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TOWARDS A SCARCITY OF CARE?

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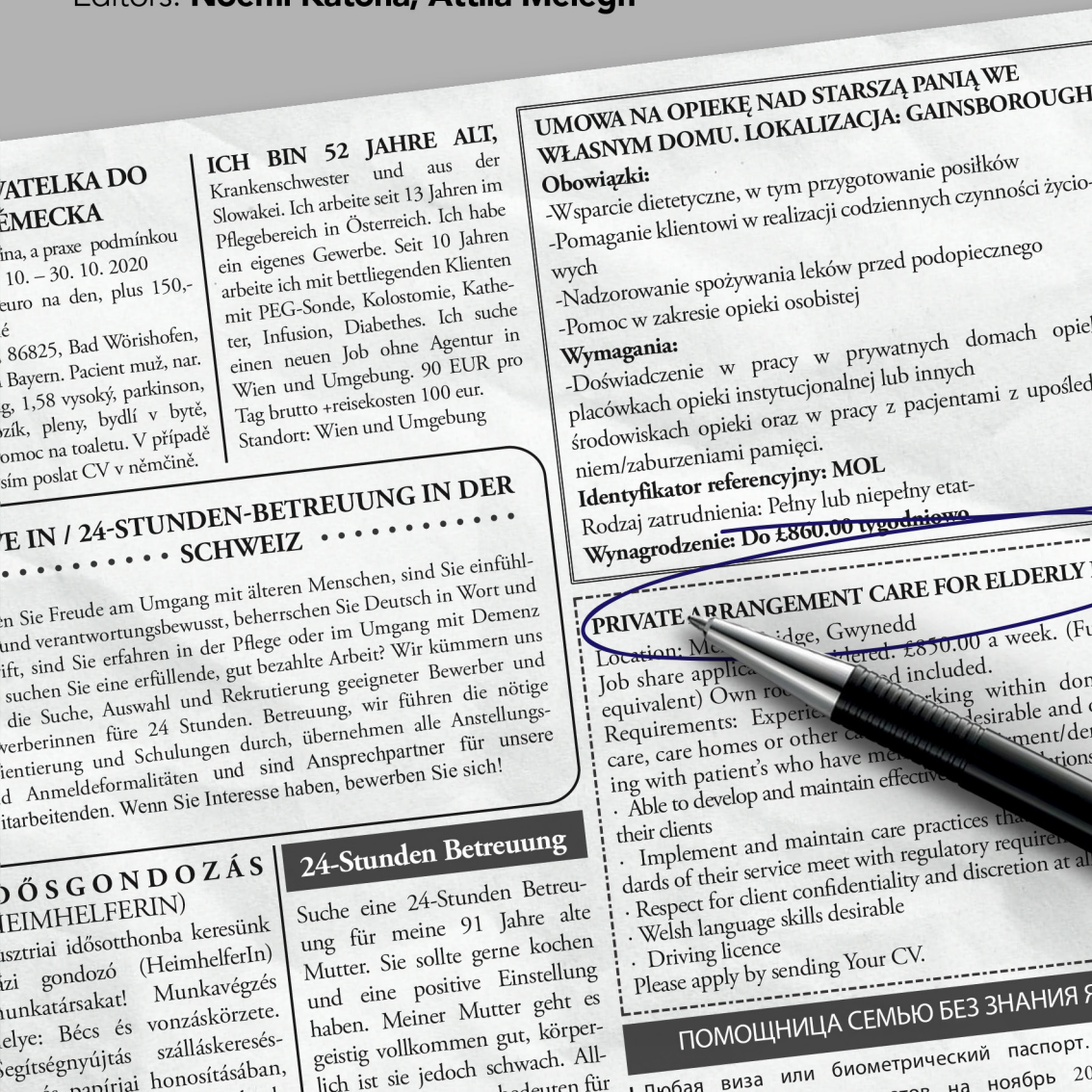
Editors: **Noémi Katona, Attila Melegh**



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Finally, we are grateful for the Friedrich Ebert Foundation Budapest for enabling us to produce this book. Without the financial support of the Foundation and the professional support of Csilla Malomvölgyi this book could not have been published.

The »scarcity« of care: this is the motif at the core of this most impressive interdisciplinary and transnational collection. Focussing on care migration from and in Central and Eastern Europe, it investigates the care drain, but also care gain, the transnational juxtaposition of social inequalities, the emergence and regulation of care markets, the work and life of care givers, moments of resistance and strategies of community building. Noémi Katona's and Attila Melegh's book is a very exciting new addition to the vivid international debate on the forced commodification and transnationalisation of care and care work. It invites readers to take an informative and inspiring voyage through the sending and receiving countries and provides a profound insight into their commonalities and differences, as well as into the functionality and contradictions of care migration.

Prof. Dr. Brigitte Aulenbacher, Professor of Sociological Theory and Social Analysis and Head of the Department for the Theory of Society and Social Analyses, Institute of Sociology, Johannes Kepler University Linz

• • •

The volume elaborates the transnational dimension of the crisis of care from a central and eastern European perspective, and with its case studies it provides a differentiated account of the macroeconomic processes and institutions driving the demand and the supply sides of care migration. A wake-up call for policymakers and those still uncritically embracing the illusion of an EU of equals.

Eszter Kováts, political scientist, Eötvös Loránd University, Budapest

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Political discussion of the ageing population has been going on for some time in EU countries. But the discussion on decent working conditions for low-skilled migrants in the care industry is poorly reflected in EU migration policy and migration regulations in comparison to the issue of high-skilled labour. The value of this book is its multifaceted approach and selection of case studies. The book will be useful not only for experts in migration studies, but also for students of law, public policy, sociology and economics, enabling them to better understand the complexity of relations between the labour market, family care migration and regulations.

Dr Irina Molodikova, Leader of the Project on Migration and Security in the Post-Soviet Space, Central European University, Budapest, Hungary

• • •

Despite the fact that transnational migration has long been the subject of academic inquiry, the topic of care migration has largely been ignored, even though its share in female labour migration is immense. The volume addresses transnational care migration to and from Central and Eastern Europe from the sociological and anthropological perspectives.
This volume is about liminality, that is, the liminal position of central and eastern European countries in the context of care migration: they are both sending and receiving countries, both actors and beneficiaries of a »care drain«, both producers and recipients of »care chains«, both »from the East« and not really »from the East«, and thus occupying an ambivalent, in-between position in the marketisation of care.

Lica Tsuladze, Associate Professor of Sociology at Tbilisi State University and Executive Director of Center for Social Sciences (CSS)

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INTRODUCTION

Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe

Attila Melegh and Noémi Katona

Introduction

To be cared for is an essential physical and emotional need, not only for people individually, but also for societies. For several decades, however, multiple processes of stagnating state services, increasing marketisation of care, intensifying competition for services, demographic ageing and longer-term institutional changes have led to a situation in which care has become a »scarce commodity«. As a result of these changes a competitive care market has developed globally, largely built on migrant labour.

This volume addresses the main underlying causes of care migration and aims to draw attention to the increasing inequalities in provision and access to care on a European scale. The book focuses on care migration from and to central and eastern European countries and contains chapters on migration to and from Poland, the Czech Republic, Slovakia, Hungary, Austria, Germany, Switzerland, Italy and Ukraine. It aims to highlight the socio-historic, political, demographic and economic factors and institutions that drive and organise care migration. Where do migrant caregiver come from; what is their social background and labour market situation? Under what conditions do they work and what is the role of recruitment agencies in defining these conditions? How competitive is the transnational care labour market? By discussing these questions and the different care migration trends between European countries, the book shows that the constantly increasing marketisation of care in recent decades has resulted in growing inequalities, not only within and between households, but on the transnational level.

The pandemic and the related economic crisis have further increased the tensions in the organisation of care work in the region and we see signs of disintegration. During the Covid-19 pandemic in 2020 it has been demonstrated how heavily receiving countries rely on migrant labour in elderly care, and how unsustainable these care systems are. Western European states relying primarily on migrant care workers from central and eastern Europe, such as Austria or Germany, have proposed various legal measures to avoid the collapse of their elderly care systems because of border closures, as Leiblfinger et al. have explained (2020). They have negotiated free passage »corridors« for the border crossing of care workers and have organised charter flights or buses for carers. At the same time, they have proposed and sometimes even paid extra for care workers to extend their shifts. But while such measures aim to ensure that German, Austrian and Swiss seniors are well served despite the pandemic, the situation of care workers has become even more precarious. Within the framework of this increased exploitation of carers they are euphemistically presented as »angels« or »heroines«, sacrificing themselves for the benefit of all (see also Steiner, Leiblfinger, Prieler & Benazha, 2020, in this volume). This political discourse further contributes to the lack of systemic changes and obscures the inequalities in care work. Additionally, it highlights how the benefits obtained by receiving states are predominant in the framing of migrant care workers in the public discourse.

This volume aims to provide a panoramic picture of the causes and mechanisms of care migration from and to central and eastern Europe. Most chapters are written by scholars from the respective CEE country. We aim to contribute to the scholarly and policy discussions on care migration by giving space to regional and transnational perspectives in both sending and receiving countries, because care migration is more researched and discussed from the perspective of receiving countries, positioned higher in global economic hierarchies. Consequently, these countries are also positioned higher on a discursive level and play a crucial role in setting the discourse on care work and care migration. We hope to shed light on the combined institutional mechanisms from our regional perspectives with this volume and to point out the historically evolving demographic processes and unequal global relations in an era of marketisation, which together structure the care migration industry.

Markets, migrants and care in a divided region: multiple challenges

Central and eastern Europe is facing enormous challenges in social care for the elderly and the sick. The region is extremely divided and internal-external inequalities and a specific historical development play important roles in the linkages between ageing, care services and migration in the era of globalisation. Since the 1990s there has been a persistent income gap between Austria, Italy and Germany and the other countries in the region, which in absolute terms has increased to more than 20,000 USD per capita in the case of Austria and Germany.[1] The strengthened market forces (very importantly, the increase in capital movement and foreign direct investment) have significantly increased emigration in the previously socialist countries in the region, and Austria, Italy and Germany have become significant migratory target countries.[2]

This evolving relationship can be understood as an unequal exchange, by which we mean historically evolving transnational economic and social relations in which, through losing income, care capacity, taxes or social security payments, one side suffers from a negative balance for a longer period of time. In countries with large-scale outmigration local populations and local settlements experience demographic decline due also to low fertility and relatively high mortality, without substantial counterbalancing immigration (Fassmann, Musil, Bauer, Melegh & Gruber, 2014). Even if there were such a fictitious exchange (large-scale emigration counterbalanced numerically by large-scale immigration), this would be seen as a major problem because of the widespread fear of a supposed population »replacement« (Melegh, 2016, 2019). In addition, there has been a dramatic change in the stability of jobs and in the flexibilisation of labour. As a consequence of the shift from full employment under socialism, with the advancement of globalisation labour force participation rates in the sending countries have fallen below the levels in the receiving countries (with the exception of Italy).[3] Only Slovakia and the Czech Republic have moved closer to Germany and Austria; the others are lagging far behind,

1 World Bank Development Indicators, GDP per capita (constant 2010 US$).

2 For global FDI and emigration links see Melegh (2020b). For the increase in outmigration from certain countries see Hárs (2016); Basten, Sobotka, and Zeman (2014); Fassmann et al. (2014); and Melegh (2013).

3 World Bank Development Indicators, Labor force participation rate, total (% of total population ages 15+) (modelled ILO estimate).

which can also be due to the large-scale emigration as they lose some of their most adaptive workers.

If we look at some key macro statistical data series (specified in the footnotes at the relevant points) we can see that the region is facing serious demographic and migration challenges. Structural changes due to globalisation have not been favourable for solving the increasing combined problem of ageing and increased care needs. As our volume also shows, socially insecure groups of people, who face labour market challenges also in the sending countries, have more and more integrated into care migration toward better off societies in Western Europe.[4] This exchange in many respects amounts to a »care drain« because ageing in the different parts of this region is following more or less the same trajectory and consequently demand for care work is increasing everywhere. Ageing is unstoppable in the region. These countries are rather old from a global perspective. Although Austria, Germany and very importantly Italy are well ahead of the other countries in the region, such as Romania, Slovakia and Poland, and closer to Hungary and the Czech Republic, the regional shift toward a much older age composition is striking.[5] In most countries the age group of 70 years of age or above makes up close to or over 20 per cent of the population. This means that four working age people have to bear the burden for each person above 70, besides themselves and their children. In most countries the ratio between the 70+ population and those of working age has more than doubled since 1990; in some countries, such as Poland, it has tripled. Outmigration has also played a role in this increase, because the moving away of younger age groups has significantly changed the population composition. Such a shift in age composition clearly requires a relative increase in care, but it seems that the public resources for such services are limited and have not increased accordingly.

The dynamic ageing process can be contrasted with the fact that the region is showing stagnation and a decline in state redistribution.[6] Besides stagnation there are huge differences in the levels of reallocating tax revenues among sending and receiving countries. Austria and Italy (but not Germany) have had higher levels of tax revenue as a percentage of GDP

4 See also: Váradi (2018); Németh and Váradi (2018); Turai (2018); Bahna and Sekulová (2019).

5 File POP/13-C: Old-age dependency ratio 70+/(20-69) by region, subregion and country, 1950-2100 (ratio of population 70+ per 100 population 20-69), United Nations, Department of Economic and Social Affairs, Population Division, 2019. World Population Prospects, 2019, Online Edition. Rev. 1.

6 The stagnation of global redistribution rates has also been observed with a different methodology, namely on the basis of social security contributions: Böröcz (2016).

in contrast to most of the other countries.[7] This means that in the latter group the rapid change in demographic composition, and the consequent increased need for social care services, have not been reflected in a change in redistribution rates in the state. Only the expansion of economic growth and spending could serve as an additional source in the social and education sectors. But economic growth can cease at any time because of the evolving economic crisis we are currently observing.

The pressure on social care is also clear if we look at the change in the rate of social spending, which has stagnated overall, once again since the 1990s. In Austria, Italy and Germany this stagnation has happened at a higher level of social redistribution, while in the sending countries it has occurred at a significantly lower level.[8] In Hungary, the Czech Republic and Slovakia there has been a decline since the 2008 crisis. Thus, there has been no convergence and stable inequalities have continued and interacted in this realm also.

Tensions have also emerged in relation to the level of health-related expenditure against the background of dynamic ageing. We can see that health expenditure as a proportion of GDP has been growing steadily only in Austria, Germany and Italy (and in the Czech Republic, at a lower level), while the other countries have smaller rates and have shown much less dynamism. This demonstrates that these societies have not spent relatively more on health care in response to increased ageing.[9] This means that beyond some extra spending based on economic growth, extra resources have not been mobilised. In Hungary there has even been a relative decrease in health expenditure ratios, despite comparatively high levels of morbidity and mortality. Romania has the worst health expenditure ratios, together with the highest mortality rates among these countries.[10] This means overall that ageing and the subsequent increase in care are not associated with increased overall rates of public spending in the region, but rather from private sources. Seeing the dramatic increase in care migration within the socially divided region, it is clear that the purchase of marketised migrant services at relatively low prices has thus become a truly viable system. But this solution comes with real internal tensions.

7 World Bank Development Indicators, Tax revenue (% of GDP). https://data.worldbank.org/indicator/GC.TAX.TOTL.GD.ZS, Access 24/09/2020

8 Social spending, Social expenditure comprises cash benefits, direct in-kind provision of goods and services, and tax breaks with social purposes. Public, percentage of GDP. OECD, 2020.

9 World Bank Developmental Indicators, Current health expenditure (% of GDP). Available at: https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS, Access: 24/09/2020

10 See: Kovács and Bálint (2019, p. 153)

In this competition for care the sending societies of the region have not only seen worse care and economic opportunities at home, but also an increased demand for such work in relatively better off neighbouring countries, which have also experienced stagnation in social spending and redistribution rates. One of the main aims of this volume is to show these challenges on both the macro and the micro levels. It is understandable why this care system has emerged, but we have to be aware of its contradictions and disruptive mechanisms.

Some theoretical and policy perspectives

Care work covers a variety of activities serving the well-being of others, including childcare, caring for people with disabilities and elderly care. In this volume, care and care work refer in particular to elderly care, mainly live-in care arrangements provided by carers living in the homes of the elderly care recipients. Caring for others is essential in sustaining social relationships. Therefore, care is of key importance in social reproduction, in the maintenance of societies.

As Nancy Fraser (2012) argued, no society that fully marketises social reproduction and weakens other social forms can endure long. However, that is exactly what we are heading towards in the current wave of global marketisation. But of course, she was not the first to ask whether a society can become »commodities all the way down«. In his much-cited analysis, *The Great Transformation*, Karl Polanyi (1944) looked at the development of global capitalism that also led to the economic crisis of the 1930s. He claimed that the essential resources that maintain social life, such as land, money or – very importantly – labour, are fictitious commodities, and not produced for sale. Nowadays it seems that exactly these fictitious commodification processes have become acute as financial and ecological turmoil, and migration have become key focuses of global policy.

As Aulenbacher, Leiblfinger, and Prieler (2020) also argue, care has increasingly become a fictitious commodity: because families, states and communities are playing a less active role in covering care needs, care has become increasingly marketised. The evolution of the global care market has resulted in an increased number of women migrating to do care work. While these migrant women provide care in the form of wage labour, their work is mostly underpaid (often extra costs of migration are excluded), which results from the undervaluation of care in capitalist societies

generally.[11] The misrecognition of care activities and the inequalities in care originate from the capitalist mode of production. As Fraser (2016) explained, in capitalist societies reproductive work is separated from economic production and is institutionalised in the »domestic sphere«, where its social value is obscured. While economic productivity and wage labour in the formal economy are financially valued, traditionally reproductive work is compensated by non-capitalist recognition of »virtue«. However, this complex work has become more and more commodified and financially evaluated within the framework of the global care market, linking the different spheres of social life. This interconnectedness becomes very clear in Bahna (2020, in this volume), which shows how care migration is defined by changes in formal labour markets and can be analysed as a related labour chain.

The commodification of care work does not challenge the fact that mainly women are associated with reproductive and care work. This division of labour results in the simultaneous structural subordination of women to formal and informal, familial systems. While the marketisation and migration processes cause further inequalities in providing care globally, non-marketised care is also a subject of unequal division of labour and is built into complex interlinked global-local hierarchies. This has also been shown in the profound fieldwork on migrant care workers by Tünde Turai (2017) and Mónika Váradi (2018).

The present volume provides detailed descriptions and ample of evidence on how this interlinked market actually operates and how roles are distributed in this exchange process (see, for example, the chapters of Gábriel, 2020, Fedyuk, 2020, Steiner et al, 2020). The infrastructure of migration is developing rapidly (Xiang and Lindquist, 2014). Agents are becoming crucial mediators in setting prices regionally in competition with each other, institutionalising bargaining with the workers and thus organising the micro level local unequal exchanges.[12] Agents strongly build on their social relationships when facilitating migration, because social networks play a crucial role in people's migration capability and migration aspirations (Virág, 2018). Additionally, they are the ones who try to convince the service buyers (the person in care and the families of elderly people) that the internal ambiguities and tensions around quality and legality have been dealt with very well. This is carried out by constructing discourses

11 On the organisation of care under capitalism, analysed from a Polanyian standpoint, see also Aulenbacher, Bachinger, and Décieux, (2015); and Aulenbacher et al. (2019).

12 See also Váradi (2018); and Turai (2018).

and narratives that serve to normalise the relevant relationships in an emerging market, in which (as pointed out above) there is care scarcity and increasing demand.

While scarcity of care is a global phenomenon, it follows specific trajectories in particular regions and states (Melegh, f2020a). When analysing and contextualising care, the book primarily focuses on the relations between state, market and family and looks at how these forms organise and manage care work in central and eastern Europe. The changing relations between these actors crucially define who provide and receive care, and under what conditions.

As already pointed out the relative decline and stagnation of state services and state redistribution, despite rapid ageing, play an important role in scarcity of care today. During the ongoing marketisation of care, this low level of state involvement provides extra resources until economic growth is continuous. Thus, states also need to promote economic growth to meet needs emerging from continuous and dynamic ageing.[13] In other words, ongoing welfare obligations can be maintained if they please investors and can boost economic growth, while at the same time neoliberals demand reductions in taxation and redistribution to reduce companies' »unnecessary« costs. This tax reduction can also be the key point in not increasing redistribution rates, which might have been needed for increasing public expenditure also on care services.

The tensions are further deepened by that fact that there has been a long-term decline of family economies and families' role in old-age care. This decline and the collapse of family based rural systems is a historical fact; an institutional change that necessarily leads to further change and has ongoing implications. This transformation especially applies to families in the countryside in central and eastern Europe because of the decline in rural employment and related »second« economies (household gardening and livestock raising linked to cooperatives) and/or private peasant farming. The historian Hobsbawm (1994, p.289) named this transformation the »death of the peasantry«. He pointed out that rural, peasant-like, post-peasant social systems – as they are often termed in the region – have been marginalised. This represents one of the most important secular changes in the history of mankind.[14] Such systems were already on the decline under socialism because of industrialisation, urbanisation

13 See also on the crisis of care as a symptom of the crisis of accumulation Aulenbacher, Dammayr, and Décieux (2014) and Czerván, Katona, and László (2020), among others.

14 Among other very important analyses see Chapter 1 and 2 of Hann (2019) also in terms of balances between market hosuehold and state redistribution.

and female employment and they (regardless of their inner tensions and conflicts) could have functioned as an institutional reserve, as a backup for handling tensions between marketisation and state involvement, which have been exacerbated under globalisation, especially in emigrant countries. It needs no further explanation that family based rural systems were built on an unequal distribution of reproductive work within and across households, in which lower-status women provide most of the care duties.[15] Thus before care work began to become a fictitious commodity, family systems were characterised by status related inequalities, inner tensions and exploitation, which now are giving way to market and state redistribution based inequalities and exploitations (Fraser, 2014). They are basically not functioning, and families and the elderly are relying more and more on the state and the market themselves, or their female relatives struggle to provide care for the elderly and fulfil other obligations (Gyarmati, 2019). In this transformation not only have economic restructuring, the decline of local food industries and food systems played a role, but also massive uprooting and outmigration, another consequence of marketisation. Due to demographic decline villages and smaller towns are emptying, with only the elderly left behind to be taken care of. Thus, the relative role and responsibility of welfare services is actually dramatically increasing, not only in this region but also globally, partially due to the loss of family based rural systems and the massive outmigration. Local communities, which could also play an essential role in providing care for their members, are also very much missing from this picture (Czerván et al, 2020).

The falling contribution of both states and families to care for the elderly has gone hand in hand with the increased marketisation of care and the rise of a transnational care migration industry in an extremely unequal region. Care duties in households in western European states are increasingly outsourced to migrant women from the semi-periphery, such as central and eastern European countries or from the periphery proper, such as the Philippines (Lutz, 2011). Therefore, »care drain« from the semi-periphery and the periphery meets some of the care needs in rich »core« countries. Care work has become a commodity for sale on the hierarchical global labour market, constituting care chains, as Hochschild (2000) introduced the concept into international discourse, based on Parreñas' (2001) insightful research on Philippine domestic workers in Italy. Central

15 See also, among others, the works of Maria Mies (1986); Silvia Federici (2019); Selma James and Mariarosa Dalla Costa (1973) and Tithi Bhattacharya (2017).

and eastern Europe is positioned in this market as both a sending and a receiving country in the context of very fragile demographic prospects and persistent global inequalities (Aulenbacher et al, 2015; Lutz, 2008; 2011; Lutz and Palenga-Möllenbeck, 2011, 2012; Turai, 2016).

This unequal, »fictitious« commodity exchange is commonly obscured in political discourses of demographic nationalism in many sending countries, according to which local or national demographic resources (such as more children and the imposition of more obligations on families) should be utilised more, and both outmigration and immigration in care services are seen as anomalies. As Matuszczyk (2020, in this volume) shows, they do not feature as real policy issues in countries such as Poland. Thus in an extremely open economic system in which demographic prospects are deteriorating and ageing is becoming a crucial quality-of-life issue, some local governments completely ignore it or avoid an open discussion of involvement in the exchange of fictitious commodities. They do not consider what social, moral and political conditions could be established for which actors in order to avoid exploitation, and how to avoid major mistakes in care and defend the personal sphere of all relevant parties. The resultant harm is presented vividly by Fedyuk (2020) in this volume. Milánkovics (2020) highlights this lack of policy attention, showing the dramatic contrast between the Hungarian and the British systems in terms of handling some of the major issues of marketisation. This lack of policymaking at the national level in central and eastern Europe can be a major policy concern, as in contrast to regional developments, care work has started to gain more political relevance in EU policymaking. The new EU gender strategy launched in March 2020, however, primarily targets gender equality in care provision on an individual level, but conceals the structural factors driving transnational inequalities in care work. It thus fails central and eastern European women, as Kováts and Zacharenko (2020) have also highlighted. With this book we wanted to contribute to an understanding of the system, which can also serve as useful material for policy discussions on what can be done to achieve more equality in care, and generally a higher social value of care in Europe.

Contents of this volume

As already explained, the analysis of care migration focuses on the relations between state, market and family, because it is primarily these actors who manage care work in society. Each chapter in this volume has a different focus in discussing care, but they also explain the main factors

that define care in the given country. All chapters introduce basic information on demographic change in the sending and receiving countries; state services and regulations and migration tendencies in the field of care; and the labour market situation of migrant care workers in the sending country. Furthermore, some chapters discuss household economics, the costs and benefits of care migration, and also refer to the infrastructure of migration, such as the role of recruitment agencies. While gender is not discussed as a separate issue of inequality, the gendered dimension of all these issues is considered, especially in the analysis of the political economy of bodies and intimacies, which is primarily addressed in the chapter on Ukrainian care workers in Italy written by Olena Fedyuk.

The structure of the volume follows a Polanyian approach and contains three main sections, focusing on state and politics; the market; and society and family. There is an additional final chapter based on insights »from the field«, written by Kinga Milánkovics. The first section focuses on the politics of care migration and contains chapters on the Czech Republic and Poland. The chapter on care migration from and into Czech Republic, written by Zuzana Uhde and Petra Ezzeddine, focuses on structural causes that define inequalities in the care sector. The chapter draws on a range of data, mainly ethnographic research and biographical interviews with care workers. Uhde and Ezzeddine explain that »the Czech Republic is positioned between the two ends of the transnational political economy of social reproduction«. They analyse the situation of Ukrainian care workers in the Czech Republic, and the case of Czech women working in Austria and Germany. Uhde and Ezzeddine claim that, despite the idea of a »borderless Europe«, borders between nation-states play a crucial role in economic inequalities. Care migration is built on and reinforces these inequalities: economically better-off states follow their economic interests and save money by employing cheaper migrant labour, without providing eligibility rights and social security for migrant workers. States, the Czech Republic, as well as Austria and Germany, follow cost-effective solutions in the legal regulations on migrant care workers; hence the general organisation of social reproduction follows a market logic. While there are important international initiatives that aim to protect the rights and interests of migrant care workers, such as the ILO convention on migrant workers and their families,[16] this attempt actually obscures the structural inequalities that shape the transnational care market.

16 ILO Domestic Workers Convention, 2011 (No. 189); ILO Domestic Workers Recommendation, 2011 (No. 201).

Kamil Matuszczyk's chapter focuses on the political discourse about care migration in Poland. He shows that while demographic changes and ageing have attracted political interest in recent years, the issues of emigration and immigration in the care sector have mainly been neglected by politicians. He explains that policymakers have no interest in regulating better long-term care arrangements but prefer self-regulated market mechanisms and at the same time mostly assign care tasks to families, who either care for their elderly family members themselves (mainly female family members) or hire paid care workers. Policymaking is rather interested in the status quo, which means that they do not want to address the structural causes of inequalities in care work, including the gendered division of labour and women's care tasks within the family, not to mention differences due to the market, because paid live-in carers are available only for economically better positioned families.

The second section of the book contains chapters focusing primarily on the market and market actors in care migration. The chapter written by Steiner, Leiblfinger, Prieler and Benazha on the German, Austrian and Swiss care markets targets recruitment agencies. Agencies have become key actors in linking supply and demand in the transnational market and therefore in defining care workers' working conditions and rights. Because they are commonly accused in the media of having exploitative business practices, agencies need to generate social consent concerning how live-in care arrangements are brokered. In a comparative analysis of the three countries the authors look at agencies' legality narratives and show how these narratives reflect the relevant regulations and public discourses around care. The chapter is based on an analysis of agencies' websites and on detailed content analysis of legality narratives. It shows that while in their self-representation German and Swiss agencies focus mainly on the differentiation of illegal employment models, Austrian agencies primarily emphasise the professionalism of their care and brokering. In both cases agencies communicate their compliance with the law in contrast to other dubious agencies, while the actual working conditions of carers as prescribed by the legal regulations is obscured. The chapter shows that in this discourse and portrayal of the care market the precarity of care workers and inequalities in live-in care are not thematised.

Miloslav Bahna's chapter on Slovakian care workers in Austria analyses care migration from a labour migration perspective, demonstrating the economic rationale behind cross-border care. Drawing on interviews with care workers and survey data he points out that the Slovakian labour market situation and the wage differences between Slovakia and Austria

are the primary driving factors of outgoing care migration, as well as the limited employment possibilities of middle-aged Slovakian women and the geographical closeness of the two countries. Bahna highlights that care migration is best explained as a secondary labour market, because care workers are likely to get less desirable jobs after migration than they had before. He claims that while care migration is studied mainly from the perspective of reproductive labour, which follows a different logic from productive work, it should rather be examined from a labour migration perspective because of the advanced marketisation and commodification of care migration.

The last main section of the volume includes chapters focusing on how care migration affects the immediate social environment and status. Gábriel's text analyses the case of Hungarian care workers from Baranya county in Austria, based on interviews with care workers. She looks at infrastructure and the immediate social embeddedness of migration, and highlights that not only carers, but also agencies and networks operate in a competitive market, which in the end reinforces inequalities. While caregiver with higher social status and better skills can avoid unfair treatment from the various actors, care workers from more precarious situations are more likely to be exploited throughout their employment abroad. Gábriel looks at the microeconomics of care migration, analysing the costs and benefits, as well as households' roles in decision-making. She also describes the whole local infrastructure that has been built around care migration at her field site, including actors who aim to take advantage of vulnerable women.

The gendered inequalities on the labour market that characterise care work are further elaborated in Olena Fedyuk's chapter on Ukrainian carers in Italy. The chapter is based on ethnographic fieldwork and focuses on the political economy of bodies. Fedyuk shows how transnational inequalities that are defined by structural causes play out in the households of care recipients in Italy. She focuses on power relations between Italian families and Ukrainian women (and men) performing live-in care, the commodification of the bodily experiences of care workers and the ways in which boundaries between the private sphere and work are negotiated. This chapter provides a highly sensitive empirical analysis of care workers' experiences in these interpersonal relationships. However, these individual cases are defined by macro relations: care and migration regimes, and the interest in employing migrant care workers due to the lack of state services in elderly care, which reinforces gender and ethnic hierarchies. Furthermore, Fedyuk highlights how the marketisation

of care, analysed in the previous chapters on national and transnational levels, affects the experiences and selves of migrant women. This marketisation of care crucially changes the emotional and bodily experiences in care work, as well as the space of the home in which care is provided, which turns into a workspace.

The final chapter in the volume differs in structure, content and approach. It is written by Kinga Milánkovics, a Hungarian carer working in the United Kingdom, who has been active in advocacy for care workers' rights for many years. Milánkovics is primarily active in organising Hungarian care workers, working either abroad or in Hungary. By facilitating online platforms, she helps to provide space for self-organising and works on building up supportive structures for carers. In this chapter Milánkovics summarises what useful tools and structures she has experienced in the United Kingdom, and how she is trying to establish them in Hungary. While she acknowledges that the situation of carers is strongly shaped by structural factors defining the value of care and the inequalities in care work – which also explains the large differences between working conditions in the United Kingdom and in Hungary – she focuses here on the potentials and challenges of self-organisation and grassroots initiatives. Thus, this final chapter shows what can be done by people working in this field, and also provides tips on working towards political change.

References

Aulenbacher, B., Leiblfinger, M., and Prieler, V. (2020). The Promise of Decent Care and the Problem of Poor Working Conditions: Double Movements Around Live-In Care in Austria. socialpolicy.ch – *Journal of the Division of Sociology, Social Policy, Social Work, University of Fribourg* 2020(2) 2.5.

Aulenbacher, B., Bachinger, A. & Décieux, F. (2015). Gelebte Sorglosigkeit? Kapitalismus, Sozialstaatlichkeit und soziale Reproduktion am Beispiel des österreichischen »migrant-in-a-family-care«-Modells. *Kurswechsel,* 1/2015: 6–14. Retrieved from: http://www.beigewum.at/wp-content/uploads/6-14.pdf. Accessed: 25.9.2020.

Aulenbacher, B., Dammayr, M. & Décieux, F. (2014). Herrschaft, Arbeitsteilung, Ungleichheit. Das Beispiel der Sorgearbeit und des Sorgeregimes im Gegenwartskapitalismus. *PROKLA. Verlag Westfälisches Dampfboot, 175, 44*,(2) 209–224. Available at: https://doi.org/10.32387/prokla.v44i175.171

Bahna, M. & Sekulová, M. (2019). *Crossborder care. Lessons from Central Europe*. Palgrave Macmillan. Available at: https://doi.org/10.1007/978-3-319-97028-8

Bahna, M. (2020). The economic rationales behind crossborder care among care workers from Slovakia. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 92–114) Friedrich Ebert Stiftung, Budapest.

Basten, S., Sobotka, T. & Zeman, K. (2014). Future Fertility in Low Fertility Countries. In Lutz, W., Butz, W. P. & Samir, K.C. (Eds.). *World Population and Human Capital in*

the Twenty-First Century. (pp. 14–39). Oxford, Oxford University Press. Available at: https://doi.org/10.1093/acprof:oso/9780198703167.001.0001

Bhattacharya, T. (Ed.) (2017). *Social Reproduction Theory: Remapping Class, Recentering Oppression*. London: Pluto Press. Available at: https://doi.org/10.2307/j.ctt1vz494j

Böröcz, J. (2016). Global Inequality in Redistribution: For a Worl-Historical Sociology of (Not)Caring. *Intersections. EEJSP, 2* (2): 57–83. Available at: https://doi.org/10.17356/ieejsp.v2i2.182

Czerván, A., Katona, N. & László, L. (2020). A gondoskodás újraszervezése. Gyakorlati válaszok a gondoskodási válságra. *Fordulat*, *27*, 58–81.

Dalla Costa, M. & James, S. (1973). *The power of women and the subversion of the community*. Bristol, Falling Wall Press.

Fassmann, H., Musil, E., Bauer, R., Melegh, A. & Gruber, K. (2014). Longer-Term Demographic Dynamics in South-East Europe: Convergent, Divergent and Delayed Development Paths. *Central and Eastern European Migration Review*, *3*(2): 150–172.

Federici, S. (2019). Social reproduction theory. History, issues and present challenges. *Radical Philosophy*, 2.04.

Fedyuk, O. (2020). Migrants' embodied geographies: spaces and boundaries of care work. Case study of Ukrainian care workers in Italy. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 143–165) Friedrich Ebert Stiftung, Budapest.

Fraser, N. (2014). Can society be commodities all the way down? Post-Polanyian reflections on capitalist crisis. *Economy and Society*, *43*, 4. Available at: https://doi.org/10.1080/03085147.2014.898822

Fraser, N. (2016). Contradictions of Capital and Care. *New Left Review*, *100*: 99–117

Gábriel, D. (2020). Negotiating Working Conditions in the Austrian Live-in Care Sector. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 115–143) Friedrich Ebert Stiftung, Budapest.

Gyarmati, A. (2019). *Aging and Care for the Elderly in Hungary. General Survey and Problems*. Friedrich Ebert Stiftung, Budapest. Retrieved from : https://library.fes.de/pdf-files/bueros/budapest/15482.pdf Accessed: 25.9.2020.

Hann, C. (2019). *Repatriating Polányi: Market Society in the Visegrád States*. Budapest and New York: CEU Press.

Hárs, Á. (2016). The Experiences of a New Emigrant Country: Emerging Migration from Hungary. In Kahanec, M. & Zimmermann, K. (Eds.). *Labor Migration, EU Enlargement, and the Great Recession*. Berlin, Heidelberg: Springer. Available at: https://doi.org/10.1007/978-3-662-45320-9_12

Hobsbawm, E. (1994). *Age of extremes. The short twentieth century 1914–1991*. London: Abacus 1995.

Hochschild, A.R. (2000). Global Care Chains and Emotional Surplus Value. In Hutton, W. & Giddens, A. (Eds.). *On The Edge: Living with Global Capitalism*. London: Jonathan Cape.

ILO Domestic Migrant Workers Convention. (2011). No. 189. Retrieved from: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189

ILO Domestic Workers Recommendation (2011). No. 201. Retrieved from: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:2551502:NO

Kovács, K. & Bálint, L.s (2019). Mortality. In Monostori, J., Őri, P. & Spéder, Z. (Eds.). *Demographic Portrait of Hungary, 2018. Report on the conditions of the Hungarian population*. (pp. 151–178). Hungarian Demographic Research Institute, Budapest.

Kováts, E. & Zacharenko, E. (2020). How the new EU strategy fails east-central European women. Retrieved from: https://www.socialeurope.eu/how-the-new-eu-gender-strategy-fails-east-central-european-women Accessed: 25.9-2020.

Leiblfinger, M., Prieler, V., Schwiter, K., Steiner, J., Benazha, A. & Lutz, H. (2020). Impact of the COVID-19 pandemic on live-in care workers in Germany, Austria and Switzerland. Retrieved from: https://ltccovid.org/2020/05/14/impact-of-the-covid-19-pandemic-on-live-in-care-workers-in-germany-austria-and-switzerland/ Accessed: 26.9.2020.

Lutz, H. (Ed.). (2008). *Migration and Domestic Work: A European Perspective on a Global Theme*. Aldershot: Ashgate.

Lutz, H. (2011). *The New Maids: Transnational Women and the Care Economy*. London: Zed Books.

Lutz, H. & Palenga-Möllenbeck, E. (2011). Care, Gender and Migration: Towards a Theory of Transnational Domestic Work Migration in Europe. *Journal of Contemporary European Studies*, *19*(3): 349–364. Available at: https://doi.org/10.1080/14782804.2011.610605

Lutz, H. & Palenga-Möllenbeck, E. (2012). Care Workers, Care Drain, and Care Chains: Reflections on Care, Migration, and Citizenship. *Social Politics*, *19(1):* 1–23. Available at: https://doi.org/10.1093/sp/jxr026

Matuszczyk, K. (2020). Forgotten topic or invisible problem? Political discourse in Poland on live-in care migration. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 48–68) Friedrich Ebert Stiftung, Budapest.

Melegh, A. (2013). Net migration and historical development in Southeastern Europe since 1950. *Hungarian Historical Review, 1*(3–4): 144–182.

Melegh, A. (2019). The Fear of Population Replacement. *Global Dialogue*, *9*(3). Retrieved from: http://globaldialogue.isa-sociology.org/the-fear-of-population-replacement/- Accessed: 26.10.2020

Melegh, A. (2016). Unequal Exchanges and the Radicalization of Demographic Nationalism in Hungary. *Intersections*, *EEJSP*, *2*(4): 87–108. Retrieved from: http://intersections.tk.mta.hu. Accessed: 26.10.2020. Available at: https://doi.org/10.17356/ieejsp.v2i4.287

Melegh, A. (2020a): Care scarcity? Care Migration and the Political Demography of Our Age, in: *Global Dialogue,* 10 (3). Retrieved from: https://globaldialogue.isa-sociology.org/care-scarcity-care-migration-and-political-demography/ Accessed: 26.10.2020

Melegh, A. (2020b). Is there a globalization - migration nexus?. *REALEURASIA Blog*. Retrieved from: https://www.eth.mpg.de/5574355/blog_2020_09_01_01. Accessed: 26.10.2020

Mies, M. ([1986] 2014). *Patriarchy and accumulation on a world scale*. Zed Books.

Milánkovics, K. (2020). Challenges Hungarian care workers face when trying to act for themselves in the United Kingdom and in Hungary. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 166–183) Friedrich Ebert Stiftung, Budapest.

Németh, K. & Váradi, M.M. (2018) Development in the context of care migration from rural Hungary: An agency-based approach. *Review of Sociology, 28*(4): 88–110.

OECD. (2020). Social spending (indicator). Available at: https://doi.org/ 10.1787/7497563b-en Retrieved from: https://data.oecd.org/socialexp/social-spending.htm Accessed: 24.9. 2020.

Parreñas, R. (2001). *Servants of Globalization: Women, Migration, and Domestic Work*. Stanford, CA: Stanford University Press.

Polanyi, K. (1944). *The Great Transformation: Economic and Political Origins of Our Time*. New York: Rinehart.

Steiner, J., Prieler, V., Leiblfinger, M. & Benazha, A. (2020). Truly Legal!? Legal Framing and Legality Narratives in 24-Hour Care in Germany, Austria, and Switzerland. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 69–91) Friedrich Ebert Stiftung, Budapest.

Turai, T. (2017). Global organization, home care: the internal structure of the migrant care sector. *Demografia*, *60*(5) (English edition). Available at: https://doi.org/10.21543/dee.2017.2

Turai, T. (2018). *Hierarchiák fogságában - Kelet- és közép-európai nők a globális idősgondozói ellátórendszerben*. Budapest: Balassi.

Uhde, Z. & Ezzeddine, P. (2020). The political economy of translocal social reproduction: cross-border care mobility in the Czech Republic. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 26–47) Friedrich Ebert Stiftung, Budapest.

United Nations, Department of Economic and Social Affairs, Population Division. (2019). *World Population Prospects 2019*. Online Edition. Rev. 1. File: POP/13-C: Old-age dependency ratio 70+/(20-69) by region, subregion and country, 1950-2100 (ratio of population 70+ per 100 population 20-69). Retrieved from: https://population.un.org/wpp/ Accessed: 24.9.2020.

Váradi, M.M. (2018). Kisfalusi nők a globális gondozási piacon. In Váradi M.M. (Ed.). *Migráció alulnézetből*. (pp. 122–169). Budapest: Argumentum.

Váradi, M.M. (Ed.). (2018). *Migráció alulnézetből*. Budapest: Argumentum.

Virág, T. (2018). A kapcsolathálózatok szerepe a migrációban egy cigányfalu perspektívájából. In Váradi M.M. (Ed.). *Migráció alulnézetből*. (pp. 74–93). Budapest: Argumentum.

World Bank Development Indicators, GDP per capita. Retrieved from: https://data.worldbank.org/indicator/NY.GDP.PCAP.KD Accessed: 24.09.2020

World Bank Development Indicators, Labor force participation rate, total. Retrieved from: https://data.worldbank.org/indicator/SL.TLF.CACT.ZS Accessed: 24.09.2020

World Bank Development Indicators, Tax revenue. Retrieved from: https://data.worldbank.org/indicator/GC.TAX.TOTL.GD.ZS Accessed: 24.09.2020

Xiang, B. & Lindquist, J. (2014). Migration Infrastructure. *International Migration Review*, *48*(1): 122–148. Available at: https://doi.org/10.1111/imre.12141

I. POLITICS

The political economy of translocal social reproduction: cross-border care mobility in the Czech Republic

Zuzana Uhde and Petra Ezzeddine

Introduction

As a result of the neoliberal dismantling of welfare states and population ageing, a chronic lack of care has become a pressing political and economic issue in late capitalist society. Nancy Fraser argues that the »social-reproductive contradiction of capitalism lies at the root of the so-called crisis of care« (Fraser, 2016, p. 100). In the wake of changes in the relations of production, social patterns of intimate and family life, as well as the relationship between the public and private spheres, the traditional premise that families – and predominantly women – represent an unlimited reservoir of care that can adapt flexibly to ever-changing care needs is now under challenge (Dudová, 2015b). Hired care for older people and domestic work have become an integral part of social reproduction in the current form of capitalism. Wealthy countries have been pursuing tighter control of cross-border mobility while at the same time benefiting from migrant labour. This involves the migration not only of highly skilled professionals, which is usually highlighted, but also in other areas, characterised by low wages, such as low-skilled production, agriculture or care provision. Even though during recent developments or earlier economic crises many countries have introduced more restrictive migration policies, the political economy of social reproduction depends to a significant degree on migrants' work, and policies respond to and co-create this situation.

Transnational care practices are in a dialectic relationship with the commodification and marketisation of social life in global capitalism and the gendered structures of the division of labour (Uhde, 2016). Although not all care workers are necessarily migrants, the growing number of migrant care workers in the care sector strengthens the connection between the

marketisation of care and precarization as a process, which involves the expansion of structural positions of insecurity, negative flexibility, low pay and vulnerability. In this chapter, we argue that a naturalised idea of borders and dual bordering processes are instrumental in reproducing the undervaluation of care in global capitalism. The current nation-state borders are a particular historical construction – they have always changed throughout history. Borders are not merely a geographical (static) entity and neutral space, but also a dynamic place of negotiation between the power interests of participating local and global actors, while mobile individuals are located only on the edge of these borderlands (Andersson, 2014; Donnan & Wilson, 2001). Borders thus represent not only a geographical dividing line separating »us« from »others«, but are also symbolic and cultural dividing lines that reinforce the hegemonic interpretation of acceptable/unacceptable practices or identities. The political economy of social reproduction in global capitalism requires borders, but it also requires their ambivalence. It requires borders that are porous and fading, but at the same time reified and exclusionary.

The context of central Europe tellingly illustrates this dynamic. During the past century alone, its geopolitical borders have shifted several times. Borders have crossed people, which has changed their positioning within broader socio-economic and geopolitical structures. Today, borders, as Nicholas De Genova argues (2018), mediate the production of the subordinate inclusion of a disposable labour force, represented by migrants. This production of a marginalised and disposable labour force for care markets coexists with a narrative of a borderless Europe that emerged after 1989. In central Europe this was accompanied by a narrative of »catching up with the West«, which partially legitimised a gradual dismantling of public care services (childcare facilities, as well as residential eldercare) and a weakening of social redistribution. A cross-border care labour market does not necessarily involve long-distance migrants. In central Europe it is built on formalised paths for a subtle combination of inclusion – within the European Union through access to labour markets – and exclusion (from some labour rights protection and a realm of social rights through systematically neglecting migrants' social and care needs in different life phases and their responsibilities for their own families). National social policies do not reckon with the mobility of citizens and their transnational lives and social rights. What we see, instead, is the persistent territorialisation of social rights, which categorises migrants as second-class people (Yuval-Davis, 1997, p. 5).

