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Migrant personal carers in private households: Motivations and perspectives

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Comments are welcome!

ABSTRACT

Background and Objective: Migrant carers providing caring labour in private households in Austria became an important characteristic of the care regime in this country. However, this concept of migrant 24-hour care in Austria has seen a major shift from mainly illegal migrant care towards regularised migrant care ("personal carers") from the year 2007. In order to make this approach legal and affordable, a financial support scheme has been introduced and adaptations have been made in several laws. This paper studies the motivation of personal carers from Central Eastern Europe working in Austria and discusses the perspectives and implications for the care regime.

Method: The study builds on in-depth interviews with personal carers originating from Slovakia and Bulgaria. The interviews will cover carers working both in urban and in rural areas in Austria. In the discussion, the analysis of the interviews will be complemented with an analysis of public long-term care policies and the long-term care market in the target country and an analysis of the economic circumstances in the home country.

Results and Discussion: Information from 14 interviews indicates that broader economic considerations are the decisive factor for working as personal carer. The current wage perspective in Austria, the employment or income situation in the home country and medium-term perspectives arising from this type of work are identified as main elements behind this factor. Regularisation was not a major driver for entering this care work sector, many were not even fully aware when they started working as formalities were handled by others, but carers increasingly recognise the advantages. In the conclusion, prospects will be discussed from the migrant carer perspective and from the system perspective asking whether this "personal carer" approach in private households will become an integral part of the long-term care regime.

1. Introduction

In many European countries, the arrangement of migrant carers working in private households, either as live-in or live-out carers, has developed into an important response to the challenges arising from ageing societies and related increases in long-term care needs, pressures on traditional modes of family care-giving for frail elderly relatives, a lack of affordable social services and the availability of relatively cheap migrant labour. The use of migrant labour in the domestic care sector is particularly widespread in many Mediterranean countries (e.g. Leon 2010, Lamura et al. 2010), but also in countries like Germany (e.g. Neuhaus 2009), Ireland (e.g. Doyle, Timonen 2010) or Austria (e.g. Schmid 2009).

In Austria, migrant care work in private households with carers mostly from neighbouring Central Eastern European countries increasingly emerged from the 1990s. It soon became a well known option for arranging care in private households. What was mostly called 24-hour care (referring to the live-in status of the carers), became an important characteristic of the Austrian care regime. In summer 2006, a major public debate on the illegal status of these arrangements erupted. These debates have finally led to the establishment of the “personal carer” system, backed up by new statutory provisions and a financial support scheme. This has marked a major shift from mainly illegal migrant care in private households towards growing use of regular migrant care from the year 2007, while it is still mostly live-in carers from Central Eastern Europe providing this type of care work.

The objective of this paper is twofold. It will investigate the motivations of personal carers from Central Eastern Europe working in Austrian households, exploring the factors that drive and attract carers towards care work in this particular arrangement. And, the paper will discuss the future perspectives for the personal care arrangement from the migrant care worker perspective in terms of their aspirations and from the broader care regime perspective. After a brief outline of the discussion of migrant domestic care work in the following section, the Austrian context will be presented. Then, based on fourteen in-depth interviews with personal carers in Austrian households, motivations and perspectives of live-in carers under the new arrangement will be investigated. The final discussion aims at the current situation and prospective developments of this type of care provision, asking whether this personal care approach in private households will become an integral part of the long-term care regime in Austria.

2. Migrant domestic care work

In the Mediterranean region and in Central European countries, migrant workers employed specifically for providing care for the elderly have become an important resource for many families and households. As a highly “feminised and foreignised” sector (Leon 2010: 412), the majority of domestic care providers are women from Central Eastern European countries and from developing countries (Leon 2010; Lutz 2008; Lutz 2007; Bettio et al. 2006), for many the only or the easiest opportunity to enter a foreign labour market. The occupation itself is commonly established as private employment in a grey economy of care. (Pfau-Effinger 2009) Low wage levels with limited social coverage and extensive work requirements together with a live-in or live-out employment mode make grey economy occupation precarious and exploitative. (Leon 2010; Williams 2010) Typically, in elderly care, the live-in arrangement is the dominant mode with tasks including household activities as well as care provisions. The performance of care services, however, implies specific burdens and has a strong social character because of the subjective needs of the elderly that have to be considered. (Haidinger 2008) And, there are particular psychological and physical burdens when the care user is cognitively and/or physically disabled. (Karakayali 2007)

