

3rd Transforming Care Conference
Innovation and Sustainability
Polytechnico of Milan
26-28 Juni 2017

Combining Paid Care Work and Informal Care in Transnational Settings

Gudrun Bauer, August Österle

PLEASE NOTE THAT THIS PAPER HAS BEEN PUBLISHED IN THE JOURNAL OF AGING STUDIES:

Bauer, Gudrun, Österle, August (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 (2): 81-93.

Contact:

Gudrun Bauer
European Centre for Social Welfare Policy and Research
bauer@euro.centre.org

August Österle
Institute for Social Policy, Vienna University of Economics and Business
august.oesterle@wu.ac.at

Combining Paid Care Work and Informal Care in Transnational Settings

Abstract

Many women in mid or later life from Central and Eastern Europe commute for live-in 24-hour care work to Austria. In addition to paid care work abroad, the majority of women in this age group is confronted with informal (family) care obligations towards children, towards older relatives or towards grandchildren. This study aims to explore the patterns of re-organising these informal care obligations (childcare, long-term care and domestic work) in the respective home country and to analyse the factors that determine the re-organisation. The study builds on qualitative interviews with 20 migrant care workers aged 40 years and over, 9 Romanian and 11 Slovakian women providing 24-hour care work in Austria. All interviewees commute in 2- to 4-weekly shifts between the home country and Austria and report multiple informal care obligations towards family members in the respective home country. In most cases, members of the nuclear and extended family, and in many cases husbands or partners of migrant care workers, act as the main substitute caregivers. Institutional care provision plays a more important role for child care as against for older people in need of care for whom care services are hardly available or accessible in the countries observed. While re-organisation depends much on the specific family constellations, strong assumptions towards family care, the limitations in (monetary) resources and the lack of public welfare provisions strongly co-determine the arrangements.

Introduction

The growing demand for care work in richer Western countries has contributed to the development of large female-dominated migratory streams originating from poorer regions of the world (Lutz and Palenga-Möllnbeck 2011; Kofman 2000). In this context, the “global care chains” concept refers to an unequal distribution of paid and unpaid care work across the globe (Hochschild 2000; Parreñas 2001). Studies utilising this concept widely research the issue of balancing transnational care obligations, particularly with regard to childcare, in a global context (e.g. Parreñas 2005a; Hochschild 2002; Hondagneu-Sotelo and Avila 1997). While research about the European context has also grown in the past decade, less is still known about types of care obligations towards the people left behind in the countries of origin, in particular with reference to the needs of older relatives, and the re-organisation of (often multiple) informal care obligations. Hence, this study aims to explore patterns of the re-organisation of migrant care workers’ informal care obligations (childcare, long-term care and domestic work) in the respective home country and to analyse the factors that determine the re-organisation.

The results presented in this study are based on insights gained from 20 qualitative interviews. The female interviewees are from Slovakia and Romania, commuting as live-in care workers for older people on the basis of two- or four-week schedules between their home country and Austria. Giving the arrangement of 24-hour availability in the private household of the user they are commonly called 24-hour care workers. The focus of this study is on migrant care workers aged 40 years and over. It is particularly women of this “sandwich generation” (Grundy and Henretta 2006) that are confronted with traditionally assigned multiple informal (unpaid) caring responsibilities towards both

older relatives and (adult) children and grandchildren residing in their respective home countries (Wall and Bolzman 2014). The results show that these women, acting as main caregivers, are confronted with different types and intensities of informal care obligations towards their children and their older relatives at home. Furthermore, the care workers report on different strategies they apply for re-organising informal care obligations. Building on these insights, the study identifies common patterns of the re-organisation and individual, familial, cultural and public welfare conditions as major determinants of the re-organisation.

In the following sections, the article starts with a theoretical overview dealing with transnational care migration and the transnational organisation of care obligations. In addition, a brief overview of the 24-hour care regime in Austria and of childcare and long-term care in Slovakia and Romania is given. Then, the article briefly describes the study design, i.e. the study sample, context, and qualitative approach applied. After introducing migrant care workers' informal care obligations, the analysis of the arrangements made in the transnational reality leads to the establishment of distinctive patterns of the re-organisation of informal care obligations, and, in the next section, to the identification and discussion of the major factors that determine the re-organisation.

Transnational care work migration and care arrangements

The growing demand for domestic care work in Western parts of the world has opened up a niche market, particularly for female migrants. While many of these women act as their family's main breadwinner, they simultaneously bear the responsibility as the main caregiver for dependent family members. Often, care obligations towards such children or older relatives, who have been left behind in the respective countries of origin, are re-directed to other members of the family or to migrant women from even poorer countries. Arlie Hochschild (2000) has captured this situation with the term "*global care chains*", a term intended to reflect the "*international redistribution of reproductive work*" (Parreñas 2000) at the expense of poorer countries' care resources, and of individuals affected by this development. Global care chains emerge, for example, in situations, where women migrate for care work abroad while their own children left behind in the home country are cared for by unpaid family members or by a paid migrant woman originating from an even poorer country. But many of the migrant care workers are at an advanced age with informal care obligations not only towards children or even grandchildren but also towards older family members. This raises a number of questions more specifically focused around transnational caregiving in mid and later life (see, e.g., Heikkinen and Lumme-Sandt 2013, Zhou 2012)

Handling formally paid care work and unpaid family care obligations in a transnational space requires specific strategies for the re-organisation of informal care obligations in migrant workers' home countries. Both in global and in European studies, reproductive labour (e.g. care for older relatives and/or children) has been found most often to be re-organised within familial networks, and for it to be highly feminised (e.g. Ducu 2011; Lutz and Palenga-Möllenbeck 2012; Parreñas 2001; Hochschild 2002). For instance, grandmothers in particular, have shown to play a key role as substitute mothers for younger children, but also for teenagers. Even though grandmothers are often seen as adequate substitute caregivers, it is issues such as health problems or intergenerational conflicts which can destabilise such care arrangements (Pantea 2012b; Lutz and Palenga-Möllenbeck 2012). Furthermore, female family members, such as sisters (in-law) or aunts, but also female friends and neighbours have shown to function as important main or occasional caregivers. However, these care arrangements can easily become unstable, in particular when confronted with one's own care responsibilities or authority conflicts with children. There is also concern about the lack of continuity and reliability in care arrangements for children (Gheaus 2013). In the literature, the involvement of fathers is controversially argued. While some studies attribute only marginal involvement of fathers, others show fathers' high involvement in cases of the mother's migration. So far, the latter has only

been detected in global contexts, such as in the Philippines (Fresnoza-Flot 2014; Asis et al. 2004). Typically, fathers do appear as additional caregivers, but the main childcare responsibilities or household tasks are nonetheless handed over to female family members (Lutz and Palenga-Möllnbeck 2012; Gheaus 2013; Ducu 2011; Piperno 2011; Parreñas 2005a). One central argument for neglecting care responsibilities is that men, despite the women's role as breadwinners, seek to maintain their patriarchal order and power within the family. Also, one frequently mentioned reason for low take-up of care responsibilities by fathers is found to be alcoholism which in turn is often linked to unemployment, making fundamental re-organisation difficult and unreliable. Furthermore, children (particularly teenagers) are increasingly acting as caregivers for younger siblings and/or emotional support for their fathers, and are often simultaneously expected to take on household tasks (Pantea 2012a). Handling several of these care obligations leaves reduced time and space for their own responsibilities (e.g. school, social contacts, and individual development). Furthermore, role conflicts as well as authority problems can arise in such constellations, although children may perceive their increased responsibility as valuable and as a sign of competence and adulthood. Not surprisingly, similar gendered caregiving structures appear when children assume care obligations. Pantea (2012a), for instance, shows a typically gendered division of tasks where girls are more likely than boys to provide hands-on care to their younger siblings, and assume responsibility for domestic tasks.