In this chapter, we first lay out the context of the cross-border care labour market in central Europe, concentrating on the Czech Republic and neighbouring countries. We analyse how migrant care workers are positioned within the bordered landscape of the political economy of translocal social reproduction. We illustrate our analysis with rich empirical data based on several research projects that were carried out between 2007 and 2017. They include: Ezzeddine's ethnographic projects with migrant domestic workers and transnational mothers from Ukraine (Ezzeddine, 2012, 2019); an ethnographic project with live-in care workers from Ukraine, focused on the commodification of care work for older people and provided by Ukrainian women migrants in the Czech Republic (Ezzeddine, 2014); a first quantitative survey mapping the situation of domestic workers in the Czech Republic (Ezzeddine et al, 2014); a biographical research project with Czech live-in care workers (50+) working in Austria (Kuchyňková & Ezzeddine, 2015), focused on working conditions and ageing practices in cross-border migration; Uhde's biographical research project focused on gendered aspects of economically driven migration among women from the former USSR coming to the Czech Republic (Uhde, 2014, 2019); and finally qualitative research among experts in eldercare and care workers in residential eldercare and field care in the Czech Republic, focused on the effects of the commodification of eldercare (Uhde & Maříková, 2019). Based on ethnographic and biographical research on women migrants from Ukraine to the Czech Republic, and Czech women migrants to Austria, we interrogate everyday manifestations of borders and how they are related to the transnational political economy of social reproduction. In the second half of the chapter, we focus on dual bordering processes and the role of borders in the political economy of social reproduction in global capitalism. We apply our analysis to the current situation amidst COVID-19 pandemic measures (unfolding as we wrote this chapter), which in fact shed more light on the role of borders in the marketisation of care in general and of eldercare in particular.

The Czech care labour market and its emerging cross-border dynamics

In the Czech Republic, reforms of public eldercare policies since 1990s has involved a reduction in state support for residential eldercare facilities, the expansion of formal care providers (such as non-profit and private companies) and the introduction of cash-for-care benefits. The

emphasis of the social system is on home care, with some support for field care workers (paid regular scheduled visits). Since the 1990s, however, there has been an increase in the number of clients per field care worker (Maříková, Plasová, 2012, p. 4; cf. Dudová, 2015 a, b). This is a general policy trend in eldercare in Europe, which is driven by efforts to cut costs for eldercare and a preference for consumer/provider relationships. As a result, the system faces a shortage of care provision, which is expected to increase further in the near future. The changes made to the welfare state in recent decades in the Czech Republic have led to several unintended consequences, particularly in the area of care for older people, which has been subjected to a growing emphasis on cost-effectiveness and cost-accounting. This has resulted in pressure to reduce the costs of care, driving down care workers' wages, and the taylorisation of care as care provision is fragmented into accounted-for tasks according to a strict time-schedule. This has boosted a market framework centred on the consumer/provider relationship and promotes the commodification of care. Despite the statutory price-caps for eldercare services in the Czech Republic, some private providers use ploys to increase the price of care provision by charging extra fees for additional care services, activities or hygiene products (Uhde & Maříková, 2019; Kubalčíková & Havlíková, 2016; Ungerson, 2003).

In this context formal care relationships are permeated by dual vulnerability (Uhde & Maříková, 2019). On one hand, the older people being cared for are physically and psychologically vulnerable to ill-treatment or inadequate care, many cases of which have been reported in the media. Their families are dependent on the provision of formal care for their relatives and thus they too are in a difficult position in negotiations about quality or price. On the other hand, care workers, who are predominantly women, are themselves vulnerable to exploitation and marginalisation and they have only limited opportunities to assert their interests and labour rights.

> *The pressure to reduce the cost of care is negatively passed on to care workers, who are often forced, particularly in field assistance and/or health services, into non-standard forms of work without a full social security (agreements to perform work, work on a trade licence) and without the right to reimbursement for the time spent commuting between clients' households. Also, payments by health insurance companies (in cases of field health care) tend to come in late. Changes or delays in the payment of public subsidies on social services, which cause cash flow problems to organisations, are offset by the delays and reductions of wages paid to employees. However, the pressures on cost reduction are also passed on to older people; for example, care visits get shortened in the field home care in order to*

> *allow for transfers or to make up for an insufficient number of care workers due to high staff turnovers and precarious forms of employment.* (Uhde & Maříková, 2019, p. 21)

Increasingly, care work is becoming a job for women who are struggling to get out of long-term unemployment (as there is a constant shortage of care workers) and an employment opportunity for migrant women (as they are structurally forced to settle for more precarious working conditions). The Czech Republic is positioned between the two ends of the transnational political economy of social reproduction. While Czech women migrate abroad, some of them as care workers to neighbouring countries (Germany and Austria), it is also a country in which a growing part of formal care is provided by migrant women, mainly from Ukraine. Both Germany and Austria are countries with a growing sector of 24-hour care for older people, provided predominantly by migrants under non-standard labour arrangements, such as self-employment or through agencies benefiting from different tax rules in different countries (see Steiner, Prieler, Leiblfinger, Banazha, 2020, in this volume). Currently, there is also an emerging trend of care mobility in the opposite direction. Increasingly, older German citizens opt for care in residential eldercare facilities in the Czech border-region, which is significantly cheaper than residential eldercare in Germany. The media calls this trend »geriatric colonialism« or »Granny exports«. As Krause, Shapieha and Schurian argue, this media controversy points to sensibilities and discomfort arising from conflicting social expectations regarding family responsibilities and the state's role in eldercare in the context of marketisation (Krause, Shapieha & Schurian, 2019). This is why eldercare businesses based on the mobility of older people are putting a lot of effort into legitimising their activities to the public. Similar to a discourse of »private charity« legitimising the hiring of domestic workers by private households (Ezzeddine, 2019), business actors stress the advantages of economic development in the border region of central Europe (Großmann & Schweppe, 2017).

Migrants from Ukraine filling the gap

Geopolitical changes after 1989 in the region of central Europe shifted the meaning and consequences of political borders. While Ukraine suffered an economic and social decline, people once living in the same political bloc – and in the case of western Ukraine until 1938 in one state – are now, when migrating from Ukraine to the Czech Republic, crossing the border between »East« and »West«. Moreover, after EU enlargement in 2004,

migrants from outside the EU are distinctively positioned as a reserved cheap labour. This political history of the region is inscribed in the everyday experience of care workers from Ukraine: they experience misrecognition as a gap between claims they derive from a shared history and their hard work, on one hand, and their treatment as second-class people facing bureaucratic and everyday barriers to accessing their rights, on the other hand (Uhde, 2014). There are considerable differences in the conditions and positions of migrant care workers, depending on their legal status, cultural perceptions of their country of origin, the settings in which their work is performed, the legal relationships between employer and employee, and the migration, gender and care regimes in the particular national context. Nevertheless, the interconnection between the marketisation of care and migration status tends to produce similar outcomes in terms of the structural vulnerability of migrant care workers (Williams, 2012; Uhde, 2016; Ezzeddine, 2014).

Migrant domestic work for private households is a fairly new phenomenon in the Czech Republic. As a result, the migrant care sector is still small (compared with those of Austria or Germany), although it is growing slowly. There has been a reported increase in domestic work performed by migrant women since 1990s (Ezzeddine et al, 2014). This first (and the last) survey about the situation of migrant domestic workers in the Czech Republic has shown that the conflicts and tensions mentioned by domestic and care workers were related mainly to compensation for overtime, working time specification, cultural differences, excessive requirements with regard to work quality and issues related to vacations and time-off. Problems related to restrictions on personal freedom, sexual harassment, confiscation of passports and violence appeared in the sample only in extreme cases. The research has also shown that migrant domestic workers with a more stable residence situation (permanent residence), language skills and a socio-cultural knowledge of Czech society, or those who are self-employed, have more secure job and they are less vulnerable.

As Ezzeddine shows in her research on the working conditions of Ukrainian live-in caregivers in eldercare in the Czech Republic, a Ukrainian ethnic background has become an important informal asset that favours Ukrainian migrant women on the Czech care market (Ezzeddine, 2014). In research interviews, the owners of the agencies employing them stressed the benefit of them belonging to a Slavic ethnic group, as well as the fact that they come from a post-socialist country that shares some historical experiences with the Czech Republic. The owner of one agency interviewed

in the research by Ezzeddine gave the following reasons: »Originally we wanted to apply the Israeli model and bring Filipino women here. We were surprised that there was no interest in them. People here are still xenophobic, they fear anything new. So we shifted to Ukrainian women who learn Czech fast, look the same as Czechs, and understand life here.« The owners of these agencies exploit the fact that Ukrainian origin is relatively familiar to the majority population in the Czech Republic and that hiring a migrant care worker is financially affordable compared with other types of home care. The owner of another agency interviewed in the research reasoned as follows: »Ukrainian women are like us. No problem. They can speak the language; it is simply the same. Old people are conservative and it is hard for them to get used to someone who is not from their family. This job represents a substantial penetration into the private realm.«

Having said that, Ukrainian care and domestic workers often refer to the unfairness of being treated differently due to their ethnicity and citizenship (Uhde, 2014; Ezzeddine, 2016). Especially in conflict situations and during interaction with clients and their families, they become aware of their situation as second-class citizens:

> *I changed my work place. In the previous place they thought that if they hired a Ukrainian woman, she would work there like a horse. No free time, and they did not abide by the contract. After that they said to me that as a Ukrainian I had to be glad that I live in »civilization«. And I am from Lvov! (Yelena, 42 years old, live-in care worker from Ukraine)*

> *I want to work legally so that when I lose my job, I get a severance payment. But where can one find such a job now? … I used to work through a gang and get those 60 crowns an hour and work 12 hours 7 days. You can't take care of your child like this. … But now I'm working … I've signed my first contract. When I signed it, I felt like a human being. … It's a kind of a promotion for me. (Galina, 37 years old, live-out domestic worker from Ukraine)*

Interestingly, intermediating agencies do not directly use Ukrainian workers' country of origin or ethnicity in their advertisements. Instead, these agencies use the term »foreign woman domestic worker« or »foreign woman caregiver« to target their potential clients, families »buying« care for their older relatives (Ezzeddine 2014). This indicates that the category of »migrant«, which implies lower labour costs, is the primary signifier. Yet another agency owner interviewed by Ezzeddine explained: »Some want only Czech women, but they [Ukrainians] are simply cheaper. And this is what wins. There is tough competition even in this business!«

When it comes to employing migrant domestic care workers in the Czech Republic, the system for legalising their stay is complicated (Ezzeddine

et al, 2014). This has led to the emergence of a combination of legal and illegal practices. In the Czech Republic it is difficult for a private family to legally employ non-EU nationals. However, a legal contract is essential for migrants: a migrant worker's residence permit depends on the existence of a valid employment contract. Thus, if the migrant suddenly loses their job for some reason and is unable to find another one quickly, they are obliged to leave the country. This can lead to a strong dependence on the private employer or the agency (Hurrle, 2011; Trlifajová & Hurrle, 2018). But domestic work contracted through agencies might not be the most secure solution for domestic care workers themselves. In line with De Genova (2002), Hurrle argues that »the problem of the current system is the ›production‹ of illegality: it is very easy for a migrant to turn into a person who behaves illegally, for example due to minor administrative problems. In many cases migrants are not aware of this because they are ›administered‹ by intermediaries« (Hurrle, 2011, p. 5).

In this context Ukrainian domestic care workers often express feelings of insecurity, fear and worries about the future. If they face problems in the course of their work (such as lack of respect for their working hours or a change in the job description) and it is not possible to reach agreement with clients through the agency, they need to come up with other strategies to remain abroad. Because most of the women send remittances back to Ukraine, on which their families (especially children) depend, their decision to put up with degrading working conditions becomes even more difficult (Ezzeddine, 2014). As Natasha, a live-in care worker in elderly care (Natasha, 36 years old, live-in care worker from Ukraine), reflected: »It is a problem: when you lose your job, you have to find another one quickly. If you don't find one, you lose your residence permit. You suddenly think again about that. The whole family in Ukraine is waiting for the money. I am a widow and so I am responsible for them. Then of course you try to negotiate.« And this pressure also shrinks the scope of their lives to include only work:

> *We used to go to the mountains at home, for example. Once or twice a month. I miss that the most here, because I just work here, I only see toilets and nothing else. I just work every day, every day the same thing ... It was a different life at home. ... He [husband] is living a normal life. And I'm only working here. I send money, I don't spend it here and I'm working again. And that's all.* (*Darya, 37 years old, live-out domestic worker from Ukraine*)

Nevertheless, the remittances that Ukrainian women send home have transformed their gender roles as they become the breadwinners of their families. Possible positive aspects stemming from this change need to be

contextualised in the global economy. This sheds light on their reasons for migrating and also on the structurally limited opportunities open to them in their destination country. Especially in the case of transnational mothers, remittances bring about a re-evaluation of motherhood, although in terms of a commodified relationship. Remittances confer material legitimacy on the difficult decision to go abroad to work, compensate for mothers' physical absence, and symbolically reconstruct and maintain, at a distance, their family relationships. These remittances may rather be considered a specific incarnation of the »economy of dignity« (Pugh, 2009). By means of their work abroad (for which parents and children pay an emotional price), transnational mothers provide their children with a possibility to buy a sense of belonging to global consumer culture.

The long, uninterrupted stays abroad (mostly for six months at a time), together with non-EU citizen status, make Ukrainian domestic workers more vulnerable compared with Czech cross-border caregivers. By contrast, two-week working shifts and the status of EU citizens enable Czech caregivers to be more flexible in terms of changing their employers or agencies. The *Convention on Decent Work for Domestic Workers*, adopted by the International Labour Organisation (ILO) in June 2011, postulates a signatory state obligation to safeguard compliance with basic labour standards also in the sphere of private households. Establishing international standards for domestic work as a form of employment is the result of longstanding migrant women's organising efforts, which drew attention to violations of domestic workers' human rights and the exclusion of work in private households from labour rights standards. The Czech government has taken the Convention formally into account, but has rejected its submission for ratification, declaring it not relevant to the Czech Republic. In contrast, the Czech NGO the Association for Migration and Integration (SIMI) estimates that every second migrant woman has had some experience of domestic work (mainly in the live-out form) at some point in their life trajectory. Despite the undeniable positive potential of the Convention in the short and medium term for millions of domestic workers worldwide, however, the Convention itself has some limitations. It legitimises the transnational marketisation of care and the state's role as its facilitator. Uhde argues that

> *while this convention was an impressive achievement, it also reduced global care claims to claims for the professionalization of domestic work and the recognition of care as any other work. This does not address the structural causes of the misrecognition of care and, in the long-term, it reproduces*

> *both transnational and global inequalities and gendered disadvantages.* (Uhde, 2019, p. 199)

This echoes Fraser's argument about capitalism's inherent tendency towards social reproductive crises (Fraser, 2016). Besides that, it does not concern those working within the framework of arrangements based on a trade licence, which is a prevalent model in central Europe.

Cross-border care market amidst intra-European inequalities

Opening borders to the West also encouraged both temporary and permanent migration from the Czech Republic. Despite the political promises of »catching up with the West«, still significant differences in wages mean that care work abroad, although undervalued according to labour market standards in the destination country, presents an attractive earning opportunity. According to Eurostat, in 2019 estimated hourly labour costs in the Czech Republic were 13.5 euros compared with 34.7 euros in Austria or 35.6 euros in Germany.[1] The average net monthly income of care workers in the Czech Republic in 2018 was 800 euros (rounded up), as wages in the sector have continued to grow in recent years, up from 560 euros in 2016. But there are significant regional differences – earnings in border and rural areas are lower. Bahna and Sekulová (2019, p. 32) state that the average net monthly income of Slovak care workers in Austria in 2016 was 840 euros (calculated for two weeks per month of 24-hour live-in care work). We can assume that the wage gap is closing, on average, but compared with earning opportunities in border regions and in particular for some groups, circular care migration to Austria or Germany still presents an opportunity for higher earnings. Petra Ezzeddine and Andrea Kuchyňková (Kuchyňková & Ezzeddine, 2015) have looked into the case of Czech women working as nurses or as domestic care workers in the neighbouring countries. In their research, women stated that they earn as little as 2 euros per hour (considering it is a 24-hour work). Calculating Bahna's and Sekulová's figure in terms of an hourly net rate it comes to only 2.5 euros in 2016. We can see that within the EU borders are open for people to cross as if they do not exist, but regional economic inequalities keep everyday borders in place, from which wealthier societies benefit at the expense of poorer ones. Countries attracting migrant care workers

1 The data refers to estimated hourly labour costs in the economy excluding agriculture and public administration for enterprises with 10 and more employees. See https://ec.europa.eu/eurostat/statistics-explained/index.php/Wages_and_labour_costs

have built an effective mechanism for using cheap care labour, which systematically neglects migrants' social and care needs and responsibilities for their own families.

Austria and Germany are among the countries with the highest number of hired live-in care workers from Central Europe in eldercare (60–85,000 in Austria; 300–400,000 in Germany; see Bahna & Sekulová, 2019). They most commonly come from Slovakia and Romania in the first case and from Poland in the latter. Czech women work in both countries. Moreover, Austria has among the most formalised 24-hour homecare legislation. In 2007 a law was adopted with the aim of legalising 24-hour care work that until that time had been performed in the informal economy by women from the new EU member states. The most significant aspect here is that formally care workers are self-employed (working on a trade licence), which exempts 24-hour homecare for the elderly from several labour-law protections, including the minimum wage, regulated overtime and obligatory breaks, and other employees' rights in relation to employers. As elsewhere, cash-for-care benefits intended for the direct purchasing of care have been prioritised over investments in the public care sector (see Steiner et al, 2020, in this volume). The rationalisation of this labour rights' exemption is based primarily on prioritising the interests of older Austrian citizens and their families, often at the expense of migrant domestic workers. The system is openly built on a nationalist ideology using the concept of borders to exclude migrant women from the state's responsibilities for social reproduction. From January 2019 migrant care workers lost their entitlement to full childcare benefits if their children no not reside in Austria. But these migrant care workers generally travel at two-week intervals and if they have young children they care for them on a constant basis, even though their children remain in the country of origin. The idea of a borderless Europe that emerged after 1989 has never been a reality. Borders have not disappeared and they are instrumental in keeping wages low for care work and smoothing over the emerging care crisis within late-modern capitalist society. But they are selectively open to secure the flow of care workers.

In the 1990s, Czech women were probably the most numerous group working in the care sector in Austria. Later, as the economic situation in the Czech Republic improved, care work in Austria became a less attractive option for Czechs and fewer women take this path now (Drbohlav & Pavelková, 2018). Despite the decrease, these migration strategies do not seem to have disappeared. Rather they have stabilised as an option for

women from border regions working in care work and health care who need to earn more money – for example, single mothers and especially retired women with low pensions. In research with Czech live-in care workers in Austria (Kuchyňková & Ezzeddine, 2015), Jana (60 years old, live-in care worker from the Czech Republic) expressed her frustration: »You don't have that sort of money here. You don't. … It's a responsibility, that's for sure. But you'll never have that money here. … Today you wouldn't get by on that pension, on that 9,000.[2] You can't. If you were living alone, then you'd be scraping along.« Paid care work for older people in Austrian households allows these women to break out of the traditional concept of retired women as »passive« and dependent on the help of others (the state is absent in their narratives). Unlike during the previous stages of their lives and their reproductive role as caring grandmothers, the care they now provide is remunerated financially.

Kuchyňková and Ezzeddine (2015) show in their research on Czech care workers in Austria that the existence of the border and persisting regional inequalities create a translocal care market that reproduces several forms of cross-border care relations over time. They talk of »translocal care chains«, which involve care workers working in Austria hiring local women from their own communities in order to arrange for care for their own relatives in the period of their stay abroad with Austrian clients. Another example involves a daughter »inheriting« care work in an Austrian household from her mother, as so-called second-generation care workers replace their mothers who cease to engage in cross-border migration. When the work becomes too demanding with advancing age, migrant care workers often call in their daughters to help with the workload in order to keep the work contract. Therefore, paid care in a foreign household is reproduced within the same family:

> *The first person to go there [to Austria] was my mother, and from the start I used to go and help my mother, because she was already a pensioner at that point. I helped her to manage the lady. … Then my mother became unable to do it anymore, and at that point I just lost my job. And you're not going to work at home for a couple of crowns, when you can earn enough money in one day there. (Monika, 66 years old, live-in care worker from the Czech Republic)*

Although in Austria they work in gendered and very demanding jobs with low wages, circular care migration provides them with the possibility to extend their gender power in the transforming Czech society. There is

2 9000 Czech crone equals about 340 EUR.

thus a paradox in that, while they are marginalised in Austria, they are empowered on the Czech side of the border because of the significant wage differences between the two countries. They improve their position through paid reproductive work and the resulting better access to income, which leads to personal consumption according to one's own interests and overall personal benefit, including new forms of partner cohabitation (Kuchyňková & Ezzeddine, 2015).

Similar to Ukrainian women, Czech women reflect sensitively on their own ethnicity and vulnerable social position based on their citizenship. This background has favoured them in the Austrian labour market for home care for older people because of perceived familiarity and cultural closeness, but also financial affordability compared with local workers, mainly because of lower wages. At the same time, their ethnicity and citizenship become disadvantageous because, together with women from Slovakia, Romania and Ukraine, they are typecast as working migrants »from the East«, who are willing to work under harsh conditions at a minimum wage (Kuchyňková & Ezzeddine, 2015):

> *The last straw was that I couldn't find work, I was registered at the labour office and a chance to work in Austria presented itself. First I worked in a vineyard, and when I was there I met some people. They asked me if I might want to look after the mother of one of the bosses there, so I said I'd try it. The beginnings were kind of, well, I don't know if you can say it … I was there for three-quarters of a year unofficially, before they enrolled me at the labour office as a care worker. (Zuzana, 63 years old, live-in care worker from the Czech Republic)*

The cross-border care market is often portrayed as a win–win model in which older people receive affordable and quality care and migrant women have a job that pays more than alternatives at home. In the Central European context, with a shared and entangled political history, starting with the Austro-Hungarian monarchy and ending with EU enlargement, it is more difficult to establish the »otherness« of care workers which elsewhere is derived from racialised or ethnic stereotypes. Ethnicity works here as an informal asset not because of difference but because of similarity and cultural closeness. The cross-border care labour market in central Europe in fact creates a legal scheme of nationality-based structural inequalities and exclusion amidst a myth of an egalitarian and integrated Europe. The main feature are the economic inequalities between nearby regions, which also undermines the idea of Europe, paving the way for separatist tendencies and a culture of fear of migrants from outside the EU.

Dual bordering processes and cross-border care industry

The transnational political economy of social reproduction in late capitalist society involves not only expropriation of economically non-remunerated care, preservation and domestic work performed predominantly by women, but also economic undervaluation of care when it is a paid job. Nancy Fraser argues that »boundary struggles over social reproduction are as central to the present conjuncture as are class struggles over economic production« (Fraser, 2016, p. 116). We argue that the cross-border care market as it has developed in central Europe contributes to maintaining low wages in care jobs and the structural misrecognition of care through dual bordering processes in which borders are both porous and reified.

In late capitalist society, we are experiencing changes in the forms of paid work and an extension of the category of work. More activities are taking the form of paid employment, blurring the line between production and reproduction. Increasingly, more and more care activities have become paid jobs, while at the same time the conflict between capital and labour has intensified, bringing to the fore a Polanyian understanding of labour as a fictitious commodity (cf. Fraser, 2013). In the wake of the extensive enlargement of capitalism, characterised by geographical expansion, William Robinson (2014) argues that in the transnational economy an »intensive enlargement of capitalism« – the marketisation and commodification of areas of social life that were previously excluded from market relations – has become a more prominent strategy of profit accumulation. Reflecting on these changes, Stephan Voswinkel (2002) argues that recognition of work effort has been replaced by the ethos of work as self-realisation. He argues that in the past work was seen as a social obligation for which one deserves recognition; thus recognition of work effort was at least partly tied to social contribution. In contrast, the ethos of work as self-realisation is nourished by the (neo)liberal ideal of atomised individualism and results in a redefinition of social recognition that in late capitalist society is derived primarily from financial success, not work effort. Voswinkel argues that today, because of the joint effects of labour precarisation and the ethos of work as self-realisation, not all paid employment is a source of social recognition.

Following this analysis, Zuzana Uhde (2016) suggests that the undervaluation of care stems from a form of social recognition that is derived in

late capitalist society from financial success, as opposed to social contribution. She argues that a distinction between productive labour, on one hand, and reproductive activities (care and household duties), on the other, has been preserved in late capitalist society despite the integration of care in paid activities, which represents a first layer defining the undervaluation of care. In addition, a second layer is being established in the form of a distinction between work that provides recognition and work that does not provide recognition. She concludes that »in this context the commodification of care thus comprises a paradox: by opening certain options of financial reward, it institutionalized double misrecognition of care as both non-productive work (the first layer of misrecognition) and paid work that cannot be a source of social recognition (the second layer of misrecognition)« (Uhde, 2016, p. 398).

Such an undervaluation of care jobs within the capitalist economy is exacerbated by structural global inequalities, which are the drivers of migration and make available a cheap labour force of migrants or structurally unemployed women. The construct of borders plays an important part in this. Dual bordering processes are involved, however. On one hand, the state, care businesses and also wealthy families exploit migrant care workers as a disposable labour force, making use of borders to shrug off their responsibilities with regard to the social reproduction of migrants and their families. The construct of borders is used to generate profit for global capital in a growing cross-border care industry. Some forms of borders are profitable for transnational economic practices and global capital, enabling various illicit financial flows, ever rising profits from border management and also exploitation of precarious migrants. It is not in the interest of the transnational capitalist class to have an unconstrained borderless world. On the other hand, borders are porous in relation to the marketisation of care and the care industry, and the movement of capital and migrant workers. Formalisation in the care sector often involves the institutionalisation of precarious and exploitable conditions for migrant care workers, which is legitimised by the need to provide care for the ageing domestic population. This development only affirms that the cross-border market model of care is not win–win.

Toyota and Xiang (2012), who analysed the trend of »geriatric colonialism« in Southeast Asia, illustrated complex practices around national borders and global disparities that are used to make a profit. For example, states encourage transnational retirement as part of their national development strategies and build a »state–industry nexus«, which consists

of intertwined government strategies and corporate initiatives, both of which are capitalising on care labour in line with a trend towards public–private partnership in development. They argue that »such nexuses blur the boundaries both between the state and the market as well as between nations« (Toyota & Xiang 2012, p. 711).
Eldercare thus becomes a kind of bio-capital for transnational business opportunities (Rajan, 2006). But social policies are designed and framed under the veil of a cognitive nation-state bias, and because of that migrant care workers' structural vulnerability is rendered invisible or legitimised by their exclusion from the construction of a shared political community. The bulk of social science research reproduces this distorted picture because it takes for granted a world seen exclusively through its division into nation-states. Methodological nationalism represents a cognitive bias that ahistorically presupposes the concept of a nation-state as a natural boundary of society and presents it as a neutral approach, despite the ideological background of territorial sovereignty claims (Beck & Sznaider, 2006; Wimmer & Glick Schiller, 2002; Sager, 2018). From the perspective of methodological nationalism, migration seems to be a problem and a threat to a society falsely understood as naturally overlapping with territorial borders. As a result, it justifies institutionalised discrimination against migrant workers on the part of the state and also supresses migrant care workers' claims to recognition of their social contribution in areas such as eldercare and their legitimate claims to transnationalisation of social rights (Uhde, 2019). Moreover, it also makes invisible the role and responsibility of non-state economic actors in the transnational care industry.

Translocal social reproduction amidst the pandemic

Rapidly unfolding nation state–based measures to tackle the Covid-19 pandemic implemented in March and April 2020 made tensions and disparities in the cross-border care market in central Europe politically visible. Closing borders within the EU caused difficulties for migrant care workers and to the states that rely on their work for the provision of eldercare. Quickly, after negotiations initiated by Austrian and German health ministers a series of exceptions were put in place to establish »care corridors« in central Europe, ensuring that migrant care workers would be able to continue providing care, despite border closures. A report for

the International Long-Term Care Policy Network in Austria reckons that border closure in Austria would potentially affect 30,000 people (6 per cent of the elderly population) with long-term care needs, who are cared for primarily by migrant care workers (live-in), regularly commuting from Romania, the Czech Republic and Slovakia (Leichsenring, Schmidt & Bauer, 2020). Migrant care workers face a double burden, having to worry about family members in their home countries, weighed against being able to maintain an income as a live-in migrant care worker in Austria. The Covid-19 crisis has exposed some of the weaknesses of the Austrian and German long-term care systems, which strongly depend on the live-in care provided by migrant care workers, as well as the ways in which the system is based on the priority given to older citizens' care needs over the care needs of migrant care workers and their families. The report mentions that most migrant care workers have agreed to stay with the person they care for, even though it is unclear how long they will stay in Austria. This decision prevents them from caring for their own families and themselves because of the two-week obligatory quarantine after returning from abroad or an inability to return home for longer periods of time (Leichsenring et al, 2020). In their look at the media response to Covid-19 pandemic measures in Austria, Michael Leiblfinger and Veronika Prieler (2020) point to an uncritical acceptance of the institutionalisation of nationality-based structural inequalities in the cross-border care sector within the EU: »Overall, the current media reporting shows that safeguarding live-in care is seen as more important than good working conditions for those who provide it.«

Political negotiations and media discourse operate in terms of moral pressure in times of crisis, stressing »care bonds« and responsibilities between care workers and older people in Austria and Germany. Groups organising care workers have used this opportunity to highlight the lack of European solidarity before the pandemic because of the »care drain« and the structural vulnerabilities and exploitation of migrant care workers. The association Eurocarers, representing care workers and their organisations in Europe, has made a strong public statement calling for health protection and enforcement of labour rights in the home-care sector during the Covid-19 pandemic, pointing out that these care workers represent an indispensable pillar of what we understand as European humanism (Eurocarers, 2020). A joint statement of unions in personal and household services (EFFAT, EFFE, EFSI, UNI-Europa, 2020) seconded this call with their own statement. Their joint statement also highlights

> *the rights and social protection of PHS [personal and households services] workers' access to clear information about their rights and to social protection, including paid sick leave, hazard pay and health services. In the event of dismissal, PHS workers must be paid their wages and all other entitlements according to their contracts, collective agreements, and law. Particular attention should be given to the situation of migrant PHS workers and in this regard, Member States should e.g. consider granting an extension of resident rights in case of job loss, if permits are linked to employment or specific employers. Information must be provided in languages migrant PHS workers understand.* (EFFAT, EFFE, EFSI, UNI-Europa, 2020)

The care crisis caused by the Covid-19 pandemic has shed light on the everyday functioning of the transnational political economy of social reproduction, which presupposes and – paradoxically – also denies the transnational lives of migrant care workers. Referring to migration politics in the Czech Republic, Hradečná and Jelínková (2016) point to long-standing discriminatory practices or the lack of proportion between the obligations of citizens from non-European countries in terms of contributions to the social security system and their real possibilities of drawing on it in case of need (including pension and care provisions in their old age). However, an examination of the situation of EU migrant care workers confirms a persistent effort to exclude them, too, from full enjoyment of social rights, despite several unifying measures (such as in health care or retirement entitlements). This glaring injustice shows that the dual vulnerability permeating care relations that we referred to earlier represents a life-long structural vulnerability of migrant care workers, both as care workers and, subsequently, as older people themselves, in need of care. Dual bordering processes are a fundamental mechanism of today's transnational political economy of social reproduction.

Conclusion

Despite the current political turn towards nationalism, global interactions and processes continue to shape social relations, including care practices, fundamentally. Even after the pandemic-related closure of borders social life will not be fully bounded by nation-state territories. Care politics that takes into consideration the rights and needs of all involved actors cannot be formulated at the level of the nation-state. The prevailing methodological nationalism's cognitive bias overshadows transnational and global forces and falsely constructs normality within state borders, disregarding the reality of migrant workers' transnational lives. It is necessary to expose the power relations and interests of involved

actors. The growing cross-border care industry makes use of these borders to cut costs and increase profits. The state is cutting social welfare spending by maintaining the territorialisation of social rights and the subtle exclusion of migrants, even when they have a formal legal entitlement based on international law. Their inclusion as second-class people is used to create seemingly sustainable care arrangements in wealthier countries, which further underlines transnational inequalities that are part of the structural causes of migration. Last but not least, wealthier families cut costs for hired individual care at the expense of care workers. Even though migration is an active decision in migrants' coping strategies, it is not a free choice and a life in migration is a continuation of their struggle against social injustice. The structural vulnerability of migrant care workers should be the vector of a progressive proposal of care policies. As much as today's older people are in a vulnerable position, migrant care workers will also get older and will be in need of care at some point in their lives.

Translocal social reproduction reinforces structural inequalities based on nationalist ideology, obscures the social reproductive contradictions of capitalism and prolongs a false sense of its sustainability. It puts forward care claims that are expressed in migrant care workers' lived critique. To be attentive to their claims requires challenging the methodological nationalism of current politics and social science to expose the dual bordering processes, in which borders are porous in relation to the marketisation of care and the care industry, but restricted when it comes to social and labour rights and societal responsibility for social reproduction. The naturalised idea of borders keeps the marketisation of care viable.

References

Andersson, R. (2014). *Illegality, Inc.: Clandestine Migration and the Business of Bordering Europe*. Berkeley: University of California Press.

Bahna, M. & Sekulová, M. (2019). *Crossborder Care. Lessons from Central Europe*. Cham, Switzerland: Palgrave Macmillan. Available at: https://doi.org/10.1007/978-3-319-97028-8

Beck, U. & Sznaider, N. (2006). Unpacking cosmopolitanism for the social sciences: a research agenda. *The British Journal of Sociology*, 57(1), 1–23. Available at: https://doi.org/10.1111/j.1468-4446.2006.00091.x

De Genova, N. (2002). Migrant 'illegality' and deportability in everyday life. *Annual Review Anthropology, 31(1),* 419–447. Available at: https://doi.org/10.1146/annurev.anthro.31.040402.085432

De Genova, N. (2018). Anonymous Black and Brown Bodies: The Productive Power of Europe's Deadly Border. Keynote presentation at the conference *Transnational Migration: Borders and Global Justice*. Praha: Czech Academy of Science, 30 May 2018.

Dudová, R. (2015a). Caring for Elderly Parents: New Commitment of the Third Age. *Sociologický časopis/Czech Sociological Review*, *51*(6): 903–928. Available at: https://doi.org/10.13060/00380288.2015.51.6.223

Dudová, R. (2015b). *Postarat se ve stáří: Rodina a zajištění péče o seniory*. Praha: SLON.

Donnan, H. & Wilson, T. M. (2001). *Borders. Frontiers of Identity, Nation and State*. Oxford, New York: Berg.

Drbohlav, D. & Pavelková, L. (2018). Intra-European Movement of Czechs with Special Regard to Austria and Care Givers (The "MICO" Type – Between MIgration and COmmuting). In Scholten, P. & Ostaijen, M. (Eds.) *Between Migration and Mobility. The Multi-Level Governance of Intra-European Movement*. (pp. 205–226). Springer. Available at: https://doi.org/10.1007/978-3-319-77991-1_11

EFFAT, EFFE, EFSI, UNI-Europa (2020, April 1). *Joint Statement on the COVID-19 pandemic in Personal and Household Services*. Retrieved from https://www.uni-europa.org/wp-content/uploads/2020/04/EFFAT-EFFE-EFSI-UNI-Europa-Joint-Statement-COVID-19-Pandemic-in-PHS-EN.pdf

Eurocarers (2020, March 24). *Can Europe afford leave informal carers on their own at the forefront of the coronavirus battle?* Retrieved from: https://eurocarers.org/can-europe-afford-to-leave-informal-carers-on-their-own-at-the-forefront-of-the-coronavirus-battle/?fbclid=IwAR3X3llyv9cXrN8c_0kEPeFI_y1ramb_R0qEY-mPqwsqQrQSFDU9ow

Ezzeddine, P. (2012). Mateřství na dálku: transnacionální mateřství ukrajinských migrantek v České republice. *Gender, rovné příležitosti, výzkum*, 13(1): 24–33

Ezzeddine, P. et al. (2014). *Migrantky a nájemná práce v domácnosti v České republice*. Praha: Sdružení pro integraci a migraci.

Ezzeddine, P. (2014). Who cares? Ageing, Care and Migration. *Urban People*, *16*(2): 219-237

Ezzeddine, P. (2019). Sentimentální peníze aneb Jaká je cena transnacionálního mateřství. *Gender a výzkum/Gender and Research*, *20*(1): 68–90. Available at: https://doi.org/10.13060/25706578.2019.20.1.463

Fraser, N. (2013). *Fortunes of Feminism: From State-Managed Capitalism to Neoliberal Crisis*. London: Verso.

Fraser, N. (2016). Contradictions of Capital and Care. *New Left Review*, *100*, 99–117

Großmann, S. & Schweppe, C. (2018). Just like in Germany, only better? Old-age care facilities in Poland for people from Germany and the question of legitimacy. *Ageing & Society, 40*(4): 823–841. Available at: https://doi.org/10.1017/S0144686X18001290

Hradečná, P. & Jelínková, M. (2016). Analysis of the Position and Situation of Older Middle Aged and Senior Migrant Women with a Migration Background. In Hradečná, P., Jelínková, M., Ezzeddine, P. & Havelková, H. (Eds.). *Women at the Sidelines(?): Gender, Migration and Ageing*. (pp. 5–61) Prague: SIMI.

Hurrle, J. (2011). *Pracovní migrace a systémy sociální ochrany: doporučení pro politiky*. Praha: Multikulturní centrum Praha.

Krause, K.; Sapieha, M.; & Schurian, L. (2019). Between geriatric colonialism and liberal entrepreneurialism: the case of care homes for Germans in Poland. Paper presented at IUAES 2019 Inter-Congress, Poznan, Poland.

Kubalčíková, K. & Havlíková, J. (2016). Current Developments in Social Care Services for Older Adults in the Czech Republic: Trends towards Deinstitutionalization and Marketization. *Journal of Social Services Research*, *42*(2): 180–198. Available at: https://doi.org/10.1080/01488376.2015.1129014

Kuchyňková, A. & Ezzeddine, P. (2015). Ještě nepatříme do starého železa" aneb paradoxy migrace péče z ČR do Rakouska. *Gender, rovné příležitosti, výzkum*, *16*(2): 30–41

Leiblfinger, M. & Prieler, V. (2020, April 10). *Updates on Migrant Live-in care in Austria at the time of the COVID-19: A Glimpse into the Media*. Retrieved from https://ltccovid.org/2020/04/10/updates-on-migrant-live-in-care-in-austria-at-the-time-of-covid-19-a-glimpse-into-the-media1/

Leichsenring, K., Schmidt, A. & Bauer, A. (2020, March 26). Report: *Planning for expected shortages in migrant and family care in Austria*. Retrieved from https://ltccovid.org/2020/03/26/report-planning-for-expected-shortages-in-migrant-and-family-care-in-austria/

Maříková, H. & Plasová, B. (2012). Kontinuita nebo změna v systému zajištění péče o seniory v České republice od roku 1948 vzhledem k genderovanosti politik péče. *Fórum sociální politiky*, *7*(3): 2–7

Pugh, A.J. (2009). *Longing and belonging. Parents, children, and consumer culture*. Berkeley: University of California Press. Available at: https://doi.org/10.1525/9780520943391

Rajan, K.S. (2006). *Biocapital. The constitution of postgenomic life*. Durham, NC: Duke University Press. Available at: https://doi.org/10.1215/9780822388005

Robinson, W. (2014). *Global Capitalism and the Crisis of Humanity*. New York, NY: Cambridge University Press. Available at: https://doi.org/10.1017/CBO9781107590250

Sager, A. (2018). *Towards a Cosmopolitan Ethics of Mobility. The Migrant's-Eye View of the World*. Cham, Switzerland: Palgrave Macmillan. Available at: https://doi.org/10.1007/978-3-319-65759-2

Steiner, J., Prieler, V., Leiblfinger, M. & Benazha, A. (2020). Truly Legal!? Legal Framing and Legality Narratives in 24-Hour Care in Germany, Austria, and Switzerland. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 69–91) Friedrich Ebert Stiftung, Budapest.

Toyota, M. & Xiang, B. (2012): The emerging transnational 'retirement industry' in Southeast Asia. *International Journal of Sociology and Social Policy*, *32*(11/12): 708–719. Available at: https://doi.org/10.1108/01443331211280737

Uhde, Z. (2014). Zneuznání v příbězích migrace. In Hašková, H., Vohlídalová, M., Maříková, H., Dudová, R., Uhde, Z., Křížková, A. & Formánková, L. (Eds.) *Vlastní cestou? Životní dráhy v pozdně moderní společnosti*. (pp. 285–308). Praha: Sociologické nakladatelství a Sociologický ústav AV ČR.

Uhde, Z. (2016). From women's struggles to distorted emancipation: The interplay of care practices and global capitalism. *International Feminist Journal of Politics*, *18*(3): 390–408. Available at: https://doi.org/10.1080/14616742.2015.1121603

Uhde, Z. (2019). Claims for Global Justice: Migration as Lived Critique of Injustice. In Velasco, J.C. & La Barbera, M.C. (Eds.). *Challenging the Borders of Justice in the Age of Migrations*. (pp. 183–204) Springer. Available at: https://doi.org/10.1007/978-3-030-05590-5_10

Uhde, Z. & Maříková, H. (2019). Obstacles to Caring Institutions in Eldercare: The Czech Republic as a Social Laboratory of Capitalist Transformation. *Problemy Polityki Społecznej. Studia i Dyskusje / Social Policy Issues. Studies and Discussions*, *47*(4): 9–28. Available at: https://doi.org/10.31971/16401808.47.4.2019.1

Ungerson, C. (2003). Commodified care work in European labour markets. *European Societies*, *5*(4): 377–396. Available at: https://doi.org/10.1080/1461669032000127651

Trlifajová, L. & Hurrle, J. (2018). Work must pay: Does it? Precarious employment and employment motivation for low-income households. *Journal of European Social Policy 29*(3): 376–395. Available at: https://doi.org/10.1177/0958928718805870

Voswinkel, S. (2002). Bewurderung ohne Würdigung? Paradoxien der Anerkennung doppelt subjektivierter Arbeit. In Honneth, A. (Ed.). *Befreiung aus der Mündigkeit*. (pp. 65–92). Frankfurt: Campus Verlag.

Williams, F. (2012). Converging Variations in Migrant Care Work in Europe. *Journal of European Social Policy 22*(4): 363–376. Available at: https://doi.org/10.1177/0958928712449771

Wimmer, A. & Glick Schiller, N. (2002). Methodological nationalism and beyond nation-state building, migration and the social sciences. *Global Networks*, *2*(4): 301–334. Available at: https://doi.org/10.1111/1471-0374.00043

Yuval-Davis, N. (1997). Women, Citizenship and Difference. *Feminist Review*, *57*(1): 4–27. Available at: https://doi.org/10.1080/014177897339632

Forgotten topic or invisible problem? Political discourse in Poland on live-in care migration[1]

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Introduction

The main aim of this chapter is to discuss and explain, based on the case of Poland, the extent to which live-in care migration is treated as a political issue, and the ways in which politicians and policymakers perceive it as a policy problem.[2] I understand live-in care migration here as a form of international labour migration in which low-skilled workers take up employment legally or illegally in a private household, in which one of the main activities, although not necessarily the only one, is social care for elderly persons. Importantly, the relevant immigrants live with the care recipient(s) and/or their family (live-in). Thus it is an expression of the migrant's attachment to a given »employer«. I assume that this phenomenon, which is at the juncture of migration, ageing, social policy and labour market, is today a strategic issue and will become more acute in the future. It should therefore be part of the agendas of governments, members of parliament and various groups of stakeholders.

In the analysis here I employed a discursive approach and a concept of the politicisation of social issues that allows one to understand how a given phenomenon becomes a subject of parliamentary debates or political disputes, after which solutions are created around it at the government (central) level. Politicisation is a complex and multidimensional process that results in the »production« of sectoral policies or the introduction of a specific solution in response to the diagnosed phenomenon, which has met with broad public and media interest (Klimczuk, 2017; Duszczyk,

1 This chapter is an output of the research project »Polityka Polski w obszarze międzynarodowych migracji do sektora opieki nad osobami starszymi w latach 2007-2018«, financed by the Polish National Centre for Science within the framework ETIUDA programme (contract 2019/32/T/HS5/00131).

2 Using the concept developed by Guy B. Peters, I understand a policy problem as a comprehensive, large-scale, intractable and socially severe problem that requires a planned and thoughtful solution (Hoornbeek & Peters, 2017).

Lesińska & Matuszczyk, 2019). Importantly, the politicisation of a given issue can be assessed as a positive, desired result (for example, population ageing) or, in extreme situations, as an excessive, negative intervention by politicians and public institutions in, for example, the private sphere (for example, abortion rights). To understand the politicisation of live-in care migration in Poland, I pose three main questions:

(i) In what categories do members of government and parliament in Poland perceive and evaluate the topic of care migration in the context of an ageing society and migration flows? How do they see the political economy of care worker migration?
(ii) Which of the topics is of greater political interest: the outflow of elder-care workers from Poland to other countries or the influx of foreigners taking up employment as caregivers of the elderly in Poland?
(iii) What factors are responsible for the fact that the topic of live-in care migration has not been high on the political agenda in Poland to date?

An analysis of the political discourse accompanying logics of care migration in Poland sheds new light on the approach of countries that are experiencing complex social, demographic and migration problems in managing migration in highly developed countries. Poland, like other central and eastern European countries, is experiencing accelerated demographic ageing, low fertility and changes in the age structure. Within the next two or three decades, Poland, along with Italy, Spain, Greece and Japan, will become the oldest OECD countries. These changes have been accompanied (and strengthened by) international migration, which after 2004 acquired a special connotation of »modernisation« in Poland. Poland's accession to the EU resulted in the outflow of about 2.5 million people, mainly of working age, which led to the shrinkage of many smaller towns and villages (up to 20 per cent of the population) (see Duszczyk & Matuszczyk, 2018). As a consequence, the problem of labour shortages emerged, above all, a lack of caregivers for the elderly, who were left to fend for themselves because of the departure of family members (mainly children and even entire families). At the same time, a partial solution to the new situation emerged with the immigration of Ukrainians, whose mass influx after 2014 contributed to the gradual change of Poland's migration status (from emigration to emigration and immigration country). Importantly, Poland is in a special position on the map of international migration: together with Germany and Ukraine it has been creating a unique care chain since the 1990s, while also being one of the largest exporters and importers of domestic

workers in Europe (Palenga-Möllenbeck, 2013; Bartha, Fedyuk & Zentai, 2014). Considering the above, the new migration situation in Poland sheds new light on long-term care. It involves the loss of care potential in Poland, mainly as a result of women's emigration, and on the other hand, questions arise about the legitimacy of employing foreign workers as informal care workers, especially in domestic care arrangements. To explore the approaches of successive governments and politicians to live-in care migration in Poland, in this article I analyse a number of published strategic documents[3] and official plans on related topics (care, ageing policy, migration).[4] They concern general development issues, as well as more detailed issues in the area of migration or policies on the elderly. These include official documents that, on one hand, illustrate the government's approach to key socio-economic issues of strategic interest, and on the other hand, generate great public and media interest (Duszczyk et al, 2019). An important part of the empirical material in this chapter comprises in-depth interviews with key informants. They include the most relevant politicians, representing various political parties, policymakers, representatives of the Ministry of Family, Labour and Social Policy and the Ministry of the Interior (responsible for immigration issues), as well as experts who have authored numerous policies and proposals in the field of social and business life. In total, 32 semi-structured, problem-oriented interviews have been carried out, which constitute a unique research material enabling a better understanding of political processes in the area of population and migration policy. The interviews lasted an average of one hour, and were carried out at the interlocutor's workplace, in the Polish Parliament (Sejm) as well as in cafes. Among the issues raised during the interviews were the reasons for the low interest in demographic issues or in proposed solutions addressed directly to solving the issue of migration in the home care sector.