Even if migrant domestic care workers are faced with a variety of drawbacks, “supply is still plentiful, which indicates that the incentives are strong”. (Bettio et al. 2006) The supply results from a lack of job opportunities, low salaries and unattractive working conditions and career opportunities in the home countries in Central Eastern Europe or in developing countries. As a consequence, many highly qualified and well-educated women see themselves forced to take on jobs of lower status in a foreign labour market. (Williams 2010; Bettio et al. 2006) The economic advantages of living at home and working abroad (rotational migration) are particular drivers of the current migrant care phenomenon in Europe. (Lutz 2007; Bettio et al. 2006)

“Welfare systems relying on in-kind provision (Sweden), contracting-out (the UK) and “tied” cash allowances to be used to hire private carers (France) favour the formation of a formal and regular care labour market”. (Simonazzi 2009: 9) Migrant care has emerged primarily and strongest in countries with a familialistic welfare approach and in countries with a cash-for-care orientation in their public care systems. An insufficient provision with social care services, changes in family networks and in family solidarity, the availability of care allowances and access to relatively cheap migrant care labour have been identified as major determinants of the development of the migrant care arrangement in European countries, including Germany (e.g. Neuhaus et al. 2009), Italy (e.g. Lamura et al. 2010), Spain (e.g. Leon 2010), Slovenia (e.g. Hrzenjak 2010) or Ireland (e.g. Doyle,

Timonen 2010). With increasing awareness of the growing grey economies of care and the situation of migrant carers, countries have started to adopt legal measures in order to stem the booming grey care market and to provide legal employment opportunities. The Austrian approach transforming a growing grey economy of care into a system of personal care provided by migrant carers in private households is discussed in the next section.

3. From irregular care workers to personal carers: Legalising 24-hour-care in Austria

The Austrian long-term care regime is characterised by a care allowance scheme as the major cornerstone of public long-term care policies. It was introduced to support people in need of care and to compensate for care-related additional expenses. (Hammer, Österle 2003) The tax-financed benefit is not means tested, paid in seven levels to the person in need of care who is free in deciding how to use the payment. Typically, care allowances are used in three different ways: as part of the common household income or as symbolic payments given to caring kin, as a resource for paying for social care services, or for the private employment of (migrant) caregivers. (DaRoit, LeBihan, Österle 2007; Österle, Hammer 2007) The introduction of the care allowance programme has increased the affordability of care services, however, because of limitations in the availability of community care services and substantial co-payments to be made, these services usually cannot replace family care. Migrant care arrangements, named as 24-hour care in Austria, became an increasingly attractive alternative from the 1990s, at least for middle-upper income households. Carers from neighbouring Central Eastern European countries informally employed in private households offered 24-hour care on a bi-weekly rotation staying in the private home of the cared for person. The placing of 24-hour carers in Austrian private households was organised via informal social networks, word-of-mouth and increasingly via commercial agencies. (Schmid 2009) Those agencies acted quite openly attempting to build a bridge between regular placing and irregular occupation. (Krenn, Haidinger 2009) The working arrangement was primarily based on commuting on fortnightly shifts with two migrant carers in one household.

While the problem of irregular 24-hour-care in private households was well known for quite some time, access to 24-hour care became a broadly accepted option. The attitude of the state towards this growing grey care market was reluctant. But, the fact that many Austrian households irregularly employed carers in their private households was raised by social service providers and increasingly challenged the government's position that long-term care needs are well covered by the Austrian care system. (Weicht 2010) Then, in the summer 2006, irregular 24-hour care became a major issue