The use of institutionalised care services for children is highly country-specific. Typically, it depends on the availability and affordability of such services as well as on the country's cultural attitude towards using childcare institutions. In contrast to what Hochschild (2000) has proposed for global contexts, the employment of migrant women from more distant and poorer countries has never been found as a major strategy applied by care work migrants from and in Central and Eastern European countries. Rather it is richer families in these countries that employ migrant care workers from poorer countries (see, for example, Palenga-Möllnbeck 2013 discussing the case of Poland and Ukraine). Only in very rare cases do women from the wider familial and social network act as informally paid caregivers for dependent children (Lutz and Palenga-Möllnbeck 2012; Ducu 2011). While the re-organisation of childcare has been widely researched, studies on care re-arrangements for older relatives are rare. In one of these studies, King and Vullnetari (2006) studied the situation of older generation Albanians who had been left behind in Albania by their families who themselves had emigrated to other parts of the world. Their study reveals the emotional drains suffered from a lost old-age generation who in the event of an arising care need face the situation of neither having a family network nor institutionalised care services at their disposal. However, in this context, the domestic community, comprising neighbours and friends, plays a significant role in mutual support provision. Another study conducted by Gorfinkiel and Escriva (2012) shows that in Peruvian transnational families, adult children residing in the home country act as the main caregivers for older relatives, and thereby share care responsibilities towards older relatives with the residing and emigrated family members. Financial remittances from emigrated family members are not only used as compensation for family members residing at home to provide hands-on care for older parents, but function rather as a way to purchase private care services on the market when family members at home are not capable of directly providing care for their relatives (Gorfinkiel and Escriva 2012).

Altogether, the literature tends to concentrate on longer-term migratory processes, the emigration of whole families, the migration of younger women, and global migratory streams. What often has been neglected are new forms of labour migration, such as commuting on the basis of several weeks, as is increasingly the case in the enlarged European Union. In this context, women of the "sandwich generation" (Grundy and Henretta 2006) in particular are struggling with the re-organisation of often multiple informal care obligations in their home countries while performing care work abroad. With this study, the investigation of the transnational reality of migrant care workers from Central and Eastern Europe in this particular age group is intended to fill a gap in the existing literature and to contribute to a wider understanding of a phenomenon concerned with care, migration, and gender

studies. The particular focus on the re-organisation of familial responsibilities by distinguishing between care arrangements for children and/or older relatives, and the re-organisation of household tasks adds to the study's important contribution to the field. Finally, the development of a mid and later life care work field and the specific regulatory context in the Central and Eastern European region further contribute to a so far under-researched phenomenon.

Care in Central and Eastern Europe: between de- and re-familiarisation

Women from Central and Eastern Europe commuting for care work to Austria are entangled in two care-related contexts which are spread across geographical borders. On the one hand, they perform live-in 24-hour care work in Austria which follows a distinctive regulatory and organisational framework. On the other hand, the organisation of family care obligations in their home countries is highly influenced by the childcare and long-term care infrastructure in their respective home countries, the latter which in this study are Romania and Slovakia.

(Migrant) 24-hour care work for older people in Austria

Since the 1990s, and as a result of the growing demand for time-consuming and affordable home care services, migrant women from Central and Eastern Europe have started providing 24-hour care services for older people in Austria. Until 2007, 24-hour live-in care work in Austria was mainly performed in the grey areas of the economy. In 2007, major regularisation efforts legalised 24-hour care work for people from the Central and Eastern European Union member states, thereby created a new profession which is largely based on self-employment. This stands in stark contrast to other European countries, such as Germany, Italy, or Spain, where attempts for regulating a growing grey domestic care market have been less comprehensive (Bauer et al. 2014; Lutz and Palenga-Möllenbeck 2010; Leòn 2010). One distinctive characteristic of the 24-hour care service in Austria is its rotational system with two migrant 24-hour care workers alternately replacing each other on the basis of several weeks. While, e.g., Polish domestic care workers in Germany rotate on a three-month cycle, 24-hour care workers in Austria regularly commute on the basis of two (typical of Slovaks) to four weeks (typical of Romanians), depending on the travel distance to their respective home countries (Lutz and Palenga-Möllenbeck 2010; Österle and Bauer 2012). Despite the regulation of 24-hour care work, the 24-hour care job, transnational living situations, and the regulatory context itself are still causing for the persistence of precarious circumstances (Bauer et al. 2014; Bauer and Österle 2013; Österle and Bauer 2015). 24-hour care work is a female-dominated, mid and later life work field where more than 65% of care workers are above 40 years of age. A major cause for the age structure of 24-hour care workers are client and placement agency preferences. As pointed out by Krawietz (2014), workers in their 40ies or 50ies are often regarded as better fits for live-in care work. Over the years, the number of 24-hour care workers has risen to more than 44,000 by the end of 2013. Care workers originate almost exclusively from Central and Eastern European countries. More specifically, by the end of 2013, 56% of 24-hour care workers are from Slovakia, 30% from Romania, and a further 10% from Hungary, Poland, Bulgaria, and the Czech Republic.

Childcare and long-term care in Romania and Slovakia

With regard to social policy orientations, Romania and Slovakia have both been affected by their common historical background. Communist social policies officially promoted gender equality and supported the balance of dual breadwinning and childcare responsibilities. However, in reality, the private sphere largely followed a traditional manner in that women were expected to carry out both compulsory paid work and childcare duties (Pascall and Lewis 2004; Pascall and Manning 2000). In socialist times, and in order to support the balancing out of paid and unpaid work, generous

childcare facilities, including crèches, kindergartens, and after-school care, were offered by the state (Fodor et al. 2002). After the turn, however, privatisations and close-downs of childcare institutions (particularly of facilities for children aged three and under), poor reputation and quality of public facilities, and cutbacks in public social spending contributed to a re-familiarisation of care work where, once again, women would bear the main burden (Saxonberg and Sirovatka 2006). Over the years, individual financial contributions to the use of institutional childcare facilities have increased. Nevertheless, in Romania, for instance, where kindergartens have a long tradition, there are still several publicly subsidised childcare facilities (Lokshin and Fong 2006). Publicly sponsored cash for care benefits have been an integral part of family policies in the past and have served as a way to support mothers with paid and unpaid work responsibilities (Auth 2010). Today, however, financial benefits are no longer as generous as they used to be, and these low levels of benefits cannot compensate for paid work (Pascall and Manning 2000). Often, financial support for families is mainly targeted at people at risk of poverty, while others do not even become eligible for support (Auth 2010). An area which is even more underdeveloped than childcare infrastructure is that of care services for older people. Long-term care for the elderly has not been a central policy concern, neither in Romania nor in Slovakia. Only as of the late 1990s has long-term care slowly been acknowledged as a policy concern in its own right (Popescu 2011; Österle 2011). But so far, care for older relatives has been understood to be a family's responsibility. Hence, care services for older people are either still not available or poorly developed. Similar to childcare benefits, public financial support for long-term care needs is tailored to economically poorly situated people without a family or social network. Residential care homes can be found in urban areas, while rural areas in general are scarcely serviced. Moreover, in Slovakia, home care services are rarely available and often underdeveloped. In Romania, apart from specific regions, there is no systematic approach towards the provision of home care (Popescu 2011; Kuvikova et al. 2011). In sum, unavailable or unaffordable institutionalised care services create a heavy burden for women, on whose shoulders familial care obligations mainly rest. This is even more so for those who simultaneously have to manage paid care work abroad and family care duties at home.

Method and sample

This explorative qualitative case study uses problem-centered interviews to investigate the experiences of migrant women aged 40 and above commuting for 24-hour care work to Austria. Problem-centered interviews are used for socially relevant problems and target at generating concepts about the object of research. They are characterised as semi-structured interviews, typically by using a flexible guideline and postscripts (Witzel 2000).

Interviews of this research took between one and two and a half hours, they were recorded, fully transcribed and analysed according to Ritchie, Spencer, and O'Connor's (2012) framework method. The framework method is a way of managing data by cases and codes, and it facilitates constant and comparative techniques of analysis. Its main characteristic is its matrix displays. The guideline used for the interviews consisted of eight main themes with up to ten subthemes. Based on this guideline, the main themes and subthemes were used as "codes" and were assigned numbers. The transcripts were first coded line by line along the identified codes (so-called "indexing"). In addition, postscripts were used as further material and included in the analysis. During the process of indexing, the identified codes were complemented by further codes which came up with the transcribed interview material. In the following step, a so-called "thematic chart" was created to firstly transfer and summarise the main information of each code. The vertical axe of the chart acted as the "identification of cases" by briefly stating relevant information of every single case (e.g. sociodemographic characteristics such as age, marital status, educational background, and caring obligations), the horizontal axe was used for the codes (e.g. "Way of re-organising care work at home"). This procedure allowed for constant comparison across all cases and codes at any time. In

the final step, tables were created for every single code, again accompanied by information to identify the single cases, firstly in order to categorize, and secondly in order to classify the results. This last step was used for a higher abstraction of the data by summarising, comparing, and connecting the data across all cases and codes. This procedure resulted, for example, in the identification of patterns of re-organising care obligations in the countries observed.