3 For example: Augustyn, 2010; or Ministry of Interior and Administration, 2012.

4 For example: Ministry of Administration and Digitalization, 2013; or Ministry of Development, 2016.

Towards the politicisation of live-in care migration: review of evidence

The complexity of live-in care migration, especially the position of migrant workers in hosting and sending countries or employment conditions and structural obstacles, has been widely analysed in both migration studies (Parreñas, 2001; Lutz & Palenga-Möllenbeck, 2011; King-Dejardin, 2019) and social policy (Keryk, 2010; van Hooren, 2010; Ambrosini, 2011). This type of international mobility has been analysed many times from the micro perspective (workers' situation), to the meso perspective, institutions or employers who, responding to the growing demand for labour, take various measures to increase the attractiveness of work in home care (Leiber, Matuszczyk & Rossow, 2019). Although we already know a lot about the hardships of migrants employed (legally or illegally) by private households, the political dimension of live-in care migration and its accompanying narratives have been relatively poorly recognised. In fact, in the context of politicising migration and care much more attention has been paid to the issues of international mobility and attracting health staff workers (doctors and nurses). They are treated as highly qualified workers, »desirable immigrants«, for whom politicians create special, dedicated immigration regulations and numerous settlement facilities in the host country (Kingma, 2006; Yeates, 2009).

Despite the growing importance of the topic worldwide, political theories have rarely been implemented so far to analyse the discourse around live-in care migration or to explain politicians' approach to managing this kind of migration (Anderson, 2000; Song, 2015; Milly, 2017; Ireland, 2018; Dumont-Robillard, 2019). The literature review confirms that the analyses around the political dimension accompanying live-in care migration have been dispersed and covered only selected issues related to the model of care for the elderly, the situation of formal and informal caregivers or the law regulating employment in households. Some studies have stressed that the government's policy for live-in care migration is a mix of a general approach to international migration, labour market policy and welfare regimes, as well as the adopted model of care for the elderly (Estevez-Abe & Hobson, 2015; Song, 2015; Schwiter, Strauss, & England, 2018).

Individual countries, especially European ones, may apply different strategies for recruiting foreign workers, as well as creating incentives for those immigrants who already reside on their territory. It was acknowledged that countries generally prefer temporary and circular migration into the

home care sector; existing regulations force foreign workers to circulate between the sending and the receiving country (Cangiano, 2014; Österle & Bauer, 2016; Milly, 2017; ; Leiblfinger, Preiler, Schwiter, Steiner, Benazha & Lutz, 2020). Rotational migration, especially for low-skilled workers, is often only a political compromise to the establishment of entry channels for migrant care workers and home care sector regulation (Schwiter et al, 2018). At the same time, some countries address the presence of migrant care workers in migration management, while others do not perceive a problem, allowing illegal migration and not deliberately regulating the employment of foreigners in households. It should be noted, however, that the lack of an official policy on live-in migrant care workers does not necessarily mean a closed-door policy for migrants. It may result from greater self-sufficiency in staffing the care sector (Cangiano, 2014, p.41). Despite the lack of an immigration policy focused on elder-care workers, in most highly developed countries the topic of attracting additional workers for ageing societies is taken up with varying degrees of intensity. Political awareness of the challenges in this area, as well as involvement in the process of creating immigration policy for sector-oriented workers, plays an important role (see Shire, 2015). Based on the current immigration policy solutions and political discourse in this area (van Hooren, 2010; Shire, 2015; Estevez-Abe & Hobson, 2015), two basic government approaches to migrant care work in private households can be identified:

(i) Activity approach: an awareness of the importance of the topic translates into special regulations in migration policy.
(ii) Status quo approach: political awareness of the topic, without implementing specific policy action.

The first group of countries includes examples of governments that are aware of the need to regulate migration and take specific measures in this respect. The introduction of solutions is preceded by a political debate initiated by various groups and stakeholders (for example, consumers, the elderly) or organisations lobbying for specific solutions (for example, trade union, employers) (van Hooren, 2010; Song, 2015). To this end, they use various instruments of immigration policy (for example, in Austria, Canada or Japan), so migrants can count primarily on special visas enabling them to enter and stay for a certain period of time (Bourgeault & Atanackovic, 2014; Dumont-Robillard, 2019). It is worth paying attention to the model of 24-hour care involving self-employed migrants, which was developed as a result of a public discussion of the related political scandal. The controversy that arose in Austria over the illegal employment of an eldercare worker by a presidential candidate contributed to

the initiation of a broad parliamentary debate on the general need for foreigners' help, which Austria badly needs (Shire, 2015; Österle & Bauer, 2016). A more recent example is Asian countries, such as Japan, North Korea and Taiwan, in which inflows of care workers have become one of the most important political issues in the past two decades regarding changes in welfare regimes (Song, 2015; Milly, 2017). For the governments of these countries, a deliberate openness to the employment of foreigners offers an opportunity to increase the level of local women's labour market activity by »freeing« them from care responsibilities.

The second approach, which is much more common, involves a failure to take into account the specifics of care migration in government migration management. Importantly, however, this does not mean that the topic is completely overlooked or disregarded. In many countries, politicians take a passive attitude towards the issue of providing care services using foreign workers. Despite the lack of special action in relation to this group of immigrants, they do assess the role they play in an ageing society positively, even in the grey market and with the involvement of informal workers. This model characterises countries such as Germany or Italy. The situation in Germany is aptly summarised by Helma Lutz and Ewa Palenga-Möllenbeck (2011, p.355): »the Government's position on care work is to turn a blind eye to undocumented elder-care givers while officially combating undocumented work, which can be characterised as tacit acceptance of an open secret« (see also Steiner, Prieler, Leiblfinger & Benazha, 2020, in this volume). Similarly, in Italy politicians prioritise care migration as one of the forms of illegal migration that should not be penalised; at the same time, after 2000, several abolition campaigns were carried out to serve families employing foreigners as care workers (Ambrosini, 2011). Therefore, as noted by van Hooren (2010), Italy represents the »migrant in family« type, which in this case means that politicians leave families to deal with issues related to employing foreigners.

It is worth emphasising, however, that political activity in the area of care migration can also be conducted by countries that are exporters of care workers and create infrastructure to facilitate overseas migration (Yeates, 2009). These are mainly less developed countries for which »controlled« emigration is aimed at increasing remittances through transfers made by migrants (Ireland, 2018). A special example of a political commitment to the migration of a country's own citizens is provided by the Philippines, where since the mid-1970s successive governments have implemented a conscious policy of the managed outflow of care workers and nurses to several dozen countries around the world (Parreñas, 2001). The goal of the

Philippine government is to reap the benefits of controlling the migration of care staff, which brings huge revenues to the public budget each year. Nicola Yeates (2009) even writes about »production for export«, emphasising the government's efforts to boost the training of nurses, making the Philippines a »global nurse reservoir«.

Poland's dual role in care migration flows

As indicated in the Introduction, Poland is one of the most rapidly ageing societies among OECD countries, and the scale of the challenge is exacerbated by the growing burden of older people of working age. Moreover, long-term care arrangements for the elderly in Poland are characterised by the lack of a coherent approach, insufficient public financial outlays, undeveloped public care infrastructure and low-quality services (Perek-Białas & Slany, 2016; Łuczak, 2018). According to estimates, only 2 per cent of the population over 65 receive formal long-term care (Bartha et al, 2014). Consequently, the availability of formal and informal caregivers becomes a key issue in the absence of financial resources or institutional solutions for the multidimensional support of dependent people. Traditionally, society and politicians allocate care responsibility for the elderly to their families, especially women (Łuczak, 2018; Duszczyk et al, 2019). Increasing economic activity among women and the ongoing redefinition of their role in Polish society (they are not only mothers and caregivers), combined with female emigration, have undermined the basis of the care model for the elderly that has been functioning for many decades (Coyle, 2007). As a result, a care gap has been created, which was started to be filled by qualified native-born workers (for example, community care workers or private nurses), but above all by immigrant women from Ukraine. In this way, the chain of care (Lutz & Palenga-Möllenbeck, 2011) has been consolidated, which confirms the persistence of migration dependence between countries with different levels of socio-economic development.

The abovementioned chain of care began to form in the 1990s, when the labour mobility of Polish women seeking employment in other European countries intensified. Although the first female migrants from Poland to be employed by households were in southern European countries or in Belgium as early as the 1970s and 1980s, it was only the structural problems in the Polish labour market after 1989 that released the migration

potential of thousands of women (Anderson, 2000; Coyle, 2007). It soon turned out, however, that Germany was the most important destination, mainly due to its geographical and cultural proximity, as well as the possibility of »easy« money that could be earned relatively quickly. The dynamically ageing population in this country and the financial possibilities of households with elderly people (mainly due to public care insurance) made it possible to hire Polish women as domestic helpers (Böcker, Horn & Schweppe, 2017). There was a widespread belief that female migrants from Poland were an appropriate support for dependent people because of their diligence, conscientiousness and their approach to care, captured by the expression »Polish pearls« (Palenga-Möllenbeck, 2013, p.563–564). Importantly, as the interviewees pointed out, German politicians are also sympathetic to the presence of Polish workers, regardless of the degree of legality of their employment. Polish women's reputation earned over the course of nearly three decades resulted in a year-on-year increase in the number of vacancies for jobs dedicated to female migrants from Poland. Despite the emergence of female migrants from other countries (for example, Ukraine, Romania or Bulgaria), they have continued to dominate the private home care market in Germany.

In terms of national interests, it is worth pointing out the most important consequences of Poland's continuing status as a pool of »good workers« characterised by a »care drain« (Perek-Białas & Slany, 2016). Although care migration has a temporary, circular character (carers usually work for 6–8 weeks at a time), it means the loss of employees' unused potential, mainly limiting the supply of caregivers in smaller local communities. It is estimated that every year some 300–500,000 people are involved in this type of mobility, mainly women aged 45 or over (Rogalewski & Florek, 2019). Becoming a »commuting worker« has become an extremely easy option, fostered by the dynamically developing migration industry in Poland, whose role is to facilitate the departure of more women to work abroad (Leiber et al, 2019). This, in turn, means that these people leave their families, including dependents, for shorter or longer periods of time, which means they require support from others. Despite the experience gained abroad, Polish women rarely want to work as caregivers in Poland, mainly because of the low earnings. Another problem for politicians is the fact that, regardless of the new forms of legal employment (as posted workers or directly employed by German households), the share of people employed in the shadow economy is still large. Because of this a large proportion of women remain outside the social insurance system and health care (not all of them have a European Health Insurance

Card). Irrespective of the improvement in the financial situation of Polish women working in German households, more and more media attention is being paid to the problem of the exploitation of these women by German families and intermediaries, especially with regard to 24-hour work and practices characterised as »modern slavery« (Suchodolska, Grajewski & Wojsa, 2020).

Because of the shortage of domestic workers and the progressive marketisation of care services in Poland the demand for foreign labour intensified rapidly (Kindler, Kordasiewicz & Szulecka, 2016). The solution was the immigration of third-country nationals, mainly from Ukraine. This has been growing since the beginning of the twenty-first century, filling the gaps in those sectors in which Poles are not interested in taking up employment. Thanks to special facilitations (visa-free travel) and subsequent liberalisation of immigration regulations, Ukrainians have consistently provided the largest group of foreign workers in Poland for nearly three decades (Keryk, 2010). Since 2006, Ukrainians (as well as citizens of five other countries) may take up temporary employment (for 6 months out of 12) on the basis of special employer declarations of their intention to hire a foreigner worker (Kindler et al, 2016; Duszczyk & Matuszczyk, 2018). Although this instrument was mainly intended for seasonal workers in agriculture, its introduction contributed to an intensified influx of women, whose first job was often cleaning homes or caring for the elderly. According to empirical research, half of the Ukrainian women who come to Poland initially work in a private household. Importantly from the perspective of migration management, only one in three caregivers worked illegally (Górny & Jaźwińska, 2019). As in the case of Polish women working in Germany, Ukrainians do not have adequate training to work with the elderly. The vast majority of caregivers have completed only secondary or vocational education, and therefore there are many questions about the quality of services provided and the system of verification for people taking up employment in this sector. However, their industriousness and willingness to work for relatively lower wages is appreciated. Although official data indicate that no more than 20,000 Ukrainians work in this sector each year, experts estimate that the actual number of employees may exceed around 100,000 care workers in Poland (Rogalewski & Florek, 2019).

Uncompleted agenda: politicisation of selected demographic issues in Poland

An analysis of the most important strategic socio-economic policy documents since 2004 confirms that, although demographic problems are becoming increasingly important political issues, some challenges are prioritised over others. The proposed actions or interventions focus on selective issues in the area of demographic policy and are related to the values and preferences of political parties in Poland (for example, families versus the economy). The topic that has dominated strategic planning is the »economisation of population ageing«. Demographic changes are seen as a challenge and a threat to public finances, primarily for the social security system or health care expenditure. The growing elderly population is perceived mainly as a burden on economically active people; therefore, the solution is to be an active ageing population policy.

This approach has enjoyed cross-party political support. The process of politicising demographic issues has occurred over a number of years, as the issues of population change gradually became the subject of parliamentary debates and political party programmes (see Duszczyk et al, 2019). Opposition parties do not deny the importance of this topic on the political agenda. Polarisation among politicians tends to concern instruments or proposed responses to the projected population situation. In this context, the largest discrepancies include retirement or family policies and boosting fertility. These two topics have been priority political issues for a couple of decades. With increasing political awareness (for example, as a consequence of the two nationwide demographic congresses organised in 2001–2002 and 2012, which gathered key political decision-makers and experts) of the challenges related to population ageing and depopulation, pro-family activities have become a priority issue in the field of social policy.

With the European Year for Active Ageing and Solidarity between Generations in 2012 and, as a consequence, the establishment of a senior policy department at the Ministry of Labour and Social Policy, the importance of comprehensive action for the elderly – also related to the societal and cultural dimensions of an ageing society – began to grow. After this period, subsequent development strategies emphasised the multidimensional importance of the ageing process, which also affects other areas of everyday socio-economic life in Poland.

Despite important changes in the political discourse concerning individual demographic challenges, the political agenda in this area can be described as incomplete, primarily due to the omission of the topic of long-term care as a key challenge in the coming years. The only opportunity for an in-depth discussion on this issue was the initiative of Senator Mieczysław Augustyn and the bill (together with a report on the diagnosis of needs and challenges) on the development of a long-term care system in Poland, based on a new financial instrument (the so-called care voucher) (see Klimczuk, 2017). Despite the favourable political situation, no new solutions could be introduced in this respect. Attention has been focused on the possibilities of financing benefits, while in-depth discussions on the situation of elder-care workers, including new channels for bringing them to Poland, have been omitted. In this report, there is a diagnosis of the emigration of Poles, which, according to a team of experts, limits the possibilities of providing care for the elderly in Poland, while at the same time there is no proposal to extend solutions to encompass third-country nationals who could come to Poland fill the gaps in the home care sector.

Invisible and forgotten topic of live-in care migration

Interlocutors representing government agencies or institutions, as well as political parties do not highlight the problem of workers emigrating from Poland to work in the home care sector in other EU countries. They do not specify this form of migration among the general outflow from Poland, which intensified after 2004. Both document analysis and interviews with stakeholders confirm that the emigration of young people, in particular the brain drain, is an important topic. Paradoxically, little attention is paid to other socio-economic groups that are also involved in migration. The interviewees asked about the consequences of this process pointed primarily to the growing scarcity of family caregivers in Poland. Two politicians emphasised the failure of previous government action in the area of return migration, which was initiated by Donald Tusk's government in 2009. Those responsible for migration policy or social policy do not see a real opportunity to try to reduce the emigration of specific professional groups, and a representative of the Ministry of Foreign Affairs directly indicated that attempting to do so could undermine Poles' right of free movement. At the same time, interlocutors representing public

institutions or political parties did not see the need to address the working conditions of caregivers who work abroad in various employment models (for example, as posted workers or in the grey labour market).
An important line in this discussion was pointed out by a representative of the Ministry of Family, Labour and Social Policy, namely that criticisms and attempts to tighten up the posting of workers from central and eastern European countries are related primarily to the issue of where these workers' social security contributions are paid. She pointed out that Poland, as a leader in the posting of workers, gains from this form of mobility, primarily in relation to the revenues from these social security contributions. At the same time, two other experts dealing with the issue of posting and employees' rights explicitly indicated that there is a lack of good will on the part of politicians in Poland to engage in matters concerning the cross-border market for care services, which has been »forgotten« in favour of other sectors of the economy (for example, transport and construction). One of the experts associated with private labour market intermediaries in the care sector notes that politicians' lack of interest in this issue is strange and unreasonable, especially because some EU countries in recent years have been trying to tighten regulations on the posting of workers (for example, France). This means that brokers, including employment agencies and several associations, are playing an increasingly important role in facilitating these migratory flows. Representatives of these organisations directly indicate that neglecting this topic at the political level means that it is left to the agencies, including those operating in the grey economy, to create the legal reality applying to the flow of employees to the care sector between countries (see Steiner et al, 2020, in this volume).
A similar lack of interest on the part of politicians in the topic of care migration concerns the influx of foreign workers to Poland. This issue is part of the broader political discourse around migration and related policy. Unlike seasonal migration, mainly in agriculture, employment in the home care sector in Poland has not been regulated separately. Unlike the strong farmers' lobby, stakeholders and advocates for the elderly or their informal caregivers are lacking who could express their desire for more help. Along with the growing scale of inflows, the perception of the presence of foreigners in Poland has changed: from security concerns about foreigners to the economic benefits of labour immigrants. For example, the Civic Platform government, which – in the long-term development strategy »Poland 2030. The third wave of modernity« (2013) (Ministry of Administration and Digitalization, 2013, p.6) – for the first time clearly

indicated the need to open up to immigration, in addition to continuing efforts to boost fertility:

> *Thanks to an active family policy and immigration policy aimed at filling shortages in the labour market, Poland has the chance to significantly reduce the risks associated with demographic changes in the next twenty years.*

For the first time, albeit fragmentarily, problems concerning the influx of workers to the home care sector came to light in a document defining Polish migration doctrine. Although the document »Polish migration policy – current state and proposed actions« ((Ministry of Interior and Administration, 2012) is based on general assumptions and does not refer to care migration, in the Implementation Plan (Ministry of Interior and Administration, 2014, p.5), which is part of it, there is a provision referring to preferential treatment for a special group of foreign workers:

> *Preferential treatment as regards access to the labour market for foreigners with the necessary qualifications concerns the exemption from the need to obtain a work permit, as well as a simplified procedure for issuing it (for example, persons performing care or domestic work in households who are citizens of Belarus, Georgia, Moldova, Russia or Ukraine).*

This document, however, was set aside by the second Law and Justice government in 2016, at which time the »Plan for Responsible Development« (Ministry of Development, 2016) was introduced, which once again does not include the problems associated with care migration, neither from nor to Poland. Politicians from this party, as migration experts pointed out during the talks, do not see immigration policy as an instrument for solving long-term demographic problems. According to the interlocutors, the generous support system for families with children is supposed to encourage women to stay at home, which may contribute to an overall increase in families' caring potential. According to one Law and Justice MP, an alternative solution to labour immigration into the home care sector would be to use the potential of repatriates living outside Poland's eastern border. Although this idea has not received official sanction (it is still in the ideas phase) from the current government, it reflects the attachment of some politicians in Poland to the cultural and ethnic proximity of people who come to live and work in Poland. This type of preference can be considered an expression of »demographic nationalism«, although to a much lesser extent than in, for example, Hungary (Melegh, 2016).

The interviewees pointed out that they are aware that there are many unattractive and low-paid sectors that Poles do not want to work in, which creates a demand for foreign workers. One such niche is the

domestic work sector. It is worth emphasising that during the interviews, politicians and stakeholders evaded questions about the action the government needed to take to regulate the employment of foreigners in the household sector, as well as policy on people leaving Poland. The discussion continued with a broader topic, namely the presence of foreigners on the Polish labour market. They claimed that the current regulations are sufficient and do not require changes. At the same time, despite a significant improvement in the labour market in recent years, politicians and policymakers perceive a threat from increasing social unrest related to Poles »losing« their jobs in favour of foreign workers, which has been also a key issue in Hungary. One of the demographers among the government advisers raised this problem and noted:

> *This is a wider problem than it seems. While the private sector has no problems with this, the public sector does, for political reasons, because it would seem like work is being taken from Poles. In Warsaw or Łódź it would not be a problem, but in smaller municipalities it would be perceived as taking work away.*

Why is this topic so neglected? Political ignorance about live-in care migration

An important part of my research involves trying to understand the reasons why the issue of live-in care migration in Poland is overlooked by many politicians and policymakers. It should be emphasised that it is impossible to clearly identify the direct reasons for this state of affairs. But some likely reasons arose in the course of talks with experts and politicians who were asked about it. First of all, the lack of interest in this topic results from the prioritisation of social problems; unemployment and pension system reform have dominated the social policy agenda for years. One of the experts on demography and migration at a public institution explained that care migration is still relatively new, although views among politicians appear to be gradually changing:

> *It did not arise for us at all, because it was not a problem then. There was a problem with emigration, but immigration was a barely discernible problem. Now the situation is completely different. Therefore, it seems to me that this policy should address both aspects, because the issue of emigration remains important, there is no doubt, and now immigration has come to the fore.*

The lack of action in regulating labour migration to the home care sector – not to mention other sectors of the economy – results from the general approach of consecutive governments to migration management. As the person responsible for the implementation and creation of migration policy for several years underlines, policymakers in Poland have long preferred temporary and seasonal migration:

> *I would say that [temporary migration was perceived – K.M.] as a safer form … The assumption is that such people will not settle in Poland, that they will return to their own country after a few years. We also prefer countries that are culturally and geographically closer to us.*

This position explains why so far there has been no proposal to establish consistent regulations on workers in the domestic employment sector. The key policymakers are convinced that immigration to Poland has a temporary, circular character and is primarily associated with shorter term financial goals. Therefore, these issues, as noted by a former expert of the Ministry of Family, Labour and Social Policy, are supposed to be regulated by market mechanisms, with no special public policy interventions. In line with this idea, families with elderly people should be left free to hire private caregivers. This is also part of the wider phenomenon of assigning care tasks to families. This is in line with Estevez-Abe and Hobson's (2015) conclusions that governments in highly developed countries tend to shift the responsibility for care onto families, which then, as part of the process of outsourcing of domestic care work, rely on private market actors, increasingly migrant care workers. In fact, Polish women remaining in Poland (rather than emigrating themselves) are implicitly regarded as the right solution to the shortage of caregivers. Immigration is regarded as of secondary importance.

Academic experts advising politicians and representing the care services market point to several other reasons that may explain why care migration has not yet received attention from important politicians in Poland. First, the lack of reliable data showing the real scale of the problem. This makes inflows of migrant care workers to Poland invisible to the public or the media. Second, another interlocutor who has been involved in supporting consecutive governments for many years, suggested that some politicians are not interested in publicising this issue simply because they themselves use 24-hour care services for their relatives. He adds that any intervention to regulate this segment of the economy would in their case mean »opening Pandora's box«. There was a similar situation in Austria, where key politicians turned out to be employing migrant care workers irregularly, resulting in a scandal, as a result of which systemic solutions

were developed for the home care sector. Third, as noted by one of the experts advising politicians, the services of migrant care workers are still reserved for richer people who would not appreciate regulation of this sector. The situation is also affected by the lack of organisation of elderly people lobbying for specific solutions in care services, among others. Last but not least, Poland lacks active organisations among the elderly or the consumers of care services who could lobby for solutions, including the further liberalisation of immigration policy.

More broadly, this state of affairs can be interpreted as a general ignorance of gender issues that is all too common, especially among right-wing politicians. Policymakers and other stakeholders do not consider the issue of care migration to be important because they regard women's above-average participation in this form of mobility as normal. Historically, care for the elderly has been treated in Poland as the exclusive domain of the family. The government is not supposed to interfere in the private sphere, including the ways in which these services are provided.

Conclusions

This chapter has analysed the political dimension of live-in care migration and the extent to which politicians and various other stakeholders are engaged with this topic in Poland. The aim was to examine the political discourse at the intersection of population ageing, long-term care and labour migration. The materials presented demonstrate several important points concerning the discussion of the politicisation of care migration. First and foremost, the migration of caregivers and their situation in receiving countries has slowly become more and more important for government. Nevertheless only a few countries have given this the status of an acute issue, requiring appropriate regulation of immigration policy. In Poland, despite changes in the perception of labour migration, this topic has not received special attention so far and has not been on the political agenda. In the strategic documents analysed here, the issue of care migration – whether from Poland to EU15 countries or from Ukraine to Poland – does not appear once. No government, especially since 2004, has been willing to implement separate regulations: employing foreigners in Poland is based on solutions developed for seasonal workers (mainly in agriculture or construction). A broader and more comprehensive approach to migration and elderly care has been absent. Remarkably, the topic of care migration is doubly invisible and forgotten in political discourse, in the case of both the emigration of Poles and the influx of

citizens from third countries. Although these topics are not denied in the documents analysed or during conversations with key informants, various conditions mean that this topic has been neglected and remains off the official political agenda.

Poland is among those countries that take a status quo approach to live-in care migration. In common with Italy (van Hooren, 2010), politicians in Poland do not deny the importance of immigrant work in private households. Nevertheless, when it comes to the shortage of caregivers in Poland, the Law and Justice government prefers a policy of activating unused domestic labour market resources (Poles aged 50 or over). Similar conclusions arise from field research in three voivodships in Poland, which also show that local political elites do not treat the employment of foreign women in the home care sector as a possible solution to the problem of care shortages. On the contrary, the interlocutors indicated that the proper solution should be to activate Poles, namely younger pensioners who, as part of community care, could support vulnerable and fragile elderly people (Lesińska & Matuszczyk, 2019). At the same time, proposals to open up to repatriates and to prefer migrants from countries culturally close to Poland indicate that the nationality of elderly caregivers is important for policymakers. These types of attitudes and practices, both at the government and local levels, are in line with the demographic nationalism that characterises populist politicians in central and eastern Europe nowadays.

It should be expected that the circulation of employees between Poland and Germany will continue in the coming years, while the demand for foreign workers in the home care sector among families in Poland will also increase. The analysis of global trends and demographic challenges indicates that competition will increase between individual countries with reservoirs of less skilled workers, such as migrant care workers. A continuing failure to take action on the part of such states may lead to a deepening problem with care shortages, as well as economic and social losses for the sending country, if the relevant group of employees are not mobilised. Therefore, questions arise concerning the direction of migration of Ukrainians, who for several years have been one of the most important national groups among domestic workers in Poland. For example, from March 2020, Germany has opened its labour market to skilled workers from Ukraine, while the Czech Republic has further simplified its immigration conditions for Ukrainian migrants.

At the same time, one should expect a further increase in the importance of private labour market intermediaries, taking advantage of the growing

demand for workers. They are well aware of household care needs (for example, Polish and Ukrainian women are regarded as good workers and highly valued for their diligence). This will be fostered by »ignorance« at the political level. The lack of political interest in this area means that the market is likely to create its own solutions, often at the margins of the law, de facto resulting in various threats to migrant workers, as well as those in need of care. There is a lack of systemic solutions that would make it possible to monitor and appraise the people who end up in private households. In addition, no certification system for agencies legally employing and posting workers has yet been developed in Poland. The problem that will soon be the most controversial among policymakers is regulation of the working time of caregivers working under live-in arrangements (see Milánkovics, 2020, in this volume).

Interestingly, during the first months of the Covid-19 outbreak (until the beginning of November 2020), the topic of live-in care migration, unlike institutional care, did not appear on the political agenda. Closing the borders has dramatically limited the possibility of leaving Poland and migration in general, which is extremely important for tens of thousands of households in Germany, but also in Poland (Leiblfinger et al, 2020). Unfortunately, it can be expected that despite the growing importance of this phenomenon and emerging new challenges, the government is unlikely to alter its priorities in the near future (the health care system, the labour market situation of native-born workers and financial support for families). The accumulation of population changes requires an immediate and in-depth political debate on the new logic of home care in Poland, which to date has not been paid sufficient attention at the political level.

References

Ambrosini, M. (2011). Undocumented Migrants and Invisible Welfare: Survival Practices in the Domestic Environment. *Migration Letters*, *1*: 34–42. Available at: https://doi.org/10.33182/ml.v8i1.152

Anderson, B. (2000). *Doing the Dirty Work? The Global Politics of Domestic Labour.* London and New York: Zed Books.

Augustyn (ed.) Opieka długoterminowa w Polsce. Opis, diagnoza, rekomendacje (2010). [Long-term care in Poland. Description, diagnosis, recommendations, Warsaw]. Retrieved from: http://rszarf.ips.uw.edu.pl/kierunki/ODzielona.pdf. Accessed: 16.11.2020.

Bartha, A., Fedyuk, O. & Zentai, V. (2014). *Migrant domestic care workers: state and market-based policy mix*. Neujobs Working Paper D. 13.2. Retrieved from: https://cps.ceu.edu/publications/working-papers/neujobs-wp13-migrant-domestic-care-workers Accessed: 15.11.2020.

Böcker, A., Horn, V. & Schweppe, C. (2017). National Old-Age Care Regimes and the Emergence of Transnational Long-Term Care Arrangements for the Elderly. In Gingrich, L.G. & Köngeter, S. (Eds.). *Transnational Social Policy. Social Welfare in a World on the Move*. (pp. 222–242). New York: Routledge. Available at: https://doi.org/10.4324/9781315665498-11

Cangiano, A. (2014). Elder Care and Migrant Labor in Europe: A Demographic Outlook. *Population and Development Review*, 40(1): 131–154. Available at: https://doi.org/10.1111/j.1728-4457.2014.00653.x

Coyle, A. (2007). Resistance, Regulation and Rights. The Changing Status of Polish Women's Migration and Work in the 'New' Europe. *European Journal of Women's Studies*, *14*(1): 37–50. Available at: https://doi.org/10.1177/1350506807072316

Dumont-Robillard, M. (2019). When governments create unfreedom: rehumanizing migrant domestic workers. *Labour & Industry: a Journal of the social and economic relations of work*, *29*(4): 337–351. Available at: https://doi.org/10.1080/10301763.2019.1643820

Duszczyk, M. & Matuszczyk, K. (2018). The employment of foreigners in Poland and the labour market situation. *Central and Eastern European Migration Review*, *7*(2): 53-68.

Duszczyk, M., Lesińska, M. & Matuszczyk, K. (2019). *Upolitycznienie problemu starzenia się społeczeństwa w Polsce. Teoria i praktyka*. Warszawa: Wydawnictwa Uniwersytetu Warszawskiego. Available at: https://doi.org/10.31338/uw.9788323536437

Estevez-Abe, M. & Hobson, B. (2015). Outsourcing Domestic (Care) Work: The Politics, Policies, and Political Economy. *Social Politics*, *22*(2): 133–146. Available at: https://doi.org/10.1093/sp/jxv011

Hoornbeek, J.A. & Peters, B.G. (2017). Understanding policy problems: a refinement of past work. *Policy and Society*, *36*(3): 365–384. Available at: https://doi.org/10.1080/14494035.2017.1361631

Górny, A. & Jaźwińska, E. (2019). *Ukraińskie migrantki i migranci w aglomeracji warszawskiej: cechy społeczno-demograficzne i relacje społeczne. Raport z badan*. CMR Working Papers, 115–173.

van Hooren, F.J. (2010). When Families Need Immigrants: The Exceptional Position of Migrant Domestic Workers and Care Assistants in Italian Immigration Policy. *Bulletin of Italian Politics*, *2*(2): 21–38.

Ireland, P.R. (2018). The limits of sending-state power: The Philippines, Sri Lanka, and female migrant domestic workers. *International Political Science Review*, *39*(3): 322–337. Available at: https://doi.org/10.1177/0192512118755597

Keryk, M. (2010). 'Caregivers with a Heart Needed': The Domestic Care Regime in Poland after 1989 and Ukrainian Migrants. *Social Policy & Society*, *9*(3): 431–441. Available at: https://doi.org/10.1017/s147474641000014x

Kindler, M., Kordasiewicz, A. & Szulecka, M. (2016). *Care needs and migration for domestic work: Ukraine-Poland*. Geneva: International Labour Office.

King-Dejardin, A. (2019). *The social construction of migrant care work. At the intersection of care, migration and gender*. Geneva: International Labour Office.

Kingma, M. (2006). *Nurses on the Move. Migration and the Global Health Care Economy*. New York: Cornell University Press. Available at: https://doi.org/10.7591/9781501726590

Klimczuk, A. (2017). *Economic Foundations of Creative Ageing Policy*, vol. II: *Putting Theory into Practice*. New York: Palgrave Macmillan. Available at: https://doi.org/10.1057/978-1-137-53523-8

Leiber, S., Matuszczyk, K. & Rossow, V. (2019). Private Labor Market Intermediaries in the Europeanized Live-in Care Market between Germany and Poland: A Typology.

Zeitschrift für Sozialreform, 65(3): 365–392. Available at: https://doi.org/10.1515/zsr-2019-0014

Leiblfinger, M., Preiler, V., Schwiter, K., Steiner, J., Benazha, A. & Lutz, H. (2020). Impact of COVID-19 Policy Responses on Live-In Care Workers in Austria, Germany, and Switzerland. *Journal of Long-Term Care*, 144–150. Available at: https://doi.org/10.31389/jltc.51

Lesińska, M. & Matuszczyk, K. (2019). Działania samorządów wobec migracji w kontekście zmian demograficznych. Przykład trzech polskich województw. *Studia Regionalne i Lokalne*, *3*(77): 64–82.

Lutz, H. & Palenga-Möllenbeck, E. (2011). Care, Gender and Migration: Towards a Theory of Transnational Domestic Work Migration in Europe. *Journal of Contemporary European Studies 19*(3): 349–364. Available at: https://doi.org/10.1080/14782804.2011.610605

Łuczak, P. (2018). How do pension and healthcare systems frame long-term care policy? Comparison of the Czech Republic and Poland. *Social Policy & Administration*, *52*: 1396–1409. Available at: https://doi.org/10.1111/spol.12399

Melegh, A. (2016). Unequal Exchanges and the Radicalization of Demographic Nationalism in Hungary. *Intersections, EEJSP*, 2 (4): 87–108. Retrieved from: http://intersections.tk.mta.hu. Accessed: 15.11.2020. Available at: https://doi.org/10.17356/ieejsp.v2i4.287

Milánkovics, K. (2020). Challenges Hungarian care workers face when trying to act for themselves in the United Kingdom and in Hungary. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. Friedrich Ebert Stiftung, Budapest.

Milly, D.J. (2017). Seeking skilled care workers: political explanations for Japan's emergent structure of care work migration. *Asia Pacific Journal of Social Work and Development*, *27*(3–4): 129–141. Available at: https://doi.org/10.1080/02185385.2017.1392891

Ministry of Administration and Digitalization (2013). Polska 2030. Trzecia fala nowoczesności. Długookresowa Strategia Rozwoju Kraju *[Poland 2030. The third wave of modernity. Long-term National Development Strategy]* Warsaw. Retrieved from: http://kigeit.org.pl/FTP/PRCIP/Literatura/002_Strategia_DSRK_PL2030_RM.pdf. Accessed: 16.11.2020.

Ministry of Development (2016). Plan na rzecz Odpowiedzialnego Rozwoju [Plan for Responsible Development], Warsaw. Retrieved from: https://archiwum.miir.gov.pl/strony/strategia-na-rzecz-odpowiedzialnego-rozwoju/plan-na-rzecz-odpowiedzialnego-rozwoju/. Accessed: 16.11.2020.

Ministry of Interior and Administration (2012). Polska polityka migracyjna – stan obecny i postulowane działania [Migration Policy of Poland – current state and postulated actions], Warsaw. Retrieved from: https://webcache.googleusercontent.com/search?q=cache:SvoM6A1joQMJ:https://emn.gov.pl/download/75/12409/Polityka_migracyjna_Polski__stan_obecny_i_postulowane_dzialania.pdf+&cd=1&hl=pl&ct=clnk&gl=pl. Accessed: 16.11.2020.

Ministry of Interior and Administration (2014). Plan wdrażania dla dokumentu "Polityka migracyjna Polski – stan obecny i postulowane działania *[Implementation Plan for the document »Polish migration policy – current state and proposed actions«],* Warsaw. Retrieved from: http://www.migration-info.de/sites/migration-info.de/files/documents/strategiedokument_polnische_migrationspolitik.pdf. Accessed: 16.11.2020.

Österle, A. & Bauer, G. (2016). The Legalization of Rotational 24-hour Care Work in Austria: Implications for Migrant Care Workers. *Social Politics*, *23* (2): 192–213. Available at: https://doi.org/10.1093/sp/jxv001

Palenga-Möllenbeck, E. (2013). New maids – new butlers? Polish domestic workers in Germany and commodification of social reproductive work. *Equality, Diversity and Inclusion: An International Journal*, *32*(6): 557–574. Available at: https://doi.org/10.1108/edi-10-2012-0086

Parreñas, R.S. (2001). *Servants of Globalization: Women, Migration and Domestic Work*. Stanford University Press.

Perek-Białas, J. & Slany, K. (2016). The elderly care regime and migration regime after the EU accession. The case of Poland. In Karl, U. & Torres, S. (Eds). *Ageing in Contexts of Migration*. (pp. 27–38). New York: Routledge. Available at: https://doi.org/10.4324/9781315817606-3

Rogalewski, A. & Florek, K. (2019). *The future of live-in care work in Europe. Report on the EESC country visits to the United Kingdom, Germany, Italy and Poland following up on the EESC opinion on »The rights of live-in care workers«,* European Economic and Social Committee.

Schwiter, K., Strauss, K. & England, K. (2018). At home with the boss: Migrant live-in caregivers, social reproduction and constrained agency in the UK, Canada, Austria and Switzerland. *Transactions of the Institute of British Geographers*, *43*: 462–476. Available at: https://doi.org/10.1111/tran.12235

Shire, K. (2015). Family Supports and Insecure Work: The Politics of Household Service Employment in Conservative Welfare Regimes. *Social Politics*, *22* (2): 193–219. Available at: https://doi.org/10.1093/sp/jxv005

Song, J. (2015). Labour Markets, Care Regimes and Foreign Care Worker Policies in East Asia. *Social Policy & Administration*, *49*(3): 376–393. Available at: https://doi.org/10.1111/spol.12081

Steiner, J., Prieler, V., Leiblfinger, M. & Benazha, A. (2020). Truly Legal!? Legal Framing and Legality Narratives in 24-Hour Care in Germany, Austria, and Switzerland. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 69–91) Friedrich Ebert Stiftung, Budapest.

Suchodolska, M., Grajewski, Ł. & Wojsa, B. (2020). *Współczesne niewolnice: czyli polskie opiekunki niemieckich emerytów*. Retrieved from: https://serwisy.gazetaprawna.pl/praca-i-kariera/artykuly/1421891,polskie-opiekunki-w-niemczech.html Accessed: 13.11.2020.

Yeates, N. (2009). Production for Export: The Role of the State in the Development and Operation of Global Care Chains. *Population, Space and Place*, *15*: 175–187. Available at: https://doi.org/10.1002/psp.546

II. MARKET

Truly legal!? Legal framing and legality narratives in live-in care in Austria, Germany and Switzerland[1]

Jennifer Steiner, Veronika Prieler, Michael Leiblfinger, Aranka Benazha[2]

Introduction

The media describes them variously as »angels from the East«[3] (Basler Zeitung, 2012), »silent heroines« (Kurier, 2018), »true angels«[4] (Deutschlandfunk, 2016), and »domestic slaves« (Blick, 2017): the mainly female workers providing round-the-clock care to elderly people in their own homes in Austria, Germany and Switzerland. In these three countries, as in other welfare states of the Global North, the practice known as 24-hour care has, in the past few decades, become a widespread, albeit contentious model of provision for people in need of care. As demographic

1 This research is part of the D-A-CH (German-Austrian-Swiss)-project *Decent Care Work? Transnational Home Care Arrangements*, a cooperation of Aranka Benazha, Amanda Glanert, Helma Lutz, Iga Obrocka and Ewa Palenga-Möllenbeck from Goethe University Frankfurt, Germany; Brigitte Aulenbacher, Michael Leiblfinger and Veronika Prieler from Johannes Kepler University Linz, Austria; and Karin Schwiter, Jennifer Steiner and Anahi Villalba from the University of Zurich, Switzerland. It is funded by the German Research Foundation DFG project no. LU 630/14-1, the Austrian Science Fund FWF project no. I 3145 G-29 and the Swiss National Science Foundation SNSF project no. 170353 (http://decentcarework.net). A previous, German version of this chapter was published in the *Austrian Journal of Sociology* (https://doi.org/10.1007/s11614-019-00337-4) in March 2019 with open access funding provided by Johannes Kepler University Linz.

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3 Here and throughout the chapter, quotations from German sources have been translated into English by the authors.

4 The German original »Wa(h)re Engel« refers to carers as both »true angels« as well as »commodified angels«.

changes with shifts in the population pyramid lead to an increasing demand for long-term care, formal care provisions don't seem able to keep up and the informal care potential is diminishing. Processes of commodification and marketisation of care work, shaped by the neoliberal reorganisation of welfare states, have coincided with changing family structures and the liberalisation of migration regimes within Europe. Against this background, migrant live-in care is increasingly perceived as a simple and affordable solution to fill the gaps, while nonetheless upholding the ideal of familial care. Particularly since the Eastern enlargements of the European Union,[5] a growing number of agencies have been recruiting predominantly women from central and eastern European countries and brokering them into private households (for example, Bachinger, 2014; Chau, 2020; Benazha & Lutz, 2019). These arrangements are signs of a far-reaching reorganisation of care, driven in equal measure by processes of commodification and the increased transnationalisation of care work (Anderson & Shutes, 2014; Aulenbacher, Dammayr & Décieux, 2014). On the back of global inequalities, wealthier welfare states are safeguarding their social reproduction at the expense of poorer countries (Hochschild, 2001; Williams, 2012).

Despite the growing extent and formalisation of live-in care in Austria, Germany and Switzerland, the model remains contested in all three countries. Agencies, which hold a key position linking the supply and the demand side on these care markets, are confronted by media discourses accusing them of dishonest and/or exploitative business practices. On their websites – frequently with direct reference to the media debate – they try to foster social consent to the live-in care arrangements they broker. As a central element of their justification strategies, companies in all three countries promise households a legal service that complies with the given country's regulations.

Adopting both transnational and comparative perspectives, this chapter examines these legality narratives, which feature prominently on Austrian, German and Swiss agency websites, but have never previously been analysed in depth.[6] It enquires into which dimensions of legality agencies refer to and what it means when legality becomes the central reference point for establishing legitimacy. Furthermore, the chapter relates the legality narratives to relevant regulations and public discourses, and

5 Waves of enlargement in 2004 and 2007 and countries added to the Swiss Free Movement of Persons Agreement in 2011.

6 For an analysis of agencies working in sending countries see Krawietz, 2014; and Gábriel 2020, in this volume.

shows how referring to legality serves to de-thematise the precarity[7] of working conditions and power inequalities in live-in care.[8] It also makes clear how prevailing regulations, even if de facto often unenforceable, structure the market.

Conceptual and methodological foundations

The empirical basis of this chapter is twofold, consisting of an analysis of the intersecting gender, care, migration and labour market regimes[9] of the three countries, and a study of the websites of home care agencies. In all three countries, the social context for the emergence and establishment of live-in care is a shifting gender regime in which a modernised or modified family model has been established in place of the previously dominant breadwinner/housewife model. Despite an increase in female (part-time) employment, domestic and caring tasks continue to be seen as work to be kept within the family and assigned primarily to women (Appelt&Fleischer, 2014; Backes et al, 2008; Bühler&Heye, 2005). In view of the gaps in availability and affordability of professional (mobile) care and the construction of migrant care workers as fictive kin, live-in care seems to have become an optimum solution for upholding the familial ideal of home-based care (Weicht 2010). The liberalisation of migration regimes within Europe has favoured the emergence of home-care markets. Citizens of central and eastern European countries gained labour market access, although in practice, due to labour market segregation based on gender and ethnicity, this was frequently confined to socially undervalued areas, such as care work (Bachinger, 2014, p. 135.; Bahna, 2020, in this volume). Austria, Germany and Switzerland exhibit a number of common features concerning the embedding of live-in care in their respective gender, care and migration regimes, but also crucial differences concerning labour law regulations.

7 According to Dörre (2005, p. 252), working conditions are deemed to be precarious »if, based on their job, employees fall markedly below the level of income, protection and social integration that is defined as standard in contemporary society and accepted by a majority«.

8 Regarding the concept of de-thematising precarity and power inequalities, we follow Aulenbacher's approach (for example, Aulenbacher, 2009 or Aulenbacher et al. 2014)

9 Regimes describe the »totality of policies, practices, norms and discourses as well as social relations and conflicts« (Bachinger, 2014, p. 129) on a given topic. In addition to norm-related, institutional and legal aspects, the actors' social practices are also taken into account.

After an overview of the legal framing and public discourse on live-in care in each of the three countries, the chapter investigates how agencies relate to the statutory framework by analysing the websites of companies brokering workers for live-in care in Frankfurt, Vienna and Zurich at the end of 2017. A multilevel approach was adopted: aiming to take stock of the existing care market in the three cities studied, initially a census was taken of all the websites of providers of transnational employment and services in the live-in care segment. On that basis, a sample was formed of 10 to 20 agencies per country, mirroring the organisational diversity of the market landscape regarding the dimensions of legal form, business model, company size, price level, services offered and countries of recruitment. The process of case selection was ended when theoretical saturation was reached; in other words, no further patterns could be obtained by including additional cases. The thus finalised selection forms the basis for the detailed content analysis of legality narratives, which consisted of studying the websites for references to legality, as well as for differentiation from competitors and distancing from the critical media discourse. Gaps and omissions in the narratives were also scrutinised to determine which aspects of live-in care are de-thematised. The results of this analysis are presented in two transnational sections, in which the elaborated narratives are described, compared with one another, and related to the regulatory frameworks.