in a broad public debate during an election campaign which worked as the impulse for politicians searching for a regulation of this growing grey economy of care. (Schmid 2009) After a short-term response ensuring that there will be no prosecution for irregular 24-hour care, a novel legal framework was introduced in 2007. The core element, the “Home Care Act”, regulates the conditions for a new occupational group, the so-called personal carers in private households. Personal carers can work either on an employed or on a self-employed basis, with the latter becoming the predominant arrangement. Furthermore, the law determines the tasks personal carers are allowed to perform. As a response to clients’ needs and the practice of 24-hour care tasks have been extended beyond household tasks. Basic care and medical tasks, as stated in the Health and Nursing Act, can be performed by personal carers after instruction and delegation by professionals. (Schwamberger 2008; BMASK 2009) The qualification requirements for personal care, as stated in the “Home Care Act”, provide three possibilities: the completion of a course for personal care (168 hours), the proof of care work properly carried out in a private home for at least six months or the delegation of care or medical tasks by a professional, which implies that the personal care arrangement is linked with a social service arrangement.

Apart from the legalisation, affordability was the second major objective of the new scheme. To ensure affordability, and depending on the mode of employment, persons in need of care can apply for a means-tested contribution ranging between a maximum of € 550 per month for one employed personal carer and € 275 for a self-employed personal carer. Because of the biweekly rotation of two personal carers, the maximum monthly benefit would double in these cases. (BMASK 2009) Financial support is means-tested and is limited to those receiving a care allowance in level 3 to 7 (about 190.000 beneficiaries) and those with dementia classified in level 1 or 2. (BMASK 2010) The intention of the subsidy was to cover the additional costs arising with the legalisation because of the need to pay for social insurance contributions.

Before the legalisation, it was estimated that about 30.000 irregularly hired 24-hours carers were employed in 15.000 private households in the year 2007. (Schmid 2009) In June 2010, 27,622 individuals are registered to work as self-employed personal carers in Austria. (WKO Österreich 2010) Additionally, about 300 personal carers are employed by social service organisations. 4,249 persons have applied for financial support for personal care in 2009 (Bundessozialamt 2009), with about 11,500 recipients in that year. These figures indicate that a substantial proportion of formerly irregular private employment has been transformed into regularised personal care and that personal care arrangements play an important part in the Austrian care system.

While social networks and semi-legal commercial agencies acted as the major mediators for the grey 24-hour care sector, the placing of personal carers is done by a range of private for-profit agencies and remarkably since 2008 by many of the big non-profit social service providers in Austria. They act as intermediaries and coordinators of the placement of personal carers in private households. Concerning quality requirements, the legal framework only provides some general clauses. While big non-profit social service organisations ensure quality by case and care assessment and management and by the opportunity to link personal care with social service provision, many of the smaller agencies only act as intermediaries.

4. Research approach and characteristics of personal carers

The new personal care arrangement was an attempt to regularise the previous illegal 24-hour care model. The number of registered personal carers and the activities of traditional social service providers indicate that this new care work arrangement has in fact become an important element of the Austrian care regime. This article attempts to, firstly, explore the motivations and the drivers underlying the decisions of Central Eastern Europeans to commute or to migrate to Austria for working as carers in private households and, secondly, to study the perspectives of this specific care arrangement both from the perspective of the carers and from the broader care regime perspective.

The study is based on 14 in-depth interviews with self-employed personal carers from Slovakia and Bulgaria working in private households in Austria. Additionally, experts in three big Austrian social service organisations offering personal care arrangements were consulted for an insight into the organizational background of personal care arrangements. The survey among personal carers was conducted between November 2009 and January 2010 on the basis of semi-structured qualitative interviews, both in rural (seven interviews) and urban areas (seven interviews) of the country. The interviewees were recruited via a non-profit social service provider and via a smaller for-profit company, both offering personal care arrangements to their clients.

