

The recruitment of migrant carers within the German welfare state

The transnational recruitment of migrant carers by home care agencies is the focus of research currently being conducted by Professor Helma Lutz, Dr Ewa Palenga-Möllenbeck and Aranka Benazha at Goethe University Frankfurt, Germany. Their research demonstrates how the reorganisation of the welfare state has shaped processes of commodification and marketisation of care work. This has coincided with both the changes in family structures and the liberalisation of migration regimes within Europe, resulting in migrant live-in care being perceived as a simple and affordable solution that still maintains the ideal of familial care.

In Germany, live-in care for senior people in their own private homes is usually provided by female workers from Central and Eastern European countries. These care workers typically commute between their country of origin and Germany, staying for 2 to 3 months at a time. During this time, the carer is living in the home of the seniors and is usually on call around the clock. Many live-in care workers are brokered by agencies that take charge of payment collection, transportation, and similar services. This widespread practice, known as 24-hour care, and the agencies that link its supply and demand are currently under discussion because of exploitation and dishonest business practices.

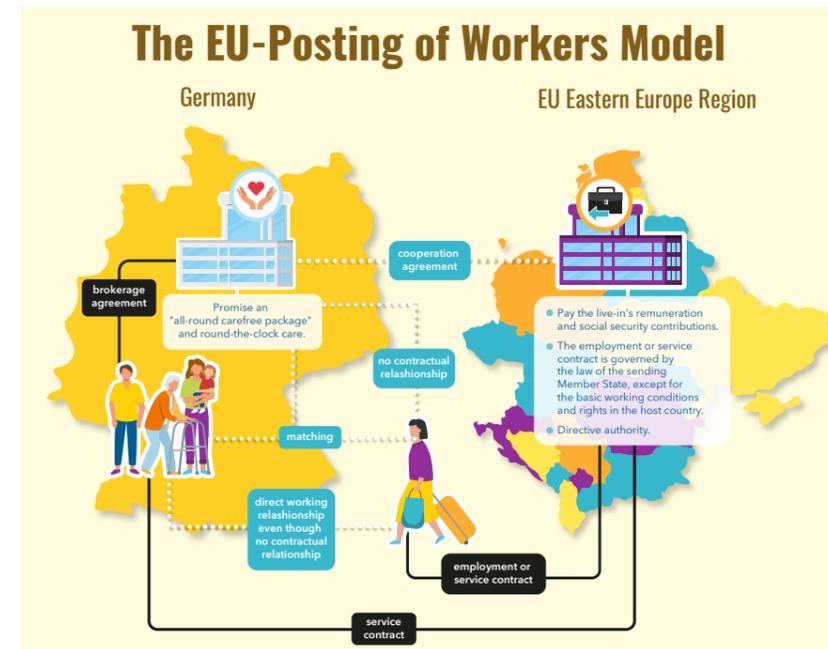
Understanding how live-in care services fill the so-called care gap in Germany is the focus of research currently being carried out at Goethe University in Frankfurt, Germany, by Dr Helma Lutz, Dr Ewa Palenga-Möllenbeck and Aranka Benazha. This evaluation of the transnational recruitment of migrant carers forms part of the D-A-CH (German-Austrian-Swiss) project *Decent Care Work? Transnational Home Care Arrangements*, with partners at Johannes Kepler University Linz, Austria and the University of Zurich, Switzerland.

CARING FOR GERMANY'S SENIORS
Traditionally, Germany is a 'home care society'. That means that the responsibility for providing care is assigned to the family. Placing seniors in nursing homes is socially rejected by most of the population, and seniors ostensibly prefer to be cared for by family members. Due to demographic ageing and structural changes in family patterns, the wish to age in place – in one's own home – becomes harder to uphold. Nonetheless, the German State is upholding the ideal

of familial care over institutional care. As a consequence, the private market for domestic care services based on transnational migrants is expanding.

The changes in family structures have coincided with both the neoliberal reorganisation of the welfare state and the liberalisation of migration regimes within Europe. Even though the introduction of mandatory long-term care insurance in 1995 can be seen as a collectivisation of social risks, the aim to support familial care arrangements remains unchanged. This is reflected in the statistics: in 2019, 56% of the 4.1 million people in need of long-term care were solely relying on the provision of informal care at home. While unregulated cash-for-care allowances (Pflegegeld) do not cover the full costs of care, they are moving the boundary between paid and unpaid care work. Not only do they strengthen the private sphere, but also the private sector. In turn, this leads to new social inequalities depending on gender, class, and migration status, where migrant live-in arrangements are perceived as a simple and affordable solution to fill the gaps in care. Accordingly, it is estimated that one in twelve households with a registered care recipient has hired a migrant live-in from the New EU Member States. Because the vast majority of them works on two- or three-month rotation, this could correspond to more than 410,000 live-in carers.

TRANSNATIONAL BROKERING
Commercial brokering agencies play an increasingly important role in the transnational care chains between Germany and the Central and Eastern European countries. The agencies in Germany are responsible for acquiring customers, while the agencies in the sending states are responsible for



The transnational organisation of live-in care and all actors involved.

recruiting the care workers.