Legal framing of the live-in care models in Germany, Austria and Switzerland

The German posted worker model and its (non-) regulation

Against the background of demographic ageing, together with structural changes in family patterns, Germany's market for institutional elder care services is expanding. With a volume of about 49 billion euros in 2016, the market for inpatient and outpatient care services ranked third in the German health-care sector (Bundesministerium für Wirtschaft und Energie n.d.). Notwithstanding these developments, 52 per cent of the 3.4 million people in need of long-term care still rely on informal care

at home (Statistisches Bundesamt, 2018).[10] In this private realm, largely unregulated cash-for-care benefit (*Pflegegeld*[11]) is increasingly shifting the boundaries between paid and unpaid care work. Even though the benefit amount cannot cover a live-in care worker, it is estimated that in roughly every twelfth household with a registered care recipient, this work is carried out by – mostly female – central and eastern European live-ins (Hielscher, Kirchen-Petres & Nock, 2017). Because the vast majority of them work on two- or three-month rotation,[12] this could correspond to about 414,000 care workers. If we use the Austrian statistics on migrant carers and transfer them to the German context, however, the number of carers could be up to 450,000.[13] Despite the lack of official data and the vague estimates, it is obvious that migrant live-in care has become an integral part of the care regime in Germany. According to our census, almost half of the live-ins come from Poland. Other important countries of origin are Slovakia (11 per cent) and Romania (10 per cent). In a few cases, they come from non-EU members, such as Ukraine (2 per cent), Moldova (0.3 per cent) or Serbia (0.3 per cent). Most live-in carers are women of about 50 years of age.

The extensive growth of agencies likewise attests to the increasing importance of this sector. In 2009, a German consumer organisation found around 60 agencies that place migrant care workers nationwide (Stiftung Warentest, 2017, p. 88). In contrast, by the end of 2017, we identified more than 400 websites advertising migrant live-in care throughout Germany. By turning a blind eye to the issue while (in)directly benefiting from it, the German state is abetting this development complicitly (Lutz, 2017, p. 117). One response on the part of providers has been to try to institutionalise the sector from below (Benazha & Lutz, 2019, p. 154). This resulted in the founding of two special interest groups in 2007 and

10 According to the Federal Statistical Office, they are cared for »by relatives alone« (Statistisches Bundesamt, 2018, p. 8). In fact, this number corresponds to those who receive only long-term care allowance under Section 37 SGB XI. Thus, the statistic disguises whether this work is really provided by the relatives or outsourced to a third party, such as migrant live-ins.

11 The German *Pflegegeld* has five care levels and the amount paid out depends on the level, currently ranging between 316 and 901 euros per month.

12 The mode and frequency of commuting depend, among other things, on the geographical distance between the country of origin and Germany

13 In 2019, 463,662 people received Long-term Care Allowance (Bundespflegegeld) in Austria (Statistik Austria, 2020). At the end of the same year, 61,989 personal carers were registered with the Economic Chamber (WKO, 2020, p. 11). Transposed to Germany, with 3.4 million in need of long-term care at the end of 2017, this corresponds to 454,561 migrant live-ins.

2014,[14] with the principal aim of being officially accepted as a new pillar in the German long-term care sector, that is, by being included in the social insurance scheme (VHBP, 2020). Despite intensive lobbying, however, the legal situation still remains unresolved and ambiguous. Moreover, it is doubtful whether a regularisation of the sector would change the informal character of working arrangements in day-to-day practice.

As a consequence of the regulatory gap, agencies have so far been operating in legal uncertainty. This becomes apparent in the multitude of legal frameworks to which agencies refer. In addition to the posting[15] of care workers, which according to our survey represents the dominant model for over 70 per cent of the agencies studied, placing self-employed live-ins is another common model. In the posting-model, agencies benefit from higher profits because of lower social security contributions in the countries of origin. Posted workers are nonetheless subject to German working time regulations and minimum wage provisions. However, the expectation of round-the-clock availability threatens adherence to these legal protections as the setting in private households make them extremely difficult to police. Under the self-employed worker model, statutory working time provisions and the minimum wage are not binding. Nonetheless, ostensible self-employment is a risk.[16] All in all, it can be said that each of the employment models practised is beset with legal pitfalls. In addition, non-transparent business practices make it hard to evaluate market offerings (Stiftung Warentest, 2017, p. 88).

While the phenomenon of transnational live-in care provision is still being ignored on the political level, it is receiving greater attention in the public discourse on the so-called care crisis (*Pflegenotstand*) (Lutz & Palenga-Möllenbeck, 2010, p. 422). However, the arrangement in itself is rarely questioned. Against the backdrop of the (West German) ideal of a »home care society« (Pfau-Effinger, Och & Eichler, 2008, p. 90), migrant live-ins seem to be an indispensable and financially viable alternative to residential care. Yet a majority of media reports criticise carers' working conditions and lack of legal certainty: »Avoiding the nursing home means

14 The Bundesverband häusliche SeniorenBetreuung e.V. (BHSB) with 20 and the Verband für häusliche Betreuung und Pflege e.V. (VHBP) with 31 member companies (as of March 2020). In Spring 2020, the BHSB merged into the (now-enlarged) VHBP.

15 According to the European Parliament's definition, »a ›posted worker‹ is an employee sent by his or her employer to carry out a service in another EU Member State on a temporary basis« (European Parliament, 2019). The legal framework for the cross-border posting of workers in the EU is Directive 96/71/EC, which was last amended in July 2018 by Directive 2018/957.

16 Risk insofar as this depends heavily on the specific legal interpretation and the judicial interest in a given situation. This gives rise to a variety of legal interpretations and thus increases the legal uncertainty.

drifting into illegality« (ZDF, 2018) or »Round-the-clock care – without many rights« (Frankfurter Allgemeine Zeitung, 2017).

Legalisation of existing practice via self-employment in Austria[17]

In Austria, an irregular market for home-based care developed from the early 1990s. The Home Care Act (*Hausbetreuungsgesetz*)[18] of 2007 and other amendments to laws and ordinances led to the legalisation of what was already being practised. Care workers have to register for the unrestricted trade[19] of personal care (*Personenbetreuung*).[20] As self-employed, they are extensively, though not completely protected by social insurance, enjoying the same rights as any other self-employed person in Austria. Regulated working time, minimum wages negotiated under collective bargaining agreements or paid holidays do not apply (Haidinger, 2016, p. 103). Thus, the legalisation made no essential difference to the precarious working conditions of carers, even though their integration into the social security system and especially the opportunity to obtain pension rights[21] are mainly seen as beneficial by carers (Österle & Bauer, 2016). The occupation *personal carer* requires no qualifications. Only if care recipients claim the federal allowance for 24-hour care, currently amounting to 550 euros per month, are personal carers required to meet certain (low) training standards, although these can be waived if, for example, as little as six months' practical experience can be demonstrated. Originally introduced as a caring occupation involving domestic duties, the scope of the care worker role was enlarged in 2008 by creating the possibility of delegating nursing and (simple) medical tasks to them. By the end of 2019, nearly 62,000 personal carers (WKO, 2020, p. 11) were registered in Austria. Some 95 per cent of them were women and two-thirds were between 40 and 59 years old. The two most important sending countries were Romania and Slovakia, accounting for more than 80

17 For an extensive policy and regime analysis on Austria, including a survey of the current state of research, see Leiblfinger & Prieler, 2018.

18 Federal Law Gazette (BGBl.) I No. 33/2007.

19 Austria distinguishes between free, unrestricted and regulated, qualified trades. Both need to register for a license, but free trades do not require formal training in the field.

20 Although live-in care can also be provided on a non-self-employed basis, with the recipient's household or welfare organisations as employers, self-employment rapidly became the established model in Austria.

21 Pension benefits might still be low because of the comparatively short contribution periods of transnational carers, at least compared with someone who has paid into the Austrian pension scheme their whole working life.

per cent of care workers. Other central and eastern European countries, such as Hungary (6 per cent), Croatia (5 per cent), Bulgaria (2 per cent), or Poland (2 per cent) play a minor role in the Austrian case.[22] Depending on the distance between their countries of origin and the households they work in, carers spend two to four weeks in Austria before returning home for the same period. As interviews with care workers show, these relatively short shift-periods are considered preferable in terms of maintaining a family and social life in the home country and in coping with the often very exhausting work (Österle & Bauer, 2016).

Currently, over 800 agencies (WKO, 2020, p. 11) broker self-employed care workers to households of people in need of care. Originally, the trade licence for personal care was also a licence to run an agency. It is only since mid-2015, when *organisation of personal care* was introduced as a separate, unrestricted trade, that agencies have been subject to any notable regulation of their activities. Professional standards and practices for recruitment agencies[23] are intended to bring transparency into the business. Websites nonetheless show a lack of transparency and comparability (Aulenbacher, Leiblfinger & Prieler, 2018).

In recent years, agencies have repeatedly come under public and media criticism[24] as so-called *black sheep* among them are said to exploit care workers and/or care recipients. Objects of criticism, even scandal include *oppressive contracts* that use high partial payments to tie care workers exclusively to one agency, or *sharp practices* by agencies that, reportedly, levy high fees on both households and personal carers. Another point of criticism raised in the media is the *authority to collect payments*: despite the workers' formal self-employment and hence their right to issue invoices independently, agencies take charge of collecting payments and – often after retaining deductions or fees – pass them on to the care workers. Meanwhile the public and media repeatedly complain that no specific professional expertise is required in order to register an agency. Due to its status as an unrestricted trade, »builders, insurance brokers, financial advisers and car dealers« (Verein ChronischKrank Österreich, 2015, p. 2) may potentially operate as brokers, and »any lorry driver today

22 Personal communication from the Austrian Economic Chamber (WKO) on 15.02.2018. For more information on the social-demographic background of Slovak and Hungarian care workers in Austria see Bahna 2020, and Gábriel 2020, in this volume.

23 Binding ordinance, Federal Law Gazette (BGBl.) II No. 397/2015.

24 For example, Kurier, 2017, 2018; Falter, 2017; Der Standard, 2018.

can place care workers on the side« (Kurier, 2017).[25] The reporting on the whole identifies two injured parties: households and carers.[26]

Fragmented legal framing in the Swiss employee model

In Switzerland, likewise, a transnational market has developed in which companies offer round-the-clock care for elderly people in their own homes. Today there are more than 60 specialised agencies in German-speaking Switzerland[27] recruiting and placing migrant workers – usually women from central and eastern Europe and the post-unification German federal states – in the homes of people needing care.[28] Care workers are generally older than 45 years and have a high education level but no formal qualification in the health sector (Staatssekretariat für Wirtschaft, 2015, p. 9). They usually work for periods of between two and twelve weeks, mainly between two and eight weeks in a household before returning to their country of origin for the same period (Pelzelmayer, 2016, p. 2; Truong, Berndt & Schwiter, 2012, p. 12).

The liberalisation of the intra-European migration regime allows quick and flexible recruitment of workers. Swiss agencies benefit from two legal employment constellations for transnational recruitment, implemented by legislation in the form of the Federal Employment Services Act (*Arbeitsvermittlungsgesetz*): under a personnel agency model, the household concludes an employment contract directly with the carer, who is brokered by the agency in return for a fee. Under a personnel-leasing model, the carer is employed by the agency (van Holten, Jänke & Bischofberger, 2013, p. 41.). Companies must obtain a cantonal and a national licence to operate either of these models. In contrast to Austria, Swiss legislation prohibits self-employment in live-in care (Medici, 2012, p. 6). Also prohibited is the posting of personnel by companies headquartered abroad, as it is practised in Germany (ibid., p. 21). Irrespective of this,

25 What professional expertise should be mandated remains unspecified. By the same token, the workers recruited by agencies do not have to show any evidence of professional expertise. Recruiters must carry out a needs assessment in situ, for example, and may only recruit carers capable of meeting the care needs identified (Section 7, subsection 1, Federal Law Gazette (BGBl.) II No. 397/2015).

26 For more on the perspective of carers working in Austria see Gábriel 2020, in this volume.

27 This figure is based on our own census of agency websites as of 01.01.2018.

28 The exact number of these transnational care arrangements is not known, because no official statistics are available for this sector.

there are agencies that operate through these models and by doing so avoid payment of mandatory social security contributions in Switzerland, as posted workers continue to be covered by the social security system in their home countries (Schilliger, 2014, p. 146).

In Switzerland, the liberalised residency regime intersects with a weakly regulated labour regime. Occupations carried out in private households are excluded from the Federal Work Act (*Arbeitsgesetz*),[29] which means that neither its provisions on working and resting times nor its regulations on occupational health and safety apply (Medici, 2012, p. 7). Instead, the national standard employment contract for housekeeping is applicable, which stipulates minimum pay rates for housekeeping jobs.[30] This has only limited effect, however, because key aspects – such as compensation for on-call and night duty – are not regulated in a binding manner (Truong et al, 2012: ii). Employees of temporary worker agencies are subject to a collective employment contract, which specifies minimum pay rates slightly above those of the national standard employment contract.[31] Furthermore, standard employment contracts also apply at cantonal level. Their provisions are not mandatory and can be changed by means of an employment contract (Medici, 2012, p. 8). In terms of social security, live-in carers are, in principle, on a par with other employees. In reality, many are not properly covered despite compulsory insurance. If social security contributions are paid, care workers often cannot claim them (in full) at a later date because of interruptions in employment or lack of residence in Switzerland.

The complex and fragmented labour-law framework of live-in care provides the starting point for regulatory efforts in Switzerland. The political debate was launched in 2012, when a member of parliament requested that the Swiss Federal Council[32] examined how the labour-law framework for live-in care could be improved (Schmid-Federer, 2012). Furthermore, the framing of the live-in care arrangement as an employment relationship

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29 Swiss Federal Work Act (ArG), Art. 2 para. 1g.

30 Apart from housekeeping tasks, taking care of sick and elderly people also falls into this category. Medically indicated nursing care is excluded from its scope (Staatssekretariat für Wirtschaft, 2010, p. 16). The differentiation between nursing care (*Pflege*) and assistance with daily living (*Betreuung*) is characteristic of the Swiss care regime: solidarity-based, publicly financed support is limited to nursing services (Art. 1a, para. 2 Federal Act on Health Insurance (*Krankenversicherungsgesetz*, KVG)).

31 Except for the canton of Ticino, where the collective employment contract stipulates markedly lower wages.

32 The executive that governs the Swiss Confederation.

facilitates representation of interests by trade unions. For several years, two large Swiss unions have been calling for the working conditions of care workers to be improved and the private household as a workplace to be brought within the scope of the Federal Work Act (Unia, 2018; VPOD, 2017). Contrary to this demand, in July 2017, the Federal Council decided not to make the sector subject to the Work Act but to regulate it via cantonal standard employment contracts, and hence via non-binding law (Schweizerischer Bundesrat, 2017).

Consequently, the political debate on live-in care revolves primarily around the regulation of employment arrangements and associated company practices, which is reflected in the media discourse. In recent years, a broad public debate on live-in care has emerged in Switzerland (Schwiter, Pelzelmayer & Thurnherr, 2018). It has been dominated by discussions about carers' working conditions, painting a picture of dubious agencies and exploitative working arrangements. The prevailing narratives impute illegal business practices to the agencies: they are accused of earning excessive profits at the expense of the carers, operating without licences and disregarding the rules on minimum wages and social insurance contributions (ibid., p. 166f).

»We make sure everything is in the clear legally« – Legality narratives of agencies

Confronted with accusations of dubious business practices, agencies from all three countries emphasise the legal character of their own activities on their websites, making reference to the different regulations and media discourses. Virtually all of the websites studied state the legal basis of their services and underline the necessity of operating in conformity with the law: »What is the secret of really dependable 24-hour care? Abiding by the applicable laws and regulations while finding the highest possible quality – that is the central element« (D6[33]). Agencies assure their potential customers that they operate in accordance with each country's national regulations, giving a general assurance that their services and work practices are legally compliant. As evidence of this, agencies refer

33 For clarity, quotes from websites are annotated with country-codes (D=Germany, A=Austria, CH=Switzerland).

to legislation, regulations, licenses, certificates and/or model contracts. These various elements of formalisation function as symbols of legality and are often prominently linked or available to be downloaded from the websites.

Given the country's lack of specific regulations on live-in care, the agencies studied in Germany – regardless of which employment arrangement they rely on – present their particular model as the only legal and fair alternative to the offerings of competitors. An essential element of the agencies' promised service is the suggestion of having the carer at the client's unlimited disposal around the clock: Agencies vigorously promote »24-hour care«, »24-hour carer«, »24-hour on-call availability« and »all-round care day and night«. Any mention that this form of domestic care has to comply with statutory minimum standards appears in the small print, if at all: »The phrases ›24-hour care‹, ›24-hour nursing‹ etc. are common terms for the service we offer. To prevent any misunderstandings, we expressly point out that the carers we place do not work 24 hours a day. As required by law, breaks and rest periods are to be strictly abided by« (D9).

How working time can be defined at all in this specific setting is left unanswered on German agencies' websites. Other points not discussed are statutory regulations on on-call and stand-by duty. A highly relevant issue is the definition of breaks and night work, because these times would also have to be remunerated under an employer–employee arrangement. As a result, some websites describe the arrangement as »care in the domestic community«, implicitly referring to the ILO Convention No. 189,[34] which Germany ratified but – referencing workers in SOS children's villages – simultaneously excluded employees who live in a domestic community with the persons entrusted in their care. Because of this unclear and scant justification, this simultaneously opened the door to legitimising live-in care, invoking the assumption that these arrangements do not fall under the Working Time Act[35] (Scheiwe & Schwach, 2013, p. 1119).

Working time regulations – and working conditions in general – are also crucial to the legality narratives of personnel-leasing and brokering agencies in Switzerland. For years, these aspects have been at the centre of public debate as a result of critical media reports, trade union representation and political motions (such as Marti & Ackermann, 2016;

34 The Convention adopted in 2011 defines minimum standards for work in private households, as well as occupational health and safety and social security protection (International Labour Organization 2011).

35 Section 15 subsection (1) no. 3 of the Federal Working Time Act (*Arbeitszeitgesetz*, ArbZG).

Schmid-Federer, 2012). As in Germany, tensions have to be negotiated between the promise of round-the-clock care and the arrangement's conformity to labour law regulations. Legalistically, this is partly resolved by the private-household exemption under the Work Act. Nevertheless, the institutional framing of the arrangement in terms of an employment relationship, paving the way for trade union involvement, has led to a problematisation of working conditions in the sector. This has forced agencies to take a stand: »Fair working conditions are a given for us. Our carers[36] have regular employment contracts, [...] are properly registered in Switzerland and fairly paid« (CH3).

Beyond this, the narratives of Swiss agencies are aimed at resolving the (presumed) contradiction between affordability and legality: »We want to offer you a financially viable solution and the housekeepers[37] [sic] a secure and legal basis for their devoted work« (CH12). The promise to potential customers is an »alternative [...] that enables low-cost [...] and legal care« (CH6). For many agencies the payment of the required social security contributions is a central dimension of the advertised legality: »All our employees 100 per cent [fulfil] the strict requirements of this country's employment law – including all insurance and social security contributions« (CH8).

The latter point, coupled with carers' self-employment, occupies a similarly central position in the legality narratives of Austrian agencies: »Personal carers work on a self-employed basis and have registered for the trade of ›personal care‹ [...]. They are covered by Austrian social security, health, accident and pension insurance« (A3). Therefore, to convey their own legality, agencies make use of the legal framework for personal care. To underline the legal conformity of the care arrangements they broker, agencies point to compliance with the detailed statutory definition of the personal carers' task profile. Its description frequently corresponds (verbatim) to the Trades Act,[38] with information about the delegation of nursing or medical tasks referencing the corresponding sections of the Healthcare and Nursing Act, as well as the Physicians Act.[39] Agencies thus emphasise not only the legality of their service offerings, but also

36 In German, this agency uses the female form of the word (*Betreuerinnen*).

37 The female form is used (*Haushälterinnen*).

38 Section 159 subsections (1) and (2) of the Austrian Trades Act (*Gewerbeordnung*, GewO), Federal Law Gazette (BGBl.) I No. 33/2007.

39 Act amending the Federal Law on Healthcare and Nursing Professions (*Gesundheitsberufe-Rechtsänderungsgesetz*), Federal Law Gazette (BGBl.) I No. 57/2008.

their own nursing expertise. Hence, legality narratives in the Austrian context tie in closely with an emphasis on the professionality of care and recruitment, whereas working conditions play a subordinate role.

Under Austrian regulations, agencies operate as brokers of legal services. At the same time, they refuse to accept any liability for the promised legal conformity: agencies claim that which caring and nursing tasks are undertaken, and how, is the sole responsibility of care workers, because of their self-employed status (Aulenbacher, Leiblfinger & Prieler, 2020, p. 170f.).[40] German agencies recruiting self-employed workers similarly make use of the purported autonomy attached to that status: »Self-employed carers are much more flexible in their planning and have more freedom in their decision-making than employed carers« (D2). To strengthen this point, reference is made to the Austrian model: »Care workers in Austria can choose whether they wish to provide their service on a self-employed basis or in a dependent employee arrangement. 95 per cent opt for self-employment for the reasons stated« (D1). In fact, the prevailing of self-employment has little to do with the migrant workers' preferences, but rather with those of the care recipients for whom this model offers lower costs and higher flexibility (Haidinger, 2016, p. 103). Because self-employed care workers are excluded from protective working time rules and minimum wage regulations, and are not completely integrated into the social security system of the country in which they provide live-in care,[41] self-employment offers advantages mainly to the agencies and private households. At the same time, it allows social hierarchies and inequalities of power to be glossed over.

In summary, legality serves as the agencies' central reference point for the construction of legitimacy. Meanwhile, the unclear (Germany and Switzerland) and liberalist (all three countries) regulation of live-in care, as outlined in the previous sections, sets very low standards in terms of a detailed configuration of care arrangements. Therefore, agencies in all three countries can rightly claim to be acting in conformity with the law, even though this in itself says very little about the quality of the work arrangements or the service offering. The frequent references to contracts and laws emphasise the increasing formalisation of care work. The fact that the live-in care sector circumvents qualifications and labour

40 'Because the harmful conduct [of personal carers] may very well be the consequence of a wrong choice of personnel' and hence the core activity of recruiters, such an exclusion of liability is in breach of the Consumer Protection Act (*Konsumentenschutzgesetz*) (Docekal, 2016, p. 111).

41 Concerning the inclusion of the self-employed in the social security system, there are differences between Germany and Austria: the latter offers comprehensive, though not complete coverage.

standards that are common in other sectors is obfuscated. Moreover, labour law compliance is difficult to police – in some cases, private households are excluded from controls altogether – which means that statutory requirements are frequently not followed through in practice. Care workers, for their part, are often unable to enforce contractual provisions – for example, regarding working time regulations or the concrete scope of their work – because they have less bargaining power than the care recipients and/or their relatives[42] (Haidinger, 2016, p. 93f.; Schilliger, 2014, p. 150).

»We must and we can clearly distance ourselves from such business practices« – differentiation narratives of agencies

References to legality frequently tie in with narratives of differentiation from other agencies operating in the same receiving country, which are accused of illegal and exploitative business practices. Numerous agency websites carry negative and scandalous media articles about such companies. The differentiation efforts exhibit country-specific differences, which – as witnessed in the legality narratives – reflect the national legal situation on live-in care as much as the given country's media discourse. In view of the legal ambiguities in the live-in care market in Germany, agencies advertise their own offering as a safe alternative to irregular forms of employment for private households – often mentioning the legal consequences at stake: »It gives you legal protection against accepting an illegal carer, which would mean substantial penalties and back payments for you, if caught« (D4). For instance, an agency posting Polish care workers in Germany stresses that it practices »no off the books work, no ostensible self-employment, no employee-like arrangements, no wage dumping« (D6), thus reinforcing the negative image of its own sector while at the same time distancing itself from it: »Working conditions for posted employees from central and eastern Europe are often flouted. [...] Currently no standards exist in the business whatsoever, unfortunately. It would be desirable to have transparency criteria that prevent exploitation

42 This is evidenced, for example, in very short contract terms and notice periods and/or »money-back guarantees« in the event of household dissatisfaction.

of staff – for the well-being of the care recipient, personnel with a minimum qualification and compulsory insurance« (ibid.).
In Austria, where the self-employment model shifts the responsibility for working conditions to the care workers (Aulenbacher et al, 2020), agencies tend to make this differentiation increasingly via the dimensions of recruitment and care quality. For high quality care, they emphasise that needs assessment and quality control visits should be carried out by experts. Accordingly, it is only right to be sceptical »about agency recruiters who have another profession; for example, a lawyer or financial adviser can probably assess the needs of a person suffering from Alzheimer's only with great difficulty« (A3). Furthermore, according to the agencies narratives, high-quality recruitment depends on precise and personal selection of personnel »without any foreign agency in between« (A1). Central points of criticism, moreover, include dubious »low-cost offerings« (A3), »empty promises« (A13) regarding price, and »hidden costs« (A5). These attempts at differentiation not only tackle the media discourse of purely profit-oriented or exploitative agencies, but also point to the legal requirement for transparent presentation of costs, which many agencies do not fulfil in practice, as website analyses show (see Aulenbacher et al, 2018; Österle, Hasl & Bauer, 2013).
In Switzerland, the organisation of live-in care in the form of a personnel-agency or personnel-leasing arrangement permeates the agencies' differentiation narratives. Here, possession of the requisite licences and compliance with the minimum standards in labour law become the differentiator: »When you make your analysis of the different providers, please check whether they hold these licenses« (CH3). Another company warns that »for the low-cost care agencies [...] carers[43] often have to work on precarious terms without a work permit« (CH4). By distancing themselves explicitly from such practices, agencies prove their own awareness of the problem and signal their concern: »We must and we can clearly distance ourselves from such business practices. [...] It is horrifying to see the terms on which even Swiss providers are hiring and brokering [...] care workers« (ibid.).
By differentiating themselves from dubious competitors, agencies not only emphasise their own conformity with the law, but at the same time prop up a public discourse that reduces the fundamental precarity of live-in care to the exploitative practices of a few isolated *black sheep* among agencies. »Numerous agencies are conscious of their responsibility and

43 The female form is used (*Betreuerinnen*).

also take quality in the organisation [of care arrangements] very seriously. As in any industry, however, there are certain personal care providers who play fast and loose with transparency and customer-friendliness« (A14). Gender, ethnicity and class-based divisions of labour and inequalities are never fundamentally questioned. They are implicitly presupposed as the basis for the functioning of this care arrangement. One example of this is the systematic reference to carers in female terms on websites (see Krawietz, 2014; Leiblfinger, 2020; Pelzelmayer, 2016; Prieler, 2020). This leaves dominance and power inequalities in the organisation of care to go unspoken (for example, Aulenbacher et al, 2014; Fedyuk, 2020, in this volume).

Conclusion

In the past decade, so-called 24-hour care has become a widespread but contentious and, to some extent, scandal-beset model for care in private households in Germany, Austria and Switzerland. The present chapter enlarges the state of research on this transnational care arrangement in two respects: first, it provides a substantiated comparison of the legal framing of transnational care services in the three countries. It reveals how live-in care arrangements take on different forms in the concrete socio-political and institutional contexts. In Germany, posting is the dominant model, although contested in light of a lack of specific regulation. In Austria, organisation of personal care is a recognised trade, entitling agencies to recruit self-employed personal carers. And in Switzerland, the leasing of employed carers to households and recruitment of carers for direct employment in households is permissible for agencies based in Switzerland. Secondly, the chapter explores the positioning and self-presentation of brokering agencies in these legal and institutional contexts and the discursive contexts surrounding them. It shows how country-specific regulations structure the market by influencing the media and political discourse from which companies take their orientation in the battle for social recognition of the brokered care arrangements.

The legality and differentiation narratives found on the websites exhibit both commonalities and differences, which can be linked to the respective national regimes. In Germany and Switzerland, for instance, differentiation from illegal employment models (and agencies with unethical practices) is of central importance. The underlying reason in the first case is the ambiguous legal situation: because of a lack of clear regulation, German agencies each present their own model as the only legal

alternative to competing offerings. Turning to Switzerland, the institutional framing of the arrangement in terms of an employment relationship has paved the way for trade unions to work towards a public problematisation of illegal forms of employment and unlicensed companies. Confronted with media exposés of scandals and union discussions of precarious working conditions, agencies in both countries assure their potential customers of the legality of their services and make a particular promise of conformity with national working-time and occupational health and safety regulations. Because of the exemption from the Work Act (Switzerland) and the unclear applicability and inability to police the Working Time Act (Germany), these regulations contain markedly fewer labour-law requirements in comparison with other sectors.

In Austria, the carers' self-employed status is pivotal to the legality references made by agencies. On the one hand, they refer to registration under the trade-regulation law and the workers' integration into the social security system.[44] On the other hand, the statutory definition of the carers' job profile and agencies' nursing expertise play a major role in the legality and differentiation narratives of Austrian agencies. This partly reflects the relatively detailed regulation of live-in care work and partly the media criticism of recruitment agencies run by non-care professionals. Thus, legality narratives tie in closely with an emphasis on the professionality of care and recruitment, while working conditions, which in the self-employment model lie within the responsibility of the self-employed care worker and not the agency, play a subordinate role in comparison with the two neighbouring countries.

In summary, the assurance of a legally irreproachable offering under the regulations in force stands out as a dominant narrative on the websites of brokering agencies. The prominent reference to legality testifies to a public discourse that rests on the opposite assumption and that puts agencies under pressure to defend the legitimacy of their own offering. By means of differentiation from dubious competitors, they additionally emphasise their own conformity to the law. However, because of the low standards set by the liberalistic and in some cases incomplete regulations, compliance with the law says little about the concrete details of the work arrangement or the service offering. Referring to contracts, laws and licences obfuscates the fact that qualification and labour standards that are common in other sectors are circumvented. The fundamental

44 Swiss agencies also refer to the transfer of social security contributions, while the corresponding responsibility in Germany is shifted to the carers' countries of origin by virtue of the posting model.

precarity of live-in care is downplayed by characterising it as the problem of a few agencies with unethical business practices. This largely de-thematises the structural precarity and power inequalities in live-in care.

References

Anderson, B. & Shutes, I. (Eds.). (2014). *Migration and Care Labour. Theory, Policy and Politics*. Basingstoke: Palgrave Macmillan. Available at: https://doi.org/10.1057/9781137319708

Appelt, E. & Fleischer, E. (2014). Familiale Sorgearbeit in Österreich. Modernisierung eines konservativen Care-Regimes? In Aulenbacher, B., Riegraf, B. & Theobald, H. (Eds.). *Sorge: Arbeit, Verhältnisse, Regime. Care: work, relations, regimes*. (pp. 401–422). Baden-Baden: Nomos. Available at: https://doi.org/10.5771/9783845255545_401

Aulenbacher, B. (2009). Die soziale Frage neu gestellt, Gesellschaftsanalysen der Prekarisierungs- und Geschlechterforschung. In Castel, R. & Dörre, K (Eds.). *Prekarität, Abstieg, Ausgrenzung. Die soziale Frage am Beginn des 21. Jahrhunderts*. (pp. 65–77). Frankfurt/New York: Campus

Aulenbacher, B., Dammayr, M. & Décieux, F. (2014). Herrschaft, Arbeitsteilung, Ungleichheit – Das Beispiel der Sorgearbeit und des Sorgeregimes im Gegenwartskapitalismus. *PROKLA, 44*(2): 209–224. Available at: https://doi.org/10.32387/prokla.v44i175.171

Aulenbacher, B., Leiblfinger, M. & Prieler, V. (2018). Ein neuer Sorgemarkt im Wohlfahrtsstaat: 24-Stunden-Betreuung in Österreich und Dienstleistungsangebote von Wiener Vermittlungsagenturen. In: Filipič, U., Schönauer, A. (Eds.). *Zur Zukunft von Arbeit und Wohlfahrtsstaat. Perspektiven aus der Sozialwissenschaft* (Sozialpolitik in Diskussion 19). (pp. 47–56). Wien: ÖGB-Verlag

Aulenbacher, B., Leiblfinger, M., & Prieler, V. (2020). »Jetzt kümmern sich zwei slowakische Frauen abwechselnd um meinen Vater...« Institutionelle Logiken und soziale Ungleichheiten in der agenturvermittelten 24h-Betreuung. In Seeliger, M. & Gruhlich, J. (Eds.). *Intersektionalität, Arbeit und Organisation*. (pp. 160–174). Weinheim/Basel: Beltz Juventa

Bachinger, A. (2014). 24-Stungen-Betreuung – ganz legal? Intersektionale Regime und die Nutzung migrantischer Arbeitskraft. In Aulenbacher, B., Dammayr, M. (Eds.). Für sich und andere sorgen. Krise und Zukunft von Care in der modernen Gesellschaft. (pp. 127–137). Weinheim/Basel: Beltz Juventa

Backes, G. M., Amrhein, L. & Wolfinger, M. (2008). *Gender in der Pflege. Herausforderungen für die Politik*. Expertise im Auftrag der Friedrich-Ebert-Stiftung. Bonn. Retrieved from: http://library.fes.de/pdf-files/wiso/05587.pdf. Accessed: 19.08.2018.

Bahna, M. (2020). The economic rationales behind crossborder care among care workers from Slovakia. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 92–114) Friedrich Ebert Stiftung, Budapest.

Basler Zeitung (2012, November 23): *Engel aus dem Osten bleiben 90 Tage in Basel*. Retrieved from: https://bazonline.ch/basel/stadt/Engel-aus-dem-Osten-bleiben-90-Tage-in-Basel/story/17184855. Accessed: 04.09.2018.

Benazha, A. V. & Lutz, H. (2019). Intersektionale Perspektiven auf die Pflege: Geschlechterverhältnisse und Migrationsprozesse. In Rudolph, C. & Schmidt, K. (Eds.). *Interessenvertretung und Care. Voraussetzungen, Akteure und Handlungsebenen*. (pp. 146–160). Münster: Westfälisches Dampfboot.

Blick (2017, March 19). *Das Millionengeschäft mit Pflegerinnen aus Osteuropa*. Retrieved from: https://www.blick.ch/news/schweiz/private-altenpflege-das-millionengeschaeft-mit-pflegerinnen-aus-osteuropa-id6391802.html. Accessed: 04.09.2018.

Bühler, E. & Heye, C. (2005). *Fortschritte und Stagnation in der Gleichstellung der Geschlechter 1970–2000*. Neuchâtel: Bundesamt für Statistik.

Bundesministerium für Wirtschaft und Energie (n.d.): *Pflegewirtschaft*. Retrieved from: https://www.bmwi.de/Redaktion/DE/Artikel/Branchenfokus/Wirtschaft/branchenfokus-pflegewirtschaft.html. Accessed: 25.03.2020.

Chau, H. S. (2020). *Brokering Circular Labour Migration. A Mobile Ethnography of Migrant Care Workers' Journey to Switzerland*. Abingdon: Routledge. Available at: https://doi.org/10.4324/9780429029905

Der Standard (2018, July 27). *Wie abhängig 24StundenBetreuerinnen von ihren Agenturen sind*. Retrieved from: https://derstandard.at/2000084041380. Accessed: 30.07.2018.

Deutschlandfunk (2016, September 28). *Wa(h)re Engel*. Retrieved from: https://www.deutschlandfunkkultur.de/pflegekraefte-aus-osteuropa-wa-h-re-engel.1001.de.html?dram:article_id=367079. Accessed: 04.09.2018.

Docekal, U. (2016). Neue Regeln in der Personenbetreuung. Ausübungsregeln für Vermittler und aktuelle Judikatur. *Zeitschrift für Verbraucherrecht, 4*(4): 108–113.

Dörre, K. (2005). Prekarität – eine arbeitspolitische Herausforderung. *WSI-Mitteilungen,* 5/2005: 250–258.

European Parliament (2019). *Fact Sheets on the European Union. Posting of workers*. Retrieved from: https://www.europarl.europa.eu/factsheets/en/sheet/37/posting-of-workers. Accessed: 26.03.2020.

Falter (2017). Harte Bandagen: Die 24StundenBetreuung ist für viele alte Menschen ein Segen. Für viele Vermittlungsagenturen ist es ein lukratives Geschäft. Die Betreuerinnen zahlen häufig drauf, in: *Falter,* 48/2017: 18–21.

Fedyuk, O. (2020). Migrants' embodied geographies: spaces and boundaries of care work. Case study of Ukrainian care workers in Italy. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 143–165) Friedrich Ebert Stiftung, Budapest.

Frankfurter Allgemeine Zeitung (2017, April 6). *Private Betreuung. Pflege rund um die Uhr – und mit wenigen Rechten*. Retrieved from: http://www.faz.net/aktuell/gesellschaft/menschen/altenpflege-arbeit-ohne-pause-und-ohne-rechte-14957332.html. Accessed: 24.08.2018.

Gábriel, D. (2020): Negotiating Working Conditions in the Austrian Live-in Care Sector. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 115–143) Friedrich Ebert Stiftung, Budapest.

Haidinger, B. (2016). Flexibilität, Absicherung und Interessenvertretung in der 24-Stunden-Betreuung … grenzenlos? In Weicht, B. & Österle, A. (Eds.). *Im Ausland zu Hause pflegen. Die Beschäftigung von MigrantInnen in der 24-Stunden-Betreuung*. (pp. 87–114). Wien: LIT

Hielscher, V., Kirchen-Petres, S. & Nock, L. (2017). *Pflege in den eigenen vier Wänden. Zeitaufwand und Kosten. Pflegebedürftige und ihre Angehörigen geben Auskunft*. Retrieved from: https://www.boeckler.de/pdf/p_study_hbs_363.pdf. Accessed: 25.03.2020.

Hochschild, A. R. (2001). Global Care Chains and Emotional Surplus Value. In: Hutton, W. & Giddens, A. (Eds.). *On the Edge. Living with Global Capitalism*. (pp. 130–146). London: Vintage

International Labour Organization (2011). *Convention 189 – Domestic Workers Convention*. Retrieved from: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189. Accessed: 25.02.2020.

Krawietz, J. (2014). *Pflege grenzüberschreitend organisieren. Eine Studie zur transnationalen Vermittlung von Care-Arbeit*. Frankfurt am Main: Mabuse-Verlag

Kurier (2017, October 26). *Analyse: Woran die 24-Stunden-Pflege krankt*. Retrieved from: https://kurier.at/wirtschaft/analyse-woran-die-24-stunden-pflege-krankt/294.274.341. Accessed: 30.07.2018.

Kurier (2018, March 28). *24-Stunden-Betreuung: So helfen die stillen Heldinnen*. Retrieved from: https://kurier.at/wissen/gesundheit/24-stunden-betreuung-so-helfen-die-stillen-heldinnen/400012119. Accessed: 04.09.2018.

Leiblfinger, M. (2020). »Wie liebevoll kümmernde Angehörige«: Die Vergeschlechtlichung von Care und deren Entnennung als Arbeit am Beispiel der 24-Stunden-Betreuung. In: Pfeil, W. J., Reichel, A. & Urnik, S. (Eds). *Pflege und Betreuung – Who cares?* (pp. 1–13). Wien: Manz

Leiblfinger, M. & Prieler, V. (2018). *Elf Jahre 24-Stunden-Betreuung in Österreich: Eine Policy- und Regime-Analyse*. Linz: Katholische Privat-Universität Linz.

Lutz, H. (2017). Care. Eine intersektionelle Analyse transnationaler Care-Arbeit und transnationaler Familien. In Lutz, H. & Amelina, A. (Eds.). *Gender, Migration, Transnationalisierung. Eine intersektionelle Einführung*. (pp. 91–120). Bielefeld: transcript Verlag. Available at: https://doi.org/10.14361/9783839437964-006

Lutz, H. & Palenga-Möllenbeck, E. (2010). Care Work Migration in Germany: Semi-Compliance and Complicity. *Social Policy & Society*, *9*(3): 419–430. Available at: https://doi.org/10.1017/s1474746410000138

Marti, S. & Ackermann, P. (2016). *Arbeitsrechtliche Kontrollen im Bereich der Care Migration*. Anfrage 133/2016 von den Kantonsrätinnen Sibylle Marti und Pia Ackermann. Retrieved from: https://www.kantonsrat.zh.ch/Dokumente/D5788fe0d-affc-4b3d-925d-1dadc52848e8/R16133.pdf. Accessed: 08.08.2018.

Medici, G. (2012). *Hauswirtschaft und Betreuung im Privathaushalt: Rechtliche Rahmenbedingungen*. Fachstelle für Gleichstellung der Stadt Zürich, Gewerkschaft VPOD und Gewerkschaft Unia: Zürich.

Österle, A. & Bauer, G. (2016). The Legalization of Rotational 24-hour Care Work in Austria: Implications for Migrant Care Workers. *Social Politics, 23*(2): 192–213. Available at: https://doi.org/10.1093/sp/jxv001

Österle, A., Hasl, A. & Bauer, G. (2013). Vermittlungsagenturen in der 24-h-Betreuung. *WISO – Wirtschafts- und sozialpolitische Zeitschrift, 36*(1): 159–172.

Pelzelmayer, K. (2016). Places of Difference: Narratives of Heart-felt Warmth, Ethnicisation, and Female Care-Migrants in Swiss Live-in Care. *Gender, Place & Culture, 23*(12): 1701–1712. Available at: https://doi.org/10.1080/0966369x.2016.1249351

Pfau-Effinger, B., Och, R. & Eichler, M. (2008). Ökonomisierung, Pflegepolitik und Strukturen der Pflege älterer Menschen. In Evers, A. & Heinze, R.G. (Eds.). *Sozialpolitik. Ökonomisierung und Entgrenzung*. (pp. 83–98). Wiesbaden: VS-Verlag für Sozialwissenschaften. Available at: https://doi.org/10.1007/978-3-531-90929-5_5

Prieler, V. (2020). Autonome Ältere, Pflegefälle und kontrollbedürftige Selbstständige: Subjektkonstruktionen in der 24-Stunden-Betreuung in Österreich. *Swiss Journal of Sociology, 46*(2): 259–280. Available at: https://doi.org/10.2478/sjs-2020-0014

Scheiwe, K. & Schwach, V. (2013). Das Arbeitszeitrecht für Hausangestellte nach Ratifizierung der ILO-Konvention 189. *Neue Zeitschrift für Arbeitsrecht, 30*(20): 1116–1120.

Schilliger, S. (2014). *Pflege ohne Grenzen? Polnische Pendelmigrantinnen in der 24h-Betreuung: Eine Ethnographie des Privathaushalts als globalisiertem Arbeitsplatz*. Dissertation im Fachbereich Soziologie der Universität Basel.

Schmid-Federer, B. (2012). *Postulat 12.3266: Rechtliche Rahmenbedingungen für Pendelmigration zur Alterspflege*. Retrieved from: https://www.parlament.ch/de/ratsbetrieb/suche-curia-vista/geschaeft?AffairId=20123266. Accessed: 05.08.2016.

Schweizerischer Bundesrat (2017). *24-Stunden-Betreuungsarbeit: Neue Regelung bis Mitte 2018*. Retrieved from: https://www.seco.admin.ch/seco/de/home/seco/nsb-news/medienmitteilungen-2017.msg-id-67221.html. Accessed: 20.07.2016

Schwiter, K., Pelzelmayer, K. & Thurnherr, I. (2018). Zur Konstruktion der 24-Stunden-Betreuung für ältere Menschen in den Schweizer Medien. *Swiss Journal of Sociology, 44*(1): 157–181. Available at: https://doi.org/10.1515/sjs-2018-0008

Staatssekretariat für Wirtschaft (2010). *Erläuternder Bericht zum Entwurf für einen Normalarbeitsvertrag (NAV) mit zwingenden Mindestlöhnen für Arbeitnehmerinnen und Arbeitnehmer in der Hauswirtschaft*. Retrieved from: https://www.seco.admin.ch/dam/seco/de/dokumente/Arbeit/Personenfreizuegigkeit/normalarbeitsvertraege_bund/bericht_nav.pdf.download.pdf/Erlaeuternder_Bericht_NAV_Hauswirtschaft_de.pdf. Accessed: 06.10.2018.

Staatssekretariat für Wirtschaft (2015). *Rechtliche Rahmenbedingungen für Pendelmigration zur Alterspflege: Bericht des Bundesrates in Erfüllung des Postulats Schmid-Federer 12.3266 vom 16. März 2012*. Bern: Seco.

Statistik Austria (2020). *Bundespflegegeldbezieherinnen und -bezieher sowie Ausgaben für das Bundespflegegeld 2019*. Retrieved from: http://www.statistik.at/wcm/idc/idcplg?IdcService=GET_PDF_FILE&RevisionSelectionMethod=LatestReleased&dDocName=052519. Accessed: 26.03.2020.

Statistisches Bundesamt (2018). *Pflegestatistik 2017. Pflege im Rahmen der Pflegeversicherung. Deutschlandergebnisse*. Retrieved from: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Pflege/Publikationen/Downloads-Pflege/pflege-deutschlandergebnisse-5224001179004.pdf?__blob=publicationFile. Accessed: 25.03.2020.

Stiftung Warentest (2017). Trautes Heim, da will ich sein. *Stiftung Warentest,* 5/2017: 86–95.

Truong, J., Berndt, C. & Schwiter, K. (2012). *Arbeitsmarkt Privathaushalt. Charakteristika der Unternehmen, deren Beschäftigungsstruktur und Arbeitsbedingungen. Eine Studie im Auftrag der Fachstelle für Gleichstellung der Stadt Zürich*. Zürich: Universität Zürich und Fachstelle für Gleichstellung der Stadt Zürich. Retrieved from: https://www.stadt-zuerich.ch/content/dam/stzh/prd/Deutsch/Gleichstellung/Publikationen%26Referate/PDF/Erwerbsarbeit/arbeitsmarkt_privathaushalt_analyse_truong.pdf. Accessed: 06.10.2018.

Unia (2018). *Unterstellung der Betreuungsarbeit in Privathaushalten unter das Arbeitsgesetz!* Retrieved from: https://www.unia.ch/de/medien/medienmitteilungen/mitteilung/a/14619/. Accessed: 05.10.2018.

van Holten, K., Jähnke, A. & Bischofberger, I. (2013). *Care-Migration – transnationale Sorgearrangements im Privathaushalt*. Neuchâtel: Obsan Bericht 57. Retrieved from: https://www.obsan.admin.ch/sites/default/files/publications/2015/obsan_57_bericht.pdf. Accessed: 06.10.2018.

