circles. Hence, we find that Level 2 care training programmes in the Netherlands function in a rather peculiar manner. While they continue to attract lower class young women thanks to the traditionally gendered way in which they are presented, girls who lack any aspiration whatsoever to care for the elderly find themselves in a study programme that obliges them to do so in order to obtain their diploma and does not provide any other options. The sorting mechanism of the Dutch Level 2 vocational care study programme that is geared towards elderly care, is mostly rejected by the students due to the limited or even non-existent options it provides for them to transition to the Dutch labour market or continue their studies. It seems to function as an endurance test devoid of further prospects. In the Netherlands, many policy interventions have been designed to reduce early school leaving; however, our findings suggest that these policies should pay more attention to the transition from school to work and the local labour market structure. Dutch policy with respect to school-to-work transitions would do well to shift from requiring students to gain a minimum diploma to ensuring a match between young people's training and their job opportunities.

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