Interviewees are aged between 24 and 63 years, but most of them aged between 30 and 48 years. Most of the interviewees have been working between 4 and 10 years as 24-hour carer / personal carer in Austria and have therefore been confronted with the changes of the regularisation. The older the interviewee, the longer they have been working as personal carer. In rural areas, on average, carers have been working for just 3.5 years on average in this sector, which is partly due to the fact that the diffusion of the personal care arrangement was delayed in many rural areas (except

for border regions) and that many carers prefer working in larger communities. Except for the three younger personal carers, 11 interviewees have children at home and are married or divorced. For all of the interviewees, the main residence is in their home country. Different from what is known from migrant care arrangements in Southern Europe (e.g. Leon 2010) and partly even from Germany (e.g. Lutz 2009), personal care is based on commuting (rotational migration) rather than prolonged stays in Austria. While carers from neighbouring countries and all the interviewees from Slovakia commute on a fortnightly shift, many of those from more distant countries like Bulgaria as those interviewed commute on a monthly basis. The qualification background and the former working positions of the personal carers varies considerably, including personal carers with university degrees, higher school certificates and secondary school qualifications. One personal carer from Slovakia holds a nursing diploma. 13 interviewees finished a basic care course in their home country to obtain the required qualification for working as personal carer in Austria. While there was a significant proportion of highly qualified health care staff among 24-hour carers, there seems to be a shift towards more carers with limited or no previous training and experience in nursing or caring. (e.g. Schmid, 2009) The tasks personal carers have to perform can vary considerably. While for some carers the work is mostly composed of household tasks and entertaining, others care for physically and/or mentally handicapped elderly people requiring care and medical tasks to be performed alongside household activities.

In terms of access to the personal care market, the interviewees mainly relied on informal networks and on mediating agencies, whereby the former are considered more reliable regarding the information on assets and drawbacks of the prospective workplace. Concerning the assignment to a private household it appears that the migrant carers themselves have only little participation rights. Generally, the Austrian personal care provider organisation and the demand behind their activities determine the workplace and the self-employment status. The necessary formalities are handled by the organisations.

5. Motivations of Central Eastern European personal carers

The decisions of Central Eastern Europeans working as personal carers in Austria are driven by factors that are linked to labour migration in general and to factors that are more specifically related to the 24-hour / personal care arrangement. While the analysis allows to clearly distinguish between factors related to labour migration and to 24-hour arrangements they mutually depend on each other in the decisions made by potential commuters or migrants.

Motivations for labour migration

Income perspectives, a highly problematic labour market situation in the home country and the opportunity to learn or improve language skills are identified as the main factors for labour migration among the respondents from Central Eastern Europe. Though even Slovakian personal carers reported about seven hours for travel time (one way), geographical proximity is mentioned as one of the basic conditions for labour migration as commuter.

Payment, living standard, unemployment and personal situation

The expectation to earn a higher salary is the most frequently mentioned motivation for entering the Austrian labour market. In Austria, monthly gross wages of € 2.655 are more than twice the average in Slovakia (€ 1.030) and five times larger than the Bulgarian average (€ 596). (BMASK 2009) Similarly, substantial differences in statutory minimum wages illustrate the pay perspective argument. While a minimum monthly salary of € 123 is guaranteed in Bulgaria, the Slovakian minimum wage is € 296. (Eurostat 2010) In Austria, a novel means-tested minimum income benefit is set at € 744 per month. (BMASK 2010) Whether these wage differentials become a major driver for migration or commuting is very much determined by the family or household situation. 11 out of 14 migrant personal carers interviewed have children at home. For them, labour migration is often seen as the only opportunity to earn enough money providing them with a better living standard, enabling them to pay for leisure activities, to make private investments and to enable a better education for their children.

“... I need money to manage my daily life ... that was not because, yes, I want more and more and more. That was really my last existence, so I did ...”

Personal carer from Slovakia, aged 50

“Because I have two little children at home, and with my work in Slovakia, I could only live with it, not more. But if we want to provide our children a bit of a future, then it is far too less ...”

Personal carer from Slovakia, aged 31

Migrant carers are highly motivated by the intention to spend on specific investments (e.g. to buy a house) or to keep the living standard in the country of origin. For the most part, however, investing in the children's education and more generally their future is the strongest economic motivation put forward. Similar results have been found, e.g., for Germany in Döhner et al. (2008). Additional income pressure can arise from changes in the personal situation of the care workers, mostly related to a divorce making women the only breadwinner for the family (for similar conclusions see Lamura et al. 2010 for Italy or Lutz 2004 for Germany).