Verein ChronischKrank Österreich (2015). *Stellungnahme zu den Entwürfen des Bundesministers für Wissenschaft, Forschung und Wirtschaft über Standes- und Ausübungsregeln für die: 1. Leistungen der Personenbetreuung, 2. Organisation von Personenbetreuung*. Retrieved from: http://chronischkrank.at/2015/stellungnahme-zum-entwurf-der-verordnung-des-bundesministers-fuer-wissenschaft-forschung-und-wirtschaft. Accessed 20.11.2017.

VHBP (2020). *Ziele*. Retrieved from: https://www.vhbp.de/ziele/. Accessed: 25.03.2020.

VPOD (2017). *Regulierung 24-Std.-Betreuung zu Hause – Die Forderungen des VPOD*. Retrieved from: https://vpod.ch/do wnloads/resolutionen/resolution-zur-24-std-betreuung-zu-hause.pdf. Accessed: 06.10.2018.

Weicht, B. (2010). Embodying the ideal carer: The Austrian discourse on migrant carers. *International Journal of Ageing and Later Life, 5*(2): 17–52. Available at: https://doi.org/10.3384/ijal.1652-8670.105217

Williams, F. (2012). Converging variations in migrant care work in Europe. *Journal of European Social Policy, 22*(4): 363–376. Available at: https://doi.org/10.1177/0958928712449771

WKO – Stabsabteilung Statistik (2020). *Personenberatung und Personenbetreuung: Branchendaten*. Wien: Wirtschaftskammer Österreich. Retrieved from: http://wko.at/statistik/BranchenFV/B_127.pdf. Accessed: 25.02.2020.

Zweites Deutsches Fernsehen ZDF (2018). *Pflegesituation in Deutschland. »Wer nicht ins Altenheim will, driftet in die Illegalität ab«*. Retrieved from: https://www.zdf.de/nachrichten/heute/pflegekraefte-aus-ost-europa-100.html. Accessed: 24.08.2018.

The economic rationales behind crossborder care among care workers from Slovakia

Miloslav Bahna

Introduction

This chapter focuses on Slovak care workers who provide live-in 24-hour care for the elderly in Austria. The prevailing arrangements for such care involve two female care workers caring for one person (in some cases, for a couple) in their household, each spending two weeks providing care in Austria and two weeks at home in Slovakia. Such carers could best be described as circular migrants. The studied case is part of a wider phenomenon and a growing sector. The development of a booming care industry is connected to the growing proportions of elderly people in richer societies all around the world. An increasing number of elderly people are being taken care of by migrants because of insufficient domestic welfare provisions, due among other things to increasing need and the lower availability of informal care within shrinking western European families (Bettio, Simonazzi & Villa, 2006; Elrick & Lewandowska, 2008; Gendera, 2011; Lutz & Palenga-Möllenbeck, 2011; Spencer, Martin, Bourgeault & O'Shea, 2010). What makes the case of Slovak carers in Austria interesting is the immediate geographic proximity and the short two-week periods spent in the household of the person being cared for. While both these features are shared with Hungarian carers in Austria (see Gábriel, 2020, in this volume), Slovak carers have traditionally been and are still by far the most numerous group of carers in Austria.

This chapter will highlight the economic rationales behind providing care »across the borders«. The circular migration to be analysed is to a large extent female-dominated (only one in 20 care workers is male). Researchers of care migration generally disregard insights from labour migration studies. In such analyses authors tend to downplay the role of labour markets and economic rationality and to stress the particular nature of care work provided by women. Here the argument is that providing care is still defined as non-productive work and therefore

follows a different logic from formally recognised productive employment (see, for example, Lutz, 2008, 2010; Rostgaard, Chiatti & Lamura, 2011). They argue that because personal care as non-productive work is typically provided informally by family members in private households, treating this type of activity as just another type of paid employment is inadequate.

We argue that, despite the particularities of care work, the emphasis on the reproductive nature of care artificially overshadows the fact that the studied case can still be adequately described as a case of labour migration. This is in part also because the marketisation and commodification of care has advanced substantially in recent decades. Treating care workers as labour migrants also opens up the possibility of studying their employment as work in the secondary labour market (Baron & Hymer, 1968; Doeringer, Geldman, Gordon, Piore & Reich, 1969; Doeringer & Piore, 1971) and exploring their career prospects. Our analysis is based on data from two rounds of the *cAreworkers* survey of Slovak care workers providing care in Austria conducted in 2011 and 2016. These data are supplemented with interviews with carers carried out in 2011 and 2017. Before presenting our main argument, we first introduce the structural macro-level preconditions of the studied case.

Historical-structural preconditions for crossborder care

We will start our argument by focusing on the share of the elderly in Slovakia and in Austria, as well as on the care system in Slovakia. In this context, we will discuss why women from Slovakia participate disproportionally in providing care in Austria compared with other countries neighbouring Austria with similar wage levels.

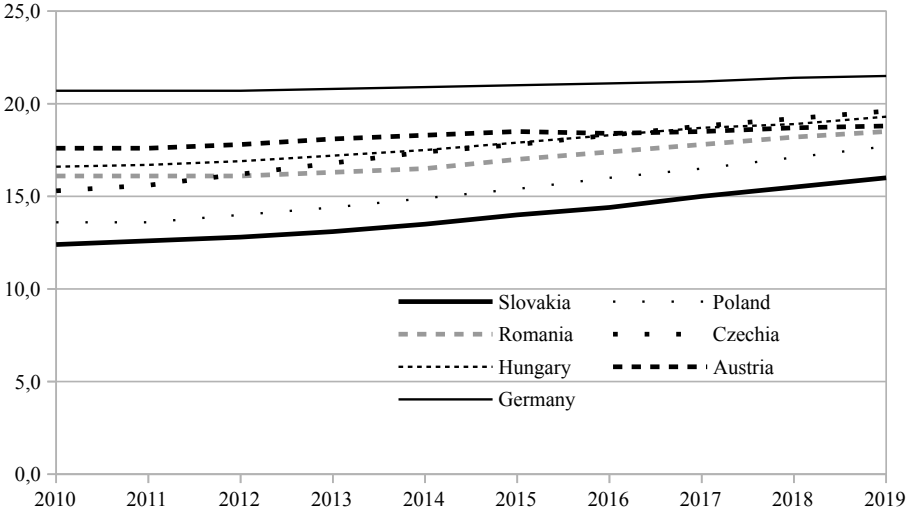
Figure 1 presents an overview of the proportion of population aged 65 years or more in Austria and Germany and the source countries of the care workers. It can be observed that during the whole period, Slovakia stands out as the country with the lowest share of people aged 65 and more. A very similar picture in this regard is provided by Figure 2, which displays the proportion of population aged 80 years or more. Again, Slovakia is the country with the lowest share of people aged 80 years or more. On the other hand, the share of people aged 65 and more in Austria is very similar to the situation in Romania, the Czech Republic, Hungary or Poland. The share of people aged 80 or over is notably

higher in Austria than in its post-communist neighbours, but the gap has clearly been diminishing in recent years. Compared with Germany, Austria is a far less extreme case of population ageing. On the other hand, despite a constant increase, comparatively, Slovakia has a lower share of people in the highest age categories, which is mostly due to a later start of fertility decline in Slovakia (see also Österle, 2010).

In Slovakia, care for the elderly is provided via two main avenues: (i) full-time care in homes for the elderly and (ii) subsidised care provided by family members. In 2017 full-time care in homes for the elderly was provided for 18,467 persons, up from 12,976 in 2010 (Správa o sociálnej situácii 2012, 2019). This represents a rise in the share of retired persons cared for in homes for the elderly from 1.36 per cent to 1.73 per cent. Demand for these subsidised homes for the elderly far exceeds the places available. There were 5,654 people on the waiting list for such facilities in 2018, up from 4,466 in 2010. The other part of care for the elderly is provided by family members who reside in the home of the care recipients and receive a care allowance (this includes disabled and handicapped persons, not only the elderly in need of care). In 2018 this care allowance was paid to 53,356 persons (21,465 were retired), down from 55,933 (16,328 retired) in 2010. The level of this care allowance was 280 euros in 2018 for people of productive age and is lower if the care provider is also retired (122 euros in 2018) (Správa o sociálnej situácii 2011, 2019). In contrast to Austria (or the Czech Republic), Slovakia provides care only in the form of public services and does not provide cash for care allowances, which are seen by many as one of the main drivers of demand for care provided by migrants in Austria (see Gendera, 2011; Österle & Bauer, 2012; Steiner, Prieler, Leiblfinger & Benazha, 2020, in this volume).

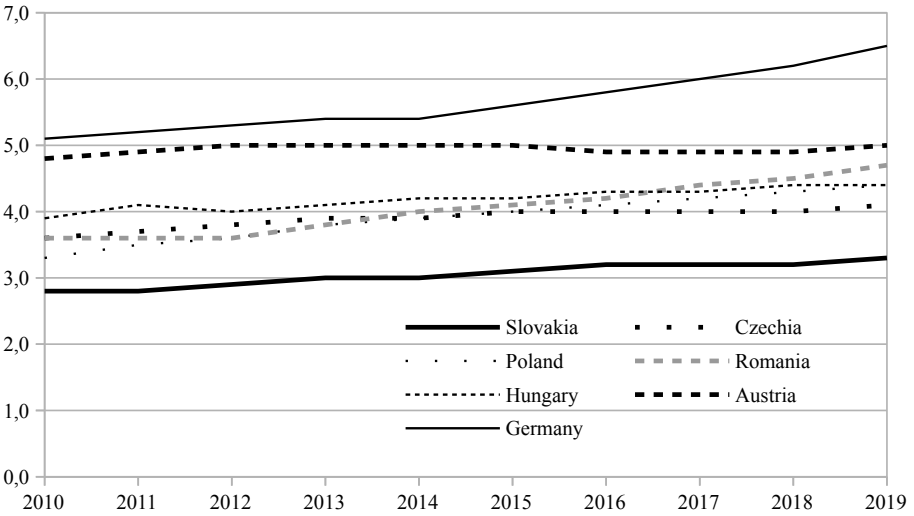
Besides rising demand for care in a country with an ageing population, a crucial precondition for the crossborder care arrangements analysed here is the persisting wage gap between Austria and its post-communist neighbours. Figure 3 compares hourly wages in Austria, its post-communist neighbours and Romania between 2000 and 2017. From this perspective, the wage level in Slovakia is very similar to that in the Czech Republic, Hungary or Poland. Wages in Slovenia are notably higher than those in other Austrian neighbour countries, which seems to explain the lack of carers from Slovenia in Austria. On the other hand, the fact that care for the elderly in Austria was until recently provided mainly by Slovak

Figure 1 *Proportion of population aged 65 years or over in Austria, Germany and the source countries of care workers, 2010–2019*



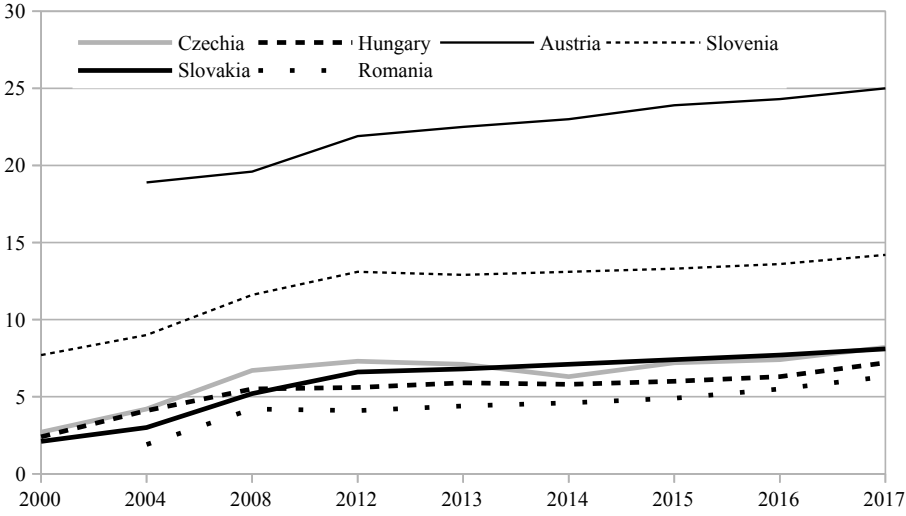
Source: Eurostat (Population: Structure indicators [demo_pjanind]).

Figure 2 *Proportion of population aged 80 years or more in Austria, Germany and the source countries of care workers, 2010–2019*



Source: Eurostat (Population: Structure indicators [demo_pjanind]).

Figure 3 *Hourly wages in Austria, its post-communist neighbours and Romania, 2000–2017 (euros)*

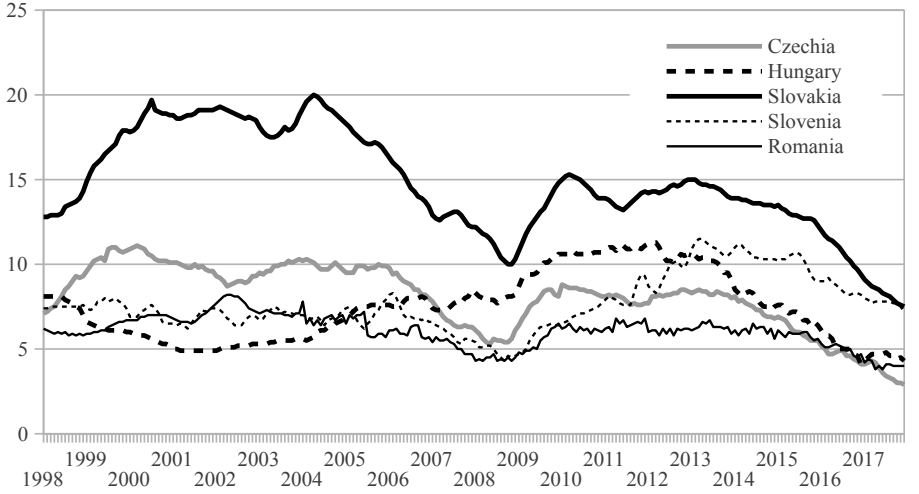


Note: Hourly wages and salaries in industry, construction, and services (except public administration, defence, compulsory social security).
Source: Eurostat (Labour cost levels by NACE Rev. 2 activity [lc_lci_lev])

woman seems puzzling. If wages were the only motivation for working as live-in carers in Austria, the Slovak wage level does not explain the high popularity of care work in Slovakia compared with the Czech Republic or Hungary. Figure 4 sheds more light on this issue. The figure compares unemployment levels in Austria's post-communist neighbours and in Romania. As can be clearly seen, while Slovakia is not exceptional in its wage level, compared with Romania or its post-communist neighbours, it is exceptional with regard to a persistent and chronically high unemployment level. As we will show later, engaging in care work in Austria can indeed be seen as a strategy to escape unemployment in Slovakia.

After introducing the structural macro-level preconditions of the case studied here, we will now turn to the main focus of our chapter. We will show how economic and labour market conditions explain changes in the socio-demographic composition of care workers from Slovakia. Later, we will use the dual labour market theory, which postulates a segmented (or dual) labour market in the receiving societies. Employment in the secondary labour market provides low employment stability, low payment and no career prospects. Unappealing to local workers, it often has to rely

Figure 4 *Unemployment in Romania and Austria's post-communist neighbours, 1998–2017 (female seasonally adjusted unemployment rate, %)*



Source: Eurostat (Unemployment by sex and age – monthly data [une_rt_m]).

on migrants. We show that these features of around-the-clock care work have an impact on the post care (work) life strategies of former carers providing around-the-clock care in Austria.

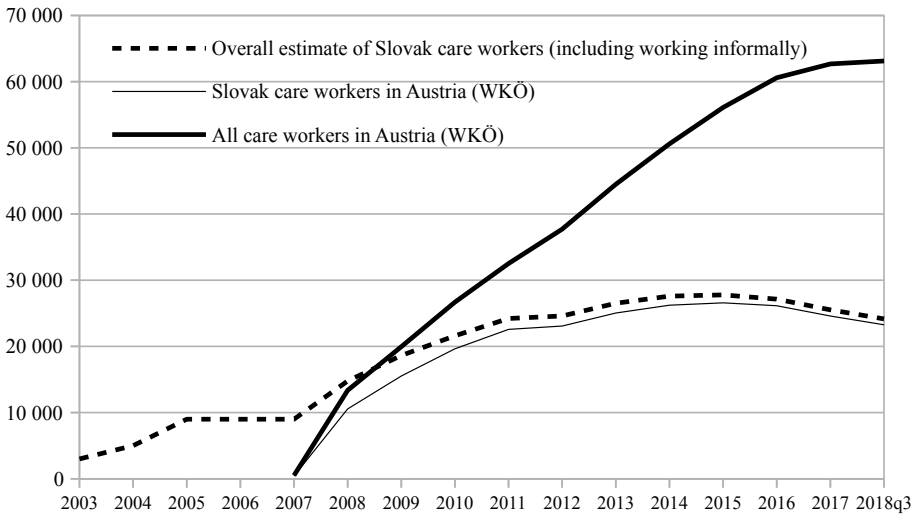
Rise and decline of care work in Austria from a Slovak perspective

Several early writings on care workers in Austria agree on the assumption that the outflow of care work has its roots in the early 1990s (Bachinger, 2009; Gendera, 2007, 2011). Although the *cAreworkers* surveys[1] in 2011 and 2016 both include individual carers reporting on working in Austria since the 1990s (Bahna & Sekulová, 2019, p.13), there is limited evidence to support this claim directly. This is because the care arrangements at this time were without exception informal and most likely also small-scale. Only later, connected to the growing popularity of the arrangement, did carers in Austria (while still working informally) appeared in the Slovak

1 The *cAreworkers* surveys are available in the Slovak Archive of Social Data (http://sasd.sav.sk)

labour force survey, where they were – despite their unofficial status – reported by the household member who provided data to the interviewer carrying out the survey. A much clearer picture can be provided after the legalisation on live-in around-the-clock care in Austria, which happened gradually between 2006 and 2008. Because Austria provides subsidies for the legal employment of carers, since 2008 it has made little sense to work in Austria informally. Therefore, it is reasonable to assume that the official Austrian figures provide a fairly reliable assessment of the size of the population of the care workers. While generally reliable, the figures from the Slovak labour force survey and the official data on trade licenses in Austria do not provide sufficient information on the social and economic background of the carers. This information is available in the two *cAreworkers* surveys conducted in Slovakia in 2011 and 2016, which provide the necessary detail on the motives and evaluations of the work performed by care workers themselves. Moreover, the 2016 *cAreworkers* survey also provided information on the work careers of carers who have returned to Slovakia.

Figure 5 *Slovak care workers in Austria before and after legalisation, 2003–2018*



Source: Austrian Economic Chambers (WKO), estimates based on LFS and *cAreworkers* 2011 and 2016 surveys.

Combining information from the abovementioned sources enables us to create Figure 5. This figure tells the story of Slovak care workers in Austria since 2003. The development described by Figure 5 can be explained by several factors that have had an influence on the number of Slovak care workers in Austria. First, it seems that the EU accession of Slovakia made crossborder commuting more accessible as it normalised crossing the border. One year after Slovakia's EU accession, there were already around 10,000 carers from Slovakia working in Austria. The next major rise occurred between 2008 and 2011. The numbers culminated in 2015 at almost 30,000 and started to decline in 2016. The rise between 2008 and 2011 can be explained by two complementary hypotheses. Either it was primarily the effect of legalisation in Austria, which happened between 2006 and 2008, or, as Bahna (2014) and Bahna & Sekulová (2019) argue, it was due mainly to the crisis-induced unemployment rise which occurred in Slovakia in 2009.

Who are the carers?

Before we explore the plausibility of the two potential explanations outlined above, we will now discuss the socio-demographic composition of the care workers from Slovakia in Austria in more detail. As previously noted, the official Austrian data on trade license registration provide only limited information on the composition of care workers in Austria. These data suggest that the share of women among caregivers is between 92 and 96 per cent, with 72 per cent of carers being 41 years of age or older (Bahna & Sekulová, 2019, p.25). A more detailed insight into the socio-demographic profile of care workers is provided by the *cAreworkers* 2011 and 2016 surveys carried out in Slovakia. Table 1 compares the profiles of carers in the two surveys. We see that the average age of Slovak carers in Austria was 47 years in the 2011 survey and 48 years in the 2016 survey. This is connected to the fact that, although most of the carers were married, only a small part had young children below 15 years of age. The self-reported share of care workers with care obligations towards elderly family members in Slovakia was also low – 4 per cent in 2011 and 5.5 per cent in 2016. Both figures suggest that a care drain might be of limited relevance in the studied crossborder flow. By care drain we refer to the lack of care caused by the absence of female migrants from their own households (which is often discussed in connection with female-dominated migration flows from Poland, Romania

Table 1 Descriptive statistics of Slovak female care workers in Austria, 2011, 2016 [2]

	2011		2016	
	cAreworkers survey	**LFS**	**cAreworkers survey**	**LFS**
Average age	46.6	43.1	47.7	45.5
Experience in Austria (years)	3.7		6.2	
Daily working day income (euros)[3]	55.1		62.9	
Married	55.0%	43.8%	53.6%	52.5%
Has children below 15	12.6%		15.1%	
Care obligations at home	4.0%		5.5%	
Education (matura and higher)	81.5%	76.2%	75.6%	71.3%
Qualified nurse with experience	19.9%		17.9%	
Two-week shift in Austria	74.2%		79.4%	
Client is a woman	69.5%		62.9%	
Takes care of a couple	8.6%		12.4%	
Working »informally«	7.3%		3.8%	
Job found via an agency	60.9%		57.1%	
Residence of carers in Slovakia				
Western Slovakia	42.4%	36.1%	24.1%	18.8%
Central Slovakia	27.2%	27.1%	29.2%	33.0%
Eastern Slovakia	30.5%	36.8%	46.7%	48.2%

Source: Labour Force Survey, Statistical Office of the Slovak Republic, cAreworkers 2011 and 2016 surveys.

2 The fact that the overwhelming majority of carers in Austria were women led to the decision to include only female carers in the *cAreworkers* surveys.

3 Daily income on days when care work is provided in Austria.

or Ukraine to care-related jobs in German-speaking countries – see Bauer & Österle, 2016; Lutz, 2015, 2017a; Piperno, 2012; Lutz & Palenga-Möllenbeck, 2012; Kuchyňková & Ezzeddine, 2015; Sekulová, 2013). With regard to the care drain another interesting figure is the share of qualified nurses among caregivers. Table 1 shows this might lie somewhere between 18 and 20 per cent. While this suggests that one in five caregivers is a qualified nurse, it also indicates that most care workers are not qualified as nurses and would therefore mostly not be employable in the formal care system in Slovakia upon their return. On the other hand, the qualification level of the carers is quite high, with more than three-quarters having a full secondary education completed with a »matura« certificate which is required for university entry in Slovakia. Another figure, on which both surveys agree, is the dominant share of the fortnightly commuting regime. 75-80 per cent of carers divide their months between two weeks in Austria and two weeks in Slovakia. This is a particular feature of the 24-hour care work in Austria compared with other target countries. Care workers from central and eastern European countries working in Switzerland or Germany typically spend longer periods abroad – ranging from a month to three months in Germany or Switzerland (Chau, Pelzelmayer & Schwiter, 2018; Lutz & Palenga-Möllenbeck, 2012; Kniejska, 2016).

As the results show, because of longer female life expectancy, most care workers take care of an elderly woman. Taking care of a couple is notably less frequent but not rare. In line with the argument mentioned earlier on the regularisation in Austria and a low motivation to work illegally, only a few care workers indicated working informally. A high share of work found via an agency indicates the important role of the agencies in shaping the labour market of 24 hour care (cf. Lutz & Palenga-Möllenbeck, 2010; Lutz, 2017b; Steiner et al, 2020, in this volume; Gábriel, 2020, in this volume).

The last three lines of Table 1 provide information on the primary residence of Slovak carers working in Austria in 2011 and 2016. Figures from the *cAreworkers* surveys, as well as figures from the LFS suggest a shift in the region of origin of care workers away from Western Slovakia to Central and even more to Eastern Slovakia. Before discussing these changes, we should note that Western Slovakia lies at the border with Austria – and in terms of regional wage and unemployment levels – it is the most affluent part of the country. Despite being geographically close, women in Western Slovakia were notably less involved in providing care in Austria in 2016 than in 2011. On the other hand, by

2016 almost half of Slovak carers in Austria came from Eastern Slovakia, which is geographically the most distant region. While distant, it is also the part of the country with the lowest average wages and highest unemployment.

Local economy in Slovakia and care work in Austria

These shifts suggest that escaping from unemployment would be a more important motivation to engage in care work in Austria in 2016 than it was in 2011. The employment situation of the care workers in Slovakia before they started working can be compared by the two *cAreworkers* surveys. Table 2 compares the individual »cohorts« or »generations« of carers interviewed within the *cAreworkers* surveys. The overall share of carers who were unemployed in Slovakia before starting care work in Austria was 42 per cent in 2011 and 45 per cent in 2016. However, in both surveys, the carers from the latest generation in the survey – carers who started working in 2009 to 2011 or carers who entered care work between 2014 and 2016 – had an even higher share of the previously unemployed (48 per cent in 2011 and 55 per cent in 2016). Also, on both occasions, these newcomers reported the lowest rate of employment prior to working in Austria: 41 per cent in 2011 and 35 per cent in 2016. At the same time, both surveys agree that the pre-2007 generations of carers had the lowest share of unemployed.

These shifts, connected to the fact that more and more care workers working in Austria were from the least affluent regions of Slovakia, would indicate that engaging in care work gradually became a strategy of middle-aged Slovak women who were facing difficulties in the local labour market. The rising shares of unemployed in the *cAreworkers* 2016 survey are particularly relevant as they happened in a situation of an overall decline in unemployment rates in Slovakia between 2011 and 2016.

As one of our interviewees, Diana,[4] explains, unemployment played an important role in her decision to start working in Austria:

> *I was without a job, and then I was out of money, but I mean completely out of money... Because when you are alone, without anyone to help you, then you must cover all the family expenses from your one single wage.*

4 To guarantee anonymity, all names of our interviewees have been changed.

Table 2 *Employment situation of care workers in Slovakia prior to starting care work in Austria, 2011, 2016*

	2011				2016					
	1991–2006	2007–2008	2009–2011	Total	1996–2006	2007–2008	2009–2011	2012–2013	2014–2016	Total
(Self) employed	52.2%	52.3%	40.7%	47.7%	57.8%	50.0%	53.8%	54.9%	35.1%	51.2%
Maternal / parental leave	2.2%	0.0%	5.1%	2.7%	3.3%	0.0%	0.0%	1.1%	1.4%	1.2%
Unemployed	37.0%	38.6%	47.5%	41.6%	35.6%	46.7%	45.4%	44.0%	55.4%	44.9%
Retired	8.7%	9.1%	6.8%	8.1%	3.3%	3.3%	0.8%	0.0%	8.1%	2.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
N	46	45	60	151	90	60	119	91	74	434

Source: *cAreworkers* 2011 and 2016 surveys.

> *So I started to provide care in Austria. And it was [a decision made] from despair. (Diana, 57 years old, 15 years in Austria, interviewed in 2011).*

While not unemployed, her employment insecurity was the reason Katarína started to provide care work in Austria. She explains:

> *I had work, but the contract was not stable. The contract was signed only for a period of three months, and later I was regularly re-contracted for another three months. So I started to search for information about care work in Austria, which I had heard about from other women. I passed the requalification course and learned German a little bit. I thought that this work might be a solution for my situation. I would never earn so much in Slovakia. (Katarína, 56 years old, 7 years in Austria, interviewed in 2017).*

In support of the argument that unemployment was a primary driver of the popularity of providing care work in Austria, Bahna (2014) and Bahna and Sekulová (2019) offer a comparison of the crisis-induced quarterly increases in unemployment in 2009 in Slovakia and the simultaneously rising numbers of carers from Slovakia working in Austria. Although later changes in unemployment rates in Slovakia do not correlate with the numbers of carers in Austria so well, the comparison for the 2009 period of rising unemployment provides a very persuasive argument in favour of the hypothesis that losing one's job was an important factor behind the

rising numbers of carers in Austria in this period (on the role of unemployment, see also Gábriel, 2020, in this volume).
The economic situation seems not only to explain why care work is attractive for carers in the first place, however. It can also be connected to the position of the care workers in the Austrian labour market. When Bahna and Sekulová (2019, p.53) analysed the self-reported incomes of the carers in the *cAreworkers* 2011 and 2016 surveys, they found that in both surveys there is a connection between income and regional unemployment level in Slovakia. If a care worker was living in a Slovak region with high unemployment, she generally earned less, regardless of her age, qualifications and experience. Moreover, they found that in the 2011 survey carers who were previously unemployed in Slovakia earned less in Austria – regardless of their age, qualifications and experience – compared with carers who had been employed before starting work in Austria. While this relationship is not significant in the 2016 data, the negative connection is present also in this survey (Bahna & Sekulová, 2019: p.53). In line with the findings of Gábriel (2020, in this volume), one of the mechanisms behind this connection could be the ability of the employed carers or carers from regions with lower unemployment levels to be more ambitious with regard to payment and working conditions in Austria.
Together with the above-discussed topic of the effects of unemployment on the growth of interest in care work in Austria, these findings support the validity of the approach to care workers as labour migrants. The carers evaluate their situation in the local labour market in Slovakia and, based on that, decide whether they want to engage in care provision in Austria and under what conditions. Besides the finding that carers' labour market situation in Slovakia explains their income in Austria, it is also interesting to look at which factors do not influence their remuneration. Before discussing them, we will first introduce secondary labour market theory.

24-hour around the clock care provision as a secondary labour market

Economists studying labour markets in Western countries in the late 1960s and early 1970s identified particular features, especially in the United States, that gradually led them to suggest that labour markets in

advanced economies have a dual nature (Baron & Hymer, 1968; Doeringer et al, 1969; Doeringer & Piore, 1971). The dual or segmented labour market theory identifies two separate labour markets: the primary labour market, which provides job stability, career advancement and skills recognition, and the secondary market, with precarious and unstable working conditions. In many cases, the emergence of a secondary labour market was closely linked to the employment of immigrants (Piore, 1973; Bonacich, Light & Wong, 1977).

While early studies on migrants engaged in domestic work (Parreñas, 2001; Anderson, 2000) do not use the secondary labour market approach, more recently some authors have explicitly linked around-the-clock care provision in Austria with secondary labour market theory (Winkelmann, Schmidt, Leichsenring, 2015). Even though authors analysing domestic work do not refer to dual labour market theory, some talk of »dead-end jobs« (for example, Barbiano di Belgiojoso & Ortensi, 2018; Triandafyllidou, 2013), which is common also in works analysing employment from a secondary labour market perspective (Hirsch, 1980; Taubman & Wachter, 1986; Watson, 2013).

If providing live-in care in Austria within the 24-hour around the clock self-employment framework is regarded as employment in the secondary labour market, two theoretical predictions need to be fulfilled. First, this kind of employment should not reward education, skills and experience. Second, there should be limited career opportunities in the primary labour market after providing care work, either in Slovakia or in Austria.

Are skills, education and experience rewarded in 24-hour care work in Austria? The results of multivariate analyses of data from the two *cAre-workers* surveys carried out by Bahna and Sekulová (2019, p.53) seem to contradict this expectation. Their analysis shows that length of experience in care work is not connected to care workers' self-reported income. Similarly, education does not seem to be a universal predictor of higher income, although in 2016 being an experienced nurse was connected to higher income. Also, neither the health situation of the client nor the number of tasks provided in a household on top of providing care work are connected to carers' income. These findings support expectations generated by the secondary labour market approach which are in line with the experiences of care workers. Zuzana recollects:

> *Well, you know, given that I have been doing this work for almost eleven years [and] I am taking care of a serious case, [in addition to] my command of German and my experience, still I earn [only] 65 [euros] a day ... I earned*

> *that much in Linz six years ago. (Zuzana, 43 years old, 13 years in Austria, interviewed in 2011).*

One type of human capital, however, seems to be consistently connected to better remuneration. The equation »better command of German = higher pay for care work« was valid in both 2011 and 2016 (Bahna & Sekulová, 2019, p.53). Research by Verwiebe, Reinprecht, Haindorfer and Wiesboeck (2017, p.274) backs up the importance of language skills for immigrants working in Austria in gastronomy and domestic services. We see this connection as the result of the low level of formalisation and professionalisation of the domestic care sector. When extra duties are not formally identified, the conversion of extra work into extra pay is conditioned by negotiations, as well as adequate language skills. Zuzana and Viera explain:

> *Mostly it is just that if you want [a pay rise], you need to literally quarrel with them. Well, so just of their own accord, I have never experienced that Austrians would be that generous. That is a rare occurrence. (Zuzana, 43 years old, 13 years in Austria, interviewed in 2011).*

> *I experienced this [exploitation by demanding that the care worker perform tasks they are not paid for or that are not part of their work] in my very first family. And I did it because I was just learning German. If I got such a job now, with my current level of German, I certainly would not agree to do that. So, therefore [back then] I did not get involved in an argument with them, I did as I was told because of my language skills. If my German had been good, I would have certainly not tolerated that. And in the last families, when I was already preparing for my job at the hospital, I was able to open my mouth. But at the beginning, we both [the other care worker in the family] kept quiet. What [else] can you do? (Viera, 37 years old, 7 years in Austria, interviewed in 2017).*

Leaving care work

As we have demonstrated, the lack of recognition of skills (with the exception of proficiency in German), education and experience in the live-in care work sector in Austria conforms to the notion of working in a secondary labour market. We now ask whether the predictions about a dead-end job are valid in the case under study, specifically the second prediction formulated by secondary labour market theory concerning the limited chances of entering the primary labour market after spending time in a secondary labour market.

Table 3 *Life after care work in Slovakia, 2016*

What is your current work situation?	N	%	Age when started	Time as a care worker in years
Employed / self-employed	73	51.1	39.0	3.3
Maternity / parental leave	12	8.4	24.4	4.2
Unemployed	17	11.9	37.4	6.5
Retired	41	28.7	52.0	7.4
Total	143	100.0	41.3	4.9

Source: *cAreworkers* 2016 survey, inactive care workers only.

What do care workers do once they stop working in Austria? Table 3 presents data from the 2016 *cAreworkers* survey on the work situation of care workers who had stopped working in Austria one to three years prior to the survey in 2016. The general observation from the distribution is that approximately half the carers worked after ceasing care work, although retirement or unemployment were the second and third most frequent outcomes. The connection with age is clear. If carers started working in Austria later in life – after turning 50 – the more usual strategy is to work until retirement (in some cases probably even longer, as Table 2 suggests). On the other hand, returning to the labour market in Slovakia seems to be characteristic of younger carers who have had a shorter experience in the Austrian care work sector.

Obviously, Table 3 includes only carers who returned to Slovakia after working in Austria. If a carer managed the transition to the primary labour market in Austria and continued living in Austria, she was not picked up by the *cAreworkers* 2016 survey. As Bahna and Sekulová (2019, p.122) write, however, according to the *cAreworkers* survey, in 2011 and 2016 over 80 per cent of carers said they had never considered the option of moving to Austria permanently.

As we can see, about one in two carers works in Slovakia after leaving care work in Austria. The *cAreworkers* 2016 survey enables us to compare the employment of these carers with the employment they had prior to leaving Austria. The general expectation in secondary labour market theory would be that, as this market does not provide qualification growth

and valued skills, spending time in a secondary labour market reduces the chances of employment in the primary labour market. Previous research suggests that this is the case only in case of long continuance in the secondary labour market (Hagner, 2000).

Table 4 *Employment of care workers before and after doing care work in Austria, 2016*

	Before care work		After care work	
	Mean	Std. dev.	Mean	Std. dev.
International Socio – Economic Index (ISEI)	40.2	11.1	36.3	11.7
Standard International Occupational Prestige Scale (SIOPS)	38.1	9.8	35.5	11.6

Source: *cAreworkers* 2016 survey, inactive care workers only.

Table 4 compares the work positions of carers before and after care work. A general tendency towards less prestigious and desirable jobs is notable. Whether job status is measured using the Standard International Occupational Prestige Scale (SIOP) or the International Socio-economic Index (ISEI), after providing around-the-clock care in Austria care workers find employment in significantly less attractive occupations. Bahna and Sekulová (2019, p.129) test the expectation that this decline is caused primarily by long-term work in the secondary labour market. Their conclusion is that carers working as around-the-clock care providers in Austria for up to two years did not experience a fall in prestige and status in their post-care work employment. Those carers who returned to the Slovak labour market after five or more years, however, were significantly more likely to find employment in less prestigious and attractive positions compared with their jobs prior to leaving for Austria. This is in line with the results of Hagner (2000) and our analysis confirms that 24-hour care provision in Austria by live-in carers from Slovakia has the attributes of a secondary labour market.

Conclusion

This chapter outlines the economic rationale behind crossborder care provision within Europe. We took the case of Slovak carers who look after the elderly in neighbouring Austria. As a female-dominated migration flow, care migration is typically exempt from economic considerations. Research typically focuses on the exploitative work conditions in private households. Also, care shortfalls in the source countries and complicated maintenance of family relationships are expected to be caused by the absence of a mother or wife (Bauer & Österle, 2016; Lutz, 2015, 2017; Piperno, 2012; Lutz & Palenga-Möllenbeck, 2012; Kuchyňková & Ezzeddine, 2015; Sekulová, 2013; Zontini, 2010). While these insights are all valid, they capture only part of the situation under study. Our research suggests that most carers from Slovakia do not contribute to what is typically defined as a »care drain« – they do not have small children or relatives in need of care. The care drain phenomenon applies only to a minority of carers from Slovakia.

The chronically high unemployment levels in Slovakia seem to be the most important reason behind the high share of Slovaks among carers in Austria, as distinct from Hungarians or Czechs. Also, as a country with a relatively young population and low shares of people in the 65+ and 80+ age categories, Slovakia, with suitable labour reserves while offering limited employment opportunities, seems to be an »ideal« source country.

By combining data from various sources, the chapter tells the story of a phenomenon whose origins date back to the 1990s. At that time, the extreme wage gap between Slovakia and Austria, together with limited intermediaries and crossborder contacts, gave birth to the arrangement, which later became formalised in Austrian legalisation between 2006 and 2008. Growing from a few thousand carers in the early 2000s, the number reached almost 10,000 after Slovakia became an EU member in 2004, and regular border crossing between Austria and Slovakia became less problematic. The number of carers from Slovakia in Austria rose dramatically a few years after legalisation and simultaneous crisis-induced unemployment growth in Slovakia, which occurred in 2009. Later the numbers of carers plateaued at almost 30,000 and began to decline in 2016.

To demonstrate the relevance of economic factors when studying care migration within a labour migration framework, we note several instances in which a carer's labour market position in Slovakia is important for their situation in Austria. Local unemployment levels and personal employment situation explain part of the variation in income from providing care

in Austria. Also, a shift in the regional composition of Slovak carers, from western Slovakia – the most affluent region bordering Austria – to the most distant and least affluent eastern Slovakia, points to the importance of the local labour market situation in Slovakia.

We complete the analysis by discussing the studied case from the perspective of working in a secondary labour market. Features such as the fact that carers obtain no benefit from experience and education, as well as the negative impact on post–care work employment support the framing of around-the-clock care provision as a case of working in a secondary labour market. While about a half of the carers find employment back in Slovakia after they stop working in 24-hour care provision in Austria, most do so in less desirable positions than they had before they left Slovakia. This is particularly the case of those who work in Austria for five or more years. This completes the picture of 24-hour care provision as a precarious labour market. People's interest in working in this labour market is increased by the limited employment possibilities for middle aged women in Slovakia and the geographical closeness of Slovakia and Austria, which enables carers to spend two weeks a month at home and to never really »leave« Slovakia while working abroad.

Given the lack of employment opportunities at home, the move towards providing around-the-clock care in Austria seems to be the result of a rational evaluation of costs and benefits. Melegh, Gábriel, Gresits and Hámos (2018), however, found that carers often find crossborder care provision acceptable only because they do not evaluate their positions in full complexity, neglecting to take into account many of the hidden costs of this kind of work. To confirm this claim a comparative retrospective approach would be necessary, contrasting those participating in care work with those staying in Slovakia. Nevertheless, at least for the group of carers with small children or elderly relatives in need of care, the conclusions of Melegh et al. (2018) seem quite plausible.

References

Anderson, B. (2000). *Doing the Dirty Work? The Global Politics of Domestic Labour*. London and New York: Zed Books.

Bachinger, A. (2009). Der Irreguläre Pflegearbeitsmarkt. Zum Transformationsprozess von Unbezahlter in Bezahlte Arbeit Durch Die 24-Stunden-Pflege. Dissertation. University of Vienna.

Bahna, M. (2014). Slovak Care Workers in Austria: How Important Is the Context of the Sending Country? *Journal of Contemporary European Studies 22*(4): 411–426. Available at: https://doi.org/10.1080/14782804.2014.902365

Bahna, M. & Sekulová, M. (2019). *Crossborder Care. Lessons from Central Europe*. Cham, Switzerland: Palgrave Macmillan. Available at: https://doi.org/10.1007/978-3-319-97028-8

Barbiano di Belgiojoso, E. & Ortensi, L.E. (2018). Satisfied after All? Working Trajectories and Job Satisfaction of Foreign-Born Female Domestic and Care Workers in Italy. *Journal of Ethnic and Migration Studies 0*(0): 1–24. Available at: https://doi.org/10.1080/1369183X.2018.1465401

Baron, H.M. & Hymer, B. (1968). The Negro Worker in the Chicago Labor Movement. In Jacobson, J. (Ed.). *The Negro and the American Labor Movement*. (pp. 232–285). Garden City, N.Y.: Doubleday.

Bauer, G. & Österle, A. (2016). Mid and Later Life Care Work Migration: Patterns of Re-Organising Informal Care Obligations in Central and Eastern Europe. *Journal of Aging Studies 37*: 81–93. Available at: https://doi.org/10.1016/j.jaging.2016.02.005

Bettio, F., Simonazzi, A. & Villa, P. (2006). Change in Care Regimes and Female Migration: The 'Care Drain' in the Mediterranean. *Journal of European Social Policy* 16 (3): 271–285. Available at: https://doi.org/10.1177/0958928706065598

Bonacich, E., Light, I.H. & Wong, C.C. (1977). Koreans in Business. *Society 14* (September/October): 54–59.

Chau, H. S., Pelzelmayer, K. & Schwiter, K. (2018). Short-Term Circular Migration and Gendered Negotiation of the Right to the City: The Case of Migrant Live-in Care Workers in Basel, Switzerland. *Cities 76* (146551): 4–11. Available at: https://doi.org/10.1016/j.cities.2017.04.004

Doeringer, P. B., Geldman, P., Gordon, D.M., Piore, M. J. & Reich, M. (1969). *Urban Manpower Programs and Low-Income Labor Markets: A Critical Assessment*. Washington, D.C.: Manpower Administration, Department of Labor.

Doeringer, P.B. & Piore, M.J. (1971). *Internal Labor Markets and Manpower Analysis*. New York: M.E. Sharpe.

Elrick, T. & Lewandowska, E. (2008). Matching and Making Labour Demand and Supply: Agents in Polish Migrant Networks of Domestic Elderly Care in Germany and Italy. *Journal of Ethnic and Migration Studies 34*(5): 717–734. Available at: https://doi.org/10.1080/13691830802105954

Eurostat, Population: Structure indicators [demo_pjanind]. Retrieved from: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_pjanind Accessed: 15.11.2020

Eurostat, Labour cost levels by NACE Rev. 2 activity [lc_lci_lev]. Retrieved from: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=lc_lci_lev&lang=en Accessed: 15.11.2020

Eurostat, Unemployment by sex and age – monthly data [une_rt_m]. Retrieved from: https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=une_rt_m&lang=en Accessed: 15.11.2020

Gábriel, D. (2020): Negotiating Working Conditions in the Austrian Live-in Care Sector. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 115–143) Friedrich Ebert Stiftung, Budapest.

Gendera, S. (2007). Transnational Care Space Zentraleuropa. Arbeits- Und Lebensbedingungen von Irregulär Beschäftigten Migrantinnen in der Häuslichen Pflege. Thesis. Vienna University.

Gendera, S. (2011). Gaining an Insight into Central European Transnational Care Spaces: Migrant Live-in Care Workers in Austria. In Bommes, M. & Sciortino, G. (Eds.). *Foggy Social Structures*. (pp. 91–116). Amsterdam: Amsterdam University Press.

Hagner, D. (2000). Primary and Secondary Labor Markets: Implications for Vocational Rehabilitation. *RCB 44*(1): 22–29.

Hirsch, E. (1980). Dual Labor Market Theory: A Sociological Critique. *Sociological Inquiry 50*(2): 133–145. Available at: https://doi.org/10.1111/j.1475-682X.1980.tb00381.x

Kniejska, P. (2016). *Migrant Care Workers Aus Polen in Der Häuslichen Pflege: Zwischen Familiärer Nähe Und Beruflicher Distanz*. Springer VS.

Kuchyňková, A. & Ezzeddine, P. (2015). „Ještě Nepatřím Do Starého Železa" Aneb Paradoxy Migrace Péče Z ČR Do Rakouska. *Gender, Rovné Příležitosti, Výzkum 16*(2): 30–41.

Lutz, H. (2008). Introduction: Migrant Domestic Workers in Europe. In Lutz, H. (Ed.). *Migration and Domestic Work: A European Perspective on a Global Theme*. (pp. 1–10). Aldershot: Ashgate.

Lutz, H. (2010). Gender in the Migratory Process. *Journal of Ethnic and Migration Studies 36*(10): 1647–1663. Available at: https://doi.org/10.1080/1369183X.2010.489373

Lutz, H. (2015). Myra's Predicament: Motherhood Dilemmas for Migrant Care Workers. *Social Politics 22*(3): 341–359. Available at: https://doi.org/10.1093/sp/jxv022

Lutz, H. (2017a). 'Euro-Orphans' – the Stigmatization of Migrant Motherhood'. In Ergas, Y., Jenson, J. & Michel S. (Eds.). *Bodies and Borders: Reassembling Motherhood. Procreation and Care in a Globalized World*. (pp. 247–268). New York: Columbia University Press.

Lutz, H. (2017b). Care as a Fictitious Commodity: Reflections on the Intersections of Migration, Gender and Care Regimes. *Migration Studies 5*(3): 356–368. Available at: https://doi.org/10.1093/migration/mnx046

Lutz, H. & Palenga-Möllenbeck, E. (2010). Care Work Migration in Germany: Semi-Compliance and Complicity. *Social Policy and Society* 9 (3): 419–430. Available at: https://doi.org/10.1017/S1474746410000138

Lutz, H. & Palenga-Möllenbeck, E. (2011). Care, Gender and Migration: Towards a Theory of Transnational Domestic Work Migration in Europe. *Journal of Contemporary European Studies 19*(3): 349–364. Available at: https://doi.org/10.1080/14782804.2011.610605

Lutz, H. & Palenga-Möllenbeck, E. (2012). Care Workers, Care Drain, and Care Chains: Reflections on Care, Migration, and Citizenship. *Social Politics: International Studies in Gender, State & Society 19*(1): 15–37. Available at: https://doi.org/10.1093/sp/jxr026

Melegh, A., Gábriel, D., Gresits, G. & Hámos, D. (2018). Abandoned Hungarian Workers and the Political Economy of Care Work in Austria. *Review of Sociology 28*(4): 61–87.