In this study, a total number of 23 interviews was conducted between June and December 2013 in both rural and urban areas of Austria. Access to the target group was arranged through placement organisations of 24-hour care workers in Austria. The snowball method was used as an additional recruitment strategy. Interviewees were selected on the basis of predefined criteria, in particular having children or older relatives resident in the respective home countries. The focus on women at age of 40 years and over allowed for using 20 out of the 23 interviews for analysis relevant for this article. These 20 interviews included 9 Romanian and 11 Slovakian women aged between 40 and 63 (see *table 1*). Some women in their late fifties or even above 60 years of age were already retired in their home countries, but were continuing working in Austria (to top up low pensions or to financially support children or older parents). Apart from three care workers from the region of Bratislava in the West of Slovakia, most Slovakian women originated from the more deprived Eastern parts of the country. In contrast, Romanian care workers largely originated from regions in Western Romania, a

Table 1: Interviewee characteristics

	Interviewees
<i>Total</i>	20
Romania	9
Slovakia	11
<i>Age</i>	
40-50 years	12
55-63 years	8
<i>Marital status</i>	
Married	12
Divorced	7
Widowed	1
<i>Educational background</i>	
University	7
High School	5
Secondary School	8

region with many German settlements in the past. The majority of the women interviewed has an advanced educational background, and five of those with university degrees are qualified nurses. More than half of all interviewees have gained care work experience abroad (either in Austria or in other countries, such as Italy, Germany, or Israel), with durations of experiences ranging from seven to 14 years. All of the interviewees have children, including young children, teenagers, and grown-ups. In the case of grown-up children, some of the interviewees have already been able to assume their role as grandmother.

Migrant care workers' informal care obligations in their home countries

Care labour migration goes beyond the performance of paid care work abroad. Many migrant women have traditionally assumed the role as main caregivers for dependent relatives in their home countries. The starting point of this study's analysis of informal care obligations at home is the identification of the existence and the intensity of older relatives' or children's care needs. These care needs were measured on the basis of subjectively perceived care demands and reported illnesses of dependent family members as stated by the interviewed care workers. Essentially, care needs focus on practical, hands-on needs, although other dimensions of care, such as financial and

organisational needs, were also covered (Zechner 2008; Finch and Mason 1993). The latter, however, mainly emerged as additional care needs of family members or close friends. The analysis shows the variety of care obligations and situations in which the interviewees function as main caregivers, and additionally highlights the severity and time-consuming nature of relatives' care needs from the interviewee's perspective.

Care obligations in a care worker's country of origin are divided into care needs of higher and lower to medium intensities. First, *care needs of higher intensity* is the category capturing problematic and varying types of illnesses. Reported illnesses are strokes, in some instances associated with partial paralysis, diabetes resulting from overweight, dementia, cancer, heart disease and physical disability, general physical disability, and severe anaemia. Altogether, the disease spectrum comprises physical as well as psychological illnesses, and they can appear separately or in combination. It is mostly older relatives, e.g. mothers (in-law), fathers (in-law), or parents, who are affected by *higher care needs*. Five out of 20 interviewees reported care obligations towards relatives with high intensity of care demands. These care workers were also faced with additional care obligations (though of lesser intensity of need) towards other family members. Hence, this group of interviewed care workers was heavily confronted with multiple (double or even threefold care obligations), time-consuming, and severe care needs of older relatives and/or children back in their home countries.

The second category of *lower to medium care needs* refers to the following types of care recipients, viz. older relatives (e.g. mothers, fathers, or both parents), children aged nine years and older, teenagers, and young adults. In the case of older relatives, lower intensity care demands are described as support in daily activities (e.g. cleaning, cooking, shopping, accompanying, etc.), and in the case of childcare as activities including child upbringing, helping with schoolwork, and household duties (e.g. cooking). What was striking was that the presence of more severe illnesses such as mild forms of dementia, hypertension and heart disease, diabetes in combination with overweight or cataract/debility of sight, were portrayed by the interviewees as more simple forms of care needs. To a large extent, those concerned with lower care needs of older relatives have fewer additional time-consuming care obligations (e.g. financial, practical, and organisational care demands) towards grown-up children, parents, a sibling, a husband, or grandchildren.

In this sample, higher care needs towards older relatives predominantly exist for middle-aged women (aged 40-50), while those care workers aged 55-63 are more likely to be responsible for older relatives with lower care needs. The results imply that women aged 40 to 50 are more burdened with multiple and severe care needs of their relatives at home than older migrant care workers. There are several possible explanatory factors for this finding. Middle-aged women tend to have younger children who demand higher emotional and practical care. At the same time, many middle-aged interviewees have already traditionally taken over the role of family caregiver for older parents. In addition, due to the necessity of double-earner households, husbands of middle-aged interviewees (if not unemployed) usually perform a full-time job and in most cases are not available for time-consuming care purposes. In contrast, the older interviewees and/or their husbands in most cases are already retired. This provides husbands, in particular, with an increase in time capacity to take on care obligations. Furthermore, children of older care workers are typically already grown-up. In this group, caring for grandchildren was mentioned as an additional but not main care obligation. Also, often older parents' care needs no longer exist because the parents have passed away. Although it seems as though older women are less burdened with severe care needs of relatives, care needs of significant others may arise more promptly. Care needs of husbands, for example, might not only impact on living situations and care responsibilities, but also on the actual capacity to commute for care labour abroad.

Central in this regard, even though not the core focus of this article, are the transnational caregiving practises performed by the interviewed care workers. Migrant women do not re-organise every

element of care when commuting for care labour abroad. Rather, electronic communication via mobile phones or the internet (skype) enables mothering from a distance, being involved in family life and family decision-making, maintaining relationships with relatives and husbands, etc., and thus allowing for providing a feeling of togetherness despite geographical distance (e.g. Madianou and Miller 2011; Parreñas 2005b). Interviewees in this study stay in touch with their husbands and teenaged children, while transnational contact with very young children and older relatives is avoided. Feelings of guilt, older relatives' lack of understanding for care labour commuting, and emotionally burdening situations for young children are the dominant factors influencing this strategy. Similar to studies on transnational families (e.g. Parreñas 2005a; Wilding 2006), interviewees are constantly involved in daily activities from afar and are informed about every aspect of daily life of their loved ones at home. Nevertheless, transnational contact cannot compensate for personal presence, particularly not when practical care needs of relatives persist. The following section analyses the strategies interviewees apply for re-organising their informal care duties towards older relatives and children, as well as for re-organising domestic work in their home countries.

Patterns of re-organising informal care obligations

The analysis of the re-organisation of informal care obligations in the home country is divided into three types of practical care demands, viz. childcare, care for older relatives, and domestic work. *Table 2 (appendix)* provides detailed insights into the findings of care re-arrangements in the home country. The table distinguishes between different types (childcare, care of the elderly, and domestic work) and intensities of care demands (lower to medium, and high). Furthermore, the table distinguishes between main substitute care arrangements and additionally used care resources. Main and additional care resources are further sub-divided for the provision of the resources by members of the nuclear family or members of the extended family, and the use of informally paid care services (non-kin persons, people without a working contract) or formally paid public or private services (provided by qualified long-term care personnel, people employed by an organisation). For all three types of care obligations in the home countries of 24-hour care workers, the nuclear and extended family network is by far the most important source for re-organising care responsibilities during the care worker's absence. While the nuclear family covers most of the domestic tasks, the extended family becomes more involved if childcare and the care for older relatives is to be reorganised, in particular in the case of higher care needs. It is almost exclusively a family member that acts as the main substitute caregiver. Except for very few cases, paid care work (either informally or via the existing social welfare system) is only used as an additional care resource covering specific needs (e.g. after-school care).