To find out more about transnational home care arrangements, the research team carried out a qualitative analysis of German and Polish placement agencies websites. They also conducted a series of interviews. Semi-structured expert interviews were performed with representatives of German and Polish agencies, and stakeholders in both Germany and in Poland. Biographical-narrative interviews were carried out with migrant care workers in Poland and Germany. Semi-structured interviews were conducted with migrant care workers' spouses, children and parents in Poland and family members of care receivers in Germany.

Additionally, the research team conducted a comparative policy analysis of the impact of COVID-19 related policy measures for transnationally organised live-in care. This involved the analysis of policy measures with information gathered from inquiries with care workers during the period between March and June 2020.

RESEARCH FINDINGS

Despite the lack of official data, it is obvious that migrant live-in care has

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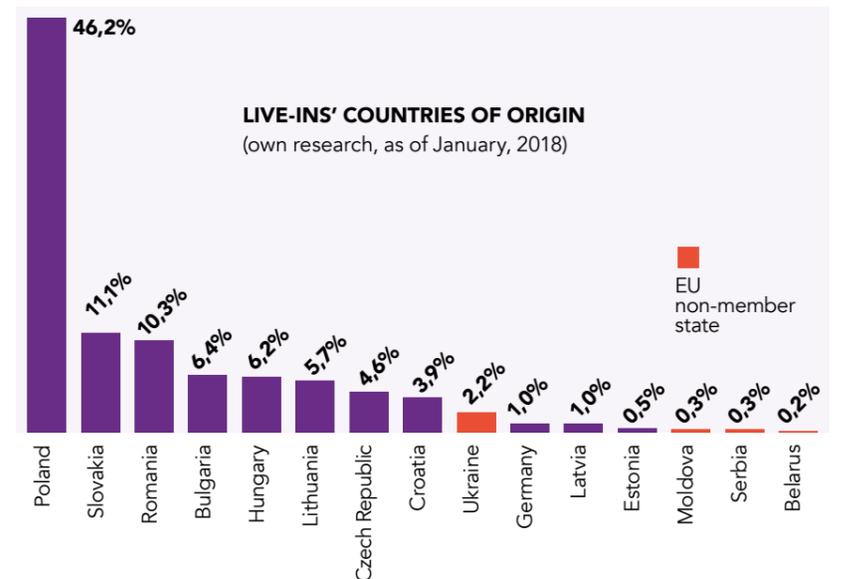
become an integral part of the care regime in Germany. The researchers identified more than 400 websites advertising migrant live-in care throughout Germany. According to their census, almost half of the, mostly female, live-in carers come from Poland.

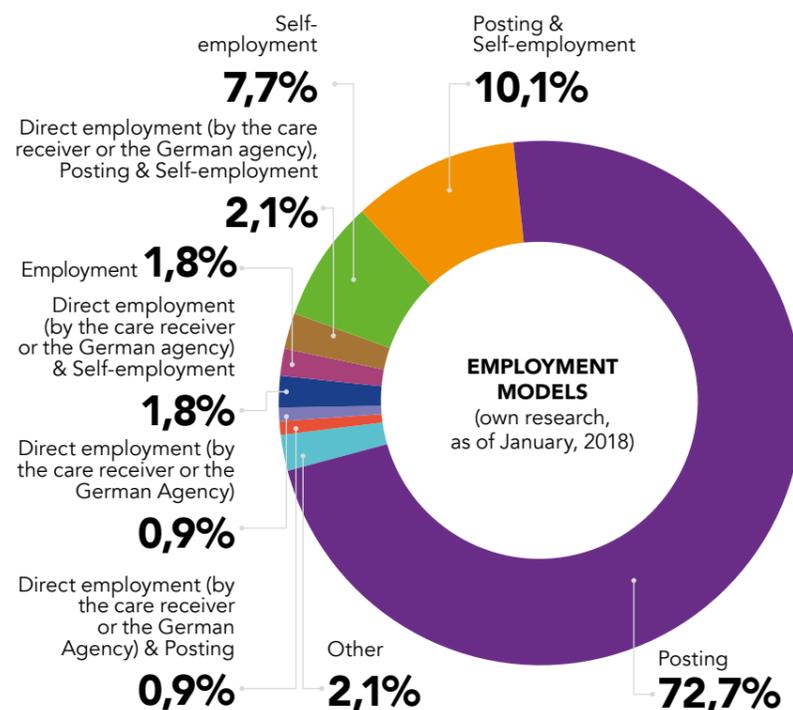
It is also common for agencies to place self-employed live-in carers. While self-employment offers advantages to the agencies and households, self-employed care workers are excluded from working time rules and minimum wage regulations. Moreover, self-employment is

Other important countries of origin are Slovakia and Romania.