Apart from the income perspective, the broader economic context in the country of origin, in particular in terms of the labour market situation, is a major factor in the migration decisions made by personal carers. In 2009, the unemployment rate is 12% in Slovakia and 6.8% in Bulgaria compared to 4.8% in Austria. (Eurostat 2010) Long-term unemployment in 2008 is 51.7% in Bulgaria, 69.6% in Slovakia and 24.3% in Austria. (WKO Österreich 2008) Regional variations lead to even larger differences in labour market performance. In Slovakia, e.g., unemployment ranges between 3.4% in Bratislava or 4.5% in Trencin in 2008 in the West of the country, compared to 18.5 % in Banskà Bystrica (Central Slovakia) or 13.4% in Presov and 13% in Kosice (both Eastern Slovakia). (OECD 2010) High unemployment and a poor level of working opportunities regardless of the qualification background is a strong motivation to migrate for work. And in fact, most of the interviewees from Slovakia are from the economically deprived Central Eastern parts of the country. Statements from the interviews with personal carers on the importance of wage differences and working opportunities strongly correlate with empirical studies that have also identified these as major factors for migrants and commuters from Central Eastern Europe working in residential care facilities in Austria. (Lenhart 2010)

The difficulty to find a job in the home country labour market also has been identified as a crucial factor for migrant carers working in the UK (Cangiano et al. 2009) and in Italy (Lamura et al. 2010). Interviewees in this study have also referred to the global economic crisis and its consequences for the labour market in their home country. Some have reported job losses due to financial difficulties of their former employees while particularly the older migrant carers aged between 50 and 63 years regard their advanced age as an insurmountable hurdle when seeking a job. Two of the Bulgarian personal carers were already retired but in view of their low monthly pension, they were forced to continue to work, even if this means to go abroad.

“... for old people it is really difficult, not to say impossible to find work. For young people it is not easy, but, if you are fifty, sixty, it is not possible anymore.”

Personal carer from Bulgaria, aged 62

Statements of the Bulgarian carers point at the precarious social and economic situations many of the Bulgarians are faced with. While in 2006 the minimum contributory social insurance pension (for persons with complete insurance coverage) is set at € 43 (85 lev) per month, the social pension is only about € 32 (63 lev, converted by € 0.511292) per month, compared to the national minimum monthly wage of € 123. (Asenova, McKinnon 2007) Older persons therefore have repeatedly been identified as a particularly vulnerable group in terms of economic deprivation and has not least lead to a trend towards relocating from rural to urban areas expecting improved work and income

opportunities. (Asenova, McKinnon 2007) This study indicates that another coping strategy of Bulgarian women is commuting to Austria (and most probably other countries) for improving their income situation by providing paid care in private households. Difficulties to find employment at a later age together with the objective to improve the retirement pension has also been identified as an important motivational factor of Polish domiciliary workers in Germany. (Döhner et al. 2008)

Language, competences and skills, cross-cultural interest and travel opportunities

In addition to income perspectives and the labour context, the possibility of learning a foreign language represents a third major motivational aspect mentioned by the interviewees. Almost all of the personal carers declared that the opportunity to learn and improve their German language skills is very important, not only as a necessity for the personal care job but also for improving job opportunities in other professional work sectors in Austria. The objective to acquire language skills was particularly strong among younger women. (see also Lutz 2004) While placement agencies expect some basic language skills as a minimum condition for placing foreign personal carers, prospective carers in general have to organise the acquisition of language skills themselves.

“I have learned German the first time when I got here ... I tried to learn pretty fast, after a month I could already talk. Because I had to and I wanted to. Without communication there is no way to do this job. This work is far too complicated and then misunderstandings occur, and this is not good. Thus, you have to know German. I always tell every caregiver, or if I meet someone who would like to do this job, the language is at the first place. Because without, it is really hard. For both sides. “

Personal carer from Slovakia, aged 32

The motivation to improve the German language goes in hand with a strong cross-cultural interest and the willingness to extend the competences and skills. The 24-hour-care job involves a live-in arrangement with a close relationship of the client and the personal carer sharing the living space on a biweekly rotation. Interviewees mention the need to adapt to specific cultural differences and expect to gain personal experience and to further personal development by getting together with people from a different cultural background. A few young Central Eastern European women have also pointed at the opportunity that the job might enable them to travel around the country, which however is considerably limited when working in a 24-hour live-in arrangement.