[Table 2]

Substitute caregivers' multiple care obligations

When comparing different constellations of types of re-organisation, it becomes apparent that in almost half the cases observed the substitute caregivers are frequently tasked with double or even threefold care obligations. Apart from some female relatives, it is also male family members, particularly husbands, who function as substitute caregivers with multiple responsibilities. Multiple care obligations mainly emerge in situations where grandmothers are in need of care themselves and are not available for childcare or household duties, for care workers who are divorced and recourse to husbands as caregivers is not possible, and for situations where unmarried female or male relatives (typically sisters or brothers) without care responsibilities of their own are available (despite

full-time employment). Furthermore, interviewees refer to unavailable or unaffordable public institutional childcare and home care services for older people that makes relatives from the nuclear and wider family become multiple substitute caregivers. Thus, working abroad and at the same time satisfying care needs of dependent relatives can often only be realised when family members agree to assume the care worker's duties. Essentially, they devote time and resources and make high sacrifices in order to ensure the adequate re-organisation of care work.

Men as caregivers

Be it childcare, care of the elderly, or domestic work – in this study, men to a large extent function as the main replacement caregivers. Although some men receive support from female or male relatives and teenaged children, many handle the different kinds of care demands largely on their own. Unless retired or unemployed, the majority of these husbands is middle-aged (aged 45-55) and are employed full-time. It appears as though taking care of teenagers is perceived of as less challenging than taking care of younger children, in which case grandmothers typically step in. When grandmothers themselves are absent, due to their employment as a 24-hour care worker, older (retired) husbands sometimes substitute for the grandmothers and take over care for the grandchildren.

Altogether it seems as though the men in this sample, in particular husbands, do not shirk from assuming responsibilities, regardless of whether or not having been responsible for particular tasks in the past. While in some rare cases, and before their wife's care labour migration, husbands had indeed previously shared at least some specific household tasks, for others this kind of labour division was possibly contributing to a more egalitarian way of leading a household. However, not all men agree with participating in care-related activities. Similar to what Thomeer et al. (2014) identify for the provision of emotion work in marriages, some men do not engage in care work even when migration of the partner increases pressure to do so. Older men, in particular, have been reported to completely refuse to do any kind of domestic work, or to take over only very simple household tasks. An incomplete re-organisation of household work due to refusal on the part of husbands leaves a bulk of household work for their wives after returning home from a two- or four-week working period. However, it should also be noted that the traditional ways of doing care work in families have indeed been the subject of some thought on the part of some middle-aged husbands, sometimes before, but mostly since their wives' labour migration. *"There are circumstances where men accept the obligation to care, undertake intimate personal care, and derive identity and reward from their caring work* (Fisher 1994: 677, in Fresnoza-Flot 2014: 170). This might also be the case for some men involved in the transnational challenge of women's migration. The necessity to take over childcare responsibilities is often perceived of as a new challenge some had so far not been aware of:

"And when I was the second time abroad, my daughter [foster child] was one year and two months. She was only with diapers. And then my husband was left alone with my other daughter and my son. WITH THREE CHILDREN he was alone [laughing]. That was, it was virtually impossible. Because when I came back home, he did not say "welcome home" or "how was it, how you are doing?". He said "You leave me alone at home with three children and nobody else." [laughing] That was so sweet [laughing]. I said "Yes, well, now I think you realised how it is to take care for children." We then had to laugh so much. Because he told me "When I have finished to dress the kids, then they were hungry. When I have finished cooking I had to wash all three of them. When I have finished washing I again had to change their clothes and so on." Oh dear, that was... But, however, when

we think back we smile a lot now.”

42-year-old Romanian, married, two children (11 and 15 years old) and a foster child in its earlier years, care obligations towards: children

In some instances, the households have achieved an equal distribution of care work. This is the case when husbands have continued to perform certain care-related tasks at home even when the woman spends several weeks back in her home country. This supports findings made by the European Foundation which point towards changes taking place with regard to gendered equality in the performance of care work in the Central and Eastern European countries. (Bystydzienski 2003, in Pascall and Lewis 2004).

Children as caregivers

As a result of the care workers' advanced age in this study, most of their children tend to be in their teens or even older. The unavailability of other relatives sometimes leads to a situation where children are left alone (e.g. in the afternoon) or where they are expected to take care of their younger siblings. Besides responsibilities of their own (e.g. towards school, work, or leisure activities), children have time available for care-related activities during their mother's absence. Children quite often get involved as an additional support source to care for older relatives, for running the household, or for looking after younger siblings. However, in this study, none of the interviewees reported that the reliance on their children as caregivers was ever their intention. Rather, the care workers pointed towards the importance of being able to provide for their children to receive education, which is one of the main decisions to commute for care work abroad in the first place. However, being involved in care activities reduces time for school work and leisure activities and can lead to excessive (psychological) demands and serious burdens concerning individual personal development (Pantea 2012a). In this study, for children left on their own or involved in care re-arrangements, assuming responsibilities and consequently growing up faster than other children their age is similar to what was identified for children of migrants in general compared to their non-migrant peers (Fulgini and Telzer 2012). And this is widely perceived in positive terms.

“Because of that my children have grown up very early, they had to care for themselves, actually. Any of them can cook, any of them can wash, actually they know how to do everything on their own and are prepared for the hard side of life.”

50-year-old-Slovakian, married, three children (daughters: 17, 22, son: 27), care obligations towards: children

Assuming care responsibilities within this context of a mother's care work migration can lead to positive outcomes for the children, giving them the opportunity to develop a sense of responsibility, competence, and adulthood (Pantea 2012a). Also, children with a high sense of responsibility and self-confidence contribute to a lower need for their own childcare arrangements and might be increasingly entrusted with domestic and care tasks. Above all, the results of this study mainly imply that the involvement of (teenaged) children (e.g. in domestic work, care for younger siblings, or being available for some of the older relatives' needs) does not necessarily exceed the common involvement in care-related tasks of children in households without a labour migration background. However, the real and perceived extent of involvement in care work and possible arising consequences can only be captured by investigating the accounts of the affected children (see e.g. Piperno 2007; Botezat and Pfeiffer 2014), an issue, however, that is not in the focus of this study.

Grandmothers as caregivers, as dependents in need of care and as migrant care workers

Besides kindergartens, grandmothers have a long tradition as caregivers for children in Central and Eastern European countries, typically because of the financial necessity of both men and women to have to participate in paid work (Fodor et al. 2002; Pantea 2012b; Nesteruk and Marks 2009). Not least, the decrease of respective childcare facilities in Central and Eastern European home countries underlines their important contribution towards childcare (e.g. Saxonberg and Sirovatka 2006). In this study, grandmothers appear in three different roles, viz. as substitute carers for children, for older relatives, and for household duties, as grandmothers who are already in need of care themselves and as grandmothers who are migrant care workers themselves. For middle-aged care workers, grandmothers are often available for care-related activities unless their capacities are restricted due to employment of other care obligations (e.g. taking care of husbands or other relatives' younger grandchildren), or their own care needs. The issue of grandmothers' health problems as a challenge for stable care re-arrangements has been discussed elsewhere (Pantea 2012b; Lutz and Palenga-Möllnbeck 2012). When grandmothers are available for the provision of childcare, mothers themselves often disagree with the grandmothers' childrearing practises. Difficulties emerge primarily due to the reduced influence in child rearing and ignoring the mother's viewpoints. Also, the supervision of (teenaged) grandchildren, for example at what age they still need support in a broader sense, has proven to be a likely platform of intergenerational conflicts (see also Lutz and Palenga-Möllnbeck 2012).

When I asked my son Alessandro "Why did you do this and that?", then my mother comes and says "Leave him alone, the boy is still young!" 24 years is still young [ironically]. I cannot say anything, there is the difference, you know. Every time when I say "No", my mother says "Yes".

58-years-old-Romanian old, divorced, two adult children (daughter: 38, son: 24), care obligations towards: son, parents

In this study, particularly middle-aged women are frequently confronted with the care needs of their older parents. Nevertheless, grandmothers with less severe care needs are still involved in caregiving practises for children or other older relatives with more severe care needs (see also Gheaus 2013; Nemenyi 2012). Overall, their involvement again reflects the importance of all family members, even those which are dependent on care themselves, to form an active part in re-organising care, at least in this context of women's care labour migration.