Österle, A. (2010). Long-Term Care in Central and South-Eastern Europe: Challenges and Perspectives in Addressing a 'New' Social Risk. *Social Policy & Administration 44*(4): 461–480. Available at: https://doi.org/10.1111/j.1467-9515.2010.00723.x

Österle, A. & Bauer, G. (2012). Home Care in Austria: The Interplay of Family Orientation, Cash-for-Care and Migrant Care. *Health & Social Care in the Community 20*(3): 265–273. Available at: https://doi.org/10.1111/j.1365-2524.2011.01049.x

Parreñas, R.S. (2001). *Servants of Globalization: Women, Migration, and Domestic Work*. Stanford University Press.

Piore, M. J. (1973). *The Role of Immigration in Industrial Growth: A Case Study of the Origins and Character of Puerto Rican Migration to Boston*. Cambridge, Mass.: Massachusetts Institute of Technology.

Piperno, F. (2012). The Impact of Female Emigration on Families and the Welfare State in Countries of Origin: The Case of Romania. *International Migration 50*(5): 189–204. Available at: https://doi.org/10.1111/j.1468-2435.2010.00668.x

Rostgaard, T., Chiatti, C. & Lamura, G. (2011). Tensions Related to Care Migration: The South-North Divide of Long Term Care. In Pfau-Effinger, B. & Rostgaard, T. (Eds.). *Care Between Work and Welfare in European Societies*. (pp. 129–154). Basingstoke: Palgrave Macmillan.

Sekulová, M. (2013). Transnational Households in the Context of Female Migration from Slovakia to Austria. *Urban People / Lidé Města 15*(2): 217–236.

Spencer, S., Martin, S., Bourgeault, I.L. & O'Shea, E. (2010). *The Role of Migrant Care Workers in Ageing Societies: Report on Research Findings in the United Kingdom, Ireland, Canada and the United States*. IOM Migration Research Series. No. 41: 84. Retrieved from: http://aran.library.nuigalway.ie/xmlui/handle/10379/3217. Accessed: 12.11.2020.

Správa o sociálnej situácii. (2011). Správa o sociálnej situácii obyvateľstva Slovenskej republiky za rok 2010, Ministerstvo práce, sociálnych vecí a rodiny Slovenskej republiky, Bratislava 2011.

Správa o sociálnej situácii. (2012). Správa o sociálnej situácii obyvateľstva Slovenskej republiky za rok 2011, Ministerstvo práce, sociálnych vecí a rodiny Slovenskej republiky, Bratislava 2012.

Správa o sociálnej situácii. (2019). Správa o sociálnej situácii obyvateľstva Slovenskej republiky za rok 2018, Ministerstvo práce, sociálnych vecí a rodiny Slovenskej republiky, Bratislava 2019.

Steiner, J., Prieler, V., Leiblfinger, M. & Benazha, A. (2020): Truly Legal!? Legal Framing and Legality Narratives in 24-Hour Care in Germany, Austria, and Switzerland. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 69–91) Friedrich Ebert Stiftung, Budapest.

Taubman, P. & Wachter, M.L. (1986). Chapter 21 Segmented Labor Markets. In Ashenfelter, O.C. & Layard, R. (Eds.). *Handbook of Labor Economics* 2 (C): 1183–1217. Elsevier. Available at: https://doi.org/10.1016/S1573-4463(86)02011-4

Triandafyllidou, A. (2013). Irregular Migration and Domestic Work in Europe: Who Cares? In Triandafyllidou, A. (Ed.). *Irregular Migrant Domestic Workers in Europe: Who Cares*?. (pp. 1–16). Farnham; Burlington: Ashgate.

Verwiebe, R., Reinprecht, Ch., Haindorfer, R. & Wiesboeck, L. (2017). How to Succeed in a Transnational Labor Market: Job Search and Wages among Hungarian, Slovak, and Czech Commuters in Austria. *International Migration Review 51*(1): 251–286. Available at: https://doi.org/10.1111/imre.12193

Watson, I. (2013). Bridges or Traps? Casualisation and Labour Market Transitions in Australia. *Journal of Industrial Relations, 55*. Available at: https://doi.org/10.1177/0022185612465535

Winkelmann, J., Schmidt, A.E. & Leichsenring, K. (2015). Regulating Migrants as a Low-Cost Solution for Long-Term Care: The Formalisation of a Dual Care Labour Market in Austria. In: Morel, N. & Carbonnier, C. (Eds.). *The Political Economy of Household Services in Europe*. (pp. 172–194). London/Gordonsville/South Yarra: Palgrave Macmillan. Available at: https://doi.org/10.1057/9781137473721_8

Zontini, E. (2010). *Transnational Families, Migration and Gender: Moroccan and Filipino Women in Bologna and Barcelona*. Berghahn Books.

III. SOCIETY – FOCUS ON FAMILY, HOUSEHOLDS, INTERPERSONAL RELATIONSHIPS

Negotiating working conditions Hungarian care workers in the Austrian live-in care sector

Dóra Gábriel

Introduction

This chapter analyses the connection between the infrastructure of care migration and reinforced inequalities in relation to the different actors on the care market. Working conditions, including wages, are affected by state regulations in the receiving country and competition in the care sector, and can also be related to the social background of live-in care workers. In the study I show how these factors and agents are interconnected in the observed fields and the ways in which inequalities are reinforced in the care market. For the analysis, I define different groups of migrant care workers based on their social status. I introduce the concept of *precariat* in the analysis (Standing, 2011), which can be applied to a certain group of Hungarian care workers in the field of observation. I argue that Hungarian care workers may find themselves in a precarious situation both in the labour market of the receiving country, as labour migrants, and also due to their social status in the sending country. According to my empirical evidence, lower social status in the country of origin and worse working conditions in the host country can be correlated. Within a complex set of relationships, I observe different

negotiation practices in relation to the working conditions of Hungarian workers employed in the live-in care sector in German-speaking countries, particularly Austria. The chapter also raises the question of the role of informality, and shows how this competition in the care market evolves.

Guy Standing argues that a significant group of migrants belong to the so-called »precariat«,[1] especially refugees and asylum seekers, temporary and seasonal migrants, women, undocumented workers and larger proportions even of long-term migrants (Standing, 2011). These workers are exposed to different uncertainties in life and on the labour market, such as deportation, discrimination or easy dismissal. He draws attention to the increasing number of circulating migrant workers who take temporary jobs instead of permanent ones, a form of employment that also confirms their vulnerability. Standing describes the precariat as »*denizens*«, that is, secondary citizens with some (but not all) rights.[2] The term »*denizen*« looks back on a long history in both philosophy and political theory, but in the past few decades it has also come to the fore in immigration theory as well (Benton, 2010). According to the Oxford English Dictionary,[3] a *denizen* is a foreigner allowed certain rights in their adopted country. Undocumented migrants, for instance, have civil rights (such as protection against assault), but lack economic, social or political rights, while those who have temporary residence have some social and economic rights but no political rights.

Larger groups of migrant care workers fit this scheme, as they are predominantly female, provide cheap labour in the host country, perform labour under disputed working conditions and, in many cases, struggle to assert their rights. Because of their wages and working conditions, the low prestige of their jobs and lack of advancement opportunities, migrant care workers belong to the secondary segment of the labour market (Piore, 1979). Most importantly, they face permanent uncertainty.[4] Besides that, apart from some exceptions, they are not able to shift to other jobs from care work. Migrant care workers rarely have

1 »Precariat«, a group of people who live in uncertainty. They are vulnerable not only because of their low wages and the form of their employment, but also because of the lack of community support and social protection (Standing, 2011).

2 The idea of denizenship can be found in the writings of Brubaker, 1992, Hammar, 1990, Soysal, 1994 and many others. For a detailed summary see Benton's dissertation (2010) entitled »*A Theory of Denizenship*«.

3 Retrieved from: https://www.lexico.com/definition/denizen Accessed: 22.10.2020.

4 See Bahna, 2020, in this volume on the connection between 24-hour care provision and the secondary labour market.

the intention of integrating systematically into the host society (as they are working in shifts, many times without any interaction with the host society), which also confirms their status as outsiders. They may be integrated in the host family, which might be an advantage compared with other labour migrants.

Both mirror statistics and labour force survey data demonstrate that the outflow of people from Hungary has increased significantly in the past decade. Unfavourable economic and labour force indicators, such as the economic recession between 2008 and 2013, the growing unemployment rate and the absence of a rise in real wages have contributed to the increasing level of emigration, although they do not explain it entirely (Hárs, 2016). The cumulative effects of historical links and open geographical space without income convergence also explain the outflow of Hungarian workers. Due to the elimination of restrictions on the Austrian and German labour markets after 2010, Hungarian workers could easily enter these historically important target countries (Melegh & Sárosi, 2015). The United Kingdom also became a new target country of Hungarian workers after EU accession. Data show that the numbers started to increase significantly from 2010, but after three years, it levelled off (Gödri, 2019, p.258).

Changes in the labour market and the increasing demand for labour in Western European countries also contributed to the outflow of Hungarian workers, including care workers. Demographic changes, such as population ageing in the host countries, have serious consequences for the number of labour migrants. This has led to increasing demand from countries struggling with similar problems. In 2019, in Austria, one of the most significant destination countries of Hungarian labour migration, 18.8 per cent of the population were 65 or older. In Hungary, this value was 19.3 per cent.[5] Interestingly, the difference is not significant in terms of healthy life years at the age of 65[6] (Austria: 7.4, Hungary: 7.2 years in 2018). The old age dependency ratio – namely the ratio between the number of persons aged 65 and over and the number of persons aged between 15 and 64 – was also similar in the concerned countries.[7] Notable differences

5 Eurostat, Proportion of population aged 65 or over. Retrieved from: https://ec.europa.eu/eurostat/databrowser/view/tps00028/default/table Accessed: 07.05.2020

6 Eurostat, Healthy life years at age 65 by sex. Retrieved from: https://ec.europa.eu/eurostat/databrowser/view/tepsr_sp320/default/table Accessed: 07.05.2020

7 Eurostat, Old-age-dependency ratio. Retrieved from: https://ec.europa.eu/eurostat/databrowser/view/tps00198/default/table Accessed: 07.05.2020

can be observed by average life expectancy at birth,[8] however (Eurostat, 2020). While Austria and Germany show very similar values (81.8 and 81 years in 2018), Eurostat data[9] demonstrate that Hungarian hypothetical new-borns can expect at least a five years shorter life span (76.2 years). Despite the striking demographic problems in the sending country, because of the strong economic incentives workers are keen to respond to the high demand for labour in the receiving countries. Economic constraints and unemployment motivate not only the younger generation, but also older people, even those in bad health, to cross borders.

Besides institutional care, home-based care arrangements represent a solution for many patients in need in Austria and Germany, similarly to other European countries. One unique feature of the Austrian long-term care system is the philosophy of individual choice, whereby patients can choose their care settings (Österle & Bauer, 2012). With the help of the institutional system, the state is able to counterbalance ageing and welfare problems. Thus, home care is also encouraged by the state, by the introduction of *Pflegegeld* (in 1993) and the legalised labour arrangements of migrant care workers. In Austria, informal home arrangements are preferred to institutional care: in 2010 approximately 80 per cent of those concerned received informal care, having the opportunity to stay in their private environment (Riedel & Kraus, 2010), while in 2016 74 per cent received home-based informal care (Fink, 2018). However, home-based care is a labour-intensive setting that family members are not always willing to bear. Employing a migrant care worker can solve the problem by taking the burden of 24-hour care from relatives.

The number of registered care workers in Austria has been gradually increasing since 2007 (Social Insurance Institution of the Commercial Economy [SVA] data cited by Bahna & Sekulová, 2019, p.19). SVA data confirm that the number of Romanian and Hungarian care workers has been continuously increasing in Austria, while at the same time a slight decline can be observed among Slovak caregivers from 2017 (Gábriel, 2019a, p.39). The number of Hungarian care workers with Austrian business licence was 5819 in 2019, while 3506 of them paid the compulsory social insurance contribution (SVA data). The local labour market situation also contributes to the increased outflow of care workers from the sending countries.

8 Life expectancy at birth is defined as the mean number of years that a new-born child can expect to live if subjected throughout their life to the current mortality conditions.

9 Eurostat, Life expectancy at birth by sex. Retrieved from: https://ec.europa.eu/eurostat/databrowser/view/sdg_03_10/default/table Accessed: 07.05.2020

Working in the care sector

The care sector is shaped by the interaction between the market economy, state redistribution and household economics (Aulenbacher & Leiblfinger, 2019). The sharing of household incomes also plays an important part in provision for the elderly. As family members from more than two generations do not live with each other as frequently as in the past, elderly care is often outsourced. Xiang and Lindquist differentiate between *migration system* and *migration infrastructure*. They define the latter as »the systematically interlinked technologies, institutions, and actors that facilitate and condition mobility« (Xiang & Lindquist 2014: 124). This idea can be applied to the care sector as well, because state regulations encourage live-in care, while the care infrastructure (local and international agencies, brokers, middlemen, online platforms) is expanding. The marketisation of care – namely, the consolidation of related institutions and the interconnectedness of different agents (Aulenbacher, Leiblfinger & Prieler, 2020) – has developed side by side with the decline of intrafamilial care.

Feminist literature draws attention to the crisis of care, which can be explained by growing global inequalities and financialised capitalism, within the framework of which the members of rich societies have the privilege of importing the labour of poorer countries (Fraser, 2016). Fraser explains that in the globalising financialised era, care has been commodified for those who can pay for it, and privatised for those who cannot. Care work is not a traditional type of work in many ways, particularly as it is part of social reproduction. Care work involves transactions in the informal market and outside the market proper, in which »a profit-orientated agency network utilizes wage differentials and the welfare benefits given by the receiving state, and brokers obtain a significant share of the rent from migration« (Melegh, Gábriel, Gresits&Hámos, 2018, p. 77). Brokers are just one of the actors making a profit through their activities with care workers. They would not be able to make money without the interplay of state legislation, the market and the families of those in need. Austria and Germany are unique among receiving countries in the sense that they receive care workers predominantly from other EU member states, from central and eastern Europe (Österle & Bauer, 2016). In the recent past, these host countries have attempted to regularise long-term care work in private households. Despite the increasing demand for live-in caregivers, provisions concerning both workers and patients have not been implemented successfully in Germany (Lutz & Palenga-Möllenbeck,

2010), while in the Austrian live-in care sector the Home Care Act has been a success (Österle & Bauer, 2016; Aulenbacher et al. 2020). In 2007, »personal care« was introduced as a profession, and carrying out live-in care work in Austrian households became legal. Before starting to perform work, care workers in Austria have to register for the unrestricted trade of personal care – that is how they become licensed self-employed workers (see Steiner, Prieler, Leiblfinger and Benazha, 2020, in this volume). This has not eliminated disadvantageous working conditions and the precariousness of migrant care workers. Empirical research indicates that the notion of legality covers precarious working conditions and power structures (see Steiner et al, 2020, in this volume).

In Austria, patients are eligible to receive the long-term care allowance (*Pflegegeld*), »a taxed-based, non-means-tested cash benefit scheme, covering all groups of people with disabilities and in need of care« (Gendera, 2011, p.94) since 1993. This cash-for-care benefit shifts the boundaries between paid and unpaid care work (Steiner et al, 2020, in this volume). The amount of the allowance varies by the patient's stage of illness, and anyone in need can claim it. Employing a migrant care worker is not possible for everyone even in Austria, however, and only the middle and upper classes can really afford it (Aulenbacher et al, 2020, p.167). On the other hand, because care workers in Austria are almost exclusively self-employed (Famira-Mühlberger, 2017), they are not eligible for minimum wages or paid vacations, and working time regulations do not apply to them either (Österle & Bauer, 2016, p.196). However, self-employed caregivers are eligible for pension and social insurance protection, which is an important motivation for them to perform this job (Österle & Bauer, 2016; Steiner et al, 2020, in this volume).

Previous research conducted in various European countries revealed various forms of organising care work. Tünde Turai (2018) details the infrastructure and organisation of care work mainly in European receiving countries, differentiating between the *formal*, *partly formal*, *quasi formal* and *informal* organisation of work. Turai argues that *quasi formal* recruitment is based on linking supply and demand with the assistance of individuals or institutions. This type of recruitment concerns mainly those who don't have networks or enough information to get their first job. In exchange for a commission, a middleman provides addresses and necessary details. In central and eastern Europe, quasi formal recruitment includes bus drivers, who not only connect caregivers with the families of patients, but also transport them from Hungary to German-speaking destination countries (Váradi, Durst, Fehér, Németh & Virág, 2017; Váradi,

2018b; Turai, 2018). Váradi found that the majority of bus drivers run informal networks, in which caregivers sometimes perform care work illegally. Some bus drivers have an interest in changing the workplaces of caregivers as frequently as possible because they collect commissions from care workers at every new place. Meanwhile, care workers are compelled to travel with their buses at extra cost. Besides local bus drivers, recruitment agencies also play an important part in the process. They are legal companies with links to the Austrian *Pflegedienst* (care service). That is how they connect care workers with patients. The infrastructure of care migration consists of many different actors in the sending country, such as middlemen, bus drivers, recruitment agencies and informal networks from which each agent influences the working conditions of caregivers. The analysis details these mechanisms and shows that there is room for manoeuvre.

Methods

My study is based on qualitative research and sociological observations. The fieldwork and the interviews were conducted with care workers and their partners between 2016 March and 2019 April in one sending, and in two receiving regions. Besides fieldwork, I used a combined interview technique, where the interview began with a narrative technique, followed by a semi-structured interview part. The structured part of the interviews covered the following topics: education, qualification and occupational history, the decision-making process in the household, working conditions abroad (for example, working hours, wages, specification of tasks, relationship with the patient and relatives of the host family), and the network and social background of the interviewees. Analysis of the narratives was carried out with the help of objective hermeneutics (Rosenthal, 1993, 2018; Kovács & Melegh, 2000), while biographical elements were analysed in the structured interview parts. The current analysis contains 40 interviews, including 28 female care workers, two male care workers, five stay-at-home husbands,[10] one close family member and two managers of Hungarian recruitment agencies.

I would like to refer briefly to the selection of the respondents. During my fieldwork, I intended to find potential interviewees of all ages, backgrounds and types of marital status. In certain cases this was not

10 Knowing that decision-making about migrant care work is often based on household level (Turai, 2018; Váradi, 2018a; Melegh et al, 2018), I also involved stay-at-home husbands in the analysis in order to understand their perceptions.

possible, however. Rejections originated partly from the fact that care workers performed their work illegally in the receiving country. On the other hand, some of them doubted the anonymity of the interview. In the study, I use pseudonyms.

The primary field of research – certain districts of Baranya county, Hungary – was chosen for two main reasons. Baranya county went through a significant economic decline in the early 1990s in terms of employment in heavy and light industry. Consequently, tens of thousands of people were affected by economic downturn, unemployment and experienced existential instability (Kaposi, 2006; Kuti, 1997). Data show that the transition from state socialism to capitalism radically restructured the labour market opportunities of both men and women, and labour market uncertainties grew in subsequent decades. The effects of the economic decline are still present. This situation led many women to undertake precarious work, and some of them were forced to leave the Hungarian labour market later on and started to work abroad. Another reason for choosing interviewees from this area was the presence there of people with an ethnic German (Swabian) historical background. I assumed that ethnic origin plays an important role in the formation of transnational networks. Additional fieldwork was conducted in the surroundings of Graz, Austria, and in Munich and Stuttgart, Germany.

Operation of agencies and the role of informality

Reputation and services of local agencies

The fieldwork confirmed that many women from rural areas of Baranya county have some information on the conditions and circumstances that local travel agencies offer, but not always on real working conditions. They are aware of who deals with recruitment and transportation in which village, thus, not surprisingly, information about reliable agencies spreads fast among women in the area. News is transmitted by word of mouth in the localities, which proves to be much more dependable than that of social media platforms. According to media reports in Austria, there are a number of agencies on the market, the so-called *black sheep*, that harm both care workers and care recipients by using oppressive contracts or their authority to collect payments (Steiner et al, 2020, in this volume).

In relation to Hungary, one of the agents, who transports more than 500 Hungarian care workers to Austria, mostly to Vienna and its surroundings, said that he never advertised his company. He explains that clients provide free commercials for his business.

> *I have not posted any advertisements until today about this, and it seems that I don't need to and I won't do. So to speak, people don't search for these caregivers in the newspaper, because it is life-threatening, but one place brings another. [...] I don't try to find anyone regarding this, not even nurses. So, neither Facebook, nor anything like that, and still, I think we have daily 20–30 applicants for sure. (Géza, agent)*

One of the main characteristics of recruitment agencies is the way they organize transportation between sending and receiving countries. By undertaking this massive logistical task, carrying women from door to door through precisely planned lines and time schedules, they make life for care workers more convenient. Many Hungarian agencies recruiting for the Austrian 24-hour care sector demand that clients travel with them. While these agencies collect travel fees, they don't necessarily ask money for the workplace itself. Fieldwork shows that local travel companies ask around 80–100 euros for a return trip to Vienna and the province of Lower Austria, but other respondents mentioned the same amount for a one-way trip. The biggest company I observed doesn't recruit care workers only from Baranya county, they also have clients from other parts of Hungary. Interestingly, travel costs don't depend on the distance from the destination: someone who gets the bus from Pécs (450 km from Vienna) pays the same amount as if they had left from 100 km away from the Austrian border.

The »obligatory« travel opportunity is a comparative advantage if it's well organised. When care workers evaluate these companies, they often point out in connection with transportation that the faster the better. From the care workers' perspective, time is important on their way back, as they prefer to return home as fast as possible, but also, they have preferences about their departure.

> *It's a good company because they pick up people who live near one another, as we already know who goes where. They do it as professionally as possible, and the trip gets shorter. (Helga, 56)*

Among the respondents, almost every care worker was working in Austria with the assistance of a legally operating, mostly Hungary-based company. Some were recruited by Slovak agencies, or the Austrian Caritas, and each was self-employed. Further differentiation appears in practices regarding communication, conflict management and paperwork.

Interviews demonstrate that care workers who were employed through the Austrian Caritas were highly satisfied with the opportunity for regular communication and monthly personal visits of a representative. They felt safe and cared for, and when a problem emerged, they got rapid feedback. Care workers also highlighted that, despite the thorough introduction and training provided by Caritas, they didn't get enough help in the paperwork related to self-employed status.

Distant help or regular inquiries through phone calls by agents are also common practices among Hungarian agencies; even smaller Hungarian companies provide such services. Furthermore, agencies may provide care workers with compensation if the workplace isn't decent. Petra, for example, was satisfied with her relationship with the patient, but living conditions were troublesome for many reasons. She received an extra 20 euros a day for tolerating the lack of basic infrastructure in the house she was living in.

> *I got 70 euros a day there, because there was no toilet in the house, no water heater, nothing. And [we were living] under these conditions, and I was heating with coal and wood in the stove.* (Petra, 46)

Petra's labour migration was not motivated by serious constraints; she went to Austria in order to earn some money before her son started university. Her husband had a stable job with a good salary in Hungary. From a relatively stable social and economic background, she smiles at these memories at the time of the interview, indicating that she knew that she could leave the job any time she wanted. Meanwhile, not everybody is as lucky, or compensated so well. An elderly, unskilled woman bearing the traits of the precariat, didn't have the chance to find a better place. She experienced poor treatment from unfair recruitment companies many times, and still doesn't know how to negotiate better conditions.

> *Something was going on everywhere. At my first place, her daughter gave me very little kitchen money, and I was freezing in the room at 14 degrees Celsius. At my second place, as I said, she wanted to hit me with a walking stick, so I said that I wouldn't stay there, then here, who died recently, the auntie was nice, but the house was tiny. [We were] inside the fence only, in the woods, and always pasta, pasta, pasta.* (Katinka, 61)

At last, there is a group of migrant care workers, *stand-in*s, who have work experience in the field, but don't necessarily have a continuous working license in the receiving country, as they don't work there permanently. Their main characteristic is that the head of the local travel agency has a good relationship with them, asking them from time to time to substitute for an ill or unavailable care worker. The stand-ins are happy to earn some

money occasionally, and as they don't depend on the work abroad, they don't insist on entirely legal working conditions. According to the fieldwork and the interviews, this practice helps agents to maintain their reputation in the receiving country. The key elements of this kind of mobilisation are the caregivers' flexibility and sustained informal ties in local areas.

Local travel companies in the sending country, with the assistance of the agency abroad, have some opportunity to assess wage levels. If a care worker has a certificate, or works under inadequate conditions, they may – although not always – receive a slightly higher amount. Clients are not distinguished according to social background by local travel companies, although social status is a significant factor in setting working conditions. Care workers with more stable social backgrounds have more agency and flexibility to quit, as they don't depend heavily on the money. They can leave the patient anytime without risking their livelihood at home, therefore they don't perceive their situation as particularly unfortunate. If the agency is fair, care workers with lower social status should not be put in a more disadvantageous position in terms of working conditions.

Competition of agencies on the labour market

In central and eastern Europe, there are hundreds of agencies dealing with the recruitment and transportation of care workers, targeting mainly western European countries. The market is continuously expanding in the receiving countries as well. According to the Austrian Chamber of Commerce, the number of brokering agencies in Austria had increased from around 50 in 2009 to over 800 by 2019 (Aulenbacher et al, 2020, p.165). Aulenbacher et al. (2020, p.167) point out the different care packages that these agencies offer, which underpin the agencies' professional image. Rapid market expansion contributes to wage compression, as does wage competition between different labour migrant groups (Melegh et al, 2018).

Hungarian agencies are in competition with both local and foreign agencies, although they rarely fight for care workers from neighbouring countries due to language barriers. Diana, the managing director of a small agency based in Baranya county, explains that even though she speaks German perfectly, she always conducts the job interviews in Hungarian in order to check the motivation and language knowledge of the applicants as carefully as possible. Ethnic Hungarians from Serbia and Romania might apply to her company, who turn out to be good workers, but due to

their citizenship, they might face rejection in the host country. She highlights that there is great competition on the market.

> *I could recruit from a non-EU country, such as Serbia, to a company, if the [German] company accepted her, but it wouldn't accept her, because Serbians are not accepted by the Germans. I could do that, but they don't accept them, only with a work permit. (Diana, agent)*

From another perspective, Hungarian care workers are aware that they don't have to rely on local agencies. Some of the care workers from our pool were working in Germany with a Slovakian agency, with a Slovakian contract and health insurance. Others obtained a job through the Austrian Caritas, even though a reliable and well-known local agency was operating in the locality. Respondents explained that working with Caritas implies a more severe selection process, but also contains quality control, including compulsory training. It seems that Hungarian care workers either choose the easier way by travelling with a local company, with moderate quality control but easily available travel opportunities, or decide to find a foreign company with a slightly higher salary, and more serious selection processes and follow-up.

Informal market and the role of middlemen

Working conditions in the care sector and satisfaction with them are also shaped by the ways in which care workers get access to information about jobs. In what follows, I detail the role of local networks, middlemen and informality in the care sector. Intermediaries who are part of the migration infrastructure interact with the other actors in their own way (Xiang & Lindquist, 2014). Xiang and Lindquist draw attention to the intensification of mediation in labour migration in parallel with increasing mobility. I argue that some middlemen are able to deceive care workers in order to make money, predominantly those who have the traits of precarity. These workers do not necessarily make an effort to quit and find a trustworthy agent or company, which proves their vulnerability and the low level of their agency.

Similarly to Váradi's (2018a) findings, my respondents revealed certain hubs in their environment that had assisted them in finding job opportunities abroad. Middlemen in this context are individuals who don't belong to any agency, company or formal institution. They are generally respected people in their localities due to their profession or status (such as wife of the mayor, doctors or teachers). In many cases, these are considered to be reliable middlemen and connect caregivers with their future employers

by mobilising their extensive transnational networks, at the same time, recruiting further care workers in their own milieu. This type of recruitment often gains ground in localities with strong Swabian ethnic ties, where the costs of labour migration are lower (Massey et al, 1993). One of the main characteristics of middlemen in the field who are connected with Austrian agencies is that they don't ask money from workers for their services. Nevertheless, they don't work for free: they receive their commission by charging the family of the patient. This multistep procedure can reduce workers' monthly wages – at least in the care workers' interpretation.

> *This last Hungarian GP who works there [in Austria], he mediated, and still mediates, but he does it in a totally legal way. He doesn't charge us, he arranges it with the family… Families pay 180 euros to the doctor. So sort of, the family pays [him] the money that they could give to us. Because he takes a lot, and we get less.* (Katinka, 61)

Some Hungarian care workers employed in Austria are aware that middlemen act illegally when they ask for a so-called admission fee for a new job. Empirical evidence indicates that family members of the patient also become upset when they learn about the unfair practices of some middlemen or agencies (Steiner et al, 2020, in this volume). In these cases, the family can decide to break the contract with the agency, but may still sign another one with a trustworthy caregiver. Changing the framework of the service can be financially beneficial to both the care receiver and the care provider:

> *The family didn't like that they were paying 1800–2000 euros a month and we got only 1000. They thought that we were getting much more money, and they didn't find it fair that the agency skimmed off so much money … so they broke the contract [with the agency].* (Natália, 33)

Clearly, some of the care workers had had rather unpleasant experiences with middlemen during the process of finding a place to work. These middlemen (or as the care workers' call them: *coyotes*) ask various sums of money in advance for information about workplaces. These amounts range from 150 to 500 euros at the outset, and may gradually decrease over time. While a »coyote« can ask 300 euros for a first workplace, the amount may fall to 50 euros per month. In other cases, middlemen may take a certain percentage of a care worker's wage (10–20 per cent) on a regular basis, without providing any further services. One respondent (in the *drifters* category) came across a typical scam that some of her colleagues also experienced after meeting a dubious agent. After the first two-week shift, the middleman didn't allow the care worker to go back to the patient, but offered her another place for another 300 euros.

Although it was obvious that this practice was unjust, the care worker didn't move to a trustworthy agency, but drifted from this one to a similarly shady agent. This did not happen to other groups, or at least it hasn't been mentioned. My empirical research reveals that care workers with higher status (with a stable, or relatively stable social background) tend to be affected much less by dubious practices among middlemen, and if they were, they are able to quit more quickly and easily. Workers with precarious situations, those who belong to more vulnerable social groups tend to experience unfair treatment more often. This may be related to inadequate access to information before starting work.

Some women with lower status had extremely difficult experiences getting a job, and complained about fraud more often than women with stable backgrounds. Those who initially had serious difficulties at their workplace due to lack of a network, qualifications or language skills, and in need of cash, usually had problems asserting their interests later on, too. Their personal narratives featured terms suggesting that they somehow envisaged themselves as »servants«, or framed their migration stories in narratives of uprootedness. Those with stable or relatively stable social backgrounds depicted their first migration experience and their relationship with the middleman in a positive or neutral way, which henceforth determined their employment abroad.

Sándor, a male care worker providing care in Austria, and whose wife has been working in the German care sector for 15 years, refers to the image of *servant* more than once. The formerly successful businessman belongs to the group of care workers with stable backgrounds. The interview shows that he found it difficult to perform work in which his skills and talents cannot be used. We can understand his struggle as he points out the lack of freedom and comfort in his job.

> *If I was able to work anywhere in Hungary, if I could earn this money I would never go abroad. Because if you sleep in your own bed, it cannot be compensated. I think... In your own house, your own... One wakes up in a totally different way, you do what you want, you go where you want, and there, when I go out, apart from taking the old man to a café, it's like in the military, you know? It's not that they scold me, if they scolded me, I might have left them a long time ago.* (Sándor, 58)

Challenges in finding a job through social media

The intersection of labour migration and new media has emerged as a research area in the past decade (Andersson, 2019). While social media can play an important role in the recruitment of potential labour migrants

(Janta & Ladkin, 2013), existing migrants develop different practices to maintain contract with their left-behind loved ones via various social media platforms (Madianou & Miller, 2013). Hungarian migrant care workers are eager users of social media, they take advantage of it in looking for work, or use it when they are already abroad (Váradi, 2018b; Gábriel, 2019a; Milánkovics, 2020, in this volume). Technology – including different forms of communication – is one of the key dimensions of migration infrastructure (Xiang & Lindquist, 2014). That is why it is important to touch upon this aspect of live-in care work.

Many of the respondents brought up the role of social media in everyday life without being asked. One particular Facebook group was mentioned by them frequently. I therefore joined the group in 2016 in order to observe their communications and for possible recruitment. In the past few years, this closed group[11] has been most successful in attracting care workers, relatives and indeed anyone interested in foreign care work. The group aims to help caregivers in finding a job, sharing experiences and getting answers to their work-related questions. In its description, the group calls itself the »trade union« of care workers, although they don't have an official membership, or a legal framework either in Hungary or Austria. Besides providing an understanding and attentive community, the group functions as a provider of quality control over agencies and advertisements. As numerous ads and job offers are posted on a daily basis, the control of content is decisive. The group's policy states that it is forbidden to post a job offer without an available contact, basic information about the tasks, the condition of the patient and general working conditions. Nevertheless, this regularly happens anyway, harming unsuspecting caregivers.

Because agencies and even middlemen are evaluated by group members on the basis of their own experiences, blacklists and a list of reliable agencies are made available. Besides the uploaded files, comments and posts also contain relevant information, although the sheer volume of information means that it is not always straightforward to access the relevant knowledge. A casual reader can easily miss important news. Evaluations of recruitment agencies circulate on the online platform, but contradictory information can also appear. This and similar groups on social media

11 This Hungarian Facebook group has undergone a remarkable change in terms of numbers in the past few years. While in September 2017 it had more than 17,000 members, there were only 7,000 members by the end of November 2019, possibly due to the removal of inactive members. The platform enables access to necessary information on treatments and nursing methods, as well as transportation, language materials, legal matters and lists of different agencies with references.

present rivals with a major opportunity to undermine one another's reputations. Filtering out valid information is not simple, as authenticity cannot be checked in these groups.
As access to these platforms is free, and anyone can join, it is not feasible to discover general connections between caregivers' status and level of exploitation in relation to online job offers. In my pool, many of the respondents lived in Swabian villages and therefore belonged to the network of one of the recruitment companies in the region. A few of them mentioned that they had tried to get a job in Austria on the internet with the help of these groups. It seems that it is not so much the social background as the type of locality that is the determining factor. Future care workers living in further localities from these hubs, or living in bigger towns tended to seek jobs online. Those who did not, have at least weak connections to a middleman or agent. However, this is a cautious observation rather than a proven claim.

Intersection of social background and labour market situation

Descriptive analysis of social status of Hungarian care workers

The group of respondents is not homogenous in terms of social characteristics. Fieldwork suggests that in the region under observation a typical migrant care worker is likely to be female, in her 50s, with a lower level of education, and with an unfavourable occupational trajectory in Hungary. Nevertheless, some exceptions also occur, such as young, male care workers, with stable employment, college degree and relatively high social status. In order to be able to analyse individuals' life circumstances and status, a typology of social background[12] is necessary. The typology is created with the help of biographical elements related to respondents (see Rosenthal, 2018). The typology has three dimensions: (i) labour market experiences/stability[13] in the sending country; (ii) education

12 I would like to express my gratitude to Ákos Huszár who helped me in formulating the typology.

13 The following items were taken into account: if the respondent was permanently disabled, performed work in the public works programme, has been working illegally, was unemployed for more than three months in a row, performed work at more than one place simultaneously, was an entrepreneur, or their company went bankrupt.

and qualifications[14]; and (iii) household financial situation and wealth.[15] In addition, information on interviewees' health condition and spatial inequalities were also taken into account, together with respondents' agency (de Haas, 2014).

With the help of the aspects taken into consideration, four groups have been distinguished. In the first two categories are people suffering from deprivation in terms of finances and existential stability, while the other two groups have a relatively stable background in many ways. The four categories are: (i) *drifters* (with strongly precarious situations), (ii) those in a *precarious* situation, (iii) those in a *relatively stable* situation, and (iv) those in a *stable* situation.

(i) Drifters (strongly precarious situation)

Those who belong to this category exhibit at least two risk factors of severe instability out of the three dimensions. Some of the respondents exhibit all the most disadvantageous traits. The labour market situation of these individuals is characterised by many changes of jobs, their work career is erratic, they have been working three shifts for years, have been unemployed for months at a time, and have been forced to take illegal or precarious jobs in Hungary (such as cleaning train toilets during the night). Some respondents mentioned their own work experience in the public work scheme,[16] and one revealed that her daughter was employed in the programme. People in this group lack agency when it comes to taking favourable labour market opportunities. They aren't able to find a job at home, or wouldn't be able to make ends meet from the wages offered in their own locality. Debt also appears frequently among respondents in this group.

Another aspect of strongly precarious situations is spatial segregation. People living in the countryside cannot take a bus to town in the morning, and they find it very difficult to get decent transportation coming home after work. In many localities in Baranya, the bus schedule is not adjusted to working hours and so locals have to give up hope of commuting to work (Gábriel, 2019a). Concerning education and qualifications, migrant care workers in this group did not obtain more than a primary education

14 Considered items: education level attained in the school system and nursing qualification.

15 Considered aspects: debts and owning extra property/assets.

16 The Public Works Scheme in Hungary provides a special form of employment for those who have been unemployed for a longer period. The monthly wage is lower than the lowest wage on the labor market. For further details see, Belügyminisztérium, Közfoglalkoztatási Portál, Information on the current status of public work scheme in Hungary. Retrieved from: https://kozfoglalkoztatas.kormany.hu/information-on-the-current-status-of-public-work-scheme-pws-in-hungary Accessed: 07.09.2020

(except for one person who had attended medical secondary school). However, many of them referred to a »200 hour-long« training course that they attended before starting the job abroad (which took only two days in reality, predominantly over a weekend). Respondents did not conceal the fact that they were struggling with poor health. These problems contributed to their general discomfort in life, and came up in almost every case in this group.

(ii) Precarious situation

A slightly more stable social situation can be observed among individuals in the second group. Those who belong to this group are in a strongly disadvantageous situation in at least one of the three dimensions (either employment, education or wealth), and perform poorly in the other dimensions. People in a precarious situation experienced constant instability in their working conditions and circumstances, including shady labour contracts, double shifts, bankruptcy of former workplaces, and longer periods of unemployment, and their working career is severely fragmented. These workers' forms of employment alternate between employee status and seasonal work. The workers' dependence on local companies, and the subsequent decline of the relevant sectors had an obvious impact on the locals' life course.

Debts may exist, but they are not typical of this group, indicating the caution these individuals exercise in managing their finances. Some could perhaps mobilise skills or networks to get a job in Hungary, while the others are not able to do that. Regarding education, respondents had either a secondary or a primary education. Some diversity in size of settlement was discovered among these care workers.

(iii) Relatively stable situation

People with relatively stable situations mentioned two risk factors, but on the whole, they had relatively stable jobs and income during their life course, working as employees or entrepreneurs. Although company bankruptcies occurred many times, respondents typically held only one job at any one time, and were not forced to take precarious jobs. Their common characteristic is that they could continue performing their previous work in Hungary, and if they are already retired, they can manage on their pension. They have more agency and room for manoeuvre. Their answers signify that their labour migration is not driven by dire economic need, but rather a rational utilisation of opportunities (Melegh et al, 2018). The members of this group didn't have debts, and did not own property apart

from the one they were living in. Their relatively stable social situation was related to a higher education level (secondary/matriculation or college degree) and stable health. These care workers were living in smaller towns or Swabian villages; a few of them were living in bigger cities.

(iv) Stable situation

The most fortunate respondents attained the highest values in at least two dimensions, or had a stable occupational history. All of them have been an employee earlier, but some of them had been successful entrepreneurs just before they had gone into migrant care work, or are still working in Hungary as an entrepreneur, which means extra income besides the work abroad. Significant employment uncertainty did not occur among them, their economic stability was guaranteed by owning properties apart from the one they were living in (such as guest houses, subletting apartments). Their ingenuity and entrepreneurial spirit contributed to the fact that they could make ends meet and carry out improvements in their households before migration.

Most of the respondents in this group originated from relatively prosperous villages, where they maintained a Swabian ethnic identity and cultural-traditional ties in the locality. Two of the care workers from this group have moved permanently to Austria and Germany, started a business, and purchased a flat there, which indicates significant upward mobility from an already steady position. The education level of care workers in this group was typically low.

Reproduction of inequalities

Comparison between the categories described above and labour market experiences in the receiving country allow us to discern some links between various advantages and vulnerabilities among care workers. The labour market situation of migrant care workers can be measured in terms of various indicators, such as: (i) legality of employment, (ii) wages, (iii) living and working conditions abroad, and (iv) relationship with the employer/relatives of the patient. I hypothesised that care workers with lower social status have somewhat worse labour market situations in the receiving country. The question can be studied only from the interviewees' testimonies, therefore it is important to note that responses can also be part of their narrative strategies. In order to prevent bias, factual elements have been chosen for the analysis, which aimed at the comparative reconstruction of individual cases. I assumed that deprived

individuals (who lack qualifications, language skills, information or networks, or need to earn money quickly) are hardly able to negotiate a better deal. Therefore, they are less satisfied with their wages, they have to work more for the same amount of money, or unfavourable working conditions are not compensated, which leads to their relatively worse situation. Care workers' wages are influenced by factors such as the number of patients in the household, the degree of illness, and possession of nursing certificates, but agencies and middlemen are also involved in wage formation. In what follows, I intend to examine differences in care workers' working conditions with the help of their employment characteristics.

Care workers' vulnerability can be examined at different stages of their labour migration, the first stage being how they got the job. The interviews showed that there are remarkable differences in terms of working circumstances between the first and the current job, which indicates that care workers are better able to negotiate their working conditions over time. The path from the first place to the most recent is not smooth for everyone. Many respondents said that their first place was extremely stressful, some fled from the patient after a few days, or were crying constantly at night. However, some care workers developed an ability to obtain better conditions in the host households.

Empirical evidence shows that some Hungarian care workers trace the same path in terms of both spatial and legal aspects: they start their first job very often illegally in Germany (Gábriel, 2019a), and then they move to Austria where they perform legal work as self-employed entrepreneurs (Österle & Bauer, 2012). This can be due to the already existing transnational ties with Germany in their localities and the lack of available information on the advantages of the Austrian system. As stated by the respondents, Austria offers better conditions than Germany in various respects, which is why moving to the neighbouring country is considered to constitute progress in a caregiver's employment course. First, travel time and shifts are shorter and less demanding in Austria; second, the legal framework is much more favourable there, due to the abovementioned changes in 2007 (Österle & Bauer, 2012, 2016). In the perception of many stakeholders, wages are slightly higher in Austria, although there are more administrative requirements for getting a license and starting work there (including nursing training).

Among the interviewees living in Baranya, every respondent was working legally in Austria, with a contract and social security. However, many of them mentioned that beforehand they were working illegally in Germany,

or in Austria, especially at the beginning of their employment. Two care workers were still working in the grey market in Germany. Due to the small numbers, it is not easy to draw conclusions in this regard, nevertheless, it is important to refer again to the selection of interviewees. The fact that almost every respondent was working legally abroad denotes that legal employment positively influenced individuals' willingness to take part in the research.

Interestingly, most of the care workers stated that they were satisfied, or more or less satisfied with their wages, but three women expressed deep dissatisfaction in this regard. They had relatively high living standards in Hungary, and were more educated than the others. One of them had a nursing degree and has been working in Hungarian hospitals for decades; for her, 24-hour care was equivalent to deskilling. Due to her qualifications and work experience, her expectations were higher and she compared herself to the Austrian nurses working in institutions.

> *I'm not satisfied [laughing], even though I earn much more than in Hungary. Compared with the wages there, I feel that I'm discriminated against by my wages. Because an Austrian nurse wouldn't do it for this amount of money.* (*Marietta, live-in care worker with a nursing degree*)

The other dissatisfied caregiver did not have a nursing degree, but was continuously overspending her budget, which resulted in constant discontent with her life. Thus we can see at least two types of background in which dissatisfaction is displayed. Those who were not entirely satisfied with their wages had a predominantly stable social background.

At the same time, gender-based family tensions also appeared around wages. One of the left-behind husbands stated that he was distinctly dissatisfied with his wife's salary, and called the amount »poor«. Later, the pensioner husband admitted that he doesn't deal with money at all, and doesn't take part in the household duties either. This phenomenon is far from unique; tensions around the family budget appear in households in which the woman earns more than the man. A disparity in salaries among spouses and cohabiting partners provides space for developing different practices to obtain access to the family budget and can lead to renegotiated gender roles (Gábriel, 2019b).

While care workers with unstable social backgrounds are somewhat more satisfied with their wages,[17] it should be noted that typically they

17 Wages of care workers in Austria are lower (very often daily 55–70 euros for a 24-hour service) than wages of professional migrant groups, although the advantage of the live-in care arrangement is that almost all the salary can be saved. Care workers have hardly any expenses in the host country, as lodging, meals and travel costs are covered by the host family.

don't compare their wages with the wages in the receiving society, in contrast to what we saw in the case of the nursing professional. They are more likely to make comparisons between their own and their Hungarian colleagues' wages (in light of their working conditions), or contrast their previous wage in the sending country with their current one (Gábriel, 2019a). Interview analysis shows that these workers don't take every aspect into account when they make a cost-benefit calculation concerning their labour migration. Some elements are forgotten, such as the fact that they provide a 24-hour service, as well as the psychological costs of migration, such as distance from family members (Melegh et al, 2018). While they don't necessarily see the whole picture economically, their perception is further biased by hierarchical expectations in relation to Western Europe.

Satisfaction with working conditions shows a similar pattern to the legal status of migrant care workers. Even if the first live-in care position is unfavourable in terms of working conditions, subsequent ones may be much better. A good place is considered to be convenient for the worker as regards free time, living and working conditions (for example, having a separate sleeping room and bathroom, free time in the afternoon, the opportunity to go out, or to learn nursing practices from family members) (for more details see Váradi, 2018b, p. 140–142). A bad place, from the care workers' perspective, ranges from hunger and a lack of »kitchen money« to a lack of privacy or sense of security, and from patients with dementia or who are aggressive to sexual harassment. According to Hungarian care workers, more problems emerge with family members living in the house than with patients.

Satisfaction with working conditions is fairly subjective and doesn't always reflect objective conditions. Some care workers may express their satisfaction with wages, lodging and the patient, despite feeling that they are treated like a domestic servant, hardly performing care-related tasks, but completely different ones (such as working in the host family's business). Caregivers with lower social status perceived their working conditions either ambivalently, or found them particularly negative. However, even if somebody from a lower social status described good circumstances, they stories may have highlighted contradictory elements. Anna, for example, argues that she has gained the trust of the family over the years, and regards extra work as a privilege. Her view becomes clearer when one knows that she has a small piece of land at home on which she engages in similar agriculture-related tasks with pleasure. She might interpret this

situation as a long-term investment in her future live-in care career in Austria, which can make her calculations different.