Motivations for 24-hour arrangements in the care sector

The more specific motivations of Central Eastern Europeans for a personal care job in Austria is an interplay of extrinsic economic factors and more intrinsic factors. The broader economic

determinants include pay perspectives, working time allowing work in Austria while at the same time having regular residence in the home country and the career opportunities arising with the experience in the job. In terms of factors going beyond economic considerations, the interest in working with elderly people and the opportunity to gain interpersonal skills are main issues addressed by the interviewees.

Payment, Working Time, Education and Career Opportunities

Working as a personal carer fulfils the aforementioned factor of attractive earnings perspective when commuting or migrating for work towards Western Europe. A personal carer in Austria can expect a monthly net income of up to € 1000 (between € 40 and € 70 per day, depending on the client's needs and the tasks to be performed) for a two weeks stay per month in Austria. This is far beyond the minimum pension level or the average net income in the Central Eastern European countries and it is above the monthly average gross earning of professional health care professional in Slovakia.

The pay component, however, is not the main motivation for work as 24-hour personal carer. Rather, it is the fortnightly shift arrangement that interviewees refer to as a key factor for their decision to work as a personal carer. The rotation allows the combination of a living in the home country with children, while at the same time it is attractive because relatively moderate living costs in Slovakia or Bulgaria can be combined with the attractive earning perspective in Austria. And in fact, the majority of the interviewed carers have no intentions to migrate to Austria. In contrast to migrants who intend a longer stay in the domestic care sector due to a missing residence permit (Cangiano et al. 2009), most persons (with a residence permit) pursue a shorter-time occupation abroad (Lutz, 2004). Many studies have shown that the live-in arrangement is generally not preferred to a live-out arrangement. (Degiuli 2007, Anderson 2000) In the current Austrian context, however, live-in arrangements for migrant carers remain the preferred option, exactly because of the aforementioned economic benefit of combining work in Austria and relatively moderate living costs in the home country. In the current live-in arrangements, board and lodging are provided by the household, which would not be available in a live-out arrangement.

“... Two weeks ... that's much better for me. Because that enables me to be with my daughter. You know, I have to work the whole month and when I have holidays, I am able to go home. And that is very preferable for me, two weeks I am in Austria, two weeks at home. I can be with my daughter and everything, everything I need to do at home. That's perfect for me. Otherwise I would not be able to do this kind of work ...”

Personal carer from Slovakia, aged 35

Furthermore, the fortnightly rotation (or in the case of Bulgarian carers a monthly rotation) is not only seen as preferable in terms of combining work and living, the fortnightly shift has also been noted as favourable in terms of coping with work related burdens. Given the very interactive and intimate character of the work, interviewees argue that work arrangement provides the opportunity to step away from work for a prolonged period.

“I have always said, the person who invented this fortnightly shift should receive the Nobel Prize. Because after two weeks it is really enough. And this is not only important to us, it is important for the patients as well, because we can give our patients something. But if we are completely wasted ...”

Personal carer from Slovakia, aged 48

From the personal carer perspective, economic considerations are complemented by the opportunity to gain further education. This, however, is almost exclusively stated by younger personal carers. They regard work as personal carer as a stepping stone for employment in the health and social care sector, whereby respondents mostly refer to residential care institutions (as this is closer to their current tasks) rather than acute care sectors.

“... but I would like to start as a caregiver in a residential home, because I have to get into this work and learn how it is carried out. I have to teach myself how to do that. I would like to start working in a residential care institution, with old people, because this is similar to my present employment.”

Personal carer from Slovakia, holds a diploma in nursing, aged 35

For those who have been working as 24-hour carers even before the regularisation, the transfer into the personal carer regime was broadly considered as a great relief as fears of getting caught and being accused for illegal employment have now disappeared. In the course of working as personal carers, most of the respondents regard the ability to receive social security benefits as the most advantageous consequence of the regularisation. The entitlement to a pension or the opportunity to improve pension rights is a particularly important issue for jobholders, and more importantly with increasing age.