For the specific context of later life care work migration, many migrant care workers at the age of 55 to 63 would be important unpaid caregivers for grandchildren, but are only partly available when returning home from work for a two or four week period. In some instances, grandfathers have (occasionally) assumed the grandmother's role of caring for grandchildren and thereby, at least to a certain extent, contribute towards overcoming a care deficit created through the grandmother's absence. Despite the economic burden, relatives generally fully understand the decision of grandmothers to migrate for the purpose of labour, although this situation means having to seek for alternative childcare arrangements.

"[...] and I was fully understood by my daughter in-law. Unfortunately, I am not able to be with my grandchildren for a longer time, I don't have so much time with them. But what can I do, in four, five years I will be over 60 years of age and what can I do then when I do not receive any old-age pension? This is very important for me at the moment. Because they are young [son and daughter in-law] and are able to find an alternative [childcare arrangement]."

59-year-old Romanian, divorced, 2 adult sons, 2 grandchildren, care

obligations towards: mother (higher care needs)

Even though grandmothers represent an important resource for informal childcare arrangements, and their support is highly valued, this type of care is seen as substitutable, in particular given the time constraints of these migrating grandmothers. In contrast to studies where whole families have migrated and grandparenting is done across borders (Sigad and Eisikovits 2013; Lie 2010; Nesteruk and Marks 2009; Wilding 2006), care workers in this study are to a certain extent able to directly exercise grandmothering. Despite their absence for several weeks and other care obligations in their home countries, the rotational system of 24-hour care work enables grandmothers to keep up the grandchild-grandmother relationship, in person.

Nevertheless, the physical absence of grandmothers affects both grandmothers and grandchildren (Vullnetari and King 2008). Studies, for example, have drawn attention to the significant contributions grandmothers make towards the development of grandchildren as well as to the mutual exchange of knowledge resulting from close interactions between these two generations (e.g. Sigad and Eisikovits 2013). For grandmothers, caring for grandchildren is generally perceived of as a highly desirable function filled with devotion, fruition, and happiness (e.g. Reynolds and Zontini 2006).

“Then I am always with my mother, just short at my home, stay overnight, then I am a babysitter but I am enjoying that. Yes, full with passion and energy and so on.”

55-year-old Slovakian, in a relationship, care obligations towards: mother (medium care needs), grandchild, two quasi-family members

Similar to mothers with longer-term migration projects, some grandmothers in this sample try to compensate for their presence by financially supporting their grandchildren and/or their families (e.g. Parreñas 2005a). By these means, they offer support to their grandchildren in terms of financing babysitters, educational costs, and other more expensive investments.

Unremunerated and remunerated care provisions

The findings of this study point towards the importance of the nuclear and wider family for the re-organisation of care obligations in the home country. Overall, family members acting as care substitutes are commonly unremunerated. In the context of Romania and Slovakia, this is because of financial constraints which in turn are the cause for labour migration in the first place, and unavailable or insufficient public financial support for informal caregivers. In few cases, in the Slovakian context only, female country natives have been employed for assuming care for children, the elderly, and domestic work. The absence and/or limited affordability of legally approved alternatives has led to recourse on informally paid arrangements. Usually, these arrangements are used in addition to family members acting as main substitute caregivers. In one case, a widowed older aunt had been recruited as the informally paid caregiver for two teenaged children. This childcare arrangement was perceived of as positive by both parties. That is, while a trustworthy care arrangement was ensured by informally remunerating the aunt's involvement, the aunt herself (otherwise living alone) benefitted from having to fulfil daily tasks and from the children's company.

In general, the usage of informally paid care provisions is rather small, and relief arising from not having to deal with these care obligations arises only for a few hours, and only for specific tasks (e.g. accompanying people to places). Some instances also reveal that informally paid care workers are used to getting some kind of compensation for dealing with psychologically exhausting care demands

(which otherwise would be the migrants' and their substitute carers' concern), as it is the case for relatives with dementia.

“Then I thought, I look for a nice woman and I pay only an hour, then she can talk and talk to her and tell her what she wants and this woman [from Slovakia] doesn't know where she ...[the mother] was, who she was and so on. It's everything about gossip and chatting and that's good and God thanks, it has already become better [with her mother]. We do everything what is possible for our parents.”

55-year-old Slovakian, in a relationship, care obligations towards: mother (medium care needs), grandchild, two quasi-family members

In Slovakia, people rarely take the opportunity of home care services, for reasons that these are hardly available, lacking quality, and hardly subsidised by the state. Criticism is mainly expressed towards unqualified home care personnel, i.e. people available for assistance in daily activities. This care staff is often recruited from the employment office and lacks basic as well as professional skills necessary for accomplishing tasks. Furthermore, the care workers in the sample voiced concern over the lack of intrinsic motivation and poor remuneration of care staff working in residential and home care facilities. Some interviewees and their dependent older relatives demonstrated strong views on quality aspects of formal home care provision.

In essence, what emerges is a situation in which women feel the economic pressure to migrate abroad for care labour yet who are also well aware of the lack of affordable and legal paid care service alternatives in their home country, while furthermore, other relatives feel the need to offer their support for care obligations, them also well aware of the lack of legal claims for financial compensation.

Emerging care deficits in the home country

As the analysis has shown, many 24-hour care workers are confronted with multiple care obligations where they act as the main caregiver in their home country. Care workers are well aware of the resulting double-bind which is manifested in the provision of paid care labour for people abroad while, for example, one's own older relatives in need of care are left behind without any formal care provision.

“I think, honestly speaking, it is pain in my heart sometimes, I am here and our people in Slovakia need support as well. But this money what I earn here, well, I cannot financially support my mother, I simply can't...”

55-year-old-Slovakian, in a relationship, care obligations towards: mother (medium care needs), grandchild, two quasi family members

“I have so many thoughts, such a bad life it is. Others have so much luck and others don't [sighs] [cries]. My mother is ill with diabetes and I cannot help her that much and I come here to [care for] foreign people. [sighs] That is...”

40-year-old Romanian, married, 5 children (daughters: 12, 17, sons: 14, 15, 16 years), care obligations towards: children, mother (medium care needs)

The comparison of care obligations and care re-arrangements in some cases in fact reveals no re-organisation of care situations. Care arrangements that do not undergo any kind of re-organisation have to do with situations of quasi-family members, parents with lower and severe care needs, after-school care for children, and re-arrangements for grandchildren. Major causes for non-reorganised care needs include the unavailability of the wider family network (e.g. due to employment, one's own care obligations, health problems, etc.) as well as the already mentioned lack or unaffordability of institutionalised public or private care services in the home countries. In contrast to studies where the community plays an important role for mutual support for older people (King and Vullnetari 2006; Reynolds and Zontini 2006), the wider social network plays a subordinate role in the re-organisation of care in both Slovakia and Romania. With regard to some situations where children and elderly people in need of care are left behind (on their own), having friends or neighbours who are potentially available is a source of relief for migrating care workers, meaning that there would be someone available in the event of unforeseen circumstances. In this vein, it has become mandatory for Romanian parents migrating for labour abroad to name a child's legal representative. This is particularly important in cases where medical treatment and/or surgeries are necessary and have arisen due to unforeseen circumstances/accidents affecting the children left behind in the home country (Pantea 2012b; Ducu 2011).

For the Romanian context, Piperno (2007) draws attention to a rather recent development, i.e. where the lower to middle social classes are beginning to contract services for domestic tasks and childcare in the private care market. While this does not apply to this study's findings for Romania, the Slovaks reported re-organising their care obligations by occasionally paying for informal care services provided by female country natives. By these means, children who are otherwise left alone are made to live with non-kin families for the time of the mother's 24-hour care work period in Austria. However, such re-arrangements have also shown to be perceived rather negatively, since there have also been situations in which the children eventually were left to fend for themselves.

“That means he [the son] was alone. But in the city where he went to school I have friends and they have a big apartment and their children are studying somewhere else. And they have a son aged like mine. And they also had a room for my son. That means, he was there, I preferred that to a boarding school. Because private is always private [better]. And he was there for the whole first year. But he is so, not shy, rather he is not that self-confident in doing different things. And he experienced a lot of stress and it was not his home. [...] That means he didn't feel well, he lost a lot of weight and then I said, I don't want that any longer. Because what is the sense when the family is okay but he doesn't feel well with them. And I don't want my child suffering like that. [...] And since September he is at home alone, he soon turns 17. And he is very responsible, he doesn't smoke or drink and he is not constantly away [e.g. with his friends]. He is very well-behaved and when I come home, that is the same as I would have been at home. Everything is cleaned up and he is doing better and performs better in school. So, everything is okay. And we are in daily contact, if not via the internet, he calls me. Because he has cheap calls. We get along very well with each other, this is very important.

