

IMPACT OF THE COVID-19 PANDEMIC ON LIVE-IN CARE WORKERS IN AUSTRIA, GERMANY, AND SWITZERLAND



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DECENT CARE WORK? TRANSNATIONAL HOME CARE ARRANGEMENTS



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[HTTP://DECENT-CARE-WORK.NET/](http://decent-care-work.net/)

FRAGILITY OF TRANSNATIONAL LIVE-IN CARE ARRANGEMENTS

- live-in care models in AT, DE, CH
 - (mostly) female care workers from Central and Eastern Europe
 - typically 2 carers alternate in rotas of 2 to 12 weeks and commute between their workplace and their home countries
 - carers live in homes of care receivers during rotas
 - self-employment in AT, employment by household or temporary employment agencies in CH, EU-posting of workers in DE
 - central and increasing role of agencies
- increasingly established model for elderly care in these countries
- precarious working and living conditions of live-in carers
 - long working hours
 - low wages
 - on-call duty (almost) around the clock
 - substantial share of informal and irregular labour

METHODS AND DATA

- in-depth comparative policy analysis (March to June 2020)
- supplement by inquiries with care workers, representatives of care agencies, unions, and activist groups
- limitation: more in-depth interviews required, especially to understand longer-term effects

FINDINGS: IMPACT OF THE COVID-19 PANDEMIC ON LIVE-IN CARERS

- measures primarily serve to safeguard care provisions while subordinating care workers' wants and needs
 - extending workers' rotas**
 - re-establishing transnational mobility
 - support for care workers financially affected by the pandemic

EXTENDING WORKERS' ROTAS

- CH: extension of live-in carers' work permits
- AT: one-time, tax-free bonus of 500 Euros for extension
- DE: association of agencies unsuccessfully asked for establishment of Austrian incentive
- all three countries: many live-in carers extended their rotas
 - returning home had become difficult due to travel restrictions
 - moral obligation towards the elderly in their care
 - media portrayed live-ins as devoted and dedicated heroines

EXTENDING WORKERS' ROTAS

- worsened working conditions
 - limiting of visiting care/nursing services, relatives visits
 - agencies or households partially required care workers to remain in the households during their free time
 - some live-in carers were isolated in households for weeks
- additional psychological burdens
 - changes in social practices, daily routines negatively affecting mental health of care receivers with dementia (in AT: 40+%)
 - mental health of care receivers impacted: risk of severe course
 - likely put further mental strain on care workers
 - live-in carers carried psychological burden by the extended separation from their own homes, families, and friends and by uncertainty as to how long the pandemic would last

DISCUSSION: BLIND SPOTS IN CURRENT DEBATE

- recognition of importance of (live-in) care work mostly symbolic
- implemented measures ensured seniors did not have to do without their live-in carers
- living and working conditions of live-ins became even more precarious in many cases
- burden put on care workers
 - extend rotas with all downsides presented
 - risks of contagion on journeys
 - stay at home, often leading to financial hardship
- live-in carers' wants and needs were primarily left unconsidered in pandemic measures
- measures taken were short-term solutions failing to acknowledge fragility and inequality inherent in live-in care models

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THANK YOU!



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