Intrinsic motivation and soft skills

Apart from the broader economic considerations, personal carers display considerable intrinsic motivation for work as personal carer. Interviewees, some already having experience with caring for a frail elderly relative before coming to Austria, strongly emphasise that the work can only be done if there is an interest and desire to help other people. Some interviewees have used the term “pleasure” describing work with elderly people. In addition, dealing with the elderly person is seen as an opportunity to gain interpersonal skills.

“I would like to work with old people. I consider this kind of work as very satisfactory for myself. And if someone is satisfied and laughs, then I see I can help ... and that is what I perceive as grateful. But I always do this from heart, otherwise you cannot do it. “

Personal carer from Slovakia, aged 51

“I love to deal with old people, we can learn a lot from them, we can help them a lot, and that is always being together, two by two.”

Personal carer from Slovakia, aged 31

The altruistic motivation found in many personal carers' responses might also explain a high level of job satisfaction. Similar results have been found for private agency workers entering care work in Ireland. (Doyle, Timonen 2007) A German study on Polish migrant carers shows that opportunities to working in this field in the home country is limited because care work at home is strongly assigned to the family, apart from the fact that most people would be unable to afford a personal carer. (Döhner et al. 2008)

6. Perspectives for personal care arrangements

The perspectives and plans of the migrant personal carers interviewed differ considerably by age and qualification background. A few interviewees are interested or willing to stay in Austria and to move from the personal care job to start working as an employee with a health and social service. Most respondents, however, have no intention to permanently move to Austria while they still intend to continue working in Austria for more years. Personal carers at an advanced age plan to stick to the work for another 10 to 15 years, until they are entitled to a pension. The Bulgarian carers already retired plan to continue for an undefined period of time in order to top up very low pensions.

“... for a further few years, yes. I would like to continue this work a few more years. I am healthy, I can do it, yes, yes. As long as I am strong enough to care for old people....”

Personal carer from Slovakia, aged 51

Most younger personal carers, but also some of the carers at a more advanced age, regard personal care as continuing qualification in connection with their previous educational or working background. If intending to stay in the Austrian care labour market and probably immigrate permanently to Austria, they aim at completing a nursing diploma or training for a health care assistant.

“Yes I really tried to find work in a field with regular working conditions. For instance, in the future, I will try to work in a residential care home or somewhere, where I really have fixed working times and money and, ahm, everything. And I do not have to do everything on my own.”

Personal carer from Slovakia, aged 50

„If I would have the chance for a regular work, for, I mean, a job but with regular working hours, I mean, in a residential care home or something ... I would like to continue to work what I am working since almost four years and to try, a training for nursing or health care assistance or something. And then continuing.“

Personal carer from Slovakia, aged 24

The aim of achieving further training in the area of social care or care for older persons has also been identified as an important issue for migrant carers in other countries, as an opportunity to move from the private to the public care sector and from a migrant carer to a professional carer. (e.g. for Ireland, see Doyle, Timonen 2010) Further education intentions, however, remain rather vague in the Austrian context. Most interviewees have no or very little information on training opportunities. Agencies and social care organisations involved in personal care placement observe that a few migrant personal carers achieve to complete additional care-related qualifications and continue to work in either residential care institutions or as personal carers in Austria. Above all, this is younger personal carers that choose to immigrate to Austria together with their children in view of job security and improved living standards in Austria.

In expert debates, poor qualification and a lack of quality assurance are – apart from the precariousness of the work arrangements – seen as major problem areas of migrant care arrangements. (Cangiano et al. 2009) In this study, placement organisations did not mention quality and qualification as a key problem, emphasising that it is the practical experience of the jobholders, regardless whether this was gained through kin-care or professional care that determines the quality of the care. This training method of “learning by doing” is in fact a common approach. In addition, concerns about a lack of qualification are moderate because of the market situation. Both, established social care organisations now working as placement organisations and the regularisation of personal care, has helped to increase the interest in working as personal carer in Austria. This allows the placement organisations to select those with some care-related education (even with diploma in nursing) or those who have already gained some experience in caring for an elderly person. To further this, partner organisations in the home countries are often offering short term training programs for potential personal carers. This selection process can also explain a relatively large proportion of nursing professionals among personal carers. In the organisations under consideration about half of all personal carers have formal training.