40-year-old Slovakian, divorced, one son aged 16, care obligations towards: son, mother (in the Ukraine; lower care needs)

Even though some care workers in this sample reported limited ability to financially support their older relatives, the majority highlighted positive effects related to older relatives' health needs. This

is related to the fact that the decision to migrate for care labour is often highly influenced by the desire to support the increasing financial needs of older parents, e.g. in terms of financing expensive medication, buying in care-related items, and sometimes paying informal or formal care services (e.g. Vullnetari and King 2008). One of the interviewees mentions that her father's old age pension in Romania is around € 150, while the average net income of a migrant care worker (depending on client's needs, tasks to be performed but also language skills) can vary between € 600 and 1,000 per month (Österle and Bauer 2015).

"It doesn't help anything to stay at home because you need financial support. You need money to pay the residential care home, to pay for diapers, which are not paid by social insurance. That is why I have to go to work [to Austria]. Even if you would stay two months at home with your mother and provide care for her, it doesn't help anything, because you do not have the financial background you need to. That is sad."

55-year-old Slovakian, divorced, care obligations towards: mother (medium care needs), grandchild, two quasi-family members

"And now my father doesn't have enough money, his old-age pension is only €150 per month. This is not enough to buy medicines every month. But if he doesn't get his medicine he dies!"

50-year-old Romanian, divorced, three children (daughter: 16, sons: 18 and 20), care obligations towards: children, parents (higher care needs)

Factors that co-determine the re-organisation of informal care

Contrary to what is known from younger female migrant care workers, migrant care workers at a more advanced age often have multiple care obligations, towards children and/or older relatives in the home countries alongside domestic work. This is especially true for middle-aged women who are often simultaneously confronted with childcare obligations (younger to teenaged children) and care needs towards their older relatives. By contrast, the care workers in this study who are aged 55+ already have grown-up children and report their relatives in the home countries to have fewer and less severe care demands. However, these care workers tend to assume care obligations towards grandchildren and are faced with a high probability that future care needs of close relatives, such as husbands, are more or less already on their doorsteps.

Migrant women do not re-organise every element of care when commuting. They remain closely involved in family life and decision-making, they perceive themselves as responsible and they resume informal care work when returning back home for the regular two or four week stay. With regard to re-organising informal care work while away – which is the focus of this study –, family members act as substitute caregivers. From husbands to children, from mothers to aunts, sisters or brothers – the nuclear and extended family predominantly assumes care obligations of dependent family members in order to allow for balancing 24-hour care work in Austria and family care obligations in the home country. And members of the nuclear and extended family not only appear as main substitute caregivers, but are found to assume multiple care obligations. While re-organisation seems to remain highly individual, some distinctive patterns of re-organisation have emerged in the previous section. And, apart from the respective family constellation, these are co-determined by four major factors: the perception of family responsibilities, the involvement of male relatives of the nuclear family, the limitations in the (monetary) resources, and the availability, affordability and acceptability of public welfare provisions.

Firstly, the decision to step in as substitute caregiver is determined by strong assumptions towards family responsibilities (in terms of securing household income and in terms of providing care), while the actual re-organisation is facilitated or hindered by a number of factors. There are strong cultural assumptions and attitudes towards family care arrangements in Central and Eastern Europe, even more so for older relatives than children (European Commission 2007). Similar to what is found in other transnational caregiving studies (Baldassar et al. 2007), reciprocal considerations highly determine a family member's decision to engage in informal caregiving and are also relevant for the re-organisation of informal care obligations (Reynolds and Zontini 2006). Older relatives, for example, assume childcare responsibilities during the mother's absence, often guided by taking into consideration one's own future care needs which most likely will (have to) be satisfied by the family. Not least, the support of a female family member's labour migration decision determines the involvement of other family members in care re-arrangements. While Baldassar et al. (2007) show that the family's support of the migration decision influences the actual transnational caregiving practises by migrants, it also influences the involvement of family members in re-organising care responsibilities in the context of transnational care labour commuting.

Furthermore, there are circumstances and conditions which support and facilitate the involvement of family members in the re-organisation of care. For substitute caregivers struggling with the balance of paid labour and assuming unpaid care responsibilities themselves, flexible working hours, self-employment, and tight organisational planning contribute to a supportive and supporting environment (see also Pascall and Lewis 2004). Also, early retirement of family members, spatial proximity of substitute caregivers and dependent family members, as well as multi-generational households facilitate the re-organisation of care obligations in the home country. On the other hand, intergenerational conflicts or a risk of neglect, e.g. because of alcoholism, can exclude family members as potential substitute caregivers.

Secondly, the involvement of middle-aged male relatives (mostly husbands) in childcare, care for older relatives and in domestic work was relatively high among this sample and less gendered with regard to the specific tasks as proposed by other studies. Similarly, the missing involvement of grandmothers in the care of grandchildren due to their care labour migration was sometimes compensated by grandfathers. With regard to children as potential substitute caregivers, findings of this study do not allow to confirm a gender specific allocation of care work as proposed by Pantea (2012a). Results of this study suggest that very strong cultural assumptions towards family responsibilities (and a lack of alternatives outside the family) override a more strongly gendered division of substitute care work one might expect from earlier literature. In fact, many husbands seem to not only step in as substitute caregivers when there is no other option in the wider family but to partly adapt to new situations with reversed gendered activities (female breadwinning vs. male caregiving). And they do not generally withdraw from all the caregiving when the migrant care worker returns back home for a two or four week stay. (Early) retirement, unemployment or self-employment generally facilitate the involvement of men, while fulltime employment of men usually goes in hand with re-arrangements that involve other family members. Alcoholism or men's refusal to take on a caregiving role was the main reason for not considering them as potential substitute caregiver.

Thirdly, the decision to involve family members rather than to refer to wider social networks or to buy in non-family care work is a consequence of resources, in particular monetary resources. The decision to migrate abroad for care labour, for middle aged women much more than for younger care workers, is a family decision as is the decision how to re-arrange care tasks. It is income perspectives (more than career perspectives that are more important for younger care workers) that drive the decision to commute across borders for care work. The concept of "global care chains" suggests that care workers travelling abroad for caregiving are at least partly replaced by other

migrant women acting as care workers in their respective home countries. In this sample, migrant women have never been employed to provide care work in the home of the care workers. This confirms studies on care work migration between Germany, Poland and Ukraine emphasising that migrant care workers from Ukraine are employed by the more well-off families in Poland, but not those Polish families with a migrant worker commuting to Germany for care work (Palenga-Möllnbeck 2013). The employment of migrant care workers, despite knowing the concept from being a migrant care worker oneself, has not even been considered by the interviewees as an alternative to other care arrangements. But, to a smaller extent, informally employed (older) women from the neighbourhood in the respective countries have been found to be working as live-in caregivers for children, as babysitters for grandchildren, as domestic workers, or as additional caregivers for older relatives. This use of paid informal services is not determined by the intensity of relatives' care needs but by family-specific constellations that limit intra-family re-arrangements, and by individual and financial considerations.