> *They deal with chicken primarily, I have to collect 3,000 eggs daily, which I really like. […] Not that I care for Mama, and what to do, because I don't have to clean windows every day, or clean the house, or wipe weekly, but now it has developed that I can already do other things, and days are passing faster. It's a bit tiring, but good, good indeed.* (*Anna, 53, former smallholder*)

However, one of Anna's colleagues from the same locality interprets it as a clear sign of exploitation.

> *It's great for Anna, I mean, she lives in a nice house, she has food, there's heating, but she has a great deal of extra work. […] Anna cleans the tractor and picks up eggs from the machine, cleans flats, rents houses, digs the sugar beet, that is no… And if she didn't do it, she can come home. Let's say, I can't, I can't be out there and lift things, but Anna does it without a word. She grew up there. But if someone from town, someone from Pécs, an urban [dweller], let's say, someone from blocks [of flats] came to a place like that, she would die there. And they [the host family] couldn't expect that.* (*Katinka, 61*)

Casual gestures of *fictive kinship* (Kordasiewitz, 2014), personal and positive actions/deeds experienced by care workers in the host family can rewrite bad experiences and difficulties at work. Luca, a care worker under threat of eviction in Hungary and still struggling with debts, mentioned that the host family celebrates her birthday every year at a nice restaurant, or they go to a concert, while her efforts are not always appreciated and the son of the patient often argues with her. Another woman, with a similarly disadvantaged background, explains the mutual respect between her and the host family. Besides care work, she assists in running the guesthouse of the Austrian family, but due to the lack of information about her rights, she doesn't find it problematic at all. Unjust treatment in the labour market deriving from a lack of knowledge or a lack of courage to refuse extra tasks can be connected to individuals' vulnerability. In the typology, they belong to the group of care workers in strongly precarious situations.

The fourth aspect covers interpersonal relationships, with particular emphasis on the patient's family. Besides many other manifestations, a friendly atmosphere can be measured by the possibility of receiving visitors in the host's house. Some of the left-behind husbands had the chance to visit their wives abroad for a couple of days. Their shared common feature was that they had stable or relatively stable social backgrounds. This can be associated with the fact that those who belong to the precariat probably do not have the resources to finance such travel. Likewise,

family members of the patient visited care workers' homes in Hungary only if the Hungarian household had enough room for them, and their standard of living was relatively high.
A self-assured attitude on the part of care workers can also explain the perception of their work and relations with the host family. Barbara, a 48-year-old care worker with a college degree, explains that she has been fighting for her rights at all stages of her work abroad, and she would not let herself be treated as a servant or an unequal partner. She emphasises her alertness, and criticises her Hungarian colleagues who don't care about their rights and opportunities in the host country.

> *I have my own enterprise. […] If they are not [fair], then they want to mess with you, then they despise you because you're from abroad. You have to insist! If they are not [fair], then you go to the next place. Never, you should never let them! Because they depend on your work as much as you depend on their euros. This is an equal thing. You cannot let them. This is the secret.* (*Barbara*, 48)

To sum up, the empirical evidence reveals that disparities on the labour market can be related to care workers' social status to a certain extent. Respondents didn't show any differences regarding the legality of their employment in terms of social characteristics, as almost all of them were working abroad legally. Looking at wage satisfaction, better educated caregivers and those with stable social backgrounds tend to be less satisfied with their wages, and might compare themselves with the locals' employment and opportunities. Care workers with lower social status also complained about working conditions and about a lack of respect from the care receiver's family, but in a different way. Some of them expressed their disapproval of the required tasks, but they were fairly satisfied with their wages. Concerning working conditions in the receiving country, interviews confirm a tendency for employers to impose extra duties besides caring tasks. It is also connected to social status, because more vulnerable caregivers (*drifters*) make more effort to keep their jobs. An individual's previous employment type can also play a role in their willingness to undertake additional chores. Finally, opportunities to develop a closer relationship with the patient's relatives are also related to status.

Conclusions

In this chapter, I have discussed the role of informality, middlemen and agencies in the care sector in the context of Hungary and Austria, and have showed the unfolding inequalities in their relations with migrant

care workers. The chapter has observed possible connections between the social status of Hungarian live-in care workers and their working conditions, closely related to the different agents on the market. The transnational care sector works through complex mechanisms that reveal both local and global social inequalities. The analysis confirms that caregivers with higher status and stable social backgrounds have better skills and opportunities to avoid unfair treatment from the different actors throughout their employment abroad. On the other hand, care workers with strongly precarious situations show a different pattern from the others. They lack the tools to negotiate better working conditions, which derives partly from their urge simply to earn money, and also from their lack of information or support networks. Empirical evidence shows that prior occupational career plays an important role in overall job satisfaction, and also in dealing with extra chores in the host families. It also affects how these people reason and how they incorporate economic rationality, as explained in the Slovakian case study (Bahna, 2020, in this volume). While my fieldwork confirmed that many Hungarian care workers from Baranya county bear the traits of the precariat and are in a strongly disadvantaged position before crossing the border, we also find 24-hour caregivers with university degrees, previously successful businesses and owning valuable assets. The social backgrounds of workers in the care sector are heterogeneous. Under the circumstances described above, it seems that the transnational labour of care workers reinforces existing inequalities.

The migration infrastructure (Xiang & Lindquist, 2014) as it pertains to live-in care in central and eastern Europe is well established, on both the sending and the receiving sides. We can see that state provisions and regulations in the receiving country, intermediaries, local migrant networks and the technological dimensions of care migration are closely interlinked, and they all serve this infrastructure in the observed migratory space. The care market is competitive in many ways. Care workers compete with each other for better places and try to find the best settings for their work abroad, but agencies also compete. Different actors in the transnational care sector contribute to inequalities at different levels. Local travel companies and agencies have an interest in transporting as many workers as possible and placing them, even if they know that the place is unfavourable for some reason. A whole local industry has been built by middlemen (the »coyotes«), who intend to take advantage of already vulnerable workers, mainly unskilled women with a low level of agency. The labour of care workers performed in Austrian households

is encouraged by the state with related provisions and by facilitating the legal framework for labour migrants. When families opt to outsource care responsibilities and provide home-based care for their family members in need, it should also be noted that this means that the majority of caregivers are thus not participating in their domestic labour market and absent from their own families.

References

Andersson, K. (2019). Digital diaspora: an overview of the research areas of migration and new media through a narrative literature review. *Human Technology*, *15*(2), 142–180. Available at: https://doi.org/10.17011/ht/urn.201906123154

Aulenbacher, B. & Leiblfinger, M. (2019). The »fictitious commodity« care and the reciprocity of caring: a Polanyian and neo-institutionalist perspective on the brokering of 24-hour care. In Atzmüller, R., Aulenbacher, B., Brand, U., Décieux, F., Fischer, K. & Sauer, B. (Eds). *Capitalism in Transformation Movements and Countermovements in the 21st Century*. (pp. 245–260). Edward Elgar Publishing. Available at: https://doi.org/10.4337/9781788974240.00024

Aulenbacher, B., Leiblfinger, M. & Prieler, V. (2020). »Jetzt kümmern sich zwei slowakische Frauen abwechselnd um meinen Vater ...« Institutionelle Logiken und soziale Ungleichheiten in der agenturvermittelten 24h-Betreuung. In Seeliter, M. & Gruhlich, J. (Eds). *Intersektionalität, Arbeit und Organisation*. (pp. 160–174). Beltz Juventa, Weinheim Basel.

Bahna, M. & Sekulová, M. (2019). *Crossborder Care. Lessons from Central Europe*. Cham, Switzerland: Palgrave Macmillan. Available at: https://doi.org/10.1007/978-3-319-97028-8

Bahna, M. (2020). The economic rationales behind crossborder care among care workers from Slovakia. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 92–114) Friedrich Ebert Stiftung, Budapest.

Belügyminisztérium, Közfoglalkoztatási Portál, Information on the current status of public work scheme in Hungary. Retrieved from: https://kozfoglalkoztatas.kormany.hu/information-on-the-current-status-of-public-work-scheme-pws-in-hungary Accessed: 07.09.2020

Benton, M. (2010). *A Theory of Denizenship*. PhD dissertation, Department for Political Science, University College London.

Brubaker, W. R. (1992). *Citizenship and Nationhood in France and Germany*. Cambridge, M.A.: Harvard University Press.

de Haas, H. (2014). *Migration Theory. Quo Vadis?* Oxford: IMI Working Paper No. 100, International Migration Institute.

Eurostat, Healthy life years at age 65 by sex. Retrieved from: https://ec.europa.eu/eurostat/databrowser/view/tepsr_sp320/default/table Accessed: 07.05.2020

Eurostat, Life expectancy at birth by sex. Retrieved from: https://ec.europa.eu/eurostat/databrowser/view/sdg_03_10/default/table Accessed: 07.05.2020

Eurostat, Old-age-dependency ratio. Retrieved from: https://ec.europa.eu/eurostat/databrowser/view/tps00198/default/table Accessed: 07.05.2020

Eurostat, Proportion of population aged 65 or over. Retrieved from: https://ec.europa.eu/eurostat/databrowser/view/tps00028/default/table Accessed: 7.5.2020

Famira-Mühlberger, U. (2017). *Die Bedeutung der 24-Stunden-Betreuung für die Altenbetreuung in Österreich*. Österreichisches Institut für Wirtschaftsforschung.

Fink, M. (2018). *ESPN Thematic Report on Challenges in long-term care Austria*. European Commission, Brussels.

Fraser, N. (2016). Contradictions of Capital and Care. *New Left Review*, *100*, 99–117.

Gábriel, D. (2019a). *A Magyarországról Ausztriába irányuló idősgondozói migráció. Egy kvalitatív kutatás eredményei a dél-baranyai térségből induló idősgondozói migráció mechanizmusáról*. Kutatási Jelentések 101. KSH Népességtudományi Kutatóintézet, Budapest. Available at: https://doi.org/10.21543/kut.2019.101

Gábriel, D. (2019b). Gondozói migrációs és nemi szerepfelfogások [Care migration and gender role attitudes]. *Demográfia*, *62*(4), 385–417. Available at: https://doi.org/10.21543/dem.62.4.3

Gendera, S. (2011). Gaining an insight into Central European transnational care spaces: migrant live-in care workers in Austria. In Bommes, M. & Sciortino, G. (Eds). *Foggy Social Structures Irregular Migration, European Labour Markets and the Welfare State*. (pp. 91–116). Amsterdam: Amsterdam University Press.

Gödri, I. (2019). International Migration. In Monostori, J., Őri, P. & Spéder, Zs. (Eds.). *Demographic Portrait of Hungary 2018*. (pp. 237–271). Budapest: HDRI.

Hammar, T. (1990). *Democracy and the Nation State: Aliens, Denizens and Citizens in a World of International Migration*. Aldershot: Avebury. Available at: https://doi.org/10.4324/9781315258218

Hárs, Á. (2016). Elvándorlás, bevándorlás és a magyar munkaerőpiac. Jelenségek, hatások, lehetőségek [Emigration, immigration and the Hungarian labor market. Phenomena, effects and opportunities]. In: Kolosi , T. & Tóth I.Gy. (Eds.). *Társadalmi riport [Social Report] 2016*. (pp. 243–262). Budapest: TÁRKI.

Janta, H. & Ladkin, A. (2013). In search of employment: Online technologies and Polish migrants. *New Technology, Work and Employment, 28*(3), 241–253. Available at: https://doi.org/10.1111/ntwe.12018

Kaposi, Z. (2006). *Pécs gazdasági fejlődése 1867-2000*. Pécs-Baranyai Kereskedelmi és Iparkamara.

Kovács, É. & Melegh, A. (2000). „Lehetett volna rosszabb is, mehettünk volna Amerikába is" – Vándorlás történetek Erdély, Magyarország és Ausztria háromszögében. In Sik, E. & Tóth, J. (Eds.). *Diskurzusok a vándorlásról*. (pp. 93–154). MTA Politikai Tudományok Intézete Nemzetközi Migráció Kutatócsoport Évkönyve.

Kuti, M. (1997). A baranyai privatizáció. *Tér és Társadalom*, *11*(2), 80–91. Available at: https://doi.org/10.17649/tet.11.2.2031

Lutz, H. & Palenga-Möllenbeck, E. (2010). Care work migration in Germany: Semi-compliance and complicity. *Social Policy & Society*, *9*(3): 419–30. Available at: https://doi.org/10.1017/s1474746410000138

Madianou, M. & Miller, D. (2013). Polymedia: Towards a new theory of digital media in interpersonal communication. *International Journal of Cultural Studies*, *16*(2), 169–187. Available at: https://doi.org/ 10.1177/1367877912452486

Massey, D.S., Arango, J., Hugo, G., Kouaouci, A., Pellegrino, A. & Taylor, J. E. (1993). Theories of International Migration: A Review and Appraisal. *Population and Development Review, 19*(3), 431–466. Available at: https://doi.org/10.2307/2938462

Melegh, A. & Sárosi, A. (2015). Magyarország bekapcsolódása a migrációs folyamatokba: történeti-strukturális megközelítés. *Demográfia*, *58*(4), 221–265. Available at: https://doi.org/10.21543/DEM.58.4.1

Melegh, A., Gábriel, D., Gresits, G. & Hámos, D. (2018). Abandoned Hungarian workers and the political economy of care work in Austria. *Review of Sociology of the Hungarian Sociological Association, 28*(4), 61–87.

Milánkovics, K. (2020). Challenges Hungarian care workers face when trying to act for themselves in the United Kingdom and in Hungary. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 166–183) Friedrich Ebert Stiftung, Budapest.

Oxford English Dictionary. Retrieved from: https://www.lexico.com/definition/denizen Accessed: 22.10.2020

Österle, A. & Bauer, G. (2012). Home care in Austria: the interplay of family orientation, cash-for-care and migrant care. *Health and Social Care in the Community, 20*(3), 265–273. Available at: https://doi.org/10.1111/j.1365-2524.2011.01049.x

Österle, A. & Bauer, G. (2016) The Legalization of Rotational 24-hour Care Work in Austria: Implications for Migrant Care Workers. *Social Politics, 23*(2), 192–213. Available at: https://doi.org/10.1093/sp/jxv001

Piore, M. J. (1979). *Birds of Passage: Migrant Labor in Industrial Societies*. New York: Cambridge University Press. Available at: https://doi.org/10.1017/CBO9780511572210

Riedel, M. & Kraus, M. (2010). *The Long-Term Care System for the Elderly in Austria*. ENEPRI Research Report No. 69. Contribution to WP1 of the Ancien Project. May 2010. Available at: https://doi.org/10.2139/ssrn.2033679

Rosenthal, G. (1993). Reconstruction of life stories: principles of selection in generating stories for narrative biographical interviews. In Josselson, R. & Lieblich, A. (Eds.). *The narrative study of lives*. (pp. 59–91). Thousand Oaks, CA, US, Sage Publications, 1(1).

Rosenthal, G. (2018). *Interpretive Social Research – An Introduction*. Göttingen University Press. Available at: https://doi.org/10.17875/gup2018-1103

Soysal, Y. N. L. (1994). *Limits of Citizenship: Migrants and Postnational Membership in Europe*. Chicago; London: University of Chicago Press. Available at: https://doi.org/10.1525/ae.1995.22.4.02a01190

Standing, G. (2011). *The Precariat – The New Dangerous Class*. London: Bloomsbury.

Steiner, J., Prieler, V., Leiblfinger, M. & Benazha, A. (2020): Truly Legal!? Legal Framing and Legality Narratives in 24-Hour Care in Germany, Austria, and Switzerland. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 69–91) Friedrich Ebert Stiftung, Budapest.

Turai, T. (2018). *Hierarchiák fogságában. Kelet- és közép-európai nők a globális idősgondozói ellátórendszerben*. Budapest: Balassi – MTA BTK.

Váradi, M.M., Durst, J., Fehér, K., Németh, K. & Virág, T. (2017). Kényszerű mobilitás: migrációs utak hátrányos helyzetű vidéki terekben. *Socio.hu Társadalomtudományi Szemle*, 2017(3), 25–46. Available at: https://doi.org/10.18030/socio.hu.2017.3.25

Váradi, M.M. (Ed.). (2018a). *Migráció alulnézetből*. Budapest: Argumentum.

Váradi, M.M. (2018b): Kisfalusi nők a globális gondozási piacon. In Váradi M.M. (Ed.). *Migráció alulnézetből*. (pp. 122–159). Budapest: Argumentum.

Xiang B. & Lindquist, J. (2014). Migration Infrastructure. *International Migration Review, 48*(1), 122–148. Available at: https://doi.org/10.1111/imre.12141

Migrants' embodied geographies: spaces and boundaries of care work. Case study of Ukrainian care workers in Italy

Olena Fedyuk

> *»The immigrant worker, […] experiences his body as a way of being present in the world. It is a way of being present in the physical world and the social world, and a way of being present to the self.«*
>
> *Sayad, The Suffering of the Immigrant (2004, p.189)*

> *»The domestic worker is not being equated socially with her employer in the act of exchange because the fiction of labour power cannot be maintained: it is "personhood" that is being commodified.«*
>
> *Anderson, Doing the Dirty Work? (2000, p.121)*

Introduction

Italy's domestic and care work model is located at the intersection of its employment, care and migration regimes, understood here as a broad set of regulations and policies, practices and outcomes (Williams, 2012). Williams (2012) claims that nation-states exist in a dynamic relationship of such interconnected domains as family, nation and work. Immigrant domestic care workers provide particularly timely insights into the shifting nature of all three of these domains in the EU. One might mention the changing nature of work (for example, rising rates of women's labour market participation), changes in family structures linked to ageing and falling fertility rates, and, with regard to nations, the increasing role of multi-level governance and the shifting dimensions of citizens' inclusion and exclusion. In order to understand the emerging forms of migrant labour in each context one needs to unfold the specificities of the national migration regimes, employment and care policy legacies, as well as ethnicised and gendered discourses around the ideas of work, care and mobility (Williams, 2012; Bartha, Fedyuk and Zentai, 2015; Bahna & Sekulova, 2019).

Setting out to explore the boundaries of care work through the spaces in which the care work is performed, this chapter relies on ethnographic research[1] conducted in Italy among Ukrainian live-in domestic and care workers in 2007–2008, but also repeated visits to the same research sites in 2011 and 2015. When discussing the notion of boundaries in care work I refer to Lyon's work on the overlap of the marketable, the moral and the bodily in performing care tasks. This allows us to understand »moral boundaries drawn on the body« (Lyon, 2007, p.217–18). This chapter looks specifically at two aspects that shape the place and space of such care work:

- commodification of the bodily and emotional experiences of care workers, and the ways in which the boundaries of work and privacy are contested and negotiated;
- power relations within the place of home, as a »stage« for performing live-in care.

The discussion of these aspects is set against the background of specific care and migration regimes in Italy, as a specific demand for workers reinforces gendered and ethnic hierarchies among migrants and locals. Performed in the privacy of the employers' homes, domestic and care work often creates multidirectional disciplinary regimes, dependencies and intimacies between migrants, persons under care and employers.[2] These tensions and negotiations often trigger the formation of a new marketable migrant »self«, in which workers' time, body, emotions and appearance are commodified to create better, more competitive services. By focusing specifically on the space of the live-in care services I explore both the care and emotional labour involved, which turn an Italian home into a place of work. I further explore how such places (i) are experienced bodily and emotionally, (ii) provide specific pathways and shape migrants' opportunities for incorporation not only in work but also in social life, and (iii) respond to migrants' presence and are shaped by it.

1 Among the key methods that I used during the research were in-depth semi-structured and life-story interviews, as well as participant and non-participant observations. In 2007–2008 I shared accommodation with migrant women, spent time with them in various public places (for instance, parks, bus stops and churches), and on several occasions accompanied them to work. This resulted in a number of publications: for example, Fedyuk, 2009, 2012, 2015). In 2011 and 2015 I revisited some of my initial research respondents and worked together on a documentary film »Olha's Italian Diary« (2020).

2 Here »person-in-care« and »employer« are used interchangeably, but in reality they might or might not necessarily overlap. For instance, a family hiring a domestic worker for an elderly family member might not live with them. In this case, the carer is participating in power relations in two settings: in relation to the employer, who might only come and visit and dictate the requirements of care provision, and, simultaneously, with a person-in-care, with whom she resides and on a daily basis negotiates relations.

Gendered care regimes informed by demand and supply: Ukrainian migration to Italy

Italy: the »migrant in the family« model

The Italian labour market is characterised by a high level of atypical contracts and informal employment, high rates of self-employment and a high degree of employment protection for those on open-ended contracts (Bettio, Simonazzi & Villa, 2006). It favours the »male breadwinner/female carer« model, thus designating female labour as the main source of care (Graziano, 2009; Näre, 2013). Since the 1990s Italy has had one of the lowest fertility rates in Europe. This is widely attributed to the economic and employment insecurity mentioned above, which has caused women to postpone childbearing until they attain stable employment (Prifti & Vuri, 2012). The combination of demographic factors has boosted the importance of geriatric care in particular.

A distinct feature of Italian care for elderly is its heavy reliance on the presence of immigrant domestic and care workers in Italian homes. Italian families have not just followed a particular trend of the commodification of care in Europe (Farris & Marchetti, 2017), but have also created a unique care model, which is a transformation of the traditional southern European »family model of care« into a »migrant in the family« model of care (Bettio et al, 2006; van Hooren, 2012; Bartha et al, 2012; Farris & Marchetti, 2017). The model is thus not new, as it reproduces racialised and ethnicised class divisions among women, as discussed widely among feminist scholars. This involves the emancipation of women in the Global North by shifting the burden of reproductive domestic and care labour onto the shoulders of women from the Global South (Hochschild, 1983; Parreñas, 2005). In the Italian context, the state actively taps into immigrant labour as providers of welfare (Marchetti & Venturini, 2013).

A set of immigration policies that form the basis of present-day immigration and care regimes in Italy date back to the end of the 1990s–early 2000s. Drafted by the centre-right government and rather harsh on immigration in general, it was challenged by many social actors (including the Catholic Church, trade unions, employers' associations and individual employers) on the basis of the importance of the role of domestic workers and carers in Italian families (van Hooren, 2011, 2012). This

resulted in the adaptation of the regulations to allow for annual regularisation of immigrant workers, particularly in the domestic and care sector. The annual waves of regularisation were organised around national and occupational immigrant quotas until 2005, when domestic workers were added as a category to national and other occupational quotas. In 2008, as a measure to protect local workers from the effects of the economic crisis, the government abolished any other occupational quotas for migrants, at the same time raising domestic workers' quotas to as high as 105,400 domestic workers (van Hooren, 2010). This move revealed Italy's dependence on immigrants, as well as the constant, unflagging demand for this type of work, even at a time of crisis. Thus, there are three distinct ways in which Italy has managed to prioritise and open the doors to domestic and care workers, even while maintaining general control and hostility toward migrants: (i) regularisation for domestic workers already present in the country irregularly; (ii) special entrance and work permit quotas for care and domestic workers (in addition to national quotas for those countries that have established channels for sending women to work in these occupations); and (iii) allowing Romanians and Bulgarians to take up work in the care sector without any restrictions (in contrast to the limitations on these nationals in other sectors) (van Hooren, 2012; Marchetti & Venturini, 2013).

Migration from Ukraine to Italy

Migration from Ukraine to Italy started to gain momentum in the mid-1990s, after the citizens of newly independent Ukraine obtained a constitutional right of freedom to leave and return to Ukraine in 1994 (Malynovska, 2006). This quickly began to be shaped by gendered processes of economic transformation and demand for gendered work in Italy (Fedyuk, 2015). Immense economic restructuring in Ukraine, including the collapse of many state supported industries, resulted in massive lay-offs and year-long delays in wage payments, which pushed many women to take responsibility for supporting their families in a new way – through various patterns of labour migration (Vollmer & Malynovska, 2016; Solari, 2018). From 2003, the flows of Ukrainians to Italy became numerically substantial, growing particularly in years of state amnesties for irregular migrants, thus indicating both a steady growth and a degree of irregularity in legal status among Ukrainians in Italy. Italy became the second largest destination country in the EU, competing for second place with neighbouring Czech Republic. From about 2009 Ukrainians joined

the top five immigrant groups in Italy, with 226,060 Ukrainian citizens having Italian residence in 2015 (Vianello, 2016). In the following years, Italy maintained the number of Ukrainians at approximately the same level and the same demographic profile, reflected in the particular gendered and age composition: 80 per cent of Ukrainian migrants are women with a mean age of 42 years and the largest percentage of migrants (15.25 per cent) are in the age group 50 to 54 years old. From the beginning the flows came to be shaped by the needs of a particular employment sector, domestic and care work, with 48.4 per cent of Ukrainians employed in this sector (Istat, 2014, as cited in Vianello, 2016). The literature shows that Ukrainians remain in the low wage bracket: »only 22 per cent have a monthly income higher than €1000 (vs 45 per cent for other non-EU European immigrants) and the majority of Ukrainians are in the €751–1000 income bracket« (Vianello, 2016). Nevertheless, the established patterns and networks of this migration, coupled with the low average wage in Ukraine (approximately 150 euros in 2016[3]) and the lack of employment choices, particularly for women over 40, make migration to Italy an attractive option.

The role of work in migration experience

Being a migrant involves not only the material realm of, for example, geographical distance from home, visas, residence permits and employment, but a whole mode of disciplining one's behaviour and even body into certain regimes. The centrality of the working body in care work, especially geriatric care, prompted me to focus this chapter on care work as a particular bodily experience, inscribed in the appearance, daily routines and positioning of the migrant in the privacy of Italian homes.

The Ukrainian word »zarobitok« (earnings or pay packet), from which the Ukrainian term for labour migrants derives, can be rendered literally as »[payment] for work«. In most of my interviews conducted in Italy, work was often defined as a reason for staying in Italy. »We are here to work and earn' was a ready-made answer to my question »why did you come to Italy?« Given the centrality of work in migrants' motivations, justifications and day-to-day experiences, new regulatory

3 Ministry of Finance of Ukraine data on average wages. Retrieved from: https://index.minfin.com.ua/ua/labour/salary/average/2016 Accessed: 7.9.2020

regimes and work disciplines emerge from the very nature of care and domestic work performed in the privacy of Italian homes. How does the status of a migrant manifest itself in their work regimes and professional identifications? What power relations shape and define live-in care provision by non-citizens? There is a need to understand the very specific power relations that emerge in relations between migrants, their subjects-in-care and the employers who hire them to provide such care. Also, how the nature of this particular work with the elderly, frail and terminally sick creates particular emotional and bodily burdens, affecting the forms of disciplining in places of such work (see also Gábriel, 2020, in this volume).

To understand the disciplines that allow distance, professionalism and abstraction from highly intimate labour this chapter will explore the »human actuality« (E.P. Thompson, 1971) of work experience in migration, focusing on the mechanisms of the particular regulatory effects that shape the identity and daily practices of migrant workers. By regulatory effects I mean (i) a very concrete set of labour regulations put in place by the Italian state in relation to the employment of foreign domestic and care workers – in particular, the high level of informality in this sector – and (ii) a rather broad use of this term by Aihwa Ong: »the regulatory effects of the particular cultural institutions, projects, regimes, and markets shape people's motivations, desires, and struggles and make them particular kinds of subjects in the world« (1999, p.5–6). With reference to Ong's words, I am interested in looking into what kind of migrant subject or migrant-self is constructed under such regulatory regimes of work and migrant status, and how this construction happens.

On the empirical level this chapter will discuss mainly the experience of migrants involved in geriatric care. On one hand, the job requires a certain strength, stability and experience. Italian families are often unwilling to entrust their ageing parents to a migrant youth, fearing that they might be irresponsible or unable to deal with the stress and tension that this work often involves. On the other hand, among migrants themselves care work for the elderly is considered to be the most strenuous and depressing work, as it often involves providing care for bed-ridden people in terminal stages of illness, such as Alzheimer's and multiple forms of dementia. These factors have contributed to the emergence of a »typical« profile of a geriatric caregiver sought by Italian families and embodied by caregivers eager for employment: a woman in her 40s or 50s, keen to maximise her income by agreeing to a live-in arrangement with the employer

(see also Uhde & Ezzeddine, 2020, in this volume). I draw my ethnographic examples from similar cases. However, I also bring in a few examples of a younger caregivers and a male caregiver. My inclusion of these cases will help me to sharpen discussion of certain power struggles.

Sayad, emphasising the pre-eminent importance of the working body for migrants' identification, suggests that a migrant »is also the only worker who, not being a citizen of a member of the social and political body (the nation) in which he is living, has no other function but work« (Sayad, 2004, p.204). While this statement ignores migrants' growing contribution to the receiving nation-state (for example, there is a growing tendency among migrants all over Europe, as well as in the United States to pay taxes and to join civic organisations of migrants, besides involvement in church activities and political participation, mainly as municipal level), it emphasises the centrality of the body of the migrant to the whole migration enterprise. Care work, as a specific labour regime that creates gendered demand for workers and reinforces gendered and ethnic hierarchies, thus, on one hand, leads to the construction of a specific migrant-self among migrants and, on the other, changes the homes of employers through migrants' presence.

To capture these negotiations of power through the human actuality of work I will proceed by discussing: (i) how employment in the domestic sphere and the private space of home triggers new forms of commodification of care services, but also migrants' emotions and body; (ii) entangled power struggles, namely the disciplining of migrants into performing care work in the privacy of the employer's house, and the disciplining of the employer in the presence of the migrant and the mutual dependencies and intimacies emerging from such arrangements. I argue that migrants actively construct a marketable migrant-self, involving self-disciplining and »emotion work«, as a way of obtaining more control over earnings and working conditions in the otherwise highly unregulated sphere of live-in employment.

Undesired intimacies

The proximity of the body of the person under care is intensified through the presence of objects, odours and noises that remind a live-in care worker about their job. This does not let migrants take a break from this presence, even when they are not actually working. I was struck by the physicality of this overlap of the privacy of the care worker and of the

employer/person in-care during an interview with Andriy[4] (28), who worked for a bed-ridden Italian man, and in whose house I conducted an interview. Andriy and »his grandpa« lived alone in a seven-room-flat that occupied half of the top floor of a house on Piazza Cavour, Naples. As we spent the afternoon discussing Andriy's current situation, an Italian nurse came in to change the bandages on the Italian man's back. Even though it was not strictly Andriy's job, he went with the nurse to help him. During my time in Andriy's room, three rooms away from the bedroom where they changed the bandages, I could feel the flat fill up with the smell of excrement and medical spirit, an odour that immediately made me drop my conceptual abstractions about the life of care workers and simply wonder whether I would be able to do this kind of job. I refer here to my own sensations, to bring out the bodily lived experience of a migrant's presence so close to the employer's privacy. Andriy and I spent an hour or so discussing his experiences, but it was the odours that made me fully realise the material reality of Andriy's daily work.

Very often in my research I have observed how the body of the care worker often becomes a part of the personalised service in care. In her edited volume on migration and domestic work Zimmerman, Litt and Bose (2006) make the link between the new demand for paid domestic labour and the character of the relations established within this seemingly professionalised area: »Commodification of care has profound implications for the level of control that care workers have over themselves, their bodies, and their work« (Zimmerman et al, 2006, p.12). Care work performed in the home of clients is concealed from external control and regulations by the very definition of the home as a private domain. Bridget Anderson (2000) goes further in her analysis and tries to capture the difference between the non-paid work that women perform in their homes and hired help provided by other women. Referring to Carole Pateman's *The Sexual Contract* (1988), she locates the difference in the contrast between a sexual contract and a social contract. Thus, housewives, claims Anderson, are bound to their obligations of care by the sexual contract in which, in return for care, they receive protection and status/honour (2000, p.164–66). A migrant woman who enters a house is excluded from this equation and supposedly positioned under the laws of an employment contract, in other words, a social contract. Anderson argues, however, that the fact that a migrant woman is subordinate to another woman disrupts the possibility of a proper social contract, as

4 All names were changed to anonymise the participants in the research.

> *the relations between female employer and worker are not simply governed by the employment contract but by relation to status, and the confusion between the two benefits the employer. […] It is thus true that the employment contract cannot capture female relations, to the extent that domestic work is about status and status reproduction and hierarchies between women.* (2000, p.166)

My research, which generally confirms these conclusions, provided me with several examples of such status struggles. At times, the subordination of the hired worker to her female employer took the form of more or less overt sexually degrading behaviour on the part of the female employer as a way to exercise power over their domestic workers. Learning to cope with the position of a paid caregiver (as opposed to the non-paid position of mother and a wife in her own family) often becomes one of the strongest senses of achievement in migration, thus creating new forms of connection to place and in women's professional and personal biographies. Discussing the centrality of the bodily and emotional experiences of care regimes allows me to capture the construction of a new migrant-self, which reflects the global demand for a flexible gendered workforce.
Migrant domestic workers, even if not exposed to direct harassment, often become objectified as involuntary participants or witnesses of a household's and its members' private life. Employers' familial dramas, moments of intimacy and betrayal may unfold with little concern for care workers' comfort as the employer's house remains their private domain. In this sense, migrant women as workers are positioned in a different mode of morality from alien hired »bodies« in the privacy of Italian families and homes. Unless migrants develop the skills and strength to make their own space in their work space, and to distance themselves emotionally from the labour of care they perform in the privacy of someone else's home, it may turn out to be a traumatic experience. Learning to manage their emotions in such settings, and to draw boundaries between the labour of care and personal emotions was often described by women in terms of the professionalisation of their services and their new migrant-self.
Care work and especially live-in arrangements often not only dissolve boundaries as regards regular working hours, but also often turn the very body of the caregiver into a commodity and create a physically and psychologically very stressful working environment. The attempt to objectify the body of the migrant as a workforce by the employer is often paired with a migrant's determination to »work hard« and treat her own body as a resource to be used in migration for earning money that can be remitted home. In an open letter written in response to an article about

Ukrainian women in Italy by Hrodetska (2010), a migrant woman from Bologna describes her work experience as follows:

> *I had all sorts of jobs and the circumstances made me »wander« Italy in search of employment many times. That is why that sharp feeling of despair [experienced initially] is already gone, but so is my health. I have left my health where I worked. Because I have worked with the bed-ridden, the cancer patients, the Alzheimer patients and with those, who could not speak, and with those who would speak 26 [sic] hours a day. Sometimes I would get out of bed 22 times per night…[in this job] I would put aside matches and draw a tick on the door, and wrote down on a piece of paper how many minutes I was made to get up and take signora to the bathroom, because she always felt she needed to wee but she didn't. At some jobs I had to answer 28 absurd questions every five minutes (in desperation I took notes of them), and at some jobs I was held by the hand for 24 hours. I had no time to go to the toilet and even there I was accompanied and watched. I did not belong to myself.* (Reznyk, Strutynska, Nykorovych & Korzhenko, 2010)

In the following part of the chapter I discuss the processes by which migrant women position themselves in relation to their paid duties in the intimate sphere of Italian homes through the concept of »emotion work« (Hochschild, 2003), which migrant women do in order to provide care work voluntarily, sincerely and cheerfully. I refer here to Hochschild's definition of »emotion work« as »acts of trying to change in degree or quality an emotion or feeling«, which she argues »refers broadly to the act of evoking or shaping, as well as suppressing feeling« (Hochschild, 2003, p.94–95). Migrant women in my research (who are used to the idea of care as a solid, uninterrupted mass of various responsibilities and duties in the familial context back at home) had learned to divide the idea of care and intimacy into tasks, put it in paid-labour context and utilise it as a resource. At times these boundaries of paid work and charging for services, including intimate and sexual services, not only helped women to benefit from these services materially but also gave them the possibility to choose some services over the others.

Commodifying the body of a care worker

In the context of migration, the working body becomes migrants' most valuable, primary asset, while migrants themselves often have limited opportunities to experience social integration outside work. Work enables and often becomes the means and purpose of the whole migration

enterprise, that is, earning and remitting earnings back home. The state of migrancy, often coupled with limitations in legality status, makes people virtually invisible in the places of their migration, allowing them visibility only when they perform their duties (Berger & Mohr, 1975; Law, 2001). Sayad, in his work »Suffering of the Immigrant«, accounts for the centrality of the working body for migrants as follows:

> *To the extent that he [migrant] is an individual whose sole raison d'etre is work and whose presence is therefore legal, authorized and legitimate only when it is subordinated to work, the immigrant worker experiences an existence that is reduced to the body that materializes his existence, and which is therefore its instrument. His existence is therefore the existence of a body. Both his existence and his body are completely dependent upon work.* (2004, p.204)

Agreeing with Sayad on the centrality of work in migrants' status (having no other position in the receiving society, even legally), I also sought spaces for migrants' empowerment and sense of realisation in work and migrants' ability to control and regulate work regimes. To reflect the intensity of such experience, domestic live-in workers in particular often first and foremost need to learn ways of commodifying their own bodies, emotions and care, and often prefer to construct their employers as an abstract source of income. The ability to separate the working self in such a context of dependencies and intimacies becomes an invaluable skill and an achievement that was estimated very highly by many of my interviewees, with a sense of professionalism and personal success.

Tania (49, a former technologist at a large plant) came to Bologna seven years ago to earn money for better medical care for her grandchild. She ended up getting her first job only a month after her arrival in Italy:

> *They told me that it would be a job in a mountain village, and I had to pay 100 US$ for it. I said I don't care, as long as it is a job; I was so cold and exhausted from walking all day long through all these churches and parks in search of jobs. So an Italian man came and picked me up, and as I was trying hard to learn Italian during these months I understood that I would work as a caregiver for his mother. The day we arrived at his home I prepared dinner for them, and since the granny was lying in bed I didn't really see her. Only in the evening did I realise that she only had one arm and one leg. My heart sank! I started crying and crying but I couldn't refuse the job. It was a nightmare job; the granny could neither speak nor see and I had to lift her up from the bed, put her into the wheel chair, take her to the bathroom and wash her every day. I had to put her on the toilet, pick her up, and change her diapers. I just cried and cried all day. I did not have to cook food, just to clean and to feed my granny, but I myself couldn't swallow even a piece of food. I tried but I couldn't. Finally, on the seventh day I dropped the granny*

> *on the floor! She was so heavy and I was trying to pull her up so hard that my haemorrhoids protruded. My employer came and saw me crying and that's when I told him I couldn't deal with this anymore. I begged him to take me back to Caritas from where he had picked me up.*

Her employer sympathised with Tania and found her an »easier« job; she was to look after his friend's mother, a woman in the terminal stage of brain cancer. From that time on Tania has never really been out of work; she has moved from job to job with her employers' recommendations, and even helped her husband to come to Italy as well.

Seven years after her arrival, Tania still recalls her first few months in Italy as a very »bodily« experience: the cold of the parks, the fatigue and exhaustion from walking all day without a chance to get a proper rest. When she accepted, like many migrants, the first available job, the shock of her new situation provoked a very physical response: she cried all day and could not force herself to eat. The shock of being forced by circumstances into an intimate sphere of providing care for a severely crippled body, the very closeness to this body through touch, odours, presence, feeding and cleaning became a challenge that Tania could not handle. Tania's account of her first days stands in sharp contrast to her subsequent confident professionalism in dealing with people with such serious diseases as Alzheimer's and brain cancer. Tania's ability to turn this into »her job« is drastically different from her former self, when she was unable to control her bodily impulses in the proximity of sickness and disease.

Echoing Berger and Mohr's (1975) and Sayad's (2004) ideas on the centrality of the working body in migration, Tania's account demonstrates the centrality of work-related regimes, not only for working time. Tania's account indicates how outside of the workplace she had no place to go and nothing to do, so that she could neither enjoy nor afford a proper rest. This put her experience in striking contrast to the possible experience of an Italian care worker who, outside work, could enjoy a rest in her own private social domain of family, home and other social roles. In contrast, the much-awaited Sundays and hours off, while providing an opportunity to break away from a monotonous and controlled life in Italian homes, do not necessarily bring the expected relief. Though willing to leave the workplace, migrants often have nowhere else to go to except for the streets and parks, which becomes an issue if the weather is cold or if it is raining. These hours off work often become hours of sharp realisation of their separation from home, displacement and wasted time. This logic also separates the space of migration as a place for work, in which

a migrant's life is often put on hold, even for years, while contributing to the idealised imagination of home as a place where real life is happening. It is this logic that pushes many women in domestic live-in arrangements to try to obtain additional jobs during their days off instead of taking a rest. Many women insist on regular hours off in their live-in employment, but secretly from their employers, they often use these hours to clean someone else's flat for additional money. Those who did not have such an arrangement often expressed regret that they were »wasting their time«, taking a two-hour daily break from otherwise seven-days-a-week unregulated domestic work, which live-in arrangements often imply. The social vacuum resulting from the workspace and migration thus prompts self-exploitation and maximising benefits in the name of the family left behind in Ukraine.

Negotiating care: uneven geographies of power at a workplace

In *Doing the Dirty Work?* Bridget Anderson describes migrant–employer power relations as

> *power over commodities rather than power over persons. The employer of the migrant domestic worker exercises both forms of power: the materialistic because of the massive discrepancy in access to all kinds of material resources between the receiving state and the countries of origin of migrants; the personalistic because the worker is located in the employer's home – and often depend on her not just for her salary but for her food, water, accommodation and access to the basic amenities of life.* (2000, p.6)

The negotiation of rights and power in the privacy of employers' homes, however, is far from unidirectional. Many women in my interviews discussed the commodification that came with their jobs as »professionalism«, that is, as a way of learning to separate the labour of care provided out of love and obligation for their own families in Ukraine from the labour of care provided for money in Italian homes. They used this acquired professionalism in order to meet their employers half-way, dictating the rules and organising their own routines within Italian homes. Especially this holds true in geriatric care, in which the physical fragility of the person-in-care often leaves a care worker in charge. In such situations, it is not uncommon that a care worker can develop her own regimes, and even enjoy such freedoms as earning extra money by getting extra cleaning jobs in the neighbourhood during the hours free from

care-giving, or hosting other migrants in the flat for the night, without the knowledge of the employers.

Because most strategies are clearly frequent in (but by no means limited to) live-in domestic workers' arrangements, I draw most of my examples here from my interviews with migrants who have experienced this type of employment. The live-in arrangement is often just a stepping stone in the career of a Ukrainian migrant, a temporary stage from which many of my interviewees moved on once they acquired more skills, confidence and resources that allowed them to move to hour-based employment and an opportunity to rent a room. Those who choose to stay in this type of employment usually have developed a great deal of firmness and practical skills in how to negotiate their space, time and work under the ever pressing demands from their employers. It is also most common that older migrant women (who live in Italy alone) choose live-in arrangements, often in order to be able to remit all of their salary. For younger people such an arrangement is considered both too difficult and impractical, as they are considered to lack experience that could help them manoeuvre between the everyday negotiations of power with the employer.

Irrespective of age almost all my interviewees had experienced live-in work arrangements at some stage of their stay in Italy, but only a few have chosen to maintain it for years. While at the beginning, the limited universe of an Italian home provided an inexperienced migrant with certain safety, with time, it may become claustrophobic, with dependency on the employer's mood and expectations that often soar very high. For many of my interviewees domestic live-in arrangements became a dramatic experience of immense psychological and physical strain, the first shock and realisation of their new role as a migrant, their position in Italian homes and families, a new language, social rules and a whole different set of working skills.

In the following part of the chapter I present some examples from my research on means and ways of establishing disciplines related to the presence of the care worker in Italian homes. Without denying the inequality of power positions between a migrant and an employer, I view disciplining as a two-directional process, in which employers subject their domestic and care worker to their discipline, and migrant workers, with more or less success, gain ground for their needs, rules and regimes. As most of my interviews indicated, these power struggles do not happen at a level governed by complex psychological or legislative metaphors; they are often exercised at the very basic level of controlling migrants'

consumption of food, usage of space, working hours, sleeping hours, language use and even use of the migrant's name.

Names and naming as a form of claiming connections and declaring a new self

In my first interviews it struck me that many of my interviewees had a Ukrainian and an Italian name. Halyna, who has lived in Italy for some eight years, began by telling me »Io sono Anna. In Italy I am Anna«. The need for the change of names was always explained to me in pragmatic terms: »because my *signora* could not pronounce my name«, while the choice of names was rather creative. Some women take names that resemble the sound of their name in Ukrainian, for example, Hanna/Halyna (Ukrainian) becomes Anna (Italian), and Svitlana (Ukrainian) becomes Silvana (Italian). Others translate their names into an Italian equivalent – for example, Svetlana (Russian for light) becomes Lucia (Italian). In the case of two young Ukrainian men their bosses called them completely unrelated Italian names. In both cases the men told me this with a laugh, implying that they do not mind the change. One man, whose name Zhenya was abandoned by his boss for Michele, comments: »He [the boss] is just too stupid to remember my name. He calls me Michele! It's fine with me. I figured it's safer like this for the police and for phone conversations, since I am here illegally. He can call me whatever, as long as he gives me a job.« While in many cases the change of name seems a matter of convenience for both migrants and their employers, it does symbolise most vividly the change of the migrant's identity, a creation of a new migrant-self, separated from the life back in Ukraine in a way that allows a migrant to say »in Italy I am Anna«.

On the part of migrants, naming an employer or person-in-care often shows a relational aspect of the work. The most common way to refer to an elderly person in-care was either *babka*, *babusja*, *babtsja* (female) or *ded* (male) or *signor/ signora*. The first set of terms mean »grandma (granny)/ grandpa«, thus indicating a tendency among many migrants to frame their work in Italian homes in terms of a familial and age-related hierarchy in relation to the person in-care. *Signora / signor* were often used during the conversation even in Ukrainian and point to a more formal employer/employee relation, but would often be coupled with the possessive pronoun »my« or »mine«, making it more casual. In both cases, however, the employer/ person-in-care is rather depersonalised, as both terms refer not to the individual (with their name and personality)

– which might indicate a personal tie of friendship – but to the relational status of the migrant in this situation.

Food as a form of control and regulation

Lisa Law, in her work on Filipina migrants in Hong Kong, names the consumption of Filipino national food by migrants, including the very taste and touch of food as an important factor in embodying Filipino women as national subjects (Law, 2005, p.238). In my interviews about the experience of working as a live-in care worker food constantly reappeared either as a reminder of the first traumatic experience of being a servant, or as a reminder of one's position in the house of the employer. Many of my interviewees not only had no opportunity to cook their national food or even to choose food, but many times they were deprived of almost any food. Many of my interviewees recalled that they almost starved when they first started in live-in employment; others mentioned that they were allowed to eat only very basic foods. For my interviewees, food would almost always become a part of regulatory regimes, when the time, frequency and quality of food was regulated by the employer according to their habits and regardless of migrants' needs.