While qualification is not identified as a key problem in the personal care sector, it is acknowledged that live-in arrangements involve a very personal and intimate relationship and thus a variety of difficulties and challenges migrant carers potentially have to deal with. This can involve problems of communication, the relationships between the carer, the cared-for and her or his family, a lack of free time and private space, feelings of overload with the working situation, in particular when specific needs have to be covered or when the health situation worsens. (e.g. Karakayali 2007; Lamura et al. 2010) It is therefore widely recognised, that additional care-related training to cope with these situations would be an important contribution in supporting personal carers and in improving the quality of work. The entrance of established social care organisations has helped to start developing and implementing care and quality management programs that provide support and advice to personal carers. This is not the case for smaller placement organisations, also because the Home Care Act is not very specific about quality requirements.

Different from other regularisation attempts in Europe, personal care has been integrated as an independent profession into the Health and Nursing Act. The job description covers a broad spectrum of tasks providing “assistance for health care professionals in domiciliary care”. While the German law limits activities to household tasks (Döhner et al. 2008), simple care and medical tasks can be delegated to a personal carer. The fact that many personal carers already have some formal training is taken up in three ways by social care organisations placing personal carers. Firstly, they are placing personal carers according to their qualifications and the needs of the care receiver. Secondly, they provide help and advice to those personal carers who want to approve their nursing diplomas in Austria or those who want to qualify towards a diploma. And, thirdly, there are arrangements where qualified nurses work on the one hand as self-employed personal carer and on the other hand – when performing specific care tasks – they work as freelance professional nurse which also provides them with additional income.

Before the regularisation, as formalities were either handled by placement organisations or directly with the care user, migrant carers often have not been fully familiar with their legal status and their work and social security rights. The interviews have shown that this even was the case when their status has been transformed into that of a personal carer. At this point, 24-hour carers themselves were sometimes sceptical whether regularization will turn out to be advantageous for them. The reaction was a semi-compliant behaviour (Ruhs, Anderson 2008), welcoming regularisation and working permit while there was a fear that the need to pay taxes and social insurance contributions could reduce their income. Increasingly, however, they became aware of their new status and of the

access to social protection coverage this provides, also because established social care organisations provided them with more systematic information about their status and their rights.

7. Conclusion

This study shows that personal carers currently working in Austria are driven by broader labour related factors (income perspective, employment opportunities), but also the more specific features of working as a personal carer. It provides relatively attractive income opportunities in a sector where carers have already been trained or where they would like to develop qualifications. And, the specific rotational arrangement allows them to commute and to combine employment in Austria with regular residence in their home country. While the regularisation did not necessarily increase the carers' income, they are increasingly aware of the additional benefits the personal care arrangement holds. In addition, the involvement of established social care arrangements tends to strengthen the links to the social care sector and herewith potential opportunities to move on to other employment arrangements in the social care field. This could further strengthen the attractiveness of personal care work. But it also raises serious concerns about further human resource drain from Central Eastern European countries.

What is commonly entitled as migrant care has developed into an important, but often irregular and disintegrated, element of many long-term care systems in Europe. Various attempts have been made in European countries to stem or to regularise these arrangements. (e.g Leon 2010; Lutz 2009; Theobald 2009) With the Austrian regularisation approach aimed at legalisation of the previously grey care economy, personal care is becoming an integral part of the long-term care system, both from the system perspective and from the user perspective. It has legalised the employment status of 24-hour carers and provides them with full access to social protection rights in Austria, including social health and pension insurance coverage. However, in terms of working conditions, comparative levels of pay, the specific burdens and conflicts that arise with 24-hour care, and a lack of systematic support of quality assurance, the arrangements still remain very precarious. The involvement of established social care organisations as placement agencies has helped to start developing case and care management programs that attempt to integrate personal care and it has helped to address personal carers as an integral part of care provision. But, respective developments are only at the beginning and are not sufficiently backed up by the regulatory system still leaving much room for placements ignoring the specific circumstances of personal care arrangements.

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