Fourthly, the extent to which family members are involved in re-arrangements of child care, older care and domestic work also is a consequence of the availability, affordability and acceptability of institutionalised care arrangements. Not least, the availability and the perceived quality of institutional care provisions are also constitutive for preferences towards family care and institutionalised care. In the socialist period, countries in Central and Eastern Europe followed a dual earner model with public child care facilities, while it was still women and not men who were expected to provide care work alongside their professional life. Different from child care, public care facilities in older care were very limited and often simply not available leading to an even more pronounced gender specific segregation of older care tasks. From the 1990s, transformation led to a partial withdrawal of the state in public child care provision and increasing co-payments to be made by users (e.g. Palenga-Möllnbeck 2013). But facilities are still appreciated and used for childcare purposes, while societal values and perceptions strongly emphasise that caring for the elderly is a family's duty (European Commission 2007; Österle 2010; Österle 2011). A lack of provision in this sector leaves little room to use that as an option for re-arranging care. Home care services are unavailable in large parts of Romania, and are largely underdeveloped in Slovakia (e.g. Kuviková et al. 2011; Popescu 2011). In the case that home care services are drawn upon in Slovakia, these are typically services such as meals on wheels or nursing care for a very limited number of hours per week. These services provide some basic support for family care arrangements. However, in the interviews, it has never been found to be an adequate nor affordable alternative for the re-organisation of care arrangements involving unpaid family members. It was used, when family care was not available. Places in residential care homes are more broadly available than home care services, but then also restricted due to substantial means-tested out-of-pocket payments. A system with financial regress for family members in this situation has proven to be particularly detrimental rather than supportive to the use of such services. But also in cultural terms and with a view to perceived quality of these homes, residential care is – even if available – usually not regarded as an adequate or desirable solution for the care of older parents, as family members are obliged to step in when care needs arise. Finally, countries in Central Eastern Europe have some experience with financial support for informal caregivers, both in childcare and in older care. But these benefits are usually paid as a means-tested lump sum slightly topping up very low household incomes, but not providing an alternative for paid employment abroad.

Conclusion

Many women commuting for care labour abroad take on the dual roles of breadwinners and caregivers (Wall and Bolzman 2014). They contribute to sustaining the economic well-being of their families by supporting children and grandchildren with their educational careers and by financially

supporting older relatives with care needs. In this study, women aged 40 years and over are identified as a particularly vulnerable group lacking and suffering from essential financial and institutional public support. The re-organisation of informal care obligations above all involves members of the nuclear family, including husbands, children and grandmothers. The arrangements are driven by strong family orientation, but also by the lack of financial resources, limited reference to social networks outside the family and the lack of publicly funded welfare provisions. But despite all the individual strategies applied for re-organising care obligations in the home country, and in the context of transnational care labour migration, there is a care drain with practical and emotional consequences (e.g. Gheaus 2013: 14). In a macro-level perspective, intra-European care labour migration contributes to alleviating a care shortage in Western European destination countries. And regulations of live-in care work in Western European countries do so by accepting often highly precarious care work arrangements. On the source countries side, care systems in Central and Eastern European countries remain underdeveloped, even though these countries face similar, if not more pressing demographic trends (Piperno 2007). The detrimental implications of care labour commuting are still pressing on the shoulders of the countries of origin, on migrant care workers and their families, on substitute caregivers, and on dependent family members in the home countries.

Acknowledgements

We would like to thank Barbara Haas and two anonymous referees for their valuable comments to earlier versions of this article. Also, we gratefully acknowledge support from the Anniversary Fund of the Austrian Central Bank (OeNB, Grant No. 14386).

Literature

- Anderson, B. (2000): *Doing the Dirty Work? The Global Politics of Domestic Labour*. Zed Books: London.
- Asis, M.M.B., Huang, S., Yeoh, B.S.A. (2004): When the light of the home is abroad: unskilled female migration and the Filipino family. *Singapore Journal of Tropical Geography*, 25 (2): 198-215.
- Auth, D. (2010): Welfare states and gender in Central and Eastern Europe: the current state of research and prospective research. In: Klenner, C., Leiber, S. (eds.), *Welfare States and Gender Inequality in Central and Eastern Europe*. ETUI: Brussels, 33-55.
- Baldassar, L., Baldock, C., Wilding, R. (2007): *Families Caring Across Borders. Migration, Ageing and Transnational Caregiving*. Palgrave Macmillan: Basingstoke.
- Bauer, G., Haidinger, B., Österle, A. (2014): Three domains of migrant domestic care work: the interplay of care, employment and migration policies in Austria. In: Anderson, B., Shutes, I. (eds.), *Migration and Care Labour: Theory, Policy and Politics*. Palgrave Macmillan: London, 67-86.
- Bauer, G., Österle, A. (2013): Migrant care labour: the commodification and redistribution of care and emotional work. *Social Policy and Society*, 12 (3): 461-473.
- Botezat, A., Pfeiffer, F. (2014): The impact of parents migration on the well-being of children left behind – initial evidence from Romania. Discussion Paper No. 12-029, ZEW – Centre for European Economic Research: Mannheim.
- Ducu, V. (2011): *Strategies of transnational motherhood: The case of Romanian women*. PhD thesis summary, Babes-Bolyai University.
- European Commission (2007): *Health and long-term care in the European Union*. Special Eurobarometer 283/Wave 67.3, European Commission: Brussels.
- Finch, J., Mason, J. (1993): *Negotiating Family Responsibilities*. Routledge: London.
- Fodor, E., Glass, C., Kawachi, J., Popescu, L. (2002): Family policies and gender in Hungary, Poland and Romania. *Communist and Post-Communist Studies*, 35: 475-490.
- Fresnoza-Flot (2014): Men's caregiving practices in Filipino transnational families. A case study of left-behind fathers and sons. In: Baldassar, L., Merla, L. (eds.): *Transnational Families, Migration and the Circulation of Care*. Routledge: New York, 170-184.
- Fulgini, A.J., Telzer, E.H. (2012): The contributions of youth to immigrant families. In Masten, A.S., Liebkind, K., Hernandez, J. (eds.): *Realizing the potential of immigrant youth*. Cambridge University Press: Cambridge, 181-202.
- Gheaus, A. (2013): Care drain: who should provide for the children left behind? *Critical Review of International Social and Political Philosophy*, 16 (1): 1-23.
- Gorfinkiel Diaz, M., Escriva, A. (2012): Care of older people in migration contexts: Local and transnational arrangements between Peru and Spain. *Social Politics*, 19 (1): 129-141.
- Grundy, E., Henretta, J.C. (2006): Between elderly parents and adult children: A new look at the intergenerational care provided by the 'sandwich generation'. *Ageing and Society*, 26(5): 707-722.
- Heikkinen, S.J., Lumme-Sandt, K. (2013): Transnational connections of later-life migrants. *Journal of Aging Studies*, 27 (1): 198-206.
- Hochschild, A. (2000): The nanny chain. *The American Prospect*, <http://prospect.org/article/nanny-chain> (20.11.2012).

- Hochschild, A. (2002): Love and gold. In: Ehrenreich, B., Hochschild, A. (eds.), *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*. New York: Holt, 15–30.
- Hondagneu-Sotelo, P., Avila, E. (1997): 'I'm here, but I'm there': the meanings of Latina transnational motherhood. *Gender & Society*, 11 (5): 548–71.
- King, R., Vullnetari, J. (2006): Orphan pensioners and migrating grandparents: The impact of mass migration on older people in rural Albania. *Ageing and Society*, 26 (5): 783-816.
- Kofman, E. (2000): The invisibility of skilled female migrants and gender relations in studies of skilled migration in Europe. *International Journal of Population Geography*, 6 (1): 45-59.
- Krawietz, J. (2014): *Pflege grenzüberschreitend organisieren: eine Studie zur transnationalen Vermittlung von Care-Arbeit*. Mabuse: Frankfurt am Main.
- Kuvikova H., Strangfeldova J., Topinkova L., Vidlickova K. (2011): Long-term care in the Slovak Republic. In: Österle, A. (ed.), *Long-term Care in Central and South Eastern Europe*, Frankfurt a.M.: Peter Lang Verlag, 175-188.
- Leòn, M. (2010): Migration and care work in Spain: the domestic sector revisited. *Social Policy and Society*, 9 (3): 409-418.
- Lie, M.L.S. (2010): Across the oceans: childcare and grandparenting in UK Chinese and Bangladeshi households. *Journal of Ethnic and Migration Studies*, 36 (9): 1425-1443.
- Lokshin, M., Fong, M. (2006): Women's labour force participation and child care in Romania. *Journal of Development Studies*, 42 (1): 90-109.
- Lutz, H., Palenga-Möllnbeck, E. (2010): Care work migration in Germany: semi-compliance and complicity. *Social Policy and Society*, 9 (3): 419-430.
- Lutz, H., Palenga-Möllnbeck, 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.
- Lutz, H., Palenga-Möllnbeck, E. (2012): Care workers, care chains and care drain: reflections on care, migration and citizenship. *Social Politics*, 19 (1): 15-37.
- Madianou, M., Miller, D. (2011): Mobile phone parenting: reconfiguring relationships between Filipina migrant mothers and their left-behind children. *New Media Society*, 13 (3): 457-470.
- Nemenyi, A. (2012): International migration for work-consequences for the families who remain at home (the case of Romania). *Population Ageing*, 5: 119-134.
- Nesteruk, O., Marks, L. (2009): Grandparents across the ocean: Eastern European Immigrants' struggle to maintain intergenerational relationships. *Journal of Comparative Family Studies*, 40 (1): 77-95.
- 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.
- Österle, A. (2011): A comparative analysis of long-term care in Central and South Eastern Europe. In: Österle, A. (ed.), *Long-term Care in Central and South Eastern Europe*, Frankfurt a.M.: Peter Lang Verlag, 213-241.
- Österle, A., Bauer, G. (2015): The Legalization of Rotational 24-hour Care Work in Austria: Implications for Migrant Care Workers. *Social Politics* (DOI: 10.1093/sp/jxv001)
- 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.
- Palenga-Möllnbeck, E. (2013): Care chains in Eastern and Central Europe: Male and female domestic work at the intersections of gender, class, and ethnicity. *Journal of Immigrant & Refugee Studies*, 11(4): 364-383.
- Pantea M.C. (2012a): 'I have a child and a garden': young people's experiences of care giving in transnational families. *Journal of Youth Studies*, 15 (2): 241-256.
- Pantea, M.C. (2012b): Grandmothers as main caregivers in the context of parental migration. *European Journal of Social Work*, 15 (1): 63-80.
- Parreñas, R. (2000): Migrant Filipina domestic workers and the international division of reproductive labor. *Gender & Society*, 14 (4): 560-580.