The posting of care workers is the foremost model for more than 70% of the agencies surveyed. A posted worker is sent by his employer to work in another EU Member State on a temporary basis. Using the posting model, agencies benefit from higher profits due to the lower social security contributions in the countries of origin. Posted workers are still, however, subject to German working time regulations and minimum wage provisions, in case that they are hired as employees by agencies. Care workers from Poland, however, work as contractors – they have a service contract with the agencies. They are therefore not protected by labour law in terms of e.g. working hours or wage. However, even in cases where labour law applies, adherence to these legal protections

is threatened by the general expectation of round-the-clock availability, but the workers' location in private households make them very difficult to police.





a risk as it can be open to an assortment of legal interpretations.

A 'WIN-WIN' SITUATION?

The industry promotes an image of a 'win-win' situation for everyone involved, with the whole arrangement appearing to be fair, legal and professional. At a political level, the model is presented as a low-cost solution to the long-term care staffing shortage. The German agencies' websites depict live-in care work as an alternative to geriatric care facilities. The agencies promise individual, familial assistance and in addition, the senior care recipients' desire to remain in their own home is fulfilled. The relatives have 'quality time' with their senior loved ones as they are relieved of the practical hands-on care. In the sending countries, the recruitment agencies promise professionalism and good working conditions to the care workers, such as social security, training and promotion opportunities, and professional labour management. Moreover, the migrant care worker benefits from the transnational wage differentials, making the work appear well paid.

DECENT CARE WITHOUT DECENT WORK

Having examined these arrangements, however, the research team describes these services as 'decent care without

decent work'. What appears to be a win-win for all concerned 'turns out to be the reconfiguration of social inequality in transnational space'. The study conducted by Dr Lutz, Dr Palenga-Möllenbeck and Aranka Benazha uncovers how these arrangements are typified by precarious working conditions: work boundaries and time sovereignty are dissolved; live-in carers are expected to be on-call around the clock. Wages are low in relation to the long working hours, there is a lack of Social Security rights, and labour law regulations

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are often violated. Risks and responsibilities are transferred from the German agencies to their partner agencies in the sending countries and then to the care workers.

THE IMPACT OF COVID-19

The German government responded to the Covid-19 pandemic by facilitating only family members' caring roles for senior dependents, with the carers' grants compensating short-term absence from work to fulfil care obligations for up to

20 workdays. In addition, flexible unpaid family caregiver leave was available. These measures were introduced as families reported difficulties finding care workers. It underlines not only the inherent familism, but also that live-in and family caregivers are interchangeable in the government's eyes. Unofficially, people were not checked at the Polish border, allowing carers to enter Germany. Agencies sent minibuses to collect their migrant workers at the border. It appeared that care workers did not have to quarantine in Germany because they were considered essential for maintaining the senior care system.

Emergency aid programmes were established for businesses and their employees based in Germany. In spite of this, many of the migrant live-ins carers were not eligible for German assistance programmes as they are either posted under EU regulations or self-employed in their home countries, so they do not have German employment or service contracts.

The policy response to the pandemic did not affect everybody equally. Migrant care workers found themselves in a catch-22 situation. They could extend their stay, working in their clients' households and prolonging their separation from their own homes, families and friends. They could expose themselves to risks of infection on transnational journeys. Alternatively, they could stay at home and suffer financial hardship. Whatever they decided, their wants and needs were largely unconsidered in pandemic measures.

CONCLUDING REMARKS

The issue of care work migration is located at the intersection of three different national policies: gender, care, and migration. In revealing the precarity of transnational home care arrangements, this research demonstrates the considerable need for political regulations and control instruments, ranging from EU level to national policies that will protect the social rights of this extremely vulnerable group of workers.

Behind the Research



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Research Objectives

The research team studies and evaluates the transnational recruitment of migrant carers by home care agencies in the DACH region (Germany, Austria and Switzerland).

Detail

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Collaborators

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References

Leiblfinger, M., Prieler, 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>

Steiner, J., Prieler, V., Leiblfinger, M., Benazha, A. (2020). Truly legal!? Legal framing and legality narratives in live-in care in Austria, Germany and Switzerland. In: Katona, N. and Melegh, A. (eds.), *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. Budapest: Friedrich-Ebert-Stiftung, 69–91.

Lutz, H., Palenga-Möllenbeck, E. (2010). Care Work Migration in Germany: Semi-Compliance and Complicity. *Social Policy and Society*, 9(3), 419-430.

Personal Response

What do you consider to be the most effective action that policymakers can take to support migrant carers?

Firstly, we need a long-overdue debate on long-term care, its models (home care vs. residential care), financing and sustainability – not only nationally, for example in Germany, but also in the sending countries and Europe-wide. We are dealing with an imbalance in which, due to social inequalities between Eastern/Southern Europe and Western Europe, a care drain is developing between these regions – underprovision in the East and private provision for the better-off middle class in the West. Secondly, for live-in care, we definitely need much more regulation and control to establish not only good care but also good working conditions in this sector. However, we do not see that anyone in our research field is interested in bringing this system out of its fragile equilibrium. The most likely scenario in Germany, for example, is that a third model will be established between the models of self-employment and regular employment, in which self-employment will also be subject to social security contributions to a certain extent. This model exists in Austria. In Germany, the most important professional associations are campaigning for such a solution because they hope it will provide more legal certainty for their members. However, this model will not make the situation of care workers any less precarious, as our three-country project has shown.