In many of my interviews, learning to negotiate food (either through open demands or through various tricks), signalled a breakthrough in migrants' careers, and indicated their ability to negotiate their position in the houses of their employers. In many cases, migrant women would choose a subversive strategy of eating secretly from the employer's stores, while in others (like the following two examples) negotiating the food became an element of larger power struggles. Thus, Olexandra, (43, living alone with an elderly Italian woman) comments: »Sometimes my signora can get furious and then she calls me *sciava* [slave]! We [people from ex-USSR] are not even used to such words! So I don't take this from her! If she says something like that I just tell her "Wait until I won't give you any food for lunch, and then you will see who is *sciava* in this house!" She immediately becomes quiet!« Olexandra's power struggles with her person-in-care are not masked with niceties: an ageing Italian woman is not shy about spelling out that Olexandra's place in her house is to serve. However, Olexandra is not afraid to be direct either; using her physical fitness and the solitude of their lives, she stands her ground and her dignity, unsupervised and uncontrolled by the *signora*'s children, Olexandra's formal employers.

In another case, Andriy, who was only 28 but already a caregiver with over a year's experience, describing his adaptation path into his new job in Naples, referred to his ability to regulate his own food as a professional achievement:

> *It's a good job; they pay 800 euros per month and I don't have to do much. Plus, I have a whole flat to myself… but the last job I had was [sighs regretfully]…. It's just hard to start again, you know. Here I have to start all over again to teach them [employers] how to treat me. At my last job, I gradually trained them [employers] so well, that they knew all my habits. They knew that for lunch I have to have a dessert and that on Saturday I also like to have a beer. Here, I still have to slowly explain these things to them. But it's all right, I am working on this.*

In Andriy's case, in both places he managed to secure his relatively comfortable position not only through his dedicated work, but by positioning himself as a young person, a »grandson« of the person-in-care. In both instances, he negotiated his position with the middle-aged (his mother's age) daughters of the men he was providing care for. Being the approximate age of these women's children, he appealed to them through his hard work and his gallantry, as their »son«.

Sleep as a form of control over time and body

The regulation or simply the disruption of the sleep and rest hours of a migrant often becomes one of the more exhausting shortcomings of live-in arrangements. Thus Lesia, remembering a former job, recalls: »My granny would always keep me up at night; she would sleep during the day and at night she would make me play cards with her [laughs softly]. Of course, she was bored! But I had to do all the work during the day! I would just fall asleep and she would keep waking me up and complaining that I am not focused.« Even though in my interviews such examples as Lesia's would often be the result of the sickness of the person-in-care, the position of a migrant as sole care-taker, responsible for providing care for such a person without breaks or shifts, can result in severe cases of disciplinary control over their bodies. In this instance, even though the work is tough because of the patient's deteriorating condition, the migrant's positioning is maintained through unregulated regimes that are characteristic of domestic work.

It was not uncommon, however, for migrants to make use of such live-in arrangements in a more beneficial way. One of the best-functioning »tricks« was the business of *posto letto*, providing other migrants with somewhere to sleep for the night, for a fee. These arrangements were

particularly prevalent in the late 1990s and early 2000s. A live-in caregiver, working alone in the house of a bed-ridden or very sick person, would open up some rooms in the house every night for other Ukrainian migrants (sometimes as many as a dozen), from 10 pm until 8 am, charging on average 5 to 7 euros per night. Sometimes, such accommodation included a shower, but usually the rule was that the tenants could enter only after the agreed hour and had to leave with all their belongings by 8 am. The domestic worker then would clean up all traces of the night tenants. In fact, many of these places could run for years before being accidentally discovered (if at all) by the families of the person in-care. These examples of migrants' entrepreneurial activities show that, even within most regulated conditions of live-in domestic arrangements, abuses of power are not unidirectional.

Language and power struggles

Language – that is, the fact that, usually, a migrant starts work with an inferior knowledge of the language that will be the main vehicle for negotiating rights and duties – plays a major role in controlling migrants and establishing a hierarchy within the space of employment. The lack of language skills often represents not only a verbal, but also a general impediment to asserting one's rights, defending oneself against accusations or having the confidence to negotiate such rules at all. Mastering the language, at the same time, tends to boost migrants' ability to negotiate better conditions for themselves and may also enhance a migrant's sense of achievement (see also Bahna, 2020, in this volume). Thus Lesia, who in Ukraine was a theatre director, recalls particularly humiliating language lessons at her first job: »Once, I recall how I brought the wrong plate to my signora. She got so furious, my little old lady! She made me take out all the dishes from the cabinets, place them all in front of her, and go over all of them, and only then could I put the dishes back.«

Along with gaining strength through learning Italian, the Ukrainian or Russian language was often used as powerful tool to create a migrant's own space in the place of employment, putting some distance between them and their duties, establishing routines and simply venting frustration and anger. Thus, Yulja (29, a professional painter working as a daycare for an 80-year-old woman) recalled that she was very worried about her lack of Italian when she first started the job. Yulja, who has a somewhat humorous and sarcastic disposition, explained with laughter that language skills turned out to be »overrated« in her particular job; in the

course of a year, as Yulja learned more Italian, her signora's health deteriorated so much that she could hardly speak any more, the upshot of which was that to some extent Yulja's efforts were wasted. However, Yulja would often entertain her friends with stories about their communication:

> *Yulja: I was doing my exercises [aerobics] today in the living room, and my signora was dozing in her chair, when all of a sudden she woke up and started shouting at me »tu sei cretina [you are an idiot]!«*
>
> *Interviewer: What did you say?*
>
> *Yulja: Well, I told her, in Russian, that the only »cretina« in the house was obviously herself [laughs]. But you know, it's amazing… she [signora] can't really speak any more but then all of a sudden she just says »tu sei sciava« [you are a slave] or »tu sei nerra« [you are black]… I mean, out of all the words these are the only ones she still remembers [laughs]. Sometimes I feel very hurt … I don't think I deserve this after spending a whole day with her. But then I just tell her everything I think about her in Russian [laughs].*

In general, on multiple occasions I have seen migrant domestic workers leading parallel conversations with their employers in Italian and in Ukrainian or Russian; the polite and cheerful talk with the employer in Italian would often be paired quite openly with words of frustration and anger in the native tongue. Even if it did not change the situation in favour of the migrant, it would clearly create a much-needed space for releasing stress. Similarly, the introduction of mobile phones brought about a major improvement in domestic workers' living conditions, for many reasons. One of the main reasons is the opportunity it provided to keep in touch with family and friends in Ukraine at all times, at any free moment that can be spared, even under the most rigid work regimes. Conversations on mobile phones in Ukrainian or Russian disrupted the mono-linguistic space of Italian homes and migrants' routine and solitude, providing a source of energy and stress relief, and introducing something of the migrants' own lives into their Italian houses.

Work and employers, regimes and rights were among probably the most vital and most discussed topics among the Ukrainian migrants I lived with, interviewed or met in parks and bazaars. Many migrants would refer half-jokingly to the need to »train« employers to adapt to their presence in their homes. These accounts signalled to me the shifts that happen in Italian homes: not only do Ukrainian migrants have to get used to their new jobs and roles as domestic workers, but many Italian households had to learn to share the space with a domestic worker and a foreigner. In fact, it was not uncommon among migrants to complain about »nouveau riche« Italians who had no previous experience of domestic

help. In contrast, affluent families who had a history of employing domestic workers were considered better employers for migrants because the rules and spaces within the family were already clear and organised. This gave migrants a sense of clarity concerning their position in the house.

Conclusions

Domestic and care worker, especially those performing their work 24/7 in the privacy of other people's homes, have a particular mode of invisibility. Performing work in a space that is the private home of the employer/person-in-care gives rise to unique disciplining regimes for carers, and requires a particular effort on their part to maintain emotional and physical boundaries. As I also showed in this chapter, very often their whole behaviour is directed towards creating a marketable entity that can manage emotions, time, work and space in a way that allows them to perform intimate care work and yet maintain some distance. This overlap of the marketable, the moral and the bodily allows us to understand the »moral boundaries drawn on the body« (Lyon, 2007, p.217-8) of migrant domestic workers.

However, domestic work, especially geriatric care-work, gives rise to disciplining practices that are not unidirectional and transform not only the migrants. Such practices create multiple mutual dependencies and intimacies within social fields established in the course of work. Looking into various aspects of migrants' emotional and physical »actuality of labour« I analysed power negotiations and multidirectional disciplining processes inscribed in the bodies, daily routines and work practices of migrant women. The positioning of a domestic worker in such an intimate sphere as a home can often create mutual dependencies or obligations with those who hire them or the persons-in-care. These can lead to particular forms of social integration, and can be used by domestic workers to achieve their personal goals, such as legalisation of their stay in Italy, or everyday favours in difficult situations (translation from and paperwork in Italian, giving rides, sending extra help/presents back home to Ukraine). These ties that emerged out of the intimacy generated through care work were particularly valued by the women who participated in my research, and they treated them as a very material achievement.

Analysing the ways in which migrants utilise, contest and overturn various regulatory effects in order to make their migration both beneficial and tolerable, I discussed the construction of a certain migrant-self, that is, a summation of various bodily, performative and value transformations. In

relation to this deliberate transformation, migrants often develop a strong sense of pride and professional achievement related to their worker identity and their ability to negotiate the terms and conditions of their work. They often called this process »professionalisation«, staking their own claim for a term that in policy language often denotes the acquisition of a official training qualification or diploma. Many women commented that even though they had professional careers in Ukraine prior migrating to Italy, their life in Ukraine was sheltered and that it was Italy that made them strong, understand themselves and not to fear unfamiliar circumstances. As one of my interviewees eloquently summed up her achievement in migration (Valentina, 47): »Now I just know that if you drop me anywhere, anywhere in the world, just like that, like I am standing here now ... I know I will survive, I will make it. This is what Italy taught me.«

References

Anderson, B. (2000). *Doing the Dirty Work? The Global Politics of Domestic Labour*. London: Zed Books.

Bahna, M. & Sekulová, M. (2019). *Crossborder Care. Lessons from Central Europe*. Cham, Switzerland: Palgrave Macmillan. Available at: https://doi.org/10.1007/978-3-319-97028-8

Bahna, M. (2020). The economic rationales behind crossborder care among care workers from Slovakia. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 92–114) Friedrich Ebert Stiftung, Budapest.

Bartha, A., Fedyuk, O. & Zentai, V. (2015). Low-skilled Migration: Immigrant Workers in European Domestic Care. In Beblavý, M., Maselli, I. & Veselkova, M. (Eds.). *Green, Pink & Silver? The Future of Labour in Europe*, Vol. 2. (pp. 237–57) Brussels: Centre for European Policy Studies (CEPS). Retrieved from: https://www.ceps.eu/wp-content/uploads/2015/03/NEUJOBS%20Future%20of%20Labour%20Vol%20II_Final.pdf Accessed: 25.10.2020

Berger, J. & Mohr, J. (1975). *A Seventh Man*. New York: Viking Press.

Bettio, F., Simonazzi, A. & Villa, P. (2006). Change in care regimes and female migration: The »care drain« in the Mediterranean. *Journal of European Social Policy*, *16*(3): 271–85. Available at: https://doi.org/10.1177/0958928706065598

Farris, S.R. & Marchetti, S. (2017). From the Commodification to the Corporatization of Care: European Perspectives and Debates. *Social Politics: International Studies in Gender, State & Society*, *24*(2) (Summer), 109–131. Available at: https://doi.org/10.1093/sp/jxx003

Fedyuk, O. (2009, March 20). *Death in the life of Ukrainian labor migrants in Italy*. Retrieved from: https://migrationonline.cz/en/e-library/death-in-the-life-of-ukrainian-labor-migrants-in-italy Accessed: 7.9.2020

Fedyuk, O. (2012). Images of transnational motherhood: the role of photographs in measuring time and maintaining connections between Ukraine and Italy. *Journal of Ethnic and Migration Studies*, *38*(2) (February). Available at: https://doi.org/10.1080/1369183x.2012.646422

Fedyuk, O. (2015). Growing up with migration: Shifting roles and responsibilities within the transnational families of Ukrainian care-workers in Italy. In Kontos, M. & Bonifacio, G.L.A.T. (Eds.). *In the Dark: Family Rights and Migrant Domestic Work*. Palgrave Macmillan UK. Available at: https://doi.org/10.1057/9781137323552

Fedyuk, O. (Director) (2020). *Olha's Italian Diary*. [Documentary Film]

Gábriel, D. (2020). Negotiating Working Conditions in the Austrian Live-in Care Sector. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 115–143) Friedrich Ebert Stiftung, Budapest.

Graziano, P.R. (2009). Choosing Welfare of Losing Social Citizenship? Citizens' Free Choice in Recent Italian Welfare State Reforms. *Social Policy and Administration, 43*(6), 601–616. Available at: https://doi.org/10.1111/j.1467-9515.2009.00683.x

Hochschild, A.R. (1983). *The Managed Heart: Commercialization of Human Feeling*. Berkeley: University of California Press.

Hochschild, A. R. (2003). *The Commercialization of Intimate Life: Notes from Home and Work*. Berkeley: University of California Press.

Hrodetska, V. (2010, November 18.). Mafia, pitsa ta...seks [Mafia, pizza and ...sex]. *Express*

Istat (2014). Cittadini Stranieri. Popolazione residente e bilancio demografico al 31 dicembre 2014 Italia [Foreign citizens. Resident population and demographic balance on 31 December 2014, Italy]. Retrieved from: http://demo.istat/str2014/index.html. Accessed: 7.9.2020.

Law, L. (2001). Home Cooking: Filipino Women and Geographies of the Senses in Hong Kong. *Cultural Geographies*, *8*(3), 264–283. Available at: https://doi.org/10.1177/096746080100800302

Law, L. (2005). Home Cooking: Filipino Women and Geographies of the Senses in Hong Kong. In Howes, D. (Ed.). *Empire of the Senses*. (pp. 224-244). Oxford and New York: Berg Publishers.

Lyon, D. (2007). Moral and cultural boundaries in representations of migrants: Italy and the Netherlands in comparative perspective. In Passerini, L., Lyon, D., Capusotti, E. & Laliotou, I. (Eds.). *Women's Migrants from East to West: Gender, Mobility and Belonging in Contemporary Europe*. (pp. 212–228). New York-Oxford: Berghahn Books.

Malynovska, O. (2006, January 1). Caught Between East and West, Ukraine Struggles with Its Migration Policy. Retrieved from: http://www.migrationinformation.org/USFocus/display.cfm?ID=365 Accessed: 7.9.2020.

Marchetti, S. & Venturini, A. (2013). Mothers and grandmothers on the move: Labour mobility and household strategies of Moldovan and Ukrainian migrant women in Italy. *International Migration*, *52*(5), 111–126. Available at: https://doi.org/10.1111/imig.12131

Ministry of Finance of Ukraine. Data on average wages. Retrieved from: https://index.minfin.com.ua/ua/labour/salary/average/2016 Accessed: 7.9.2020

Näre, L. (2013). Migrancy, gender and social class in domestic labour and social care in Italy: An intersectional analysis of demand. *Journal of Ethnic and Migration Stu*dies, *39*(4), 601–623. Available at: https://doi.org/10.1080/1369183X.2013.745238

Ong, A. (1999). *Flexible Citizenship: The Cultural Logics of Transnationality*. Durham: Duke University Press.

Parreñas, R.S. (2005). *Children of Global Migration: Transnational Families and Gendered Woes*. Stanford University Press.

Pateman, C. (1988). *The Sexual Contract*. Stanford University Press.

Prifti, E. & Vuri, D. (2012). Employment Protection and Fertility: Evidence from the 1990 Italian Reform. *Labour Economics, 23*. Available at: https://doi.org/10.2139/ssrn.2057758

Reznyk, A., Strutynska, O., Nykorovych, H. & Korzhenko, R. (2010). Vidkrytyj Lyst: Expres-brekhnja abo khto khoche zvilnyty Ukrajinu vid Ukrajintsiv? [Open letter: Express-lie or who wants to free Ukraine from the Ukrainians?]"

Sayad, A. (2004). *The Suffering of the Immigrant*. Cambridge: Polity.

Solari, C.D. (2018). Transnational moral economies: The value of monetary and social remittances in transnational families. *Current Sociology, 67* (5), 1–18. Available at: https://doi.org/10.1177/0011392118807531

Thompson, E.P. (1971). The moral economy of the English crowd in the eighteenth century. *Past & Present,* 50, 76–136.

Uhde, Z. & Ezzeddine, P. (2020). The political economy of translocal social reproduction: cross-border care mobility in the Czech Republic. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 26–47) Friedrich Ebert Stiftung, Budapest.

van Hooren, F.J. (2010). When Families Need Immigrants: The Exceptional Position of Migrant Domestic Workers and Care Assistants in Italian Immigration Policy. *Bulletin of Italian Politics*, *2*(2), 21–38.

van Hooren, F.J. (2011). *Caring migrants in European welfare regimes: The policies and practice of migrant labour filling the gaps in social care*. Doctoral dissertation, European University Institute, Firenze.

van Hooren, F.J. (2012). Varieties of migrant care work: Comparing patterns of migrant labour in social care. *Journal of European Social Policy*, *22*(2), 133–47. Available at: https://doi.org/10.1177/0958928711433654

Vianello, F.A (2016). Migration of Ukrainian Nationals to Italy: Women on the Move. In Fedyuk, O. & Kindler, M. (Eds.). *Ukrainian Migration to the European Union: Lessons from Migration Studies*. (pp. 163-178). IMISCOE Research Series. Springer, Cham. Available at: https://doi.org/10.1007/978-3-319-41776-9_10

Vollmer B. & Malynovska O. (2016). Ukrainian Migration Research Before and Since 1991. In Fedyuk O. & Kindler M. (Eds.). *Ukrainian Migration to the European Union*. (pp. 17-33). IMISCOE Research Series. Springer, Cham. Available at: https://doi.org/10.1007/978-3-319-41776-9_2

Williams, F. (2012). Converging variations in migrant care work in Europe. *Journal of European Social Policy*, *22*(4), 363–376. Available at: https://doi.org/10.1177/0958928712449771

Zimmerman, M.K., Litt, J.S. & Bose, C.E. (2006). *Global Dimensions of Gender and Carework*. Stanford: Stanford University Press.

IV. CARE WORKERS' CAPACITIES TO ACT

Challenges facing Hungarian care workers when trying to act for themselves in the United Kingdom and in Hungary

Kinga Milánkovics

Introduction

The so-called 'care drain' in western Europe – the employment of cheap migrant labour in care work – has been widely discussed in the academic and public discourses (see also Uhde & Ezzeddine, 2020, in this volume). As explained in the Introduction to this volume, the marketization of care has resulted in the increased employment of central and eastern European women in western European households. This reflects an unequal exchange between eastern and western European countries. While I agree that working conditions and regulations in care work are defined by demographic and socioeconomic developments, in this chapter I will focus on carers' perspectives and their capacity to cope and to act for themselves within larger political and socioeconomic contexts.

As a Hungarian carer working in the United Kingdom, I draw on my own experiences and on discourses and dialogues among and with carers and families. Over the past decade I have been trained and employed as a carer. I have also talked to numerous Hungarian carers who have been employed abroad to find out what they think and feel about the prospect of 'Brexit' – whatever that turns out to mean – and what their intentions are in terms of work in the future. I am still in constant dialogue with them and often brainstorm about what kind of social structures

we might be able to build in order to improve working conditions in Hungary. There is also a kind of self-supervision or self-help network within a small community of carers, who are in regular touch. Although many of them express a wish to return to Hungary and work in the care sector there, most of them do not plan to return. This is because of the huge differences between working in the United Kingdom and in Hungary when it comes to legal regulations, wages and working conditions. While these are strongly influenced by the socioeconomic differences between the two countries, I believe that nevertheless there are many things policymakers and the carers themselves could do to achieve better working conditions in Hungary.

While I present the United Kingdom as a positive example in contrast to Hungary, care work is undervalued and underpaid there as well, in common with other forms of reproductive work. From Hungarian carers' point of view, working in the United Kingdom has various advantages compared with working in Hungary. I will highlight how carers experience the formal legal structures and the informal networks and relations they work within, reflecting on their ability to cope with or change their working conditions. Formal and informal networks, information channels, unions, laws and customs, the quality of social dialogue in the larger society, media attention, as well as business solutions all have an impact on carers' capacity to act. In my analysis I will show carers' experiences in the United Kingdom and in Hungary, and what helps or hinders them, with the purpose of advocating for more rights and better working conditions. I will show that the legal frameworks and economic circumstances of care work have to be changed in Hungary in order to confer more dignity on both the elderly and care workers. I will also argue that care culture, customs and social awareness must improve for the same reasons. This chapter is not a thorough sociological analysis of care work in these countries. Instead I will show what care workers experience and what improvements I, as an activist, suggest in terms of civic participation.

First, I will present the UK care system from a care worker's perspective and highlight what institutions and legal circumstances make care work in the United Kingdom better for Hungarian workers. I then explain what care workers find most problematic in Hungary. Finally, I will give an example of what solutions are available to activists and grassroots initiatives in order to improve carers' working conditions. Although systemic change is needed to improve carers' overall situation, for example, addressing the social value of care work in society, I would like to show

the aims and possible achievements of local initiatives. I believe that, despite all difficulties resulting from various systemic factors, carers can and should act for themselves in order to improve their situation by cooperating with each other.

Background

This text is based on my personal experiences as a care worker and an activist in this field. I have been working as a live-in carer in the United Kingdom since 2015. I have also been participating in sustainability-related grassroots development of social infrastructures and advocacy in Hungary since 1998. I received my first care training in 2011 in Hungary, where I had the chance to do my practical training in a municipality-managed elderly care home. I was also a hospice volunteer for some years in Hungary. During my care-related work in the United Kingdom I have had the opportunity to study the English elderly care system on-site. Because I have had clients from several regions of England, I have also been able to see how different local councils organise social care for the elderly. After I became a self-employed live-in carer in the United Kingdom, I also worked for care agencies to recruit carers from abroad. Between 2016 and 2019 I interviewed approximately 200 fellow carers or carers-to-be, mainly central and eastern European and third-country (non-EU) nationals, mainly women. This experience helped me a lot to understand the social and economic backgrounds, as well as the personal motivation of these people.

At the same time, I am also active in the network of carers who work in Hungary. In 2017 I co-founded an initiative called Conscious Ageing (which later became the Hekate Conscious Ageing Foundation). Among other aims, we work on improving working conditions and the overall elderly care situation in Hungary. We started an elderly care programme called the Osmosis Community-Based Elderly Care System (Osmosis CareNet). We help both families and carers with information, consultancy, matchmaking, conflict-resolution and mediation. We also run a Facebook group to improve communication, advocacy and interest representation among stakeholders in Hungary. Through that work I have the chance to talk to many families and carers and learn about individual circumstances, as well as the sector's systemic problems. These are the sources of information and experience on which this chapter is based. Osmosis CareNet will be analysed as an example of grassroots self-organization of carers, aimed at finding a communal solution for care needs in a socio-political

situation in which the state does not provide feasible opportunities for families needing care services. In other words, circumstances in which elderly care is strongly marketised.

The advantages of working as a live-in carer in the United Kingdom

The practical implications of the UK system for carers is that carers are integrated, visible and regulated actors in the system. This legal and structural legitimacy, together with proper workers' rights and support systems, result in a relatively well-structured space for carers to act for themselves. In what follows I will describe the main trends in care migration in the United Kingdom, and then look at the available institutions and tools that support the work of carers.

Increasing demand for migrant care workers in the United Kingdom

Elderly care is provided primarily by two major, interrelated social structures in the United Kingdom: the health care system and the social care system. Central and eastern European migrant elderly carers typically work in the social care system. Skills for Care estimates (2020) that around 84 per cent of the adult social care workforce are British; 7 per cent are EU nationals and 9 per cent are non-EU nationals. Both health care and social care employers recruit from the same pool for many caregiving roles. Another recent analysis of Skills for Care (2019) shows that the estimated number of adult social care jobs in England[1] in 2018 was 1,620,000, of which 1,225,000 (76 per cent) were carers and another 84,000 (5 per cent) were regulated professionals (for example, nurses, occupational therapists and social workers), including 41,000 registered nurses (these are nurses not working for the National Health Service). Another analysis published by The Health Foundation found that if the adult social care workforce grows proportionally to the projected number of people aged 65 or over in the population, then the number of adult social care jobs will increase by 36 per cent (580,000 jobs) to around 2.2 million jobs by 2035 (Buchan, Gershlick, Charlesworth & Seccombe, 2019).

1 In many aspects of health care and social care, domestic data is collected and monitored by England, Wales, Scotland and Northern Ireland separately, therefore I focus only on England in the following analysis.

This means that, while care demand is increasing dramatically, there is only a limited increase in the available workforce. This means that there is already a major labour shortfall in the health care and social care systems. According to AgeUK (2020) there already aren't enough care workers for everyone who needs them. Social care in the United Kingdom is already in a fragile state. AgeUK (2020) says that '130,000 new care workers are needed each year just for the social care workforce to cope with current levels of demand'. And because there is such a huge shortage of carers in the United Kingdom, and supporting structures and information channels are functioning well, carers can easily quit and find new clients if, for example, service users fail to respect their professional and personal boundaries. When carers have real opportunities to change jobs, for example, because legal, cultural and social structures underpin such moves, carers have enormous room and capacity to act for themselves.
In what follows I will describe what is available for EU-national central and eastern European migrant carers in the United Kingdom in terms of working conditions and capacities to act. I draw attention to the structural elements that are potential power-sources for carers.

Legal framework

The most common job types for central and eastern European migrant carers in the United Kingdom are: (i) carer in a care or nursing home; (ii) domiciliary carer; and (iii) live-in carer. Care jobs are offered typically by care provider companies or charities, such as care homes and agencies. Many carers work as self-employed service providers, who opt to work with agencies. A self-employed live-in carer makes about 700–900 GBP per week, while the cost of being self-employed is about 5-10 GBP per week. Carers can and mostly do work legally, therefore they are regulated and protected by the law. The Care Act, the Health and Social Care Act, and the Health and Safety Regulations are primarily important in regulating care work, including live-in care arrangements. A detailed list of laws and regulations is easily available for carers on the homepage of the Care Quality Commission (CQC),[2] which is a state-funded, but independent regulatory body for health and social care in England. CQC plays a very important role in the UK quality control system. It offers a non-mandatory, fee-based quality control service and certification to all care service providers. Based on this certification, service providers are able to

2 For more information see Care Quality Commission, 2020.

demonstrate their independent ratings to potential customers, families and the elderly themselves.

The fact that carers can work legally is crucial in relation to their capacity to act. Being legally recognised means that carers can represent their interests, speak up and seek protection and support in basically any area of their work. This applies not only to UK citizens, but to other migrant workers as well. EU nationals, including CEE migrant workers, have the same rights as UK nationals. After 'Brexit', this situation is likely to change for newcomer EU migrant carers. But the legal status of those already working in the United Kingdom is likely to remain the same and according to Government communication they will have the same rights and protections as UK nationals.

Based on the new UK 'points-based' immigration system I predict that from 1 January 2021, newcomer care migrants are likely to encounter more hostile working conditions, similar to those non-EU migrants suffer from at the moment. National visa regulations are and have been often used to restrain the capacities of migrant carers to act. This has been the case for non-EU nationals even before Brexit.

Care-related support available for carers in the United Kingdom

The roles, functions and boundaries of care work and carers are strictly regulated in the United Kingdom. This means that carers, clients and family members can and should know what is and what is not part of the job of a carer. For example, cleaning and other housekeeping tasks are not carers' responsibilities.

Also regulated are what caring tasks a live-in care worker should and should not do. As already mentioned, care needs are covered by the health care and the social care systems. These two cooperate closely and, for example, an elderly patient cannot be discharged from hospital until there is proper and appropriate care in place at home, provided by the social care infrastructure. It is the responsibility of health care workers to make sure that sufficient care services are in place at home. Until appropriate care is in place at home, patients must stay in hospital. Additionally, health care services are provided in patients' homes by district nurses. The district nurse network is part of the national health care system and they work closely with live-in carers. If a carer needs medical advice or help on the job, there is always a local number to call for advice 24/7. A district nurse is always there to give proper medical advice or

redirect to the ambulance service if needed. Also regulated are the care services for which live-in carers are responsible and the tasks for which district nurses are responsible. For example, changing a dressing on a wound is not the job of a live-in carer. In fact, carers are not allowed to change dressings; that is the job of a district nurse.

That means that a carer is never left alone at any time to solve issues with the client that arise out of the blue. This is very important for carers. When a live-in carer is alone with a client, in their home, it is a huge responsibility. Anything can happen to the client and in fact something often does happen. Making decisions and providing care in medical emergencies is a major responsibility that also requires high-level medical skills. Live-in carers do not and should not have the sole responsibility in such cases. It is crucially important to have sufficient backup and support systems behind carers. One cannot provide a good enough service without them. This is well established in the United Kingdom because of the effective cooperation between the social and health care systems, and the district nurse system.

Training is another important aspect of support for carers in enabling them to provide a professional service. According to the law, carers must receive induction training in their job before they start their first assignment. This is organised by the recruitment agency that employs the carer, if the carer is not self-employed. There is also an annual update training that is obligatory by law for both employed and self-employed carers. It is organised by either the company/agency or independent training providers. The obligatory training applies to both UK and foreign carers.

Self-organising and institutional support

Self-organisation and advocacy are also very important in developing working conditions for carers. There is a long history of workers fighting for their rights in the United Kingdom (Lovell, 1977). Trade unions, the workers' movement and the feminist movement have been relatively strong since the nineteenth century and are still important in shaping working relations and culture today.

Union membership costs about 7–8 GBP a month at Unison,[3] the largest British public service union. Being a union member means that carers receive information about the sector, major policy dialogues, legal challenges, achievements and campaigns. There are also various free helplines

3 For more information on Unison see their website https://www.unison.org.uk/

and legal support for union members, should a carer need them. Circulars and newsletters are regularly distributed to carers by email. This means that carers do not feel abandoned and that help is always just an email or phone call away.

Trade unions also function as watchdogs, because they provide a constant presence and control of the sector. The very fact that they exist has an impact on society and regulates people's, families' and service users' behaviour. Working in the care sector I also experience that representing interests and communicating clearly about relevant issues as a carer are generally appreciated.

The use of media and social media in improving working conditions

According to my experience in the United Kingdom there are various communication and media channels open to those who are willing to speak up. These include specific advocacy groups, municipality helplines, local charities, unions, and media outlets at the local, regional and national levels. Health care and social care are well discussed in the British media. There are several journalists who specialise in health care. Problems, issues and difficulties are covered in depth and the government is constantly challenged by the media. Ageing, demographics, dementia, elderly care, financing, care migrants and workforce shortages are part of the daily social dialogue. From the point of view of central and eastern European migrant carers, the media provides information on what is going on in the country at the national level and what is to be expected. There are also special programmes and support lines provided by media channels to which one can reach out. Now with the 'Brexit' process and also during the coronavirus pandemic, the public media feels like a reliable source for information and guidance.

While public communication is primarily helpful in spreading information about relevant issues in care work in the wider society, social media plays a crucial role in self-organising and in cooperation among carers. Carers commonly organise, for example, in Facebook groups and exchange information quite assiduously. They ask questions and make recommendations about potential workplaces. This is a very powerful tool for cooperation. As already explained, it is easy to find another client, agency or care/nursing home to work in. Therefore, carers and carers' groups have the power to influence their own communities concerning the selection of workplaces. Word of mouth is a strong and efficient

means of acting for carers, and social media platforms provide free structures for communication. There are many Facebook groups maintained by carers themselves. Some are even in Hungarian, specifically for Hungarian carers working in the United Kingdom. When someone wants to find a new placement, recommendations are sought from the group members. Currently I work together with two agencies and they were both recommended to me by fellow carers in a Facebook group a few years ago. Often, carers share their bad experiences in these groups, so basically one can obtain first-hand information about agencies or care homes very easily.

The role of market actors in shaping workers' rights and working conditions

There are two significant market actors in the care sector that strongly shape working conditions: insurance companies and recruitment agencies.

Liability insurance companies

It is often a requirement that carers take out Carer's Liability Insurance. It costs about 80 GBP per year. This offers protection to carers in the event that they make a serious mistake on the job. It reduces carers' vulnerability. Often, families take out similar insurance policies to protect themselves against instances in which, for example, the carer is injured on the job and claims compensation from the family.

Recruitment agencies

Organised, professional elderly care has a long tradition in the United Kingdom. Families and the elderly themselves know what it means to hire carers or other domestic help (such as cleaners or gardeners). Agencies also play an important role in communicating with families and service users about what they can and cannot expect from a care set-up in their homes. Agencies typically operate with a business model in which the family pays the agency for organising and managing the continuity of care and for all the conflict resolution that is an inevitable part of care operations most of the time.

In the elderly care sector, clients and carers come and go. People die, carers stop working; they are not constantly present as individuals and stakeholders in the community. Continuity and quality assurance are provided by local agencies most of the time. These are typically small,

often women-led local businesses or franchises organising care for members of the local community. They have several roles:

(i) recruiting and training carers;
(ii) checking carers' reliability, experience and references;
(iii) checking and assessing families, working conditions and clients' care needs;
(vi) providing training for families when they start hiring carers; and
(v) mediating between carers and families if there is an issue that the parties cannot resolve on their own.

From the point of view of carers, agencies are a huge source of help and background support to which they can turn when they are looking for a new client or need advice or mediation in a given job. Because there is such a vast shortfall of carers in the United Kingdom, there is strong competition between agencies to attract carers, so they tend to be as good as they possibly can, encouraging carers to remain with them. Good, reliable carers enjoy a rather welcoming environment at good agencies, regardless of their nationality or religion. Less good agencies attract less experienced carers with fewer prospects, offering lower wages. Upward mobility to good wages is available to all carers, however, even if they are not British. Top wages are basically defined by clients' financial limitations and are currently about 100–120 GBP per day for self-employed carers.

There are large differences between agencies. Agencies charge the families, and carers do not pay additional money for their services. There are different types of agencies, with different business models. The weekly fee that families pay to the agency varies a lot, ranging from about 100–200 GBP (introductory agencies, working with self-employed carers) to about 400–600 GBP (full-time employers). According to feedback from UK carers, however, the latter are going out of business, being too expensive for families and not paying the carers enough. Both self-employed and full-time employed carers are covered by social security and state pensions.

The sector is underfunded and not all business models are financially viable. There are many agencies that take advantage of inexperienced, non-assertive carers and save money by exploiting them and by providing them fewer rights and more insecure working conditions. Often difficult clients are given to carers who are not in a position to refuse a given job. On the other hand, the transparent agency network helps to increase the capacity of carers to switch to better agencies and to improve their working conditions.

All in all, there are several institutions and tools that assure carers good working conditions; or support them in advocating for better ones. Legal employment contracts generally provide concrete descriptions of carers' tasks and define their responsibilities. The quality control system provided by an independent institution (CQC) also helps to make the care market transparent. Based on the district nurse system, the efficient cooperation between the health care system and self-employed live-in carers provides constant professional support for carers regarding medical issues. Additionally, because attending follow-up training is prescribed by law, carers are encouraged to constantly professionalise themselves. Because live-in carers work legally, they can join trade unions, which are highly effective in the United Kingdom in distributing information and advocating for rights. Insurance companies and recruitment agencies are crucially important in making the situation of migrant care workers less precarious. Also, the intense media attention helps to politicise care work and to build a more respectful culture around care. The media can be also used to influence decision-makers in order to achieve more adequate legal regulation.

Working conditions and capacities to act in Hungary

As I mentioned in the introduction, I have talked to about 200 people who wanted to become carers in the United Kingdom. Most of them were doing care work in Hungary. Also, I talk to Hungarian carers working in Hungary on a daily basis within the framework of Osmosis CareNet.

As Gábriel (2020, in this volume) also shows, while there is an increasing demand for elderly care in Hungary because of demographic ageing, state expenditure on social and health care is not increasing. The care deficit is growing constantly: waiting lists for places in nursery homes are getting longer and longer; and unfilled job vacancies are also steadily increasing. One of the main reasons for the latter is that wages in the social sector are the lowest in the national economy (Gyarmati, 2019). Because of the decline of state services, the number of caring family members and paid live-in carers is increasing. Because live-in care arrangements are mainly illegal, however, there is no reliable statistical data about the actual number of live-in carers.

The carers we work with in the Osmosis network come from various backgrounds and typically offer either live-in or domiciliary care services.

Some of them are hospital nurses, who are (also) so badly paid that they have to have second jobs to make ends meet. Another pool of carers is non-skilled middle-aged women, who have no access to the legal labour market and are trying to find some kind of income. Most of these women are not trained as carers, which causes various difficulties for them and the families as well. Many of them are fleeing domestic abuse or poverty, or have housing-related issues that force them to choose live-in jobs.

According to my experience and that of the other carers I have talked to, the most important factor that affects carers' capacity to act in Hungary is that carers and the sector itself largely operate on the black labour market. Working legally and paying taxes entails so much additional cost that it is hardly worth it for carers to do. The legal way of providing live-in care is to become self-employed and pay monthly taxes. However, a live-in carer can make only about 120–300 euros per week, based on the ability of the care recipient or their family to pay for such services. If the carer decides to become self-employed legally, there is a minimum cost of 50 euros per week (taxes, fees, expenses), which takes a large bite out of the weekly wage. Consequently, if carers pay taxes they cannot earn a living wage or support their families. Moreover, this 50 euros has to be paid even during periods in which the carer does not have a client or income, which makes their general situation even more precarious.

The fact that live-in carers work illegally means that they lack all forms of social security, such as paid vacation, sick leave, pension and insurance. It also defines their access to rights, and it has various consequences for their ability to build up supporting structures.

Carers I have talked to primarily lack:

- systematic medical/care-related support or advice;
- legal protection;
- unions, advocacy groups;
- liability insurance;
- agency support;
- media, watchdog helplines;
- training updates.

Carers in Hungary are left completely alone in their job and enjoy no social or legal protection and support. Moreover, a care-related culture and customs are not present in Hungarian society in the same way as in the United Kingdom. Families and service users are not used to respecting workers' professional and personal boundaries within the framework of domestic help. As a result, exploitation of carers is common practice. There is absolutely no quality control or assurance in the system. Several

carers have told me that families want them to feed the animals, clean the whole house and cook for the whole family (not only the client). They often say that daily breaks are not properly provided. They also complain about not having sufficient supplies of nappies, gloves, cleaning equipment and food, which should be provided by the families.

There are absolutely no advocacy groups or charities the carers can really benefit from, either. While there are very active trade unions in the social sector,[4] which aim to improve working conditions and represent workers' interests in the public sphere as well, this is only available for those employed by state institutions. Private carers do not join trade unions, especially because most of them are working illegally. Therefore, there is no union or other institution that represents their rights. The only forum for carers to act and to communicate with each other is social media. Carers come together in Facebook groups, which are the platforms for self-support groups. If carers need care-related help, support or advice, the only place they can turn to is Facebook and their informal personal networks.

Also, no political party has invested sufficient amount of energy in reaching out to care workers and trying to change general working conditions and regulations in the sector.

Even though many families are looking for carers, there is a lack of structures through which supply and demand could meet in a regulated and quality-controlled manner. That also means that it is not very easy for carers to find clients, which means in turn that they have only limited options to leave a client or job, even if working conditions are far from adequate.

The Osmosis Community-Based Elderly Care System in Hungary

As already mentioned, systemic change is needed to significantly improve the situation of care workers in Hungary. Nevertheless, as an activist, I believe that we carers can do many things to improve working conditions. With other carers we are building a stakeholder-initiated and -owned autonomous elderly care support system in Hungary, called the Osmosis Community-Based Elderly Care System, or the Osmosis CareNet for

4 For example, the Trade Union of Workers in Social Care. (Szociális Ágazatban Dolgozók Szakszervezete, 2020).

short[5]. Our aim is to respond to the various challenges already described via self-organisation. Work started in 2017 and it is based mostly on experiences gained in the United Kingdom and in Hungary. I am coordinating this programme, which supports both families and carers in Hungary. As part of the Osmosis Programme we manage a Facebook group, supporting elderly care–related stakeholders in Hungary. The group now has over 8,000 members, including families, carers, journalists, politicians, researchers, businesses, nurses and doctors. We also provide tailored consultancy services to families, which means that we talk to them individually via Skype or Zoom.

Main activities of Osmosis CareNet

- community building;
- capacity building for carers, families and other stakeholders;
- consultancy, training, conflict resolution, mediation;
- helping to reconcile care-related demand and supply;
- awareness-raising;
- advocacy;
- building a quality control system within the community.

The main idea behind Osmosis CareNet is to connect carers and families and to build a community in which the interests of all involved parties are supported. Such a structure helps to initiate transparent communication among the actors and thus can serve as a quality-control platform. All the above listed activities are already in place, even though capacities are limited, as there is no proper funding behind the programme. At the moment we receive up to five direct requests for carers from families a day. Also, there are between three and ten requests per week from families for information or advice. We do not have sufficient resources to meet all these needs properly. In August 2020 a private company joined the community and gave a larger donation. This funding is going to be used to launch a website to support the activities listed above. The launch of the site is expected in December 2020.

The most difficult element of the system is to build a large enough pool of reliable and professional carers available for live-in care and domiciliary care. It requires a lot of work both to build and to maintain this carer pool. In the United Kingdom this work is funded by the families directly (agency fees) and organised by the agencies themselves. A good agency

5 For more information see the website: https://hekate.foundation/osmosis-carenet/

has about 100–150 carers on its books, all of them thoroughly cross-checked. Maintenance and quality checking of the carer pool is also very important. All this work requires at least 1–2 full time staff.
A long-term aim of the Osmosis system is to form a union for and with private care service providers and stakeholders. Unfortunately, the system is growing slowly as it is seriously underfunded and lacks resources. The other reasons for the slow growth lie in all the difficulties resulting from the fact that carers generally work illegally and because of the lack of supporting institutions, as already explained. All the elements of the system are being built from scratch, because there are hardly any other institutions or structures with which effective cooperation is possible, except for a few progressive municipalities, NGOs and individuals. The only available capacities are personal networks, social media, communication and IT skills, expertise in care and community development.

Conclusions

I have been listening to both families and carers for years now. Families complain about carers, carers complain about families and in fact, everyone is right to some extent. Elderly care is a complex and delicate space of human interaction. A lot of skills, attention, goodwill, trust, cooperation and communication are needed from all the parties involved, including carers, family members, clients and other potential actors in the system, such as GPs, nurses, hospital staff, social workers and occupational therapists. When these are not present, when supporting structures are missing, there is too much demand on both carers and families. At the end of the day families want more from carers, carers want more from families and everyone is unhappy. Especially the old people, who are often left behind in the turbulence.
As a migrant care worker myself and also as an activist, I have been participating in social dialogue around care migration in Europe for a few years now. I have been listening to policy-level experts, scholars, activists and carers as well. Based on these experiences and information on care work in the United Kingdom and in Hungary, I have found that care work is generally underpaid and undervalued in our societies, for systemic reasons. Nevertheless, I have seen that doing care work in the United Kingdom provides significantly better working conditions compared with Hungary. Being able to work legally and being supported by workers' rights, unions, institutions, organisations, structures and information make a huge difference. While the biggest difference derives from

the socio-economic inequalities between these two countries, which also gives rise to care migration, there are several things activists and grassroots initiatives can do to improve the situation in Hungary.

After highlighting the most important supporting institutions and actors that help care workers in the United Kingdom, I showed how care workers in Hungary experience their job and what their primary difficulties are. Finally, I introduced the Osmosis CareNet project that I am involved in, which aims to respond to these needs. The aims and focus of this network are inspired by my experiences in the United Kingdom. Our overall objective is to build a care culture and a system in which carers' and families' interests are both respected. Transparent and well-functioning communication between the different actors is of key importance in order to improve how care is provided. This project is an example of a bottom-up approach that aims to change the situation of care workers in Hungary.

Hopefully this initiative is an effective step towards a large-scale change in the entire care sector. Legal working conditions, training, quality control and supporting structures must be built and developed so that they offer a safe and suitable environment to work in. This work can be done in cooperation among carers, researchers, policymakers, politicians, experts, NGOs, the media and many other relevant actors in society.

There are numerous capacities, potentials and powers in the hands of policymakers, politicians, activists, academics, intellectuals, carers themselves, and many other stakeholders to reach out for. After the first wave of the corona pandemic, it is expected that economies are going to work hard to reinvent themselves. 'Unskilled workers' are now 'key workers'. At least for the time being, societies seem actually to mean it. We now have a major opportunity to help create the supporting structures and capacities needed to really make it happen.

References

AgeUK (2020). *Brexit could worsen broken care system for older people*. Retrieved from: https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/brexit/ Accessed: 11.11.2020.

Buchan, J., Gershlick, B., Charlesworth, A. & Seccombe, I. (2019). *Falling short: the NHS workforce challenge. Workforce profile and trends of the NHS in England*. The Health Foundation, UK. Retrieved from: https://reader.health.org.uk/falling-short Accessed: 11.11.2020.

Care Quality Commission. (2020, June 15). *Regulations for service providers and managers: relevant legislation*. Retrieved from: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers-relevant Accessed: 11.11.2020

Gábriel, D. (2020). Negotiating Working Conditions in the Austrian Live-in Care Sector. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 115–143.) Friedrich Ebert Stiftung, Budapest.

Gyarmati, A. (2019). *Aging and Care for the Elderly in Hungary. General Survey and Problems*. Friedrich Ebert Stiftung, Budapest. Retrieved from: https://library.fes.de/pdf-files/bueros/budapest/15482.pdf Accessed: 11.11.2020

Lovell J. (1977). British Trade Unions 1875–1933. In Clarkson L.A. (Ed.). *British Trade Union and Labour History A Compendium. Studies in Economic and Social History*. London: Palgrave. Available at: https://doi.org/10.1007/978-1-349-10939-5_2

Skills for Care. (2019). *The size and structure of the adult social care sector and workforce report in England, 2019*. Leeds: Skills for care. Retrieved from: www.skillsforcare.org.uk/sizeandstructure Accessed: 11.11.2020

Skills for Care. (2020). *Workforce nationality figures*. Retrieved from: https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx Accessed: 11.11.2020.

Szocális Ágazatban Dolgozók Szakszervezete. (2019, March 27). *A szociális ágazati sztrájkkövetelések és egyéb állatfajták*. Retrieved from: http://erdekvedelemszad.blogspot.com/2019/03/a-szocialis-agazati-sztrajkkovetelesek.html. Accessed: 11.11.2020.

Uhde, Z. & Ezzeddine, P. (2020). The political economy of translocal social reproduction: cross-border care mobility in the Czech Republic. In Katona, N. & Melegh, A. (Eds.). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. (pp. 26–42.) Friedrich Ebert Stiftung, Budapest.

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