- Parreñas, R. (2001): Mothering from a distance: emotions, gender, and intergenerational relations in Filipino transnational families. *Feminist Studies*, 27 (2): 361-90.
- Parreñas, R. (2005a): Children of Global Migration. Transnational Families and Gendered Woes. Stanford University Press: Stanford.
- Parreñas, R. (2005b): Long distance intimacy: class, gender and intergenerational relations between mothers and children in Filipino transnational families. *Global Networks*, 5 (4): 317-336.
- Pascall, G., Lewis, J. (2004): Emerging gender regimes and policies for gender equality in a wider Europe. *Journal of Social Policy*, 33 (3): 373-394.
- Pascall, G., Manning, N. (2000): Gender social policy: comparing welfare states in Central and Eastern Europe and the former Soviet Union. *Journal of European Social Policy*, 10 (3): 240-266.
- Piperno, F. (2007): From care drain to care gain: migration in Romania and Ukraine and the rise of transnational welfare. *Development* 50 (4): 63-68.
- Piperno, F. (2011): The impact of female emigration on families and welfare state in countries of origin: the case of Romania. *International Migration*, 50 (5): 189-204.
- Popescu, L. (2011): Long-term care policy in Romania: a hesitant response to a pressing need. In: Österle, A. (ed.), Long-term Care in Central and South Eastern Europe, Frankfurt a.M.: Peter Lang Verlag, 123-149.
- Reynolds, T., Zontini, E. (2006): A comparative study on care and provision across Caribbean and Italian transnational families. Families & Social Capital ESRC Research Group, Working Paper No. 16, London South Bank University.
- Ritchie, J., Spencer, L., O'Connor, W. (2003): Carrying out qualitative analysis. In: Ritchie, J., Lewis, J. (eds.): Qualitative Research Practice. A Guide for Social Science Students and Researchers. SAGE: London, 219-262.
- Saxonberg, S., Sirovatka, T. (2006): Failing family policy in post-communist Central Europe. *Journal of Comparative Policy Analysis: Research and Practice*, 8 (2): 185-202.
- Sigad, L., Eisikovits, R.A. (2013): Grandparenting across borders: American grandparents and their Israeli grandchildren in a transnational reality. *Journal of Aging Studies*, 27 (4): 308-316.
- Thomeer, M.B., Reczek, C., Umberson, D. (2014): Gendered emotion work around physical health problems in mid- and later-life marriages. *Journal of Aging Studies*, 32: 12-22.
- Vullnetari, J., King, R. (2008): 'Does your granny eat grass?' On mass migration, care drain and the fate of older people in rural Albania. *Global Networks*, 8 (2): 139-171.
- Wall, K., Bolzman, C. (2014): Mapping the new plurality of transnational families: A life course perspective. In: Baldassar, L., Merla, L. (eds.): Transnational Families, Migration and the Circulation of Care. Routledge: New York, 61-77.
- Wilding, R. (2006): Virtual intimacies? Families communicating across transnational contexts. *Global Networks*, 6 (2): 125-42.
- Witzel, Andreas (2000): The problem-centered interview. *Forum Qualitative Sozialforschung*, 1 (1): Art. 22, <http://www.qualitative-research.net/index.php/fqs/article/view/1132/2521> (30.12.2015).
- Zechner, M. (2008): Care of older persons in transnational settings. *Journal of Aging Studies*, 22 (1): 32-44.
- Zhou, Y.R. (2012): Space, time, and self: Rethinking aging in the contexts of migration and transnationalisation, *Journal of Aging Studies*, 26 (3): 232-242.

Table 2: Re-organisation of informal care obligations

MAIN SUBSTITUTE CARE ARRANGEMENTS				
Intensity	Nuclear Family	Extended Family	Informally paid care service	Formally paid care service
Lower to medium	CARE OF THE ELDERLY			
	No. 1: daughter No. 9: husband and children No. 11: husband No. 12: husband No. 14: son No. 20: husband	No. 2: sister-in-law and brother No. 8: siblings No. 16: brother No. 22: sister No. 13: father No. 18: mother No. 21: sister and other siblings No. 22: sister		
	CHILDCARE			
	No. 4: ex-husband No. 5: husband No. 9: husband No. 16: husband (grandchild) No. 17: husband No. 20: husband (grandchild)	No. 7: mother and husband No. 8: sister-in-law No. 15: brother No. 18: mother	No. 2: informally paid Slovakian woman (grandchild) No. 23: informally paid aunt	
	DOMESTIC WORK			
No. 5: husband and children No. 7: husband and children No. 8: husband (+ sister-in-law) No. 11: husband and sister No. 12: husband No. 15: children No. 16: husband and sons No. 17: husband No. 18: son No. 20: daughter and husband	No. 9: mother and children	No. 14: informally paid Romanian woman No. 23: informally paid aunt		
High	CARE OF THE ELDERLY			
		No. 2: sister-in-law and brother No. 8: sister-in-law No. 15: brother		
	CHILDCARE			
		No. 13: parents and sister		
ADDITIONAL CARE RESOURCES				
Intensity	Nuclear Family	Extended Family	Informally paid care service	Formally paid care service
Lower to medium	CARE OF THE ELDERLY			
	No. 20: daughter	No. 13: sister No. 16: daughter-in-law, children No. 18: sister	No. 2: informally paid Slovakian woman No. 20: informally paid Slovakian woman	No. 1: hourly paid care service + <i>social network</i> No. 2: meals on wheels No. 11: hourly paid care service + <i>social network</i> No. 18: meals on wheels No. 20: meals on wheels + hourly paid care service
CHILDCARE				
No. 5, 7, 8, 9, 15: children	No. 4: parents No. 5: mother + social network No. 7: sister-in-law No. 8: father		No. 5, 7: kindergarten No. 5, 7, 8, 9, 13, 15, 17, 23: school/boarding school/after-school care	
High	CARE OF THE ELDERLY			
	No. 15: daughter			
CHILDCARE				
		No. 8: mother-in-law, husband, children		

How to read the table:

The table shows the main substitute care arrangements and additional care resources by differentiating between care of the elderly, childcare, and domestic work. These three types of care demands are further differentiated along the intensities of practical care needs (lower to medium vs. high; see section *"Migrant care workers' informal care obligations in their home countries"*). For every single case that has been re-organised in the sample, a distinction has been made between main and additional care resources, and between the nuclear family, the extended family, informally paid care services, and formally paid care services. Re-arrangements for grandchildren and additional support for the re-organisation of domestic work are indicated in brackets. "Unpaid involvement" provided by the wider social network is listed as additional resource for "care of the elderly" within "formally paid care service" (see section *"Re-organising informal care obligations in the home country"* for an in-depth description of table 2).